

Report

The Pacific Island Countries Public Health Capacity Consultation Workshop

held in association
with the
15th World Congress on Public Health
convened by the Australasian Faculty of Public
Health Medicine (AFPHEM) of the Royal
Australasian College of Physicians (RACP)

Wednesday 5 April 2017
Melbourne Convention and Exhibition Centre
Melbourne, VIC 3000
Australia

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Introduction

The workshop was convened by the Australasian Faculty of Public Health Medicine (AFPHM) of the Royal Australasian College of Physicians (RACP) during the 15th World Congress on Public Health. It was jointly facilitated with the College of Medicine, Nursing and Health Sciences, Fiji National University (FNU).

The workshop brought together representatives of Pacific Island countries and international Public Health/Public Health Medicine Colleges, Faculties and Associations and had the following objectives:

1. To develop a shared understanding of:
 - public health challenges in the Pacific
 - the effect of climate change on health in the Pacific
 - current public health workforce capacity and perceived gaps
 - challenges to strengthening capacity.
2. To identify current initiatives of international public health Faculties and Colleges relevant to public health workforce capacity development.

The context

The Pacific Island countries include 25 nations and territories with about 10 million people spread over more than 25 000 islands of the western and central Pacific Ocean. This very diverse group of countries occupy a region covering almost a third of the earth's surface, mostly ocean. Pacific Island countries are grouped along racial and cultural lines:

- Melanesia: Papua New Guinea, New Caledonia, Torres Strait Islands, Vanuatu, Fiji and the Solomon Islands
- Micronesia: the Marianas, Guam, Wake Island, Palau, the Marshall Islands, Kiribati, Nauru and the Federated States of Micronesia
- Polynesia: New Zealand, Hawaiian Islands, Rotuma, Midway Islands, Samoa, American Samoa, Tonga, Tuvalu, the Cook Islands, French Polynesia and Easter Island.

Public health issues for the Pacific

Some of the Pacific Island countries are ranked among the lowest on the UN Human Development Index (life expectancy at birth, education and income per capita indicators); Pacific peoples' health is slipping behind the rest of the world. The region experiences one of the largest burdens worldwide of non-communicable disease (diabetes, obesity, smoking rates) with average life expectancies 10 years or more below those of developed countries. The region struggles with inadequate sexual and reproductive health with high rates of infant and neonatal mortality, sexually transmitted infections (STIs), teenage pregnancy, unplanned pregnancy, domestic violence and substance misuse among adolescents.

Many different organisations have an interest in the Pacific: international agencies (WHO, UNFPA, UNICEF), public health associations and specialist public health Colleges; and the newly formed Pacific Public Health Association. These interested organisations work alongside the existing health system: the national Ministry of Health, subregional organisations such as the Pacific Island Health Officers Association concerned with specific jurisdictions and the regional Pacific Community (SPC),¹ an international development organisation owned and governed by the 26 country and territory members.

Climate change and health in the Pacific

In the Pacific, the health effects of weather-related disaster and climate change exacerbate an existing problem of poor health. Pacific Island countries and territories are among the most vulnerable in the world to the effects of natural hazards and climate change. Eight Pacific nations are among the top 20 countries in the world with the highest average annual disaster losses (calculated by Gross Domestic Product [GDP]) from floods, drought, tropical cyclones, earthquakes and tsunamis: they are Vanuatu, Niue, Tonga, the Federated States of Micronesia, Solomon Islands, Fiji, Marshall Islands and Cook Islands.²

Pacific Island countries face specific challenges in public health as a result of the costs of the consequences of recent disasters and the lack of access to safe water. An increase in the incidence of communicable diseases, including waterborne and vectorborne diseases, relating to climate change has resulted in the establishment of communicable disease surveillance and control. The Pacific Public Health Surveillance Network (PPHSN), a voluntary network of member countries and organisations, promotes public health surveillance and appropriate responses to threats of emerging and re-emerging infectious diseases. There are five current PPHSN services in operation since it was initiated in 1997: PacNet, LabNet, EpiNet, PICNet and the Pacific Syndromic Surveillance System.

The incoming President of the 23rd session of the Conference of the Parties (COP23) to the UN Convention on Climate Change to be held in Bonn in November 2017, Fijian Prime Minister Voreqe Bainimarama, will advocate for the financing of projects linked to climate change and health in all high-risk countries including those in the Pacific. COP23 will promote combined action by the global community to reduce carbon emissions and lower the global temperature.

Current public health workforce capacity and perceived gaps

There is a need to strengthen health systems through supporting clinicians seeking specialist training and career pathways in public health medicine (the

¹ Pacific Community (SPC) <http://www.spc.int/>

² Acting on Climate Change and Disaster Risk for the Pacific. World Bank. 2013. Available at: <http://documents.worldbank.org/curated/en/354821468098054153/Acting-on-climate-change-and-disaster-risk-for-the-Pacific> (last accessed 19 April 2017)

Australian Department of Foreign Affairs and Trade [DFAT] regional investment in the Strengthening Specialised Clinical Services in the Pacific [SSCSiP] supports the capacity of Pacific Island countries to plan and deliver specialised services and improved coordination of assistance for specialised clinical care). The coordination of all endeavours would avoid duplication and maximise the potential on offer.

Public Health Institutions in the Pacific (excluding PNG, Australia and New Zealand) are found at the National University of Samoa, the College of Marshall Islands and the Fiji National University (FNU), the only institution providing Bachelor degrees in public health.

FNU's School of Public Health and Primary Care of the College of Medicine, Nursing and Health Sciences offers both undergraduate and postgraduate courses but confronts significant challenges to the programs. About 95% of clinical graduates from the College of Medicine, Nursing and Health Sciences are employed by the Ministry of Health. Although the Fiji Medical Council has recently recognised the speciality of public health medicine, there is currently no guarantee of a career path with employment or remuneration. Further, in the future there may be a migration of medical graduates from public health to clinical practice because clinical graduates are better paid and assured of employment. In postgraduate studies, 99% of students study 3-year courses part time, taking an average of 6 years to complete programs. Masters programs are mostly online. There is an imperative within the School to provide opportunities to move to the next level of specialisation so that Masters students are able to move to further degrees and training in specific areas such as policy development, human resources and health information systems. FNU believes they are producing sufficient numbers of Masters of Public Health graduates; what is now needed is a clear pathway for these graduates to progress to the next level.

A great deal of research has been done into the health effects of climate change but these findings must now translate to the workforce. Generating more frameworks will not inform the situation further: the Pacific Island countries need direct action that can only come from a well trained workforce and public health competencies. There is an opportunity across the Pacific for sharing public health expertise. What is missing is public health mentorship and placement programs in partner organisations in the UK, Australia and New Zealand.

Summary points

- Public health in the Pacific lags behind the practice of clinical medicine which receives support through funding and partner programs such as those of the Royal Australasian College of Surgeons, other specialist Colleges such as The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and DFAT
- Masters students in Public Health at present have no viable professional path for specialised training

- Institutions require resources for training; all health workers in the public and environmental health arena need upskilling with short courses and special teaching skills in workshops, informal teaching and skills training, community level training and online training modules.

Identified needs

- External review of FNU Masters programs, especially the flagship Masters of Public Health program
- Assist with marketing of FNU programs in the Pacific region: more students, more graduates, strengthened public health delivery for Pacific Islander countries
- Develop methods for teaching public health skills outside set courses and degrees (open programs to allow non-degree participation in specific public health skills)
- Modularise training within institutions (e.g. death certification documentation)
- Assist Pacific Islands Countries with public health issues such as non-communicable diseases and climate change
- Advise on specialist public health pathways for people who have completed an MPH (e.g. – for clinicians consider the example of the mechanism in place for Colleges of O&G and Surgeons as a model)
- Upskill the multidisciplinary health workforce to have a public health awareness rather than focusing only on a public health workforce: determine the minimum public health knowledge base required to be an effective health worker
- Advise and support on Public Health specialist training and attachments
- Provide mentoring support
- Support Pacific Public Health physicians to publish their work or research
- Consider the potential for a Pacific Island physician to be included in appropriate meetings and committees e.g. AFPHM.

What can other public health organisations offer?

Australasian Faculty of Public Health Medicine (AFPHM) of the Royal Australasian College of Physicians (RACP)

Lynne Madden, President

AFPHM is one of three Faculties of the RACP. A Pacific Island special interest group is currently being formed by the RACP. Three relevant resources are available:

1. *Global Health Practice Framework*: a set of competencies for public health physicians (2013) developed to set out the knowledge and skills considered essential for independent global health practice.³

2. Advocacy. The RACP has developed three position statements on climate change and health to frame its advocacy in this area:⁴

- Climate Change and Health
- Environmentally Sustainable Healthcare
- The Health Benefits of Mitigating Climate Change

3. RACP International Strategy, to be finalised this year, will focus on the South-West Pacific region and in-country support for education. Today's workshop will inform this strategy.

NZ College of Public Health Medicine (NZCPHM)

Caroline McElnay, President

NZCPHM is the only public health training program in New Zealand for public health medicine specialists. It takes an advocacy role in two specific areas: Pacific health in NZ (reflecting the country's growing population of Pacific peoples) and climate change. The College has shared knowledge, systems and processes with the newly structured School of Public Health and Primary Care at FNU.

Position papers:⁵

- Pacific Peoples' Health Policy Statement
- Climate Change Policy Statement

The current NZCPHM Strategic Plan has as strategic priorities supporting Pacific Fellows in New Zealand and building networks strategically and effectively with other regional and international public health entities. The College is currently discussing how to best implement these priorities.

³ Available at: <https://www.racp.edu.au/news-and-events/all-news/news-details?id=7b5e4eaf-bbb2-61c2-b08b-ff00001c3177>

⁴ Available at: <https://www.racp.edu.au/advocacy/policy-and-advocacy-priorities/climate-change-and-health>

⁵ Available at: <http://www.nzcpmh.org.nz/policy-publications>

American College of Preventive Medicine (ACPM)

Robert Carr, President Elect

- Coalitions: [ACPM](#) beginning an affiliation process with Canada, South Africa, New Zealand and Australia sharing ideas, practices, education conferences
- [Lifestyle medicine curricula](#): developed to help build skills and competencies in primary prevention
- Working with Centers for Disease Control and Prevention (CDC) on several [Initiatives](#): health systems transformation, building health population competencies in other areas of health in order to embed public health into all health processes
- Zika Trainee rotations: Have 4 CDC prev. med residents /trainees) 2 in the Pacific and 2 residents in the USVI working on Zika. Each of the Pacific residents will be placed in American Samoa, Guam and Kosrae, while each of the USVI residents will be placed in St. Croix and St. Thomas. This could further elevate our Zika work within the CDC.
- Data optimisation: [Precision Public health](#): using data more effectively in order to target information to areas where it will be most useful
- Trainee programs: a two-year [global preventive medicine](#) residency program (Dr Erica Frank). Opportunities exist for exchanges with other countries.

For more information: www.acpm.org.

UK Faculty of Public Health (FPH)

David Allen, Chief Executive Officer

FPH is a joint faculty of the three UK Royal Colleges of Physicians (London, Edinburgh and Glasgow) and a member of the World Federation of Public Health Associations. Of the membership, 12% is based outside the UK.

- Global Health Strategy 2015-2019: sets out goals for global health programs and international work for the next 5 years. The strategy is aligned to the FPH's core principles: delivers on advocacy, delivers standards, supports the workforce and provides a platform to share and generate knowledge. The strategy includes principles of global health engagement.⁶ See in particular pp 20-21 section 6.2. Prioritisation and management of activity and case study 11. Building specialist public health capacity in Pacific Island countries.
- Manifesto: a 12-point plan for public health; includes two targets for climate change (implement a cross-national approach to meet climate change targets including a rapid move to 100% renewables and a zero-carbon energy system)
- Practical approach to international engagement: underpinned by multidisciplinary collaboration, scientific rigour, evaluation and impact

⁶ Global health strategy available at:
http://www.fph.org.uk/fph_publishes_global_health_strategy

assessment, compliance with international and national ethical practice.

- Project in development for a free online mentoring support service
- Pacific special interest group being formed.

Public Health Association of Australia (PHAA)

Former Chief Executive Officer

The PHAA in Australia seeks to influence governments at a policy level (obesity, tobacco). The role also involves demonstrating to other allied organisations how to effectively influence governments. The aim of this 15th World Congress on Public Health was to find ways to engage with the Pacific by building capacity within public health associations.

Emphasised the importance of:

- finding funding to continue working
- seeking out and strengthening networks.

Pacific Medical Students Association (PMSA)

Madeleine Marsland, Head of Editorials and Publications

All five medical schools in the Pacific are core members of the newly formed Pacific Medical Students Association:

- Fiji National University, School of Medicine
- University of Fiji, Umanand Prasad School of Medicine
- Oceania University of Medicine (Samoa)
- University of Papua New Guinea, School of Medicine
- Vanuatu College of Medicine

Immediate goals of the PMSA:

- Start a student Journal
- Create international collaborations where students can work in clinical medicine, public health and research
- Support areas neglected in medical school that are important for Pacific Island health and that students want to know more about: climate change and environmental medicine (conference being held in December 2017 to address these issues. PMSA is looking for speakers and workshop leaders. Please contact if interested).

Conclusions

All the public health organisations attending the workshop have their own agendas and different degrees of autonomy. A strategic approach to tapping into the resources of the various organisations must first consider the specific needs of the diverse Pacific Island countries. Ideally a coordinated response will avoid the risk of fragmentation. A potential outcome from this workshop would be to agree on an appropriate mechanism to coordinate resources to avoid duplication and to provide a focal point for the region to communicate opportunities.

Identified needs

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Next steps

The workshop successfully provided a platform for an exchange of ideas in a collegial environment. There was general agreement that the final report be shared with all participants and for it be used as a focus for action.

The group agreed to provide immediate support to those responsible for preparing the health response for Bonn COP23.

People agreed to share names and contact details.

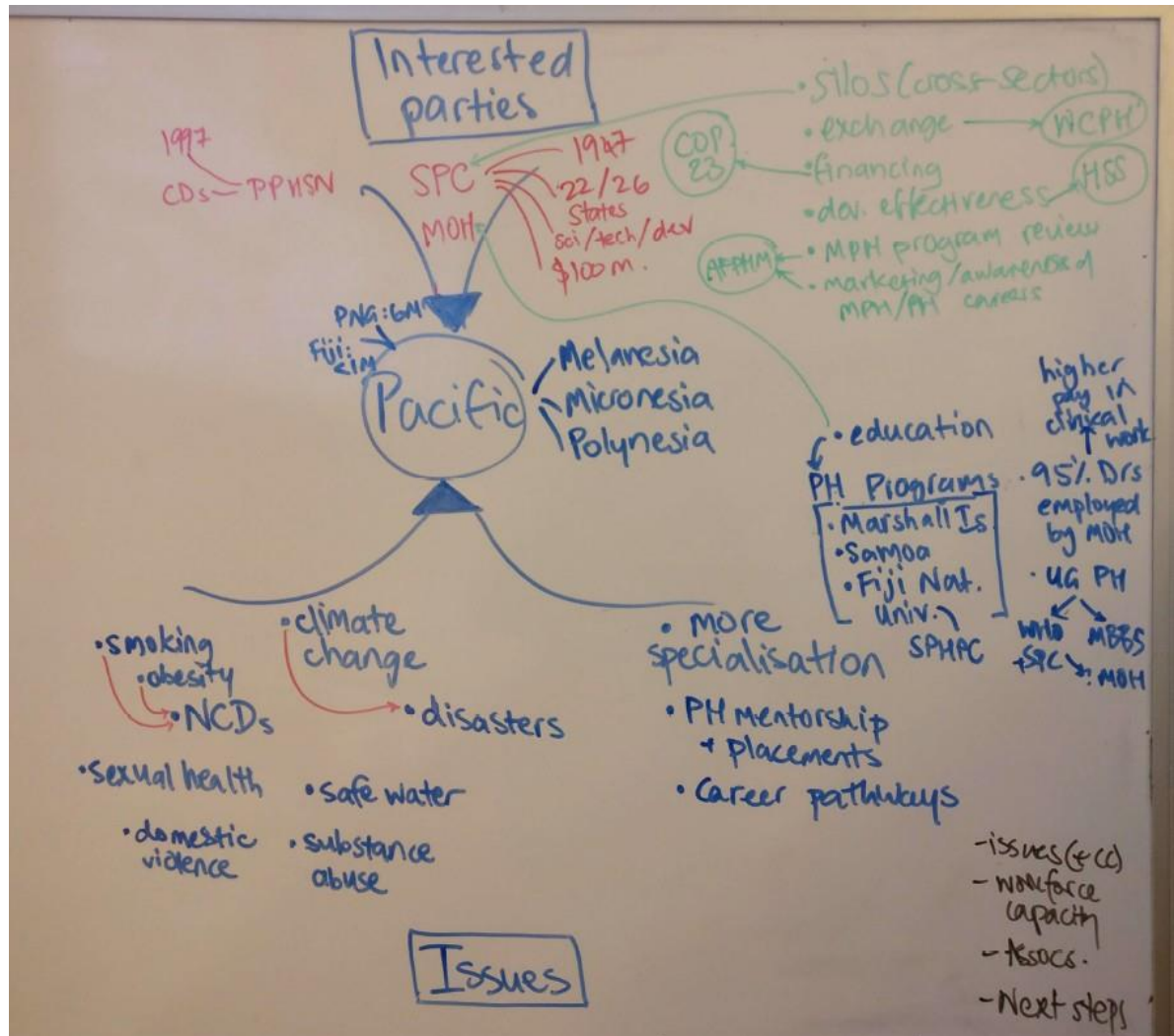
Appendix 1: Agenda

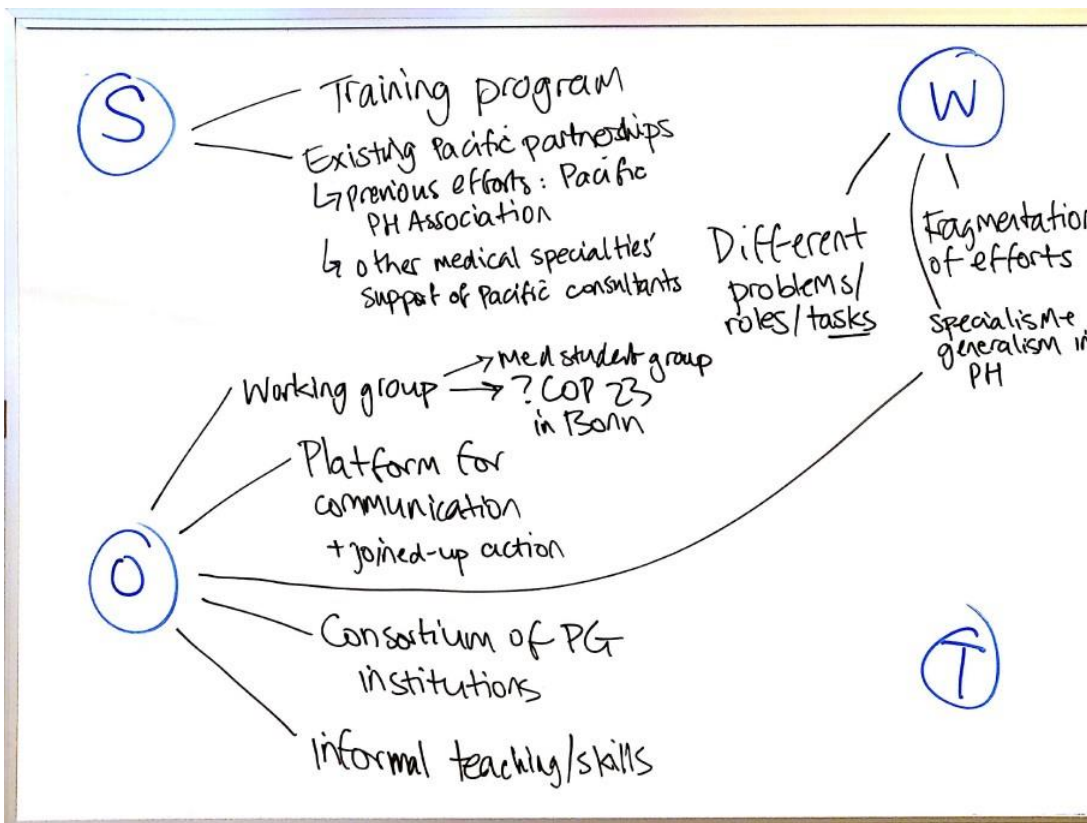
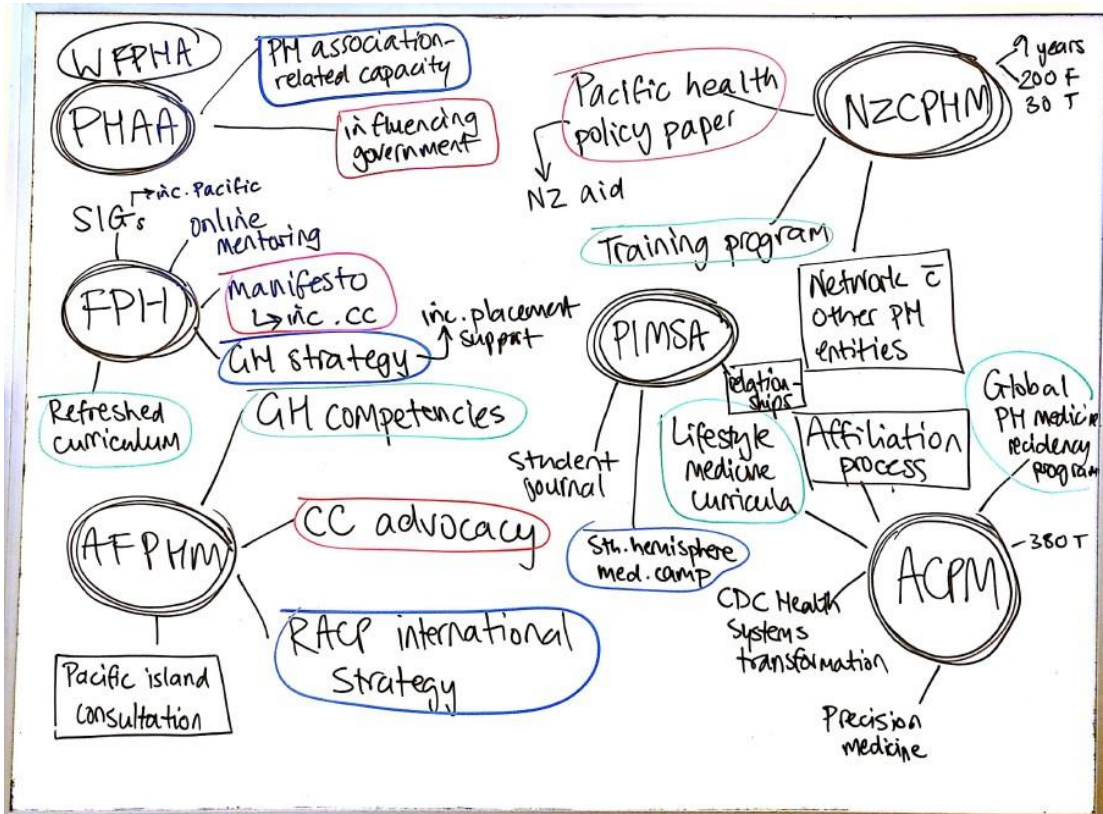
Co-facilitators: Dr Berlin Kafoa and Professor Lynne Madden

Time	Agenda item	Presenter
3:45-4:00 pm	Introductions and objectives for the meeting	Lynne Madden Berlin Kafoa
4:00-5:00 pm	Overview and introductory remarks	Berlin Kafoa
	Public health issues for Pacific Island countries, including the additional challenges raised by climate change	Salanieta Saketa
	Challenges to developing public health workforce capacity in general and medical specialist capacity	Donald Wilson
5:00-5:15 pm	BREAK	
5:15-6:00 pm	Presentations from International Public Health Faculties and Colleges and the Public Health Association of Australia	AFPHM/RACP Lynne Madden NZCPHM Caroline McElnay ACPM Robert Carr UK FPH David Allen PHAA Former CEO PMSA Madeleine Marsland
6:00-6:30 pm	Next steps	Lynne Madden Berlin Kafoa

Appendix 2: Mind Maps

Mind maps prepared by Aditya Vyas





Appendix 3: List of participants

Co-facilitators

Dr Berlin Kafoa

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Fiji National University Fiji

Professor Lynne Madden

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Dr Aditya Vyas Trainee/Workshop Secretariat	Associate Professor Mavis Duncanson Fellow
Professor Anthony Capon Fellow	Dr Peter Howard Fellow
Mr Corey Watts Policy and Advocacy RACP	Dr Margaret Young Fellow
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Former Chief Executive Officer	
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Dr Caroline McElnay President	Ms Pam Watson General Manager
Dr Felicity Dumble President	

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Dr Robert Carr President Elect	
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Appendix 4: List of participants' contact information

(alphabetical order within groups)

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