

Preparing Pacific Health Workers for Climate Change.

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A regional priority

Strengthening the capacity of the health workforce to address the health effects of climate change was identified as a priority for the Region by the Pacific Health Ministers in the Madang Commitment¹ of 2009. Climate change has been called the “biggest global public health threat of the 21st century.”² Despite not producing greenhouse gases³ the Pacific Region has been identified as particularly likely to experience both direct and indirect effects of climate change. Rising sea levels may mean internal relocation or outmigration for many residents; changes to marine eco-systems and degradation of coral reefs will impact in the regions’ fisheries leading to food insecurity;⁴ and, mental health problems may increase with population displacement.^{5,6} Also of concern is a predicted rise in vector borne diseases⁷ and a growing number of extreme events in a region that is already vulnerable to natural disasters.⁸

The preparedness of health workers involves ensuring that they are available where needed and possess the skills and competencies to manage the health risks and health outcomes that are expected to occur. Although health impacts may vary by country, Ministries of Health have identified vector borne diseases, food security, respiratory disease and diarrhoeal diseases as priorities for most countries in the region.⁵ Addressing such health risks requires a skilled health workforce of epidemiologists, nutritionists, health and environment workers, health promotion, primary health care workers, nurses and doctors.

Expanding Health Worker Roles.

Preparing for climate change may provide the opportunity for health workers to expand their roles into facilitation; and potentially provides a community liaison role for primary health trained doctors retuning to the Pacific from Cuba. Health workers can also contribute to research on the health impacts of climate change in their localities. Many will also be well placed to advocate for and support climate change adaptation initiatives, or to take up health promotion roles in other sectors in which health workers inform policy and practice. Health workers will have the opportunity to lead by example by developing and implementing strategies to reduce the

environmental impacts of health facilities and systems,⁹ while also educating the general public on the expected health impacts of climate change.¹⁰

Equitable delivery of health services is central to a just and fair health system and fundamental to human rights.¹¹ Yet the inequitable distribution of climate change effects is well documented¹² with those most at risk being the poorest populations who have contributed least to greenhouse gas (GHG) emissions.¹³ The Pacific region will be among the first to feel the effects of climate change at the country and local levels. Pacific health workers will therefore be among the first in the world required to take leading roles in countries and communities by initiating actions to reduce the adverse effects of climate change on vulnerable groups. This will require health system plans and adaptations that forecast the needs of children, the poor, the elderly, and those with pre-existing illnesses.¹⁴

To undertake new roles effectively health worker training should include methods of facilitating community action. Roberts¹⁵ demonstrated the importance of the use and enhancement of existing community structures, and of working through people endorsed by their communities to act on their behalf. The essential activities of health workers in facilitation of community development are to provide relevant technical information and then to assist communities to present feasible plans to local authorities for funding or other support.

Key actions required within the health system include: disaster preparedness initiatives within the health sector and with communities, developing and improving early alert systems for communicable disease outbreaks and maintaining or expanding infectious disease control programs.¹⁶ The potential for damage to health infrastructure in extreme weather events requires contingency planning for patient transfers and for rapid construction of temporary facilities for patients seeking help³ and for health workers to have the necessary resources to respond to health needs.

Shortages of health workers and their outward migration have been major issues for health systems in Pacific region for some time¹⁷ and could be expected to increase as climate change progresses, extreme weather events

increase in frequency and life becomes more difficult. Research indicates that dissatisfaction with the working environment and other professional considerations are influential 'push' factors in decisions to leave the region^{17,18,19}. Without increased preparedness and role adaptation, working in difficult environments and without sufficient resources, skilled health workers are likely to continue to migrate overseas.

Population relocation and staff deployment.

The relocation of populations living in low-lying areas has been proposed as a possible population adaptation strategy, and has been acted on in areas of the region previously experiencing high seas or rogue waves, although this is not an option for the low-lying Pacific atoll nations of Kiribati and Tuvalu. The precise consequences of climate change for health services and staff are difficult to predict, however, it is reasonable to assume an increase in demand for services arising from the negative physical, mental and emotional effects of displacement and relocation. Although there is as yet insufficient evidence that large scale relocation is a desirable adaptation strategy,²⁰ should it be necessary it will require the deployment of appropriately trained and skilled staff to population relocations centres or to temporary camps for displaced persons.

Linking to other sectors

In preparedness work there is some scope to benefit from collaborative work on other priority issues in the Region, such as poverty alleviation and urban housing development. Strategies that address rising food costs and malnutrition, such as urban gardening also serve to improve food security²¹ thereby reducing vulnerability to climate change. Similarly, expanding health workers' knowledge of government disaster preparedness initiatives will assist the workforce to prepare for mitigating the impacts of extreme weather events. The benefit of learning from past disaster experiences and investing in the preparedness of both health workers and the general community has been well demonstrated in the 2008 response to cyclone Nargis in Burma.²¹

Conclusion

While a lot has been written in regard to climate change and its impact on the health of those living in the most affected areas, less attention has focused on the ramifications for health systems and human resources. We have sought to highlight some of the key issues potentially affecting the health workforce, and to forecast that health workers will need to work proactively as facilitators with communities and other stakeholders. In summary, climate change preparedness involves enhancing and utilising the strengths of health workers in new ways. In a region prone to natural

disasters and most likely to suffer from the effects of climate change, preparedness is not an alternative but an imperative.

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“Silence may be as variously shaded as speech”

Edith Wharton