



ORIGINAL: ENGLISH

## Progress towards the Healthy Islands vision after 30 years

The Pacific health ministers endorsed the Healthy Islands vision at the first Conference of Ministers of Health for the Pacific Islands in 1995. This was not a one-off call to action for improving health in the Pacific, but a pioneering path forward for future health leaders.

Since the Yanuca Island Declaration in 1995, the Healthy Islands vision has provided a unifying framework to promote health across Pacific island countries and areas (PICs). The vision seeks to create a Pacific 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; and,  
The ocean which sustains us is protected.*

From the community to ministerial levels, the efforts of today's health leaders have been a collective force in strengthening health systems in the Pacific. As part of those efforts, routine review of actions taken towards achieving the Healthy Islands vision is crucial to identifying and addressing potential gaps.

This paper serves as a background document reviewing the progress made across the PICs over the past three decades and highlights key achievements in health development. It also identifies remaining barriers that can be prioritized as part of considering an updated Healthy Islands vision towards 2050.



## 1. Population and socioeconomic changes over the past 30 years

For 30 years, the Healthy Islands vision has inspired leaders to strengthen systems, mobilize regional solidarity, and link health with environment, culture and socioeconomic development. As a first step in reviewing the progress of the Healthy Islands vision and contextualizing the health-care landscape, it is necessary to assess how socioeconomic developments have influenced health progress. This section provides an overview of the changes in demography, economy and society in the PICs over the past 30 years. Analysis of existing data was conducted to reflect on the general trends of progress in all PICs.

### Population growth

The total population across the PICs increased by 7.38 million people in the last three decades – from 7.1 million in 1995<sup>1</sup> to 14.48 million in 2025.<sup>2</sup> Growth has been uneven: while some PICs experienced population growth rates higher than 100% – including Vanuatu (114%), Papua New Guinea (148%) and Solomon Islands (172%) – Fiji and Samoa experienced population growth rates as low as 16% and 19%, respectively. Meanwhile, American Samoa and Cook Islands experienced declines in population by –19% and –29%, respectively.

### Economic growth

Although overall economic growth has been volatile over the past three decades, with downturns during the 2008 global financial crisis and COVID-19 pandemic, steady increases in health-care expenditure per capita are seen across the PICs. Global and Pacific economies experienced similar growth patterns over the past 30 years, as measured by the annual percentage change in gross domestic product (Fig. 1). However, in general, economic development in the PICs was lower than the global average.

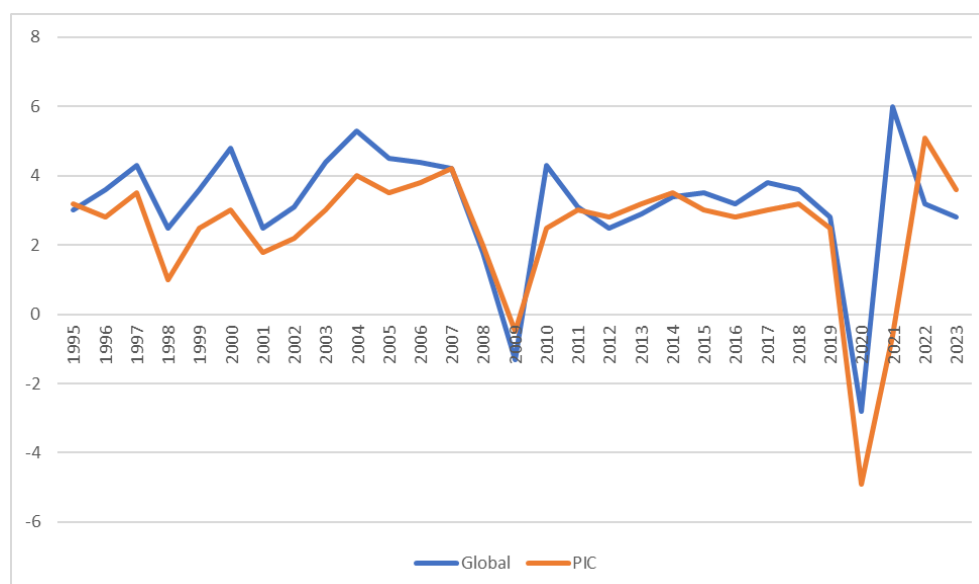
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<sup>1</sup> The first 20 years of the journey towards the vision of Healthy Islands in the Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2015 ([https://iris.who.int/bitstream/handle/10665/208201/9789290617150\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/208201/9789290617150_eng.pdf), accessed 3 March 2025).

<sup>2</sup> The 2025 population figures are projections based on available data up to 2023 from the Pacific Data Hub Population Dashboard (<https://pacificdata.org/population-dashboard>, accessed 10 March 2025).



Fig. 1. Annual percentage change in gross domestic product in the world and among Pacific island countries and areas from 1995 to 2023



Source: World Bank Open Data (<https://data.worldbank.org/>).

## Health-care expenditure

Between 2000 and 2022, an increasing trend in health-care expenditure per capita was observed across all PICs, although per capita expenditure varied widely across the region.<sup>3</sup> Based on the most recent available estimates for PICs, current health-care expenditure per capita in 2022 ranged from around US\$ 65 per capita in Papua New Guinea to US\$ 2640 per capita in Palau. In some PICs, improvement over time has been slow, such as in Fiji, the Federated States of Micronesia and Vanuatu.

## Urbanization

Across all PICs, most populations still live in rural areas, although urban population growth has increased rapidly in Melanesian PICs.<sup>4,5</sup> As PICs continue to urbanize, this has implications on health-care capacity given that the majority of health-care facilities in the PICs are located in major cities and towns.

<sup>3</sup> WHO Global Health Expenditure Database (<https://apps.who.int/nha/database>, accessed 28 August 2025).

<sup>4</sup> .Stat Data Explorer (<https://pacificdata.org/node/285>, accessed 28 August 2025).

<sup>5</sup> Degree of urbanization refers to the proportion of population living in urban and rural areas for the Pacific islands and territories. The degree of urbanization classifies the entire territory of a country along the urban–rural continuum.



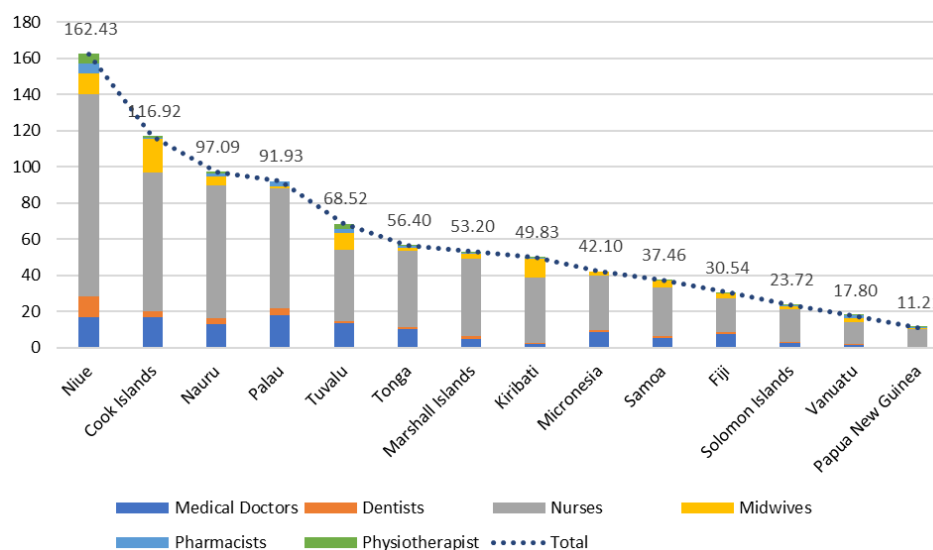
## Health-care workforce

The clinical workforce assessment in 2022 showed that the total number of doctors in the PICs increased by 119% over the past decade.<sup>6</sup> The proportion of female doctors increased by approximately 48%. Based on latest data reported, there are approximately 8.6 doctors, 43.2 nurses and 5.3 midwives, 2.2 dentists, 1.2 pharmacists and 0.9 physiotherapists per 10 000 population in the Pacific.<sup>7</sup> Approximately 79% of the Pacific health-care workforce are nurses and majority of health services are delivered by them, especially in remote islands.

Data collection has improved over the last 30 years, but there are still limited available data on the essential public health workforce – including for specializations like laboratory, surveillance, infection prevention and control – as well as community health workers. Fig. 2 shows the latest available data on the density of health workforce in the PICs.

As seen from changes in population and economic growth, urbanization, and health-care expenditure and workforce capacity, the PICs have experienced vast developmental changes over the past three decades. These shifts have had an influence on health-care interventions from the national to community levels, and thus impact the path towards achieving the Healthy Islands vision. Evaluating the progress of strategies and interventions to date allows health leaders and communities to be better prepared to pivot with evolving health needs in the Pacific.

Fig. 2. Number of health workers per 10 000 in Pacific island countries



Source: National Health Workforce Accounts Data Portal (<https://apps.who.int/nhwportal/>).

<sup>6</sup> Updates on clinical workforce capacity in PICs. Suva: Pacific Community; 2022.

<sup>7</sup> Data from the National Health Workforce Accounts Data Portal (<https://apps.who.int/nhwportal/>, accessed 31 March 2025). The health human resources data used for calculation of density are based on the most recent data reported via the National Health Workforce Accounts, with varying years of reporting, depending on when countries submitted their data.



The next section is an evaluation of the progress towards the Healthy Islands vision stratified by each line of the vision's mission statements.

## 2. Progress Towards the Healthy Islands Vision

### 2.1 Children are safe and nurtured in body and mind

Building healthy habits early in childhood supports lifelong wellness. Over the years, significant progress has been made in improving health outcomes and access among children. In particular, the PICs have made significant progress in reducing under-5 mortality rates, reflecting concerted efforts in health-care improvements and child welfare. According to the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), the under-5 mortality rate in Oceania (excluding Australia and New Zealand) decreased from 70 to 37 deaths per 1000 live births between 1990 and 2023.<sup>8</sup> Nonetheless, given socioeconomic inequalities within certain PICs, children in the poorest households have higher mortality rates compared to children in the richest households.<sup>9</sup>

With data collection and technologies now more available than 30 years ago, evidence-based interventions have started to contribute towards addressing ongoing challenges to improve child mortality in the PICs. For example, in Solomon Islands, maternal and child health services have been prioritized, resulting in noteworthy reductions in infant mortality rates and improved maternal health. Comprehensive training programmes for health-care workers have strengthened the quality of prenatal and postnatal care, while community outreach efforts engage families in the importance of health services.

In efforts to improve neonatal mortality – which represents a significant portion of overall child deaths – PICs are reviewing models for neonatal care, including standards, guidelines and referral systems. This will improve the quality of health facility deliveries and enhance the training of midwives and nurses. Compared to 30 years ago, PICs have improved outreach and communications strategies to better deliver rural health services, which is significant given that 79% of the Pacific population lives in rural areas.

Routine immunization remains the cornerstone of primary health care in the Pacific, including ensuring children are protected from diseases. Enhanced immunization programmes have improved maternal health care, and better management of infectious diseases has played a pivotal role in reducing child mortality. Pacific ministries of health have made significant progress in scaling up and strengthening immunization and surveillance systems to protect people from vaccine-preventable diseases (VPDs). While routine immunization coverage with two doses of measles-containing vaccine varies by country, the PICs have maintained two doses of measles-containing vaccine coverage despite the COVID-19 pandemic. Fig. 3 depicts the coverage of measles-containing vaccine first (MCV1) and second doses (MCV2) in the PICs between 1980 and 2023.

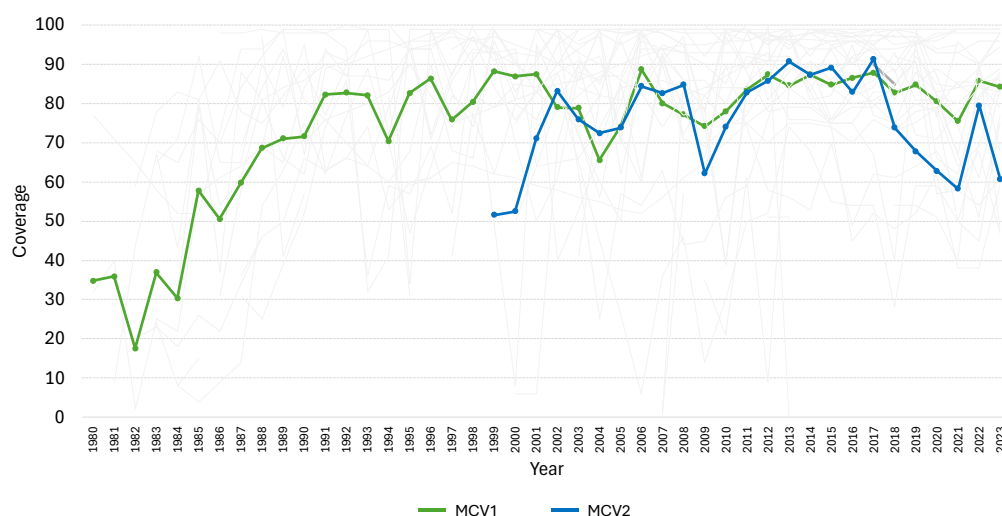
<sup>8</sup> United Nations Inter-agency Group for Child Mortality Estimation. Levels & trends in child mortality. Report 2024. New York: United Nations Children's Fund; 2025 (<https://data.unicef.org/resources/levels-and-trends-in-child-mortality-2024/>, accessed 26 April 2025).

<sup>9</sup> Kirkby K, Bergen N, Baptista A, Schlottheuber A, Hosseinpoor AR. Data resource profile: World Health Organization Health Inequality Data Repository. Int J Epidemiol. 2023;52(5):e253–62 (<https://doi.org/10.1093/ije/dyad078>, accessed 6 October 2025).





Fig. 3. Coverage of first dose and second dose of measles-containing vaccine in Pacific island countries, 1980–2023



Source: WHO Immunization Data portal (<https://immunizationdata.who.int/global>).

Recognizing the vital role of skilled birth attendants, PICs have undertaken initiatives to enhance midwifery education.<sup>10</sup> These efforts encompass the development of curricula and training programmes to ensure the provision of safe maternal and newborn care. Pacific leaders have prioritized discussions at Pacific Health Ministers Meetings to address the shortage of human resources for health, including midwives in leadership positions, issues surrounding professional recognition, and faculty capacity, as well as limitations in infrastructure and resources.

Strengthening midwifery education in the PICs is imperative for enhancing maternal and newborn health outcomes. By aligning educational programmes with global standards and addressing existing challenges, midwives in the PICs can deliver high-quality care that significantly contributes to the promotion of healthy lives for children in the Pacific region.

The establishment of the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMO) reflects the region's recognition of the central role nurses and midwives play in delivering care, particularly in remote and underserved communities. Formed to strengthen leadership, collaboration and advocacy across the PICs, SPCNMO has created a platform for sharing best practices, advancing professional standards and addressing workforce challenges. Over the past decade, the Alliance has worked closely with ministries of health and partners to expand training opportunities, promote gender

<sup>10</sup> Duro-Aina T. Pacific Midwifery Strategy 2025–2035: A framework for strengthening midwifery in the Pacific. Suva: Pacific Community; 2025 (<https://phd.spc.int/sites/default/files/p-related-files/2025-03/2025%20PHoNM%20IP%202.9%20-%20Update%20on%20the%20Regional%20Midwifery%20in%20the%20Pacific.pdf>, accessed 16 April 2025).



equity in leadership, and align nursing and midwifery education with international standards. By elevating voices of frontline health professionals, SPCNMO has enhanced the visibility of nursing and midwifery workforce as a cornerstone of universal health coverage in the Pacific.

Midwives serve as essential providers of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) services. They possess the capability to address 90% of SRMNAH requirements, thereby significantly improving health outcomes for women and infants. Therefore, the initiative taken by PICs to expand their midwifery workforce has the potential to increase access to midwife-delivered interventions that could potentially save millions of lives by the year 2035. This can be coupled by ensuring safe motherhood, and that newborns and children are both vaccinated and cared for postpartum. Various Member States have reviewed their curricula or are undergoing a review to ensure they meet the demands and standards set by the International Society of Midwives.

The safety of children is intertwined with family life, which extends beyond the health sector. PICs have improved multisectoral collaboration and made pledges to end violence against children. Economic and educational advances have improved socioeconomic conditions, leading to increased educational attainment and economic development, indirectly contributing to better child health outcomes. More specifically, improvements in female literacy have led to positive changes in child health outcomes. However, although primary school completion rates have improved, additional investment in secondary education is necessary. Early childhood education rates remain low and require enhancement. There is an increasing demand for school health services that encompass sexual and reproductive education, as well as the prevention of noncommunicable diseases (NCDs). Identification of these challenges has been beneficial in strategizing tailored interventions to improve the health and welfare of children in PICs.

## 2.2 Environments where people live, learn and play are safe and enable health

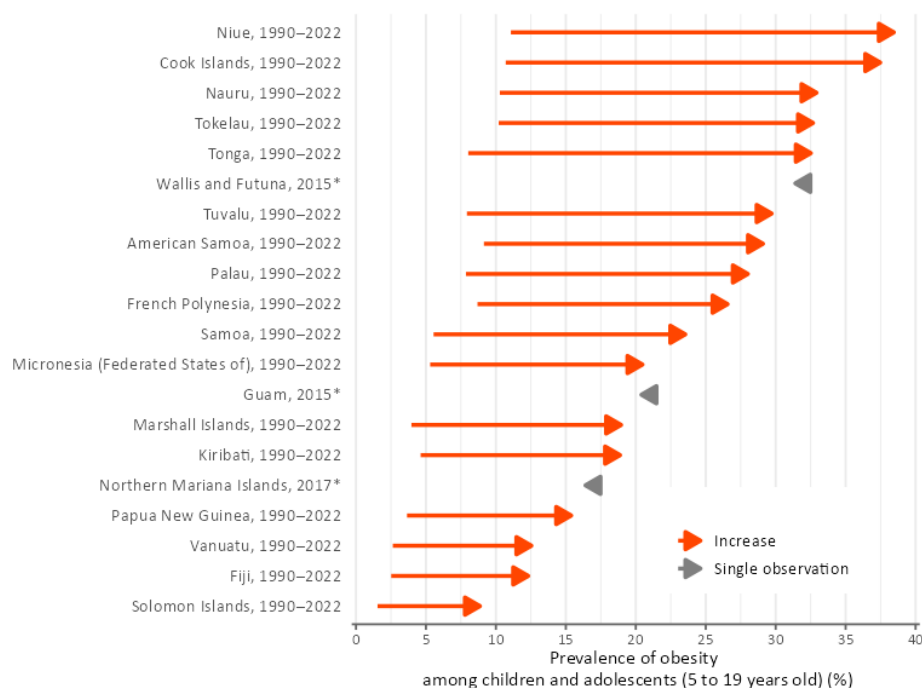
Community-based interventions have been key for creating environments that enable healthier behaviours and greater access to health care. This is critical given that NCDs – including cardiovascular diseases, diabetes, obesity, cancer and chronic respiratory illnesses – represent the single largest cause of premature mortality in the Pacific. Furthermore, the double burden of malnutrition, where undernutrition and overnutrition co-exist, poses a growing challenge in PICs. Rates of overweight in children under 5 and adolescents are increasing in nearly all PICs (Fig. 4), and stunting remains high in several countries such as Papua New Guinea and Vanuatu.

National policy changes that promote healthy lifestyles can be seen down to the community level. For example, the Marshall Islands has launched targeted health education campaigns to combat the rising tide of tobacco use and to promote healthier lifestyles. These campaigns utilize local media, community events and peer education to raise awareness about the risks of smoking and the benefits of a smoke-free environment. As a result, there has been a noticeable decline in smoking-related illnesses, indicating a shift towards healthier choices.

The Government of Tonga has prioritized the development and implementation of health policies directly addressing the growing concerns of obesity and diabetes. These policies advocate for healthier school environments and community spaces, emphasizing the importance of nutrition education and physical activity.



Fig. 4. Prevalence of obesity among children and adolescents, body mass index  $> +2$  standard deviations above the median (crude estimate) (%), change over time



Sources: Direct country report (\*) and the WHO Global Health Observatory online database (<https://www.who.int/data/gho>).

School-based health promotion efforts are crucial for fostering long-term public health improvements. Over the past 30 years, several PICs – including Fiji, Kiribati, Samoa, Solomon Island, Tonga and Vanuatu – have adopted the Health Promoting Schools initiative, which fosters health promotion in schools and focuses on creating safe and supportive environments for students and staff alike. In Fiji, for example, comprehensive health promotion programmes have been rolled out, skilfully integrating traditional practices with contemporary health-care approaches. These initiatives specifically target NCDs such as diabetes and heart disease, while also addressing mental health and overall community well-being. Local health workers and community leaders play a pivotal role in these programmes, ensuring that solutions resonate with cultural practices and community values.

Other efforts have been made to improve communities with good environments for enhancing people's health, such as healthy village development. These approaches have tried to improve health in communities by addressing issues such as sanitation, nutrition, infectious disease and NCD prevention, climate change and resilience, and sustainable development. Some countries such as Fiji, Kiribati, Samoa and Tonga have started related initiatives. Samoa, for example, has seen a transformation in its health-care landscape through robust community engagement. By fostering partnerships with local organizations and leaders, it has emphasized preventive care and proactive management of lifestyle-related illnesses.





These community-based health initiatives have led to increased awareness of the importance of nutrition, exercise and regular health check-ups, resulting in improved health outcomes and a stronger sense of community ownership over health initiatives.

Education development for the health-care workforce is also essential to ensure best practices that are evidence-based and respect traditional healing models. Vanuatu has made remarkable advances by integrating traditional medicine with conventional health-care services. This model increases accessibility and cultural relevance, allowing individuals to receive care that respects their cultural heritage. By training health-care providers in both traditional and Western medicine practices, Vanuatu has enhanced patient trust and improved health outcomes, ensuring a holistic approach to wellness.

Despite progress in some areas, gender inequality remains a challenge in the Pacific. PICs have some of the highest rates of gender-based violence experienced by women and girls in the World Health Organization (WHO) Western Pacific Region, highlighting the urgent need for whole-of-society efforts that promote gender equality and prevent violence from early childhood through adulthood.<sup>11</sup> This is especially important as girls and women face increased vulnerability – including to violence and exploitation – during and after emergencies and extreme weather events, which are becoming more frequent and severe due to climate change.

### 2.3 People work and age with dignity and protection

The Pacific is adapting to an ageing population and the impact this can have on societies. The number of people aged 65 years or over across the Pacific doubled from 3 million to 6 million between 2000 and 2024 and is projected to reach 11 million by 2050.<sup>12</sup> The oldest-old population – those 80 years or older – is projected to more than double from 1.5 million in 2024 to 3.6 million by 2050.

While populations in the PICs are getting older, fertility rates are declining rapidly; leaders are responding accordingly to ensure that communities are more age friendly. Population ageing, like other major demographic shifts, have layered impacts on communities. As people live longer, the rates of age-related diseases increase, and this means that better planning of health and social systems is necessary to better support changing populations.<sup>13</sup>

Ten years ago, Pacific health ministers reflected that “Healthy Islands was used as an entry point for NCDs”. They were wise to prioritize NCDs given that the rate of NCDs in the Pacific is alarmingly higher than the global average, and the trend of increasing NCD burden in most Pacific countries has not changed in recent years. Given that NCDs now account for three quarters of premature and preventable deaths in the PICs, the Healthy Islands vision continues to proactively address health issues related to NCDs.

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<sup>11</sup> Violence against women prevalence estimates, 2018 – WHO Western Pacific Region. Manila: World Health Organization Regional Office for the Western Pacific; 2021 (<https://www.who.int/publications/i/item/WHO-SRH-21.12>, accessed 28 August 2025).

<sup>12</sup> 2024 ESCAP Population Data Insights. Bangkok: United Nations Economic and Social Commission for Asia and the Pacific; 2024 (<https://www.asiapacificgender.org/reports/2024-escap-population-data-insights>, accessed 14 August 2025).

<sup>13</sup> For the future: towards the healthiest and safest Region. Manila: World Health Organization Regional Office for the Western Pacific; 2020 (<https://www.who.int/publications/i/item/WPR-2020-RDO-001>, accessed 18 August 2025).



Recognizing the increasing impact of NCDs on the PICs, Pacific health leaders endorsed the Pacific NCD Roadmap in 2014 as a regional framework to accelerate prevention and control efforts. The NCD Roadmap provides a suite of more than 30 priority, multisectoral policy interventions suited to the Pacific context, including increasing tobacco and alcohol taxation, implementing fiscal measures to reduce consumption of sugar-sweetened beverages and other unhealthy products, promoting healthier school food environments, and strengthening primary health care to deliver essential NCD services. This strategic approach has helped PICs such as Fiji, Samoa and Tonga to enact fiscal policies on unhealthy products, contributing to reduced consumption of tobacco and sugary drinks.

To support accountability and track progress, the Pacific Monitoring Alliance for NCD Action (MANA) was established to track implementation of the NCD Roadmap. MANA is a public dashboard that visualizes national progress across a range of indicators, including tobacco and alcohol control, food and nutrition policies, and health systems strengthening. Developed through collaboration between Pacific countries, the Pacific Community (SPC), WHO, academia and regional partners, MANA has enabled governments to benchmark achievements, identify gaps and strengthen advocacy for policy action. By providing clear, comparable data, it ensures that NCD prevention remains a high-level political and health priority across the region.

Beyond the NCD Roadmap and MANA, Pacific health leaders also endorsed the Pacific Legislative Framework (PLF) – which provides model laws and regulatory options to address key NCD risk factors – and the Pacific Childhood Obesity (ECHO) priorities, which focus on reducing marketing of unhealthy foods to children, promoting physical activity and implementing sugar-sweetened beverage taxes.

Strengthening primary health care to deliver integrated NCD prevention and management is critical, particularly in remote and underserved communities. At the same time, addressing social and commercial determinants through healthy school and food environments, engaging communities and youth in prevention and management efforts, and investing in workforce capacity and essential NCD services are areas of progress. These achievements show how the Healthy Islands vision has mobilized multisectoral action against NCDs that threaten the ability of people to live long, healthy and dignified lives. Stronger surveillance, accountability and regional cooperation – underpinned by mechanisms like the NCD Roadmap, MANA, the PLF and ECHO priorities – will be key to building on progress made thus far.

## 2.4 Ecological balance is a source of pride

For PICs, ecological balance is not only a source of pride but also a matter of survival. Climate change represents the single greatest threat to the health and well-being of all Pacific people, increasing the risk of more frequent and intense cyclones, droughts and sea-level rise. Coastal erosion due to rising sea levels and increased sea and air temperatures can affect the quality of safe drinking-water for rural, remote and even urban populations in the Pacific. Over time, Pacific communities are becoming more vulnerable to these environmental shocks that directly affect livelihoods and health. In this context, protecting the environment and safeguarding health and health systems are inseparable goals, and building climate-resilient health systems is a core part of the Healthy Islands vision.

Strengthening climate-resilient health systems therefore requires cross-sector collaboration with water, agriculture and energy sectors. This enables leaders to better implement a One Health approach,



centring human, animal and environmental health. Fortunately, Pacific health leaders have underscored the urgency of addressing climate-related health threats and have implemented national strategies to improve resilience.<sup>14</sup> Leaders have endorsed a road map for tackling these threats, focusing on safe drinking-water, food security, resilient health infrastructure and secure shelter.<sup>15</sup> The road map includes 21 short-term initiatives, such as empowering health ministries to advocate for health in climate discussions and developing climate mitigation plans in collaboration with sectors such as energy, transport and agriculture. Additionally, several PICs, including Fiji, Kiribati and Vanuatu, have developed health national adaption plans (H-NAPs) based on vulnerability and adaptation assessments, with more H-NAPs under way across the Pacific. Progress is also apparent with the strengthening of disaster response mechanisms and health emergency management, including development of early warning systems, community-based disaster preparedness programmes and integration of climate adaptation into national public health policies and planning to bolster resilience. Moreover, leadership has continually placed health at the centre of climate change discussions, advocating for stronger health systems to withstand climate impacts.<sup>16</sup>

As one specific success case, Palau has merged environmental conservation with public health initiatives. The country promotes sustainable practices that not only protect its rich natural ecosystems but also enhance human health. Efforts include building capacity and renewing public interest in farming, community clean-up events, educational programmes on sustainable fishing, and initiatives to reduce plastic waste – all aimed at fostering a healthier planet.

Efforts are ongoing to address inequities through targeted interventions and infrastructure development. To strengthen climate resilience of health facilities and communities, various projects are in progress in Fiji, Kiribati, Solomon Islands, Tuvalu and Vanuatu in close collaboration with ministries of health and through the generous funding of the Korea International Cooperation Agency (KOICA) and the Global Environment Facility.

While urban areas in many PICs have seen improvements in sanitation facilities, rural communities continue to face challenges related to access and maintenance of sanitation facilities.<sup>17</sup> Providing safe water, sanitation and hygiene to populations is crucial to human health, including being essential for preventing waterborne diseases and maintaining ecological health. For example, over the past three decades, Kiribati has been significantly improving water and sanitation infrastructure. These initiatives address critical environmental challenges that contribute to waterborne diseases. Implementing community-driven projects – such as rainwater harvesting systems and enhanced waste management practices – fosters long-term sustainability. Although several PICs have made notable progress in increasing the proportion of the population with access to improved drinking-water sources, inequities remain, particularly in rural and remote areas, where infrastructure development is more challenging.<sup>18</sup>

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<sup>14</sup> Monitoring progress towards the vision of Healthy Islands in the Pacific: second progress report 2019. Manila: World Health Organization Regional Office for the Western Pacific; 2020 (<https://iris.who.int/bitstream/handle/10665/334362/9789290619192-eng.pdf>, accessed 3 March 2025).

<sup>15</sup> Outcome of the Thirteenth Pacific Health Ministers Meeting. Manila: World Health Organization Regional Office for the Western Pacific; 2019 (<https://iris.who.int/bitstream/handle/10665/351713/WPR-2019-DPS-001-eng.pdf>, accessed 28 March 2025).

<sup>16</sup> Outcome of the Fourteenth Pacific Health Ministers Meeting. Manila: World Health Organization Regional Office for the Western Pacific; 2022 (<https://iris.who.int/bitstream/handle/10665/362634/WPR-2022-DPS-001-eng.pdf>, accessed 3 March 2025).

<sup>17</sup> Monitoring progress towards the vision of Healthy Islands in the Pacific: second progress report 2019. Manila: World Health Organization Regional Office for the Western Pacific; 2020 (<https://iris.who.int/bitstream/handle/10665/334362/9789290619192-eng.pdf>, accessed 3 March 2025).

<sup>18</sup> The first 20 years of the journey towards the vision of Healthy Islands in the Pacific.



Additionally, supporting populations in transitioning to clean fuels for cooking, heating and lighting is crucial for reducing indoor air pollution and associated health risks. Policy initiatives and partnerships have driven a gradual increase in the adoption of clean fuel technologies, such as solar and other renewal energy sources, particularly in urban centres and more accessible communities. As a result, households across the PICs have been transitioning to cleaner energy sources, although several others continue to rely heavily on traditional biomass fuels.<sup>19</sup> This reliance on traditional biomass, especially in remote and rural areas – partly due to infrastructural limitations and economic constraints – poses challenges for both health outcomes and environmental sustainability.

Twelve PICs (Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu) have established emergency medical teams (EMTs). EMTs include the trained personnel, supplies and procedures to deploy and set up a self-sufficient health facility within 48 hours of an acute event, including climate change and human-induced emergencies. Investment in EMTs is an investment in the health emergency workforce and improves health sector resilience. Additionally, PICs have established Public Health Emergency Operations Centres (PHEOCs, also known as HEOCs) to manage emergencies. During the COVID-19 pandemic, PHEOCs established an Incident Management Team for emergency management, helping to more efficiently deliver emergency response activities.

While strong emphasis has been placed on combating NCDs in the PICs, initiatives continue to manage persisting communicable diseases. The establishment of the Pacific Public Health Surveillance Network (PPHSN) in 1996 has enabled PICs to better capacitate public health promotion, surveillance and response efforts during emergencies, particularly disease outbreaks. PPHSN triangulates available health data from the PICs, develops contextual surveillance systems, tailors public health surveillance training programmes to local needs and encourages partnership-building. Initiatives such as PPHSN have allowed for a reduced burden of certain communicable diseases, including lymphatic filariasis and chronic hepatitis B. As outbreaks and disease resurgence continue to be a threat, countries remain focused on making improvements to their surveillance and response systems to sufficiently manage the communicable disease burden.

Robust laboratory systems are essential for early detection and response to outbreaks. Through PPHSN, PICs have made steady progress in building a coordinated network of public health laboratories. Known as LabNet, this collaborative network is supported by the efforts of regional partners and has enabled PICs to expand diagnostic capacity for priority diseases such as tuberculosis, dengue and, more recently, COVID-19. This network has enabled the standardization of protocols, joint procurement of supplies and training of laboratory staff across the region. Notably, the network has facilitated rapid specimen referral and sharing of technical expertise, ensuring that even the most geographically remote island states can access timely and reliable laboratory services. Investments in molecular diagnostics and quality assurance systems are further strengthening preparedness and resilience for future epidemics. In parallel, improvements to integrated vector management strategies, including stronger surveillance, communications and community engagement, have contributed to more effective outbreak detection and response.

Despite these advances, many communities remain vulnerable to extreme weather events and other climate-induced hazards, necessitating sustained commitment and resource allocation. With environmental changes and evolving vector dynamics continuing to pose risks, Pacific health ministers

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<sup>19</sup> Monitoring progress towards the vision of Healthy Islands in the Pacific: second progress report 2019.





reaffirmed the need for resilient health systems with robust surveillance mechanisms and coordinated cross-border collaboration to manage and respond to disease outbreaks effectively.<sup>20</sup>

The journey towards achieving the ecological balance envisioned in the Healthy Islands vision has seen both advancements and ongoing challenges. While progress has been made in areas such as access to clean water and development of climate resilience strategies, issues such as reliance on traditional fuels and inequities in sanitation access persist. Continued commitment, strategic investments and collaborative efforts are essential to address these challenges and promote a sustainable and healthy future for all PICs.

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<sup>20</sup> Outcome of the Fifteenth Pacific Health Ministers Meeting. Manila: World Health Organization Regional Office for the Western Pacific; 2024 (<https://www.who.int/fiji/publications-detail/WPR-2024-DPS-001> accessed 25 March 2025).





### 3. Conclusions

Over the past 30 years, the Healthy Islands vision has been a unifying aspiration for PICs and has enabled Pacific communities to make important progress in a variety of ways: reducing child mortality; expanding immunization; improving water, sanitation and hygiene; establishing emergency preparedness and response mechanisms; and building systems that better address both communicable diseases and NCDs. Regional solidarity has been a defining strength, as can be seen with the establishment of networks such as PPHSN, LabNet and SPCNMO. These achievements highlight the Pacific's innovation and determination to improve health and well-being for all.

At the same time, the Healthy Islands journey is not over. Persistent inequities, the increasing burden of NCDs, demographic shifts and the rising impacts of climate change continue to shape health outcomes across the Pacific. While much has been accomplished, more remains to be done to ensure that progress is sustained and inclusive, and that no community is left behind. The Healthy Islands vision must adapt to emerging realities, while continuing to link health with culture, community and the environment.

The 30-year milestone offers an opportunity to renew the Healthy Islands vision and ensure that it remains relevant to the evolving needs of Pacific peoples. At the 54th Pacific Islands Forum Leaders Meeting on 8–12 September 2025, leaders committed to multisectoral coordination and mobilization of investment and partners to drive change and achieve the health goals set out in the 2050 Strategy, which will serve to better mobilize investments and partnerships to accelerate action on the ground.

Looking towards 2050, the vision endures as a powerful rallying point for collective action across sectors. It reminds us that health is not only a goal in itself, but also the foundation of sustainable development in the Pacific. By building on the past three decades of progress with renewed ambition, solidarity and innovation, Pacific health leaders and communities can ensure that Healthy Islands are not only a vision, but a lived reality for generations to come.