

 **Sovereignty in health—towards a new paradigm in the Pacific****Stevenson Kuartei**

Palau Health Foundation

Good afternoon to all of you. Let me begin by paying respects to the owners and spirits of this land that I stand on. Kom kmal mesau!!!

I am truly honoured to be here today to share with you a perspective from the Pacific, which at the very least I hope will challenge your thoughts as we continue to figure out what is best for rural health in Australia and beyond into the Pacific.

Let me begin by thanking all of you for this opportunity to be here. I thank the organisers for this magnificent 13th National Rural Health Conference here in Darwin. I thank Mr Gordon Gregory, the CEO of the Alliance and Ms Leanne Coleman of the Conference for their tireless work over the past few months to get us here.

Let me also thank those who initiated the thought that international perspectives might be of value in this conference to include Dr Lachlan Mc Iver of the ROCKET-SHIP Pacific Limited, whom I had met a few years ago in Palau. I also thank Mr Mike Toole of the Burnet Institute for chairing this session and my fellow colleagues who are here this afternoon.

The topic that I want to spend a few minutes thinking with you this afternoon is *Sovereignty in Health; Towards a New Paradigm in the Pacific*. And for those of you who are in academics or research, you know that there is limited literature on this topic because the discussions of health, the discussions of wellness or well being, are always wrapped around the process of disease. And because it has been wrapped around the disease process, many of us who are in the health field have become constipated about allowing the health process to flourish and be the leading agent for change.

And so I chose to speak on Sovereignty in Health, towards a New Pacific Paradigm because I think it is appropriate for this setting where experts on rural health are gathered here in Darwin to deliberate on health of rural Australia and beyond.

At the outset, let me clarify that the context from which I speak is Palau and the Pacific. Dr Clement Malau of PNG and I have known each other for years and our paths have crisscrossed in the Pacific many times and I am sure he would agree that this discussion is more critical now than it has ever been.

This discussion is important here because the Pacific is the backdrop where the effects many health policy discussions that take place in Australia will in due time trickle down to influence the health policy frameworks through out the Pacific. It is in that context that I ask your attention for the next few minutes as we think through this Sovereignty in Health as new paradigm.

Sovereignty in Health is an issue, which I have spent much of my career in health thinking about and while the literature is not strong, we in the Pacific understand it very well in the context of our political historical settings as we deal with the residues of colonialism. We also understand it in the context of emerging issues such as the transition and nomadisation of Pacificans, effects of global warming and sea level rise loss of rights to our land, in relation to the effects of nuclear testing, in relation to movement of trade commodities in to the Pacific and now in relation to dwindling tuna stocks in our backyards.

And so for those of us and I mean all of us who are here today who have been assigned to be the caretaker of health here in Australia and in the Pacific; whether in the public or private sector; we must at some point decide, what it is that we are all trying to pursue in health. With all the efforts, with all the investment, with all the expertise, with all the intellectual capital investment, with all these hard work, at the end of the day, what is it that we are trying to pursue? What is the product?

As we are gathered here today as experts public health, in public policy and in clinical medicine to discuss and strategise about health in rural Australia and beyond, it is critical we clearly identify what

it is that we are pursuing; and what are we planning to prescribe to our generations ahead. This is the reason why this topic of Sovereignty in Health, this new paradigm must be at the forefront of our thinking here today.

Sovereignty in Health alludes to the pursuit of wellness. It alludes to the ability of people to live in a society where wellness is attainable through informed daily choices. It alludes to individuals and communities making healthy choices because they possess the information and the tools to make such decisions. It alludes to active consciousness about making healthy choices that are congruent with the pursuit of wellness. It alludes to healthy decisions made easy because the environment is mitigated appropriately. It alludes to self-determination in health because people have within their grasp the appropriate information, the appropriate knowledge tools, and appropriate implementation models to make active informed health choices, to live and be fully responsible for the consequences of their decisions; even to be content with the level of wellness that they choose for themselves and their families even if that level of wellness is different than yours and mine.

This freedom to choose health, this freedom to pursue wellness, this freedom to achieve wellbeing, is at the core of Sovereignty in Health but requires that we come to terms with a several of issues.

First of these issues is that as the caretakers of health, we must agree today and begin the process of convincing our communities that Wellness is a Public Good. Let me repeat, we who are here today must decide and agree that Wellness is a Public good and begin to reform our community towards that end. As I have worked in the Palau and as I have travelled throughout the Pacific over the last couple of decades, there is a growing voice emanating from our communities that wellness must be a public good. Wellness is a public good for individuals to pursue because it allows them to fulfill their individual and family potential; wellness is a public good for communities to procure because it allows our communities to achieve their developmental goals; and wellness is a public good because it can be utilised by Pacific Island Countries as a pillar for nation building. So as people who have been assigned to be the caretaker of health and as I have heard over the last few days, our advocacy must commence today, that Wellness is a Public Good. Wellness is a public good that is to be pursued and pursued relentlessly, just as we do gross national domestic products, public utilities, public safety and other public goods.

The second issue that is wrapped around this Sovereignty in Health that we must think about today is the difference between the health and disease. In the Pacific, the disease process- from concept to development to management is all disease based. We have Ministries of Health all over the Pacific that ought to be called Ministries of Disease Management because that is what they mainly do. I don't know of any country in the Pacific that can rightly make a claim today that they put as much effort on managing health as they do managing diseases. And so my colleagues, it is my contention this afternoon as I stand in front of you that until we align our understanding that the health process is different from the disease process, that health must be co-pursued with similar intensity, that health must not be subservient to disease, we will continue to struggle toward the achievement of Sovereignty in Health and therefore, wellness. The prioritisation of disease before health management is the biggest barrier toward the achievement of wellness. And to make it worse, this is also perpetuated by donor agencies and development partners who fund projects in the Pacific even with their good intentions. I don't recall any donor agency that has asked any Pacific country to report on health or wellness indicators. I only know of those who fund disease related projects and therefore ask for disease based indicators. I am not suggesting that we abandon the management of disease in our region but I am suggesting that the same intensity of investment must be in health just as well because in the end, disease management is about controlling mortality, where health management is about controlling morbidity but even more so, achieving wellness. So in this discussion of the pursuit of Sovereignty in Health, we must also be relentless in evaluating health issues with health models, health strategies and health measurements.

The third issue is the model of care in the pursuit of wellness. The attainment of wellness through Sovereignty in Health requires that we evaluate the models of care that we use to provide services, which our communities can also use for self-management. It requires that the priorities of the day dictate the models that we utilise as tools of engagement in dealing with issues that are threatening our communities. My dear colleagues, I am more convinced now than ever, that an ecological model

for providing health services is the best model for the Pacific and may be rural Australia. I say this because the biomedical model that has been used by doctors and nurses to provide services for decades perhaps centuries have not worked well for us. Just take a look at what is currently happening in the Pacific. The Pacific Island Nations tops the world chart on NCD related diseases and indicators. I am convinced that an ecological model will move Pacific forward given our current indicators. A model such as the Integrated Environmental Approach to Wellness and there maybe others that truly promote and protect health. The Integrated Environmental Approach to Wellness is a tool to be used by the health providers and health consumers. I humbly ask that we take a second look, because what is at stake, what is ethically at stake is our prescription to the next generations of rural Australians and Pacificans.

Lastly, in our pursuit of wellness through Sovereignty in Health we must deal with issue of institutions and capacities of health which are different, function differently, with expected different results because, they are not institutions of diseases. All through out the Pacific we find legally supported institutions of disease from dispensaries, district health centres, to hospitals to sophisticated tertiary care centres where diseases are managed, treated and perhaps prevented. But hardly if at all, do you find health or wellness institutions where health is promoted and protected. Even those sections within the Ministries of Health that are assigned the role of promoting and protecting health are ineffective because they are trying to address health using disease models, disease indicators and funding. This is the dilemma as we are here today... we need to adopt a new paradigm where wellness is pursued relentlessly with health funding and capacities and within the institutions of health. And such is the example of the Palau Health Foundation, a community owned, community managed for the purpose of promoting and protecting health. There are also Australian registered NGOs such as the recently registered ROCKET-SHIP Pacific Limited that aims to enhance primary health care capacity in the Pacific.

Let me conclude my remarks this afternoon by saying that it was Albert Einstein who defined insanity as 'doing the same thing over and over again and expecting different results'. The achievement of Sovereignty in Health as the new Pacific paradigm, demands that Pacificans pursue wellness as a public good. That wellness is pursued with the ideals, models, tools, institutions, investment schemes in health in health promotion and protection just we do disease treatment and disease prevention. It is imperative that wellness and well being be our product, our product that we will prescribe to the next generations of Australians and Pacificans. That is our moral responsibility as caretakers of health.

Thank you for this precious opportunity to be with you today.

Presenter

Stevenson Kuardei works with Pacific Family Medical Supply, Eye and Medical Clinics in Koror, in the Republic of Palau. From 2008 to 2012 he was Minister for Health for the Republic and prior to that Director of its Bureau of Public Health of Palau. Stevenson studied in the US and at Fiji School of Medicine. He is licensed to practice medicine and optometry in Palau. He has a wealth of experience in strategic health planning and public policy design. Since 1994 Stevenson has served as Chairman of the Palau Health Professional Licensure Board; Chairman of the Palau Off-Island Medical Referral Committee; been a Member of the Palau Institutional Board; President of the Palau Medical Society; a Member of the Pacific Basin Medical Association; and Chief of Medical Staff for the Belau National Hospital.



In 2004 he served as Chairman of the Committee on Traditional Healing for the 9th Festival of Pacific Arts. That same year he served as Vice President of the Second Palau Constitutional Convention; as Chairman, Committee on Fundamental Rights, where 'preventive health was made a fundamental rights for Palauan citizens'; and as Chairman of the Post ConCon Education Committee to teach the public on 22 Proposed Constitutional Amendments. His hobbies are reading, writing and fishing.