Emergency department triage area, Honiara, Solomon Islands (Credit: Georgina Phillips)

COVID-19 and emergency care in the Pacific

By Georgina Phillips and Megan Cox
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An effective health response to the COVID-19 pandemic requires public health, epidemiological, laboratory and clinical care services all functioning within a robust and coordinated health system. In Papua New Guinea, Timor-Leste and the Pacific island Countries, the focus so far has rightly been on public health and social distancing measures to prevent entry and spread of the virus to Pacific communities, but clinical preparedness is also key, and being put in place.

As Terence Wood recently highlighted, foreign aid for health to the Pacific has diminished over several years. In addition, preventative public health has long been the focus of international aid to the region, but arguably at the expense of clinical care, resulting in declining and limited clinical services for Pacific peoples. Yet, as this pandemic has graphically revealed, this is a false dichotomy: well designed and equipped health facilities staffed by trained clinicians are as essential to diagnosis, treatment, and ongoing care of diabetes, heart disease, dengue or tuberculosis, as the public health interventions that focus on healthy lifestyles, environment, and surveillance. Indeed, hospitals and emergency departments are often the first or only contact between the community and health services, not the 'luxury items' that some in the Australian aid sector believe. Poor or inadequate biomedical clinical services that the community do not trust can result in adverse social and health outcomes for vulnerable populations.

Emergency care (EC) is in fact a critical component of the health system. It addresses all urgent illness and injury by providing life-saving interventions at the scene, during transport and at health facilities – both for everyday care and during surge events such as outbreaks and disasters. Importantly, EC is *not* the same as emergency response; it is the long-term foundation that enables effective emergency responses.

The ability of health systems in the Pacific region to respond safely and effectively to the

COVID-19 pandemic is severely restricted because of under-developed, limited, and sometimes absent EC systems. Despite repeated and well-received emergency responses from Australia and New Zealand to the Pacific region in the immediate aftermath of climactic disasters or outbreaks, there have been few long-term aid and development investments in building robust EC systems.

Inconsistent triage, overcrowded emergency rooms, insufficient basic equipment, poor data collection and clinicians with limited training for EC all impact negatively on the ability of a health service to deliver safe and effective care. This is the case every day in many health facilities in the Pacific. Faced with the predicted surge demand from a COVID-19 outbreak, the potential consequences for the health workforce and for Pacific communities are serious. As frontline clinical service providers, EC clinicians across the region face enormous challenges and bear great responsibility for delivering health care during the pandemic response. How can we support our colleagues in the region to rapidly build an EC service in their facilities that will protect them and deliver effective care for their patients?

The Australasian College for Emergency Medicine (ACEM) is the peak body for emergency medicine in Australasia. ACEM members have been involved in EC development, training, research and education within low- and middle-income countries (LMICs) for over 20 years. In the Pacific, we have partnership agreements with The Pacific Community (SPC), Fiji National University, and the University of Papua New Guinea.

In light of the COVID-19 crisis and at the request of our EC colleagues across the Indo-Pacific, ACEM has pivoted its focus to provide technical assistance and support in the management of this pandemic.

Since late March, ACEM and SPC have hosted regular online support fora for Indo-Pacific LMIC EC providers to discuss the COVID-19 pandemic situation, their preparations and needs. By providing a safe environment for EC stakeholders across the region to share concerns, test ideas, learn from and support each other, these fora are an invaluable platform for the emerging EC community of practice and engender solidarity between countries and colleagues facing similar COVID-19 challenges.

The COVID-19 pandemic is undermining popular assumptions about global health. Some of the most highly developed and mature EC systems, such as those in the United States and United Kingdom have been overwhelmed through inadequate preparation and slow responsiveness. By contrast, our colleagues from the Indo-Pacific region work routinely with limited resources and are familiar with unexpected and sudden surge events. Along with our Pacific EC colleagues, ACEM aims to research the experience and lessons learnt during the

pandemic response. Findings can be used in advocacy and action to strengthen EC developments in the region and improve future responses when demand for urgent health care surges again.

COVID-19 is a frightening prospect for all communities and health workers worldwide, but is also an opportunity to highlight the centrality of EC to an effective health system response, and invest in long-term partnerships that can result in sustained, robust EC systems development throughout the Pacific.

Both Dr Phillips and Dr Cox are members of the ACEM Global Emergency Care committee.

This post is part of the #COVID-19 and the Pacific series.

About the author/s

Georgina Phillips
Dr Georgina Phillips, FACEM is an Emergency Physician at St Vincent's Hospital, Melbourne, and a PhD Scholar with the School of Public Health and Preventive Medicine, Monash University.

Megan Cox
Dr Megan Cox, FACEM, is an Emergency Physician with NSW Ambulance and Sutherland Hospital, NSW, and a Senior Lecturer with the Faculty of Medicine and Public Health, University of Sydney.