Transnational Pacific Health through the Lens of TB

Julie Park
Judith Littleton
on behalf of the research group
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Department of Anthropology
University of Auckland
Current project grew from a broader NZ-based one

- Cook Islands, Tuvalu & NZ
- Historical and contemporary research
- Community partnerships
- Training of Pacific scholars
- Applied aspects
- But why?
Puzzles and contrasts

- Difference in TB rates between Tuvalu and Cook Islands: high in Tuvalu, low in Cook Islands
- TB rates higher in NZ for Cook Islanders than in islands
- Shared challenges in the island nations
  - Many islands in each group spread over large ocean distances
  - Budget problems
  - Climate change
- Different political relationships and histories (including with NZ)
- Active transmission in New Zealand
Syndemics

- A framework for examining situations where multiple health and social issues cluster
- Syndemic specifically describes
  - “two or more afflictions acting synergistically, contributing to excess burden of disease in a population” (CDC website)
  - i.e., not just two diseases but two diseases interacting for the worst e.g., TB and HIV/AIDS
- Interactions over time
Aims

- To understand how TB occurs in the context of transnational, gendered life courses and co-morbidities, and the implications of this transnational perspective for population health and disease prevention.
- To identify conditions promoting TB reactivation and transmission.
- To identify historical and contemporary barriers and plan for effective interventions.
- To produce culturally specific information that can contribute to services and policy directed at health and esp. TB control and treatment in New Zealand and the Pacific.
- Pacific health researcher development
To do this we needed a research group!
External context:
Collaboration with communities, health professionals, govt & NGOs in 3 countries; other research groups

Historical Study

History of:
- TB and health status
- Public health control and organisation
- Economic and political standing of country
- International relationships particularly migration

[Bryder - TB & NZ; Herda - Pacific Islands & health; Friesen, Underhill-Sem - Demography and migration]

Contemporary status:
- Current health status
- Current socioeconomic conditions
- Current migration status, transnational linkages
- Current demography

[Littleton, Park - health data; Friesen - demography; Underhill-Sem - Cook Islands; A & K Chambers - Tuvalu]

Outcomes:
- Identification of areas for policy intervention
- Working with communities to identify priorities
- Planning with communities intervention projects
- Applying with communities for funds

[Neuwell, Hand - health care interventions; Littleton, Park - stakeholder consultation & feedback; Kearns - health policy networks]

Life histories of individuals & communities:
- Routes to disease
- Patterns of movement & connections between here & there
- Experience of & access to health care system
- Socioeconomic status, housing etc.
- Effectiveness of treatment
- Impact of disease

[Park, Littleton - anthropological methods; Kearns - geography; Underhill-Sem - geography & Cook Is.; A & K Chambers - anthropology and Tuvalu]

Internal context:
Meetings, reading/writing groups, monitoring & support of emerging researchers, workshops, seminars etc.
To date

- Historical theses about TB and health services in Cook Islands and Tuvalu
- Dissertations on aspects of health promotion and policy
On-going work

- Individual student research -- the subject of the next two presentations
- Integrative analysis and publishing by different groups within the overall team – which we highlight next
The past in the present

- In both the Cook Islands and Tuvalu, the different colonial and post-independence conditions are still influential in today’s health.

- High, but decreasing, rates of TB in Tuvalu can be seen as a product of limited health resources in colonial times, labour patterns, and current struggles. The decrease occurred earlier in the Cook Islands.
Continuities in health and illness

- Very evident in New Zealand –
  - Infectious diseases are still a problem-
    - We detected a pattern of recurrent surprise at this
  - But non-communicable diseases were forecast as a looming problem 50 years ago
    - Accompanied by urging that this needed to be urgently addressed
    - We are still hearing the same message

- Clearly we are missing something!
What’s missing?

- Recognition of implications of syndemic interactions, e.g. between diabetes and TB
- Recognition that Pacific peoples are transnational i.e. here AND there and what that implies
- By Pacific, for Pacific AND all health related services, Pacific – friendly
- Social context, including income, jobs, housing, education and policy regime.
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