

The Yanuca Island Declaration: Pacific health in the twenty-first century

GREGORY J. DEVER MD, FAAP *
SITALEKI A. FINAU FAFPHM **

CONFERENCE REPORTS AND PAPERS

Introduction

In the first conference of its kind in over ten years, the Ministers, Directors and Secretaries of Health of 17 Pacific Island countries met from 6-10 March 1995 in a two stage conference in Suva and Yanuca Island, Sigatoka, Fiji. This conference was sponsored by WHO and hosted by the Minister of Health of Fiji and attended by many regional organisations including the South Pacific Commission.

The focus for the WHO Ministerial Conference for the Pacific Islands grew out of informal discussions among Pacific Island Ministers of Health at the forty-fifth session of the WHO Regional Committee in 1994. It was recognised then that island states share many common features: they are autonomous jurisdictions of small size and population; they have limited resources; vulnerable economies; and because of their geographic isolation, they experience the burden of costly transportation and communications¹. In addition, it was acknowledged that these islands have fragile ecosystems which are being threatened by the problem of environmental degradation, high population growth, urban drift, and the consequences of international migration leading to loss of the skilled people from the health and allied workforces.

Against this background the Pacific Island countries identified three areas of common concern which became the focus of the Fiji meeting¹:

“ ... island states share many common features: they are autonomous jurisdictions of small size and population; they have limited resources; vulnerable economies; ... ”

- a need to promote health and protect the Pacific island environments,
- a need to train and manage human resources for health and integrate them with planning; and
- a need to improve the supply and quality of pharmaceuticals and reduce their cost.

The conference

During the first three days of the meeting held in Suva, the Directors and Secretaries of Health met and deliberated on a number of formal presentations and discussion documents which addressed the three areas of focus. Issues discussed included the concept of New Horizons in Health² and Healthy Islands³; progress in the innovative training of the Pacific environmental health workforce and pressing environmental health needs³; nutrition promotion issues for the Pacific⁴; the problems of the mismatch between human resources in health planning and the education of the health workforce⁵; the rationale to develop Pacific-based postgraduate health training appropriate to the needs of the Pacific Islands^{6,7}; and pharmaceutical supply and essential drugs⁸.

The New Horizons in Health² document recognises that many of the Primary Health Care goals, which were endorsed at the Declaration of Alma Ata of 1978, have either been met or exceeded among many of the Pacific Islands. It also recognises that although targets in the control of communicable diseases are being met, other health challenges are emerging at a time when regional development is testing the resilience of the fragile island ecosystems. The gains seen in curative and public health, alone, are not enough and that a more sustainable holistic approach – an ecological approach to public health – be embraced. Such an approach which deals with the health of the whole person and relates to the totality of people’s living and working environments. Central to the New Horizons paradigm is the implementation of two central concepts: health protection and health promotion. As an example, in the brief companion paper Nutrition in the Pacific – An Oppor-

* Director, Pacific Basin Medical Officers Training Programme, PO Box 1298, Pohnpei 96941, Federated States of Micronesia. ** Manager, Community Health Services, South Pacific Commission, B.P. D5, Noumea, New Caledonia but now with the Territory Health Services, PO Box 721, Alice Springs, Northern Territory 0871, Australia.

tunity in Health Promotion⁴, various nutrition promotion strategies are outlined which will contribute to health.

The concept of Healthy Islands³ is a strategy and planning tool to affect the New Horizons in Health³ paradigm. This planning process focuses on people at the local level and offers a way to clarify the search for health which can be integrated into the national agenda for development.

Regarding the health workforce for the Pacific, in back to back presentations the Directors and Secretaries were briefed on the progress of the new career ladder Primary Care Practitioner/MBBS training program at the Fiji School of Medicine⁶ and the need for the development of complementary postgraduate medical training programs for Pacific island doctors in clinical medicine and community health⁷. The conferees were apprised that over 400 new Pacific island physicians will graduate during the 1990's from regional training programs. This number will be added to the current working physician registrars in the region – most of whom have not had the opportunity nor the resources to further their medical education⁵. Mindful of the current professional "cul de sac" for most of this valuable human professional resource, and the concurrent needs for the Pacific islands to promote self reliance and further their leadership capacity to drive both traditional and new health strategies for the 21st century, it was proposed to establish postgraduate medical training programs at the Fiji School of Medicine, appropriate to the special health care needs of the region, as the logical next step to the Fiji School of Medicine innovative undergraduate training efforts for the region^{6,7}.

The discussion regarding pharmaceuticals was expanded to include medical equipment and essential drugs⁸. To address the problems of geographical isolation, economies of scale, ordering difficulties, and shipping delays and the problems associated with the quality and safety of drugs and equipments, various general strategies were proposed including: the development of customised national drug policies, drug legislation, regulatory controls, and bulk purchasing; the establishment of a regional reference laboratory for drug quality control; the standardisation of essential equipments with the view to facilitate better servicing and maintenance; establishing an inventory of regional health technology and expertise; and the development of appropriate training programs in pharmaceuticals management and in the operation and maintenance of biomedical equipment.

“ ... the concurrent needs for the Pacific islands to promote self reliance and further their leadership capacity to drive both traditional and new health strategies for the 21st century ... ”

By day three of the Conference recommendations regarding the development of the health workforce, environmental health, and the supply and management of pharmaceuticals, medical equipment and essential drugs in the Pacific had been drafted which were then presented on days four and five to the assembled Ministers of Health at the Sigatoka meeting site on Yanuca Island. After spirited debate and in the Pacific way, consensus was achieved and the final draft of the Yanuca Island Declaration was unanimously signed by the Ministers of Health urging their respective governments to endorse the Declaration (see the text of Yanuca Declaration).

It is expected that the Yanuca Island Declaration will be discussed at the next WHO Regional Committee Meeting in September, South Pacific Forum, South Pacific Conference, Fifteen Regional Conference of Heads of Health Services, and in other forums such as the next Asia-Pacific Parliamentarian's Union the Association of Pacific Island Legislatures and in future issues of Pacific Health Dialog.

The Yanuca Island Declaration

This unique document, The Yanuca Island Declaration on Health in the Pacific in the Twenty-first Century, is a milestone for the recognition of the status of health needs among the many competing and pressing wants of the Pacific islands. The Declaration endorsed the concepts of health as being part of holistic development. It places health and social development at the centre of analysis in contrast to the current rural development approach in the Pacific where income generation and accumulation of wealth are the central tenets⁷. Below is the full text of the Yanuca Island Declaration.

The Yanuca Island Declaration on Health in the Pacific in the 21st Century

The Conference of Ministers of Health of the Pacific Islands, meeting on Yanuca island, Fiji, on this 10th day of March 1995, responding to the challenge of changing global conditions and the priority issues raised during the forty-fifth session of the Regional Committee;

Believing that:

- new challenges in health in the twenty-first century call for clarity of purpose and broad-based participation to achieve healthy islands;

- 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;

Endorses:

- the concept of Healthy Islands as the unifying theme for health promotion and health protection in the island nations of the Pacific for the twenty-first century;

Recognising that:

- Pacific island countries share many common features in terms of geography, population size, socio economic status, history, culture, and particularly fragile ecosystems;
- a wide range of health-related challenges need to be addressed in addition to those highlighted at this Conference, particularly the special needs of those in remote and rural areas;

- limited resources in relation to health personnel, facilities, supplies and materials, require Pacific island countries to work closely together and share resources in achieving health goals;

- many training institutions and programmes for the health professions in countries of the Pacific already exist, including medical, nursing and allied health science schools in American Samoa, Commonwealth of the Northern Mariana Islands, Cook Islands, the Federated States of Micronesia, Fiji, Guam, Kiribati, Papua New Guinea, Republic of the Marshall Islands, Republic of Palau, Solomon Islands, Tonga, Vanuatu and Western Samoa;

- the forty-first session of the Regional Committee endorsed the concept of a network of existing health training and education institutions in the Pacific;
- there is an urgent need for co-ordinated action among these institutions in training human resources for health to address the special health care needs of the Pacific Islands;

- health care processes need to change, becoming more holistic and better integrated and linked networks to meet the complex challenges of the future;

- health promotion and health protection are essential components of this change process;

- environmental health must be integrated with other health programmes, and linked to the activities of other sectors;

- in implementing environmental health programmes, new status needs to be granted to environmental health professionals in government services;

- the 1989 WHO Plan of Action for the Development of the Fiji School of Medicine and the 1994 Draft Report on the Fiji School of Medicine Development Plan have set direction for the School;

- improvements in quality, safety, efficacy, availability of drugs and cost effectiveness could be made by Pacific island countries through bulk purchasing schemes for pharmaceuticals, essential drugs, vaccines, medical supplies and equipment;

Being mindful that:

- joint approaches must allow for discretion within countries to accommodate individual differences;

“ ... the holistic basis of such concepts as Healthy Islands is an appropriate springboard to address the other health needs of the Pacific. ”

- inter country approaches must be implemented with flexibility that is responsive to changing circumstances;

- resource implications must be clearly defined and understood in developing and implementing these

new approaches;

- training programme development should address all categories of the health workforce as appropriate in the respective countries, including medical, nursing, oral health, pharmacy and the broad range of other allied health professionals;

- academic policies relating to the range and design of educational programmes and student intake should be closely linked to the current and projected health workforce needs of Pacific island countries;

- improvement of collaborative activities and partnership strategies between service providers and training institutions is needed;

- while there are potential benefits in embarking on properly co-ordinated bulk purchasing initiatives, such initiatives should not undermine national sovereignty, nor incur extra cost or cause delay in delivery of vaccines and essential drugs;

- collaboration in bulk purchasing schemes should not merely reduce costs but should contribute to higher standards of health care through the rational use of drugs;

AGREES, in relation to the development of the health workforce:

- to intensify efforts to further strengthen collaborative relationships through networking, and involve all existing training institutions in the development of human resources for health in the Pacific;
- to reaffirm the role of the Fiji School of Medicine as a major training institution for health workforce development in the Pacific, and to encourage the Government of Fiji to finalise and implement the 1994 Development Plan;
- to endorse the intention of the Government of Fiji to make the Fiji School of Medicine an autonomous institution within the Ministry of Health with provisions for policy input by other Pacific island countries, and to support appropriate financial arrangements for sustainability;
- to further review the appropriateness of the first tier Primary Care Practitioners programme in meeting the health workforce needs of Pacific island countries;
- to introduce postgraduate training at the Fiji School of Medicine to complement the existing post-graduate training programmes at the University of Papua New Guinea;

AGREES also, in relation to environmental health:

- to encourage governments to designate a focal point with an appropriate mandate and sufficient authority to design and implement the activities which follow from this agreement;
- to participate in designing a common protocol for developing national action plans delineating these activities;
- to develop national action plans which align with the unique health and environment needs of each country;
- to jointly identify factors which adversely influence environmental health;
- to share information concerning effective policies, legislation, intersectoral actions and other enabling strategies to promote health and protect the environment;
- to identify innovative approaches, such as the healthy islands concept, and promote their application;

- to collaborate in building capacity at all levels to develop and manage environmental health programmes and activities;
- to grant new status to environmental health professionals in government services;
- to formulate performance indicators to measure outcomes, monitor and evaluate environmental health initiatives, including training.

AGREES further, in relation to the supply and management of pharmaceuticals, medical equipment and essential drugs in the Pacific:

- to initiate collaborative programmes to promote rational drug use and the development of national drug policies;
- to establish a multidisciplinary committee to further analyse the benefits of establishing a bulk purchasing scheme;
- to design a model framework for drug legislation and regulatory controls which could be customised to the requirements of the respective countries;
- to develop a core, essential drugs list using generic names that are currently available in all countries to be updated every two years;
- to establish or identify a reference laboratory for quality testing of pharmaceutical supplies in the Pacific;
- to standardise quality assurance procedures by requiring from manufactures, among other things:
 - certification of analysis;
 - evidence of compliance with good manufacturing practice;
 - evidence of participation in the WHO certification scheme;
 - expiry dates when purchasing drugs;
- to urge Pacific island countries which have not yet participated in the WHO certification scheme to initiate action to do so;
- to encourage standardisation of essential equipment, such as X-ray machines, to enhance better servicing and maintenance arrangements;
- to support the development of appropriate training in pharmaceuticals and operation and maintenance of biomedical equipment to facilitate the development of simple inventory procedures and utilisation surveillance mechanisms, including exchange of information about accredited suppliers of drugs and equipment;

- to establish and maintain an inventory of health technology and expertise available in Pacific island countries and promote access to and utilisation of these resources and expertise;
- to investigate, analyse and document traditional and herbal medicines that can be used in Pacific island countries;

CONCLUDES that:

- all countries in the Pacific must strive to work together toward a healthy island state through sharing of information, technology and expertise for the betterment of the environment and health status of the people of these island nations. To this end, the Conference urges the Ministers of Health to gain endorsement of this Declaration from their respective governments.

Conclusion

The Ministers, Secretaries and Directors of Health have done us proud and brought health into the regional political mainstream through the Conference and the Yanuca Island Declaration. The latter must now be discussed at national level by all sectors and at all regional forums. The title may be misleading in that the declaration focused on three areas: human resources development; lifestyle and environmental health; and pharmaceutical and medical supplies. However, the holistic basis of such concepts as Healthy Islands is an appropriate springboard to address the other health needs of the Pacific.

The Yanuca Island Declaration has established the directions for national health approaches and donor interests for years to come. Many regional organisations, like the South Pacific Commission, will have to decide whether their activities should fall in line with these directions, especially the concept of Healthy Islands. This may entail major shifts in programme emphasis from specific disease interventions (e.g. non communicable and infectious disease control), to infrastructural development (e.g. health reform, community development and local capacity strengthening).

Judging by the performance at Yanuca Island, the Ministerial Conference should become a regular feature of health management in the Pacific. Perhaps it should take place every two years, together with the Regional Conference of the Heads of Health Services, organised on a two yearly basis by the South Pacific Commission. It may be also be feasible for the Pacific Ministers, Secretaries and Directors

of Health to meet every two years after the WHO Regional Committee. A similar arrangement was successful with the Pacific Island Health Officers Association in Manila, 1993.

The uniqueness of the Yanuca Island Declaration must turn to unique Pacific action. It is the Pacificans and the regional institutions that will turn concepts to dialogue and ultimately health action. Therefore, the Yanuca Island Declaration have to be a central conversation piece from kava and sakau gatherings, women's meetings, parliaments to regional and international forums if health is to gain its rightful place on the Pacific agenda in the twenty-first century.

References

1. WHO. *Overview of the Ministerial Conference on Health for the Pacific Islands*. WPR/HRH/HRH(1)/95.2; 6 February 1995.
2. WHO. *Protecting Pacific Island Environments and Promoting Health*. WPR/HRH/HRH(1)/95.3; 6 February 1995.
3. WHO. *Healthy Islands Concept – An Approach to Promoting Health in the Pacific*. WPR/HRH/HRH(1)/95.4; 6 February 1995.
4. WHO. *Nutrition in the Pacific – An Opportunity for Health Promotion*. WPR/HRH/HRH(1)/95.3 Add.1; 6 February 1995.
5. Dever GJ. Linking medical workforce planning and training (letter to the editor). *Pacific Health Dialog*, 1995; 2(1):175-176.
6. Samisoni J. Old school, new programme: The Fiji School of Medicine 1994. *Pacific Health Dialog*, 1994; 1(2): 67-71.
7. WHO. *Integrating Planning with Training for Development of Human Resources in Health: Pacific-Based Postgraduate Training for Physicians – The Next Step*. WPR/HRH/HRH(1)/95.5; 6 February 1995.
8. WHO. *Pharmaceuticals and Essential Drugs for the Pacific*. WPR/HRH/HRH(1)/95.6; 1st February 1995.
9. Finau SA. Health and development: which way to die? *Papua New Guinea Medical Journal*, 1993; 36(4): 324-336. □

“ The Yanuca Island Declaration has established the directions for national health approaches and donor interests for years to come. ... It is the Pacificans and the regional institutions that will turn concepts to dialogue and ultimately health action. ”