Atoifi Health Research Group
Atoifi Adventist Hospital
Malaita, Solomon Islands
3 June 2018

PLANNING WORKSHOP REPORT
Purpose of the Planning Meeting
The Atoifi Health Research Group is a group of health researchers and community members committed to grass roots ‘learn by-doing’ approach to research. The Group aims to strengthen research capacity by conducting health research in Solomon Islands to enable a Pacific Islands approach to understanding health issues affecting communities in the Pacific Islands.

The Atoifi Health Research Group first formed in 2011, and has grown to incorporate partners from East Kwaio, Malaita, across Solomon Islands and internationally, including Papua New Guinea, Australia and the United Kingdom. You can read more about the AHRG here: https://www.atoifiresearch.org.sb/about Members of the AHRG felt they needed a forum to talk about research in the East Kwaio context, what the research priorities should be, establishing sustainable research systems and how to respond to increasing numbers of request to collaborate with national and international research partners. Thus, we planned a Strategic Planning Workshop.

The Planning Meeting
On Sunday, 3 June 2018 at Atoifi Hospital, Solomon Islands members of the AHRG met to reflect on where we have come from, where we are now, and plan how to progress the Group to be of most benefit to the people of East Kwaio, Solomon Islands and the Pacific as a whole. In preparation for this Planning Workshop, we invited key research partners to complete a short survey to help us prepare for the Workshop. 19 of the 28 people completed the survey (68% response rate); the results are summarized in Appendix A.

One of the key ideas to emerge from the pre-Workshop survey was the need to be clear about what research was and what the various roles of key partners were in a Research Group. It was reported that some community members and Hospital staff didn’t really understand the role of health research and how research could improve health system and services. It was decided that the Workshop would not take on a typical “strategic planning’ form, but would focus more on establishing a shared understanding of what research was, what the Group was and how practical research action could be driven from the bottom up.
The Program

The Planning Meeting Program was predominantly led by Mr Humpress Harrington, Former Head of Pacific Adventist University – Atoifi campus and current PhD candidate, James Cook University and Ms Rowena Asugeni, Director of Nursing and Director of Research, Atoifi Adventist Hospital. Support was provided by Dr Peter Massey, Hunter New England Population Health, Australia with Dr David MacLaren and Dr Michelle Redman-MacLaren, both of James Cook University, Australia.

Program

1. Welcome and outline of Planning Workshop – Rowena

2. What is research? Why do we do research? What is a research group? What about AHRG? - Humpress

3. What research do we need to do in the next year (Group activity)? – Michelle explain the process; all of us help the groups

If the participants are keen to be active researchers, they are invited to stay at the workshop and plan the next steps for specific research programs. If participants do not want to be actively involved in research in the next 12 months, they are welcome to provide support in other ways.

4. Prioritise research programs using a secret ballot - Pete

5. Create research groups to enact (what is the research program, timeframes, who will be working on the program, resources required (people, expertise, funds) – Humpress, Pete, David

6. Explain sign up day for those interested in joining a specific research program for next 12 months– Rowena / Hillary

Figure 1: Participants during planning meeting presentations
Areas of discussion covered in the Workshop

**Facilitator:** Mr Humpress Harrington

**Topics covered:**

- What is research? Why do we do research?
- What is a research group?
- What is the Atoifi Health Research Group?

**I. What is research?**
- Systematic, to re-look at something
- Finding information to improve health service/community
- There are different researches at various organization
- Research is a search for something but have a system

**II. Why do we do research?**
- Inform policy development/change/practice about guidelines to guide how things are done
- Result taken from study will improve practice
- “If we are not happy with life then we need research, but, if we are happy with life then we don’t need research”
- Community, culture and church have systems and policy, but most time not formally written.
- Researchers or any research conducted should respect these systems of culture, Religion, finance resources, environment etc...
- Research helps us identify the need to improve our system

**III. What is a research group?**
- A group of people with common interest/goal
- To find new knowledge
- Team with different skills/knowledge
- Partnership with – community, hospital, institution, provincial, national and MOH
- Different groups have different purposes example:
  - Group 1 – Find solution
  - Group 2 - implementation solution
  - Group 3 -Impact/ evaluation
- Important to identify KEY people, people who can make change
- System within the hospital should link with the community, culture and church
- Recommendation to have an avenue for hospital to meet and present research findings
- The idea to have a Regular Research Colloquia. This can be integrated with Pacific Adventist University (PAU) Atoifi Campus Assembly program every Thursday. This will create a culture of inquiry.

IV. **What is the Atoifi Health Research Group?**
A group of people with common interest/goal and committed to improve health issues in the communities. Started from a humble beginning now is being recognized. The current members consist of community leaders, chief, nurses, and local researchers from national and international partners.

*Figure 1: Atoifi Health Research Group Model for research practice*
The idea of **ONE HEALTH** was also highlighted in the discussion - it is significant for the health system to recognize one system is not superior to other. Balance of system is important. The diagram below was used to demonstrate the intersection of health, environment and culture for the wellbeing of Kwaio people. This is known in Kwaio language as *to’oru leanga* (literally staying/living well).

**Figure 3: Diagram representing ONE health**

**PRIORITISING RESEARCH**
A brainstorming session took place next, where small groups determined important research priorities.

**Figure 4: Ms Rowena Asugeni and Ms Dorothy Esau brainstorming research ideas**

**Figure 5: Small group discussions research ideas**
These ideas were then shared with the whole Meeting.

The small group ideas were then grouped in similar areas of research and a secret ballot process was undertaken to determine which top four research activities would be planned for.

In the afternoon, Planning Workshop participants broke into four groups to plan the four identified priority research programs\(^1\) to be undertaken in the next 12 months.

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\(^1\) The term ‘program’ is used in place of the term ‘project’ due to local understandings of projects being an opportunity to make money – this is not what grass-roots health research is about.
## Priority Research Action for the next 12 months (2018 – 2019)

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Program Leader/s</th>
<th>Program members</th>
<th>Funding Required</th>
<th>Next Steps Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Communicable Disease prevention and treatment</td>
<td>Mr Lester Asugeni</td>
<td>Vinnie Asugeni</td>
<td>To be advised by program leader</td>
<td>To be advised by program leader</td>
</tr>
<tr>
<td>Impact of urbanization and outward migration of young women from East Kwaio.</td>
<td>Rowena Asugeni</td>
<td>Esau Kekeubata, Dorothy Esau, John Wakegani</td>
<td>To be advised by program leader</td>
<td>To be advised by program leader</td>
</tr>
<tr>
<td>WASH for community and school in Abitona village, East Kwaio</td>
<td>Chesly and Tommy Esau</td>
<td>David Maclaren, Humpress Harrington, Max Firiaba`e</td>
<td>Require external funding</td>
<td>Program leaders and members to meet next week for proposal and next steps</td>
</tr>
<tr>
<td>Child &amp; Family Health</td>
<td>Hillary Toloka</td>
<td>Hetie Asugani, Relmah Harrington,</td>
<td>Internal funding. Work with AAH primary health care team</td>
<td>Proposal done. Waiting for ethics approval and project roll</td>
</tr>
</tbody>
</table>

## Additional Research Areas/ Priorities
In addition to the four research projects planned for 2018-2019, the following were identified as important by at least some of the groups at the Planning Meeting.

**Extras Research Ideas:**
- Child & family Health
  - Malnutrition of mountain kids
  - How to improve immunization
  - How to improve antenatal 1st visit in 1st trimester
  - How to improve post-natal care
- Review PAU Bachelor of Nursing after 1st graduation
- Waste Management
  - Improve hospital management
- Species
To find more species e.g. birds, frog, which are endanger of becoming extinct

Herbal Medicine
- Management for snake bite in East Kwaio
- What species of snake
- Living medicine concept how we can incorporate medicine with biomedical

One Health
- Leptospirosis, diagnosis, treatment, rat control and environment

TB
- How community help improve TB burden

Infectious
- Local knowledge for controlling or management of skin wounds + cuts
- Reduce malaria

Blood donation
- Knowledge, attitude, practice in blood donation+ associated factors among children in East Kwaio

Sexual Health
- What is sexual health and how important it is with gender

PHC team
- Evaluation of model
- Effectiveness of AAH PHC

Health Service Data
- How can health data be used to improve health

Systems
- What are the experiences of Atoifi health workers experiences e.g. having two systems
- AAH workers respond to Salary
- How to improve nursing care at hospital
- Management of AHRG

Recommendations emerging from the planning Workshop

**Key Recommendation for Immediate Action:** Research Management systems are a priority if the AHRG is to succeed. The weekly AHRG is critical to open communication and a shared research agenda going forward. **Rowena Asugeni is to call a meeting as soon as possible** with key partners from Atoifi Adventist Hospital (AAH), PAU Atoifi campus, JCU and other key partners to
discuss key management issues, including who leads the group, who co-ordinates the Group activities from Atoifi, channeling of research funds through AAH etc.

Additional recommendations for consideration/action:

- Inclusion of more young people in the group. Example some educated people or leaders from Kwaio
- Inclusion of primary and secondary school teachers, communities in future research trainings or workshops.
- Key members of the Atoifi Health Research Group has taken the lead in health research, however there needs to be clearer explanations from other research partners about their relationship to the group and their specific roles e.g. administration of group, funding of research staff, co-ordination of research projects
- Understanding other research networks and partners how they fit in the AHRG is crucial.
- We need more health research conducted in churches and schools as they also have health issues and challenges to be solved. AHRG is a health-focused research Group and needs to keep that focus.
- Good idea to expand partnerships, but be careful to keep it small enough to manage for now. Especially important while AHRG established functional and sustainable research systems and a capacity to manage from Atoifi
- There are more people interested in research however, they need to be more actively involve or participate.

These recommendations were identified during general discussions but due to time constraints, no specific SMART plans were made to operationalise these recommendations during the Planning Meeting. The AHRG members have since begun discussing how these recommendations can be actioned in their regular weekly meetings.

Report prepared by Tommy Esau, Atoifi Health Research Group, and Michelle Redman-MacLaren, James Cook University.

For more information about Atoifi Health Research, Group please contact Ms Rowena Asugeni rowenaasugeni@gmail.com or Mr Humpress Harrington humpress.harrington@gmail.com
Appendix A: Survey Results

Survey Responses for Planning Workshop

Atoifi Health Research Group
Questions asked, your answers

- How you describe AHRG to others
- Main purpose AHRG
- Important partners
- Important achievements
- How community views AHRG
- Things AHRG not done well
- Recommendations

19/28 responded; 68% response rate
Describing AHRG to others

- Health professionals, communities & experts working together to generate new/vital knowledge for evidence practice
- Group of people with different walks of life, but with interest to work together in finding facts (evidence) that will impact change in the life of people
- Research helps our community to improve our better healthy future
- Tries to identify health problem within the communities in East Kwaio so that intervention can be done to solve the problem
- This is also a learning avenue for our University students
- Grass roots group of local health professionals, community members and researchers solving local problems through “learn-by-doing” projects supported by a close network of international supporters.
Main purpose AHRG

- The main purpose of the AHRG is to work in partnership with all health care settings, local communities, institutions to help identify and improve all needs in our areas for us to have and live in a better healthy society.
- Finding to inform the policy makers to do any changes
- Solve local health and health service problems through action research projects and strengthen local research capacity.
- Capacity building and training for the new generation of local researchers
- Establish a health research hub in Solomon Islands
Important partners, who else?

Partners:
Local community leaders, families, chiefs, church leaders, health care settings, schools and universities, NGOs, health care workers, Provincial government, national government and its ministries, MHMS, International Research partners, AAH and all staff, PAU Atoifi campus, all the village councils/chiefs in the region, JCU, Tropical Partners, LSHTM, funding bodies

Who else:
East Malaita Rural health clinics, schools and hospitals, Solomon Islands National University, nursing students, SDA Mission in Honiara
Important achievements

• Conducting health research projects
• Capacity building of researchers
• Publication of articles
• Two health research symposiums
• Attracting national and international researchers to collaborate with AHRG.
• Local changes to practice as a result of research process
• Having an impact in the way research is conducted in Pacific/LMIC as a model
How does community view work?

- Very unhappy = 0
- Unhappy = 3
- Neutral = 5
- Happy = 6
- Very happy = 3
- No response = 2
Community views

- Some community members still don’t understand the importance of the research in improving health system and services.
- Some of the community members view the work of AHRG as not really helpful for them.
- Others view AHRG as important and chance to improve and acquire new knowledge of solving simple problems.
- It’s a great model and very sustainable.
Things not done well

• Need more awareness program so it is clear to the communities
• System hasn’t been set up really well, communication, internet access is up and down.
• Small number of people see some of us who are leaders and actively involved as getting a lot of money and privilege out of the research activities.
• Engaging other health workers to directly involve in conducting research.
• Finance systems not clear
• Lack of clarity about relationship/approval process between AAH and MHMS ethic committees.
Recommendations

• Research agenda be driven by people on the ground, not international partners
• Decide on a ‘core’ research agenda, not too broad
• Consolidate now due to rapid expansion/multiple requests for collaboration
• Draft a capacity program for extending the skills and knowledge they have gained; use in Pacific
• Teachers, schools and other community members involved; more people involved at local level
• PAU more involved in research (staff and students)
• Be clear about roles
• Improve internet, financial management and administration systems locally
## Appendix B: Participants List

<table>
<thead>
<tr>
<th>NO</th>
<th>Names</th>
<th>Organization</th>
<th>Roles</th>
<th>Contacts</th>
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<tbody>
<tr>
<td>1</td>
<td>Rowena Asugeni</td>
<td>Atoifi Adventist Hospital</td>
<td>Director of nursing/director of Research</td>
<td></td>
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<tr>
<td>2</td>
<td>James Asugeni</td>
<td>Pacific Adventist Hospital-Atoifi campus</td>
<td>Lecturer</td>
<td></td>
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<tr>
<td>3</td>
<td>Lester Asugeni</td>
<td>Pacific Adventist Hospital-Atoifi campus</td>
<td>Dean/lecturer</td>
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<tr>
<td>4</td>
<td>Vunnie Asugeni</td>
<td>Atoifi Adventist Hospital</td>
<td>Lab technician</td>
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<td>5</td>
<td>Lindelle Vuni Asugeni</td>
<td>Atoifi Adventist Hospital</td>
<td>Nurse educator</td>
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<td>6</td>
<td>Max Firiaba`e</td>
<td>Abitona community</td>
<td>Community leader/researcher</td>
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<td>7</td>
<td>Hillary Toloka</td>
<td>Atoifi Adventist Hospital</td>
<td>RN/Research nurse</td>
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<td>8</td>
<td>Tommy Esau</td>
<td>Atoifi Health Research group</td>
<td>Research worker</td>
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<td>9</td>
<td>Michelle R Maclaren</td>
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<td>Researcher</td>
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<td>David Maclaren</td>
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<td>Dorothy Esau</td>
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<td>Esau Kekeubata</td>
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<td>Cultural broker/community liaison</td>
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<td>Hettie Asugeni</td>
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<td>Waneagea John</td>
<td>Kwainaa`isi Cultural Centre</td>
<td>Chief/teacher</td>
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<td>Relmah Humpress</td>
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<td>Jason Diau</td>
<td>Atoifi Adventist Hospital</td>
<td>CEO/Chief medical officer</td>
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<td>22</td>
<td>Lawrence Newton</td>
<td><code>Aukwa</code>l Community high school</td>
<td>Teacher</td>
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