

Pacific Health Governance

Workshop One Summary Report

15-16 February 2018
St Lucia Campus, Brisbane

Foreword

A workshop was organised by a committee of co-investigators from the University of Queensland and key external partners and sponsors, led by principal investigator Dr Owain Williams. The workshop took place on the 15-16 February 2018, held at the St Lucia Campus of The University of Queensland. Key stakeholders were engaged to identify initial research needs and priorities for the Pacific community, as well as other stakeholders to involve in future activities. Partners and stakeholders attended from the Pacific, Australia and the wider region, including representatives from the Secretariat of the Pacific Community (SPC), community groups, government ministries, academia and NGOs. At a reception held during the evening before the workshop, Professor Charles Gilks of the School of Public Health welcomed participants and the Pacific Health Governance Network was launched. Award winning journalist, Jo Chandler, gave the opening speech of the event. Dr Colin Tukuitonga of SPC gave the keynote address during the opening plenary session.

The workshop aimed to identify initial research gaps and priorities, and additional stakeholders to be engaged in future activities. The workshop had four themes: 1) Health security; 2) Health systems and universal health; 3) Climate change and water, sanitation and hygiene (WASH); and 4) Non-communicable diseases (NCDs), nutrition, and food security.

The organisers used a modified *talanoa method*¹ in the thematic sessions, to listen to people's experiences and priorities for research and action. From this, theme leaders and facilitators distilled a series of potential research issues and areas to inform future activities of the network. The co-theme leaders and other participants who travelled from the region ensured that each group had the benefit of Pacific inputs.

This document summarises the key outputs from the workshop divided by theme. It also presents an overview of discussion topic; noting that overlapping feedback has been consolidated to minimise duplication.

Objectives of the Pacific Health Governance Network

- Build a network that creates a space for partnerships between Pacific researchers and stakeholders, and Australian and other counterparts.
- Ensure that the network develops in such a way that research and actions under the network are consistently informed by Pacific voices. Research will be conducted by means of partnership between Pacific scholars and practitioners and their counterparts in Australia and elsewhere.
- Engage research capacities in projects and programs that lead to change in the Pacific.
- Generate research that focuses on health governance in relation to the Sustainable Development Goals (SDG) agenda, helps the region meet goals and targets, and ensures that no-one is left behind.
- Communicate findings to stakeholders in accessible formats to promote the benefit of research to communities.
- The network will be closely involved with SPC in developing platforms for SDG-related research.
- The network will be a vehicle by which research partnerships and projects can attract funding and link key stakeholders with each other for project development.

¹The modified talanoa method refers to a means of creating a space in which all stories can be told and heard, and the experience of all participants is valued.

What we learned from the workshop

Research, policies and programs are not easily generalisable in the Pacific region. There was a general conclusion from each theme that there is significant variance within and between communities and countries in the Pacific. Research should reflect that variance exists in terms of health system capabilities, socio-cultural practices, and different resources. The network will need to reflect such differences, as well as help identify policies and programs that will be effective in accommodating different needs and capacities.

All present at the workshop, in some way, stressed the need to partner with communities and stakeholders in the Pacific. Community engagement facilitates integration of local knowledge into research, and ensures that it addresses practical local needs. Participants asserted that local community organisations and decision-makers should form the foundation of health systems across the Pacific, balanced with responsive government leadership. Engagement with communities should aim to use and enhance local capacity. Locally developed solutions are more likely to be acceptable and sustainable. Some participants stressed that whilst health service provision is important, it is not the same as empowering local communities. Rather, this can only be achieved by health services that are responsive to the needs of communities. People should feel they have a stake in health systems in the Pacific. The work of the network should attempt to capture the respective strengths of centralised and decentralised health systems. Balancing the two models is an ongoing challenge in policy and practice.

There is a need to be careful with terminology: terms such as 'vulnerability', for example, often fail to recognise the resilience and adaptive capacity of communities in response to the challenges identified. The research network should be sensitive to all these needs and challenges in its approach to Pacific health governance.

Data sharing as a way of facilitating collaboration is essential. Through the network, members will be able to share data as a way of facilitating research collaborations.

Theme 1. Health Security

Facilitator: Mark Moran (UQ Institute for Social Science Research)

Theme leaders: Tara Chetty (Senior Program Officer, Gender, Pacific Women Support Unit) and Gavin Macgregor-Skinner (Senior Global Health Security Advisor, Abt Associates)

Health security is a contentious term, which was disputed by some attendees. On the one hand, health security has been defined by multilateral organisations (e.g. the World Health Organisation) and criticised for its prioritising the risks to, and benefit of, developed nations. While the concept is contestable, it is potentially reformable. We need more culturally and locally appropriate definitions, without watering down the gravity of it.

Several health security issues in the Pacific were highlighted as being most relevant and requiring research attention. Individual and community safety is an important component of health security.

Gendered violence and illness, primarily affecting women, is

a significant issue. Water, food and psychological security, which are exacerbated by climate change, are also issues of concern. So are non-communicable diseases.

Pacific island nations are not homogenous: there are critical differences by country, locality, community, and context. This diversity limits the opportunities for regional solutions. It is important to explore how people in all of their diversity respond to health emergencies. Local health system capabilities determine how the International Health Regulations, outbreak management and antibiotic stewardship to combat antibiotic resistance are implemented. There is a lack of evidence to guide how to implement these, though this stream might build upon the Pacific Health Security Coordination Plan 2018-2020.

Research priorities

- i. Research the socio-cultural context of health security in the Pacific. Research should identify marginalised groups and their priorities, who are at greater risk of health security threats (women, children, elderly, disabled), and then map the particular aspects of health security that are of concern for those groups.
- ii. Review the effectiveness of existing local and community based initiatives in health security, including how these target or exclude groups most at risk. Research might then be directed to improving the effectiveness of, and scaling up, existing initiatives. This is, in effect, taking a strengths-based approach to build community capacity in research for health security.
- iii. Undertake research that helps build institutional capacity to enable national governments and regional agencies to develop their own research priorities for health security. Planning is needed from research to policy to training to implementation, and then back to research via evaluation. Curriculum development is needed, as occurred with the 'data for decision making' initiative, but also within schools. Local capability is key to mobilise an effective response to health emergencies. There are unrealised opportunities to use mobile phone technology to collect real time location data, and to coordinate responses during emergencies.

Theme 2. Health systems and universal health

Facilitator: Karen Hussey (UQ Centre for Policy Futures)

Theme leaders: Agnes Pawiong (Manager of Policy, Planning and Economics, Dept. of Health, PNG) and Mark Power (Programs and Knowledge Management, Abt Associates)

Several conclusions to guide research were presented. Research should be designed around nuanced and balanced understanding of health system design and policies and how they can best serve different populations. Research should seek to capture a balance between complementary attributes of centralised and decentralised service models, and make recommendations on service provision on a case-by-case basis. Research should engage local community groups as they should be the foundation of current healthcare system planning and policy in the Pacific, and in some countries it is the community and community groups that provide primary healthcare. In terms of health information systems, data quality in the region is variable,

and, furthermore, access to it is inconsistent. Research should help foster health information system capacities. It was suggested that the health system cannot be separated from the political sphere. An audit is necessary to survey the political landscape as it determines funding allocation, leadership, policies, resources, and governance. As such, governance is a critical issue in health systems in the Pacific.

Research priorities

- i. Study the factors that constrain or inhibit women from accessing medical and/or healthcare services, including antenatal care, supervised deliveries, vaccinations etc. How do these constraints vary across communities and how do we understand with confidence what the differing factors are, and how they affect these health outcomes?
- ii. Review differing attitudes and norms in relation to accessing healthcare services across the region: how do the broader attitudes vary between communities, and within communities?
- iii. Conduct a survey and mapping of the attitudes and motivations of healthcare workers in how they deliver healthcare services.

The health systems group suggested a methodology for research that may serve as a potential model for a first phase of research across all the themes under the Pacific Health Governance Research Network. It is a two-step approach:

- Evaluate a number of existing programs or policies to assess what worked and what did not, with respect to the research priorities in 2.2, using both qualitative and quantitative assessments.
- Establish in-country and in-community stakeholder groups to ensure local ownership, capacity building, and access to relevant networks.

Theme 3. Climate change and water, sanitation and hygiene (WASH)

Facilitator: Matt McDonald (UQ School of Political Science and International Studies)

Theme leaders: Erickson Sammy (Director, Dept. of Water Resources, Vanuatu) and Elizabeth Gumbaketi (Health Extension Officer and PhD Candidate, James Cook University)

Climate change

The impact of climate change on health is mediated and driven by a range of factors and dynamics, which creates challenges for both mobilisation and policy response. This is one illustration of the multifaceted and deliberately interlinked nature of SDGs. The manifestations of climate change with implications for health include: higher temperatures, increased frequency of extreme weather events, changing rainfall patterns, sea-level rises and ocean acidification.

The health-related impacts of climate change are both direct and indirect. Direct health-related impacts include: temperature-related illness and death, and injury and

death secondary to extreme weather events. In addition to immediate direct health impacts, extreme weather events create long-term health issues via damage to infrastructure and disruption of health systems and healthcare delivery. The most easily identifiable indirect impacts of climate change include changing weather patterns and exposure to vector-borne disease, as well as impacts on access to safe water. Mental health issues and trauma are expected to increase as climate change affects communities in the region, and this perhaps is an under-researched source of intersection between health and climate change.

In addition, there are also complex far-reaching indirect effects of climate change upon health, where it may act as a threat multiplier. For example, sea level rises, ocean acidification and the impact of changing rainfall patterns all affect agriculture, clean water access, diet and sanitation, all of which have downstream implications for health. In this way, climate change may worsen risk factors downstream and drive seemingly unrelated health impacts, such as non-communicable diseases like diabetes mellitus.

Research priorities - Climate change

Climate change and health was acknowledged to be a large and diffuse topic. As such, this section is intended to identify research principles, rather than a specific research agenda. These principles are specific to climate change, but mirror the overarching principles arising from the workshop.

- i. Research should focus on empowering local communities to build resilience and adaptive capacity. Research should assess communities' capacity to implement adaptation measures, and what support needs to be provided.
- ii. Research needs to be in direct service of practical responses and imperatives, conducted in full partnership with stakeholders.
- iii. Research findings should be communicated in an accessible format to stakeholders to promote benefits to communities.
- iv. Research should build a case for change, in which findings narrate the linkages between climate change and health, in order to effectively mobilise international political will and community responses. Whilst data linking climate and health is important, framing the findings in a relatable manner is more likely to attract support. For example, communicating stories about day-to-day climate change impacts on health may be a meaningful approach for community engagement and mobilisation.

Water, sanitation and hygiene

WASH are significant concerns in the Pacific island region. WASH has a gendered impact, in that women bear a disproportionate burden of WASH-related illness and challenges. This may be related to the higher proportion of women engaged in finding water resources for family care and sanitation purposes. Physiological differences related to obstetric and gynecological concerns may also increase women's vulnerability to lack of access to clean water. For example, managing hygiene during menstruation is often challenging given limited access to disposable sanitary items, clean water, or relevant information.

Access to clean water is also of significant importance for reducing childbirth related illness and death. It should also be noted that where infants are fed with formula, access to clean water is paramount to prevent illness to these children.

Several forces driving poor access to WASH were identified including:

- Gaps in policy and regulation (within and between countries).
- Donors' historical preference for infrastructure construction without sufficient focus on local education and training in management and maintenance.
- Geographic and environmental challenges, such as managing clean water access and associated infrastructure, which can be complex in low-lying countries in particular.
- Education and public awareness challenges, where there is the need to ensure public understanding of the potential implications associated with inadequate access to safe water in particular.
- Demographic, socio-cultural and economic challenges, such as poverty, lack of access to sanitation, attitudes to menstruation and so on.

Research priorities - Water, sanitation and hygiene

- i. Conduct research that systematically examines standards of drinking water quality.
- ii. Conduct work to help ensure water systems are sustainable. Water systems need access to both sustainable 'software' and 'hardware'. Software was defined as 'empowering and training communities for management of infrastructure over time'. Hardware was defined as physical infrastructure. New hardware, such as solar-powered desalination might be considered.
- iii. Assess clean water availability in health facilities and schools. Furthermore, the capacity to implement a reasonable package of WASH minimum standards needs to be investigated, including how this capacity could be improved.
- iv. Conduct research that helps establish and develop institutional capacity (of collecting, storing, sharing, and linking survey data) for surveillance to report on indicators of water quality and water borne diseases.

Theme 4. Non-communicable diseases (NCDs)

Facilitator: Jeffrey Gow (University of Southern Queensland)

Theme leaders: Colin Tukuitonga (Director General of the Pacific Community) and Wendy Foley (Manager of Research and Training, Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care)

The members of the group reviewed the landscape of NCD initiatives and NCD management in the Pacific. It was noted that SPC has already taken a number of important steps with regards to assessing the NCD issue. SPC has

established a 'Road-map' for NCD management, and National Strategic Plans for management of NCD have been implemented in all SPC constituent countries. SPC is also conducting an audit into the capacity of the healthcare workforce in the Pacific to manage NCDs.

NCDs are caused to a substantial degree by tobacco usage, alcohol abuse, poor diet and physical inactivity. All four factors were discussed at length. Mental illness was also identified as a much neglected NCD. Several environmental factors, specific to the Pacific island region, which are driving increasing incidence of NCDs were discussed. First, whilst there is a lot of screening for NCDs, it may not be well targeted, and is often not appropriately translated into long-term management. There is an opportunity to improve NCD management by attempting to address this gap.

Secondly, participants noted that there has been a dietary shift in the Pacific away from traditional diets, towards a higher proportion of imported 'Westernised' processed food. Shifting away from traditional diets may also affect daily physical activity, as traditional diets involve household food production, which is labour intensive. Building upon this dietary shift, the concept of commercial determinants of health was considered as the current and best description of the various impacts of trade pressures, mass markets for tobacco, alcohol and processed food and their impact on diets and risk behaviors and human health. Recent taxation initiatives, in which the SPC has played an arbitrating role, have targeted tobacco, junk food and alcohol consumption by increasing prices and therefore reducing demand for these products. More research is required to review and evaluate the effectiveness of these policies.

Whilst there is generally significant political will in the Pacific to manage NCDs, there are some political and governance issues to address, including financial resources dedicated to NCD management; fee-for-service health services; financial and other barriers to long-term management; a lack of accountability for governments delivering healthcare; and a lack of policy coherence between governments across the region and ministries within countries.

The need to address multiple drivers of NCDs in the Pacific is reflected in the range of research priorities identified by the theme.

Research priorities

- i. Examine adherence to NCD treatment in the region, and how it varies. This review should also consider barriers to translating screening efforts into long-term management, such as access, resources, and availability of follow-up.
- ii. Conduct cost-effectiveness/cost-benefit analyses for managing the NCD burden into the future.
- iii. Produce research that supports campaigns to promote literacy around healthy diets. Research on optimising and using best practice in food literacy campaigns should be conducted, particularly toward the promotion of traditional diets. SPC currently has an ongoing audit regarding food literacy, which will likely provide gateways to further research.

iv. Research the opportunities to implement trade or taxation policies in order to drive diets toward traditional consumption. Survey and assess options including: taxes on 'junk' food, seed banks and facilitating access to modern agricultural technology. Research should consider the effectiveness and feasibility of such policies.

v. Undertake research that supports campaigns to promote health literacy. An audit of current health literacy campaigns across Pacific would be of benefit. Subsequently, a systematic review of the effectiveness of these health literacy programs is needed. Cultural appropriateness and its impact on health literacy campaigns should be assessed. Reviewing Pacific and international case studies, such as the 'Deadly Choices' model for Indigenous Australians, may be of benefit.

vi. Conduct research into current levels of exercise and physical activity in the Pacific. Traditional measures of physical activity are not accurate in the Pacific. For example, they do not include consideration of farm work, which may constitute a significant proportion of activity. There is a need to review physical activity in the Pacific, and develop an accurate measurement tool for use in the region. Research should subsequently explore initiatives that would be effective in promoting more physical activity by individuals.

vii. Focus research on both prevention and treatment of NCDs. There is a need for an integrated approach when considering NCDs, including mental health, justified by shared social determinants and very high burden and comorbidity between physical and mental disorders.

Key partners and stakeholders represented

- Abt Associates
- Atoifi Hospital/ Kwainaa`isi Cultural Centre
- Australian National University
- Darling Downs Hospital and Health Service
- Department of Foreign Affairs and Trade
- Department of Health, Papua New Guinea.
- Department of Water Resources, Republic of Vanuatu
- Fiji National University
- George Washington University School of Medicine and Health Sciences
- Griffith University.
- Health and HIV/AIDS Implementation Service Provider, Abt
- High Commission of Canada in Australia
- Hunter New England Population Health
- Institute for Sustainable Futures, University of Technology Sydney
- International Water Centre
- James Cook University
- Mater Hospital Brisbane
- Mater Research Institute, University of Queensland
- McCabe Centre for Law and Cancer
- Ministry of Climate Change Adaptation, Republic of Vanuatu
- Ministry of Health and Medical Services, Kiribati
- Ministry of Health, Republic of Vanuatu
- National University of Samoa

- Pacific Community (SPC)
- Pacific Island Council of Queensland
- Pacific Media Centre, New Zealand
- Palladium International
- Pasifika Student Affairs, Queensland University of Technology
- Pasifika Women's Alliance (PWA)
- Public Health Association of Australia
- Queensland Centre for Intellectual and Developmental Disability
- Queensland Centre for Mental Health Research
- Queensland Treasury
- Queensland University of Technology
- Research for Development Impact Network
- Southern Queensland Centre for Excellence in Aboriginal and Torres Strait Islander Primary Health Care
- The Fred Hollows Foundation
- TNC Pacific Consulting
- True Relationships
- Tupaia
- University of Auckland
- University of New England
- University of New South Wales
- The University of Queensland
- University of Southern Queensland
- University of Technology Sydney
- University of the Sunshine Coast

How to keep up with the Pacific Health Governance Network's news and events

- Share this summary document to tell others about the network and encourage them to take part in future activities.
- Connect with the network on social media to continue and develop conversations. Join the Facebook group (Pacific Health Governance Research Network) and follow us on Twitter (@PacHealthGov).
- Look out for an upcoming announcement about the launch of the Network's website.
- Stand by for news of more workshops to be held in the Pacific island region, starting with our second meeting of the network to be held in Fiji later in 2018, co-convened with SPC. More targeted and issue specific working groups will follow on SDG and health related themes. These events will form the basis of future knowledge products including case studies and discussion papers.



BOLD THINKERS DRIVING REAL-WORLD IMPACT



RESEARCH FOR DEVELOPMENT IMPACT NETWORK

A collaboration between the Australian Council for International Development and Australian universities