Pacific Health and Environment Information Partnership:

Key Discussion Points and Next Steps

He iwi tahi tatou - we are one people

A scientific workshop to discuss a c (Information Partnership) was held in Wellington, New Zealand on 26 and 27 September 2016. The purpose of the workshop was to consider the development of an Information Partnership that:

- contributes to national and regional goals and objectives;
- is consistent with the UN Sustainable Development Goals, the Healthy Islands Monitoring Framework, the WHO Western Pacific Regional Framework on Health and Environment, and other frameworks with corresponding indicator sets that Pacific Island countries and territories report against;
- uses and coordinates existing data collections and indicators;
- identifies environmental health programme successes and gaps, and how indicators may inform policy and practice;
- is aspirational, building capability and capacity for data analysis and reporting.

The updated estimate of the global burden of disease attributable to environmental determinants of health gave a sobering background to the workshop. This reported that twenty-three percent of global deaths were attributable to environmental risks in 2012. It concluded that nearly a quarter of the global disease burden could be prevented by reducing environmental risks. Eliminating hazards and reducing environmental risks will benefit health and contribute to attaining the United Nations Sustainable Development Goals (SDGs).

There is an increasing health gap between health status in Pacific Island countries and territories and the rest of the world. Pacific Island countries and territories suffer from long supply chains, small and widely dispersed populations and low income. Total health expenditure per head of population is significantly lower than global expenditure and the rate of increase is also lower. In the Pacific region, child mortality, life expectancy and drinking-water quality (as examples) are significant challenges compared with the rest of the world. Non-communicable diseases and risks from climate instability and climate change are exacerbating the situation.

Climate change is the defining issue for the Pacific, which contributes to drowning and injuries, water- food- and vector-borne diseases, non-communicable diseases and mental illness, natural disasters (cyclones, floods, droughts), and subsequently, damaged or lost health facilities. Water and air pollution (indoor and outdoor) are leading environmental hazards for the Pacific region. Other environmental issues in the Pacific include asbestos containing materials used in homes and buildings, waste management, occupational health and safety, and chemical safety.

In this context, working together and developing partnerships to support evidence-based and relevant environmental health information, will provide important tools to assess the risks from environmental exposures and intervene. Hence, this Workshop to consider developing a Pacific Health and Environment Information Partnership.

National, Regional and Global Goals and Objectives

The evidence provided by an effective Information Partnership can contribute to national, regional and global goals and objectives, and support policies and programmes that protect people from the most significant environmental health risks. It would demonstrate if interventions were effective and where more work or different approaches were required. A robust Information Partnership would assist in showing communities – and funders – whether programmes protect the health of the most vulnerable people.

The Information Partnership would be developed in the context of agreed – or soon to be agreed - strategies, goals, frameworks, and plans. These include the SDGs, the Healthy Islands Monitoring Framework, the World Health Organization (WHO) Western Pacific Regional Framework on Health and Environment, and other frameworks with corresponding indicator sets that Pacific Island countries and territories report against.

There is an expectation that countries will report in more depth over the next fifteen years on priorities they have identified to meet the seventeen SDGs, which include many targets and indicators related to environmental health actions. Translating the global targets into national contexts and priorities is urgent. Setting measurable national targets is a priority, which immediately calls for robust monitoring frameworks. This partnership is hoped to instigate data and information analysis, presentation and sharing to effectively building successful monitoring frameworks within the Pacific Community.

In the past year, a core set of indicators, including environmental health indicators has been developed to monitor progress towards Healthy Islands . Currently, there are thirty-six core Healthy Islands indicators that all countries will be expected to report against, which will be collected through routine administrative systems annually. There are sixteen complementary (and also mandatory) indicators to be collected by surveys every five years. In addition there are twenty-six optional indicators which countries may choose to use. The indicators were proposed and agreed by Directors of Health from Pacific Island countries and territories in May 2016. Work is underway to provide further detail on these indicators and Pacific Island Health Ministers anticipate a report back at their next meeting in August 2017.

Panel discussions reiterated human resource, technical and financial resource constraints in the Pacific, and to avoid a supply driven approach to addressing the needs of the Pacific. The panels stressed that any technical assistance must be based on expressed need from the health sector in Pacific countries and use a prioritised approach such as focusing on core and complementary indicators in the first instance.

In conjunction with Member States, WHO Western Pacific Regional Office has developed a SDG Action Agenda over the past six months. This includes a draft monitoring framework with indicators covering health and health-related SDGs (including environmental health indicators), universal health coverage and aligned with the Healthy Islands Monitoring Framework. The final SDG Action Agenda monitoring framework will be available after the Action Agenda is considered for endorsement at the Regional Committee Meeting in October. It is anticipated that Member States will report against the indicators every two years until 2030. The

outcomes will also be aligned with the Western Pacific Regional Framework on Health and Environment, also being considered at the Regional Committee Meeting in October 2016.

To maximize the use of limited resources, it is important that countries report against a set of indicators which are the priority for them, as well as meet the requirements of the above frameworks. Establishing synergies and avoiding duplication of efforts is a key outcome.

These existing commitments provide the rationale for an Information Partnership.

Using and coordinating existing data collections and indicators

The development and implementation of an Information Partnership will not be uniform and each country will have its own priorities and needs. Priorities may change over time and opportunities may arise within a country or region, so support for countries needs to be flexible.

Robust indicator systems may also give countries more confidence to identify data they will no longer report on, because they will know the information they do hold provides a more accurate understanding of health issues for that country.

Realistically, an Information Partnership will begin with contributing to the established reporting process of the SDG indicators and Healthy Islands monitoring framework. The focus will be how the information generated from the pre-agreed indicators can be used to provide value for countries to develop policies and make decisions. There are also opportunities to support in-country reporting requirements as well as reports provided to international organisations and to funders. Indicators could support more efficient reporting and potentially allow the same information to be used for multiple purposes.

To provide the most efficient and effective information partnership, it is important to use and coordinate existing data collections and indicators. Pacific Island countries and territories can identify the information that is the priority for their national and local programmes, and determine whether data are available for informing analyses of environmental health programme successes and gaps. In most cases this will involve simply collating and analysing data that have already been collected through routine processes. If the data do not exist, the development of new datasets could be considered within environmental, health and other sector data programmes.

Identifying environmental health programme successes and gaps, and informing policy and practice

Indicators indicate. They inform, summarise, simplify and may have some predictive value. Indicators represent a relationship or link. Environmental health indicators need strong relationships between scientists and practitioners if they are to be effective and to provide the bridge between analysis and policy. Indicators must provide information for action, and not be simply to satisfy intellectual curiosity.

Indicators may be useful for tracking and monitoring (temporal component), targeting (spatial component) and public information (topical component). Environmental health indicators are tangible (measurable) variables that represent the state of condition of things that are more profound or less easy to measure. Indicators can be used for

- Assessment – policy effectiveness
- Regulation – compliance with standards
- Issue alert – readiness for new and emerging issues

Indicators must keep the balance between capturing best the situation on the ground, ownership by countries, and maintaining scientific rigour. Indicators should be limited in number and be relevant, have political support, and be sustainable. Once information needs are identified, data sources can be identified and evaluated and indicators built from existing datasets.

Successfully developing environmental health indicators needs proven methodologies to identify the need for indicators and which indicators may be needed. Potential indicators need to meet criteria such as availability, scientific validity, sensitivity, consistency, comparability, methodologically sound measurement, intelligibility, ability to be disaggregated, and timeliness.

Massey University runs the Environmental Health Indicator programme for New Zealand. They use a number of approaches to indicators depending on the type of indicator and end user. Their platform has a number of subjects (domains) such as air quality, recreational water, drinking-water, and the indoor environment (including housing quality, second-hand smoke exposure, home heating, overcrowding). Indicators can also cover health effects from risk behaviours such as alcohol consumption. There are background information sets such as population which describes New Zealand's population by age, geographical distribution, gender, ethnicity, socioeconomic profile, urban/rural profile, etc.

Disseminating information needs to be part of developing information systems and can include factsheets, online reporting, published papers, and openly accessible online data. Massey University's Environmental Health Indicator programme provides examples of different ways of interacting with the data including graphs, maps, tables, videos, factsheets and reports. It can be read on the screen or reports and factsheets can be downloaded (eg if internet connections are limited).

The development of the Information Partnership adapted from the Massey University's Environmental Health Indicator programme would be a scientific collaboration and a proof of concept. Following the procedure established by WHO, Massey University's Environmental Health Indicator programme could potentially become a WHO Collaborating Centre to do work identified as a priority by the World Health Organization for the region.

Building capability and capacity for data entry and analysis

The development of an Information Partnership is aspirational, and will include building capability and capacity for data analysis and reporting. The Information Partnership needs to be 'by Pacific peoples for Pacific peoples'. The proposal to develop an information platform with Pacific Island countries and territories, and

support capacity and capability to use the information is an essential focus for the Information Partnership.

It is recognised that there is limited resource in the Pacific, in both human resource as well as technical capacity. Environmental health practitioners should be supported to focus on the interpretation and application of environmental health information, rather than generating and reporting data. The Information Partnership should enable environmental health practitioners to receive indicator reports, where the data have been analysed, so the indicators can be used to make people's jobs easier. Every indicator should demonstrably make a difference to health policies, programmes, and action.

Building capability and capacity for reporting and using information

A feature of the Information Partnership will be support for Pacific Island countries and territories who wish to further develop capability and capacity to use the information to meet reporting requirements and inform and review policies and programmes to ensure delivery of health gains. This support can be provided, if required and requested, to enable countries to take ownership of the information, and use it to support health development, and is an essential component of the Information Partnership.

Working with a small number of Pacific Island countries to test the proof of concept before offering the approach more widely, will determine whether the approach is feasible and appropriate, and support adoption more widely in the Pacific. A few countries could be identified as potential collaborative partners rather than attempt to develop a very limited number of indicators across many countries simultaneously.

It is important to be realistic about how difficult, slow, and incremental the process is to develop a suite of indicators and information. The New Zealand experience is that indicators take years to develop, and many are still being developed. Existing indicators also need to be reviewed, for example, New Zealand's drinking-water indicators may need to include adequacy and water safety risk management (eg implementation of water safety plans).

Pacific Island country and territory participants from Cook Islands, Fiji, Federated States of Micronesia, Palau and Solomon Islands discussed the potential to develop an environmental health information demonstration project to collate, interpret, share and disseminate environmental health information including indicators. Participants supported the use of an existing system that can be utilised by countries to analyse, report and disseminate their own available data.

Participants supported a demonstration project between Massey University's Environmental Health Indicator programme and a few participating countries that uses existing data (eg climate change) to see how the platform works in practice and could be adapted to their context. It will show the benefits and ideally will highlight that there is no need for developing complex datasets or new IT systems for such a platform. This would need to be supported by building capability and capacity, for example such as online training (eg brief You-tube presentations).

Next Steps

1. Recognising that quality information is key to monitoring progress towards prioritised targets, and goals, it is proposed to establish a Pacific Health and Environment Information Partnership demonstration project between a small number of interested countries working directly with Massey University's Environmental Health Indicators programme and in collaboration with WHO.

2. It will be a phased approach, starting with face to face meetings in volunteer countries to identify their needs and requirements, so that it is by Pacific for Pacific. A platform could then be developed as a demonstration model for that country using their selected datasets.

3. At each meeting, the participating country would start by identifying their national priorities and how they align with various agreed goals and targets, and which indicators best capture monitoring these targets. Countries would then identify existing datasets to construct these indicators and how they could be used for the platform to work within the country and possibly, between countries. Examples could then be provided on site to participants using their own data. Other agencies will ideally be included, demonstrating a collaborative approach and utilising these other agencies' data. Health agencies would be kaitiaki (stewards/guardians) of their country's Pacific Health and Environment Information platform and the information would be available to be used by other agencies, including for SDG reporting. This would ensure the tools, including training tools, can be customised and be fit for purpose for relevant people (including from other agencies) and then be championed by these participating countries.

4. WPRO has funding to develop monitoring reporting for WASH and Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS), in up to five countries. This could possibly be used as baseline funding, with some additional funding from donor countries.

5. After this initial groundwork, the Pacific Health and Environment Information platform may then be presented and further developed at a regional workshop (if supported by WHO and donor countries) preceding the Pacific Health Minsters meeting in the Cook Islands in August 2017. The regional workshop would be an opportunity to show how the Information Partnership could support the global and regional frameworks such as the SDGs and the Healthy Islands Monitoring Framework. It may also look at shared datasets and regional data sharing, and establish proof of concept to demonstrate the Pacific Health and Environment Information Partnership to other countries. Opportunities to develop the Information Partnership further should be taken at existing regional meetings and fora, however key developments need to be initiated in-country (see steps 2 to 4 above).

He waka eke noa - We are all in this together

Wellington, New Zealand
27 September 2016

References

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