Supporting each other: Pacific emergency care clinicians navigate COVID-19 pandemic challenges through collaboration

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The COVID-19 pandemic continues to have profound impacts on global health systems, including Emergency Care (EC) systems. The Pacific Island Countries and Territories (PICTs), comprising of low- and middle-income countries (LMICs), have similarly been affected. Despite considerable diversity within and between PICTs, there is an established framework for regionalism to support collaboration, cooperation and coordination.[1] One such avenue for collaboration is through the Pacific Community (SPC), the principal regional scientific and development organisation. In earlier research, undertaken in partnership with SPC, EC stakeholders identified that constrained resources and competing priorities across the Pacific region contributed to a low baseline capacity in EC systems, with limited resilience within the system to support disaster and surge response.[2]

Despite these pre-existing challenges, EC clinicians across PICTs have played major roles supporting the pandemic response. Following the early success of many PICTs in maintaining zero or minimal COVID-19 transmission, all PICTs have since experienced COVID-19 cases, though the extent to which they have been affected is variable.[3] EC clinicians have led these frontline efforts, continuing to provide care for patients with routine emergencies as well as COVID-19, while also managing the increased workload associated with the pandemic.[4] They have also contributed to their local departmental, hospital and sometimes jurisdictional pandemic planning, preparation and response activities.[4,5]

In *The Lancet Regional Health – Western Pacific*, Dr Cox and colleagues present across a series of papers their qualitative research exploring the experiences of EC clinicians in PICTs during the early period of the COVID-19 pandemic.[6–11] This work collectively adds considerable new knowledge to deepen our understanding of the challenges faced by PICT EC clinicians and systems during the pandemic, with valuable implications for guiding future development of EC systems through application of the interlocking adapted WHO health system building block framework.[6] These findings are relevant beyond the PICT and, indeed, LMICs contexts, as many of the challenges faced by the EC workforce are shared globally. In particular, the human resources issues identified by Brolan et al.[7] resonate with findings of pandemic exacerbated workforce anxiety, shortage, burnout, and retention issues that remain inadequately resolved globally.[12,13]

Notably, there is perhaps as much to benefit from sharing their methodology as the findings themselves. This research was undertaken in partnership between the SPC and the Australasian College of Emergency Medicine (ACEM), a relatively enduring relationship that has supported a growing body of research.[2] Cox et al.'s[6] approach encompasses qualitative methods that are underpinned by strengths-based principles and which centre PICT participant researchers in all aspects of the research process. Through incorporation of Participant-Action Research, PICT participant-researchers also served as leaders, working with their regional collaborators towards a "Pacific teaching Pacific" capacity building model.[6] The use of phenomenological approaches similarly aligns with efforts to decolonise global health research by enabling participants to directly articulate their experiences and perspectives.[14] As such, this research elevates the voices of PICT EC clinicians and celebrates their resilience, as well as the cultural strengths of PICTs.[11] This serves as a model for supporting regional collaboration and unity that will be vital to ongoing efforts to improve global health security.

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PICTs are facing a looming triple burden of disease, with continuing challenges of high rates of communicable and non-communicable diseases, and both further exacerbated by the direct and indirect health impacts of climate change.[15] In this climate crisis century, as we anticipate increasing frequency and intensity of climate change related natural disasters, there is an urgent need to enhance the resilience of EC systems globally. There are major co-benefits in that activities that strengthen EC systems and disaster response preparedness will also improve capacity to provide timely care for the acutely ill and injured, towards realising the health-related Sustainable Development Goals.[2,16] Similarly, given the increased risk climate change poses by entrenching and exacerbating gender inequity[17] and the gendered impacts of the pandemic, the feminist-informed analysis enabled emergence of findings that begin to illuminate the gendered experiences of PICT EC clinicians.[7,10] Further dedicated research may support deeper understanding of the gendered clinician experience in this context and inform tailored strategies for advancing gender diversity in health system leadership.

Beyond the pragmatic and policy implications of this research to guide further development of EC systems and future pandemic and disaster preparedness in PICTs and beyond, a major contribution from Cox et al. is the demonstration of an effective model to facilitate longer-term collaboration between international researchers towards capacity building and co-learning outcomes. This series demonstrates unequivocally the expertise of EC clinicians in PICTs and celebrates their experience-informed perspectives as advocates; in speaking "truth to power" they represent the needs of their patients, their colleagues, and their communities.[10] The lessons learnt from these papers serve as a call to action with recommendations and tools that are relevant for policy makers and clinicians to strengthen EC systems globally.

Declaration of interests

LSG is an ACEM trainee and the recipient of an ACEM SUPRA Scholarship to support her PhD research.

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