

Pacific Heads of Health Meeting

Réunion des directeurs de la santé du Pacifique

INFORMATION DOCUMENT

Healthy Islands Monitoring Framework Update

1. BACKGROUND

Established during the 11th Pacific Health Ministers Meeting in 2015, the Healthy Island Monitoring Framework (HIMF) tracks the progress of each Pacific Island Countries and Territories (PICTs) towards the Healthy Island 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 PICTs 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 control, and maternal and child health were modest and variable across the PICTs. Monitoring progress was also a challenge as PICTs reported baseline data only or had no available data on some regional and global priorities (e.g., Universal Health Coverage, climate change).

The third HIMF progress review was set for 2021 but was interrupted by the COVID-19 pandemic. While the data collection process began as intended, many PICTs were not able to fully participate given conflicting priorities related to the COVID-19 response. Here, we provide a HIMF progress update to highlight the key progress across the PICTs. Second, we present the main HIMF data collection and reporting challenges, based on an in-depth evaluation and consultations with select PICTs conducted by WHO and Australian Institute of Health and Welfare (AIHW) in 2021, to illustrate the fit-for-purpose of the framework. Lastly, we propose action steps to promote the utility of the HIMF by focusing on resolving the data challenges and promoting data use to inform policy action.

2. ACTION TAKEN

1. HIMF progress update

Healthcare resources, both financial and human resources, had limited improvement over time across the PICTs and inequitable access to basic healthcare services persisted across the Pacific. For example, the proportion of births attended by skilled health personnel was >90% in all but three PICTs (Papua New Guinea [PNG], Samoa and Vanuatu) (Annex B). Routine childhood immunization coverage, such as DTP3 and MCV1, has been consistently above 90% in most PICTs, except in PNG and Northern Mariana Islands where coverage was below 75%.

Governments' commitment to curbing non-communicable diseases (NCDs) is reflected in the continuing advancement of NCD prevention and management policies, though progress has been slow in some areas. Excise tax on alcoholic beverages has been implemented or in-development in all PICTs and excise tax on tobacco products is present in all but Nauru. Conversely, healthy food policies in schools have been implemented in only 60% of PICTs and excise tax on sugar-sweetened beverages (SSB) was present in three PICTs (Cook Islands, Kiribati, Marshall Islands) only. Advancements in NCD policies have yet to translate into better health outcomes; the probability of premature death from targeted NCDs has remained stagnant at 20-50% across the region.

Although the impact of environmental and climate change on health is a pressing concern, progress in this area is unclear based on the limited data available. 14 PICTs reported >90% population with access to improved or safely managed drinking water, but two PICTs (PNG and Wallis and Futuna) reported <60% population with access. Access to improved or safely managed sanitation services also varied, ranging from universal access in four PICTs (New Caledonia, Niue, Northern Mariana Islands, Tonga) but <20% access in two PICTs (PNG and Tuvalu). Moreover, the disparity in access between rural/remote and urban areas may be masked by the national averages.

Noted, the data presented here does not capture the potential loss in health progress made due to the COVID-19 pandemic. One HIMF area that the pandemic has highlighted is

emergency preparedness; the International Health Regulation (IHR) core capacity score, an indication of emergency preparedness, varied across the Pacific and no PICT scored above 75.

2. Findings on HIMF data collection and reporting

To support long-term improvement of essential monitoring related to HIMF across PICTs, WHO and AIHW conducted an in-depth evaluation and country consultations with select PICTs in Q4 2021. The aim was to develop actionable recommendations to enhance the quality, consistency, and accessibility of HIMF data. Despite 7 years since the establishment of the HIMF, data availability remained scarce in some PICTs (Annex C). Data availability also varied by indicator (Annex A), with more complete reporting for indicators in “Strong leadership, governance and accountability” but low reporting related to “Ecological balance is promoted”.

Data source was another key challenge. Time-series country data, a necessity to monitor how PICTs change over time, was often not available and data from multiple sources were often used to fill-in the gaps. This limits the quality of the conclusions drawn from each HIMF progress review, as data from different data sources may not be comparable. Moreover, data from global sources is often adjusted using statistical models and may not accurately reflect progress in PICTs.

Findings and recommendations from this assessment are consistent with the past two HIMF progress reviews. Recommended steps include 1) develop robust metadata at the framework, indicator, and country levels, 2) provide coordinated support towards regional consistency, quality, and accessibility of health information, and 3) implement a mechanism for regular revision of HIMF indicators and conduct a ‘fit-for-purpose’ review.

3. Proposed next steps

Building on the results of the assessment and experience from past HIMF progress reviews, we propose the following action steps to improve HIMF data reporting and data use for policy actions, while being mindful to limit potential reporting burden. Recognizing the importance of active engagement from all PICTs in successful implementation, we look forward to PICTs’ input to operationalize these steps:

1. To systematically resolve noted data collection and reporting challenges, develop and implement short- and medium-term data capacity building plans based on each PICT’s

needs and priorities, in coordination with partners. Short-term activities may focus on improving data quality and availability for analytics and medium-term activities may be linked with broader health information system strengthening

2. To promote the use of HIMF data to inform policies, use tools and illustrative health information products (example in Annex D) to disseminate key findings and to highlight sub-national progress within a PICT (e.g. geospatial or equity analysis) or specific health topics across the Pacific (e.g. primary health care), in addition to routine HIMF progress review.
3. To ensure that HIMF continues to accurately monitor progress towards the Healthy Island vision in all PICTs, develop and implement a routine review and revision mechanism to improve HIMF indicators such that it provides useful and fit-for-purpose information for decision making at region and country level.
4. To ensure future HIMF reviews generate health insights relevant for policy actions, establish a mechanism to share and learn from PICTs' experiences in promoting data analysis and use of HIMF indicators for country policy decision making. This may also include using Pacific Health Information Network (PHIN) to promote peer learning and to champion for capacity building.

3. CONCLUSIONS

Progress towards the Healthy Islands vision was observed across the region, but the pace of improvement was inconsistent across PICTs. Access to basic health care services varied widely, ranging universal coverage in some PICTs to <50% in others. Governments have responded to the growing NCD challenge by advancing NCD prevention and management policies, but implementation has been slowed in some health areas and policy changes have yet to yield observed health improvement as defined in the framework. Progress on ameliorating the impact of environmental changes on health was inconclusive as data availability was poor.

An in-depth HIMF evaluation revealed that PICTs faced persistent challenges in data generation and reporting related to HIMF. As limited data availability and inconsistent data sources may lower the quality of the conclusions drawn from each HIMF progress review, this reduces the utility of the framework. We propose a series of initiatives to improve HIMF data quality and availability, with the aims to ensure the framework is effectively measuring

progress towards the Healthy Islands vision in all PICTs and that it remains aligned with current health priorities across the Pacific.

Annex A. Indicators in the HIMF and data availability by HIMF indicator.

Indicator Type	Indicator Number	Indicator Name	Proportion of PICTs reported any data
1. Strong leadership, governance and accountability.			
Core	1.1	Health worker density	82%
	1.2	Health expenditure per capita	82%
	1.3	Evidence of annual health review, plan and budget	68%
	1.4	International Health Regulations (IHR) core capacity score	64%
	1.5	Death registration coverage	64%
Optional	O.1.1	National Health Account	
	O.1.2	Out-of-pocket (OOP) payments for health	
	O.1.3	Unemployment rate	
	O.1.4	Population living below the poverty line	
2. Avoidable diseases and premature deaths are reduced.			
Core	2.5	Tobacco excise taxes	95%
	2.6	Excise tax on alcoholic drinks	95%
	2.7	Excise tax on the retail price of sugar-sweetened beverages (SSBs)	55%
	2.8	Access to essential NCD drugs	95%
	2.10	Service coverage for people with increased risk for cardiovascular diseases	27%
	2.13	HIV prevalence among the general population	50%
	2.14	Tuberculosis incidence	100%
	2.15	Lower-extremity amputation among patients with diabetes	50%
	2.16a	Maternal deaths	82%
	2.16b	Maternal mortality ratio	91%
	2.17	Mortality rate from road traffic injuries	77%
	2.18a	Deaths due to suicide among adults	64%
	2.18b	Adult suicide mortality rate	91%
Complementary	2.19	Risk of premature death from target non-communicable diseases (NCDs)	68%
	2.20	Life expectancy at birth: both sexes	68%
	2.1	Smoking prevalence	77%
	2.2	Heavy episodic drinking	77%
	2.3	Insufficiently physically active adults	45%
	2.4	Intimate partner violence	68%
	2.9	Cervical cancer screening	50%
Optional	2.11	Service coverage for people with severe mental health disorders	32%
	2.12	Contraceptive prevalence	50%
	O.2.1	Low fruit and vegetable consumption	
	O.2.2	Evidence of NCD taskforce	
	O.2.3	Status of reaching the milestones for neglected tropical diseases	
	O.2.4	Use of assistive devices among people with disabilities	
	O.2.5	Unmet needs for contraception	
	O.2.6	Prevention of mother-to-child transmission of HIV	
	O.2.7	Gonorrhoea incidence	
	O.2.8	Malaria incidence	
	O.2.9	HIV prevalence among high-risk populations	
	O.2.10	Life expectancy at age 40 years: males	
O.2.11	Life expectancy at age 40 years: females		
O.2.12	Top 10 causes of death		

Indicator Type	Indicator Number	Indicator Name	Proportion of PICTs reported any data
3. Children are nurtured in body and mind.			
Core	3.5	Birth registration coverage	77%
	3.6	Evidence of healthy food policies in schools	91%
	3.8	Births attended by skilled health personnel	86%
	3.9	Immunization coverage for diphtheria, tetanus toxoid and pertussis (DTP3)	86%
	3.10	Immunization coverage for measles	86%
	3.11	Human papillomavirus (HPV) vaccine coverage among adolescents	45%
	3.12	HIV prevalence among pregnant women	55%
	3.13	Adolescent birth rate	91%
	3.14	Low birthweight among newborns	82%
	3.15	Neonatal mortality rate	86%
Complementary	3.17	Under-5 mortality rate	91%
	3.18	Child and adolescent suicide mortality rate	41%
	3.1	Exclusive breastfeeding rate	64%
	3.2	Children who are obese	64%
	3.3	Inadequate physical activity in adolescents	27%
	3.4	Obesity in adolescents	45%
Optional	3.7	Antenatal care (ANC) coverage	68%
	3.16	Children who are stunted	45%
	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	
4. Ecological balance			
Core	4.2	Resilience to climate change and natural disasters	5%
	4.3	Population using improved drinking-water sources	91%
	4.4	Population using improved sanitation facilities	73%
Complementary	4.1	Population using modern fuels for cooking, heating and lighting	77%
	4.5	Number of vector-borne disease outbreaks	64%
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.

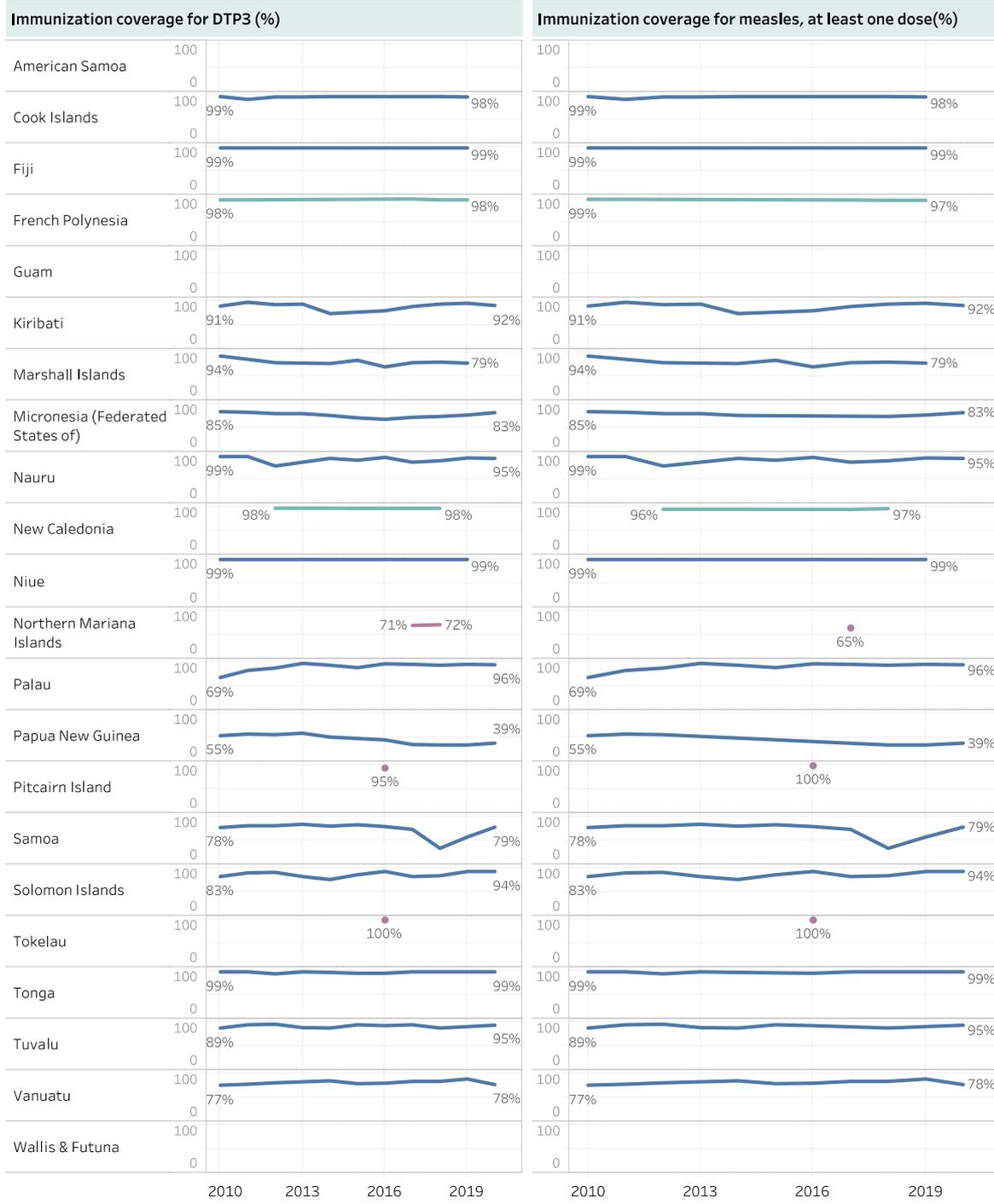
**Proportions indicate PICTs that reported any data, regardless of data quality, year or data source.

Annex B. Progress of select HIIMF indicators.

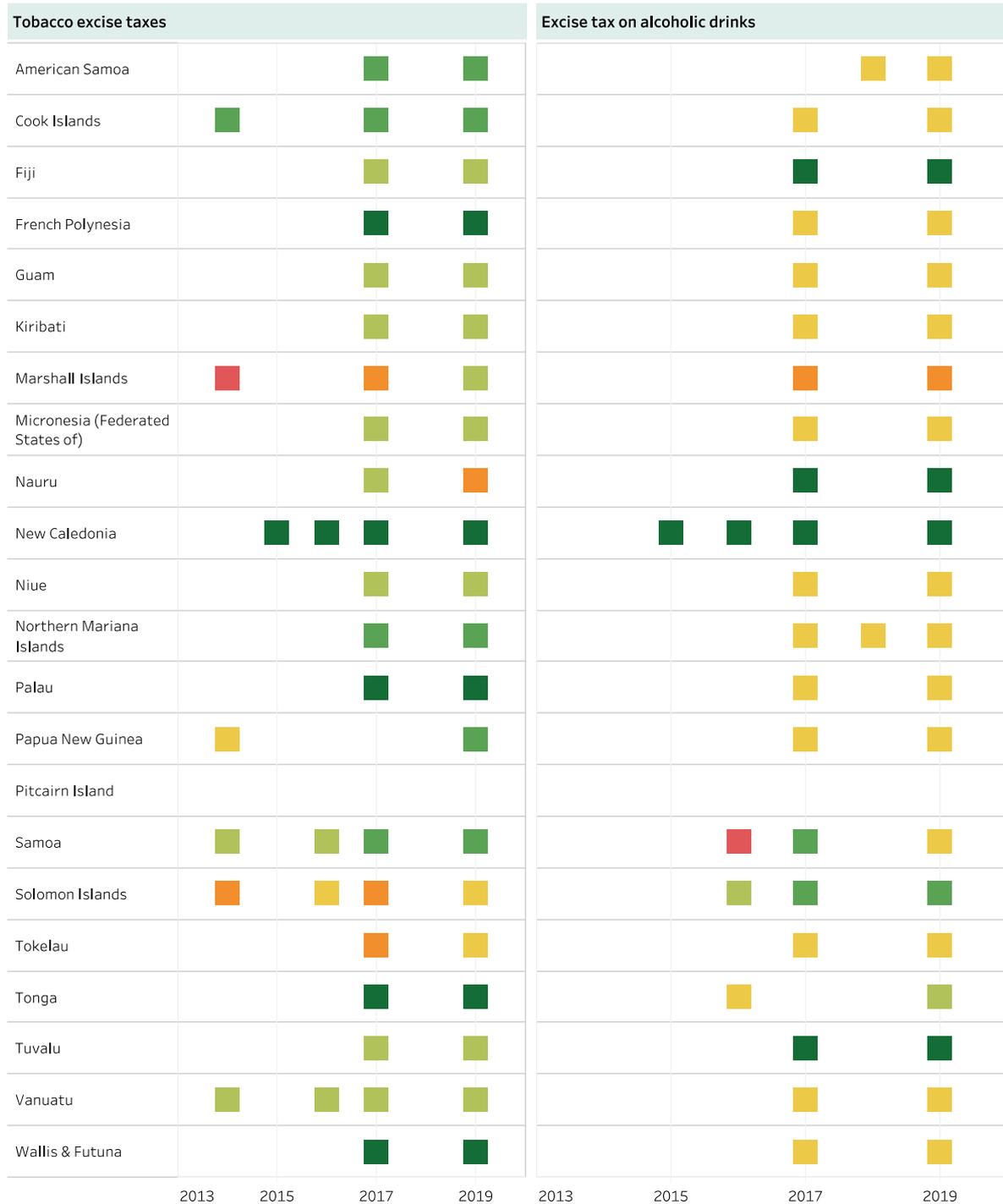


Legend- Data source
 Country reported to WPRO
 WHO Global Health Observatory





Legend- Data source
 Country reported to WPRO ■
 WHO Global Health Observatory ■
 WHO/UNICEF Joint Reporting Process - Immunization ■



Legend- Level of implementation

- Not Present ■
- Under-development ■
- Present ■
- Present - Low ■
- Present - Medium ■
- Present - High ■

Data source: Pacific Monitoring Alliance for NCD Action (MANA) dashboard and data PICTs reported to WPRO.



Legend- Level of implementation

- Not Present ■
- Under-development ■
- Present ■
- Present - Low ■
- Present - Medium ■
- Present - High ■

Data sources: Pacific Monitoring Alliance for NCD Action (MANA) dashboard and data country reported to WPRO.



Legend- Data source
 Country reported to WPRO
 WHO Global Health Observatory
 WHO/UNICEF Joint Monitoring Prog..
 SPC Data Hub

*Data from WHO GHO and WHO/UNICEF JMP is showing the proportion of population using safely managed drinking water or sanitation services, which is the most stringent level of "improved" services.



Data from WHO Global Health Observatory. The International Health Regulation (IHR) State Party Self Assessment Annual Report (SPAR) was published in 2018, represented in teal, which is an updated version of the IHR assessment, represented in orange. Total capacity scores from the two versions are not intended to be directly compared.

Annex C. HIMF data availability, by PICT.

PICT	Proportion of mandatory indicators reported on
American Samoa	24%
Cook Islands	92%
Fiji	88%
French Polynesia	68%
Guam	56%
Kiribati	78%
Marshall Islands	92%
Micronesia	60%
Nauru	52%
New Caledonia	80%
Niue	46%
Northern Mariana Island	88%
Palau	64%
Papua New Guinea	68%
Pitcairn Island	24%
Samoa	80%
Solomon Islands	88%
Tokelau	82%
Tonga	80%
Tuvalu	88%
Vanuatu	84%
Wallis and Fortuna Islands	18%

*Proportions represents any data reported, regardless of data quality, year or data source

Sustainable Development Goals & Healthy Islands Monitoring Framework 2021 Progress

Tuvalu

Purpose

Referencing on the Sustainable Development Goals, the Healthy Islands Monitoring Framework monitors the progress of the Healthy Islands Vision across the Pacific Island Countries and Territories (PICs). Periodic progress review is necessary to ensure each PIC is moving towards this unified vision and that no one is left behind. This profile aims to provide an overview of each PIC's status, based on available data.

At a glance

Population (2020) ₁	11,792
Population growth % (2015-2020) ₁	1.21%
Life expectancy at birth in years, both sex	
In women	
In men	
UHC Service Coverage Index (2019) ₂ [0% (limited UHC)-100% (high UHC)]	51.6
GDP per capita in current USD (2020) ₃	\$4143.1
Current health expenditure (% of GDP) (2019) ₃	24.0%
Unemployment rate (all ages) (2015) ₄	18.5%

Strong Leadership, Governance and Accountability.

HIMF No	SDG No	Latest Value	Progress towards *target or **benchmark	Data Availability
Skilled health professionals density (per 1000 population), 2009₂ Benchmark: 88.7				
1.1	3.c.1	77.5	83%**	● ●
Current health expenditure (CHE) per capita in US\$, 2019₂ Benchmark: \$3613.2				
1.2	-	\$972.6	71%**	● ●
Evidence of annual health review, plan and budget, 2017₆ Target: Present - High				
1.3	-	Present	67%*	● ●
Average of 13 International Health Regulations core capacity scores, SPAR version, 2020₂ Target: 100%				
1.4	3.d.1	48	48%*	● ●
Death registration coverage (%), 2017₆ Target: 80%				
1.5	17.19.2	100%	100%*	● ●

Avoidable Diseases and Premature Deaths are Reduced.

HIMF No	SDG No	Latest Value	Progress towards *target or **benchmark	Data Availability
Tobacco excise taxes, 2019₅ Target: Present - High				
2.5	-	Present - Low	60%*	● ●
Excise tax on alcoholic drinks, 2019₅ Target: Present - High				
2.6	-	Present - High	100%*	● ●
Excise tax on the retail price of sugary-sweetened beverages (SSBs), 2019₅ Target: Present - High				
2.7	-	No data available		
Access to essential NCD drugs, 2019₅ Target: Present - High				
2.8	-	Present - Medium	80%*	● ●
HIV prevalence, 2017₆ Benchmark: 0%				
2.13	-	0.0%	100%**	● ●
Incidence of tuberculosis (per 100 000 population per year), 2020₂ Target: 80% reduction from 2010				
2.14	3.3.2	296	0%*	● ●
Number of maternal deaths, 2017₆ Benchmark: 0				
2.16a	-	0	100%**	● ●
Estimated road traffic death rate (per 100 000 population), 2017₆ Benchmark: 0				
2.17	3.6.1	0.0	100%**	● ●
Number of deaths due to suicide among adults, 2017₆ Benchmark: 0				
2.18a	-	0	100%**	● ●
Estimate of current tobacco smoking prevalence (% (age-standardized rate), 2020₂ Target: 30% reduction from 2010				
2.1	-	35.6%	10%*	● ●
Alcohol consumption per capita (litres), 2019₂ Target: 20% reduction from 2010				
-	3.5.2	1.3L	42%*	● ●

Progress Methodology

Percentage represents *the proportion of target achieved since baseline, using targets from 1) SDG, 2) full implementation of intervention (5 levels ranging from Not Present < Under-development < Present < Present - Low < Present - Medium < Present - High), or 3) implied from UHC (i.e. 100%) or **the percentile rank among the latest available data across PICs using the best performing PIC as the benchmark. For indicators where a lower number represents improved performance, the percentage is reversed such that 100% represents the target or benchmark.

Progress

● 0-24%
● 25-49%
● 50-74%
● 75-100%

Date Availability

● Only single data point after 2008 available
● Multiple data points after 2010 available
● Multiple data points after 2010 & latest data within past 3 years

Children are Nurtured in Body and Mind.

HIMF No	SDG No	Latest Value	Progress towards *target or **benchmark	Data Availability
Prevalence of overweight in children under 5 (%), 2020^a Benchmark: 2.3%				
3.2	2.2.2	4.0%	79%**	● ●
Prevalence of obesity in adolescents (%), 2016^b Benchmark: 3%				
3.4	-	25.3%	17%**	● ●
Civil registration coverage of births (%), 2017^c Target: 100%				
3.5	16.9.1	100%	100%*	● ●
Evidence of healthy food policies in schools, 2019^d Target: Present - High				
3.6	-	Under development	20%*	● ●
Births attended by skilled health personnel (%), 2020^a Target: 100%				
3.8	3.1.2	100.0%	100%*	● ●

HIMF No	SDG No	Latest Value	Progress towards *target or **benchmark	Data Availability
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage in 1-year-olds (%), 2020^e Target: 100%				
3.9	3.b.1	95%	95%*	● ●
Measles immunization, 1st dose (%), 2020^e Target: 100%				
3.10	-	95%	95%*	● ●
Adolescent birth rate (per 1000 women aged 15-19 years), 2020^a Benchmark: 12.3 per 1000 women aged 15-19				
3.13	3.7.2	40	70%**	● ●
Neonatal mortality rate (per 1000 live births), 2020^e Target: Below 25 per 1000 live births				
3.15	3.2.2	10.1	100%*	● ●
Under-five mortality rate (deaths per 1000 live births), 2020^e Target: Below 25 per 1000 live births				
3.17	3.2.1	22.0	100%*	● ●

Ecological Balance is Promoted.

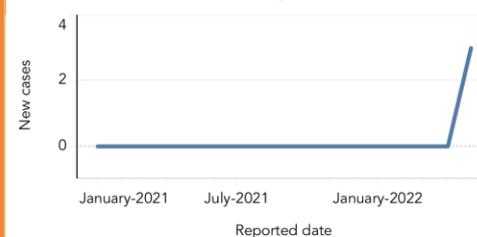
HIMF No	SDG No	Latest Value	Progress towards *target or **benchmark	Data Availability
Proportion of population with primary reliance on clean fuels and technologies for cooking (%), 2019² Benchmark: 100%				
-	7.1.2	68.9%	64%**	● ●
Population using improved drinking-water services (%) Target: 100%				
4.3	6.1.1			
Population using improved sanitation services (%) Target: 100%				
4.4	6.2.1			

Progress Methodology

Percentage represents *the proportion of target achieved since baseline, using targets from 1) SDG, 2) full implementation of intervention (5 levels ranging from Not Present < Under-development < Present - Low < Present - Medium < Present - High), or 3) implied from UHC (i.e. 100%) or **the percentile rank among the latest available data across PICs using the best performing PIC as the benchmark. For indicators where a lower number represents improved performance, the percentage is reversed such that 100% represents the target or benchmark.

Summary of COVID-19 Pandemic

Number of new COVID-19 cases reported⁷



Between 3 January 2020 to 31 May 2022, there have been 3 confirmed cases of COVID-19 with 0 deaths, reported to WHO. As of 4 April 2022, a total of 12,528 vaccine doses have been administered.

To download or explore data, please visit: <https://data.wpro.who.int/>

References

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Progress

0-24%
25-49%
50-74%
75-100%

Data Availability

● Only single data point after 2008 available
● Multiple data points after 2010 available
● Multiple data points after 2010 & latest data within past 3 years