

Perspective

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Covid-19 underscores long held strengths and challenges in Pacific health.

Jacinta FA'ALII-FIDOW

Chief Executive Officer, Moana Research, Auckland, New Zealand jacinta@moanaresearch.co.nz

Much has been made of the Pacific Covid-19 response and the manner in which Pacific providers and communities rallied to combat Covid-19, particularly during the second Auckland outbreak. Led by a well-coordinated central team of Pacific experts from across the country, frontline workers, officials, media, communications experts, researchers and community champions across all sectors acted swiftly, demonstrating their versatility and the potential to respond and to protect their people when given the mandate and resources. Prefaced by the mantra of 'the team of 5 million' led by the Prime Minister and the Director-General of Health, the principle of collective responsibility is not new to Pacific peoples and directly resonates with our own cultural beliefs, prosaically expressed by the former Samoa Head of State: *"I am not an individual, I am an integral part of the cosmos"...* *"I belong to my family and my family belongs to me. I belong to my village and my village belongs to me. I belong to my nation and my nation belongs to me. This is the essence of my belonging."*¹ Māori and Pacific, and indigenous cultures around the world, wrote the script for collective belonging and responsibility, having fought to uphold these even when made to operate within mainstream's individualistic approaches. When Covid-19 arrived, Pacific health leaders and providers stepped up immediately and the communities adapted and responded. Church and community leaders led from within their own communities to convey messages of safety and support. Families quickly turned to digital mediums to be informed, to connect, pray, celebrate and grieve together over phone and video channels.

A central tenet of the Pacific health response was that it is not just about health. Yes, there were the clinical successes: CBACs (community-based assessment centres) and testing stations successfully carried out Covid-19 testing for both waves with Pacific consistently tracking the highest rate of testing throughout,² and the push for flu vaccinations saw 72% of Pacific peoples

aged 65 and over immunised by mid-September,³ the highest of any ethnic group in New Zealand. But combining the clinical response with a human response – providing food parcels and emergency supplies and ensuring shelter for families particularly those who tested positive and were unable to self-isolate at their usual residence – aligns with a public health response that has long been advocated for by Pacific health leaders. Pacific providers have for years asked to be funded for outreach services that enable both reach and versatility in its service to families, especially our most vulnerable. Covid-19 arrives, and they are quite literally, 'suddenly', given the green light to do what it takes to reach Pacific families as part of the strategy of minimising the reach and spread of the pandemic. Mobile clinics were quickly established to carry out Covid-19 tests at homes, churches, and workplaces. These clinics-on-wheels also helped to reach families to administer flu vaccinations, provide general health and well child checks and in some instances, pharmacy services. Food parcels gave immediate relief for families who were unable to work or receive sufficient income. A rapid review of these mobile clinics⁴ reported an ease with which the services were established when all parties from funders and planners to providers were aligned in their vision. Families were overwhelmingly relieved with some feeling emotional at the service they received, mostly for the message that their needs and anxieties were 'seen'. A review at the same time of telehealth⁵ brought to the fore the risk of digital exclusion if we do not pay attention to those who will miss out. The same report highlighted the need for workforce support in navigating telehealth.

A clinical response to addressing health needs has always taken priority. But Covid-19 demonstrated the importance of a public health response that gives due credit to prevention. Not only have we managed to take relative control of Covid-19, we have seen a near elimination of flu infections and a significant reduction in hospital admissions for respiratory and gastrointestinal

infections.⁶ With the learning that comes from Covid-19 practices, we too should seize the opportunity to reflect on the possibilities of applying a preventative focus with the same Covid-19 urgency, to other issues that plague our communities such as non-communicable diseases. Eliminating these should be a challenge we give ourselves even during a Covid-era. In principle, the priorities for the Covid-19 response were food, shelter/safety and health. But when are these ever **not** the priority? We have in essence put up our own bureaucratic barriers and reasoning for why we do not respond with the urgency that was seen during two lockdowns. Ongoing advocacy for addressing housing, child poverty and reducing health and education inequities are usually placed in the 'too hard basket'. But is it as complex as we make it out to be? All homeless families and individuals were taken off the streets and housed and the world did not end in a fiery blaze.

Dr Teuila Percival facilitated two webinars to put the focus on the needs of children. On behalf of children, she asked community champions and MPs what their views and actions are for giving our children the best environment they need to grow and thrive during a Covid-world. The greatest impression made on Dr Percival were the questions from our young people as they reflected deeper inquiring minds than we give them credit for. Aigagalefili Fepulea'i-Tapua'i is a case in point. Currently Head girl of Aorere College, the 18-year-old became a stand-out advocate during the lockdowns. She talked about the longstanding nature of many of the issues currently highlighted, including a poem she penned describing the 'sacrifice' her fellow students make to leave high school and to take up a job to support their families. *"There was a big misconception that there was a choice, that you always have a choice to stay at school. It's put a magnifying glass on a lot of the systemic issues that we've been facing as a community for a very long time."* Several interviews and leaders' debates later, Aigagalefili remained confused as to why her friends were still leaving as her pleading, for all its attention on mainstream media, continued to fall on deaf ears *"After the lockdown had finished there was a great sense in the media that we were celebrating, we were healing, and we were moving on. But for me and my peers that wasn't necessarily the case. A lot of the struggles we had faced during Covid were not reflected and so there was almost a sense or feeling that we were being forgotten."*

The same can be said of many of the health issues and inequities among Pacific peoples. It would be remiss of us to think that Covid-19 was a special case and was uniquely and singularly justified in

the broader nature and mandate in our response. All the issues that were barriers needing to be circumvented by the lockdowns for Pacific were prevalent *before* Covid-19 and had blunted responses and solutions for Pacific health and wellbeing. There is no logical reason why we can't elevate the successes and promote an ongoing versatility in our services to allow for more direct and plainly obvious solutions. At its most basic expression, poor families need cold hard cash. But decision-makers are fraught with striking a balance between giving them enough money to get ahead and to live out their passion in life and breaking a dependency on a system designed to be a safety net only. But is it still a better gamble than pouring money into solutions that do not work? Whānau ora is the closest we can get to funding that responds directly to the needs of families and has been proven to make a significant difference to their wellbeing and independence. However, programmes like Whānau ora or policy recommendations designed to give the powers of commissioning to families are often scoffed at by proponents of the 'deserving' and those who fail to see the significant link between another family's plight and their own existence. As a Pacific sector, we must have the courage to trust in our families and communities and more importantly, our children and young people.

Ashley Bloomfield believes that the inspired call to action to 'be kind' was fundamental to our success and that the real curve crusher was kindness. But that was not always the case. Racism also reared its ugly head during the second wave with baseless, odious accusations and commentary on social media about how the virus was initially spread. To reiterate, racism wasn't caused or exacerbated by Covid-19, Covid-19 just reminded us that it is still prevalent within our society. Not that it made a difference to our response as the resilience of our people has always provided a level of protection against racism levelled at Pacific peoples in New Zealand. Dr Collin Tukuitonga early on during the second outbreak, said that 'an informed community is an empowered community'.⁷ Our communities have come through the two outbreaks much more informed and much more empowered. Facing challenges together also helps to unite. Although only time will tell if we can weather the ongoing implications of 2020. Ashley Bloomfield also talks about *'failure of imaginations and implementation'*.⁸ Ignoring the lessons from lockdowns would be to our peril and there are many take home messages for ourselves personally and for the way we want to continue working in Pacific health. My only criticism is that we could do even better to share our

learnings and to move together into the future without the artificial lines of services, contracts and referrals. This year's election resulted in a record number of Pacific MPs entering parliament. While these MPs must represent people from all ethnicities within their electorate, there is no doubt that Pacific communities will be expecting a corresponding response from Pacific ministers serving in government. This election result was attributed to Jacinda Arden's deft handling of the pandemic. However, that takes away from what Covid-19 highlighted to the world which is that previous approaches to the economy and the way we care for people and the environment were unsustainable and created vast inequities. New Zealanders themselves decided that the values of the selected government are better aligned with a new order they want for a more sustainable and caring world. For many, it is the silver lining in an upended year still faced with caution. Regardless of who is in government, Covid-19 has proven that we all have a role to play in addressing our current needs and shaping a future we want for our children and families.

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