



# INSIGHTS

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Cover page highlights the International Plant Health Day that is celebrated annually on May 12



# Welcome Note



Dear Readers,

Welcome to the latest issue of INSIGHTS. As we observe International Plant Health Day on May 12, our cover reminds us of the inseparable link between our environment and our well-being.

This issue arrives at a pivotal moment for health research in Fiji. We launched the REFLECT study in selected communities across Tavua, a critical effort to test how "cool roofs" can help our citizens adapt to rising global temperatures and improve long-term health outcomes. Simultaneously, we are expanding our reach into the Mid-Rewa region through the SAFI study, which utilizes a "One Health" approach to track and identify the causes of acute febrile illnesses in rural areas.

However, our progress is met with a "sobering" reality. Data from the 2025 Fiji STEP survey reveals that a staggering 98.5% of Fijian adults now live with at least one risk factor for non-communicable diseases (NCDs). These conditions currently account for 80% of all deaths in our nation. In response, this issue highlights our commitment to the RESist-NCD program, which focuses on strengthening community-led primary healthcare to move away from reactive hospital care and toward proactive, context-specific prevention.

As FIPHR continues to grow with new staff and partners, we encourage you to join the conversation by connecting with us on LinkedIn and Facebook. Our research is most effective when it is shaped by the needs of the people we serve.

Vinaka Vakalevu,

*Dr. Donald Wilson*

# Fiji Joins Global Fight Against Rising Temperatures: The REFLECT Study Launches



Members of the REFLECT Project Team with Avelina Rokoduru, Dr Donald Wilson and Dr Noah Bunkley

Fiji is officially turning up the "cool" in the face of rising global temperatures. With a robust coalition of international and local partners, the nation has joined the Global Heat Study, focusing on selected communities in Tavua.

This ambitious initiative is designed to help low-middle income countries adapt to extreme heat by testing a deceptively simple yet powerful intervention: cool roofs.

## **A Powerhouse Collaboration**

The study is made possible through funding from the Wellcome Trust and a formidable lineup of institutional partners, including:

- The University of Auckland
- Fiji National University (FNU)
- Fiji Institute of Pacific Health Research (FIPHR)
- Ministry of Health and Medical Services
- Ministry of Local Government
- Ministry of Environment and Climate Change

## **What is a "Cool Roof"?**

A cool roof is designed to reflect more sunlight and absorb less heat than a standard roof. The REFLECT study aims to measure how these installations impact health, environmental sustainability, and the local economy.

Project Manager Isireli Koroituku explains the multi-layered goals of the intervention:

"What we want to find out is whether the cool roof intervention will influence the heat, health, and comfort of the participants. We are looking to lower household energy use, improve productivity, reduce healthcare costs, something we always strive for and ultimately reduce greenhouse gas emissions."

## Fiji on the Global Stage

Fiji isn't alone in this mission. The REFLECT Study is a truly global effort, with implementation already underway in:

- Niue
- Ahmedabad, India
- Ouagadougou, Burkina Faso
- Hermosillo, Mexico

The data gathered from Tavua will contribute to a massive international dataset, helping scientists understand how different climates and housing types respond to cooling technology.

## Data-Driven Solutions for the Future

For Dr. Noa Bunkley of the University of Auckland, the study is about more than just immediate comfort, it's about long-term policy change. "The cool roofs will protect communities from the impacts of heat and climate," Dr. Bunkley noted. "The data will generate information that can be shared with policymakers and funders to find scalable solutions to adapt to climate change."

Dr. Donald Wilson also emphasized the value of the collaboration, expressing gratitude to the University of Auckland and reminding the field team of the importance of community trust. "It supports the communities and the country to adapt to climate change," Dr. Wilson said. "I encourage the team to remain of good character as you visit the communities."

As the project moves forward in Tavua, the hope is that these "cool" solutions will provide a warm sense of security for Fiji's future in a changing climate.



# Strengthening Fiji's Response to Acute Febrile Illness through a 'One Health' Lens – Surveillance of Acute Febrile Illness in Fiji (SAFI study)

**Acute Febrile Illness (AFI)** commonly defined as sudden onset of a high grade fever, is one of the most significant public health hurdles in the Pacific region. While the symptoms often appear non-specific, such as headaches and fatigue, the underlying causes are diverse and can be life-threatening. In Fiji, diseases like leptospirosis, typhoid, and dengue are common causes of AFI, but there are many other unknown causes of that put a heavy strain on rural health systems.

## **The Current Challenge: Identifying the “Why” Behind the Fever**

Fiji has two major surveillance systems – the National Notifiable Disease Surveillance System and the Early Warning Alert and Response System (EWARS). Despite this, there is a lack in knowledge of unknown causes of fever especially in rural parts of Fiji, where diagnostic capacity is often stretched thin.

Many emerging and re-emerging diseases often present with febrile illness including arboviral infections such Zika, Chikungunya and Ross River Virus. Studies have found RRV seroprevalence rates as high as 47% in parts of the Pacific, highlighting the need for a system that can detect more than just the “usual suspects”.



Prof Meru Sheel (front, second from left) and Dr Pelasio Rounds (front, third from left) with stakeholders and participants of the SAFI workshop



Prof Meru Sheel (second from left) with Nakorosule Nurse and SAFI staff

## A New Model: Mid-Rewa Pilot

To bridge these gaps, a new pilot active surveillance study in the Naitasiri is being implemented with funding support from the Australian Government Department of Foreign Affairs and Trade within the Watershed Interventions for Systems Health (WISH) Pacific program.

Speaking at the opening of the study in Vunidawa on Monday 4th May, 2026 – Prof. Meru Sheel, an infectious disease, epidemiologist and vaccinologist with the University of Sydney and the lead Investigator for the AFI Study said that “ the study design involves active identification of patients presenting with fever, combined with community engagement’. The initiative will identify fever cases, and attempt to identify its causes and looks specific environmental and behavioral factors leading to disease.

By monitoring trends at the Nakorosule Health Centre and Vunidawa sub-divisional hospital, researchers hope to pinpoint exactly why certain groups, such as young adults, males, and iTaukei communities remain at higher risk for infections like leptospirosis.

Echoing similar sentiments, Dr Pelasio Rounds, Sub-divisional Medical Officer (SDMO) Naitasiri said that “ studies like the AFI promote population-based approach to diseases as the interventions are guided by assessing community needs and resources”.

## The Power of “One Health”

The SAFI study will apply a One Health approach, which recognizes that human health is deeply connected to the health of animals and the environment. In rural Fiji, this connection is clear:

- Environmental Risks: Factors like floodwaters, proximity to rivers, and land-use changes directly impact the spread of many infectious diseases
- Infrastructure: A lack of running water, hand hygiene and poor waste treatment are known contributors to diarrheal diseases.
- Climate: Outbreaks of dengue and leptospirosis are heavily tied to the wet season and extreme weather events like tropical cyclones.

By integrating health surveillance with watershed monitoring, the project will capture data on household, community level and environmental factors that drive disease spread.



Dr Rizwan preparing to draw blood

## Looking Forward

This study is a collaborative effort involving the Fiji National University (FNU), the University of Sydney, Ministry of Health and Medical Services, World Health Organization (WHO) and the Fiji CDC., with support from the Australian Government.

The data gathered in the SAFI study over the next 18 months will provide a blueprint for a more responsive, integrated One Health surveillance model. If successful, this “One Health” framework could be scaled up across other divisions in Fiji and potentially throughout the Pacific, ensuring that when a fever strikes, the health system is ready to prevent, detect and respond with precision.

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## Research Ethics in Dentistry



Dr Etivina (fourth from the right) with School of Dental staff

The School of Dentistry recently hosted an insightful workshop centered on the critical role of ethics in dental research.

Featured guest speaker Dr. Etivina Lovo joined a distinguished panel of professionals from the International Association for Dental, Oral, and Craniofacial Research (IADR) Oceania Section. Together, they shared expert perspectives on maintaining high ethical standards and navigating complex regulatory landscapes in modern dental and craniofacial studies.

For more information on Research Ethics, refer to <https://www.fnu.ac.fj/college-of-medicine/research-cmnhs/chhrec/>

# A Mirror to the Nation: Dr. Wilson Issues Urgent Call to Action Following 2025 STEP Survey



Dr Wilson (standing) at the RESist-NCD Fiji Workshop

At a recent multi-sectoral workshop, Dr. Wilson of the Fijian Institute of Pacific Health Research (FIPHR) delivered a sobering wake-up call regarding the health of the nation. Drawing from the newly released 2025 Fiji STEP survey, Dr. Wilson detailed a crisis that extends far beyond the walls of hospitals, affecting Fiji's economy, its social fabric, and its most vulnerable citizens.

## The "Sobering" Reality of Fiji's Health

The survey findings paint a grim picture of the health challenges facing the country. Dr. Wilson noted that non-communicable diseases (NCDs) specifically heart disease, diabetes, cancer, and chronic respiratory illnesses now account for 80% of all deaths in Fiji.

"The findings in one word are so great," Dr. Wilson remarked. "Almost all the adults in Fiji (98.5%) now live with at least one NCD risk factor. Nearly half are living with three or more."

The statistics highlight a significant gap between diagnosis and treatment. While more than one in three adults has hypertension, only 22% are taking medication, and a staggering 7% have their blood pressure under control. Furthermore, salt intake across all age groups is approximately 10 grams per day, nearly double the recommended limit.

## An Economic and Development Hurdle

Dr. Wilson emphasized that NCDs are not just a medical issue; they are a barrier to national progress. With the majority of the workforce retiring at 55, those in their most productive years are increasingly burdened by illness, leading to absenteeism and a strained national health system.

"When the productive people in the country are not functioning, then that affects the economic progress of the country because the people who should be driving the economy are all sick," Dr. Wilson explained.

## Breaking the Silos: Why NCDs are Everyone's Business

A key theme of the workshop was the intersection of NCDs with Gender, Equality, Disability, and Social Inclusion (GEDSI). Dr. Wilson argued that NCDs do not strike equally, often hitting those with the least agency the hardest.

- **Gender-Based Violence (GBV):** Dr. Wilson highlighted the link between domestic abuse and health outcomes, noting that women living under the stress of violence suffer from elevated cortisol levels and reduced capacity to manage their health.
- **Fisheries & Forestry:** Changes in resource management affect what is "on the plates of our homes." When local fish become inaccessible due to climate or market pressures, families turn to cheap, processed foods high in salt.
- **Justice:** Dr. Wilson pointed to "upstream failures", broken family structures and loss of identity as the root causes behind substance abuse and poorly managed chronic illnesses.

"NCDs do not fall equally on everyone," Dr. Wilson repeated. "Gender-based violence is not separate from NCDs. They are just the same story told from different lenses."

## Beyond the Buzzwords

Closing the address, Dr. Wilson challenged the attendees including representatives from Fisheries, Forestry, and Justice to ensure that social inclusion initiatives do not become "just another buzzword."

"The 2025 STEP survey has given us a mirror," Dr. Wilson concluded. "What it shows is uncomfortable, what it shows is sobering, but it also shows us exactly where to look. If we're willing to work together across sectors, across silos, it shows us what is possible."

The workshop served as a powerful reminder that the fight against NCDs is a collective responsibility, requiring a "whole of society" approach to ensure a healthier, more equitable Fiji.



Participants at the RESist-NCD Fiji Workshop

# Resisting the Tide: Strengthening Community-Led Health Systems to Combat NCDs in the Pacific



Emily Nelson (standing) addresses participants at the RESist-NCD Fiji Workshop

Across the Southeast Asia and Pacific regions, a silent crisis is claiming lives at an alarming rate. Non-communicable diseases (NCDs)—primarily diabetes and cardiovascular disease—now account for approximately 86% of all deaths in these areas.

During a recent workshop, Anna Palagi of the George Institute for Global Health highlighted that these statistics represent more than just data; they represent missed opportunities for intervention. "Conditions such as diabetes and cardiovascular disease really do present critical opportunities for early intervention," Palagi noted. "We can screen, we can manage, and we can prevent these deaths as long as people are picked up early and maintained."

## The Shift to Community-Led Primary Healthcare

The core strategy for reversing this trend lies in moving away from reactive hospital care toward proactive, community-based Primary Health Care (PHC). According to Palagi, the most effective health services are those designed around the specific needs and priorities of the people they serve.

"These initiatives listen to communities' needs and priorities; they're designed around what is appropriate and what will work in context," Palagi explained. "Being led by the community has a positive impact on the sustainability of these initiatives as well."

This philosophy is the foundation of the Resist-NCD program, a four-year initiative (running through 2028) funded by the Australian Government's Partnerships for a Healthy Region.

## The Resist-NCD Framework

The program operates across five countries including Fiji, Papua New Guinea, the Philippines, Vietnam, and Indonesia focusing on three strategic work streams:

Work Stream Primary Focus Area

Work Stream	Primary Focus Area
1. Service Integration	Strengthening the integration of diabetes and hypertension management within existing primary healthcare services.
2. Health System Blocks	Enhancing the "building blocks" of health: workforce training, ensuring the supply of medicines/diagnostics, and improving data collection for better evidence-based policy.
3. Prevention & Determinants	Addressing "upstream" health factors, such as food and water security and public health nutrition.

## Spotlight on Fiji: Implementation in Action

In Fiji, the Resist-NCD program is accelerating through a robust consortium of partners, including the Ministry of Health and Medical Services, Fiji National University (FNU), the Fiji Institute of Pacific Health Research (FIPHR), and the Consumer Council of Fiji.

A key highlight of the Fiji program is the focus on "upstream" prevention. One innovative project involves the Consumer Council of Fiji and centers on salt reduction. By encouraging a switch from standard sodium chloride to potassium-enriched salt, the initiative aims to transform a high-risk factor for cardiovascular disease into a health-beneficial alternative.



## Spotlight on Fiji: Implementation in Action

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## Equity at the Center: The GEDSI Lens

A critical component of Resist-NCD is the integration of GEDSI (Gender Equality, Disability, and Social Inclusion) principles. This work is led by the Guuna-Maana Aboriginal and Torres Strait Islander health program at the George Institute. Emily Nelson, the Resist-NCD coordinator, emphasized that health cannot be viewed in isolation from social and cultural contexts. "We maintain a holistic view of health... with a focus on addressing inequities, considering social and cultural determinants of health, and having a really strong focus on community-led priorities," Nelson stated. The inclusion of First Nations perspectives ensures that the program respects indigenous knowledge and fosters mutual capacity building between the George Institute and its Pacific partners.

## Looking Ahead

As the Resist-NCD program enters its implementation phase, the goal remains clear: to build high-quality, equitable, and climate-resilient health systems. By combining the technical expertise of the George Institute, the University of New South Wales (UNSW), and the Clinton Health Access Initiative (CHAI) with local Pacific leadership, the program aims to prevent unnecessary disability and death, protecting not just individuals, but the families and communities that depend on them.

# Committee Spotlight: Driving Research Excellence in the School of Health Sciences



The School of Health Sciences Research Committee (SHS-RC) continues to be a driving force for academic innovation at Fiji National University. Recognized as one of the most active and productive research bodies within the College of Medicine, Nursing and Health Sciences (CMNHS), the committee is dedicated to cultivating a robust research culture among both faculty and students.

The SHS-RC spans four core departments, ensuring a comprehensive approach to health sciences advancement:

- Department of Pathology and Medical Laboratory Science
- Department of Medical Imaging and Anatomy
- Department of Pharmacy and Pharmacology
- Department of Physiology and Physiotherapy
- Milestone Success: The Inaugural Research Symposium

A major highlight for the committee was the successful organization of the inaugural School Research Symposium in 2025. Chaired by Mr. Atlesh Nand, this landmark event brought together staff and students from all four departments.

The symposium served as a vital hub for:

- Disseminating cutting-edge research findings.
- Fostering scholarly discussions and professional networking.
- Promoting interdisciplinary collaboration.

The event was widely praised and firmly established the growing research capacity and talent within the School.

From the Chair:

"The incredible response to our inaugural symposium highlights the immense research potential within our school," says Mr. Atlesh Nand. "By bringing all four departments together, we have laid a strong foundation for interdisciplinary collaboration. Our focus now is to maintain this momentum, transforming these brilliant ideas into impactful health solutions and academic publications." Continuous Support and Strategic Direction

The work of the SHS-RC goes on year-round. Through regular meetings, the committee actively monitors ongoing projects, identifies new funding opportunities, and provides crucial mentorship to emerging researchers.

The School currently hosts several active research projects across various health disciplines. The SHS-RC remains fiercely committed to guiding these projects toward publication in peer-reviewed journals and presentations on both national and international stages.

Through its strategic leadership, the SHS-RC continues to elevate the research profile, innovation, and academic excellence of CMNHS and Fiji National University as a whole.

# YOUTH HEALTH CONFERENCE 2026

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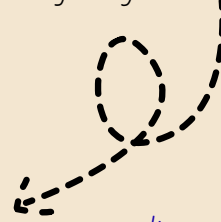
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## Reflections from Parramatta - Youth Conference Diary by Unise Vakaloloma and Taniela Waka

We're finally sitting down to process everything from the AAAH conference. It was a whirlwind of insights, but more than that, it was a reminder of why we do this work. Our notebooks are full, but a few core themes keep rising to the surface especially the idea of Intergenerational Equity.

Here's how the journey unfolded:



"The core theme of this year's conference was Intergenerational Equity. From your perspective as a participant, what was the most impactful moment or session that redefined for you what it truly means to 'invest' in the health and wellbeing of young people today?"

### Unise

- *The Impact of Art:* During the "Healthy Places, Healthy Futures" workshop, participants drew places in nature that mattered to them, revealing raw, authentic stories like neglected parks, concrete neighborhoods, or threatened forests.
- *Redefining Investment:* True investment is not about abstract policies or funding briefs; it is about listening to youth who are actively navigating climate impacts on their lived environments.
- *Youth as Co-Creators:* Young people are the true experts and co-creators of their spaces, meaning adults must step back and simply listen.

### Taniela

- *The Importance of Early Intervention:* A session on Fetal Alcohol Spectrum Disorder (FASD) showed that health investment must begin at birth, as late detection severely harms long-term development.
- *The Role of Educators & Caregivers:* Children with FASD face unique cognitive and behavioral challenges and require tailored support to avoid being misunderstood, particularly during tough transitions like moving from primary to secondary school.
- *Investment Beyond Money:* True investment means early detection, inclusive education, and coordinated support across home, school, and health sectors



"The AAAH often bridges the gap between high-level research and lived experience. Was there a specific piece of data, a new study, or a speaker's perspective that challenged your previous thinking about adolescent health and how do you see that being applied to real-world communities? Also share your experience as a speaker/presenter."



#### Unise

- As a speaker, I presented alongside my colleague Taniela on "Youth-Led Accountability in a Changing Climate and Digital World." This was a defining moment for me because it pushed me to think differently about how we measure youth participation and accountability in health and climate action.
- Previously, I thought accountability meant reporting on what we've done. But Professor Philippa Collin and Jae Charlton's presentation on youth-driven accountability challenged this, showing that true accountability means youth transform health systems, not just participate in them. It's about shifting power, not just sharing seats at the table.
- What I found powerful was hearing from Dr Grace Arnot on accountability in climate decision-making through a public health lens. Her work showed us that climate decisions are health decisions and young people must be part of that accountability framework.
- In my own community work in Fiji through WISH Pacific, I'm seeing this applied by involving youth in watershed monitoring and restoration not as "consulted" stakeholders, but as co-researchers collecting data on water quality and ecosystem health. This is real-world application: youth collecting evidence that informs policy and drives community action.

#### Taniela

- One of the most thought-provoking perspectives for me was the session on "Better Social Media Health Communication to Young People: A Co-designed Framework." It challenged my previous understanding of how adolescent health messages are created and delivered.
- A key insight was that many existing health communication frameworks are designed by adults for young people, often resulting in limited effectiveness. This session emphasized that for communication to truly resonate, it must be co-designed with young people. When youth voices are excluded, messaging can feel disconnected and fail to address the realities of their daily lives.
- A clear example of this gap was seen during COVID-19 pandemic, where a large volume of information was shared, but much of it was not tailored to youth audiences. In today's digital era, where social media is a primary source of information, it is essential to understand what makes health content engaging, relatable, and trustworthy for young people.
- This perspective is highly relevant in real-world communities like Fiji, especially with the rise in HIV/AIDS cases. Effective health communication in this context must be youth-driven, culturally relevant, and community-informed. By involving young people in the design process, we can ensure that messages are not only accessible but also meaningful and impactful.
- As an attendee, I contributed to the discussion by reinforcing the importance of a whole-community approach to adolescent health. I highlighted that co-design should go beyond youth participation to include families, educators, health professionals, and community leaders. As the Pacific saying reminds us, "It takes a village to raise a child," and I emphasized that the family unit is the first place of learning, where values and behaviours are shaped from an early age. I also shared the importance of starting conversations early and addressing cultural taboos particularly around sensitive health topics, to better support young people as they transition into adolescence.
- Participating in the session was a meaningful experience. It allowed me to actively contribute while also learning from diverse perspectives shared by others. These exchanges reinforced the importance of collaboration and showed that impactful solutions are built on both evidence and lived experiences.
- Ultimately, this session reshaped my thinking by highlighting that investing in adolescent health is not just about delivering information it is about who is involved in creating it, how it is communicated, and whether it truly reflects the voices and realities of the young people it is meant to serve.

"A significant portion of the dialogue focused on making healthcare systems more inclusive and accessible. Based on the workshops and panels you attended, what are the top three systemic changes you believe are most urgent to ensure health services are truly responsive to the needs of the modern youth?"

Unise

From attending workshops including our "Healthy Places, Healthy Futures" session and the broader conference dialogue, here are my top three urgent systemic changes:

- Integrate environment and health in service delivery Young people experience health through their environments - air quality, heat exposure, access to green spaces. Health services need to ask "Where do you live?" and connect young people to nature-based solutions, not just prescribe medication. Our workshop activity showed how places and health are inseparable.
- Co-design with youth from the start not as afterthoughts The traffic light activity in our session (red: what are they NOT doing well; orange: what can be co-created; green: what are we doing well) revealed that young people want to be involved in designing services, not just providing feedback. Systems need youth advisory panels with real decision-making power, not just tokenistic representation.
- Digital literacy and access as a health equity issue With rapid digitisation shaping health opportunities (as noted in our learning objectives), we need systems that ensure digital inclusion not just online appointments, but digital health literacy and access to telehealth for rural and remote young people, especially in the Asia-Pacific.



Taniela - Based on the sessions, I believe there are three urgent systemic changes required to make health services truly responsive to modern youth:

**Close the Access Gap (Geography & Cost):** Where a young person lives shouldn't dictate their quality of care. Long travel distances, high costs, and limited hours are major barriers. We must expand decentralized care via community clinics, mobile outreach, and digital health while lowering financial barriers.

**Expand Reach to Marginalized Youth:** Rural, low-income, and socially excluded youth are frequently left out of mainstream service delivery. We need intentional outreach, culturally responsive care, and youth-centered program designs that actively meet young people where they are.

**Rebuild Trust in Health Services:** Stigma, fear of judgment, and lack of confidentiality keep young people from seeking help. Health systems must prioritize safe, youth-friendly, confidential environments.

Underlying all of this is a cross-cutting priority: **Integrated Data Systems.** Fragmented, siloed information currently prevents continuity of care. A unified, accessible data system across medical centers would vastly improve coordination and tracking of patient outcomes.



"The conference emphasized that young people should be at the heart of global change. In your view, how can researchers and policymakers shift from simply 'consulting' young advocates to authentically co-designing health policies and research protocols alongside them?"

This is a question close to my heart and something Taniela and I explored in our presentation.

- The shift from "consulting" to co-designing requires three key changes:
- a) **Shared leadership from day one** Researchers and policymakers need to invite young people to the table before the research question is designed, not after. In our workshop, we used co-design approaches to identify youth priorities this is what it looks like in practice.
  - b) **Youth as co-researchers, not just participants** At WISH Pacific in Fiji, young people are collecting water samples, analysing data, and presenting findings to community leaders. They are not "research subjects" they are knowledge creators. This model needs to scale.
  - c) **Accountability mechanisms that include youth** Professor Collin's work showed us that accountability must be youth-driven. This means creating feedback loops where young people can evaluate whether policies and programs actually work for them and having the power to change course.

The conference gave me hope that this shift is happening. The Health Hive youth network and the inaugural Youth Network for the HPHF Coalition Asia-Pacific are examples of structures being built to sustain this co-design.

Taniela

**The Takeaway:** There is no planetary health without adolescent health; youth must be placed at the center of development, climate, and health agendas.

**The Call:** Inspired by Wendell Berry, we must stop designing systems for short-term gains and instead embed adolescents as co-creators to secure an environmentally sustainable tomorrow.

## Anything else you want to add

Unise - Thank you to the AAAH team for creating a space where young people weren't just guests—we were facilitators, speakers, and co-creators. The session "Healthy Places, Healthy Futures" will stay with me—not just because I helped facilitate it, but because of the conversations we started.

I left Sydney with new connections, new ideas, and a renewed sense of purpose. The energy from the youth-led sessions (yes, I'm biased about Taniela and my session!) showed me that the future of adolescent health is in good hands.

To everyone reading this: I encourage you to reach out, collaborate, and join the conversation. Whether you're in Fiji, Australia, or across the Asia-Pacific—we are stronger when we act together.

Looking forward to staying connected and continuing this work!

Taniela We are living in a rapidly evolving digital era, and while technology offers many benefits, we must also be intentional about educating young people on its risks when it is not managed or used wisely. Emerging research highlights the complex relationship between excessive digital use and adolescent health. For example, the study *Impact of Internet Addictions and Gaming Disorder on Body Weight in Children and Adolescents: A Systematic Review* found that adolescents with obesity often show higher levels of gaming addiction. Similarly, Caner and Eugin identify digital game addiction as a significant factor contributing to emotional eating, while Bush et al. highlight links between gaming addiction and poorer nutritional behaviours, even when not directly associated with overweight. Taken together, these findings suggest that digital behaviours are not just a lifestyle issue they are a growing public health concern that intersects with nutrition, mental health, and overall wellbeing.

Moving forward, we need to:

Promote digital literacy and healthy screen habits among adolescents

Integrate digital wellbeing into health and education policies

Support further research to better understand long-term impacts

If we want to safeguard adolescent health in the future, we must address not only traditional health risks, but also the emerging challenges of the digital environment they are growing up in.



Unise and Taniela (standing back top left) with participants at the AAAH Conference

**INSIGHTS** is the monthly research newsletter of the College of Medicine, Nursing & Health Sciences of FNU, providing updates on research activities conducted by its staff, students and those under the Fiji Institute of Pacific Health Research (FIPHR)

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