

# Prospects for a Post-COVID-19 Pacific

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## Abstract

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Since the emergence of COVID-19 in December 2019, the Pacific Islands have been one of the world's least-affected regions. Whilst COVID still poses a structural threat to the region and has already had colossal indirect effects, such early successes have also illustrated the value of international cooperation and planning, lessons learned from the region's unique historical experience of epidemics and its innate vulnerability to a variety of natural shocks. Yet decontainment is a 'when', not an 'if'. In a region facing escalating systemic stresses, building upon the time bought by emergency measures will require a systematic emphasis on the interaction between epidemics, non-communicable diseases and climate change, the so-called 'triple burden of disease.' Thinking of cultural, economic and political 'health systems' in this manner provides the best way to learn long-term lessons from an era where health security has suddenly and nearly universally achieved a unique political salience. The triple burden is neither a new idea nor one uniquely applicable to the Pacific. As humanity is ever the more cognizant of the contingency of the natural environment, however, it is surely an idea whose time has come. Indeed, Pacific nations are particularly well-situated to spearhead global efforts to 'build back better.' After all, only those in the Pacific can so sincerely stress the fierce urgency of now. Only those in the Pacific can suggest that soon there may be no more second chances.

## Introduction

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*'It will appear it has been we ourselves that has entailed on these poor, unhappy people an everlasting and miserable plague.'*

So observed Edward Riou, an officer on the HMS Bounty, in 1778 regarding the people of Hawaii. From the Bounty's first arrival on Kauai in 1778, the measles, smallpox and influenza that accompanied European ships 'paid no mind to boundaries of class, age, sex or religion' and reduced Hawaii's population precipitously, by as much as 90% by 1850. (Archer, 2018) Given the unique disease ecologies of Pacific Islands, similar trajectories were followed across the region, the sharp-edge of a century-long process by which this 'sea of islands' become more intensely articulated to the webs of an empire, with great costs and benefits that altered almost every facet of Pacific life.

By contrast, as the spectre of Covid-19 haunts the vast majority of the globe, the Pacific appears as perhaps a last bastion of resistance. Thank to extensive and rapid border closures, Pacific Island Countries (PICs) have successfully remained isolated from the effects of COVID-19- as of late July, ten of the twelve countries which have reported no confirmed cases are Pacific Islands. Substantially larger island nations such as Japan, Iceland and New Zealand have also enjoyed relative success through this approach. Nevertheless, as a WHO review on influenza controls warns, ‘extensive travel restrictions may delay dissemination, but cannot prevent it.’ (Mateus et al, 2014) This is especially so in the Pacific Islands, whose economies rely heavily upon the international movement of raw materials, commodities and people. Indeed, their isolation and small populations render them disproportionately susceptible to the global economic shocks that will inevitably follow. The current impasse, therefore, offers an opportunity to build resilience in health care systems and coordinate a cohesive regional approach to the process of reopening.

This paper advocates a resilience approach to ‘building back’ that understands COVID-19 as only the most urgent of the many systemic threats the region will face for the ‘Pacific Century.’ The long-standing stresses induced by both great power competition and climate change in the region will place an ever-greater premium on flexibility and precaution. PICs’ responses to COVID must therefore centre upon improving structural capacities relevant to a range of systemic risks, including but not limited to: improving data collection; abetting information sharing at international and local levels; fostering collaboration between informal and formal social protection and reducing dependence on imported materials and foodstuffs.

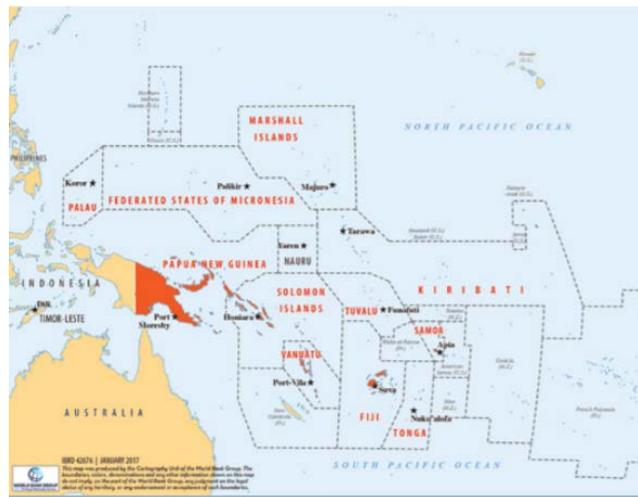


Figure 1, taken from World Bank, (2017) *Pacific Possible: Long-term Economic Opportunities and Challenges for Pacific Island Countries*.

## The Pacific Island Countries-A Brief Introduction

Under the World Bank’s criteria, Pacific Island Countries (PICs) have a total population of 9.7 million people, with 7.5 million living in Papua New Guinea (henceforth PNG). As seen in Figure 1, whilst the region exhibits immense

geographical, cultural and economic variability, PICs are chiefly distinguished by their size and isolation. All PICs except for PNG house less than 1 million people. And only two cities (Port Moresby in PNG and Suva in Fiji) contain more than 100,000 inhabitants. (World Bank, 2017). The average PIC lies 11,500km away from any other randomly selected country. (UNESCAP, 2014)

Except for PNG once more, all PICs can also be conceptualised as Small Island States (SISs). Since Burton Benedict's 1967 *The Problems of Smaller Territories*, SISs have been predominantly associated in development studies with vulnerability- the potential for loss in the face of larger international processes commonly perceived as being beyond their control. (Campbell and Barnett, 2010) Small populations and small economies, it is argued, in turn, limit the agency of the state in response to such processes. 2019's World Risk Index, for example, listed five PICs as amongst the twenty most vulnerable countries in the world, with Vanuatu ranked first. (World Risk Index, 2019) Undeniably, COVID risks dramatically underscoring this. On the Global Health Security Index, a composite measure estimating national health systems' resilience to epidemics, SISs have a median score of 29, compared to a global average of 40.2. They are also disproportionately vulnerable to widespread disruption in the global economy- international trade accounts for 71% of SISs' GDP and cargo shipments are crucial for the supply of household essentials such as fuel and foodstuffs-roughly one half of which are imported. Recent UN analysis suggests that SISs' GDPs can accordingly be expected to decline by 4.7% in 2020, compared to a global mean of 3%. (UNDESA, 2020)

Nevertheless, a singular focus on vulnerability can risk asserting that the pernicious effects of systemic threats are an inevitability, denying PICs' long demonstrated capacity to adapt to such challenges.

This paper emphasises health system resilience, defined by C.S. Holling in 1973 as the capacity of a system 'to absorb changes of state variables, driving variables and parameters, and still persist.' (Holling, 1973) As shown in Figure 2, resilience

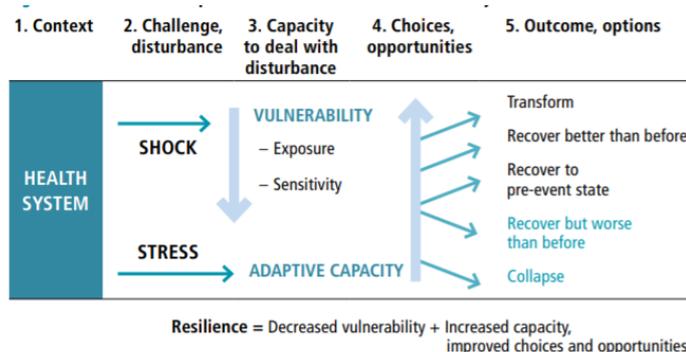


Figure 2, taken from WHO, (2015b) *Human Health and Climate Change in Pacific Island Countries*

justly emphasises the demonstrable effects broader systemic stresses such as climate change have already had in the region, as well as the success of long-standing local methods of adaptation in 'moderating harm or exploiting beneficial opportunities'

within such changing environments. (WHO, 2015b) Rather than seeking to preserve idyllic island equilibriums in the face of such wholesale changes, international partners must instead provide the resources needed to empower local communities' expertise. As Campbell and Barnett conclude, 'adaptation, to be successful, needs to operate at the scale at which most of the important decisions about social organization are made.' (Campbell & Barnett, 2010)

## Absorbing the Impact of COVID

A system's resilience in the face of a given disruption can be heuristically divided into phases of minimisation and adaptation, as outlined in Figure 3. Whilst bans on international travel have bought PICs additional time for planning both responses, it is the capacity of their health care systems to absorb the impacts of an epidemic that may cascade dramatically that must, therefore, be the immediate priority.

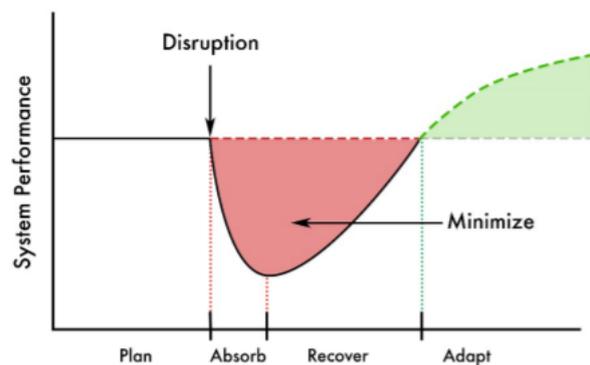


Figure 3, taken from OECD (2020), *A Systemic Resilience Approach to Dealing with COVID-19 and Future Shocks*.

The risks associated with a 'cascade scenario' through widespread community transmission are exacerbated by four underlying risk factors: the limited capacity of formal health care; the high incidence of non-communicable diseases (NCDs); the reliance upon largely informal modes of social protection and shortfalls in service provision.

## Healthcare Risks

It is clear from international experience that COVID places great stress on the capacities of healthcare systems- early estimates from China suggested that 20% of those presenting COVID-19 require hospitalization due to hypoxia or respiratory failure, with one-quarter of these patients eventually needing critical care such as mechanical ventilation within ICUs. (Wu et al., 2020)

According to the WHO, 'resource inadequacies lie at the heart of health system problems' in the Pacific (WHO, 2015). World Bank Data as of 2017 suggests that general government health expenditure amounts to 8.2% of total government expenditure in the Pacific, approximately 3.1% of total GDP. Notwithstanding some marked inequalities between countries, the average Pacific small island state spends

\$196.59 per capita on health, compared to \$43.10 and \$244.90 in low- and middle-income countries respectively. (World Bank Human Development Indicators) Yet resource inadequacies remain, with a disproportionate amount of this budget going towards 'medicalising' life-long diseases or providing referrals for overseas treatment. Indeed, as the median public sector debt is already around 35% of GDP, there is limited room for immediately increasing spending on pharmaceutical interventions. (IMF, 2020) Indeed, data on total health care capacity is particularly limited, auguring poorly for resilience capabilities-PNG's Prime Minister James Marape has recently admitted that the country has 500 doctors, 5,000 hospital beds and as little as 14 ventilators for a population of around 8 million. (HRW, 2020)

### **Non-Communicable Diseases**

Pacific Islands' resilience capabilities are also compromised by their position at the 'leading edge' of the non-communicable disease (NCD) epidemic. NCDs kill around 38 million people annually and include conditions ranging from obesity, diabetes, cancer and heart disease to mental health disorders. (WHO, 2015) Many of these conditions have been shown to markedly increase the severity of COVID-19. As of 2010, 40% of Pacific Islanders had an NCD and NCDs were responsible for 75% of deaths and 40-60% of health care expenditure. (Perry, 2010)

The majority of deaths due to NCDs can be attributed to behavioural risk factors such as poor diets, high tobacco usage and limited physical activity. In recent decades, growing imports of calorific foods such as noodles, biscuits and rice have exacerbated the Pacific's obesity crisis through 'over-nutrition'- the region now contains all seven of the world's most obese nations. ½ of the adult population are overweight and ¼ clinically obese, compared to 13% globally. (Perry, 2010) Correspondingly, the Pacific saw the largest increase in BMI and diabetes prevalence of any region in the world from 1980-2008. (Horwood et al., 2019) Tobacco consumption is also considerably above the global average of 21%, reaching 75% and 55% amongst adult males in Kiribati and PNG respectively and 20% amongst women in 11 PIC populations. (Kerssaram et al., 2015)

NCDs not only heighten the risk of having serious complications from COVID-19, but also intrinsically harm Pacific economies by leading to poorer productivity, premature deaths and increased absenteeism. It is predicted by the World Bank that the NCD 'epidemic' may cause damages amounting to a 3-10% loss of GDP across the region by 2040. (World Bank, 2017) Recent WHO statements have become increasingly stringent, warning that the Pacific's current health trajectories are impeding progress

towards sustainable development goals and 'will fall far short of what health leaders had envisioned for the 21<sup>st</sup>-century.' (WHO, 2015) Tackling this silent epidemic will therefore be critical to any attempts to absorb the impact of COVID-19.

### **Economic Risks**

It is now clear that the economic impact of COVID-19 will be unrivalled in living memory. As of May 2020, The Asia Development Bank estimated that without mitigating policy measures global GDP will be \$5.8 trillion to \$8.8 trillion below a pre-COVID-19 baseline, a hit equivalent to 6.4% to 9.7% of global GDP. Whilst OECD countries will experience the brunt of the damage, the hit to the Pacific is estimated to range from \$3,275 million to \$5,010 million, a hardly inconsiderable 4.6%-7% of GDP. (Park et al., 2020) Indeed, the Prime Minister of Fiji, Frank Bainimarama, has recently identified COVID as the 'job-killer of the century'-100,000-200,000 jobs may be lost in the formal sector alone. (Guardian, 2020)

Concern for the tourism sector has dominated the recent news cycle in the Pacific. Since the recession, tourism has been one of the region's most pronounced growth sectors, with total inbound tourism increasing by 62% from 2008 to 2018. Tourism directly accounts for 14.6% of employment and 13% of GDP in the Pacific Islands and makes up more than 50% of GDP in nations such as Palau and the Cook Islands. (UNESCAP, 2020) In all the PICs excluding PNG, it is the largest service export sector and a crucial source of foreign currency. Unfortunately, much of this growth was dependent upon high-intensity tourism such as cruise-ship passengers, which tripled during this period. Domestic tourism, by contrast, remains negligible. As global restrictions on international travel heighten, the UNWTO predicts that global tourist arrivals will decline by 60-80% in 2020, decreasing annual tourist receipts by \$1.2 trillion. (UNWTO, 2020) This will have a disproportionately severe impact in the Pacific as tourism indirectly offers a livelihood to many in the informal sector (e.g. through selling handicraft goods as souvenirs) and is dominated by micro, small and medium-sized enterprises, which make up over 80% of the sector. (UNESCAP MPFD Briefs, 2020)

There is also a widespread concern for the Pacific migrant population. Over recent decades, many PICs have become particularly reliant upon remittances sent by workers in larger Pacific Rim countries such as Australia, New Zealand and the United States. As of 2013, 400,000 such migrants brought in \$590 million in remittances per annum, an average of 10% of PICs' GDP. These diasporas are frequently larger than the 'home population'- the tiny island of Niue has a population of c.1,500 'at

home' and 6,000 abroad. (Campbell and Bedford, 2014) Whilst the immediate priority has been returning seasonal workers home, global remittances are expected to decline by 20% in 2020 and COVID will hit global immigrant communities disproportionately. (World Bank KNOMAD, 2020) Indeed, the rate of per capita confirmed cases of COVID-19 in Washington state's Native Hawaiian and Pacific Islander population from May to June was seventeen times that of white Americans. (Zimmermann et al, 2020)

### **Social Protection**

The typical PIC lies in the middle of the low to medium developing countries by GDP per capita, ranging from \$1,625 in Kiribati to \$17,318 in Palau. Whilst this means that the incidence of extreme poverty is substantially below that found in Sub-Saharan Africa, many in the Pacific live just above the \$1.90 world poverty line, risking a sharp short-term increase in poverty on the back of a global economic downturn. One recent study of PNG, Timor-Leste (A SISs in South East Asia with a broadly representative economic profile), the Solomon Islands and Vanuatu accordingly estimated that 'a 20% contraction would result in an additional 1.2 million people in the region being pushed into extreme poverty, an increase of over 40% on pre-COVID-19 levels.' (Hoy, 2020)

PICs' capacities to absorb COVID's economic effects are also limited by the high prevalence of informal labour and paucity of formal social protection. Like many economies in the 'Global South,' PICs have a large informal sector which employs around  $\frac{3}{4}$  of the workforce and dwarfs a smaller formal economy amounting to around 500,000 jobs, the majority of which are in the civil service. (ILO, 2018) Many informal sector jobs, by contrast, are in vulnerable customer-facing or export-based services such as tourism. PICs' small populations limit economies of scale and thus prevent the development of an industrial sector, which engages only c. 15% of the Pacific workforce. (UNESCAP, 2020) Indeed, informal labour is disproportionately common in female-headed households- subsistence agriculture and 'informal activities' such as market trading are estimated to provide a living for 65-85% of the working-age female population. (UNESCAP, 2014)

Paradoxically, those receiving stable wages from formal sector employment are more likely to be covered by formal social protection, particularly insurance. This is because of poor levels of monetisation- as approximately 52% of the Pacific economy is conducted through monetary transfers, it is exceedingly difficult for governments to fairly distribute aid to those who are 'left out' of this cash economy. Pacific social

protection therefore disproportionately benefits the nonpoor over the poor, with recurrent inequalities between genders. (AusAID, 2012) On average, formal social protection expenditure amounts to solely 6% of GDP, compared to a global average of 8.6%. At the best estimate, this covers only around 1/3<sup>rd</sup> of the eligible population. (Asia Development Bank, 2019)

In the wake of COVID, health protection is a particularly notable absence- health insurance and disability assistance both amount to 0.1% of GDP. (Asia Development Bank, 2019) PICs are also particularly ill-equipped for isolating elderly people, many of whom continue to work into old age due to a lack of pensions. In many Pacific Islands, which have established contributory pension systems administered through provident funds, provision is once more limited to those in the public sector and formal private sector (Asia Development Bank, 2019). A combination of family and kinship systems, civil society aid and self-help remains the main resort- it will be exceedingly difficult to maintain social-distancing if family ties and subsistence agriculture remain the most frequent method for 'tiding over' shortfalls. in income. (Mohanty, 2011; AusAID, 2012) With mitigating uncertainty being the primary incentive behind future interventions, wholesale structural changes are unlikely. Rather, the emphasis must be on providing the information needed to fine-tune pre-existing systems so that they reach the most vulnerable whilst adhering to social-distancing guidelines. This is an immense challenge, yet articulating national policies to community support in this manner will only become more essential as systemic stresses continue to escalate.

### **Provision of Services and Utilities**

Pacific households are also poorly equipped for long-term self-isolation. First and foremost, average household sizes are large, ranging from 4.2 in the Cook Islands to 8.0 in Samoa. (UNESCAP, 2014b) Whilst data is limited, AusAID has found that multi-generational households remain the norm, particularly in households in the lower-income deciles. Service availability in the region is adequate and has improved rapidly since 2000, yet falls behind other regions of the Asia-Pacific due to the costs of the provision in such idiosyncratic geographies. Around 82% have access to electricity, 55% improved drinking sources and 36% improved sanitation facilities. (UNESCAP, 2017; WHO, 2015) Provision is particularly limited in rural areas such as the highlands interior of PNG; small outer islands and the squatter settlements which house approximately half of the region's urban population. (Jones, 2012)

The recent turn to socialising, working and studying remotely has also turned attention towards the 'digital divide' as a source of inequality. Indeed, UNESCAP has recently called for internet access to be 'treated as a new public good,' highlighting the importance of up-to-date and accurate medical information in tackling COVID. Yet internet provision in the Pacific remains limited- around one half of the population has a mobile phone subscription, but only 11% can access the internet through their phones. (World Bank, 2015; UNESCAP AP-IS, 2018) Since the widespread liberalization of the sector in the 2000s, the chief emphasis has been on building fibre optic cables underseas, which fail to reach the remotest islands. By contrast, responding to COVID necessitates the continued liberalization of more flexible satellite connections and the further provision of communal phones or cheap disposable models to isolated communities.

## Adapting to Future Trends

These four systemic vulnerabilities are exacerbated by the 'stresses' of increasing geopolitical competition and accelerating climate change within the region, stresses which both produce their systemic threats and complicate attempts to redress the Pacific's pre-existing challenges.

Many scholars focusing on international competition between 'Pacific Rim' nations have ignored the dramatic effects great power competition has had on the Pacific itself. Whilst Pacific Islands are small, they are of immense geostrategic significance and offer key (and relatively cheap) votes in the United Nations General Assembly. This particularly appeals to China, which has recently stepped up efforts in the region to curb Pacific nations' official recognition of Taiwan. From 2011 to 2017 the PRC has poured in \$5.2 billion in investments, predominantly in the form of loans. As ever, servicing these loans is a critical long-run challenge. More immediately, Chinese exports are beginning to grow again, triggered in part by increased demand for medical supplies. As China takes an increasingly assertive approach globally, such efforts can be expected to continue, primarily through a drip-feed of well-publicised bilateral aid packages, a so-called 'COVID Diplomacy.' (Zhang, 2020).

Meanwhile, American actions remain as unpredictable as ever, with much dependent upon the results of November's election. Other regional powers may seek to exploit the current impasse- Scott Morrison's Australia has recently taken a far more assertive approach to the region as part of its much-discussed 'step-up to the Pacific.' Through its position in the G20, it stands to gain political clout from coordinating debt forgiveness initiatives and lobbying for the region. Promises are already being made

to distribute any potential Australian vaccine to the 'Pacific family.' As Australia and New Zealand jointly provide 2/3rds of tourists to the region, this would be in both parties' interests. Likewise, a possible 'trans-Tasman travel bubble' offers great 'soft power' opportunities, albeit only if done correctly. (World Bank, 2017) In this triangular diplomacy, the immediate priority for PICs will be regional cooperation to best distribute and bargain for aid payments, medical supplies and potential vaccines. Indeed, such regional cooperation must be understood as part of a broader effort to insulate PICs against further economic and geopolitical shocks on either side of the Pacific Rim soon.

It is increasingly clear, however, that climate change trumps all over concerns in the region-in late 2018, the Boe Declaration on Regional Security labelled it 'the single greatest threat to Pacific countries.' (Pacific Islands Forum, 2018) Whilst PICs contribute as little as 0.04% of global carbon emissions, they are disproportionately vulnerable to global warming, sea level rises and increasing climatic vulnerability. (Campbell and Barnett, 2010) An estimated sea level rise of 40-60cm by 2100 may entirely submerge nations such as Kiribati, Tuvalu and the Marshall Islands, atoll nations with a maximum elevation of 2-3m. The PICs' 30,000 islands together have a total coastline of 50,000km-one recent study estimated that 57% of built infrastructure within PICs is located within 500m of the coastline, an estimated value of \$21.9 billion. Indeed, more than 50% of the Pacific's population lives within 1,500m of the shore. (Kumar and Taylor, 2015) On current estimates, ocean acidification will lead to the total disappearance of coral reefs by the 2060s, with catastrophic consequences for shoreline protection, tourism and food supplies.

It is important to remember, however, that climate change already has tangible effects on Pacific livelihoods, particularly through increased weather variability. The region is intrinsically vulnerable to variations in rainfall and cyclones caused by the El Niño effect- from 1950-2011, extreme weather-related events are estimated to have caused damages of \$3.2 billion and caused 10,000 deaths. (World Bank, 2017) Certainly, climate change exacerbates such risks- volcanic activity, earthquakes, flooding and droughts are all likely to become more frequent. Yet a focus on drowning islands and climate refugees ignores this long-standing dialogic interaction between Pacific Islanders and their environments, the extent to which a climate-change response will depend upon resilience strategies which have been trialled and tested over thousands of years in response to thousands of analogous shocks. In the public health perspective, climate change must therefore be understood both as a future existential threat and as a present 'risk multiplier' that exacerbates endemic health risks, for example by lowering food yields or increasing the incidence of waterborne, foodborne and vector-borne diseases. (McMichael, 2011)

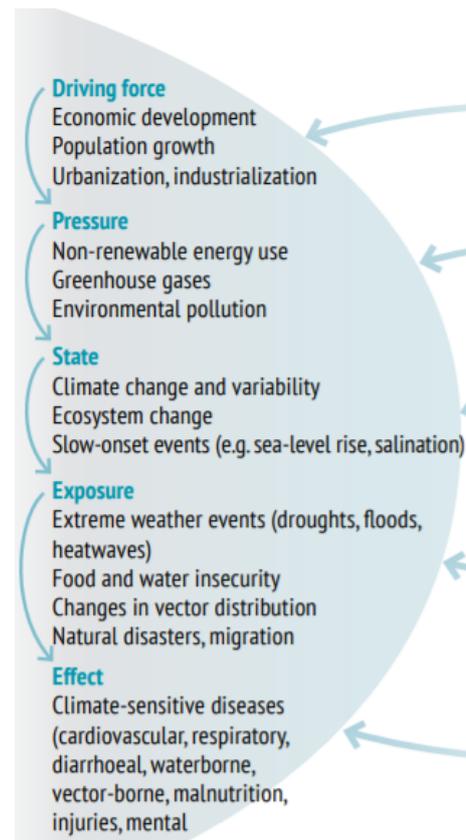


Figure 4, taken from WHO, (2015b) *Human Health and Climate Change in Pacific Island Countries*

## Adaptation and Resilience- A Systems Perspective

Such diverse threats demand an accordingly multi-faceted public health strategy. In recent years, great efforts have been made by the WHO's 'Healthy Islands' initiative to conceptualise climate change, NCDs and communicable diseases as interlaced public health challenges, the so-called 'triple burden of disease.' Under this 'whole of society approach,' individual health is understood as a product of collective environments. (WHO, 2013) As the WHO's Ottawa Charter for Health Promotion declared in 1986, 'health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.' (WHO, 1986) Such a systems perspective shifts policy prescription towards altering 'health settings,' the environments formed by social, economic and cultural factors in which people live. (WHO, 2013)

As the UNDP has stressed, such system perspectives understand COVID as merely one manifestation of humanity's currently unsustainable relationship with its environment. As outlined in the DPSEE model of Figure 4, the incidence of climate-sensitive diseases of any iteration can be expected to rise due to the driving forces of development, population growth and urbanization within the Asia-Pacific region. (Bhatia & Narain, 2010) COVID is far from being the first epidemic to haunt the Pacific, nor will it be the last. Further habitat loss and degradation will invariably lead to further zoonoses- diseases such as SARS, MERS and COVID-19 which pass from animals hosts to the human population and are responsible for an estimated 2.7 million deaths per annum. (Grebeys et al., 2014) In the most comprehensive study of emerging infectious diseases (EIDs), Jones et al. concluded that EIDs 'have risen significantly over time,' 71.8% emerging, as with COVID, from wildlife. (Jones et al., 2008) With an estimated 10,000 potential zoonoses existing at present, it is therefore critical to tie emergency measures in response to COVID into a long-term strategic approach that prioritises the detection and control of further epidemics in the daily operation of government. Nor should the glamour of emerging diseases distract from the ongoing burden of NCDs, which exacerbate the severity of such infections and thus demand equal prioritisation under a health systems approach.

## Conclusions and Recommendations

Simply put, COVID-19 poses the severest threat the Pacific has faced in its post-independence history. Pacific Island Countries have hitherto been largely successful in quickly coordinating limits on international travel and accordingly keeping COVID at bay. Nevertheless, due to PICs' reliance upon international flows of raw materials and commodities and their lack of formal social protection, an international lockdown is ultimately economically unsustainable. Pressures for 'decontainment' will only increase and political consensus, in turn, falter. COVID will arrive eventually, most likely through the poorly controlled Papuan-Indonesia border. The immediate priority must be retaining this inter-regional cooperation to 'open up' and 'close down' in a cohesive and controlled manner, with the cooperation of regional powers such as Australia and New Zealand key. Even potential travel bubbles must not lead to relaxations in temperature testing and contact tracing, nor will decontainment be a unidirectional or one-step process- as ever, the price of liberty remains eternal vigilance.

The primary factor limiting PICs' absorption capabilities will be the spare capacity for treatment required in anticipation of widespread community transmission. Attempts to purchase new medical equipment for pharmaceutical intervention will be curtailed

by the capacity constraints of PICs and their already considerable healthcare expenditures. Any available money must first go towards protecting frontline Health Care Workers, of whom there are already widespread shortages. In the immediate future, health care coverage will continue to be piecemeal and multi-tiered, with primary care provision from friends and family equally as important as care provided by the state. To reduce pressure on hospitals, a priority must be creating simple guidelines concerning the methods and limits of home treatment and fostering basic awareness of handwashing techniques and social-distancing guidelines. Closer communication between primary care providers and national hospitals and government will improve assessments of total case rates and spare capacity availability in formal care, allowing decontamination to be micromanaged with as much information as possible. Within hospitals, training staff in relatively cheap essential care procedures and establishing clear triage protocols will further decrease demand for high-resource treatment. As ever, knowledge is power- fostering access to the Internet and the printed press will be an immediate priority in coordinating this approach, requiring wholesale regulatory stimulus.

With regards to maintaining livelihoods, even a dramatic uptick in foreign aid flows and possible debt forgiveness schemes will not prevent difficult fiscal decisions needing to be made to prioritise those schemes which protect the most vulnerable. As the UNDP has warned, 'fiscal space needs to be created to respond to the crisis by revisiting existing policies, rather than applying patches to them.' (UNDP, 2020) Social protection must be necessarily multi-faceted, addressing an array of basic needs and aiming to target informally employed households, particularly those headed by women or the elderly. A dialogue between informal and formal systems of protection will be key, involving cash and non-cash transfers conducted under clear social-distancing guidelines. Likewise, a temporary increase in household-based agriculture is inevitable, particularly in peri-urban areas. To keep costs of living stable, provide female employment and prevent the growth in black markets, guidelines for safe sales will be needed swiftly. It is also key that international aid gets through to smaller businesses and individual traders who are less likely to 'sit on' business grants. All reasonable efforts must then be made to incentivise sustainable investment. For example, grants to tourism (which now appear nigh on inevitable) could go towards improving facilities and training staff to facilitate high-end, low-intensity eco-tourism.

To 'build back better' in the long-run, COVID must be framed as merely one prong of the 'triple burden of disease' in the Pacific, alongside NCDs and climate change. One of the most positive effects of COVID-19 that can be harnessed by policymakers is the increasing salience of public health in political debate. This is an opportune moment

for decreasing behavioural risk factors for NCDs such as high tobacco consumption; high physical inactivity and poor diets. Coordinated educational campaigns that synthesize with COVID guidelines such as nutrition labels; exercise guidance or enforcing smoke-free environments will be uniquely resonant. Introducing or increasing hypothecated taxes on goods such as alcohol, cigarettes or sugary drinks would be eminently justifiable and would reduce the NCD burden in the long run whilst temporarily providing much-needed government revenue. Disruptions to international trade and a widespread turn to subsistence agriculture also offer opportunities for encouraging domestic food production, particularly of climate-resistant and nutritious foodstuffs.

Finally, COVID has dramatically underscored humanity's currently unsustainable relationship with its environment. AIDS, SARS and the H1N1 swine flu all alerted policymakers to the risks of zoonotic spillover, yet the links between habitat degradation and epidemic diseases have only been truly stressed with COVID, which arrives at a unique juncture in the wider climate change debate. As global civil society scrambles to find lessons amidst the current chaos, PICs' unique historical experiences and geographical idiosyncrasies position them as world-leaders in this art of adaptation, with an arguably unrivalled moral authority. Particularly in the context of recently antagonistic Chinese American relations, there is a geopolitical vacuum to be filled in the region. There is little reason to believe that the 'New Pacific Diplomacy,' which has seen PICs coordinate and advocate multilateral action on issues such as climate change to great effect, cannot exploit this. After all, precisely those idiosyncrasies which were previously lamented as the chief sources of PICs' vulnerability have now proven to be uniquely beneficial. Rarely has what Epeli Hau'ofa called the 'bigness of our smallness' been so rewarding, the call for an urgent and radical rethink so compelling. As the new world struggles to be born, perhaps the Pacific Century calls at last for Pacific voices. This is a crisis that cannot be wasted.

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