

A tropical landscape featuring a large, multi-trunked tree in the foreground with green leaves and clusters of bright red flowers. In the background, a body of water reflects the sky, with two traditional thatched-roof huts on a sandy shore. The background is filled with lush greenery and palm trees under a slightly overcast sky.

PACIFIC HEALTH GOVERNANCE RESEARCH NETWORK

Workshop Two Summary Report
20 - 22 February 2019
Tanoa International Hotel, Nadi

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FOREWORD

The second Pacific Health Governance Research Network (PHGRN) Workshop was held from 20th – 22nd February 2019 at the Tanoa International Hotel in Nadi, Fiji. The workshop was co-hosted by the Pacific Community (SPC), Fiji National University (FNU), and the University of Queensland (UQ). Approximately one hundred partners, stakeholders and academics attended from across the Pacific, Australia, and New Zealand, as well as from as far afield as Switzerland and Finland. Attendees included representatives from donors and regional bodies, government ministries, community groups, academia, and the private sector. The workshop was also pleased to welcome Dr Josephine Aumea Herman (Secretary of Health, The Cook Islands and Chair of the Pacific Heads of Health).

Attendees were welcomed to the workshop by FNU Vice Chancellor, Professor Nigel Healy, in which he highlighted the need for research and work to address the serious health threats facing the Pacific today under the Sustainable Development Goals agenda. Dr Audrey Aumua (Deputy Director General - SPC) delivered an address at the welcome reception where she outlined the role of the Pacific Health Governance Research Network in providing a venue for partnership formations and collaborative research.

The first day of the workshop proper was opened with a prayer by Dr Isimeli Tukana (Director of the National Wellness Centre, Fiji), and a welcoming address by Dr Aumua. The opening plenary session of the workshop set the tone for proceedings with a keynote address from the Hon. Dr Ifereimi Waquinabete, Minister for Health and Medical Services, Fiji. [The footage of the Minister's full address can be accessed online.](#)

The workshop was structured around the PHGRN's 5 thematic areas for research work:

1. Climate Change and Health
2. Water, Sanitation and Hygiene (WASH)
3. Health Systems and Universal Health Coverage
4. Non-Communicable Diseases (NCDs) and food systems in the Pacific
5. Health Security

Each area was devoted a half-day of the workshop, which included a plenary session during which attendees benefited from presentations around the issues and ongoing research in the area from prominent experts within their respective fields. Subsequent parallel breakout sessions targeted forming research programs and collaborations to guide them.

Breakout sessions used a modified talanoa method in order to listen to people's experiences and priorities for research and action. This summary document summarises the key outputs from the workshop by breakout session, as well as a brief overview of presentations for the two days. The final session, attendees heard feedback summaries from all breakout sessions. Many of the research program areas are already seeing proposals being developed and led, but there are opportunities to take forward other priorities and for leadership to be exercised by regional researchers. The PHGRN was also very pleased to announce that Dr Colin Tukuitonga will be joining Dr Owain Williams as co-convenor for the PHGRN in 2020.

The summary report provides as useful guide to the range of activities that the Fiji workshop generated and details of the next steps for the PHGRN. The convenor would like to acknowledge the hard work of the co-hosts and the events sponsors – providing the basis for over thirty regional travel scholarships.

OBJECTIVES OF THE PACIFIC HEALTH GOVERNANCE NETWORK

- Building a network that creates a space for partnerships between Pacific researchers and stakeholders, and international counterparts.
- Ensuring 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.
- Providing financial support for key stakeholders and researchers from the region to attend network events.
- Engaging research capacities in projects and programs that lead to change in the Pacific.
- Generating and supporting 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.
- Communicating findings from research to stakeholders in accessible formats to promote the benefit of research to communities.
- Convening research partnerships and projects can attract funding and link key stakeholders with each other for project development.
- Building capacity in the Pacific and in ministries working towards the SDGs and Health by means of PhD programs and professional development courses,
- Establishing an open access knowledge repository around health related SDGs and programs emerging from the network.

WHAT WE LEARNED FROM THE WORKSHOP

The PHGRN is proving a vital new regional space for shaping research and partnerships around health governance and its intersections with other key SDG goals. The 2019 Fiji workshop saw a clear enthusiasm for expanding the work of the network into training, professional development, grant mentorship and partnership, placements and exchange. Specialised regional workshops were also favoured as a mechanism for exchange and partnership formation in areas such as gender and health, health and trade and health, and population mobility in the face of climate change. The Chair of the Heads of Health stated belief that the network constituted the single most important development in Pacific health related research and partnership in decades. In conjunction with the Director General of the SPC, Dr Owain Williams the PHGRN convenor have developed a proposal for funding to secure the network's medium term future, its consolidation and expansion into new areas of service.

There are 3 key pillars envisaged to the network for moving forward:

PHGRN WORKSHOPS AND NETWORK ADMINISTRATION

Part of the power of the network has emerged from supplying a space and a means of communication between stakeholders and institutions to link up, discuss and move forward on research projects directed at the SDGs and Pacific health. Supporting people from a culturally diverse and geographically dispersed region has been enormously beneficial in terms of exchange and partnership formation. The University of Queensland and the SPC have invested over 200,000 AUD in hosting the workshops, supplying administrative support program development and funding travel bursaries. The network is seeking money to expand from the annual workshop to an additional series of responsive specialist workshops directed at research consortia funding. In particular, these events are seen as a means of further linking Australian and New Zealand scholars to Pacific counterparts in the university, government and multilateral agency sectors. The SPC is also committed to supporting these goals and the network's development.



PACIFIC TRAINING PROGRAMS

There would be two main elements to the network's training program, all aimed as building capacity in the region, and in response to the stated unmet demands of many of our members to link research activities to training and mentorship. First, we would seek to establish a series of professional development courses for professionals working in Pacific health and associated fields. Short courses would be offered by accredited bodies, universities and government agencies in Australia and New Zealand, and in Pacific regional centres where possible. We envisage an initial suite of courses which may include: Health and Disaster Management; Health Security and AMR; Civil Registration and Vital Statistics; Business Administration for Government; Monitoring and Evaluation; the Blue Economy; and Reef and Coastal Ecosystem Management. A second tier of this work would be to offer a series of funded PhD places in Australian and New Zealand universities to Pacific scholars. Scholarship recipients would either conduct their studies by means of part-time and visiting basis (to allow them to continue with their professional commitments) or on a full-time basis.

KNOWLEDGE REPOSITORY FOR HEALTH AND THE SDGs

Many Network members from the Pacific island region requested that we consider some of the main barriers to research and SDG goal attainment, as flowing from the lack of access to collated research, studies and data relevant to their work. The PHGRN will therefore seek funds toward the development of a web-based portal that would gather and make accessible relevant materials to this end, securing open access by means of payment or negotiation. This practical information hub would thematically organise grey area and academic literature and release a monthly Pacific SDG and Health Research Digest with updates on recent work and resources.

KEY PARTNERS OF THE PACIFIC HEALTH GOVERNANCE RESEARCH NETWORK

- Abt Associates
- Afio Hospital
- Atoifi Hospital/ Kwainaa`isi Cultural Centre
- Auckland University of Technology
- Australia national University
- Centre for Pacific Health & Development Research, Auckland University of Technology
- Centre for Samoan Studies, national University of Samoa
- CMNHS
- College of Medicine Nursing & Health Sciences, Public Health & Primary Care, Fiji National University
- Cook Islands Ministry of Health
- Darling Downs Hospital and Health Service
- Deakin University
- Department of Foreign Affairs and Trade
- Department of Health, Papua New Guinea.
- Department of Water Resources, Republic of Vanuatu
- East Sepik Provincial Health Authority
- East Sepik Provincial Hospital
- Family Planning Australia
- Fiji National University
- George Washington University School of Medicine and Health Sciences
- Griffith University.
- 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 Development Planning and Aid Coordination
- Ministry of Health & Medical Services, Fiji
- Ministry of Health and Medical Services, Kirbati
- Ministry of Health, Republic of Vanuatu
- Moana Research, University of Auckland
- National Health Services Standards, National Department of Health
- National University of Samoa
- Pacific Community (SPC)
- Pacific Island Council of Queensland
- Pacific Media Centre
- Palladium International
- Pasifika Student Affairs, Queensland University of Technology
- Pasifika Women's Alliance
- Princess Margaret Hospital
- Public Health Association of Australia
- Queensland Centre for Intellectual and Developmental Disability
- Queensland Centre for Mental Health Research
- Queensland Health
- Queensland Treasury
- Queensland University of Technology
- Research for Development Impact Network
- School of Nursing, Faculty of Health Science, National University of Samoa
- Southern Queensland Centre for Excellence in Aboriginal and Torres Strait Islander Primary Health Care
- The Fred Hollows Foundation
- The University of Sheffield
- The University of the South Pacific
- TNC Pacific Consulting
- True Relationships
- Tupaia
- University of Auckland
- University of New England
- University of New South Wales
- University of Otago
- University of Queensland
- University of Southern Queensland
- University of Technology Sydney
- University of the Sunshine Coast
- Zens Medical Clinic



WORKSHOP TWO PROGRAM, FEBRUARY 2019

WEDNESDAY 20th FEBRUARY 2019

5.00-7.00pm

Workshop Registration and Cocktail Reception

Tanoa Int. Hotel
Room TBC

An opportunity to network with fellow delegates and hear from the first guest speaker for the program.
Registration open from 4.00pm event to commence at 5.00pm.
Welcome and opening remarks delivered by Fiji National University Vice Chancellor Prof Nigel Healy
Keynote address: Dr Audrey Aumua, (Deputy Director-General of the Pacific Community)
Evening MC: Dr Donald Wilson and Dr Owain Williams

THURSDAY 21st FEBRUARY 2019

7.30-8.30am

Registration

8.30-9.45am

Welcome Session

Tanoa Int. Hotel
Room TBC

Facilitator: Dr Owain Williams and Dr Paula Vivili
Opening Prayer: Dr Isimeli Tukana, MHMS, Fiji
Welcome Address: Dr Audrey Aumua
Overview of Workshop: Dr Owain Williams
Keynote Address: Hon Dr Ifereimi Waqainabete (Minister for Health and Medical Services, Fiji)
Group photo followed by morning tea

9.45am - 10.45am

Plenary Session: Climate Change and Health

Tanoa Int. Hotel
Room TBC

Facilitator: Mr Vimal Deo, Ministry of Health and Medical Services (MHMS), Fiji

Presentations:

- Associate Professor Matt McDonald (The University of Queensland) 'Climate Change, Natural Disasters and Health: New Agendas'
- Dr Fiona Charlson (The University of Queensland) 'Climate Change and Mental Health in the Pacific'
- Dr Colin Tukuitonga (SPC) 'The Health Impacts of Climate Change' (via video link-up)

12.30-1.30pm

Lunch

1.30-2.30pm

Plenary Session: Health Systems and Universal Health Coverage

Tanoa Int. Hotel
Room TBC

Facilitator: Mr Sunia Soakai, SPC

Presentations:

- Associate Professor Peter Hill (University of Queensland) 'Mapping political economy of UHC in the Pacific'
- Dr Donald Wilson (FNU)

2.30-3.00pm

Afternoon tea

3.00-5.00pm

Parallel Breakout Sessions: Health Systems and UHC

Tanoa Int. Hotel
Room TBC

- Health Workforce Capacity and Training Issues.
Facilitator: Dr Berlin Kafoa, SPC
- Governance and Policy, Resources and Planning. Facilitators: Dr Ilisapeci Kubuabola, SPC / Dr Isimeli Tukana (MHMS, Fiji)
- Socio-cultural and gender Barriers to Access.
Facilitator: Ms Kuiniselani Toelupe Tago, SPC

FRIDAY 22nd FEBRUARY 2019

8.30am – 9.30am**Plenary Session: Non-Communicable Diseases/Food Systems and the Pacific**Tanoa Int. Hotel
Room TBC

Facilitator: Dr Si Thu Win, SPC

Presentations:

- Professor Amanda Lee, Dr Karen Fukofuka and Ms Lana Elliot (University of Queensland, SPC and Queensland University of Technology) 'A structured approach to food-related NCDs in the Pacific'
- Dr Isimeli Tukana (National Wellness Centre, MHMS, Fiji)

9.30am – 10.00am**Morning Tea****10.00am – 12.00pm****Parallel Breakout Session: NCDs/Food Systems and the Pacific**Tanoa Int. Hotel
Rooms TBC

- Regulation and Policy, Regional, National and Multilateral Agendas. Facilitator: Dr Ilisapeki Kubuabola, SPC
- Food Systems and NCDs. Facilitator: Dr Gade Waqa, FNU
- Alcohol and Tobacco Control. Facilitator: Dr Daiana Buresova, McCabe Centre for Law and Cancer
- Service Capacities for Treatment of NCDs. Facilitator: Dr Isimeli Tukana, MHMS, Fiji

12.00pm – 1.00pm**Lunch****1.00pm – 2.15pm****Plenary Session: Health Security and WASH**Tanoa Int. Hotel
Room TBC

Facilitator: Dr Eric Rafai, MHMS, Fiji

Presentations:

- Health Security: Associate Professor Linda Selvey (University of Queensland) 'AMR, Health Security and the Pacific.'
- WASH: Professor Simon Reid (The University of Queensland) 'Enhancing health through safe and sustainable water, sanitation and hygiene in the Pacific'
- Dr Josephine Herman (Secretary, Cook Islands Ministry of Health)

2.15pm – 2.45pm**Afternoon tea****2.45pm – 4.30pm****Parallel Breakout Sessions: Health Security and WASH**Tanoa Int. Hotel
Rooms TBC

- Water Security. Facilitator: Mr David Hebblethwaite, SPC
- Regional Health Security Frameworks / IHR. Facilitator: Dr Owain Williams, UQ
- Policy and Regulations. Facilitator: Dr Amelia Turagabeci, FNU

4.30pm – 5.30pm**Plenary Session: Reporting Back and Closing**Tanoa Int. Hotel
Room TBC

- Reporting Back
- Facilitators will report back and draw conclusions on research needs and capacities from each of the thematic breakout sessions.
- Workshop closing remarks: Dr Owain Williams
- Closing Address: Dr Colin Tukuitonga (via video link-up)
- Closing Prayer: Dr Donald Wilson

6.00pm – 7.30pm**Parallel Training Sessions**Tanoa Int. Hotel
Rooms TBC

- How to Write Tenders and Grants: Dr Michelle Dunn
- How to Write a Policy Brief: Professor Karen Hussey
- Research ethics in the field: Research for Development Impact Network

BREAKOUT SESSION OUTCOME SUMMARIES

CLIMATE CHANGE AND HEALTH

MENTAL HEALTH AND CLIMATE CHANGE

Facilitator: Dr Donald Wilson, FNU

GAPS AND OPPORTUNITIES

Discussions identified a number of gaps and opportunities for research and partnerships in the areas of mental health and climate change, particularly around defining the current state of mental health in the region and the threats posed by climate change to the wellbeing of Pacific communities.

One of the primary gaps identified was the weakness of data in the region with regards to the epidemiology of mental illness, mental health literacy and stigma, and service utilisation. This breakout session attracted a considerable number of participants from the institutions and community organisations represented expressing a clear will for action in this much neglected area.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

The breakout session developed a phased-approach to initial research work reflecting the gaps and opportunities discussed, framing the proposal in terms of establishing a baseline of policy and data mapping, moving into specific areas for targeted research.

Phase 1 would involve a mapping exercise that would give a comprehensive stock-take of the breadth of existing research on the climate change and mental health linkages in the Pacific (and more widely). Concurrently, a similar mapping program of relevant policies, programs and government capacity to address mental health and climate change impacts would be undertaken.

Phase 2 would move into research focused on population surveys at the national and aggregate regional levels involving data collection in the following four areas:

- Prevalence of mental illness.
- Mental health literacy and stigma, and understanding local conceptions of mental wellness.
- Service utilisation patterns and trends.

The participants proposed a combination of qualitative and quantitative methods, with targeted geographical sampling to capture variations of mental health impacts of climate change and their breadth.

Several guiding principles were identified which should underpin any research. An emphasis was placed on ensuring that any research to be conducted would be: community driven and owned; culturally grounded (including challenging universal concepts of mental health and wellness if necessary); people-centred and sensitive to differing concepts of mental wellness; remain guided by national and regional priorities.

INFECTIOUS DISEASE AND CLIMATE CHANGE

Facilitator: Dr Sala Saketa, SPC

GAPS AND OPPORTUNITIES

Discussions identified a number of gaps including:

- The need to focus on capacity building in data collection and management at ground level, as well as in building the adaptive capacity and robustness of Pacific health systems ahead of the multiplying impacts of climate change on infectious disease.
- The under-utilisation of integrated approaches and frameworks such as OneHealth in current research and policy.
- The widespread shortfall in investment in environmental health capacities in the region and their integration into climate change and infectious disease planning and responses.
- The lack of health system resources to facilitate targeted management of non-specific febrile illness at the clinical level.
- The absence of robust disease surveillance capacities, in general, inhibits early recognition of infectious disease outbreaks.

There is an opportunity to build and utilise local capacities in the Pacific for research towards generating genuinely sustainable solutions, in the light of the expense of employing external consultants. This would include building capacity in the research institutions already present in the Pacific, and key ministries, but also to ensure that health workforce working in reference laboratories and hospital pathology laboratories are adequately supported to conduct analysis and research in addition to their day to day tasks.

There was also an opportunity to move research on infectious disease and climate away from purely biomedical and threat response paradigms. There is a need to ground research on the linkages in understanding of the socio-economic, cultural and local contexts that impact on the prevalence, incidence and control of infectious diseases. Likewise, in terms of surveillance, there is the opportunity of forming new partnerships, especially with community and the private sector, for enhanced surveillance and data gathering, as has been employed recently in responses to Ebola in Western Africa.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

The breakout session developed three areas for research proposals to be developed.

First, the group forwarded the need to **conduct economic impact analyses** of the cost to national systems (and the region) of specific infectious diseases (such as malaria, leptospirosis, dengue fever, and water-borne diseases). This type of analysis would seek to establish the current economic burden of outbreaks, for example associated with specific weather events, how climate change has increased the economic burden, and potentially entail economic modelling of future economic impacts with projected climate change drivers in the future.

Second, there was a broad cluster of research identified that would assess and make recommendations for **improved surveillance mechanisms** to more quickly respond to outbreaks and the longer term climate change impacts on infectious disease in the region. This cluster included assessment of mobile active surveillance strategies, and cost-effectiveness and validation of novel point-of-care diagnostic technologies. In general, there was a strong emphasis placed on the need for research that would not only improve surveillance systems and data, its timeliness and robustness, but to translate data into standard treatment guidelines and policy. This would involve a concrete program of research into redesigning data collection orientated toward implementation and for making data more applicable to designing interventions. Again, the roles of capacity building and involving the community in data collection and research were stressed. This is clearly relevant to better outbreak preparedness.

Finally, as with other breakout sessions, there was a recommendation that research be conducted that **mapped and evaluated existing programs and policy in the region that are targeted at infectious disease and climate change**. This would include relevant progress and policy towards regional frameworks such as the Healthy Islands Initiative and IHRs, and national policies and guidelines for disease outbreaks and climate change impact planning.

The breakout session involved a considerable number of attendees from across the region. It is one area of the workshop in which the convenors are seeking leadership to champion the research proposals and take them forward. Interested parties should contact the PHGRN via pacifichealthgovernance@gmail.com.

ADAPTATION FOR HEALTH SYSTEMS FOR EXTREME WEATHER EVENTS AND NATURAL DISASTERS

Facilitator: Dr Mike Kama, FNU

GAPS AND OPPORTUNITIES

There were a number of gaps and opportunities in research identified by the group, falling into the following clusters: health governance and policy implementation; communication and information management; resilience and building response capability; health and climate finance; and regional and international co-operation.

A number of specific gaps for research were identified out of these clusters:

- Uncertainty as to how much of the high-level COP23 Policy Agenda on Health adaptation to disaster and extreme weather events has been realised at the operational level, as well as a deficiency of evidence to support health policy for implementation at the operational level.
- Presently there is a paucity of information/research on mitigation of disasters.
- There is a lack of proper educational development on preparedness, mitigation and adaptation in school curricula.
- In the rural areas and outlying islands, household protection from disasters have been notably weak, resulting in the loss of life, and increase trauma and property damage due to poor compliance of the building code to disaster categories.
- Presently there are no cost-effectiveness studies or financial audits on the adaptations for disaster preparedness.

There is an opportunity for research in the Pacific to develop robust models of leadership and governance for adaptation for managing disasters and extreme weather events in the Pacific. Another opportunity was seen as lying in the potential of targeting medium to long-term adaptive capacity in health to natural disasters and extreme weather events, while at the same time incorporating better planning for emergency response. These two areas were seen as having obvious co-benefits if subject to proper policy and planning, and if their development was undertaken intersectorally.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

The breakout session developed three areas for research proposals to be developed.

From the endorsed health component submission to the COP23, research could examine **how the Health Policy Agenda for adaptation could cascade to the regional, national and local operational level**, and conduct research that would inform such implementation, and potentially monitor and evaluate it. More blue skies research might consider how to build long-term health systems adaptive capacity and resilience strategies that would factor in more routine emergency response capacities and planning in the region. Furthermore, research could consider different operational and policy architectures that might better ensure all of government and society responses to extreme weather events and natural disasters.

Research could map what exists and is current practice with regards to content for **understanding of the healthcare approaches in the disaster cycles in school and university curricula**, as well as in workforce development. Such research may also consider the efficacy and acceptability of these education programs in order to develop best practice recommendations. **Research would also review the implications of disasters in the setting of climate change on the healthcare workers to assist in workforce and support planning.** Research under this banner will include consideration information surrounding climate change and disaster events in PICTs could be disseminated in a culturally sensitive manner.

At the level of service delivery, research could examine **how to sustain and maximise optimum performance of the health system to repeated onslaught of disasters** and extreme weather events. More specific research could focus on frameworks for management and adaptation of WASH programs and infrastructure throughout the phases of the disaster management cycle.

Finally, the group acknowledged that resilience capacities and responses to climate change events required **communication and coordination between different sectors**. In particular, analysis is required of how various sectors of Government Organisations, Non-Government Organisations and Civil Society Organisations could contribute to a structured, compliant and effective resilient response to disaster and climate change. Cost-effectiveness studies could be conducted of the financing of strategies for adaptation of all phases of the disaster management cycle.

The breakout session involved a select number of attendees from across the region. Dr Owain Williams and the SPC, in conjunction with these partners, are generating funding proposals for work in the area of health systems' adaptive capacities in the area of climate change. Interested parties should contact the PHGRN via pacifichalthgovernance@gmail.com.

FOOD SECURITY, HEALTH AND CLIMATE CHANGE

Facilitator: Ms Karen Fukofuka, SPC

GAPS AND OPPORTUNITIES

There was an acknowledgement within the discussion of the need to consider the broad impact of climate change across all four dimensions of food systems, namely: food availability, accessibility, utilisation and food systems stabilisation including political, economic, social and cultural factors, and in terms of ecosystem stability. There are a number of gaps which could be addressed by research which were identified.

There is a need to focus on identify who are the most vulnerable populations to climate change related impacts on food systems, in order to build capacity and resilience, and design interventions. Included within this gap is the need to explore alternative opportunities for small-holder farmers as an adaptive strategy.

Following this, where farmers and communities can grow alternative crops to current cash crops (such as tobacco) to build in food systems security, research is absent as to what the wider economic and trade implications of this switch would be. With regards to alternative crops, research is also needed to validate and develop traditional practices to be integrated for resilient food systems.

There is an opportunity to explore the utility of new technologies in the Pacific, specifically for new agricultural practices and crops, such as the use of hydroponics, and for information sharing on best practice, marketing, and pest control. There is also the opportunity to integrate traditional and social media for nutrition advocacy and food systems resilience.

Funding support for empowering women in the space of food production in the face of climate change was also raised as an opportunity to promote resilience and adaptation.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

As with other breakout sessions, community engagement and empowerment as a component of all research projects was emphasised. The breakout session produced four research proposal areas for development:

Research could explore the **validation of cultural and traditional practices** and values that build adaptive and resilient food systems in the Pacific, specifically with regards to traditional agricultural and coastal fishing practices, food preservation methods, and customary land use. This research should include traditional and qualitative methods such as story telling as an alternative method for collecting evidence. For example, research should include gathering stories on food security, best practice and existing knowledge, with the use of science to validate traditional practice where appropriate.

Further research could examine **the feasibility and efficacy of using modern technologies in agriculture and fisheries** in the Pacific, for example the potential of hydroponics, solar technologies for energy efficient food storage, and so on. Digital technologies could also be assessed for their utility in information sharing and data collection, again towards community driven best practice and climate change adaptation dissemination.

Research could also **consider the regulatory dimension of the use of new technologies in food production**, and for controlling safety and quality of imported foods to supplement local production. This would involve the mapping of policies and actors in this space, a review and evaluate the effectiveness of these policies, and an analysis of the health impact of trade policies and their interactions with climate and food system vulnerabilities.

Research may attempt to **build upon new innovative platforms for promoting the profile of healthy local produce and food systems** and practices that lead to climate change adaptation.

This is an area in which the convenors are seeking leadership to champion the research forward. Interested partners should please contact pacifichalthgovernance@gmail.com.

HEALTH SYSTEM AND UNIVERSAL HEALTH COVERAGE

HEALTH WORKFORCE CAPACITY AND TRAINING ISSUES

Facilitator: Dr Berlin Kafoa, SPC

GAPS AND OPPORTUNITIES

Migration of skilled health workforce and clinically trained staff between countries in the region is commonplace, and there is a significant gap in the formal documentation on the details and impact of this movement.

There are research gaps with regards to the rural health workforce, and the experience of populations in accessing rural health, which includes a need to identify the factors which influence health workforce preference for urban over rural areas, and the policy instruments available to address the gap in rural health workforce distribution. More widely, there is a need for all Pacific countries to have broader appraisals of international strategies to attract, develop and retain a rural health workforce.

There is an opportunity to assess the feasibility of online delivery of healthcare training in the Pacific as a means to broaden access to healthcare training, and to review previous programs which have implemented similar strategies. Training could also be incorporated into research programs, as modelled by the Traffic-Related Inquiry in the Pacific, under which many Pacific health workers have used data from the TRIP project for their Masters, PhDs and Fellowships.

An opportunity also exists to partner with NGOs working in the Pacific for the training of health workforce in the Pacific, as has been applied by the Fred Hollows Foundation in Fiji.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

Research could **assess the efficacy of online training** as the mode of delivery for Pacific health worker training and development. This would include appraisal of international comparators in terms of their successes, challenges and future opportunities. Here there are clearly opportunities for partnership with research that has evaluated these programs in other regions.

Research could also **assess the projected health workforce needs and models of care** for the Pacific to address whether Pacific Island countries will have the appropriate workforce in coming decades. Specific areas under this program will include consideration of the appropriate workforce ratios per capita; projected disease burden and impact of current specific disease burdens on specialisations and clinical workflows to improve workforce and service delivery planning; and consideration of cost effectiveness and sustainability of different models of training and service delivery, including focus on primary healthcare, task shifting and the use of allied health services such as dieticians and nutritionists.

An **analysis of the capacity of the rural health workforce to provide access to health services to an appropriate standard of care could be undertaken**. A consideration of the cost effectiveness, training implications and incentive programs to attract rural health workforce could be included under this proposal.

A further **mapping exercise of the NGO health workforce and its contribution to meeting the health needs** of countries could be undertaken, specifically with regards to the potential for country health workforce to benefit from data and training emerging from NGO services.

A review could be conducted into **whether Pacific Island Countries have the necessary CPD Frameworks** to maintain or improve health workforce training - where are the gaps and where are the opportunities? More widely, research may consider **whether the major training providers in the region have the capacity to meet the health workforce training requirements** in the Pacific, and where the opportunities for partnership lie.

This is an area of the workshop in which the convenors are seeking leadership to champion the research proposals forward. Interested parties should please contact pacifichealthgovernance@gmail.com.

GOVERNANCE AND POLICY, RESOURCES AND PLANNING

Facilitators: Dr Ilisapeci Kubuabola, SPC and Dr Isimeli Tukana, MHMS, Fiji

GAPS AND OPPORTUNITIES

This session acknowledged variation in country progress and differing models for achieving UHC, all in the context of regional and universal national commitments to delivering UHC. Progress toward UHC is also contextualised in unique regional models, as expressed in the Health Islands Initiatives. There are substantial gaps in knowledge.

First, there is a need for the validation of UHC Country Profiles as reported by the WHO 2018 progress report, and problems and biases emerging from self-reporting.

Second, it was suggested that select PICTs with different approaches to UHC, needed to be compared and assessed with regard to their progress on delivering UHC. Papua New Guinea is an outlier here, with substantial cuts to its health system being a feature of recent years.

Third, there was an acknowledged diversity of understandings of UHC in the Pacific, and a lack of analysis of how these understandings translate to policy and implementation, as well as what the political and economic obstacles to UHC in different countries are.

There is an opportunity for research to consider the utilisation of legal frameworks to support health systems in the delivery of UHC, and to review where gaps in current legal frameworks exist.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

Three research projects were forwarded from the session.

The first proposed **a case study key indicator-based approach to evaluating and identifying progress towards UHC**, as well as gaps in knowledge and reporting. Attendees have suggested utilising cervical cancer screening and management as a viable disease and key indicator of progress for this case study.

The second research agenda proposed **analysis of public-private partnerships in UHC**. This proposal would again utilise a case study approach, for example an impact analysis at the Ba Subdivisional Hospital in Fiji.

Third, research could be conducted that looked at **the political economy of different understandings and obstacles to UHC in the Pacific**, with a focus on a cohort of different countries.

Finally, research could be developed that would **map a matrix of legal and regulatory approaches present in the Pacific to support the delivery of UHC**, with the identification of gaps and obstacles.

The third and fourth listed research areas are presently under development by staff at UQ School of Public Health, with a view to funding from the WHO Western Pacific Regional Office. We are seeking leadership for the first and second research areas. Interested partners should please contact pacifichealthgovernance@gmail.com.

SOCIO-CULTURAL AND GENDERED BARRIERS TO ACCESS TO HEALTH SYSTEMS AND UHC PROGRESS

Facilitator: Ms Kuiniselani Toelupe Tago, SPC

GAPS AND OPPORTUNITIES

There was a vibrant discussion in this session regarding the need to deconstruct Western health-care approaches, which may be functioning as barriers to accessing health services. There was noted to be a lack of information regarding approaches to addressing socio-economic, cultural and gendered barriers to access in the Pacific. This was closely related to the gap the group noted with regards to a lack of rigorous and consistent monitoring and evaluation of access to health services, in the light of barriers to access.

There is also a gap between research on health service access and uptake, and communication with, and involvement of communities for translation of findings.

There is an opportunity for research to consider engaging community and marginalised voices in re-designing health services and delivery to increase acceptability and access to services. This research could be conducted by means of strengths-based focus, targeting best practice examples of Pacific and local approaches, as well as incorporating indigenous health knowledge and approaches in health systems.

There is an opportunity for research to support the development of school and university curricula with a gender focus in the Pacific. In addition, there is an opportunity for continuing mentoring and fiscal support of emerging Pacific researchers and postgraduate students, particularly in the space of health workforce development and capacity building.

There is an opportunity for research to incorporate cross-sectoral representation (e.g. health, justice, education) and representation of voice (e.g. community, donors, governments, clinical and cultural sectors, and academics) to inform research agenda setting and decision making.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

The group forwarded two research agendas.

First, an activity to **review current evidence for socio-cultural and gender focused programs in the Pacific**, with a view to understanding major gaps and best practice towards improving access to health services.

Second, a **review of current materials to inform research on culture and gender as determinants of access to health services and progress to UHC**, such as the Pacific Health Research Council of New Zealand guidelines, the Advancing Gender Research in the Pacific Summary Report, and the Healthy Islands Initiative.

Third, there was a practical suggestion, echoed in other groups, regarding the need for the **development of an online open-access Pacific research knowledge repository**, or to substantially build upon the Pacific Health Dialog journal.

This is an area of the workshop in which the convenors are seeking leadership to champion the research proposals forward. Interested parties should please contact pacifichealthgovernance@gmail.com.

NCDs/FOOD SYSTEMS AND THE PACIFIC REGULATION AND POLICY, REGIONAL, NATIONAL AND MULTILATERAL AGENDAS

Facilitator: Dr Ilisapeci Kubuabola, SPC

GAPS AND OPPORTUNITIES

There were several gaps identified by this group. There was an acknowledgement that little research has been undertaken with regards to the potential utilisation of customary law to complement national legal systems and instruments. Furthermore, research needs to be undertaken on leveraging civil society in implementation of NCD programs (e.g. NGOs, church services and community leaders). There is an opportunity to also examine where national policies can be complemented by regional level policies.

Second, there was a general lack of policy impact analysis in the area of Pacific regional and national strategies to improve NCD outcomes. There is the opportunity to review and improve mechanisms to hold countries accountable, and to identify what mechanisms and actors should be engaged to improve progress.

There is a substantial gap in monitoring facilities and regulatory bodies, which leads to poor

detection and an inability to provide scientific evidence to support legal action where regulation has been contravened. In addition, without adequate monitoring and evaluation, there is a lack of feedback to governance structures for policy adaptation in response to unintended adverse impacts of policy and other measures.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

The group forwarded two research agendas.

- **Exploring options for enforcement and regulation of policies.** It was suggested that a case study methodology be developed to examine potential mechanisms for complementing customary law with western legal systems. Leveraging customary law in the Pacific may be a strategy to harness existing and established mechanisms for regulation and enforcement, improving the acceptability and efficiency of enforcement efforts. Suggested countries for case study were Kiribati and PNG.
- **Monitoring and evaluation research.** Similarly, this would utilise a case study approach to evaluating policy impacts and the governance mechanisms for policy adaptation. Suggested case study countries for this purpose were the Solomon Islands and Vanuatu.

Many of these areas are already being incorporated into the INFORMAS+ framework of analysis being developed by the SPC and UQ. However, there are clear opportunities for leadership in the area of customary law and in the evaluation of policy impact and governance mechanisms for focused work on a number of case study countries. Interested partners should please contact pacifichealthgovernance@gmail.com.

FOOD SYSTEMS AND NCDs

Facilitator: Dr Gade Waqa, FNU

GAPS AND OPPORTUNITIES

Special interests in the group which were represented included: child health, youth health, nutrition, agriculture, policy, planning and development and academic institutions. Attendees identified that Pacific health systems might be clustered in terms of in production, processing, transport and retail. Further research is needed on the commercial determinants of health and their political economy, and on the relationship between food systems, regulation, fiscal levers, and health outcomes.

Specific areas in which there were gaps in knowledge included on policy mapping, such as in food packaging and labelling (e.g. language, content, and nutritional information), and specific work on dietary trans-fats, pricing, and market power of transnational firms in terms of their influence on policy and food choices.

There is a further gap in terms of a need to review and update Food Safety Acts in the Pacific.

The opportunities in this area are substantial, including building on a large number of collaborative research work being undertaken by groups such as INFORMAS, and under the Pacific MANA Dashboard. Moreover, it is clear that approaches that look at NCDs or food systems in isolation from each other should be brought together. Likewise, the Pacific in many areas is at the forefront of regulatory measures to limit the impact of harmful products on health outcomes, as is the case with sugar-sweetened beverages. There is an opportunity at present to further evaluate these measures and establish the cost-benefits and evidence base for application to other areas of the food system.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

The group forwarded a number of research areas building on the presentation of the INFORMAS+ matrix that is under development by the SPC and UQ team.

First, research could perform some **policy and regulation mapping with regards to fiscal measures**, different food and packaging labelling, dietary guidelines, and quality and content monitoring, including sampling of products for harmful contents such as trans-fats.

Second, the group saw utility in **developing an analytic framework which covered a number of areas crucial to the food system – NCD nexus**. The analytical framework presented by Professor Amanda Lee, Karen Fukofuka and Lana Elliott, is in the process of refinement, and will be piloted in select issue areas and countries. Particular areas of interest under this framework include further work on food pricing and evidence as to the comparative cost of healthier versus unhealthier food options.

Third, research could be conducted on the potential of **updating and enhancing existing national and regional policies**, with the potential of comparison to international measures in like areas. For example, review could be undertaken of Food Safety Acts, product packaging and labelling requirements, and on licensing of food vendors.

Third, research could be undertaken to **investigate the potential use of digital communication technologies** for dissemination and education of nutrition information and improving food literacy.

As outlined in the presentation by Professor Amanda Lee, Karen Fukofuka and Lana Elliott at the workshop, there is currently work underway at SPC and UQ with regards to food systems and NCDs. Interested partners should contact pacifichealthgovernance@gmail.com.

ALCOHOL AND TOBACCO CONTROL

Facilitator: Dr Daiana Buresova, McCabe Centre for Law and Cancer

GAPS AND OPPORTUNITIES

There are a number clear gaps in research and knowledge in this area. First, there is a need to evaluate the impact of fiscal measures already undertaken to reduce tobacco consumption under the Pacific NCD Roadmap. Second, there a lack of understanding of the extent of tobacco industry interference in undermining or hindering the design and implementation of tobacco control measures. The WHO Western Pacific Regional Office was noted to be developing a Pacific index on industry interference based on the SEATCA model.

With regards to alcohol, there is a general absence of work in the area of legal frameworks and policies, as captured by the Pacific MANA dashboard. There is also a gap in terms of understanding the prevalence of kava consumption and its health, social and economic impact on the general population, and in marginalised communities (e.g. such as by a focus on a squatter settlement in the outskirts of Suva).

In the context of the Pacific NCD Roadmap, which was endorsed by the Pacific Leaders in 2014, with one of its key recommendations being to strengthen tobacco control by an incremental increase in excise duties to 70% of the retail price of cigarettes over the medium term, there is an opportunity to review the implementation and impact of fiscal levers in the Pacific on tobacco use. Attendees have noted, that the World Bank study is currently underway in Tonga around this issue, and some countries have expressed their interest in replicating it.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

Six research agendas were forwarded by the group.

- A case study approach examining select countries which have increased tax on tobacco in the context of the Pacific NCD Roadmap. It was felt that this was an opportune moment to evaluate and assess the impact of tobacco taxation in the Pacific region, in order to build the evidence-base locally, and to strengthen taxation measures in the region more widely. It was suggested that two or three case studies be piloted potentially in PNG, Fiji, and the Solomon Islands.
- A similar study could be conducted with regards to evaluating and assessing the impact of taxation on alcohol products in the Pacific region. Again, this would pilot initially in two or three countries.
- Research could be conducted on the health impacts of counterfeit tobacco products, which is currently a significant challenge in PNG.

- Research could examine alcohol advertising as a factor in the consumption of alcohol in Pacific countries, with a focus on specific areas such as sports' advertising.
- Research could examine the prevalence of kava consumption, and its health, social and economic impact on the general population, and in specific marginalised groups.
- Research could examine the accessibility of alcohol in the context of specific licensing conditions, and how the physical presence of the alcohol industry in Suva and in Honiara can stifle or hinder the formulation of stronger alcohol policies.

SERVICE CAPACITIES FOR TREATMENT OF NCDs

Facilitator: Dr Isimeli Tukana, MHMS, Fiji

GAPS AND OPPORTUNITIES

There were two main themes of research gaps emerging from discussion.

First, there was an acknowledgement that the Pacific region is widely varied in the stage and development of delivering the Pacific NCD Roadmap, with piecemeal knowledge of comparative progress toward achieving the objectives. There are gaps in monitoring and evaluation of progress, complicated by some of the biases introduced to country data by self-reporting.

Second, there is a need to focus beyond biomedical models of service delivery in the healthcare sector with regards to not only to NCDs, but also more generally. There is a need for research to develop understandings of socio-economic, commercial and cultural factors which influence service acceptability, efficacy and uptake.

There is a research opportunity to perform an assessment of where we are in terms of implementation of the NCD Roadmap and the service capacities gaps which exist. There is also an opportunity to validate self-reporting data on NCD Roadmap progress in the Pacific, with the potential to focus on a pilot cohort of countries.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

There were two areas of research emerging from the identified research gaps and opportunities.

Research could **conduct a mapping exercise reviewing the delivery of the Pacific NCD Roadmap objectives in the region**. Research may further report on case-studies in the region, considering operational level program delivery and monitoring and evaluation, which may be used to guide and model programs elsewhere in the Pacific. Such research may also seek to **validate country self-reporting data** in performing this mapping activity, via utilising select tracers and indicators such as cervical cancer screening and outcomes.

Research could focus on **how culturally and locally orientated models of care and services could be adapted to generate more patient-centred services** across the region. Such research could focus on benefits in terms of health outcomes and healthcare cost-effectiveness.

This session was attended by approximately 20 practitioners, academics and administrators. Staff at FNU School of Public Health and Primary Care, in conjunction with personnel from the SPC Non-Communicable Disease Team (Public Health Division) and UQ, are actively engaged in discussions as to a collaborative research program in this area. Other interested partners should contact pacifichealthgovernance@gmail.com.

HEALTH SECURITY AND WASH

WATER SECURITY

Facilitator: Mr David Hebblethwaite, SPC

GAPS AND OPPORTUNITIES

Both a gap and an opportunity was identified by the group, namely that the WASH space in the Pacific is crowded with actors and programs, and yet there is a need for greater consultation and

coordination to target research. It was noted for example, that discussions in the breakout would have benefited from representation by North Pacific delegates, other higher education services, community NGOs, the private sector and international organisations.

Second, the region's overall knowledge is improving in terms of our understanding of levels of access to safe water and sanitation, particularly at the macro scale. In particular, the quality of information on progress towards SDG6 (through the UN Joint Monitoring Programme) is improving. There is an opportunity for research to consider success stories such as Fiji, which through its Ministry of Health is implementing programs to improve its reporting through the JMP process, and there is scope for sharing this example and learnings across the region.

However, a key gap in this area is in our understanding of the nature and scale of emerging water security challenges, particularly those caused by the increase and/or movement of populations in response to social, economic and environmental pressures. More research is needed in this area to determine how these emerging water security challenges will shape the responses required by PICTs.

There is a lack of understanding regarding the impact of gender in maintaining water security in the Pacific.

There is also a need to better understand the effectiveness of different aid modalities in water security.

Several regional initiatives were identified as opportunities for identifying and pursuing research needs in water security:

- The upcoming FNU Postgraduate Diploma in WASH;
- The emerging Pacific Water Centre, supported by a MoU recently signed between USP and IWC;
- The WASH and WISH initiatives (FNU);
- The Pacific Partnership for Atoll Water Security facilitated by SPC; and
- Regional knowledge sharing groups such as the Pacific WASH Coalition.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

Research programs were suggested in three main areas.

First, whilst there is some good country work underway to better understanding the nature, potential and sustainability of the water resources that sustain water security, and there is a need to upscale and replicate these efforts across PICTs. This would include **monitoring, survey and assessment of specific water resources, including surface waters, groundwater and rainwater**. Improved knowledge of water resources at a local level can help strengthen water security, build resilience to the impacts of climate change, and anticipate and prepare for the impacts of water-related disasters. Examples of recent work shared within the breakout group included water resources survey work in Tuvalu, Kiribati, Cook Islands, RMI, Vanuatu and Fiji.

Second, there is scope for further research on **appropriate technologies to support Pacific water security**. It was recognised that research opportunities exist to improve knowledge of appropriate solutions for small island communities, particularly solutions applicable to the household level where water security is most often managed in the Pacific. Such approaches do not need to be high-tech, with an example discussed being research supported by the Kiribati Ministry of Health and SPC into solar disinfection (or SODIS), the findings of which have contributed to the uptake of affordable and effective drinking water safety methods at the household level.

Third, there is still much to be understood about water governance in the Pacific, and this was considered a priority area for **research to strengthen the region's understanding and use of successful management approaches** at both the national and local level. This work would include case study analysis for informing best practice in water security projects; how best to enable community engagement and capacity; and policy mapping and evaluation of policies at the national level. Fur-

ther work could be undertaken **reviewing country capacity and preparedness**, and reporting water security issues, including remote island example identified by an attendee from Tuvalu.

Proposals in the WASH area have already been submitted to bodies such as DFAT. However, there are a comprehensive range of WASH-related research opportunities that are being considered as a subject of a specialist PHGRN workshop in the area to develop research proposals and consortia. Interested partners and attendees should please contact pacifichealthgovernance@gmail.com.

DISCUSSION OF AMR SURVEILLANCE PROPOSAL

Facilitator: Associate Professor Linda Selvey, UQ

GAPS AND OPPORTUNITIES

Attendees in this session attended a discussion regarding an extensive and wide ranging research project underway being led by Associate Professor Linda Selvey, as facilitated by the PHGRN. The proposal is a three part project in the Pacific which will examine: a) surveillance for antimicrobial consumption and prescribing; b) instituting a laboratory surveillance system utilising novel technologies; and c) a situational analysis regarding antimicrobial use in the agriculture, husbandry and fisheries sectors.

The lack of engagement with the private sector in AMR surveillance was discussed. In Fiji for example, approximately a third of health care expenditure is private, and therefore surveillance may miss around a third of healthcare activity. There may be an opportunity for researchers to partner with the private sector to assist in addressing this gap.

Limitations in Fiji with regards to the health information system were discussed in the context of AMR surveillance. Attendees identified that Fiji has data on consumption on the LIS. However, PATIS record keeping in hospitals tends to be variable, and outpatient reporting tends to be paper-based, limiting its incorporation in aggregated country data, and increasing its vulnerability to transcription error. There is an opportunity to consider integrating LIS with WHONet moving forwards.

Attendees acknowledged the lack of knowledge regarding animal, aquaculture and agricultural antimicrobial use in the Pacific.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

Attendees at the discussion session identified several possible research needs which could be undertaken alongside, or under the AMR project being led by Associate Professor Selvey.

- Research could consider the policy and logistical implications of integrating LIS to WHONet. It was noted that as the WHONet is a data repository, and as it does not have a native mechanism for feedback into the system, that research would therefore need to consider how to facilitate feedback into guidelines and procedures.
- Research may be undertaken with regards to auditing of antimicrobial use within the animal husbandry sector. Suggested methodologies included a KAP survey of injectable antimicrobial use.

POLICY AND REGULATIONS

Facilitator: Dr Amelia Turagabeci, FNU

GAPS AND OPPORTUNITIES

Participants identified that the concept of health security was contentious, and that there was a gap in terms of a collective understanding of health security for the Pacific. Work towards unpacking health security for the Pacific would further health security policy and regulation development and improvement. Specifically, there were diverse understandings regarding whether health security extended beyond infectious disease. However, there was broad agreement that it necessitated a multisectoral response.

There was acknowledged to be piecemeal development and implementation of health securi-

ty policies in the Pacific, and there is a knowledge gap in terms of what health security policies Pacific countries had implemented, and to what extent they were successful and efficacious. Fiji for example, has an advanced health security policy and implemented multisectoral response, whereas the Solomon Islands have a policy which has not been significantly implemented, and other countries such as Papua New Guinea and Samoa do not have specific multisectoral health security policies.

A further knowledge gap identified was an assessment of the robustness of health security programs, such as had been implemented in Fiji, to be resilient in managing the increased demands presented by climate change, and perhaps the extent to which systems were resilient to political changes. Additionally, a need was forwarded to map and critically appraise regional frameworks guiding relevant ministries on their reporting requirements regarding outbreaks and potential outbreaks.

There was a research opportunity identified to consider inclusion of predictive models in the current information system networks that could include GIS to mark hot spots. This links to another opportunity to develop a Pacific Regional Health Security and Outbreak Investigation Manual.

Several opportunities with regards to WASH were also identified.

RESEARCH AREAS FOR DEVELOPMENT AND LEADERSHIP

Attendees from this breakout session forwarded four research areas. This stream reiterated the utility of an online knowledge repository.

First, research is needed to **examine the robustness of health security policies and programs in the Pacific** to the demands of climate change. Such research may consider the ability of extant policies and programs to manage outbreaks on a greater scale, but also of re-emerging diseases.

Second, research could **map health security policy and implementation** in the Pacific, or conduct country case studies of specific health security policy and its implementation.

Third, research could **investigate the utility of expanding current information systems to include predictive models** which incorporate GIS to mark hot spots. In addition, case study research into outbreak response should be conducted to develop best practice outbreak response in the Pacific. Ultimately, an integrated surveillance system could be linked to suggested actions, and researchers may look to develop a Pacific Regional Health Security Outbreak Investigation and Management Manual.

Fourth, **analysis of the impact of urbanisation**, specifically in terms of informal settlements, on WASH infrastructure and WASH-related health outcomes is needed.

HEADLINE PRESENTATION SUMMARIES

Welcome address: Professor Nigel Healy (Vice-Chancellor, Fiji National University)

Professor Healy identified that the Pacific is facing substantial challenges to its healthcare systems, including the impact of aging populations and epidemiological transition, rapidly rising rates of non-communicable disease, and these challenges are compounded by the multiplying effects of climate change, to which the Pacific is particularly vulnerable. Diabetes in particular is reaching crisis levels in the Pacific, and the steps taken by FNU to provide leadership as both the national university and as a major employer were outlined. The challenges of adapting health systems to be resilient during extreme weather events in the context of climate change were also highlighted.

Keynote Address: Dr Audrey Aumua (Deputy Director-General, Pacific Community)

Dr Aumua contextualised the workshop and the centrality of climate change, NCDs, UHC, WASH and health security to the Pacific, as reflecting the various intersections between health policy and governance in the context of the ambitious SDG agenda. She provided an overview of the workshop ethos, which is also a guiding principle of the PHGRN, emphasising the centrality of Pa-

cific voices alongside inputs from international scholars, in shaping and informing research which is practical and useful to Pacific peoples.

Dr Aumua further thanked the workshop sponsor the Research for Development Impact Network, the co-hosts the Pacific Community, Fiji National University and the University of Queensland, as well as acknowledging the contributions of the principal organisers Dr Paula Vivili, Professor Donald Wilson, Dr Owain Williams. She also noted the provision of travel scholarships to Pacific scholars, and for Fijian Higher Degree by Research students.

Keynote address: Hon. Dr Ifereimi Waqainabete (Minister for Health and Medical Services, Fiji)
Dr Waqainabete stressed a need to the need for Pacific nations and their regional neighbours to partner to work together in research and programs, to protect the people of the Pacific in the face of the ongoing and coming challenges. He acknowledged the three year anniversary of Cyclone Winston, which had devastating impact on Pacific peoples, stressing the importance of building resilient health systems in the Pacific to meet in particular the increased demands of climate change. Dr Waqainabete also reflected his being heartened to see recent Masters' graduates at the event, and noted the importance of building Pacific capacities, not just for generating of health data, but in data analysis so that information could be turned into practical advice to inform policy and translate it to positive health outcomes in the Pacific.

The Minister further discussed the significance of the challenges in the Pacific with regards to NCDs and WASH. He noted that whilst good work had been done in this area, there was more to do. He emphasised the need for developing socio-culturally informed health service delivery models at the primary care level, and expressed a desire in his capacity as the Minister for Health and Medical Services, to demonstrate leadership in the Pacific with regards to progressing an agenda of directing necessary resources to healthcare at the local level.

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- 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 third annual meeting of the network to be held in Auckland, New Zealand in 2020. 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.



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