THE RAROTONGA AGREEMENT
Towards Healthy Islands
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Meeting of the Ministers of Health
of the Pacific Islands
Rarotonga, Cook Islands 6-7 August 1997

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CONTENTS

1
Foreword

2
Introduction

4
The Rarotonga Agreement
FOREWORD

Once more the island countries of the Western Pacific have shown that “the Pacific way” is more than just a phrase, it is a most pleasant and effective way to arrive at very serious decisions and agreements. The World Health Organization is happy to be associated with the Rarotonga Agreement: Towards Healthy Islands.

At Yanuca Island in Fiji in 1995, it was agreed that, throughout the Pacific, progress had been made towards achieving the health goals we had set together for the last two decades of this century. However, it was also noted that new challenges and opportunities would arrive with the 21st century. Thus, the Yanuca Island Declaration proposed actions to further enhance the health of the people of the Pacific by adopting the Healthy Islands approach to health. These actions concentrated on three major health areas: the development of human resources for health; pharmaceuticals and other health supplies; and the promotion of healthy living and healthy environments.

In the meantime, there are important developments taking place at the global level. As the turn of the century approaches, a new health-for-all policy is being formulated. Rapid developments in health technology, in health systems, and most dramatically in information and communications technology have made it difficult to predict how the health sector will develop in the next year or two, much less in the next few decades. Nevertheless, difficult though it may be to predict the revolutionary changes that may take place, it is imperative that health leaders be prepared for change. This is the only way to develop the people-centred, positive health orientation that the health sector must adopt in preparing for the 21st century. I believe that the Rarotonga Agreement is an important part of preparing for this change.

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The Meeting of the Ministers of Health of the Pacific Islands adopted the Rarotonga Agreement: Towards Healthy Islands. This agreement summarizes the meeting's review of the positive experience of the past two years in implementing the Yanuca Island Declaration, in particular in strengthening development of human resources, promoting the Healthy Islands concept, enhancing the rational use of drugs and encouraging the use of traditional medicine. The meeting reaffirmed the importance of partnerships among communities, government departments and other sectors in resolving priority health issues.

The Rarotonga Agreement is a reiteration of the continued commitment to the process of change and development in health by the highest levels of government as well as an expression of hope in the future by the peoples of the Pacific.
THE RAROTONGA AGREEMENT
Towards Healthy Islands

The Meeting of the Ministers of Health of the Pacific Islands, meeting in Rarotonga, Cook Islands, on 6 and 7 August 1997,

Building on the positive experience of the past two years in implementing the Yanuca Island Declaration,

1. REAFFIRMS the importance of partnerships among communities, government departments and other sectors in resolving priority health issues;

2. AGREES, in determining future directions for the Healthy Islands approach:
   (1) to convene and facilitate national and local meetings of the relevant partners in order to come to a common understanding of the Healthy Islands approach;
   (2) to develop national Healthy Islands Plans of Action and associated coordination mechanisms by the end of 1998;
   (3) to develop and adapt guidelines and protocols, and train resource people and community leaders to promote and facilitate the application of the Healthy Islands approach at all levels; and
   (4) to strengthen efforts to attain health and well-being for people living in rural and remote areas through partnerships with local communities and other sectors;

3. AGREES also, in continuing to develop human resources for health:
   (1) to strengthen the capacity for training and education of health workers in Pacific island countries through further development of a network of local training institutions; and
(2) to intensify cooperation among training institutions, particularly the Fiji School of Medicine and the University of Papua New Guinea, to ensure the efficient and effective use of scarce resources;

4. **Further AGREES** to identify and take action to overcome obstacles to the implementation of bulk purchasing schemes for pharmaceuticals and other health supplies, and to address related issues such as quality assurance and drug information exchange, through agreements between interested countries in the Pacific;

5. **DETERMINES** to extend training in the practice of traditional medicine, especially herbal medicine, acupuncture and related practices, building on recent documentation on herbal medicine in the Pacific.
RECOMMENDATIONS OF THE MEETING
OF THE MINISTERS OF HEALTH
OF THE PACIFIC ISLANDS
Rarotonga, Cook Islands, 6-7 August 1997

A. GENERAL

1. The Healthy Islands concept suffers from some ambiguity and should be clarified in relation to the specifics of its content and the processes involved.

2. Ministries and departments of health should take the lead in facilitating the identification of those areas which particularly require partnerships in protecting and promoting health.

3. The process of defining priority health-related issues should emphasize community involvement and reflect the local cultural context. These issues are frequently best addressed in the context of settings such as the home, schools, places of work, markets, and local communities.

4. The partnership process should foster the idea of shared ownership in a framework of clearly defined organizational responsibilities.

5. The partnership process should be action-oriented, focusing on resolving priority issues in a timely manner, with clearly defined outcomes and indicators of progress designed to facilitate implementation.

6. High-level political support for the Healthy Islands process should be reflected in national policies and plans; the allocation of appropriate resources; and sustained programmes.
7. Steps should be taken to ensure the availability of appropriate guidelines, protocols and skills in relation to identifying and solving complex problems; managing resources; and working effectively with others to bring about change and development.

8. Mechanisms should also be established for managing and coordinating the input and involvement of national agencies and international and bilateral external support agencies.

9. Opportunities for sharing learning among communities and countries should be encouraged.

B. HEALTHY ISLANDS

1. Definition of the Healthy Islands concept, core elements and framework

Pacific island governments should adopt the following working definition, core elements and framework:

The Healthy Islands concept involves continuously identifying and resolving priority issues related to health, development and well-being by advocating, facilitating and enabling these issues to be addressed in partnerships among communities, organizations and agencies at local, national and regional levels. Implementation of the concept includes consideration of the following core elements* in identified settings:

- adequate water supply and sanitation facilities
- nutrition, food safety and food security
- waste management
- housing
- human resources development
- communicable and noncommunicable disease prevention and control

* This is not an exclusive list, and the elements are not listed in order of priority.
- lifestyle and quality of life issues
- reproductive and family health
- promotion of primary health care
- social and emotional well-being
- population issues
- ecological sustainability
- information management
- tobacco or health
- alcohol and substance abuse
- environmental and occupational health

The emerging framework reflecting this working definition is presented in the Annex.

2. **Coordinating mechanisms**

Pacific island governments should establish a national Healthy Islands coordinating mechanism by 30 June 1998.

3. **Plan of action**

Departments of health should formulate a Healthy Island Plan of Action for endorsement and support by the government by the end of 1998. The Plan of Action should incorporate:

- on-going initiatives and new priority areas for action and their related settings; targets for assessing progress; designation of responsibilities; and timeframes;

- collaboration with appropriate national and external support agencies and organizations in selecting and developing suitable protocols, guidelines and Healthy Island indicators to provide a sound basis for monitoring and evaluation at local, national and regional levels;
provisions for the development of skills in mobilizing resources, facilitating partnerships, and developing learning systems; and for the promotion of the Healthy Islands concept at national and local levels through collaboration with external support agencies; and

measures to encourage external support agencies to establish a mechanism for coordinating and maintaining their inputs to Healthy Islands processes at national and regional levels.

4. Sharing experiences

Pacific island countries should make optimum use of existing information forums and systems, and seek external support for creating additional opportunities to share learning, including intercountry meetings of those involved in Healthy Islands activities, development and distribution of information related to Healthy Islands, and, as appropriate, study tours between countries pursuing Healthy Islands initiatives.

5. Pacific political commitment

In cooperation with their counterparts in other Pacific island countries, ministries and departments of health should seek high-level political support through the South Pacific Forum and other channels for the Healthy Islands approach and its implementation.

C. HUMAN RESOURCES FOR HEALTH

Acknowledging that appropriate and sufficient human resources in the health sector continue to be crucial to achieving the outcomes expected from implementation of the Healthy Islands approach in the Pacific region, the meeting recommends that:

1. Reorientation of training programmes towards Healthy Islands

Pacific countries’ ministries and departments of health should initiate or intensify dialogue with education authorities and training institutions to promote the reorientation of their programmes towards the priority requirements emerging from the Healthy Islands approach.
2. **Workforce planning and management**

(a) A long-term workforce plan should be developed or revised to guide training and management of health personnel - anticipating and responding to changes in national health priorities, health systems, and availability of resources;

(b) the deployment of health workers should be reviewed to streamline the number of categories of staff and ensure effective utilization of staff in the light of funding constraints;

(c) provisions should be made to promote the retention of staff in national health services in their countries through career development, opportunities for further training, and effective financial and supervisory support.

3. **Training institutions for the health workforce**

(a) To build on the progress achieved thus far by the Fiji School of Medicine and the University of Papua New Guinea in the development of their programmes in keeping with the directions set by the Yanuca Island Declaration, the two institutions are encouraged to:

- maintain close cooperation with institutions in other countries of the Pacific and between themselves in order to attain efficient and effective use of resources and avoid unnecessary duplication of training programmes; and

- jointly plan and develop approaches for the training of doctors and other health workers to address the priorities emerging from the implementation of Healthy Islands.

(b) Government and external support should be provided to the Fiji School of Medicine and the University of Papua New Guinea to implement these recommendations.

The meeting further emphasized that:

(c) Pacific Island countries’ training institutions and programmes should be strengthened to promote development of training which is relevant to local and country level needs and which allows reduction of costs associated with overseas training;
(d) Pacific island resource people should be developed to support capacity building within countries and regionally in the Pacific;

(e) steps should be taken to ensure that training institutions and programmes are recognized by other countries' programmes to enable training undertaken in home countries to be accredited towards higher qualifications; and

(f) governments and sponsoring agencies should be consulted about the cost of training and the setting of fees, without hindering implementation of programmes.

4. Curriculum development

(a) All curricula should be continuously reviewed to reflect health workers' changing responsibilities as mandated by health workforce plans and the need for the increased emphasis on health promotion and health protection as outlined in the Healthy Island concept;

(b) quality of training should be improved through training of trainers;

(c) various forms of in-service training should be offered, including distance education, and such training should incorporate opportunities to acquire multiple skills which will enhance mobility along various career paths within the health system;

(d) curricula should be provided which allow for multiple entry and exit points. In particular, it is proposed that the Primary Care Practitioner (PCP) level be maintained as an optional entry and exit point to the MBBS curriculum at the Fiji School of Medicine in order to maintain the opportunity for PCP-type graduates from other countries to move up to MBBS level.

5. Mid-level health practitioners

Mid-level health practitioners should be multi-skilled and should be able to provide basic but comprehensive primary health care services, both curative and preventive. Mid-level practitioners can be trained to diagnose and treat common health problems, manage emergencies, provide basic health care services, and make the critical decisions regarding the referral and transport of the seriously ill. They are especially valuable in district and rural areas in Pacific islands.
Recognition should be given to the important role of well-prepared mid-level health workers in all Pacific island countries, and the possibility that for some countries this role will increase in importance as health systems change in response to changing health situations and technological advances. In particular:

(a) existing training programmes for mid-level practitioners should be strengthened to ensure the extension of their skills to prepare them to provide comprehensive services in rural and district areas; and

(b) post-basic programmes to train multi-skilled mid-level practitioners should be developed.

6. *Postgraduate medical education*

Training programmes should take into account the need to balance the maintenance of skills in general health service delivery, particularly in rural areas, with the provision of tertiary level specialized services. To this end:

(a) opportunities should be provided for Pacific island doctors to participate in specialized training, including rural health and health research;

(b) joint collaboration and reciprocal arrangements for recognition and accreditation of specialized training programmes should be encouraged; and

(c) steps should be taken to prevent a “brain drain” of trained specialists by providing opportunities for career development and continuing education. Particular attention should be given to agreements between governments to help ensure that graduates return to their home country after completion of their studies.
D. PHARMACEUTICALS

1. Bulk purchase of pharmaceuticals for Pacific island countries and improved purchasing schemes

The issue of bulk purchase was discussed extensively and a number of obstacles to immediate implementation on a Pacific-wide basis were identified. Alternative approaches were discussed and the following recommendations were put forward for implementation while these obstacles are being overcome:

(a) smaller countries should consider joining existing purchasing schemes with other countries or groups of countries with priority being given to high-cost and low-volume drugs as an initial cost-saving step;

(b) the proposed arrangement between Fiji and Tuvalu should be encouraged and evaluated to ensure that both countries are benefiting from the cooperative drug purchasing project; and

(c) a plan of action should be developed for joint activities to improve drug supply management, with an emphasis on product quality and specifications, the selection of accredited suppliers or manufacturers, detailed tender procedures, and the estimation of requirements for and financing of drug supplies, with technical support from WHO or other external organizations.

2. Mechanisms to improve the quality of pharmaceuticals purchased and to maintain the quality of drugs over their shelf life

(a) A programme for testing of pharmaceutical supplies in the Pacific should be established. WHO is requested to identify suitable laboratories in the Region and to negotiate agreements regarding quality control;

(b) a programme for coordinated sampling and screening of samples, using simple local quality control methods, the selection of samples for further testing, and coordinated submission to regional laboratories should be developed;

(c) test results should be disseminated to all Pacific island countries through a drug information exchange programme; and
(d) in support of the quality assurance programme, Member States are urged to participate in the revised WHO Certification Scheme on Pharmaceutical Products Moving in International Commerce. In addition, the development of national drug policies and legislation should be further strengthened.

3. **Drug information exchange scheme between Pacific island countries**

The quality and rational use of drugs could be improved through better use of available information among Pacific island countries. The possibility of joining existing networks (e.g. PAC-NET, and PEACE-SAT) for exchange of information among drug regulatory authorities should be explored as an alternative to establishing a drug information scheme solely for Pacific island countries.

**E. THE USE OF TRADITIONAL MEDICINE**

The use of traditional medicine, as defined in the WHO Western Pacific Region programme (herbal medicine, acupuncture and related practices) should be encouraged where appropriate. Steps should be taken to incorporate its use in the health care system. In this regard, it was noted that, in 1997, WHO will publish “Medicinal Plants in the South Pacific” and in 1998-1999 will support national level workshops on traditional medicine. WHO will also continue to encourage incorporation of traditional medical practices into health systems in the Region.
ANNEX. EMERGING HEALTHY ISLANDS FRAMEWORK

Network → Programmes (examples)

Gov't depts & NGOs → Air, water, soil pollution

Gov't depts & NGOs → Food safety

Gov't depts & NGOs → Nutrition

Gov't depts & NGOs → Occupational health

Governments & NGOs

Healthy Islands concept

Health promotion
community programmes

Health protection

Policy & legislation

Healthy villages

Healthy towns

Healthy schools

Healthy homes

Healthy workplaces

Healthy markets