

3rd Healthy Islands Monitoring Framework Report

INFORMATION DOCUMENT

1. BACKGROUND

Established during the 11th Pacific Health Ministers Meeting in 2015, the Healthy Islands Monitoring Framework (HIMF) tracks the progress of each Pacific Island countries and areas (PICs) towards the Healthy Islands vision. The latest version of the HIMF consists of 48 mandatory indicators that measure the key pillars of the 2015 Yanuca Island Declaration (Annex A). Tasked as joint secretariats of the HIMF, World Health Organization (WHO) and the Pacific Community (SPC) collaborate with PICs to conduct a HIMF progress review every two years.

Two HIMF progress reports have been published and endorsed to date; [the first in 2017](#) and the [second in 2019](#). Conclusions from the reports indicate that improvements in healthcare resources, non-communicable disease (NCD) control, and maternal and child health were modest and variable across the PICs. Using HIMF to monitor progress was also a challenge as most PICs could only report baseline data for most indicators due to limitations in existing health information systems (HISs) and workforces.

This third HIMF progress review was set for 2021 but was interrupted by the COVID-19 pandemic. A brief update was presented at the 14th Pacific Heads of Health meeting in 2022. Here, we present the full 3rd HIMF progress review to summarize the progress each PICs made towards the Healthy Islands vision.

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2. ACTION TAKEN

Based on data available, progress has been made toward the Healthy Islands vision. However, the pace, breadth and magnitude of progress differed widely across the Pacific.

Overall, people across the Pacific are expected to live longer but may not be living longer in good health. Life expectancy at birth increased or were stable over time for all but three PICs (Cook Islands, French Polynesia and Northern Marianan Islands) where minor reductions were reported. Preventable death among vulnerable populations, such as neonates and under-5-year-olds, also reduced or were consistently suppressed over time for all but a select PICs. This may be a reflection of inequitable access to basic essential health services during the first year of life. While high coverage of routine maternal and child health services (e.g. births attended by skilled health personnel) or immunization (e.g. three doses of diphtheria, tetanus toxoid and pertussis [DTP3] vaccine or at least one dose of measles vaccine [MCV1]) has been reported in most PICs, coverage was persistently poor or worsened with time in a select few. The impact of [disruptions to essential health services due to COVID-19](#) may be emerging in health areas with robust data. For example, sharp decreases in DTP3 or MCV1 coverages between 2021 and 2019 were reported in Northern Mariana Islands, Vanuatu, Samoa, and Solomon Islands. To ensure children reaches adolescence in optimal growth and health, increased effort may be required to address elevated malnutrition, both stunting and obesity, in select PICs, particularly considering their cumulative affect over the life course.

To curb the drivers of NCDs, Pacific governments have endorsed NCD prevention and management policies but progress has been stagnant or even reversed in the past two years. While nearly all PICs endorsed some form of excise tax on alcoholic beverages and on tobacco products as of 2021, only four PICs (Samoa, Tuvalu, Tonga and Vanuatu) introduced more stringent excise tax systems in the past two years in one of the areas. Moreover, between 2019 and 2021, lowered excise tax was reported in Samoa for tobacco products and in Fiji for alcohol beverages. For excise tax on sugar-sweetened beverages, only three PICs (Cook

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Islands, Kiribati, Marshall Islands) reported over 20% of retail price and no PICs reported improvement over time. The impact of such national health policies on population health is inconclusive due to the lack of recent and time series data to demonstrate changes in NCD health outcomes as defined in HIMF. Progress made in other NCD areas, such as intimate partner violence, lower-extremity amputation among patients with diabetes, and service coverage of NCD services, are also not well understood as most PICs faced challenges in accurately capturing these data using existing HISs or did not have the appropriate data (i.e. relevant population size as the denominator) to calculate the indicators.

Healthcare resources, both financial and human resources, had limited improvement over time across the Pacific and have yet to reach a sufficient level. This further highlights the need for each PIC to efficiently allocate scarce resources, such as ensuring alignment of national health plans and budgets through annual reviews which is only reported in 65% (11 of 17) PICs with data. Emergency preparedness, represented by International Health Regulation core capacity score, remains a persistent challenge across the Pacific and no PIC scored above 75% in 2020. Political interests and investments from the COVID-19 pandemic should be leveraged such that PICs are resilient to health and climate-related disasters that will likely be more complex in the future.

Despite heightened vulnerability to climate change across the Pacific, progress in this area is unclear based on the limited country data available. Inequitable access to safely managed drinking water sources or sanitation services persisted, with universal or near universal access in some but very low access with limited improvement in others (e.g. Kiribati and Tuvalu). Similar disparities were estimated for the use of clean fuel for cooking, heating and lighting, indicating high exposure to household pollution in PICs such as Kiribati, Papua New Guinea, Solomon Islands and Vanuatu.

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3. CONCLUSIONS

Since its establishment, progress has been made towards the Healthy Islands vision but the pace, breath and magnitude of improvement varied vastly between PICs. Inequitable access to basic services, such as routine maternal and child health services or access to safely managed water and sanitation services, persisted across the Pacific. While governments are tackling the growing NCD burden by endorsing appropriate prevention and management policies, advances to introduce more stringent or comprehensive policies over time have been stagnant and the policies' impact on population health is not well understood due to data limitations. With scarce financial and human resources across the Pacific, allocation must be efficiently guided by evidence and aligned with health system needs and national health priorities.

To promote evidence-based decision making, one component would be making better use of HIMF data consistently and not only biennially for each progress review. Designed specially to monitor health development in the Pacific, HIMF data could help identify emerging health priorities and inform programme planning. As such, the following short-term actions are proposed to strengthen the implementation and use of HIMF:

1. To emphasize country ownership of the HIMF, establish a PIC-led mechanism by leveraging health information experts from the Pacific Health Information Network to coordinate subsequent HIMF progress reviews for their PIC and to share best practices in HIMF data use, with continued support from the joint secretariats.
2. To ensure the HIMF continues to generate high-quality data relevant for decision making, the joint secretariats will collaborate with PICs to develop a list of recommendations on indicator meta-data revisions based on the latest technical guidance in health areas and data availability in each PIC.

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Over the longer-term, initiatives linked to routine HISs strengthening and harnessing novel data sources would be critical to generate more comprehensive insights on progress each PIC has made towards the Healthy Islands vision, particularly in NCDs and environmental health. While biennial HIMF progress review was designed to hold PICs accountable for progress towards the Healthy Islands vision, bolder steps need to be taken to formalize its implementation and to ensure the generated information is used to guide each PIC's path forward.

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Annex A. Indicators in the HIMF.

Indicator Type	Indicator Number	Indicator Name
1. Strong leadership, governance and accountability.		
Core	1.1	Health worker density
	1.2	Health expenditure per capita
	1.3	Evidence of annual health review, plan and budget
	1.4	International Health Regulations (IHR) core capacity score
	1.5	Death registration coverage
Optional	0.1.1	National Health Account
	0.1.2	Out-of-pocket (OOP) payments for health
	0.1.3	Unemployment rate
	0.1.4	Population living below the poverty line
2. Avoidable diseases and premature deaths are reduced.		
Core	2.5	Tobacco excise taxes
	2.6	Excise tax on alcoholic drinks
	2.7	Excise tax on the retail price of sugar-sweetened beverages (SSBs)
	2.8	Access to essential NCD drugs
	2.10	Service coverage for people with increased risk for cardiovascular diseases
	2.13	HIV prevalence among the general population
	2.14	Tuberculosis incidence
	2.15	Lower-extremity amputation among patients with diabetes
	2.16a	Maternal deaths
	2.16b	Maternal mortality ratio
	2.17	Mortality rate from road traffic injuries
	2.18a	Deaths due to suicide among adults
	2.18b	Adult suicide mortality rate
	2.19	Risk of premature death from target non-communicable diseases (NCDs)
2.20	Life expectancy at birth: both sexes	
Complementary	2.1	Smoking prevalence
	2.2	Heavy episodic drinking
	2.3	Insufficiently physically active adults
	2.4	Intimate partner violence
	2.9	Cervical cancer screening

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Indicator Type	Indicator Number	Indicator Name
	2.11	Service coverage for people with severe mental health disorders
	2.12	Contraceptive prevalence

Optional	0.2.1	Low fruit and vegetable consumption
	0.2.2	Evidence of NCD taskforce
	0.2.3	Status of reaching the milestones for neglected tropical diseases
	0.2.4	Use of assistive devices among people with disabilities
	0.2.5	Unmet needs for contraception
	0.2.6	Prevention of mother-to-child transmission of HIV
	0.2.7	Gonorrhoea incidence
	0.2.8	Malaria incidence
	0.2.9	HIV prevalence among high-risk populations
	0.2.10	Life expectancy at age 40 years: males
	0.2.11	Life expectancy at age 40 years: females
	0.2.12	Top 10 causes of death

3. Children are nurtured in body and mind.

Core	3.5	Birth registration coverage
	3.6	Evidence of healthy food policies in schools
	3.8	Births attended by skilled health personnel
	3.9	Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3)
	3.10	Immunization coverage for measles
	3.11	Human papillomavirus (HPV) vaccine coverage among adolescents
	3.12	HIV prevalence among pregnant women
	3.13	Adolescent birth rate
	3.14	Low birthweight among newborns
	3.15	Neonatal mortality rate
Complementary	3.17	Under-5 mortality rate
	3.18	Child and adolescent suicide mortality rate
	3.1	Exclusive breastfeeding rate
	3.2	Children who are obese
	3.3	Inadequate physical activity in adolescents
	3.4	Obesity in adolescents
	3.7	Antenatal care (ANC) coverage

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Indicator Type	Indicator Number	Indicator Name
	3.16	Children who are stunted
Optional	O.3.1	Evidence of adoption of the Convention on the Rights of the Child
	O.3.2	Net enrolment ratio in primary school
	O.3.3	Secondary school completion rates
	O.3.4	Youth literacy rate
	O.3.5	Congenital syphilis
	O.3.6	Infant mortality rate

4. Ecological balance is promoted.

Core	4.3	Population using safely managed drinking-water sources
	4.4	Population using safely managed sanitation facilities
Complementary	4.1	Population using clean fuels for cooking, heating and lighting
	4.5	Number of vector-borne disease outbreaks
Optional	O.4.1	Urban population living in slums or informal settlements
	O.4.2	Population in urban areas exposed to outdoor air pollution
	O.4.3	Official climate financing from developed countries that is incremental to official development assistance (ODA)
	O.4.4	Share of coastal and marine areas that are protected
	O.4.5	Area of public and green space as a proportion of total city space
	O.4.6	Annual change in forest area and land under cultivation
	O.4.7	Urban solid waste regularly collected and well managed
	O.4.8	Losses from natural disasters, by climate and non-climate-related events
	O.4.9	Typhoid fever incidence

*Mandatory-core indicators are updated every two years; Mandatory-complementary indicators are updated every 5-10 years, depending how often the data source (e.g. population survey) is updated; monitored; Options indicators are reported and updated on a selective basis, depending on national priorities and health information systems.

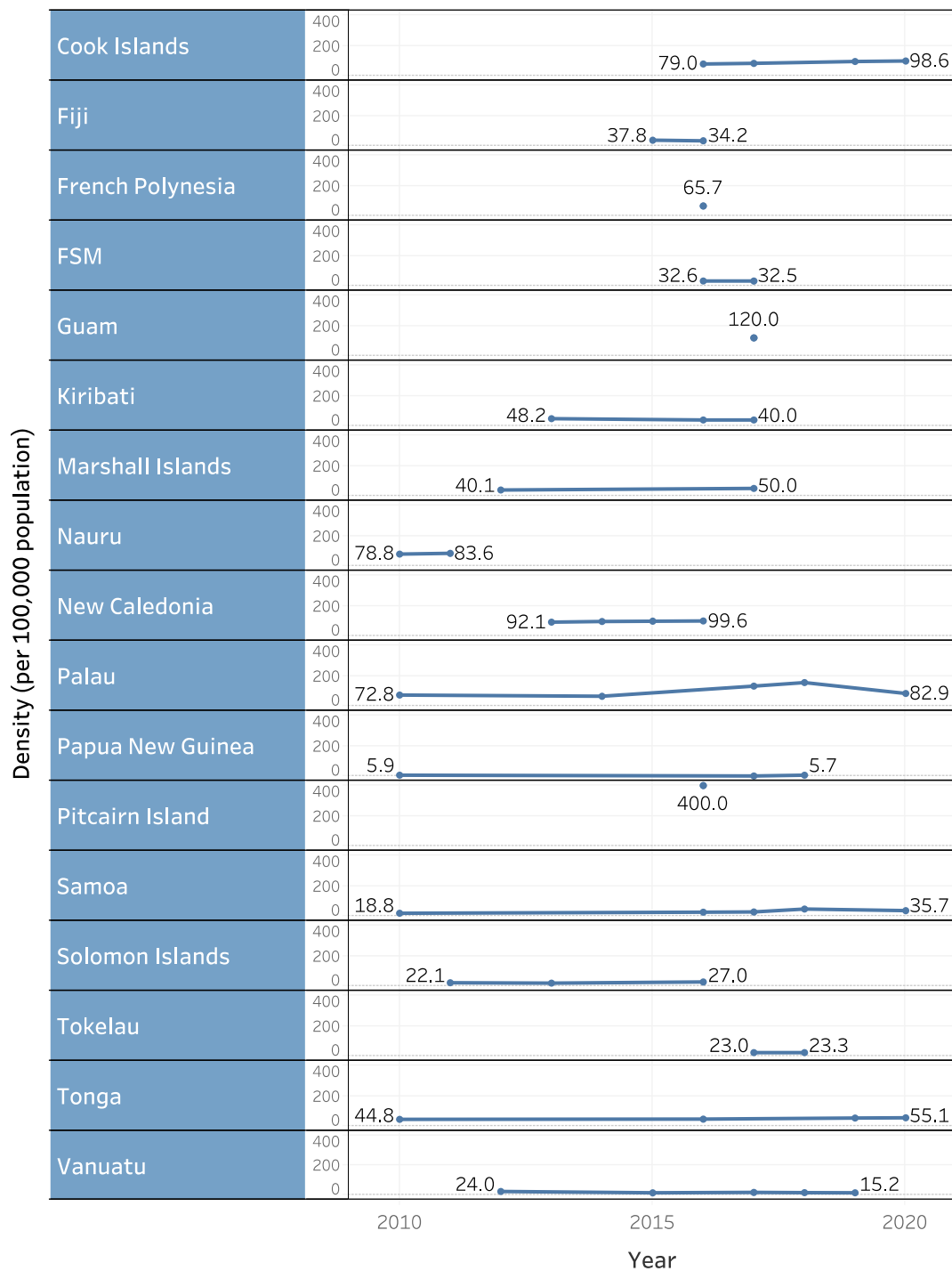
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Annex B. Progress of select HIMF indicators.

1.1 Health worker density

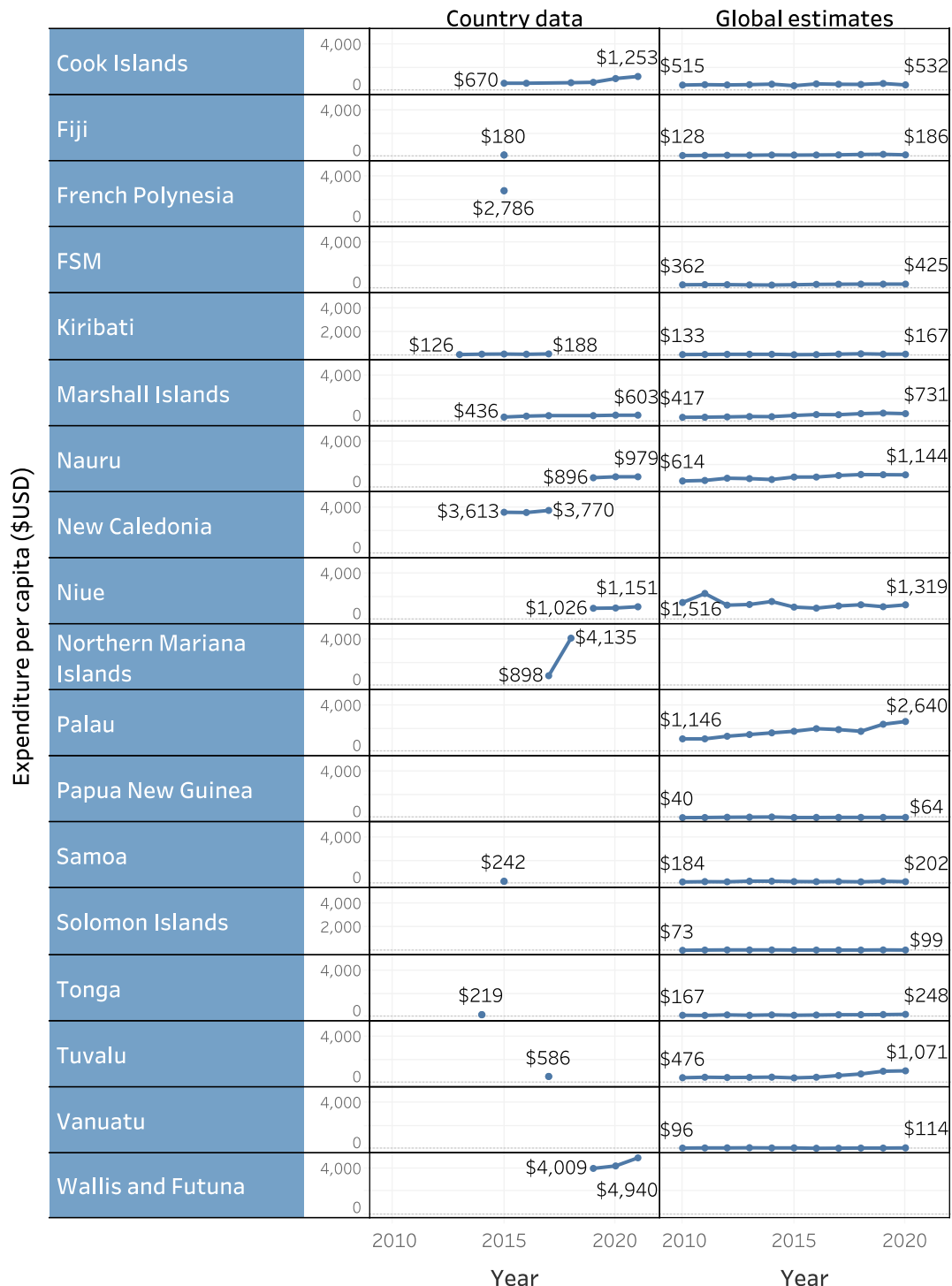
Country data



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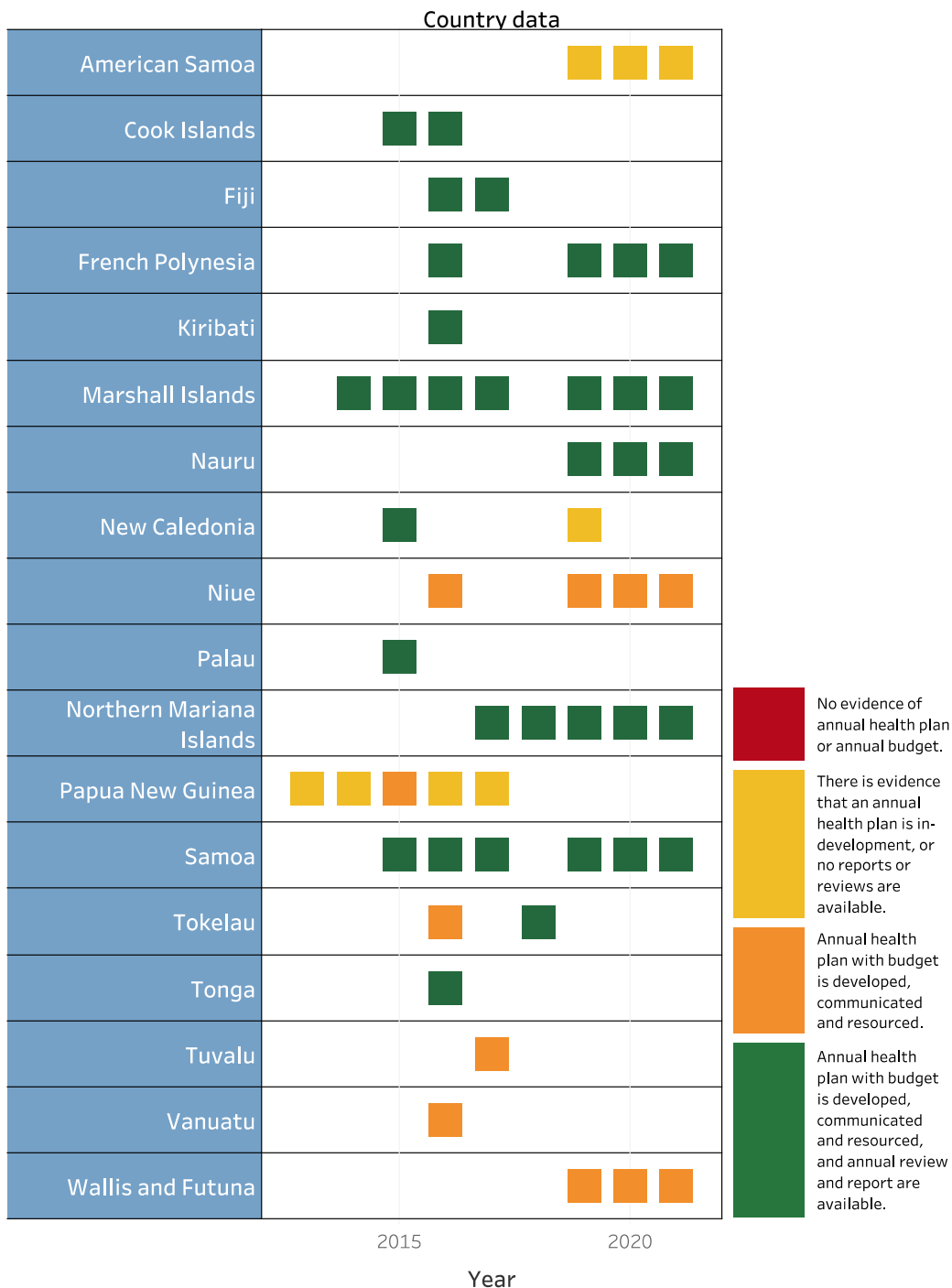
1.2 Health expenditure per capita



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1.3 Evidence of annual health review, plan and budget

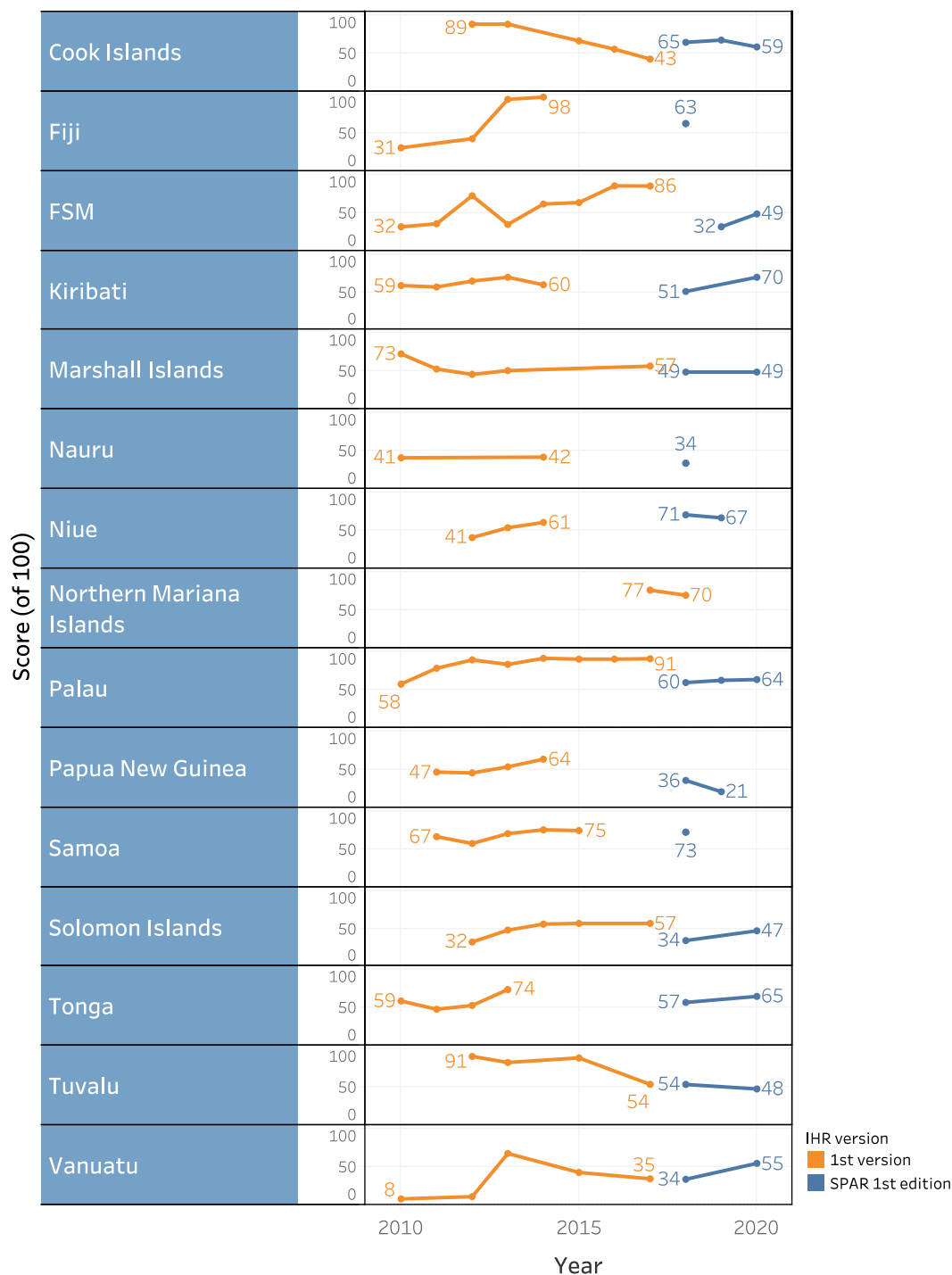


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1.4 International Health Regulation Core Capacity Score

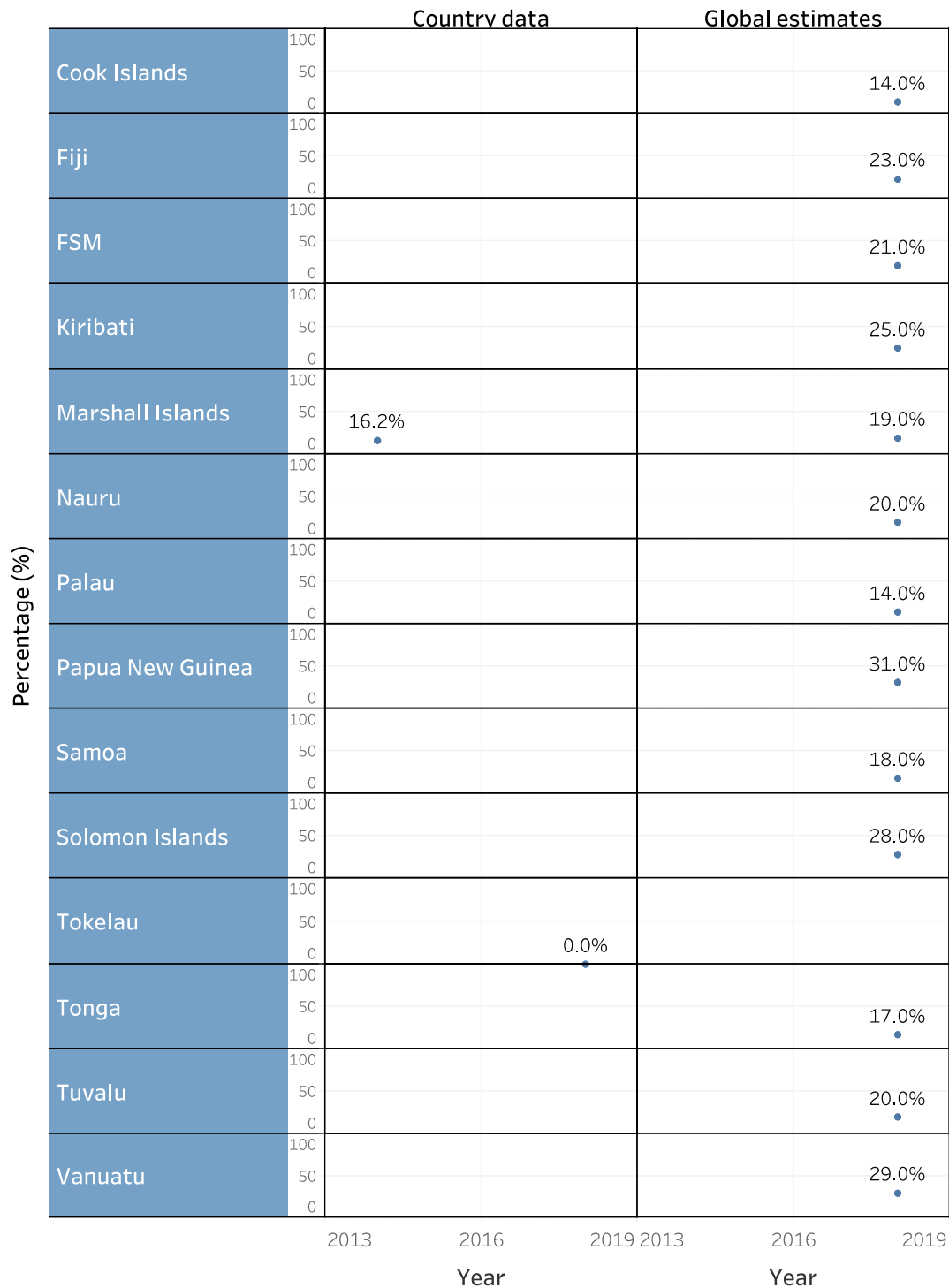
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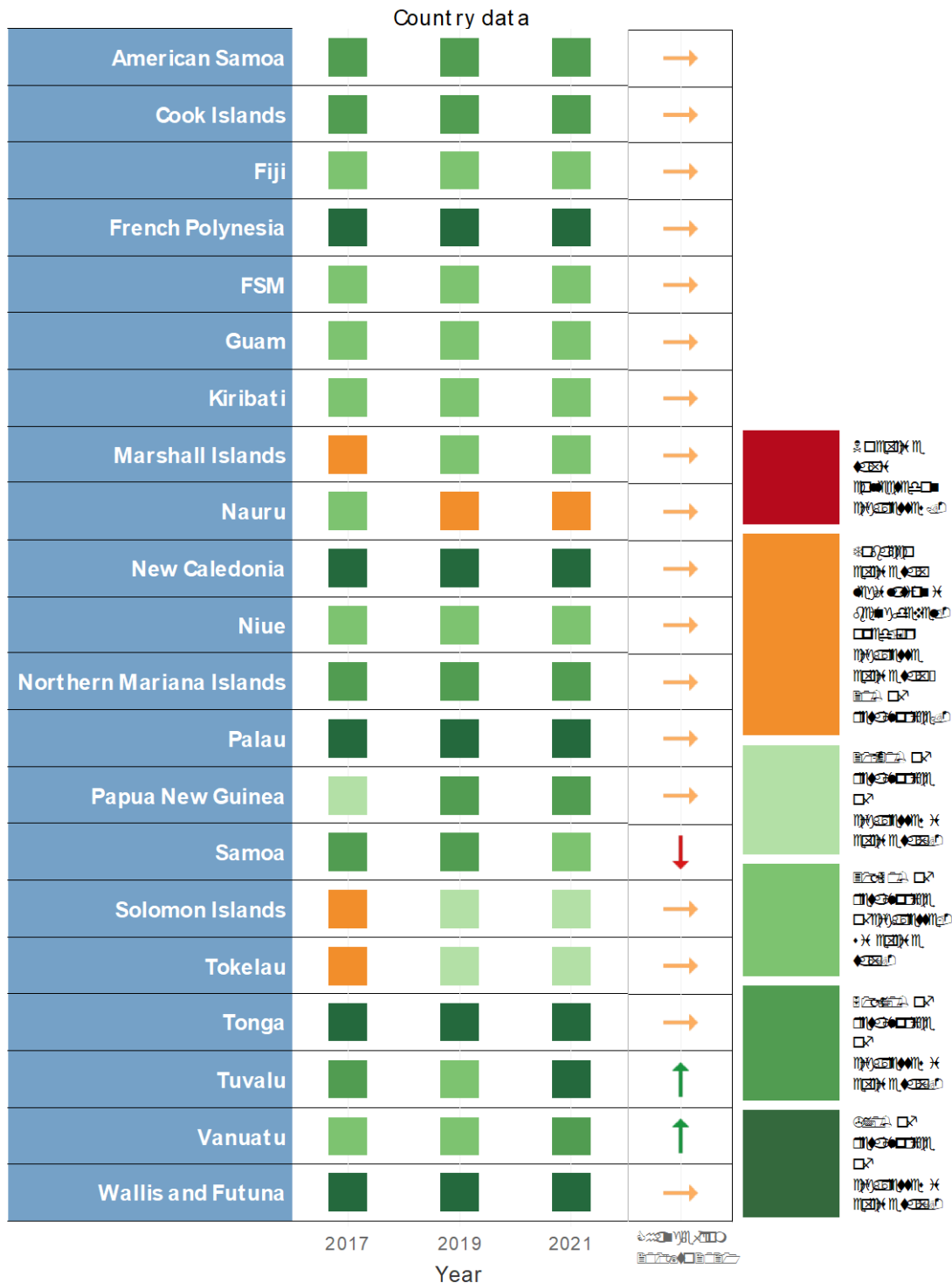
2.4 Intimate partner violence



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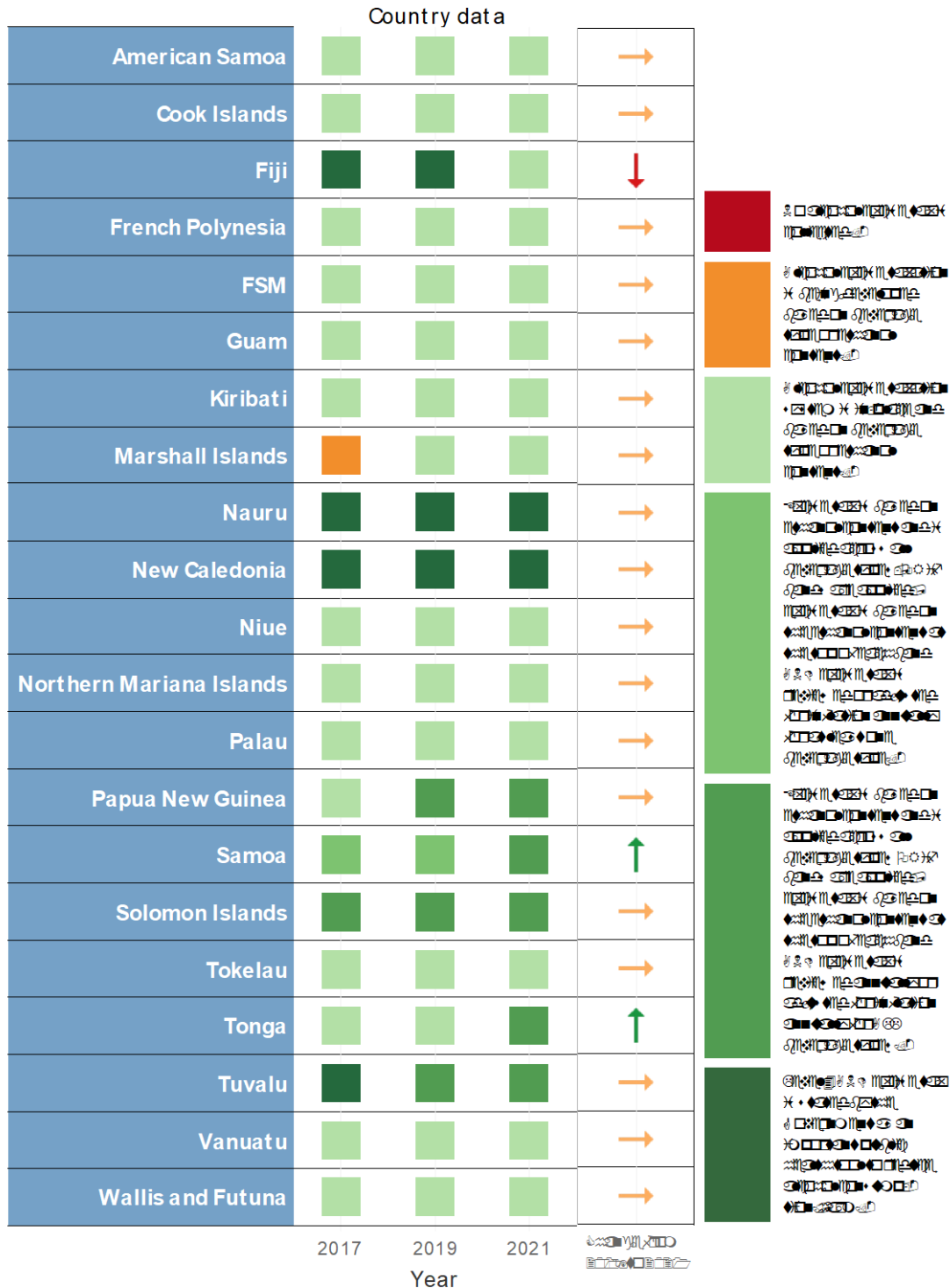
2.5 Tobacco excise taxes



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2.6 Excise tax on alcoholic drinks



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2.7 Excise tax on the retail price of sugar- sweetened beverages (SSBs)

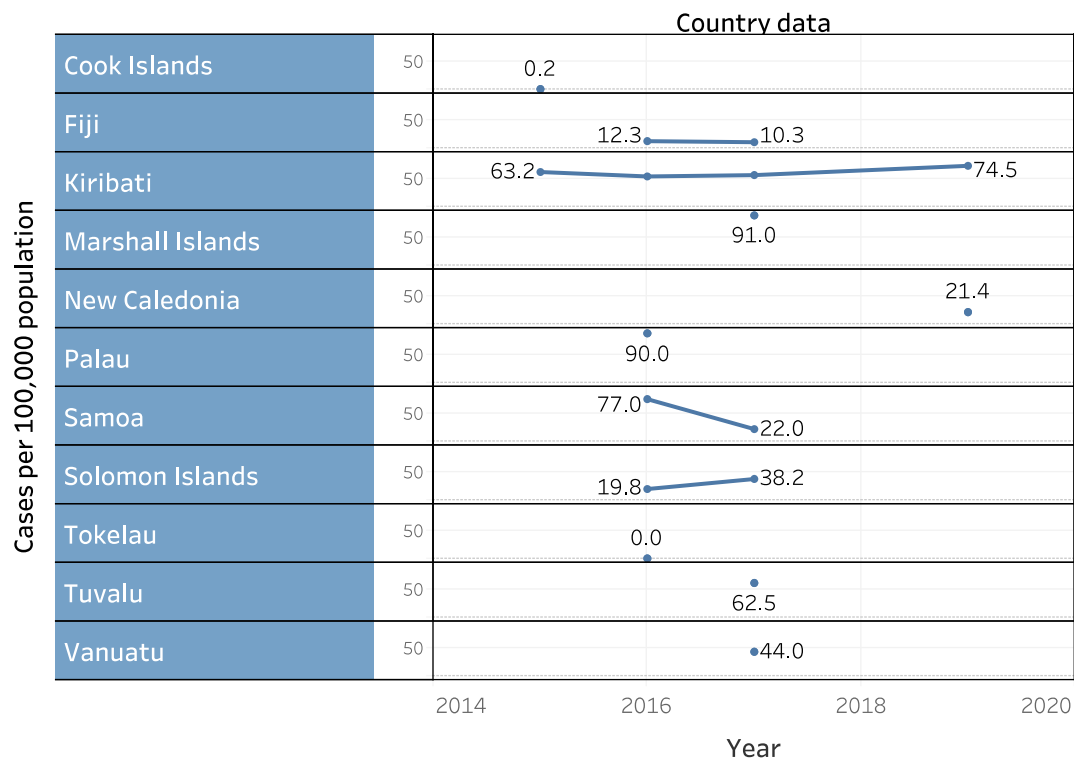
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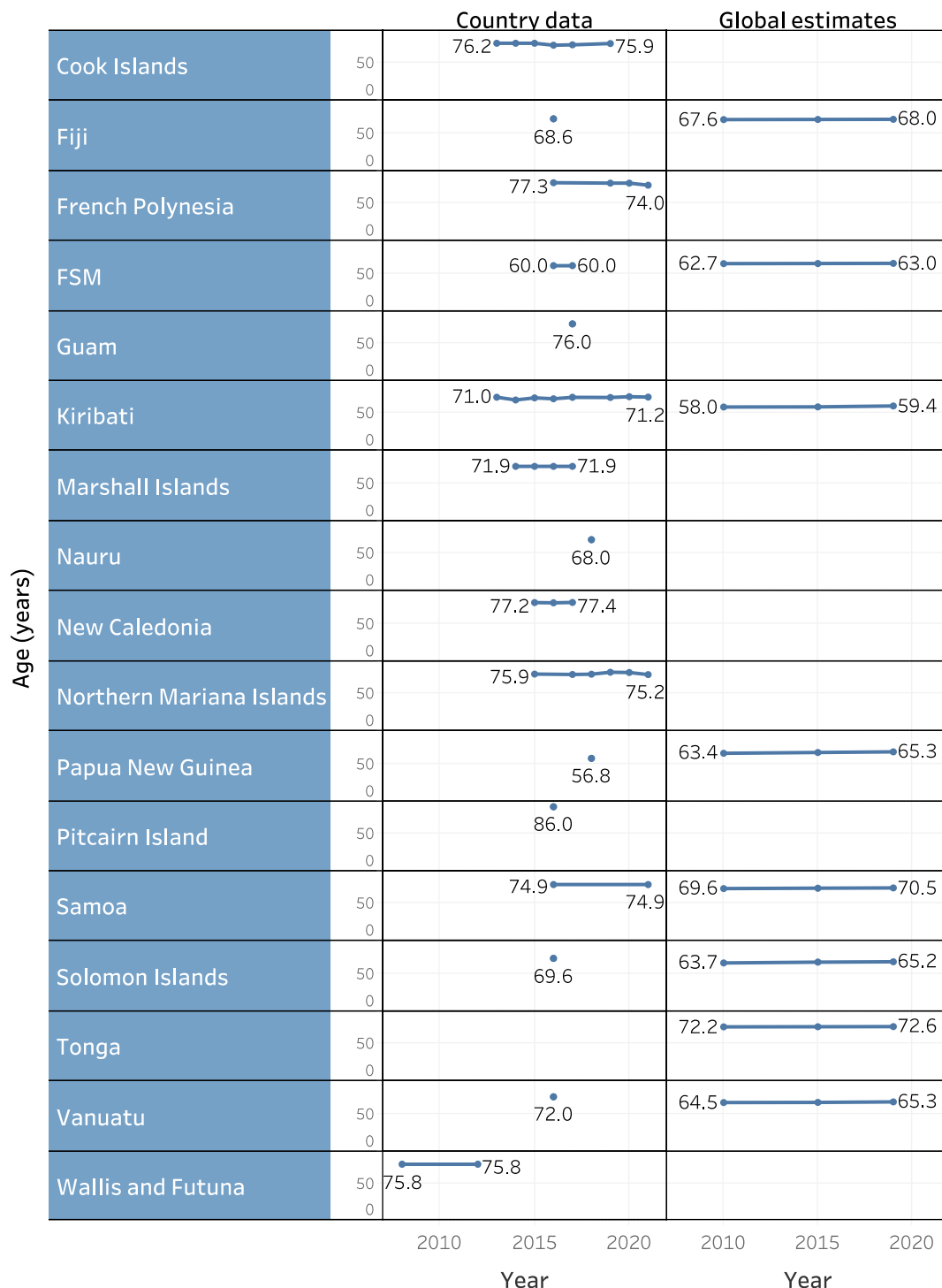
2.15 Lower-extremity amputation among patients with diabetes



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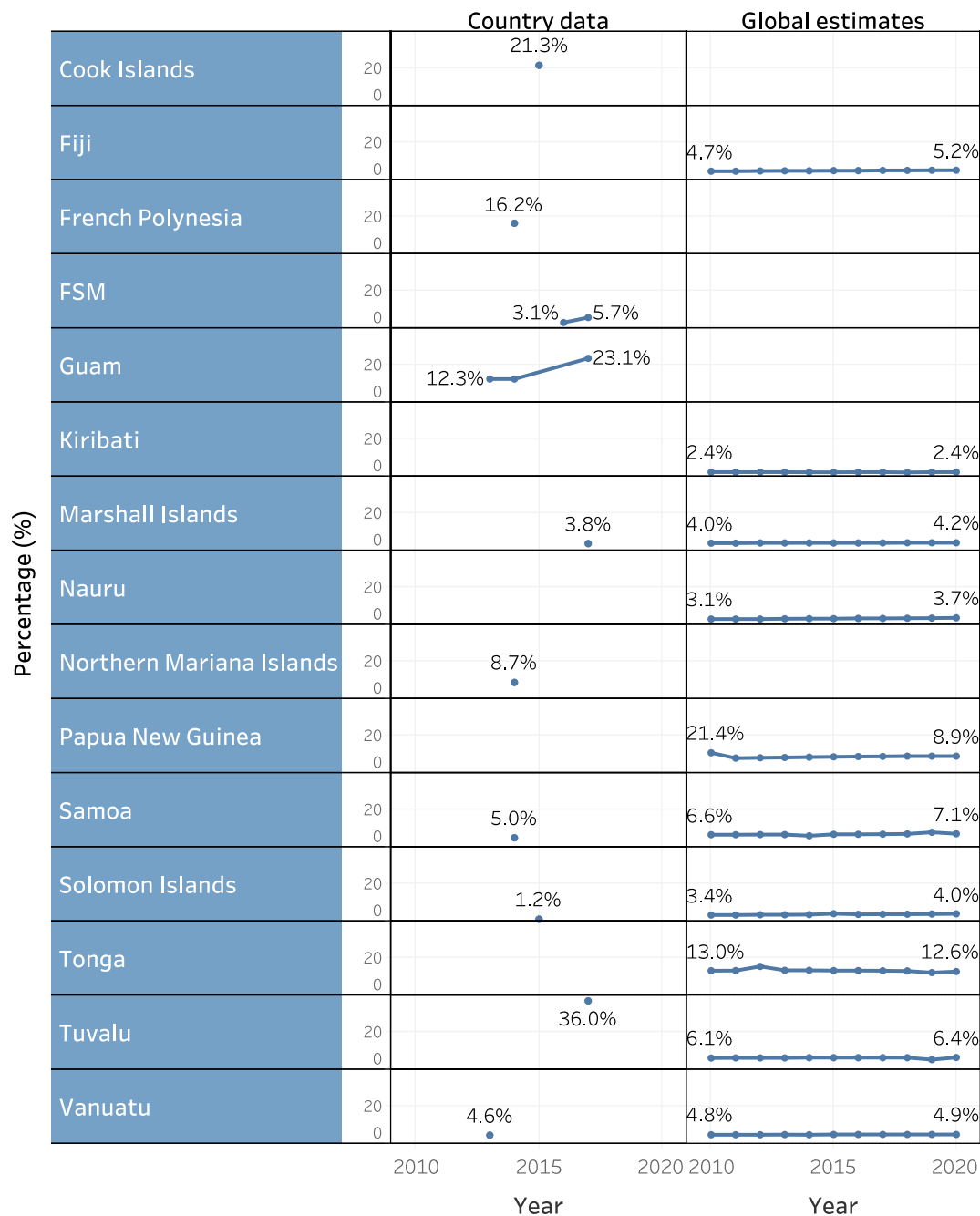
2.20 Life expectancy at birth: both sexes



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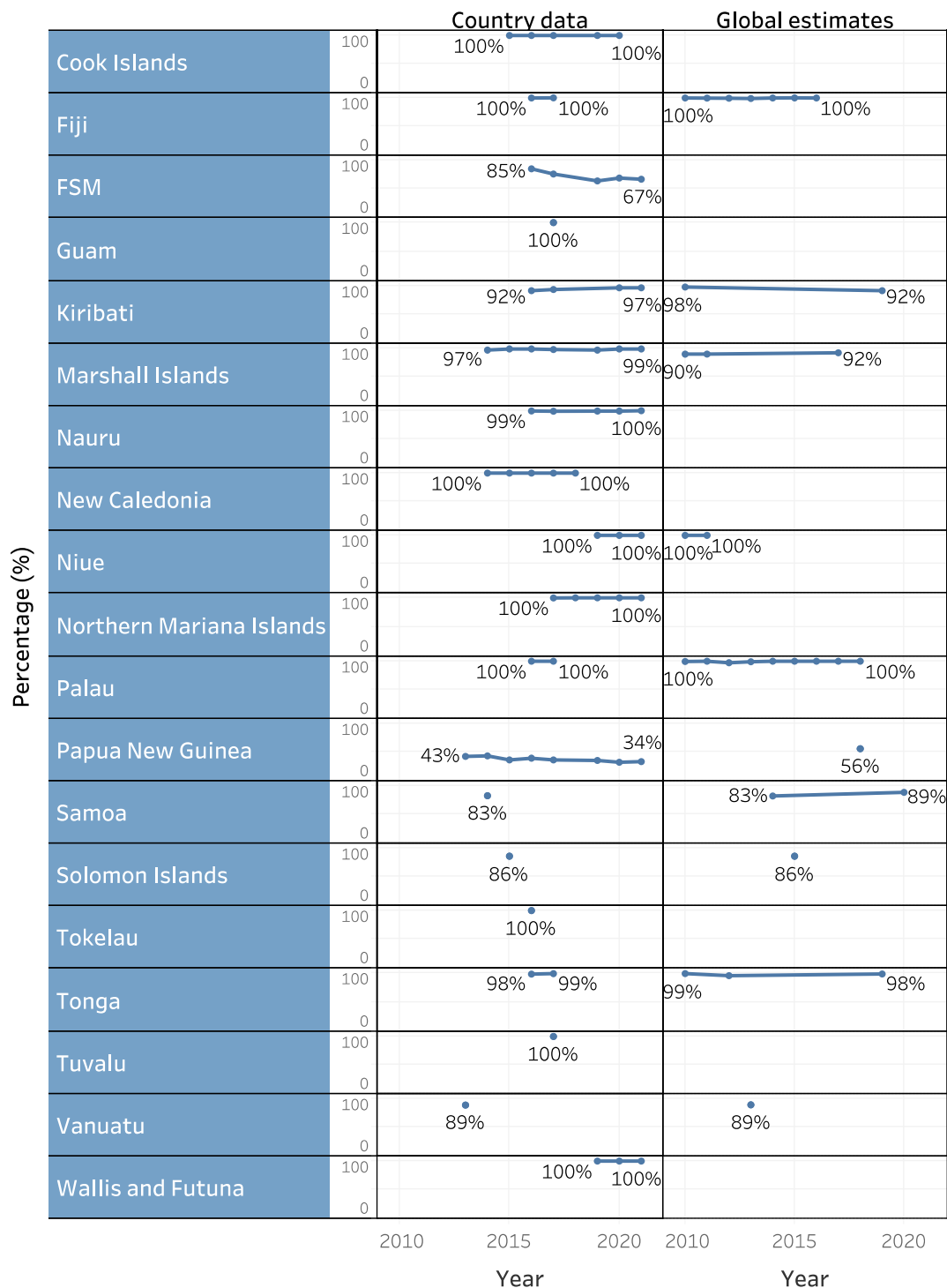
3.2 Children who are obese



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3.8 Births attended by skilled health personnel

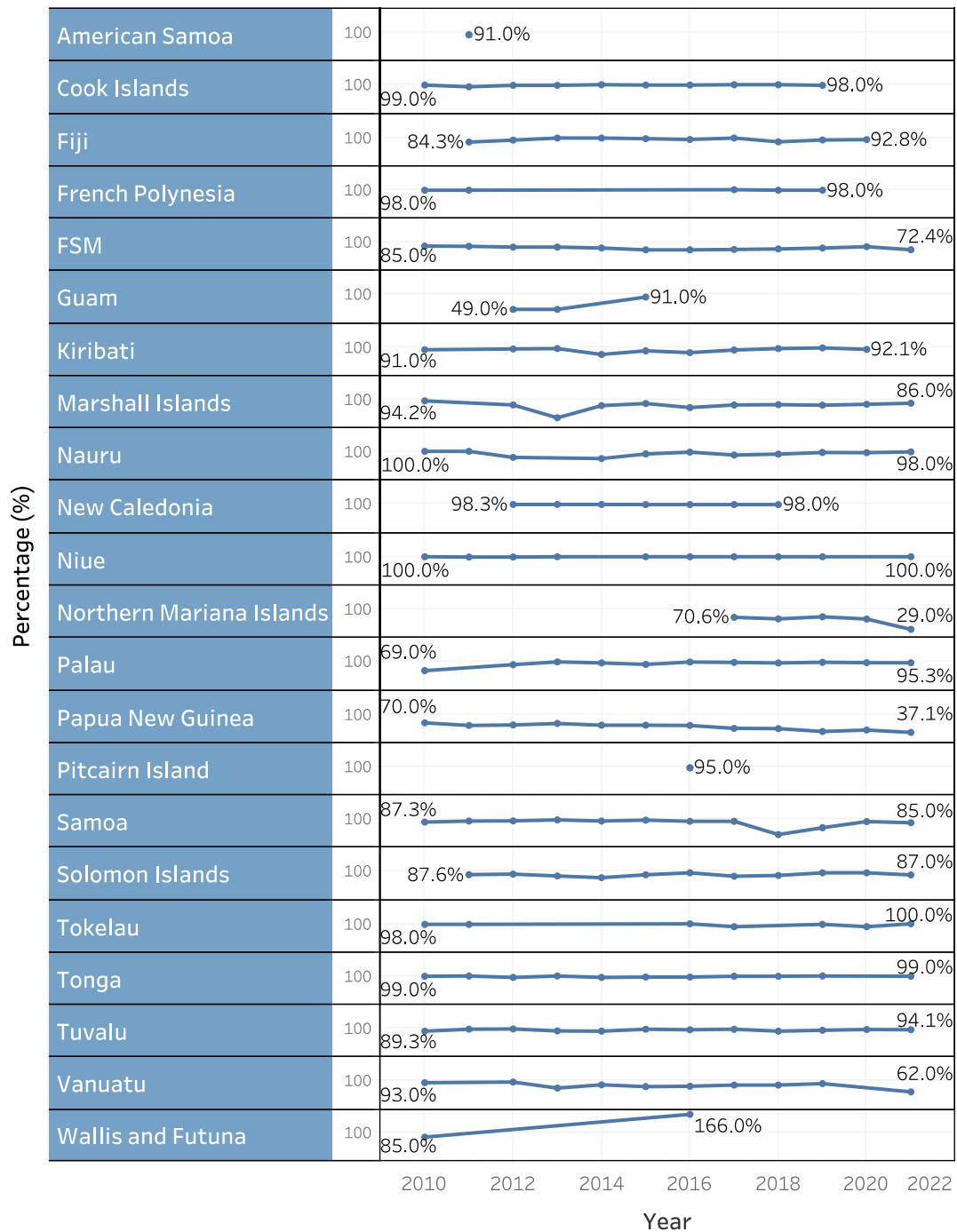


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3.9 Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3)

Country data

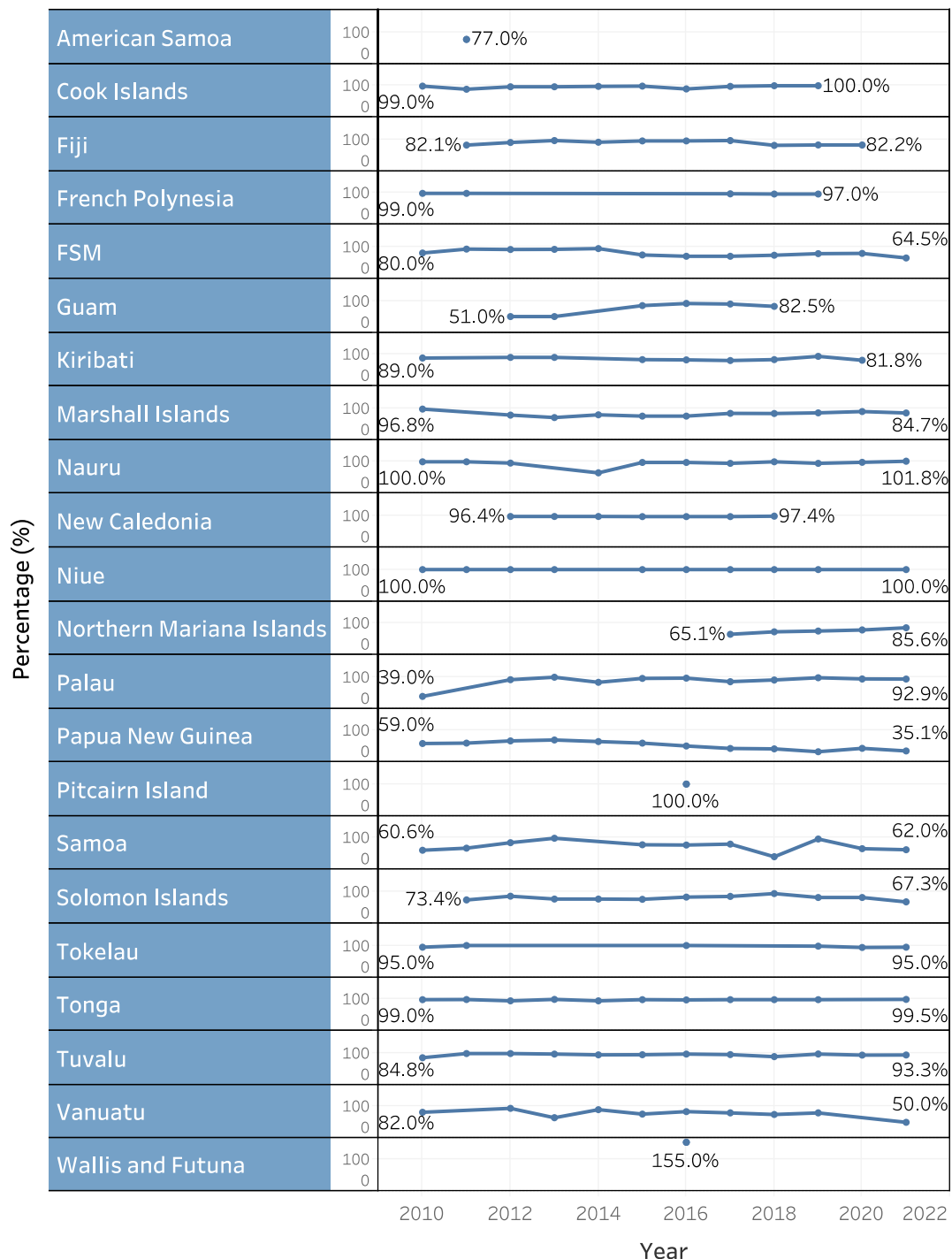


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3.10 Immunization coverage for measles (MCV1)

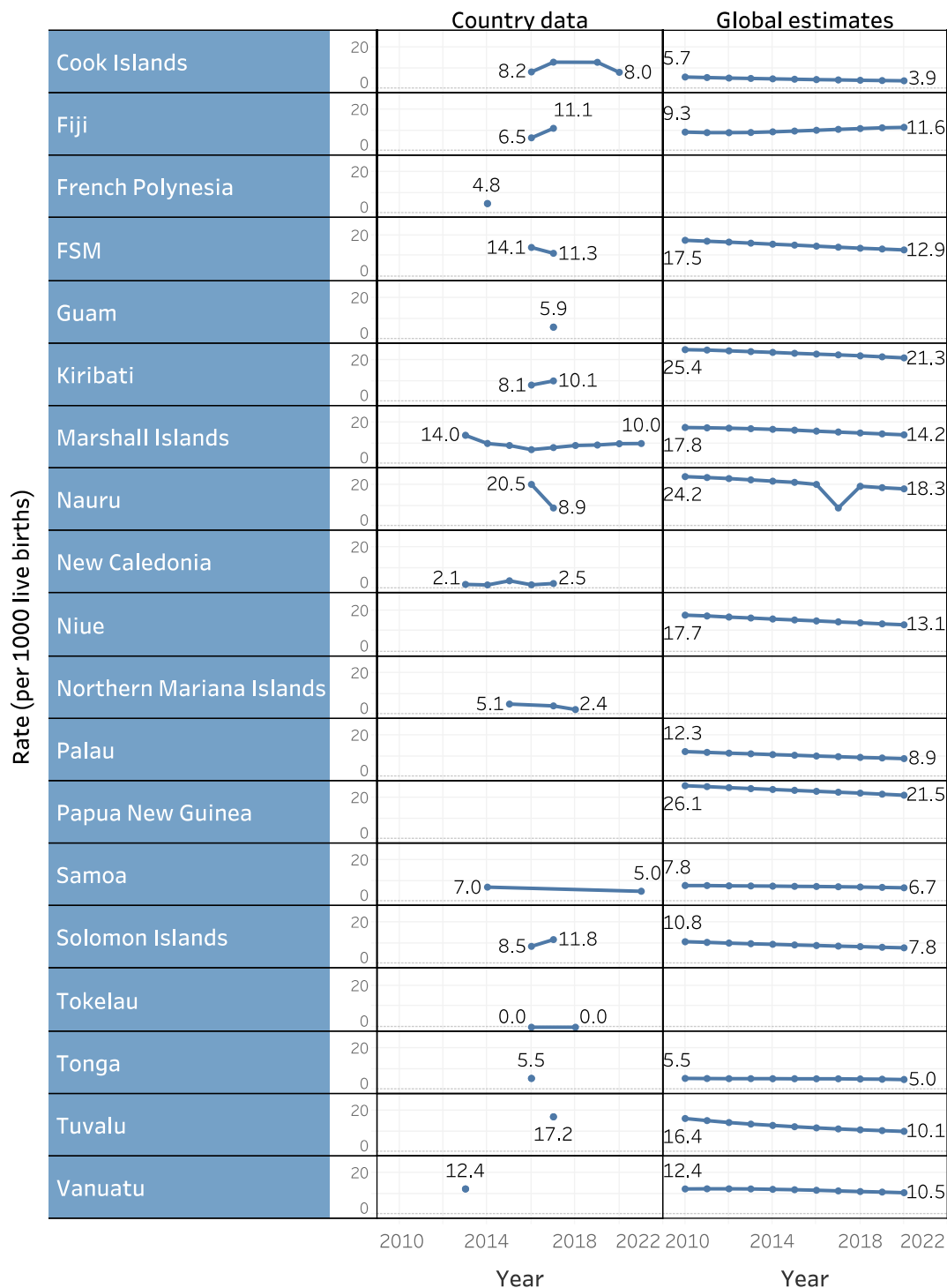
Country data



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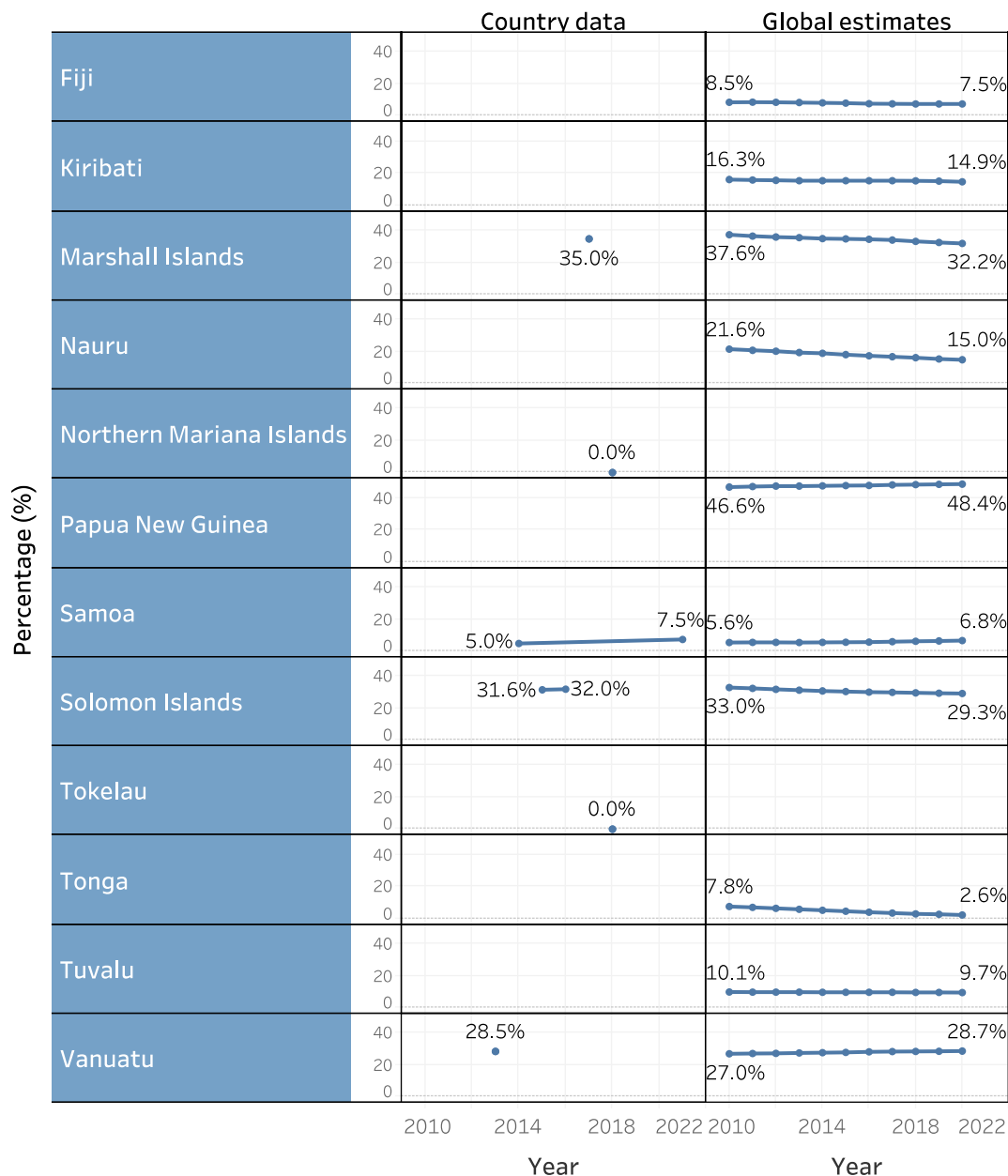
3.15 Neonatal mortality rate



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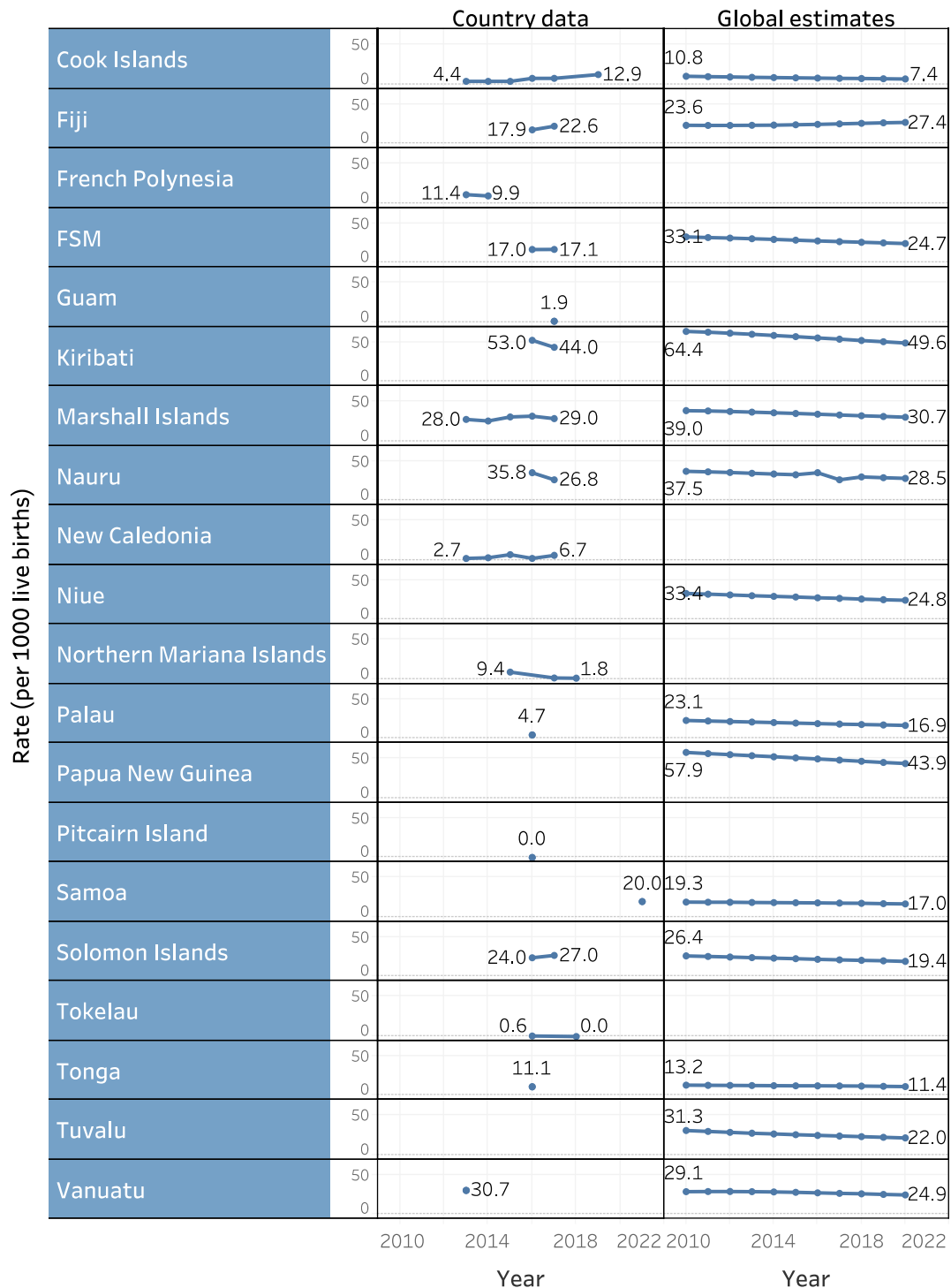
3.16 Children who are stunted



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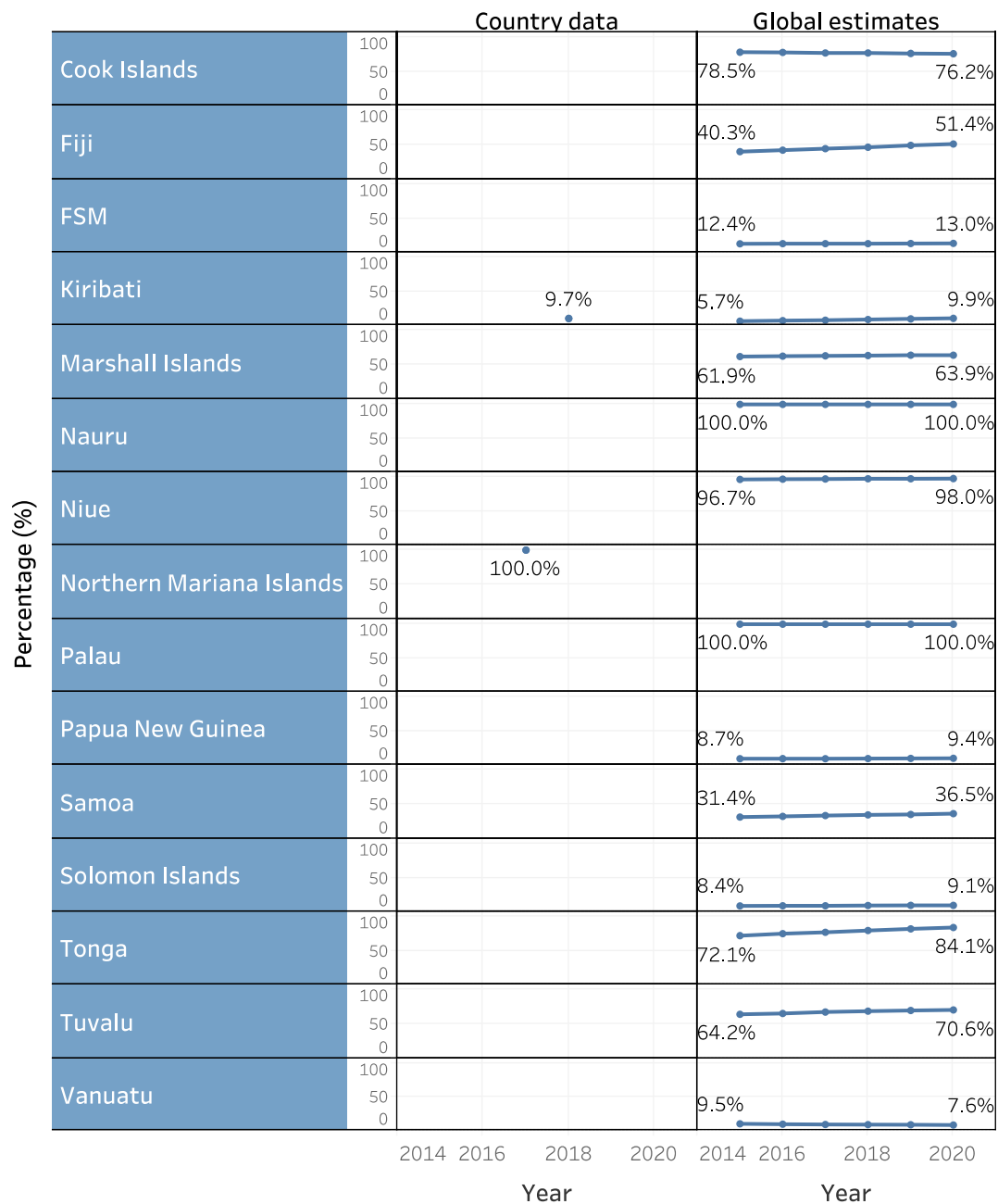
3.17 Under-5 mortality rate



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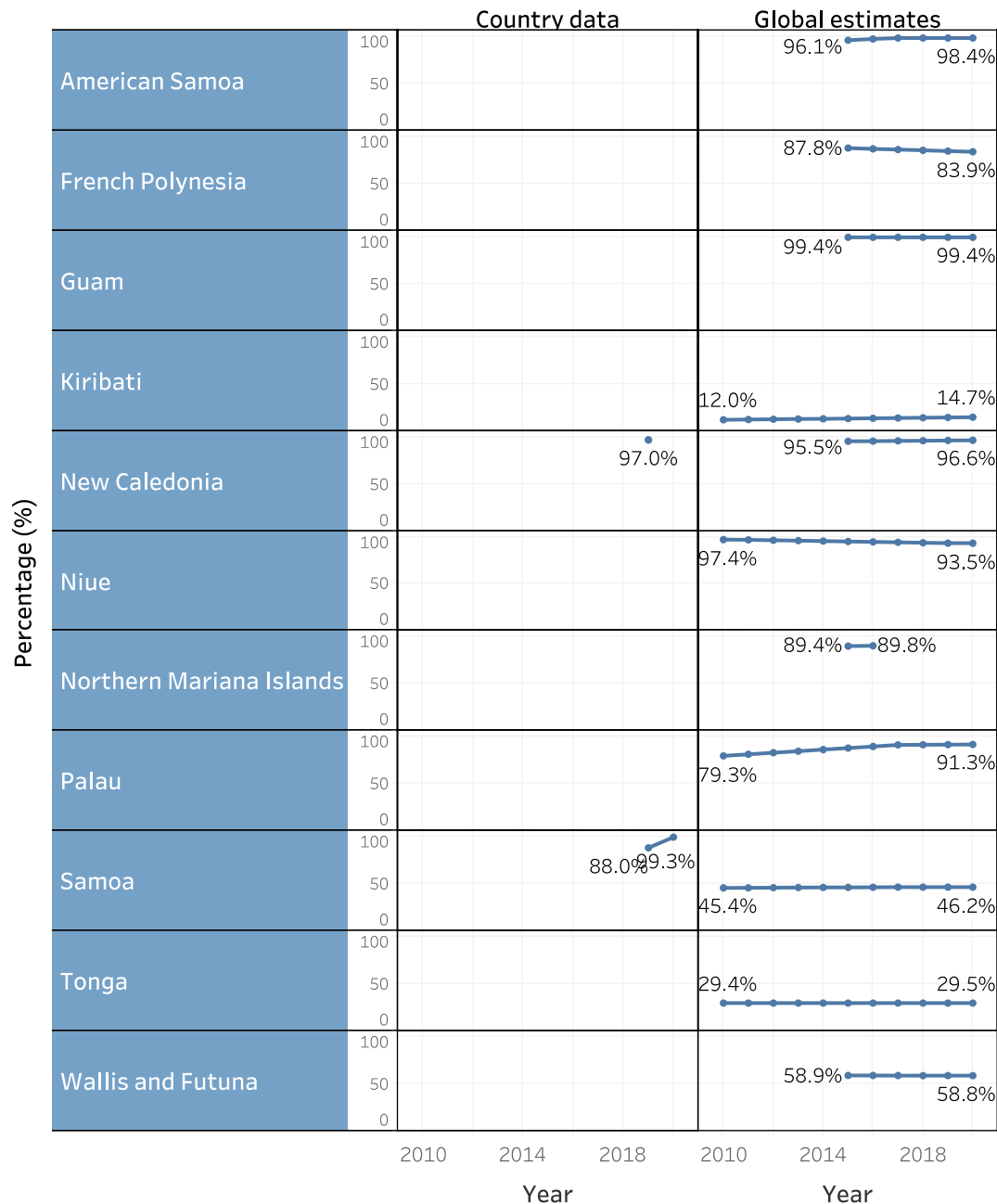
4.1 Population using clean fuels for cooking, heating and lighting



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4.3 Population using safely managed drinking-water sources

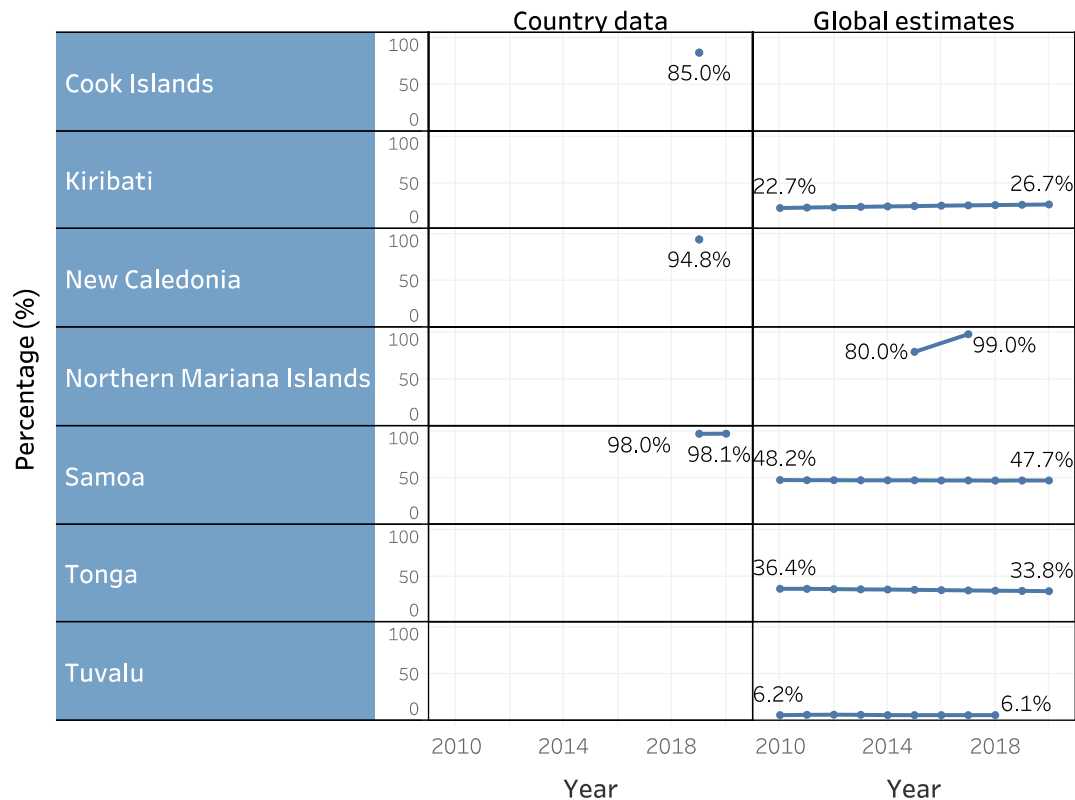


*Country data reported by Cook Islands and Samoa used the HIMF indicator definition of improved drinking-water sources, criterion adopted at the establishment of the HIMF that has since been updated to align with the Sustainable Development Goals

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4.4 Population using safely managed sanitation facilities



*Country data reported by Cook Islands and Samoa used the HIMF indicator definition of improved sanitation facilities, criterion adopted at the establishment of the HIMF that has since been updated to align with the Sustainable Development Goals

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Annex C

Monitoring progress towards the vision of Healthy Islands in the Pacific: Third progress report 2022

Please see separate document