Healthy Islands:
Best Practices in Health Promotion in the Pacific
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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
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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Source: Ferrence E - Action Research 2000

**Seizing windows of opportunity**

Windows of opportunity for the introduction of health promotion programmes, policies and project implementation present themselves in a variety of ways: favourable policy environments; aligned national, regional and international attention; and positive public interest, for example, linked to a particular event (10). Forecasting potential windows of opportunity during the policy or programme development process can assist with enabling readiness to seize such opportunities.

**Situation analysis**

A situation analysis is an assessment of the current health situation and its causes. It is similar to “scoping” or a needs assessment. It involves trying to make sense of the context of any potential health promotion project and, in particular, the problem or health issues it may solve, as well as the determinants of the problem. To make sense of the context, it is important to have an understanding of the evidence base associated with the problem, for example, scientific literature and data, knowledge of traditional or local ways of preventing or managing the problem, and knowledge of global guidelines and how they can be adapted.
Building an evidence base

Desk-based research is a good place to start building an evidence base. As the name suggests, this research can be done from your desk, with the aid of a good library or Internet search engine such as Google. Desk-based research is a quick way to bring together key reports, data and policy documents to help define and describe the problem, assess what is already being done and identify what solutions others have found for similar problems. Information on the financial cost associated with the health problem for individuals and communities may also be important to collect, particularly if there is a need to demonstrate the value of the project to those working in other sectors. It is important to choose the appropriate search terms to avoid being overwhelmed by the results of an Internet search. For example, if one is interested in tobacco control in Solomon Islands, type “tobacco control Solomon Islands” into the search engine. Existing health information from trustworthy and credible sources is a good place to start. The box below provides a link and gives a brief description of two trustworthy sources:

World Health Organization (WHO STEPS reports are a good starting point for data on noncommunicable diseases in most Pacific island countries: http://www.wpro.who.int/noncommunicable_diseases/data/steps_wpr/en/)

Another excellent Pacific source of population, health and other statistical data is the Pacific Community’s Prism: http://prism.spc.int

It is important, particularly in the Pacific islands region, to enquire with relevant government departments and organizations about existing reports and data. In the absence of existing data, fresh evidence can be collected. Richer, more localized and often more up-to-date information can be obtained by interviewing key stakeholders, experts in the field and/or local health promotion “champions”. This does not have to be a large assessment; interviewing four to six key well-informed stakeholders may be sufficient.

Building on local knowledge and practices

While international evidence is helpful for providing general guidance, it is local knowledge that will make the difference for a targeted community. Local people often have the best idea of community needs, have the most creative solutions and, in the process of sharing information, are often motivated to help themselves. Engaging the community through the situation-analysis process leads to shared ownership and action, in other words a participatory approach. This can be accomplished through simple conversations with community members, or more formally through meetings or interviews, or even through a Community Readiness Assessment. Documenting discussions by taking notes is important so there is a record of what was discussed, but also for sharing the information with key stakeholders.

The more localized the project, for example in a village or school, the more important community engagement becomes.

“I think unless it is a form of the [community] consciousness, the project will not go beyond the scope of its design. I think it should go beyond the project to develop a consciousness where [there is] community buy-in to the idea and then they can use their resources to actually advance the cause as opposed to just limiting it to the [design] of the project.”

Source: Tri-Ethnic Centre for Prevention Research
Adapting global guidelines

Global guidelines provide quick access to international best practices. Often, aspirational targets are associated with such guidelines, for example the global target of no increase in the prevalence of obesity or diabetes by 2025, or the goal of a Tobacco Free Pacific by 2025. These aspirational targets are useful for motivating the behavioural and systems changes required. Adapting international best practices to the local situation based on the evidence base mentioned earlier, as well as local knowledge, helps to prepare for the next steps of resourcing and planning. A recent example of global guidelines being adapted for use in the Pacific is Samoa’s adaptation of the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings, also known as PEN, designed to strengthen primary care for the prevention and management of these diseases that are major causes of death and disability.

Strategic resourcing

The primary audience for the evidence gathered is the community or population that is intended to benefit from the health promotion activities. To be of interest and value, information should be delivered in ways and in venues that are familiar to people in the community. This information should motivate change. A secondary audience is stakeholders who can provide leadership and financial resources, such as government ministries, development agencies and nongovernmental organizations. It is important to think upstream and not get caught limiting the project to what has been measured.

Show me the money

Finding adequate funds for health promotion projects is not easy, particularly in today’s environment in which treatment of late-stage chronic diseases absorbs the majority of health resources. However, by drawing on a variety of sources for funding, one may be able to avoid two perpetual challenges – not having sufficient funds to execute the project well and not being able to continue the project when the initial funding runs out.

Obtaining funding from a variety of sources was one of the consistent pieces of advice from those involved in previous winning Healthy Islands projects. Sources included in-kind and cash contributions from the Ministry of Health and other government departments, international development agencies such as WHO, international development assistance from countries such as Australia and Japan, research agencies and local businesses, as well as fundraising. Having multiple sources of funding, along with linking projects to national health and/or development funding streams or strategic plans, maximized the opportunity for achieving project goals and sustaining activities. However, it is important that familiarity and transparency be maintained between funders and implementers so that funds are used appropriately and not diverted or delayed. Leaders of awarded projects demonstrated creativity and strategic thinking in how they sourced funding. They recognized that contributions of goods and services were just as valuable as money, that aligning the goals of the organization they were requesting funding from with the project goals was important, and that knowing whom to ask and what to ask for was critical to success. They also recognized that good communication and reporting to donors were vital. It was also important to explain how funds had been spent and to provide testimonials about the community benefits of the project to demonstrate the value of the investment of resources.

Find me a leader/champion

A hallmark of Pacific projects is that decision-making is a collaborative process. For example, in the PEN Fa’a Samoa project, village chiefs nominated representatives of the Women’s Committee as key facilitators of the project and encouraged communities to support the project. For collective leadership to work effectively, some level of awareness raising and/or training for local leaders is required to bring them up to speed on health problems and how to address them. Providing this education is a key role for a project leader.

“Focus on building strengths – community taking it into their own hands and not relying on government.”
This review found that the best health promotion programmes were those that built on a community’s existing assets and strengths. Thus, training or capacity-building needs to be targeted at community members so that in the long term communities become less reliant on government.

The review also found that local leaders were best suited to lead projects. Many interviewees had witnessed projects led by consultants that came to a halt when the consultants left.

“[Before we had] overseas consultants – as soon as they go, the office closes and nothing happens. [I am] glad [projects are now being led] by local staff.”

Engaging a wide range of people in the projects was a clear predictor of success in the projects reviewed. Successful projects all had motivated people such as teachers, parents, village leaders, store managers and hotel staff contributing in one way or another to the day-to-day activities of the project. Motivating them for action and organizing their contributions was generally the role of the project leader or health promoter. Good governance structures such as project steering groups are valuable for facilitating this leadership transfer process.

“You have to have passion for the work. Even if we go on a personal trip, we find some time to share our work with others.”

Planning

Proper planning adds detail to a concept and builds momentum for action gathered during the situation analysis. It involves bringing people and leaders together, discussing issues, making decisions about preferred responses, allocating resources and taking collective action.

During planning, information and partner expertise are brought together to help identify solutions. After considering a range of possible actions and solutions, these actions and solutions must be prioritized and strategically aligned with resources to maximize chances of sustainably addressing the health issue.

Solutions must suit the local environment or situation and be achievable with the resources and expertise at hand.

“We relied heavily on partnerships and building achievable aims and objectives. This involved realizing what each partners’ needs were and working to consolidate to prepare a realistic plan, as well as following up.”

Once consensus is achieved, a detailed action plan can then be developed, specifying the overall goal and how the proposed solution will be achieved. During the planning stage, it is necessary to refine the goal, define the population and identify entry points for action. It is also helpful to develop objectives that are specific, measurable, achievable, realistic and time-bound, a process known by the acronym SMART.

 “[Our goal] was to get [students] to understand hygiene and also teach their parents. School and health committees with members from the community [were taught] how to build toilets so they can teach others. We use the WASH (water and sanitation hygiene) model. We brought in the Ministry of Education [which is] using this system to get data on basic needs for schools. They gave us names of schools in need of sanitation support.”

A written plan allows a potential project’s goals and strategies to be shared in an effort to build a common understanding and support. It needs to contain sufficient detail to allow someone reading it for the first time to understand its scope. The reader should be able to determine who is responsible for implementing strategies in the plan, when and how they will be implemented, and how they will be resourced. The plan should also document how the plan’s goals and strategies will be evaluated in an effort to measure the overall success of the project and also to inform its delivery. Finally, the plan should be frequently updated, so that it can respond to new information, events or changes in the health issues it is addressing.
Implementation

The implementation phase is the stage at which the hard work of delivering on a health promotion project occurs, but it is also the point at which rewards and results are realized as things begin to change. The key to smooth implementation, according to those involved in successful Healthy Islands projects, is good planning: ensuring ample time and a sufficient budget, and specifying clear deadlines for objectives. It is important to allow sufficient time and budget for the programme to be implemented. It is also important to be realistic in setting these parameters and in updating and adjusting the plan as necessary. Flexibility was the other key attribute cited by those involved in successful projects. Flexibility helps protect the sustainability of the programme should unforeseen events occur. For example, a change of government may lead to changes in certain policies that relate to a proposed intervention or unintended events such as a cyclone may disrupt a health programme.

Building capacity

Reorientation of stakeholders, communities and systems will help embed the changes in the systems, such as the food system, and settings, such as retailers, so that they become the norm. Reorientation requires continuous communication with stakeholders and this is one of the principles of the Collective Action Framework.

Increasing the number of stakeholders involved in delivering the project and building their capacity should also be a priority during project implementation. Working in collaborative partnerships, the workload, ownership and reach can be shared across various groups and organizations, which is especially important where resources are scarce. Lastly, and as the Collective Action Framework suggests, setting up the appropriate accountability structures is essential for effective implementation. Accountability may come in the form of management, reporting and ensuring that a proper governance structure is set up so people have clear roles and responsibilities. These structures may not necessarily have to start from scratch. In fact, for sustainability reasons, it is probably better to use existing structures.

Evaluation

Evaluation is often overlooked and almost always underfunded. However it is crucial as it tells the story of a project's work, even if it means project officers “can be exhausted by the time to evaluate”, according to one interviewee. A complete evaluation begins at the planning stage and captures the process (what worked and what did not work in the planning and implementation of the project), impacts (immediate effects such as whether or not strategies and targets were achieved) and outcomes (long-term effects on the outcome of primary interest). Most health promotion projects seek to change outcomes, but often are only able to measure process and impact. For example, the Kau Mai Tonga project used participation in netball as the primary impact, an impact that could be objectively measured within the time frame of the project and captured the goal of the project. Related long-term health outcomes, such as reduced obesity and related disease outcomes, were not measured because of time frames and cost.

The Collective Action Framework

The Collective Action Framework emphasizes the importance of having a common agenda, common progress measures, mutually reinforcing activities, continuous communication, a backbone organization with staff and a specific set of skills (11). These are all pertinent for implementation.
It is important to use the evaluation data. Summarize the information and provide it as feedback to the target population and stakeholders, use the information to inform ongoing project activities and share the information with others trying to address the same health problems. Also, evaluation data can and should be used to attract further funding.

Logical frameworks are available to help with evaluation of separate stages of the project (10). This helps keep funders, stakeholders and communities up to date with what is going on.

In addition to collecting evaluation measures of process, impact and, where possible, outcomes, high-quality analysis is important to ensure the data shared are high quality. Several of the reviewed projects were able to source and make good use of high-quality statistics to inform the project and to demonstrate success. They demonstrated a good understanding of relevant variables, their measurability and appropriate statistical methods to ensure validity and reliability. That said, sophisticated analysis is not always needed and may even complicate things unnecessarily. For example, simple observational data—observing children playing on playground equipment built as part of the TASA role models project—were used to demonstrate the effectiveness of this project.

Project leaders did not wait until the end of the implementation period before attempting to evaluate success. In fact, workshop participants suggested that evaluation should be conducted from the beginning of a project. Having baseline data to track the changes of proposed interventions is crucial. Similarly, the continuous measurement of results was seen as valuable for Kau Mai Tonga, and it may be especially important for programmes seeking to scale up the work of their project. For example, in PEN Fa’a Samoa, measuring the success and improvements in pilot villages was important in justifying the expansion of the programme to the national level. As mentioned earlier, process data can play a critical role in informing the delivery of the project. Kau Mai Tonga tested social marketing advertisements within focus groups and reported back to stakeholders before producing the final version that was televised. This allowed them to fine-tune the advertisements for their target audience and ensure they did not waste money purchasing airtime for advertisements that did not have an impact.

Undertaking a formal, rigorous evaluation is often a resource-intensive task, particularly for smaller projects in the Pacific. Here workshop participants emphasized the need to simply start somewhere, that is on a small scale, and garner support from ministries of health, health services and universities that not only might undertake research and evaluation in similar areas, but can harness technical expertise and might be able to assist with training in evaluation and statistics.

Using existing surveys that already capture data on certain health impacts or outcomes for a project’s target population is also important, when possible. If existing surveys do not exist, the logistics, infrastructure and expertise of institutions that already run other surveys could still be utilized to arrange for a new survey, or for adding new questions/measurements to an existing survey.

“*If we don’t have capacity to do it, we have a lot of partners that are willing to help us.*”

Finally, in completing the evaluation and the health promotion and research action cycle, the evaluation should serve to inform the next iteration of the cycle, in particular the objectives of the programme have to be revisited. It is also important to consider that if the project met its target. If the target is met, what is the next phase of the project, or the future target? If the target is not met, how could the project be adapted in future? Projects may evolve after repeated evaluations and shifts in project objectives and activities, or even when shifts in national, organizational and community priorities take place.
Health promotion in practice

Tokelau
Establishing an evidence base on chronic disease in Tokelau

Commonwealth of the Northern Mariana Islands
Analysing the childhood obesity situation in the Commonwealth of the Northern Mariana Islands

Federated States of Micronesia
Pohnpei, Federated States of Micronesia, strengthens food security by building on local practices

Samoa
Samoa adapts global guidelines for strengthening NCD prevention and control to make them Samoan

Vanuatu
Strategic resourcing to support improvements in sanitation in Vanuatu

Papua New Guinea
Sound planning - Healthy Sianios and Samo Villages, Lihir Island, Papua New Guinea

Tonga
Flexible implementation in Tonga

Solomon Islands
Collaborative partnerships to build capacity in Solomon Islands - Honiara Central Market and Smoke Free Schools
Establishing an evidence base on chronic disease in

TOKELAUA

(Best Practice Winner, 2015)
Background

The prevalence of overweight and obesity is high in Pacific island populations, and Tokelau is no exception (12). Soft drinks (or fizzy drinks) were identified by the Ministry of Health as a contributor to this chronic disease risk factor. In addition, the discarded drink cans and bottles were polluting the environment and expensive to remove from the island. In 2008, annual soft drink consumption was calculated by the Tokelau Ministry of Health to be 43 litres per person. This information was presented to the leaders, or Taupulega, of each atoll. As a consequence one atoll, Fakaofo, completely banned carbonated soft drinks in 2011. Local bans were also introduced to Nukunonu and Atafu. In 2013, a national policy was introduced that banned imported fizzy drinks.

Stakeholders and supportive factors

This initiative was described by the Minister of Health at the time as a decision from local community leaders. Department of Health interviewees recognized that empowering community leaders was important for ensuring the ban lasts long term. Likewise, community elders were a key group of stakeholders consulted, and they played a key role in advocating for the policy.

"Tokelau is a small community and our culture and way of life lies on our community engagements and our family. This 'coral-up approach' highlights the firmness of the foundation of any policy development and the close link and ties of those that implement and observe the policy."
As such, the advocacy for the ban on fizzy drinks policy included raising awareness by sharing evidence such as survey and study results about noncommunicable diseases (NCDs) and their risk factors, encouraging community engagement in addressing the NCD crisis, and advocating to community and island leaders in Tokelau.

It is important to ensure that community members feel empowered with knowledge and understanding required to make good decisions. One community member pointed out that “when the decision is their own, they will willingly implement, monitor and sustain their decision”. Collecting and sharing evidence with the right people was central to getting the project off the ground and to its success. Information on the health of the population was gathered and shared with communities and local leaders. Community leaders then identified solutions and shared them across the country.

Project leaders made it clear that a “coral-up” or community-driven approach is the way to get things done in Tokelau.

Challenges

Initially, policy implementation was difficult as it was met by complaints and attempts to smuggle in fizzy drinks. However, all imports to Tokelau come on one boat, and with assistance from the Department of Transport, the ship’s crew, and customs and immigration authorities, the smuggling was halted.

Another challenge relates to the fact that once a policy is in place, the work is not finished.

“There are continuing threats on this policy and local council can reverse their decision any time they want to and this is a great risk,” said one Department of Health staff member. “Hence our ongoing support to continue to empower local council and communities to continue to appreciate the need and the benefit of the decision they have made. There have been some comments from local councils on taking the same approach towards tobacco and alcohol, and this indicates that they are proud and appreciate the benefit of their decision on banning fizzy drinks and how they can apply the same approach towards other health risks.”

Potential challenges to the policy were met by engaging with the community to reiterate the positive impacts of the policy on health.

Sustainability

The sustainability of a policy such as the ban on fizzy drinks in Tokelau will depend on the ability to address the challenges identified. As part of the policy development process, the Department of Health highlighted the problem and the underlying, or causal, factors of NCD risk including obesity to the community by gathering and using evidence. The Department of Health staff then helped empower the community by encouraging community members and leaders to identify possible solutions to address the health concerns at hand. This approach allowed the community to advocate for the policy they helped to develop and ensured their support for its enforcement.

“When our people have the right information and understanding of their health status, the risks and appreciate where they want to go and the health they wish for, then they are empowered to make healthy decisions.”

Using fire to prepare traditional food in Tokelau
Analysing the childhood obesity situation in the

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

(Best practice winner, 2015)
Background

TASA, which takes its name from the four villages it serves, aims to provide a role model for healthy lifestyles for children and adults and create healthy environments. The project has a number of behaviour change goals: increasing sleep, physical activity and the consumption of fruits, vegetables and water; decreasing leisure time spent viewing computer, television and gaming screens; and cutting back on sugar-sweetened beverages. It was established in early 2013 by the Northern Marianas College-Cooperative Research, Extension and Education Service (NMC-CREES) and the Children’s Healthy Living Program (Rachel Novotny, principal investigator) with the villages of Tanapag, Achugao, San Roque and As Matuis (TASA) in Northern Saipan. It has a community-based multi-strategy, multi-setting intervention approach. In particular, project implementers have improved the safety and appeal of local parks in two communities, improved the grounds of school and childcare centres, and worked closely with one supermarket in the community to both advertise and provide healthier foods. The TASA role models project is supported by Agriculture and Food Research Initiative Grant No. 2011-68001-30335 from the United States Department of Agriculture’s National Institute of Food and Agriculture.

Stakeholders and supportive factors

The support from staff at CREES was identified as both a catalyst for the project and also a factor contributing to the project’s success. Their ability to identify community-minded people, not necessarily known leaders, from a range of organizations and settings and to get them to work together was considered the main driving force behind the project. Also, participants felt that TASA was strongly based on local needs and gave a range of examples to demonstrate this – from the TASA logo, to promoting local foods and the empowerment of local leaders. The stated reason behind this was CREES-run focus groups designed to foster community engagement. A strength of this project was that information on childhood obesity provided motivation for community change.

“CREES identified people within the community who are leaders and got them to work together, provided relevant training, supervision and accountability.”

“Alignment [with community needs] was determined at the focus groups run by NMC-CREES. Then the ideas were shared with wider community via talks and questionnaires. Playgrounds kept coming up as a [community] priority.”

The TASA role models project was aligned with a larger research project that collected information on children’s weight status and associated eating and physical activity behaviours. The alignment with an externally funded research project was strategic because it allowed the project to gather relevant data without incurring large data collection costs. The information gathered was provided to community leaders and members to motivate changes in the community that made healthy choices easier choices for children. The data also became a baseline that could be used to see if the project had the expected impact on children’s weight status.
Challenges

During the TASA role models project, Typhoon Soudelor significantly disrupted operations, and priorities in the community shifted to basic needs. Overcoming the damage caused by the typhoon is an ongoing challenge for TASA. Obtaining small levels of ongoing funding was a challenge that took the time of project leaders, and for the store-based activities the ongoing challenge was looking for ways to provide affordable and healthy food.

“[The] economy is very bad [right now]. So how do we make healthy, cheap foods tastier? We need more recipes for customers to be made available in the store.”

Sustainability

The TASA project is an excellent example of a grassroots community intervention that is strongly grounded in health promotion theory. A key to the project’s sustainability was community empowerment. Project leaders placed a strong emphasis on identifying community needs and the importance of community leadership – the fact that those leading the project were known to the community and to other community leaders was mentioned by several interviewees. Equally important, however, was the need for a facilitating agency to catalyse action, facilitate networking, provide specific expertise and bring accountability.
Strengthening food security by building on local practices

POHNPETI, FEDERATED STATES OF MICRONESIA,

(Best Practice Winner, 2013)
Background

The Island Food Community of Pohnpei (IFCP) is a small non-profit organization that was chartered in 2004 with the primary goal of promoting local food for its many benefits (13). These benefits are summarized in the CHEEF acronym—culture, health, economy, environment and food security. IFCP was founded by a group of interested community members and prides itself on its community-based participatory approach, which involves community leaders in planning and implementation, and values local knowledge. The IFCP initiative promotes locally available foods, such as banana, breadfruit, taro and pandanus, particularly in schools and local communities, using a wide variety of information, education and communication tools.

Stakeholders

The IFCP works closely in partnership with representatives from nongovernmental organizations, the private sector, industry and government. It also works with and provides support to many community groups and in particular women’s groups, farming families and faith-based groups. The IFCP gets strong support from traditional leaders who have significant influence in their communities and knowledge of traditional foods and agricultural practices. Women are also very influential as they often make decisions at the household level.

Supportive factors

The story of the IFCP is very much one of making the most of traditional foods and practices, and highlighting the benefits of these over new and foreign practices. Its innovative marketing campaigns, such as the “Let’s Go Local” campaign and CHEEF benefits, were founded on traditional practices that resonated with the local community.

The ‘Let’s Go Local’ slogan is something that really means a lot. If we really look at it, that’s the way we should do – go local and we will solve [many problems]. Some people are really influenced [by this concept]. This was coined by Mr Bermin Weibacher who is a known agriculturist in Micronesia and a very influential person. He used to write in the small local newspaper ‘Go Local’ and then this really spread and [IFCP] took it up.”

Having appeal beyond the health sector and linking health with other ambitions, such as cultural preservation, the environment, economy and food security, assisted in establishing support from the community and a wide pool of partnering personnel and organizations. The IFCP also strongly emphasizes a local response, from the development and promotion of local foods to the local problem of vitamin A deficiency and NCDs. Public concern around these problems was significant, creating a window of opportunity for the IFCP’s founders at the time.

Gaining trust from the community has been identified as an important factor.

“It’s important to] explain it in the context that it’s from the local community’s perspective. It’s the reason why [IFCP] emphasize culture, as opposed to an economic perspective. They use that as an entry point to garner support from the community.”

“In the Pohnpeian culture, if you engage in their cultural activities and respect [it], they recognize you’re being serious... it gains your credibility and because of [that] it gives them a means to advocate on your behalf to other communities.”

Challenges

Despite the IFCP’s successes, its significant challenges included funding, capacity and limited resources as well as the expense and perishability of local food and the difficulty of reaching the outer islands of the Federated States of Micronesia.

Sustainability

Given the funding challenges, it was especially important to share ideas, expertise and available resources. The involvement and support of volunteers have been valuable to this project and have encouraged its sustainability. Furthermore, community support has been garnered through awareness-raising activities, developing catchy and well-publicized slogans, and partnering with a range of organizations in various sectors from the local village level to the international level. Education activities in schools help nurture children and teach them that sourcing and promoting a diversity of local foods facilitates ecological balance, which helps sustain the IFCP’s message and pass on traditional practices to children.
Adapting global guidelines for strengthening NCD prevention and control to make them Samoan

SAMOA

(Best Proposal Winner, 2015)
Background

PEN Fa’a Samoa means “PEN the Samoan Way”, whereby the WHO Package of Essential Non-communicable Disease (PEN) Interventions for Primary Health Care in Low-Resource Settings has been adapted by Samoa to reflect the local culture and customs (14). In doing this, PEN Fa’a Samoa has been introduced to village members, who are supported to provide better NCD management for their communities.2

The overall goal of PEN Fa’a Samoa is to strengthen linkages between health services and the community. It uses three pillars that can be broken down into the following objectives: 2

Pillar One: Early detection of NCDs
- Provide comprehensive population screening for NCDs.
- Increase the detection rate of people with risk factors for NCDs.

Pillar Two: NCD management
- Increase the percentage of people with risk factors for NCDs who obtain appropriate treatment and/or management strategies.
- Increase in compliance with NCD treatment and management protocols.

Pillar Three: Community awareness of NCDs
- Build capacity among district health professionals and community representatives (village women’s committee representatives) on prevention and treatment of NCDs at the community level.
- Increase health literacy and raise community awareness of lifestyle risk factors related to NCDs (diet, smoking, unsafe alcohol consumption, physical inactivity).

Stakeholders

PEN Fa’a Samoa was launched in 2014 under the leadership of the Ministry of Health and National Health Service with support from WHO. Two villages, Faleasiu and Lalomalava, were identified as pilot demonstration sites. Importantly, the role of traditional leaders is emphasized in PEN Fa’a Samoa.

“What was happening prior was the typical … They do the training, and [after training has been done] then you say this has been implemented. So that’s not really the case [for PEN Fa’a Samoa] and I think for Samoa they really tried to make their adaptations to this protocol. That’s why it’s called PEN Fa’a Samoa – their own way…it was trying to see how do we like to do it and how can we adjust this scientific/evidence-based protocol into our own way of thinking?”

Supportive factors

PEN is based on international best practices. PEN Fa’a Samoa adapted these best practices to local needs given that NCDs are of great significance to the country and this approach has been specifically tailored to the local village settings.

Village chiefs, church leaders and women's committee leaders were consulted, in keeping with Fa’atofalaiga – the traditional Samoan way of informing and agreeing on activities within the village setting. Village chiefs nominated women’s committee representatives as key facilitators of PEN Fa’a Samoa. Furthermore, strong contact with villages and implementers on the ground was maintained alongside expertise from the stakeholders.

“When [Ministry of Health staff] go to the village, [villagers] are very happy because they need information...to be sitting there with the community and talking to them [in relation to NCDs and risk factors, they are interested] and they have so many questions...Even when staff did the first [set of] data collection, they went back and shared this information with the village. [Villagers] are very keen and based on that information they make the decision [of whether to focus on specific NCD risk factors such as tobacco, sugar or salt intake].”

Further examples of local adaptation of international best practices include:

- PEN Fa’a Samoa’s National Steering Committee visiting each of the demonstration villages to ensure that the programme was successfully being followed and to provide ongoing support.
- WHO running focus groups with women representatives to explore the programme in-depth and discuss any problems with implementation.
- On-site support and encouragement were provided to women’s committee representatives and they were visited by representatives from the Samoa Parliamentary Advocacy Committee for Health, Social Services and Community Development, WHO and technical officers.

Challenges

One of the challenges identified in PEN Fa’a Samoa was the lack of finances, particularly to incentivize women to be continually engaged with the project. For example, some women may have to walk to visit high-risk cases, which is difficult in a warm climate.

Access to health care is a key barrier identified by focus group participants in a 2016 Ministry of Health report. This barrier correlated with the rural location of villages and distance to the health centre, and the lack of transport and people’s unwillingness to attend regular check-ups also played a role. A further challenge was in NCD management for high-risk cases. Improvements in high-risk cases were rather gradual and there was need for an improved health information system with more communication and coordination among health facilities to facilitate follow-ups and compliance with medication.

Sustainability

Results in the two demonstration villages suggest that the PEN Fa’a Samoa project has had considerable impact (2). The population coverage of the screening activity in the demonstration villages was high, and 40% of those screened in both demonstration villages were identified as having risk factors and referred to local health facilities for further assessment and management, if applicable. This shows that the local community is engaged and genuinely interested in this concept, and PEN Fa’a Samoa’s objectives resonate with the community. A clear plan for scale-up is already ingrained in the project, which aims to elevate this success to a national scale. Although it is premature to observe any effect in terms in NCD-related health outcomes, it is likely that PEN Fa’a Samoa will make a positive contribution to this significant health issue.
Strategic resourcing to support improvements in sanitation in

VANUATU

(Best Proposal Winner, 2015)
Background

In the 1980s and 1990s, the United Nations Children’s Fund (UNICEF) funded a large sanitation project in response to high numbers of people with diarrhoea in Vanuatu. It was estimated, at the time of the project, that 80% of the Ni-Vanuatu population had access to a well-constructed ventilated improved pit (VIP) toilet. However there were limitations to VIP latrine construction design that meant they could only be built in areas with solid soil and not in areas such as coastal settlements where the soil is sandy. Also the toilets were often located far from dwellings, had a squat design and were prone to collapse during heavy rains and to infestation by rats and cockroaches. It was also observed that when the pits became full, people reverted to traditional pit toilets because they did not have the inclination or expertise to maintain the VIP.

In response to these issues, an experienced team of environmental health officers (EHOs) within the Ministry of Health, and in particular the EHO for Sanma province, developed two new designs for upgraded VIP toilets called new VIPs (or NVIPs) that overcome these challenges on the island of Espiritu Santo.

Stakeholders and supportive factors

The project was a national Government initiative through the Ministry of Health and Sanma was identified as a province with a great need for toilets, giving this project both political will and community demand. In addition to strong government support, local stakeholders were involved including health and education committees made up of parents and others linked with the local school. These committees performed a number of functions including raising awareness of the toilets, learning how to use and maintain them, and training others to do the same.

“Community support is garnered through health and education committees, women’s groups, church elders and village chiefs. Communities like the project because it improves their community.”

A clear strength of the project was keeping costs down and avoiding ongoing costs for the community. Each NVIP requires three bags of concrete, reinforcing wire for the slab, chicken wire for the riser seat, PVC pipe and a toilet seat. The cost is approximately 3000 Vanuatu vatu per NVIP (about US$ 30). Communities do not have funds to build as many toilets as required and there are costs associated with transporting sand/gravel to inland areas to make the concrete. The Sanma Sanitation Project purposefully encourages the use of local building materials for constructing the shelters over the VIPs they are building in schools. Not only does the use of local building materials reduce the initial cost of the project, but it also means that materials are available to repair the shelter if required and allows local community members to handle repairs.

The Ministry of Health in Vanuatu made a strategic decision to pay the initial costs of building the NVIPs in return for free labour from community members. Most funding for the sanitation project came from WHO and approximately 15 toilets were funded by an Australian university whose students held a fundraiser for the project. The team is continuing to look at small sources of funding and in-kind donations.
Water tank and gutters capturing water from the classroom roof.

“Volunteers have helped implement the project. Knowledge of WASH transferred to schools. Children are taught about WASH. Men from other villages can build new toilets in their own village.”

Challenges

Even though the cost of a NVIP is kept to a minimum, resourcing and logistics are still a challenge. Funds simply are not available to build as many toilets as required. There are also logistical issues with getting sand and gravel to inland areas to make the concrete. The Ministry of Health does not have its own vehicles and has to hire them. In areas without sand and gravel, those materials need to be purchased and transported, in some cases over large distances. Another challenge for the future is enhancing sanitation and hygiene by ensuring water is provided near the VIPs and NVIPs.

Sustainability

Participants said a range of factors can enhance the sustainability of the project. The importance of working with others and community engagement were strongly emphasized. Also, in order to improve sustainability, project staff identified the need for a national sanitation plan and an accompanying manual to promote universal access to good sanitation and to ensure minimum standards were met in terms of toilet design and construction.

“[We need a sanitation] manual to work from and a set of national standards.”

“Sustainability won’t happen if it is just the Ministry of Health involved.”
Sound planning – Healthy Sianios and Samo Villages, Lihir Island,

PAPUA NEW GUINEA

(Best Proposal Winner, 2013)
Background

Lihir Island in the New Ireland Province of Papua New Guinea contains numerous villages in remote areas with dense vegetation and high rainfall. Malaria and lymphatic filariasis have been major health issues on the island, with Sianios and Samo villages, located in Ward 8, being among the most severely affected. The Healthy Sianios and Samo Villages project is an initiative of these villages that aims to support a holistic approach to build healthy communities and populations through community action, environmental management, and policy and infrastructure management.

The Healthy Sianios and Samo Villages project used a community action and participation (CAP) workshop to plan a community intervention in Sianios village and to upgrade skills in villages.

The six processes involved in the CAP workshop, which have significant overlap with the health promotion and action research process and this planning stage, include:

1. getting to know your community
2. assessing community needs
3. prioritizing needs for action
4. planning for change
5. taking action together
6. evaluating community action and participation.

Keen to act in the interests of their own health, 27 participants, mostly members of the Sianios community, identified 23 key issues in the community, prioritizing five as main action areas: draining and back-filling of swamps; water supply; ventilation improved pit (VIP) toilets; training; and a community post.

Sianios Healthy Village Committee Chairman Francis Lusem. The surrounding land in Sianios used to be a swamp, but it is now usable land due to proper drainage and backfilling.
Stakeholders and supportive factors

A range of stakeholders in the National Department of Health, Lihir Sub-District Health Office, Lihir Mining Area Landowners Association (LMALA), JTAI and Lihir Islands Community Health Program (LICHP) supported efforts to get the project off the ground. Individual community leaders, including the Chairperson of the Ward 8 Development Committee, helped steer the project and mobilize the local community. This approach brought the community together to decide on issues and solutions that affect them, with the support of stakeholders and experts. Numerous recommendations were developed in the CAP workshop, clearly outlining the responsibilities of various actors and a specific time frame for future action. This proposed a clear way forward for community members who then undertook a participatory approach to work on the action areas identified.

"[After the community had experienced the impact of high rates of malaria and lymphatic filariasis] people were like ‘What can we do? We need to do something for the good of the village’…. That’s when people tried to take the initiative, since [local community leaders] had been [involved with] health, they asked ‘Why can’t we do something [without simply waiting for or relying on people form the health office]?’ That’s when all of these things started”.

In the months and years that followed the CAP workshop, the community worked together to drain water and redirect it to the sea (Sianios village was previously swampy and mosquito-infested), remove waste, build VIP toilets, and beautify the village by clearing waste and overgrown vegetation. Also in their sights was a more holistic approach to development on the island, as ingrained in the Healthy Islands vision.

Challenges

While community involvement and participation was strong and progress has been made, the main challenge was that of resources, gaining access to sustainable funding and logistics. An example of this is getting machinery to the village to install drainage pipes.

“After they cleaned the place [of overgrown vegetation and still water], people themselves can see the change… after this…people wanted to take the next step forward. However the next step forward involves logistics…It involves training, education, tools, all of which need money…The big activities need [technical support and expertise].”

There was also a need to sustain people’s motivation and monitor progress over time, as the motivation in some people in the community waned after a couple of years. In addition, it was important to ensure participation of younger and more physically fit people who could continue to work after some of the older leaders were less able to take on labour-intensive work.

Sustainability

The main success of the Healthy Sianios and Samo Villages project was through the substantial involvement of the local community in the project from its outset—including in the early stages of planning. This enabled it to be organic and ensured that local needs were emphasized and that locals were motivated and empowered to create their own healthy village. The sustainability of the Healthy Sianios and Samo Villages project will depend upon the ongoing ability to motivate and mobilize the community, its leaders and key stakeholders, as well as attract funding. In terms of the latter, having data on the rates of relevant infectious diseases to provide evidence of the effectiveness of the project may be helpful.
Flexible implementation in TONGA

(Best Practice Winner, 2013)
Background and actions

The Kau Mai Tonga (Come on Tonga) project began in 2010 and was one of several Australian Sports Commission (ASC) projects initiated across the Pacific at about the same time. This joint initiative of the Tongan and Australian governments, with funding of approximately 1.45 million Australian dollars through the Australian Sports Outreach Project (ASOP), aimed to reduce NCDs, a major government priority in Tonga, by increasing women’s participation in physical activity. Netball was identified as the ideal sport and because of its popularity in Tonga in the 1970s and 1980s, it is the favourite of most women in Tonga – and it has a social element. Other types of physical activity were also encouraged and a number of walking groups were established. Since this project, netball has gone from strength to strength in Tonga. Several clubs have seen past players come back to run the clubs, and talented players are being given netball scholarships to schools in New Zealand, as has been the case for some time for the sport of rugby.

Stakeholders and supportive factors

ASC together with the Tongan Government saw an opportunity to direct funding towards a project that promoted sport but also prevented NCDs through the promotion of physical activity. This required two government ministries – the Ministry of Internal Affairs (MIA) through its Sports Division and the Ministry of Health – to work closely together. This partnership, which quickly expanded to include the Tonga Health Promotion Foundation and the Tonga Netball Association, was key to getting the project off the ground.

*Project management mechanisms worked really well. It is hard to operationalize multisectoral interventions because organizations have different values. It worked in this project through:

- An overarching partnership agreement with MIA (also the Ministry of Health and ASC)
- Shared logical framework
- Clear tasks for each organization
- Aligning interests so that the supply side and the demand side were funded
- Shared monitoring and evaluation framework.
- MIA would write up the work. This documentation of what we were doing created a shared view. Transparent with documentation, budgets, progress reports.
Excellent planning and collaboration helped drive the project. The partners worked together well to plan the project, to define the target population and to coordinate their activities.

The core target group was women aged 15–45 years, and it was partly due to the success of the social marketing campaign that teams were created for older age groups. Men also participated. The project was particularly accommodating of larger women and a Senior B Division was set up for women aged 35 or older or with a body mass index of 35 or higher.

“[The project] went to grassroots communities. Mindset change needed to come from there.”

“The activities were consistent. They went ahead with tournaments, they let the teams come and go. They didn’t force it on people. The support from the association and the Australian High Commission was great.”

The Kau mai Tonga project team was aware that local sport depends on volunteers and therefore communities needed to be involved. The project team achieved strong community participation and involvement by being inclusive and adaptable, as well as providing attractive and dependable community-based activities.

Also important for Kau mai Tonga was its accountability structures. While they varied in nature, all projects had management, reporting and governance structures set up to support implementation. A valuable insight from the projects was that, in most cases, these structures were not developed from scratch but borrowed from organizations or other projects. In the case of Kau mai Tonga, for example, the Australian Department of Foreign Affairs and Trade provided support setting up a governance structure for netball.

**Challenges**

While flexible implementation was a major strength of Kau mai Tonga, flexibility requires good planning. One participant said that the importance of planning became clear as the project went along. “A major learning for me was planning, planning, planning,” said the interviewee. “We in the Pacific are talking people and we don’t write things down. But I realized how important it was to plan and record as you go along. I use the documents we developed now for other areas. I had more professional growth from being involved in the project than from doing a master’s degree.”

A further challenge identified for this project and others like it in the Pacific was the need for better training in practical health promotion. Much of the health promotion training in the Pacific is short-course based, and that type of training was considered insufficient for building the capacity necessary to implement a project on the scale of Kau mai Tonga.

**Sustainability**

An excellent marker for the success of a health promotion project is when the strategies are picked up and carried on by another organization. The Kau mai Tonga project, which originally targeted women aged 15–45 years, ran from 2010 to 2015 when ASOP funding ceased. Despite this, it continues through a revitalized Tongan Netball Association and is expanding into other sports through the work of MIA, indicating its strong potential for sustainability.

“Tonga Netball and FIFA (soccer) are now the strongest associations and can fundraise independently. Also you can see the results of their work and there is now opportunity for a high-performance pathway.”
Collaborative partnerships to build capacity in Honiara Central Market and Smoke Free Schools

SOLOMON ISLANDS

(Best Proposal Winner and Runner-up, 2013)
Two projects in Solomon Islands – the Honiara Central Market Healthy Setting Project, driven by the Ministry of Health and Medical Services (MHMS) and the Honiara City Council (HCC), and Smoke Free Schools led by Global Youth Leadership Nexus (GYLN) – have sought to make settings healthier for Solomon Islanders.

**Background – Honiara Central Market Healthy Setting Project (Best Proposal)**

The Honiara Central Market is the only place in Honiara where people from different provinces in Solomon Islands gather to sell fresh fruit, vegetables, seafood, and other agricultural and farming products. It is a place where children, women, young people, and people of various social status and cultural backgrounds meet. The Honiara Central Market is under the control and management of the HCC.

The health issues being addressed by creating a healthy Honiara Central Market include:
- the provision of improved toilet facilities and water supply;
- enforcing a smoke-free policy;
- prohibiting vendors from selling tobacco, betel nut, alcohol, salty fish and second-hand clothing;
- ensuring proper storage facilities, breastfeeding areas, spaces for selling cooked food and the control of prices for goods; and
- creating specific areas to sell different products.

**Background – Smoke Free Schools (Runner-up)**

The Solomon Islands Tobacco Control Act was enacted in 2010 and Part 5 of the act prohibits smoking in all schools, including outdoor areas and grounds of schools. This created an imperative to ensure all schools are smoke free, and GYLN was given the leadership role to coordinate, oversee, design and develop a smoke-free school policy in collaboration and partnership with MHMS, the Ministry of Education and Human
Resources Development (MEHRD), representatives from the Solomon Islands National University (SINU), the Honiara City Education Authority and a host of selected school principals of some of Honiara’s most prominent schools.

The project aims:
- to increase the awareness level and reduce risk behaviour of tobacco use among students by engaging in a multifaceted and multisectoral approach, and working with constituencies to develop policy on a tobacco-free educational environment;
- to work closely with the Curriculum Department of the Ministry of Education to ensure tobacco issues are broadly integrated into the school curriculum; and
- to integrate the aspect of the smoke-free school key messages and practices in all school outdoor activities.

Stakeholders and supporting factors

In order to drive the healthy marketplace concept, the MHMS worked in partnership with the HCC, which was responsible for the management and control of this setting. The support (and ownership – refer below) of HCC was crucial. In the Smoke Free Schools project, GYLN was given the leadership role of coordinating, overseeing, and designing and developing a smoke-free school policy. To plan their activities, GYLN collaborated closely with MHMS, MEHRD, SINU, the Honiara City Education Authority and principals of some of Honiara’s most prominent schools.

Partnership allowed for this project to build upon existing capacity and also utilize the existing systems of both health and education departments:

“[My advice for others is] working in collaboration with other partners – because we don’t have all the resources – it’s very important to work in partnership.”

Making healthy eating and reducing tobacco “everybody’s business” was an important ingredient for good collaboration. For example, it was considered particularly important that schools take ownership of the GYLN project. “I think what needs to be done is that the principals or teachers within the schools need to take ownership of the document and really move it forward,” said one interviewee. “If they depend on [the health department] to come in to do that every time then it won’t be as sustainable as [they would] like it to be. But if the principal takes [it on] and they become passionate with the knowledge they already have, then I think it would be something that would be sustainable.”

“[My advice for others is] working in collaboration with other partners – because we don’t have all the resources – it’s very important to work in partnership.”

We shouldn’t be working alone, we should see how we can [all] come in, because [maybe] we don’t have the best idea, maybe their organization doesn’t have the best idea, [but] it’s always good if we can sit [and plan] together and see where we are coming from in addressing the same market setting... We shouldn’t be seen as overriding or being the boss – we believe in collaboration and partnership.”
Challenges

Challenges included the need to work more closely with those who are able to enforce policy, such as school inspectors and environmental health officers, and to give them enforcement power, such as levying penalties, so that healthy markets are genuinely healthy and smoke-free schools are genuinely smoke free. Another challenge was maintaining community ownership throughout the project so that health improvements did not end with the project. For example, training teachers and keeping them on board was identified as a challenge for Smoke Free Schools.

"Unless people own the project from the initial conception [to] implementation, the project will go as far as the term of the project – that's it."

Sustainability

"If people are not aware and not educated about tobacco-free initiatives, they won't really abide, unless there is public awareness...that could also be a challenge in rural areas in the provinces here."

The Smoke Free Schools project was designed to be a pilot effort with the intention of taking it to a national scale. If that is achieved, it should help make it sustainable. One participant also identified the need for awareness-raising activities and the development of accompanying legislation as ways of achieving sustainability. For example, future expansions in the Tobacco Control Act and tobacco control movement could work towards creating a smoke-free generation. This was considered particularly important as the project noted increased interference from the tobacco industry, for example, through supporting school-based activities, as the project progressed.

Awareness raising and advocacy were also identified as important for the sustainability of the Honiara Central Market project.

"We believe more in getting people to understand the concept as part of our capacity-building, and to really get them to be a part of the project, because without the knowledge, people will not be involved. They have to understand the whole idea of the market setting before they can be part of the project...The important thing is advocacy, education and creating awareness...so they can understand what the market concept is about."
Practical approaches for health promotion in the Pacific

Health promotion is alive and well in the Pacific; however, the burden of disease is such that it needs strengthening. While the challenges of limited country resources, lack of national and local ownership of specific projects, over-reliance on a small number of leaders, and reliance on part-time or voluntary country coordinators were identified and are still evident, they were, in the view of the report writers, less prominent than when first described in a report in 2000 (1). One major step forward in the 16 years since the publication of that report has been clearer articulation of and better national and regional consensus on approaches to Healthy Islands.

The following recommendations were gleaned from preparing this report and from the input of the interviewees. It is hoped that this will serve to strengthen health promotion in the Pacific at both a country and regional level.

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<tr>
<th>Recommendation</th>
<th>Country</th>
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<tr>
<td>1. More targeted programmes, in terms of the health issue and the target population. To achieve this, a regional training programme on more targeted approaches was suggested so that skills and expertise in delivery are enhanced through expert support and on-the-job training.</td>
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<td>2. Develop a repository so others can learn how to deliver best practices in health promotion. It was noted that health promotion projects are poorly documented in the Pacific. Better documentation, data repositories and information-sharing websites were seen as vital for helping this knowledge exchange.</td>
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<td>3. Identify horizontal funding streams to support health promotion beyond the limitations of &quot;projects&quot;. A project mentality and funding structures do not foster sustainable change, and there is a need to focus more on creating supportive environments and strengthening community action so that changes can be embedded in settings and systems.</td>
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<td>4. More comprehensive use of data collection and evaluation. Even in the successful projects identified in this report, supporting data to evaluate related health impacts and outcomes needed further development, both in terms of coverage by national surveys and at the organizational and project level.</td>
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<td>5. As first suggested by the WHO (2), we noted that the Healthy Islands vision resonates mainly with senior health officials. To expand its reach, the vision needs to be integrated and operationalized throughout all levels of health systems and, increasingly, in other sectors.</td>
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<td>6. Greater publicity of the Healthy Islands Recognition Awards Programme is needed in order to foster more awareness and a greater reach. Often applicants found out about the programme late after chance discussions with those who were more involved. Stakeholders at the subnational and local level were least familiar with the programme and the potential for grants. The current report may go some way towards increasing recognition of the programme.</td>
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References


