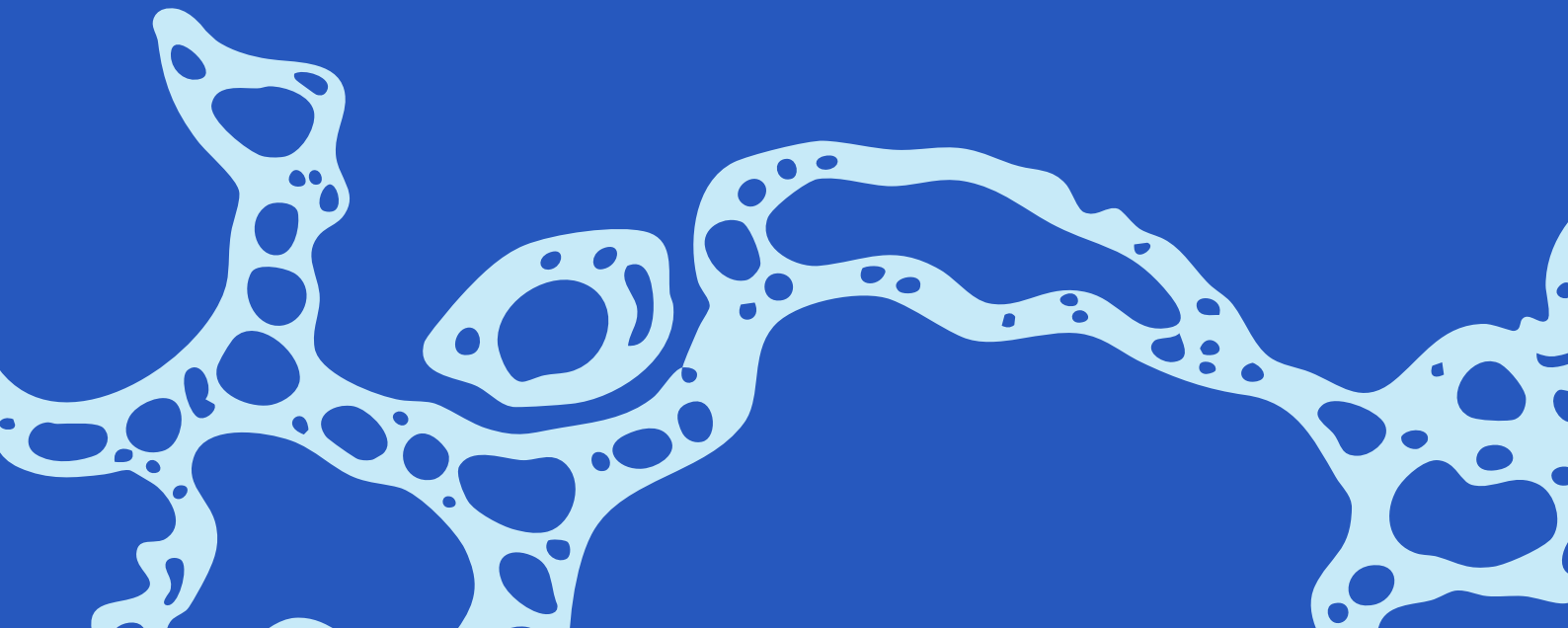




Alliance For Future
Generations

The Frontline Realities

Preserving Healthcare and Systems Resilience across the Pacific



Recognition and Commitment

We acknowledge the Traditional Custodians of the lands and waters across the region, including Aboriginal and Torres Strait Islander Peoples in Australia, Māori in Aotearoa, and the Indigenous peoples of the Pacific. We recognise their enduring sovereignty, deep cultural knowledge, and continuing connection to place. We commit to listening, learning, and working in ways that honour and reflect Indigenous ways of being and knowing in our shared pursuit of health equity.

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Pacific Island countries and territories continue to disproportionately bear the brunt of climate change; our health and well-being must be treated as a climate action priority and not an afterthought. The impact of climate change on morbidity and mortality is a documented fact, with increased deaths due to undernutrition, malaria, diarrhoea, heat stress, among others. As Pacific health systems are forced to adapt and build resilience to climate stress, our existing vulnerabilities must be acknowledged, understood and set as the foundation of climate-health demands.

To ensure policy choices are grounded in frontline reality, the Climate and Health Alliance (CAHA) team gathered qualitative operational insights and lived experiences from health professionals and service users across the region, including medical officers, medical laboratory scientists, radiologists, and community health workers. This report synthesizes their firsthand observations, structural challenges, and systemic demands under four major strategic themes.



Tuvaluan advocates Samëra Taasi, who champions education and climate awareness; Bernard Kato Ewekia, a climate activist, storyteller and community leader; and Sinilita Lauti Ako, a youth climate advocate and leader, pictured in Nadi, Fiji.

1. Infrastructural vulnerabilities

Healthcare systems across the region struggle with ageing structures, lack of utilities and exposure to coastal stressors. Inadequate investment in electricity, water and telecommunications infrastructures affects delivery, while blockage of roads through landslides and flooding further hinders accessibility. Constant power cuts have reportedly affected machines and led to system breakdowns, as noted in Fiji and Federated States of Micronesia.

- Lack of biomedical equipment - Certain healthcare facilities have reported no refrigerators for storing blood products, compromising blood banking at the subdivision centres. The donors often have to travel to other facilities to donate for a blood bag to be released in the facility where the patient is admitted. **Due to the delayed process, the doctors have reported discharging patients (informed and consented but risky) with low haemoglobin levels, or giving fewer blood units than medically required.**
- Delayed maintenance - Pacific Island countries and territories often rely on foreign technical assistance for biomedical equipment maintenance. This results in a pile-up of samples and longer turnaround time (TAT). **In 2025, a breakdown of a processing machine at the tertiary center in Fiji led to a pile-up of 300+ Pap smear samples while waiting for maintenance.** This delay directly translates to compromised healthcare screening for rural and maritime women who already face longer TAT due to accessibility issues.

- Erosion of equipment in coastal communities - **Professionals with experience across the Solomon Islands, Vanuatu and the Marshall Islands have reported faster erosion of metal equipment since the facilities lie less than 500m of the shoreline.** Plastic materials are usually single-use and increase cost and wastage. This results in a complex dilemma of cost vs durability.
- Lack of integrated health response in adaptation strategies - Majority of the disaster health response in the Pacific is built around sudden climate shocks like cyclones and floods. There is a lack of slow-onset (like sea-level rise) response within the health system. Furthermore, health is usually glossed over in climate adaptation policies.

Key demands:

- Sustainable, mandated financing for health infrastructure across the region, including facility space, electricity and water systems.
- Investment in biomedical innovation for the Pacific.
- Climate-health response must be divided into two parts: sudden-onset and slow-onset to ensure long-term sustainability and cost-management.

2. Supply Chain and Procurement Issues

The supply chain vulnerabilities and procurement failures are some of the most persistent issues across the region. As noted, supply chain failures directly compromise clinical management, escalate out-of-pocket household expenditure, and erode public trust in the healthcare system. Professionals also report having to manage their clinical workload with administrative duties, often leading to burnout and fragmented management.

- **Lack of medicines, reagents and essential consumables** - Health professionals have reported cases of **first-line antibiotics being out of stock, use of expired gloves in healthcare facilities, and lack of reagents to run diagnostic tests**. When primary diagnostic reagents are absent in subdivisional facilities, patient samples must wait for ad hoc transportation to other centres. This delays results, leads to unnecessary hospital admissions for general monitoring, and drives up bed-occupancy rates.
- **Out-of-pocket expenditure and price gouging** - During one of Fiji's dengue outbreaks, the Fiji Pharmaceutical and Biomedical Services (FPBS) recorded stockout for Normal Saline, an essential part of the dengue treatment regimen. It is also the fluid of choice for diabetic patients who form a significant population in the country. **Upon news of the FPBS stockout, the price of Normal Saline spiked from \$7 to \$20-\$25 per bag in private pharmacies. The regimen requires 3 bags per day for 2-3 days, compounding the cost and making it a significant financial burden on the average Fijian household.**
- **Psychosocial stress, patient distrust and staff safety** - The consistent lack of adequate medical treatment leads to distrust of family members in the system; frontline health

workers often end up taking the blame. **In one instance, a Medical Officer from a subdivisional hospital in Fiji recalled heated altercations with patients' relatives and social media defamation whereby patients refuse service from certain nurses/doctors.** This is a reflection of the public's broken trust in the healthcare system that is borne by frontline medical providers.

- **Disaster Response Mismatches** - Bureaucratic delays in approving tenders, combined with a mismatch of emergency relief kits during post-disaster deployments, frequently leave emergency medical teams without context-appropriate equipment or consumables. **During disaster relief management, women in Tonga receiving dignity kits reported sizing issues with underwear.** This highlights a crucial aspect: Pacific bodies are often recipients of kits not designed for them.

Key demands:

- Better management and protection of hospital staff and their well-being.
- Training special coordinators for managing procurement.
- Tailoring disaster kits to Pacific body types and numbers.
- Dealing with accessibility barriers by pre-positioning a certain number of kits in high-risk disaster areas.

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3. Capacity Building and Workforce Retention

The sustainability of Pacific health systems relies entirely on a supported and skilled health workforce. However, frontline professionals across the region face compounding operational strain driven by insufficient financial compensation, heavy administrative burdens, and an accelerating loss of experienced personnel.

- **Lack of financial compensation** - Delayed or complete removal of overtime pay for professionals, along with staff burnout, has increased TAT. Patients in urgent need often turn to private facilities for immediate care, compromising Universal Health Coverage (UHC) objectives. Additionally, many medical professionals continue to migrate due to such stringent conditions, leaving a gap in senior expertise.
- **Lack of professional development and training opportunities** - The region lacks continuous professional development (CPD) and training opportunities, making specialist care harder. Junior professionals who need mentorship and exposure struggle with increased workload, lack of guidance and financial support. **Some staff have reported having to balance clinical workload with online CPD sessions simultaneously or having to use annual/sick leave to attend seminars.** This affects career growth opportunities and work-life balance.

Key demands:

- Training of all health professionals in climate adaptation and disaster relief management.
- Training of frontline volunteers during disasters with rapid diagnostic testing to allow faster, decentralised and more efficient screening services.
- Increased investment in workforce retention by improving working conditions, pay and staff support.
- More opportunities for CPD along with time allotment for attendance.

4. Well-being and continuity of care

As climate events continue to displace Pasifika peoples, healthcare delivery must adapt to support displaced, mobile, and diaspora populations. Beyond physical distance, the primary barriers facing diaspora communities include social stigma, a loss of confidence to seek timely care, and severe disruptions in long-term treatment.

- **Confidence in seeking healthcare** - Diaspora members often encounter social stigma, discrimination, or negative stereotyping. Negative past experiences, language barriers, and navigating unfamiliar, complex systems lead to a loss of confidence in healthcare. Consequently, patients defer seeking care until illnesses reach advanced, life-threatening stages.
- **Lack of culturally responsive care for diaspora** - **Community workers across Hawai'i and the United States have reported how Micronesian diaspora struggle with new health systems that have little to no understanding of their cultures, histories and family structures.** Compounded by the linguistic and financial barriers, the diaspora members struggle with further alienation.

- **Continuity of care** - The lack of connection between the new system and their previous medical care affects any ongoing treatment. This particularly affects individuals with long term chronic illnesses or disability.

Key demands:

- Countries like Australia and the United States that are home to big Pacific diaspora communities must invest in healthcare systems to accommodate them.
- Stigma and discrimination must be addressed in concrete terms.
- Migration should not be treated only as a physical reality; the mental and emotional aspect must be acknowledged to achieve health equity for the diaspora.

While this report is not an exhaustive guide, it offers critical insights into the daily operational hurdles of healthcare delivery. Climate change impact is not an abstract future for the Pacific, it is present, accelerating and actively straining our systems. There is no climate justice without health equity for the Pacific. Hence, these frontline demands must serve as the foundation for core climate action priorities.



In Funafuti, Tuvalu, Lolo and company found coconuts about 3 kilometres from their home. They tied them together to float them along the sea shore, as they had no means of transport. An innovative and affordable way to transport a heavy load. Image: Rodney Dekker / Climate Visuals





"We reject a future in which the Pacific is remembered for what the world allowed to disappear. We claim instead a future shaped by ourselves, not as passive victims of climate change, but as active agents of justice, custodians of our lands and ocean, and leaders of the transformation the world urgently needs."

-The Funafuti Call for Climate Justice

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