Letters to the Editor

Healthy Islands: from concept to practice – a rebuttal

This paper (*Pacific Health Dialog, 1998; 5(1): 180-186*) seeks to clarify the concepts underpinning the Healthy Islands approach and to consider issues evolving in its early implementation. It fails miserably to do so – and is a treatise on the various uses of the word "healthy" and how that implies a more constructive approach to human well-being than one directed toward disease. The Healthy Cities movement spawned the use of this term and it has been copied in other health settings like Villages, Work Places, Schools and Homes. Healthy Islands is the most recent member of the club.

So the Healthy approach is said to be based on health being a social, rather than a medical concept, and it is particularly aligned to local living conditions and environments. This is no surprise to an indigenous writer, most traditional indigenous health methodologies are based on this approach. It is the Cities, Work places, Schools and Hospitals who have never had such an approach and for whom this is quite new.

In the Pacific all that is happening is a return to a more Pacific/indigenous/traditional approach to conceptualising health and the provision of health services. This has been necessary because the present health service provision infrastructure is based on a colonial background, with multiple sources of funding that are usually directed towards single issue diseases (rather than populations) the nature of which is dependent upon the donors paradigm of thinking with the huge local limitation of not being able to plan ahead because of finite funding.

In 1978 the primary health care approach was mooted at Alma Ata and this emphasised reduced focus on acute, hospital, tertiary care and a greater focus on public health. This is of small relevance to small Pacific nations who have grossly under developed tertiary and acute services (often under aid money) who are unable to reduce capacity because that would reduce the service to almost nothing. Foreign funders often have a narrow agenda and might readily consider a different direction of development where the direct spending (on the hospital) is not visible and recognisable.

1987 saw the development of the Healthy Cities movement and that was followed up in 1994 by The New Horizons in Health that encouraged a comprehensive life span approach to the promotion of health. Two years latter at the 1997 conference in Rarotonga the New Horizons approach was clearly embedded in identified settings – and the settings approach emphasises the focus on collaboration and co-ordination through partnerships through action. This approach is said to be a combination of the population and the health issue approaches.

The question is, is a settings approach appropriate for a Pacific community? It refers to a particular set of patterns of interaction that occurs in a culturally and socially defined geographical and physical area. Both the natural and built environment are considered in social relationships and cultural patterns are recognised and harnessed. But Wendzell still notes that this approach is not perfect and that risks such as victim blaming, paternalism, the assumption of many quality of life factors inappropriately under health, and an inappropriate emphasis on policy and regulations are still operative. These could be gotten rid of if the approach that one took was an indigenous philosophical one as opposed to a constantly changing set of principles based around a health concept that is founded in a technologically advanced and economically wealthy country struggling to restructure its health budget sensibly. For Pacific communities it is a case of developing a new paradigm of health organisation that finds ways to embellish the deficient colonial infrastructure, promote a more traditional way of dealing with health problems, making use of technological advances that are available and the very simple principles of health care and health promotion to guide its development. Two important factors characterise the "Healthy" label, i.e. community participation and the development of practical strategies that fit within the world view of the local community.

Baum puts her finger on the problem when she states that a concern with balancing the book through market forces takes over from any effort to achieve equitable distribution of resources. However if the traditional indigenous approach was used then her assertion that individualism is a problem to the settings approach would be less real, as community process would probably not allow that to occur. Her third obstacle, professionalism, is very real in the Pacific, and problems with external funders and expatriate health workers are legion.

Rather than embellishing a Eurocentric "Healthy Something" programme, what we really need to do is to recognise the enemy (single issue funders, international policy concerns, poor national economies) eliminate them (even if it means closing down some programmes that appear to be successful) so that a beginning can be made devising a more traditional approach based on community participation and local cultural mores.

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Healthy Islands: a reply ... 1

The paper "Healthy Islands: from concept to practice" (*Pacific Health Dialog, Vol.5, No.1, pp.180-186*) sought to clarify the concepts underpinning the Healthy Islands approach, and to consider issues evolving in its early implementation. The authors would like to thank Dr Colin Tukuitonga and Dr Joe Flear for responding to the paper in their letters to the Editor (*Pacific Health Dialog, Vol.5, No.1, p.220*).

Dr Tukuitonga raised concerns about imposition of ideology, donor funding, and lack of local relevance of health projects in the Pacific generally, and in this project specifically. Dr Flear sought further information on the extent to which the Niue example demonstrated that the Healthy Islands concept had been translated into ongoing practice.

The authors recognise the quite reasonable reservations held by the two correspondents, as to the value of this approach and its early implementation. However, we wish to point out that the basic philosophy of the Healthy Islands approach is to promote partnerships to develop consensus around action for better health. Action is only appropriate if it addresses issues identified by the participants and is clearly relevant to them. We acknowledge that it is not easy to find suitable, practical, affordable ways to pursue Health For All but in the Pacific at present we have two strong forces working in favour of achieving some progress translating this philosophy into action. These forces come on the one hand, through the commitment of the Pacific Health Ministers to the Yanuca Declaration and the Rarotonga Agreement, and on the other, through harnessing the enthusiastic involvement of Pacific peoples at village and community levels. We are excited that participating countries tell us that this approach has meaning for them.

Of course, the real test will come when we do as Dr Tukuitonga suggests, and evaluate the project "with local or regional spectacles". We remain optimistic.

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Healthy Islands: a reply ... 2

In your last issue you published two thoughtful responses to the paper entitled *Healthy Islands: From Concept to Practice* which appeared in the same issue. Both raised a number of issues, particularly relating to donor funded projects, such as the undesirability of imposed structures and models and the use of foreign experts when suitable local expertise is available.

As the team leader of the health promotion project referred to in the paper, I agree with many of the points made by your correspondents. In general however the feedback from this project is that it is valued because it has facilitated local developments in line with local priorities and agendas. Maybe this is simply a comment on the fact that the project has "conformed" to local demands, to borrow a term from one of your correspondents. I do hope so. In my view it is a contradiction in terms if a health promotion project does not adapt and adjust in line with local priorities, whether funded from local or international sources.

The issue of sustainability was also raised as a concern. In Niue, the country cited in the paper, an independent review team advising the government has recommended that the project should be incorporated into local health department structures and that arrangements should be made for it to be continued into the future.

In considering sustainability, the fact that this project's framework is consistent with the Rarotonga Agreement is a plus, but hardly surprising given that the original impetus came in part from the Yanuca Declaration of Pacific island Health Ministers.

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Editorial comment

Readers are referred to papers in previous *Pacific Health Dialog* issues where essentially it was pointed out that Healthy Islands had a lot more to do with WHO management systems and their expatriate consultants than with the Pacific communities (*Pacific Health Dialog, 1995; 2(2): 70-74 and 1997; 4(2): 56-58*). □

Ho'i ka ua a uka noho mai.

The rain goes to the upland and there it stays.

Said of one who leaves and stays away. *'Ōlelo No'eau #1035*