

PACIFIC COMMUNITY RESULTS HIGHLIGHTS | 2020



Pacific Community
Communauté du Pacifique

Since 1947, the Pacific Community (SPC) has been contributing to sustainable change in the region through science, knowledge and innovation. We are an international development organisation owned and governed by our 26 member countries and territories.

Each year SPC considers the relevance and effectiveness of our work and publishes an annual results report. The 2020 Results Report is the fifth and final one under the current Strategic Plan. Key themes in 2020 included our response to the global COVID-19 pandemic, the impact COVID-19 had on our areas of work and ways of working, SPC's contribution to the region's commitments to the 2030 Agenda for Sustainable Development, and the integration of gender and human rights across our programmes.



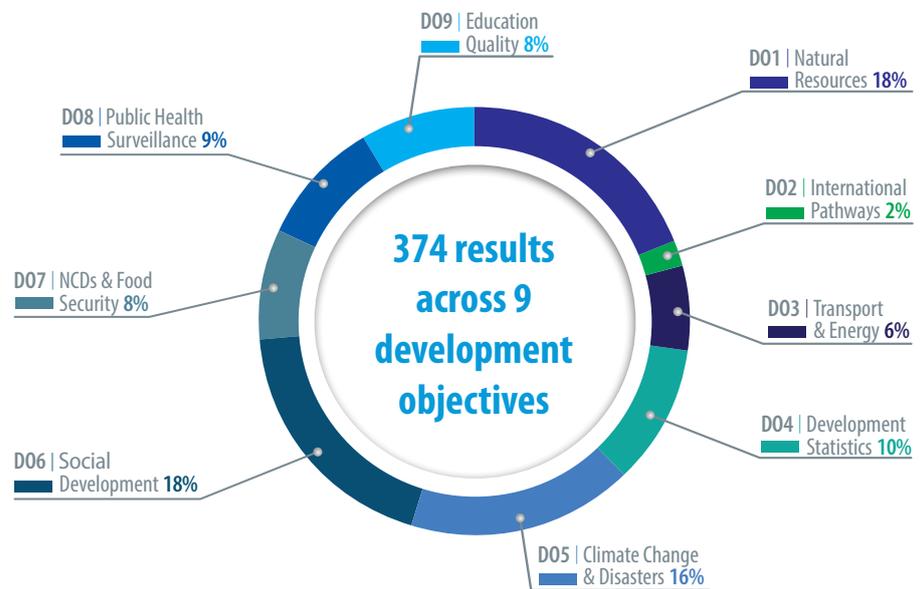
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HIGHLIGHTS OF RESULTS IN 2020

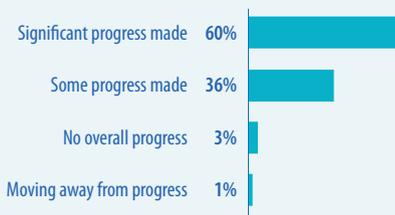
Development objectives

The overall assessment of SPC's performance in 2020 is positive, with a higher proportion of results showing significant progress compared with previous years (60% in 2020, up from 57% in 2019 and 48% in 2018) (Graph 1). Results were achieved across all levels, from outputs to changes in knowledge, practice and attitudes (Graph 2).

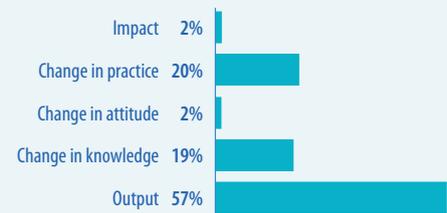
The majority of SPC's results contributed to the sustainable management of natural resources (SPC development objective 1), advancing social development (SPC development objective 6) and multi-sectoral responses to climate change and disasters (SPC development objective 5).



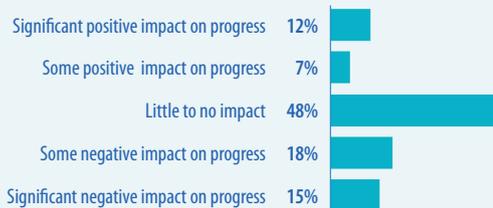
Graph 1: How much progress did we make? (n=374)



Graph 2: What level of change did we achieve? (n=374)



Graph 3: How did COVID-19 impact our progress of achieving results? (n=374)



Graph 4: What types of results did we achieve? (n=374)



Impact of COVID-19

COVID-19 had significant impacts on both the way we worked in 2020 and the nature of our work (Graph 3). While some planned activities either slowed or stopped, others progressed, and new activities and partnerships were developed in direct response to the pandemic and members' changing priorities.

The total number of results achieved was lower in 2020 than in 2019 (374 compared with 442), likely due to the impacts of the pandemic.

Approach

Technical assistance and capacity strengthening were the main types of results achieved in 2020 (Graph 4). They included the delivery of scientific and technical assistance, capacity strengthening, training, tools and manuals, and enhanced systems, methods and practices. As we adapted to the constraints of COVID-19, we also strengthened our capacity to deliver services and support through virtual platforms, or through greater reliance on locally based partners. More than 145 capacity strengthening results were delivered with over 5500 participants trained in 2020.

Contribution to all 17 SDGs

In 2020, SPC continued to play an essential role in working with PICTs to progress implementation of the 2030 Agenda. Our results cut across all SDGs, including good health and well-being, life below water, gender equality, food security and nutrition, partnerships, and quality education (Graph 6). Partnerships with our member governments, CROP and development partners, civil society, the private sector, research organisations and academia underpin our work.



Graph 6: Development objective results, by primary SDG (n=374)

Organisational objectives

Our convening

SPC convenes or co-convenes high-level regional meetings of government ministers or heads of sectors to provide strategic direction, support the development and implementation of regional frameworks and strategies, strengthen partnerships, or provide technical oversight of SPC's work.

In 2020, SPC convened or co-organised 12 regional meetings with Pacific ministers or heads of sectors, and other events of regional significance (Appendix 4 of the report lists the main outcomes of these meetings).

83 results
across 5
organisational
objectives

Our operations

SPC's capacity to pivot to meet the challenges of COVID-19 relied on our ability to plan, adapt and innovate. We reprioritised activities, programmes and budgets, and rapidly developed and used online platforms for capacity building and engagement. To ensure business continuity, almost all of SPC's business services are now delivered through digital channels. Our staff met these challenges while also dealing with their own difficulties due to the pandemic, such as family separation and other personal and economic impacts.

Additional operational highlights

- Consolidation of SPC's internal systems towards a 'One SPC' business model continued in 2020.
- A full review of SPC's human resources and staff policies resulted in the implementation of a new Manual of Staff Policies on 1 July 2020.
- SPC made progress in implementing a people-centred approach, and mainstreaming social (gender, youth, culture and human rights) and environmental issues.

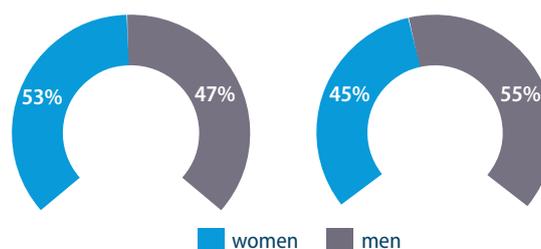
Our people

SPC's headquarters are in Noumea, New Caledonia, and there are regional offices in Fiji, Vanuatu and Pohnpei, FSM, and a project support unit in Solomon Islands.

SPC employed 615 staff at the end of 2020, down 1% from the start of the year (619 staff). More women than men occupied locally advertised, lower-banded positions (63% versus 37%). More men than women occupied internationally recruited positions (55% versus 45%).

53% of staff were women (321), compared with 54% in 2019

45% of internationally recruited positions were held by women



Financial summary

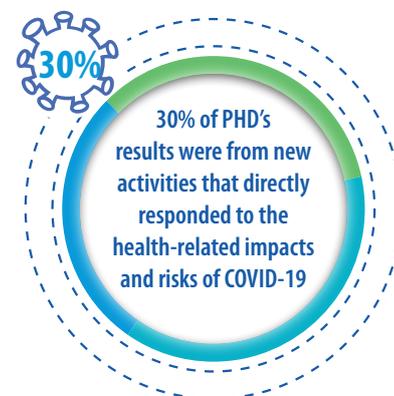
SPC's 2020 revised budget was EUR 77 million, while actual expenditure was EUR 62.8 million. Programme and project execution, totalling EUR 49.4 million against the budget of EUR 61 million, stood at 81% due to the impacts of COVID-19. Net core expenditure reduced by EUR 2.6 million, from EUR 16 million per the 2020 revised budget to EUR 13.4 million, due to lower expenditure (mainly on salaries and travel). From early in the pandemic, SPC leadership and management focused efforts on contingency planning, monitoring, and a commitment to maintain a balanced budget under these times of unusual and extreme operating and financial pressure. This resulted in higher operating reserves and contributed to SPC's financial viability during the pandemic.

The approved budget for 2021 provides for expenditure of EUR 86.2 million, an increase of EUR 9.2 million from the 2020 revised budget, mainly arising from higher programme and project execution, capital expenditure, and key reforms such as investment in integrated programming and resource mobilisation.

SPOTLIGHT ON COVID-19 HEALTH RESPONSE

Though less affected than some regions of the world, the Pacific has not been spared the effects of COVID-19. Since the onset of the pandemic, SPC's Public Health Division (PHD) has been working closely with members and partners to support COVID-19 prevention, preparedness and response.

SPC is part of the PHP-C and the Pacific COVID-19 JIMT. The regional COVID-19 response is managed through the WHO-led JIMT, which includes partners such as the Australian Department of Foreign Affairs and Trade (DFAT), the New Zealand Ministry of Foreign Affairs and Trade (MFAT), the Pacific Island Health Officers' Association (PIHOA), SPC and the United Nations Children's Fund (UNICEF). The purpose is to ensure partners coordinate their activities and leverage their resources so that PICTs receive the guidance and supplies needed to strengthen their health emergency preparedness.



Public health surveillance

PHD is the lead agency in the region for laboratory testing and laboratory surveillance for COVID-19. Testing is one of the key components in the fight against COVID-19. It allows countries to identify people who have the disease and to scale-up their health-care services if needed. From the outset of the emergence of COVID-19, PHD was proactive in collaborating with partners and donors to provide testing capacity to all Pacific countries. The team surveyed PICTs to assess the availability of GeneXpert equipment that could be used for automated coronavirus polymerase chain reaction (PCR) testing, and then worked with Cepheid Australia and the WHO Western Pacific Regional Office (WRPO) on the development and production of a GeneXpert coronavirus testing cartridge. The cartridges were manufactured, approved for use in April 2020 and used in testing in the Pacific from May 2020.

The laboratory team has also provided ongoing technical advice to PICTs on COVID-19 testing.

PHD has closely monitored the global and regional situation through its epidemic intelligence system, and gathered data and produced weekly epidemiological reports on COVID-19 cases reported in the Pacific.

The SPC team gathers morbidity and mortality data and, in collaboration with the Statistics for Development Division (SDD), makes it available through a single point of access on the SPC website: [COVID-19: Pacific Community Updates](#). The site provides visualisation of information, and access to the underlying data on COVID-19 cases and deaths via the Pacific Data Hub.



Through its Clinical Services Programme, SPC works with PICTs to provide guidelines and training as part of the COVID-19 regional response. SPC is among others leading the work of the JIMT clinical services and nursing group. Nineteen results were generated under clinical services in 2020 (5% of total development objective results) (Graph 3). Most results related to changes in knowledge or practice.

Changes in knowledge resulted from training in COVID-19 clinical care, and participation in meetings of Pacific Heads of Nursing and Midwifery (PHoNM) and Directors of Clinical Services. Changes in practice were evidenced in network building, actioning recommendations from the PHoNM meeting, and testing and repair of biomedical equipment. Outputs included intensive care and biomedical capacity assessments, and procurement of oxygen concentrators and critical care equipment.

CLINICAL SERVICES OUTCOMES IN BRIEF

Over 400 health-care workers, including clinicians, nurses and technical staff, improved their understanding of COVID-19 following virtual webinars and training

44 oxygen concentrators and 844 items of critical care equipment and accessories were procured for 14 PICTs (received by Fiji and FSM, and in process for others). Fiji, Kiribati and Nauru also received ventilators

COVID-19 funding support was provided for 12 PICTs by various partners, with funding decisions informed by an online survey of ICU (intensive care unit) capacity



Performance Story



Building nurses' capacity to provide critical care during the COVID-19 pandemic

Context

The COVID-19 pandemic presented further challenges for the already resource-constrained health systems in PICTs.

As part of its response to the pandemic, PHD conducted a regional ICU survey to understand the capacity of PICTs to manage COVID-19 patients. The results highlighted an urgent need for upskilling of nurses to enable them to provide the intensive care that could be needed.

Change process

Funding from DFAT provided the opportunity to upskill PICT nurses. The inaugural meeting of Pacific Heads of Nursing & Midwifery Meeting (PHoNM) in February 2020 had already strengthened nursing leaders' networks. Through the PHoNM network, Ms Alison McMillan, the Commonwealth Government Department of Health's Chief Nursing and Midwifery Officer (Australia), was able to include PICT nurses in the surge critical care training that was developed for Australian nurses only.

The training was designed to rapidly provide nurses with the minimum knowledge and skills required to work in high dependency or critical care settings such as ICUs. Given the very limited number of intensive care nurses in PICTs, it was anticipated that other nurses would be called on to provide critical care if there was a surge in the number of seriously ill COVID-19 patients. As the course was online, nurses were able to undertake the required upskilling while travel restrictions were in force.

Results and impact

A total of 114 nurses from 17 PICTs enrolled in the programme. SPC worked closely with Pacific Heads of Nursing, midwifery officers and clinical supervisors to provide continuous support to the nurses. Overall, 84 nurses from 15 PICTs completed the training – a 74% completion rate, which was the same as for the Australian nurses undertaking the training. Feedback from PICT nurses who completed the course was positive, with 90%

of them rating the training as excellent or very good, and 98% indicating they gained a great deal of new information.

"It is quite helpful when caring for critical patients. We now have the background and knowledge of how to use certain machines and how to approach them in a professional manner and how to manage these critical cases." – Priyanka Anshu Dutt, a registered nurse at Labasa Hospital, Fiji, who successfully completed the training

SPC worked with nursing leaders in-country and partners including WHO to assist the training. For instance, a Solomon Islands nurse reported that she had no access to a computer and internet use was expensive. With the help of SPC's Regional Director, Melanesia, and WHO's Country Office in Solomon Islands, nurses were able to use the WHO facility to complete their training. The completion rate for nurses from Solomon Islands improved from 9% before the intervention to 80%.



Nurses from Fiji who took part in critical care training

Division: PHD
Donor: Government of Australia

Scan/click here to watch a video on critical care training

