



EDITORIAL

Tackling Diabetes in a Whole of Society Approach: Challenges, progress, and opportunities in the Pacific Island countries.

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OPEN ACCESS

PUBLISHED

31 July 2024

CITATION

Tin, STW, Na'ati, E, et al., 2024. Tackling Diabetes in a Whole of Society Approach: challenges, progress, and opportunities in the Pacific Island countries. Medical Research Archives, [online] 10(7). <https://doi.org/10.18103/mra.v12i7.5433>

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DOI

<https://doi.org/10.18103/mra.v12i7.5433>

ISSN

2375-1924

ABSTRACT

Diabetes is an indiscriminate killer and disproportionately affects the world's most vulnerable populations in the Pacific region. There have been several declarations aimed at tackling diabetes through engaging civil societies given that they are more influential in shaping the lives of people in the communities. Despite civil societies are gaining attention as important stakeholders in tackling diabetes and involving in health promotion initiatives in some Pacific Island countries, they are still largely absent from the decision-making process and coordination roles. Ensuring a collaborative approach that involves civil societies and engages them through truly inclusive processes in planning, implementation, and policymaking to prevent and control diabetes at the national level remains challenging. The Pacific region should take its unique opportunities such as the existing strong networks of civil societies, churches, women, and youth, and empower them to be at the centre of national efforts in fighting against the interconnected health, social and environmental determinants of diabetes. This article highlights to invest additional resources in engaging and mobilising civil society organizations which will meaningfully contribute to creating healthier environments to become healthier communities and enhance diabetes prevention and management efforts across the Pacific.

Keywords: Diabetes, civil societies, prevention, Pacific

Introduction

Diabetes is an indiscriminate killer and one of the leading causes of disability¹⁻² however, it disproportionately affects the world's most vulnerable populations particularly in the small island developing nations in the Pacific region.² Approximately one third of the adult population in some of the Pacific Island countries have diabetes³ where the rate of complications are substantially high.⁴⁻⁵ A nexus of factors and underlying drivers such as the backdrop of globalisation and urbanisation creating obesogenic environments, disproportionate negative commercial influence on unhealthy foods and drinks and trade related challenges, accelerating climate-sensitive health risks, and increasing the pace of change in populations' lifestyle attitudes and practices are driving high rate of diabetes and their complications across the Pacific region. This not only jeopardizes population well-being but also imposes significant socioeconomic burden⁶ that threatens progress towards the 2030 agenda for sustainable development.⁷

Over the past years, diabetes and other Non-Communicable Diseases (NCDs) have been positioned as a key regional health and development priority globally.⁸ The substantial health, social and economic burden resulting from diabetes has prompted to the prioritisation of bottom-up advocacy approach by bringing together different community stakeholders to scale up diabetes actions. In line with various global and regional commitments,⁹⁻¹⁰ Pacific leaders have also been consistently advocating for and committing to the whole of government and whole of society approach in tackling diabetes, obesity and other NCDs.¹¹⁻¹⁴ However, the progress in mobilising civil societies remains challenging due to limited investment in resources to effectively engage them to address as part of the whole of society approach, i.e., embracing across societies, organizations and individuals, on tackling NCDs to achieve common health goals.

This article highlights the progress, challenges, and opportunities in engaging and mobilising civil societies in the low-resourced Pacific Island nations to tackle diabetes and the call for targeted investment to empower community-based organizations to contribute to the health and wellbeing of their communities.

The role of civil societies in tackling diabetes.

Civil societies play a critical role in the adoption and implementation of proven diabetes prevention and control strategies and policies in many ways. These include, but are not limited to: setting agenda and advocating for political commitment; raising public demands and leading in scaling up actions at the community level; leading community awareness and education programs and campaigns that promote healthy lifestyle behaviours alongside with the health care professionals; facilitating policy coherence across government sectors; and holding government and private sectors accountable for implementation and enforcement of policies particularly

those that regulate environmental and commercial determinants such as the advertising, promotion and sponsorship of unhealthy foods and sugar-sweetened beverages.¹⁰

Moreover, through their close connections with communities, civil societies can influence politicians to have a broader understanding of population needs and to emphasise on human-centred approaches in tackling the growing burden of diabetes. They are more influential in shaping the lives of people in the communities to advocate for practicing healthier lifestyles and work collaboratively with health care providers in the community health care centres in the existing nations' health care services and system to prevent and control diabetes. Today's communities are arguably more engaged and enthused to participate in issues that affect them than ever before. For example, during the COVID-19 pandemic, civil societies stepped forward to help vulnerable populations in many ways and filled the gaps the pandemic exposed in the fragile health care system in many countries.

Issues and challenges in engaging civil societies in the Pacific.

Despite civil societies gaining attention as important stakeholders in tackling diabetes in the Pacific, they are still largely absent from the decision-making process and coordination roles. Ensuring a collaborative approach to diabetes prevention and control programs that involves civil societies and engages them through truly inclusive processes in planning, implementation, policymaking, and governance at the national level remains challenging.

According to the anecdotal reports, most civil societies across the Pacific focus mainly on working in the areas of fighting against domestic violence, human right violations and gender inequities. Health, unfortunately, is still not their priority. This may be due to the weakness in advocacy and leadership, and insufficient investment in resources to empower and sustain civil society groups that have high potential to be a part of diabetes stakeholders.

Of the 12 Pacific Island Countries and Territories which have established a national multisectoral NCD committee that govern and oversee the implementation of national NCD strategic plan, only four countries (Guam, Palau, Samoa, and Tonga) reported that their committees included civil societies or non-governmental organizations.¹⁵ This demonstrates that most countries are still weak in engaging community groups in the planning and decision-making process which is one of the essential components to strengthen multi-stakeholder actions. Not surprisingly, literature has shown that countries that do not have a well-functioning multi-sectoral committee or have limited engagement with civil societies are less advanced in taking diabetes and NCD actions in the Pacific.¹⁵ This highlights that the issue on the lack of engagement of civil societies across the Pacific needs to be addressed properly if countries and the region are dedicated to tackle diabetes more comprehensively, reverse the diabetes crisis and obtain positive health outcomes for the Pacific population.

Progress and opportunities to scale up 'whole of society approach' in the Pacific.

Despite the challenges that the Pacific Island countries face, there are some good progress and several opportunities to streamline and scale up actions on diabetes. Some Pacific countries have initiated or strengthened in creating a platform to enable civil societies to participate in the journey on addressing diabetes. For example, through national diabetes associations, countries such as Fiji, Tonga and Tuvalu have developed an 'action plan' for their associations, identifying their focus areas and implementing diabetes advocacy, awareness, and health promotion initiatives in the respective communities.

Building on efforts to strengthen diabetes associations, Fiji has formed an 'Alliance for Healthy Living' through collaboration between the Fiji Diabetes Association, Consumer Council of Fiji, Fiji National Food and Nutrition Centre and other civil society organisations. The Alliance has been a leading advocate for policies regarding the sale of sugary drinks in Fiji. It also focuses on promoting healthier drink choices, restricting the availability of unhealthy foods, and making nutritious foods more accessible. As a result of their advocacy work, in recent years, Fiji's government has taken steps such as increasing excise duty on sugar sweetened beverages.

Similarly, the Solomon Islands has established a 'Wellness NCD Alliance' that leads all civil society groups including representatives from churches, communities, women's associations, the media, city councils and youth. The Alliance has established a governance mechanism with specified roles and responsibilities that ensures its sustainability. As one of the key national stakeholders, the Alliance has been collaborating with the Solomon Island Ministry of Health in implementing the national multi-sectoral NCD strategic plan. Likewise, Papua New Guinea has initiated the process of establishing a national NCD Alliance with active involvement from communities, churches, youth groups, women's associations, and academic institutions. This Alliance has the potential to be an important stakeholder in working collaboratively with PNG Department of Health to tackle diabetes. Kiribati has also expressed interest in developing a national NCD Alliance through leadership from community leaders to effectively tackle the extraordinary burden of diabetes in their nation.

The Pacific region has certain opportunities to further

strengthen efforts and ensure that Pacific countries lead the world in addressing diabetes through a whole of society approach. For example, Pacific Island countries have dedicated community and church leaders who are keen to lead in establishing and sustaining civil society groups and enthused to contribute to the health and wellbeing of their communities. The Pacific has strong civil society, women, and youth networks, as well as individuals with lived experience and expertise in community engagement and empowerment. These opportunities position the Pacific to enhance the whole of society approach grounded in local culture and traditional knowledge, through dedicated community and youth leaders who are willing and able to address the interconnected health, social and environmental determinants of diabetes innovatively.

Conclusion

Most premature deaths from diabetes are largely preventable through the implementation of policies and programs that improve access to quality health care. The implementation of proven best-buys NCD interventions improves health outcomes and boosts countries' economies by improving workforce productivity. Civil societies have power to convince governments, policy makers and key stakeholders to adopt and implement these proven cost effective and cost saving diabetes interventions. They have high potential to lead advocacy efforts with a unified voice across high level forums to ensure priority is given to the prevention and control of diabetes. Civil societies can advocate for the rights of people living with diabetes to obtain optimal diabetes care and call on governments to invest more in addressing the diseases. It is crucial to position civil societies at the centre of national efforts in fighting against diabetes and ensuring policy makers translate national commitments into concerted community actions. Now is a critical time to accelerate in engaging, mobilising and funding of community organisations and institutions for locally contextualized solutions. These efforts will meaningfully contribute to the prevention and management of diabetes, empowering communities to take charge of their future and become healthier communities.

Conflict of interest

The authors have no conflicts of interest to declare.

Funding Statement

None to declare.

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