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AUTHOR Perkins, Mark  
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## ABSTRACT

This paper discusses public health services of the Secretariat of the Pacific Community (SPC). The paper provides an overview of SPC and the Pacific Islands, including geography, nationality/culture, and development status. SPC Community Health Programmes (CHP) in the following areas are then described: environmental health; AIDS and STD (sexually transmitted disease); public health surveillance; vector-borne diseases; health promotion; nutrition and non-communicable diseases; the Pacific Public Health Surveillance Network; regional epidemiological and health information services; and PACNET (a listserv). A 1998 conference organized by PACNET and WPHNet (Western Pacific HealthNet) is also described. Current SPC library issues are addressed, including a World Wide Web version of the catalog, cooperative efforts, resource sharing, and copyright legislation. (MES)

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## Public health information and a diverse population

**Mark Perkins**

*Secretariat of the Pacific Community Library*

*New Caledonia, South Pacific*

*email: markp@spc.org.nc*

*web: <http://www.spc.org.nc>*

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### Paper

### SPC (1)

The Secretariat of the Pacific Community is a "non-political, technical assistance and research body, filling a consultative and advisory role". SPC was established "in 1947 by six colonial powers" (ie the "governments' which administered territories in the Pacific - Australia, France, New Zealand, the Netherlands, the United Kingdom and the United States of America".) All 22 Island Countries and territories are now full members, exercising one vote each at the governing body - the South Pacific Conference - along with the five remaining founding members.

SPC has an annual approved budget of US\$24,175,957, the main funders being the European Union, Australia, France & the USA. There are currently 255 staff

Being an intergovernmental organisation, SPC does not initiate programmes but " the Committee of Representatives of Governments and Administrations approves the Work Programme and budget each year. Requests need "government or administration approval, and are transmitted to the Secretariat via official country or territory contacts." Regional conferences & technical meetings of specialists inform the development of these programmes.

### Pacific Islands

#### Geography

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SPC member states & territories cover more than 30 million square kilometres. Over 98% consists of ocean, giving rise to the description 'Liquid Continent'. Of the 7,500 islands, only about 500 are inhabited.

This isolation complicates administration, communication and the provision of basic services. Papua New Guinea accounts for 83 per cent of the land area, while Nauru, Pitcairn, Tokelau and Tuvalu are each smaller than 30 square kilometres. Some countries and territories, such as Nauru and Niue, are compact and consist of only one island; others, such as French Polynesia and Federated States of Micronesia, include more than a hundred islands, which are distributed over enormous distances.

### **Nationality / Culture**

The Pacific Islands are separated into the three sub-regions of Melanesia (West), Polynesia (South-East) and Micronesia (North), based on their ethnic, linguistic and cultural differences.

#### *Class / Culture*

The peoples of the Pacific Islands share a voyaging tradition, with their societies evolving through migration, but culturally they are very different, mainly due to their isolation. Although the region is home to just 0.1 per cent of the world's population, it is home to one third of the world's languages, with over 700 spoken in Papua New Guinea alone. In terms of social organisation and cultural practices, in Melanesia, social and political status are traditionally acquired through individual merit; in Polynesia, they are the result of descent; and in the less fertile atolls of Micronesia, either descent or old age customarily confer seniority. Pacific Islanders attach great cultural importance to land, and three out of four Islanders still live in rural areas. As within all societies there are cultural differences, to quote Epeli Hau'ofa, "The privileged, interlocking elites which control the movement of resources through the region increasingly share the same language, ideologies and material life-styles".<sup>(2)</sup> No matter how far one agrees with this view, it is important not to assume that Pacific Islanders are homogenous, unchanging, classless or in agreement.

### **Development status**

The following Human Development Indicators <sup>(3)</sup> give an indication of the development status of Pacific Islands

Fiji	0.869
Samoa	0.694
Solomon Islands	0.560
Vanuatu	0.559
Papua New Guinea	0.507
Thailand	0.838
USA	0.943

### **SPC Community Health Programmes (CHP) <sup>(4)</sup>**

#### *Environmental Health*

For rural regions of the Pacific, about two-thirds of all families are without clean water, and three-fourths are without proper sanitation. The CHP's activities in environmental health emphasise the importance of hygienic behaviour, good sanitation, safe and adequate water supplies, and good vector control practice for Pacific Island rural communities. The Section promotes a primary health-care approach, through training to educate trainers, and to raise

community awareness of environmental health activities.

### *AIDS & STD Prevention*

The Pacific Islands AIDS and STD Prevention Project (PIASPP) focuses on advocacy, information dissemination, networking activities and the quarterly production of the Pacific AIDS Alert newsletter. Subjects covered in PIASPP publications include theatre for AIDS prevention, the myths that kill, HIV and nutrition, and basic information on how to prevent the spread of AIDS and STDs in the Pacific. The Project has emphasised development and support of community-level prevention activities in the past.

### *Public Health Surveillance*

Timely and accurate health information is vital for decision-makers of health services, governments and regional/international organisations in order to most effectively respond to community health problems. Health information is also required to prioritise those needs; in order to most efficiently use often limited human and financial resources. The lack of such timely and accurate data has reduced the effectiveness of local and national health services, and of regional assistance. CHP's activities in the area of public health surveillance and disease control strengthen and expand efforts in the Pacific Island countries and territories to produce and use reliable health information more effectively in control of emerging and re-emerging diseases, health care system supervision, performance monitoring and decision-making. Related strategies are regional integration, prioritisation of health indicators, networking (the Pacific Public Health Surveillance Network), taking advantage of advances in communication technology, and hands-on training.

### *Vector-Borne Diseases*

Malaria, dengue and filariasis continue to pose serious public health problems for communities in the Pacific. The new Pacific Regional Vector Borne Diseases Project aims at reducing morbidity and mortality from vector borne diseases in the South Pacific through strengthening medical and environmental health services as well as vector control mechanisms. Enhanced community awareness and action is an essential component of the project. The focus of the project is on the Solomon Islands, Vanuatu and Fiji but some aspects, such as strengthening of dengue early warning systems, will extend to the smaller Pacific Island Countries.

### *Health Promotion*

'Health Promotion is the process of enabling people to increase control over, and to improve, their health'. OTTAWA Charter 1996. It is a process of activating communities, policy-makers, professionals and the public in favour of health supportive policies, systems and ways of living. It is carried out through acts of advocacy, empowerment of people and building support systems that enable people to make healthy choices and live healthy lives. The SPC Health Promotion Programme in collaboration with Pacific Island countries, WHO, regional organisations and NGOs, is currently in the process of developing a 'Pacific specific' regional health promotion strategic framework. The Programme develops and distributes health information, education and communication materials, training on techniques and primary health care issues, non-communicable diseases, environmental health, alcohol, tobacco and substance abuse prevention. The Programme via quarterly PEACESAT (satellite) meetings facilitates discussions between health promoters and health educators in the Pacific region.

### *Nutrition & Non-Communicable Diseases*

NCDs are the leading cause of death in 21 of the 22 SPC Island countries, especially heart disease, diabetes, obesity and hypertension. The CHP's activities in the prevention and control of NCD involves helping governments and administrations to develop, carry out and evaluate

their own NCD prevention and control policies and programs. This section also monitors the NCD situation across the South Pacific and feeds that information back to the respective PICs along with SPC publications and any other relevant information from anywhere in the world. The section also provides support and technical assistance for the nutritionists in each of the Pacific Island countries. This is achieved by providing and distributing nutrition education and training materials, facilitating workshops and meetings and analysing and assessing nutrition data on a country by country basis. Regular country visits are made by the Nutrition Section team in order to work alongside their country counterparts addressing specific nutrition needs. Strong networks have been formed between SPC and country nutritionists through these associations. The section staff produce the Pacific Island Nutrition (PIN) newsletter, which is one of the most widely distributed and read circulars in the Pacific Island region.

### *The Pacific Public Health Surveillance Network*

The PPHSN network aims to prevent and control epidemic diseases using new communication tools like email and the internet (fax is used for Pacific islands which do not have access to e-mail). Since April 1997, PPHSN provides an e-mail listserver called PACNET, which mainly functions as an early warning system in the region. The aim is the publication of timely and accurate health information, including early warning messages on outbreaks of disease, bulletins, articles publicizing the work of the network members, monographs, etc.

### *Regional epidemiological and health information services*

The PHS&CDC section provides regional epidemiological and health information services. They collect and disseminate health information related to communicable diseases. Health data are generally provided by the Ministry of Health of SPC member countries on a monthly basis. Since 1974, the PHS&CDC section produces regional epidemiological databases, better known in the Pacific as the SPEHIS reports (South Pacific Epidemiological Health Information Services). Future developments include the consultation on line of all information available, including reports, published articles and epidemiological databases. Direct interactions with data providers will be especially sought.

### *PACNET*

PACNET is an e-mail listserver launched in April 1997 to meet the information and communication needs of the Pacific Public Health Surveillance Network. This system uses e-mail to network approximately 250 health professionals, national ministries of health, and international agencies (UNICEF, World Health Organisation, and of course the Pacific Community). The purpose of PACNET is to share timely information on outbreaks, so that Pacific island countries and territories might take appropriate actions, when a threat for the communities is identified. Moreover, PACNET gives its members access to diagnostic facilities not always available in-country, and help them mobilise appropriate resources for outbreak prevention. Besides, as the e-mail listserver is also used as a facilitating tool for implementing plans of actions, PACNET has been enriched by several appended-discussion lists.

### **Conference <sup>(5)</sup>**

In December 1998, PACNET & WPHNet (Western Pacific HealthNet) organised a joint "Pacific Telehealth Conference" (Noumea, New Caledonia, 30th November to 3rd December 1998). This brought together health practitioners from all over the Pacific. The Conference was organised into Selected Papers, Workshops and 4 Panel Discussion Groups.

I was asked by the organisers to present a paper and organise a workshop on literature searching and document delivery. The workshop was organised jointly with, & presented by, Arlene Cohen (RFK Library, University of Guam) with help from Patricia Sheehan (SPC

AIDS Documentalist). It covered the National Library of Medicine Medline services; specifically PubMed, Grateful Med & Internet Loansome Doc electronic document delivery services. It briefly touched on other useful internet sites. The paper was "Literature searching and document delivery: organisational issues". This was complimentary to the workshop and aimed to encourage the development of sustainable organisational networks to support document delivery in the region.

A result of this was that Arlene Cohen & I were involved in the Panel Discussion "Distance education, academic and continuing: how to deliver a curriculum?", and the subsequent Task Force "PACDEH". The workplan flowing from this included undertaking an inventory of existing courses, of institutions involved in delivering distance education, in training distance teachers and of Pacific resource persons, with Arlene Cohen & I being responsible. The inventory is to be stored on a Web database at SPC and/or FSM and/or UOG, again with Arlene Cohen & I partially responsible. This inventory will then lead to requirements for physical access, thus the decision for a dedicated repository and person within the Pacific to act as a focal point and clearing house for those inventories and documentation of experiences, with myself and Tom Kiedrzynski of SPC Community Health Programme responsible. Arlene Cohen & I will also be responsible for clarification of legal issues (e.g. on copyright) and of financial issues (e.g. possible requirement for payment of modules) that may affect the free distribution and sharing of such materials.

Another Panel Discussion information work became involved with was "Integrating Methods and Resources for Distance Consultation: Development of a Joint PACNET/WPHNet Web site". It became clear that while certain medical legal issues, such as doctor liability, were being addressed, input was also required on the documentation legal issues such as copyright. I was thus asked to participate in this Task Force "Pacnet-web" in conjunction with "PACDEH".

## CURRENT SPC LIBRARY ISSUES

The library is finalising the web version of its catalogue (using DB/Textworks <sup>(6)</sup>) and putting in place policies and systems for document delivery (including via Ariel & Docview <sup>(7)</sup>). This neatly fits in with the Task Force responsibilities detailed above.

The library is also liaising with local, regional and international organisations to facilitate document acquisition and document delivery. Locally, the recently formed Association des Bibliothécaires de Calédonie (ABC) is developing a directory of local collections and library services. This will be used as a basis for a document delivery network within New Caledonia.

Regionally the library works with the Pacific Islands Association of Library and Archives (PIALA <sup>(8)</sup>). Again, the emphasis is on resource sharing and document delivery. At the next Conference (14th November - 20th November 1999, Koror, Palau) there will be a demonstration of Ariel & Docview methods of document delivery. The Library is also a member of Asia-Pacific Special Interest Group (APSIG <sup>(9)</sup>) of the Australian Library and Information Association: currently this is only "newsletter" membership - but we hope to develop it, for example by our input into the updating of the "Australian Interlending Code"

Internationally, the library is involved with IFLA - thus this paper. Membership is a problem due to finances (as is attendance at conferences). We closely follow recommendations such as "IFLA Guidelines for sending ILLs by email" and the ISO interlibrary loan (ILL) protocols.

Given the lack of financial resources in the region, the promise held out by electronic document delivery, the tightening of copyright legislation worldwide is a major issue. Many islands are developing copyright legislation for the first time due to World Trade Agreement obligations and are looking for advice. The library was involved with a regional conference addressing this issue "Symposium on the protection of traditional knowledge and expressions of Indigenous Cultures in the Pacific Islands" and continues such work via the collection of

current & proposed Pacific legislation, advice to Pacific Island professional & email lists.

## CONCLUSION

The Pacific Islands are very diverse and dispersed; developmentally, financially & technologically disparate - both between and within countries. It is impossible to provide a "one size fits all" information delivery service. Thus, the SPC Community Health Programme utilises varying methods of information collection and dissemination. This varies from publications directed at the health professionals, publications (including videos & posters) aimed at specific "publics", information for local professionals to produce their own publications from. Information collection and dissemination is done via face to face meetings (conference, duty travel), traditional publication, email, library services and now electronic document delivery and website.

## Endnotes:

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