Pacific people’s health: migrant populations, in-country populations, and appropriating the research to study them

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The 13th Pacific Health Ministers Meeting (PHMM) that was held in Tahiti in August 2019, acknowledged, among several important decisions, that strengthening primary health care should prioritize effective mechanisms for addressing noncommunicable diseases (NCDs) health security, and building climate-resilient health systems, communities and infrastructure. It also acknowledged the high burden of obesity and the ongoing NCD crisis in the Pacific and the need to ensure that support is available for countries to strengthen NCD-related policy and legislation.

For the Pacific region, the millennium ushered in global changes that among other effects, altered its landscape, land, its people, their diet and daily habits. Two decades in, and the Pacific is in a crisis due to Non-Communicable Diseases (NCDs), the leading cause of deaths in the region.

In New Zealand, the life expectancy of Pacific peoples is about four years less than that of the general population. Pacific peoples’ health is worse than other New Zealanders’, from childhood through to the later stages of life. New Zealand children have poorer health compared with those in other developed countries such as those of Europe, with higher rates of hospitalization for serious infectious and respiratory diseases, rates of acute rheumatic fever (ARF) and meningococcal disease. Additionally, many hospital admissions are potentially avoidable, and could be prevented through primary health-care interventions and improvement in household conditions.

In order for the health of Pacific peoples to be accurately measured, it would be ideal if the measurement tools or research frameworks could compare populations within the Pacific Island Countries (PICs) and relevant migrant populations in “destination countries”, particularly in New Zealand and Australia. Such research undertakings need to be contextual and population-sensitive.

Health issues of migrant populations influence health systems variably, dependent on factors that include the adopted continent or country, its national economic status versus that of the immigrant, and differences in language, climate, and food. While such challenges are largely overcome with time, some migrant populations struggle with the same, or even worse health problems over time. The set-up of national systems in these adopted countries are an important. In Europe, the 35 to 40 million foreign-born people continue to face difficulties in becoming a full part of the economic, cultural, social, and political lives of their adopted societies. The right to health obliges governments to ensure that “health facilities, goods and services are accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds.”

Research papers appearing in this issue of the Pacific Health Dialog importantly focus on a number of health issues, education and health promotion frameworks in Pacific populations in the PIC’s, and in Pacific peoples in New Zealand. A couple of papers have attempted to address the gap in study designs contextualized for the Pacific and its peoples.

In a study of immigrant populations in Belgium, Lorant et al. investigated the association of contextual factors with disparities in self-rated health between native and immigrant groups. They found that two particular immigrant groups were more likely to have poorer self-rated health than native-born Belgians. The presence of various environmental factors in the “original and adopted” countries necessarily need to be adjusted for when in statistical models to measure overall health effects. Contextualizing all our health research in the Pacific is therefore important for the accurate measurement of health status of our Pacific peoples.
The Health Research Council of New Zealand (HRCNZ) published the Guidelines on Pacific Health Research in 2007 to assist researchers to undertake health research with Pacific people. While it describes points of difference between Palangi and Pacific perspectives, it highlights the fundamental role of relationships. To underpin this central theme, ten principles are described as essential to guiding ethical research relationships. These are respect, cultural competency, meaningful engagement, reciprocity, utility, rights, balance, protection, capacity building, and participation.

Research is the scientific undertaking required to appropriately address the health concerns of Pacific Health Ministers for their sovereign populations and peoples, as described in the 2019 PHMM outcomes document, but it is equally important that the scientific community pay due heed to contextual ethical considerations.

REFERENCES:


