

Alea Ke Pau or Negotiated Evaluation: A Vital Concept in Pacific Health Promotion

Malakai Ofanoa

School of Population Health,
University of Auckland, Auckland, New Zealand

Samuela Ofanoa

School of Population Health,
University of Auckland, Auckland, New Zealand

Stephen Buetow

School of Population Health,
University of Auckland, Auckland, New Zealand

ABSTRACT

For Pacific peoples, health promotion, community nursing and community development initiative over many years, has often been conducted within a framework of one-sided decision-making. There is always an imbalance between the power relationships of the community being studied and those of the researchers or health practitioners. As a result, there is lack of understanding on the part of the researchers and the health funding agencies of the need to negotiate processes with members of the community being studied or engaging with. All of this are within an overarching lack of understanding of, and respect for, Pacific cultural values, frameworks and Pacific ways of doing things. This paper seeks to explore an alternative concept whereby these values are acknowledged. This concept is metaphorically called "*alea ke pau*" (or, negotiated evaluation). This approach is forward-looking and one that respects a 'bottom-up' view rather than the traditional 'top-down' view of health work and funding agencies. However, using two Pacific research methodologies called *Talanga* and *Kakala*, to explore the concept of *alea ke pau* were held with five men's focus groups operating within Kava Clubs in Auckland, New Zealand, and five focus groups in Tonga. The results from these discussions are presented demonstrating the development and application of the "*alea ke pau*" or "negotiated evaluation" approach.

Key Words: Pasifika, Tasilisili, negotiated evaluation, community development, alea ke pau, kava, toli, tui. luva

INTRODUCTION

Health promotion practice in the Pacific region has long struggled to meet the needs of Pacific peoples (Ofanoa, 2016, 2017; Lavarack 2001). Contributing to this struggle are asymmetric power relationships, one-sided decision-making, lack of trained human power, and uncompromising negotiations. More fundamentally, most health promotion and community

nursing programs invoke western definitions, paradigms and ideologies without respecting Pacific epistemologies and ontological values and frameworks.

Pacific people therefore need to use their own indigenous knowledge and experiences to change the current model where outside agencies hold the power to a by Pacific for Pacific projects and activities. "In this way, Pacific people and communities can participate actively and early on any decision of indicators to use for evaluation of Pacific projects and programs. The current system does not allow Pacific peoples to be involved because of their assumed low economic status, low educational attainment and poverty. Hence, the outside agencies, and even local stakeholders who control the cash always have the power and control over them.

However, there were Pacific health promotion models that have been developed, and documented in the past decade. This include the Fonofale model (Pulotu-Endemann, 2002), Fa'afaletui model (Tamasese et al., 1997), Tivaevae model Ma-Ua Hodges, 2000), Fonua model (Tuitahi, 2007), Kakala model (Helu-Thaman, 1997) and the TONGAN model (Ofanoa, 2014). These models clearly demonstrate that the Pacific view of health is based on Pacific cultural values such as love, respect, trust, relationship and reciprocity. Despite these model developments, having the "negotiated evaluation model" is needed alongside or in addition to these, because none of the previous models addressed the local and international issues related to the politics of funding systems and evaluation.

In view of the situation, this paper introduces a Tongan metaphor called "alea ke pau" or "negotiated evaluation," as a way forward to address Pacific people's concerns. Pacific people always perceived the negotiation table in health promotion and funding as always like the battle between David and Goliath. Donor agencies use the language of health promotion and empowerment to help themselves rather than the local communities. Hence, many funders tend to prescribe what they want, they control and set their own agenda, and they lead according to their own wishes. The recipients are powerless, disempowered, oppressed, and voiceless. Many health promotion and community development projects in the Pacific region compare this situation to the "snakes and ladders game" (Ofanoa, 2016).

METHODOLOGY

In order to provide evidence related to the concept of "alea ke pau or negotiated evaluation", two Pacific research methodologies called Kakala (Thaman,1997) and Talanga (Ofanoa, 2015) were used to obtain information related to the concept. There were community consultations held with five men's focus groups operating within Kava Clubs in Auckland, New Zealand, and five focus groups in Tonga. Each focus group consist of between 8 to 10 participants. The results from these discussions are presented demonstrating the development and application of the "alea ke pau" or "negotiated evaluation" approach.

The "Kakala research method" uses the three stages of making a kakala (or garland) to show the different processes of undertaking research: **toli** (data collection), **tui** (analysis) and **luva** (dissemination of the results). This method is useful in engaging Tongan men as it uses symbolic language to explain what is happening (Thaman, 1992). It also respects Pacific cultures as its symbolism aligns with the participant's world views and experiences.

Talanga on the other hand, involves “interactive talking with a purpose” at the different stages of the Kakala method. During the focus group discussions in Auckland and Tonga, the researcher described the “negotiated evaluation” concept to the kava members and ask them about their views of the concept and its application. In both settings, the members that participated involved the president and secretary of each Kava club and five to six members elected by each kava club.

FINDINGS

The following key themes related to the “alea ke pau or negotiated evaluation” emerged strongly from the study in Auckland and Tonga.

HEALTH PROMOTION

The study revealed that Pacific people view health in holistic terms, meaning that it encapsulates four specific dimensions of well-being: physical, mental, social and spiritual. These dimensions interrelate with each other. Although the participants stated that, “it is unrealistic for any human being to be fully healthy in all dimensions, the definition is viewed by Pacific people to be used as a standard measurement of their lives and the way they live”. When the word “promotion” was discussed, all groups in Tonga and New Zealand suggested that promotion involves, “inspiring, helping, encouraging or enabling individual, couples, villages and communities to do something to improve their lives”. The holistic view of health by Pacific people has also demonstrated that distinctive cultural values underpin the ethos of Pacific. For example, Pacific world views emphasize social relationships rather than individualism.

A CULTURAL REVOLUTION

All groups in both Tonga and New Zealand perceived “alea ke pau”, as a Pacific cultural revolution. They indicated that Pacific people should no longer continue to just listen and be silent to everything, due to their cultural orientation. They should now respond and negotiate interactively to take account of what they want rather than only what others want them to do. Hence, negotiation should be “a consensual agreement between funders and recipients. It is not an agreement based on force or imposition but based on a fair agreement process”. All participants stated that these values need adhering to throughout the negotiation process, which should also reflect Pacific cultural values.

The study also found that “alea ke pau”, is a forward-looking concept and technique for use in the Pacific region. It should be used by every individual, group, community and country in the Pacific during their day-to-day funding negotiations. Why? Because in many Pacific communities, the government or other funding agencies control everything for their own benefit. It is time to change those practices in democratic societies like New Zealand as well as in Pacific countries because the current one-sided behaviours reflect badly at all levels. Group 1 and 3 in Tonga and group 2 and 3 in New Zealand indicated that:

“Whatever you guys can do... we the people and the villagers have suffered far too long. We required appropriate inspiration.... based on using our own indigenous knowledge and cultural values in project negotiation” ...We only involve late but the decisions are always pre-determined.

"Our language is people centred focus and people centred approaches to social, economic, health and environmental care...our wishes are co-design, collaboration and alliancing".

"New light"

Participants in Groups one and two in Auckland indicated that "alea ke pau", is like a "Tasilisili". This term (Tasilisili) is a Tongan metaphor that originated from the sailing of the different waka (or canoes) from one Island to another in the olden days (Groups 1 and 2 in Tonga). According to the two groups, the chief warrior sailed in the big middle canoe and the rest of his warriors sailed on the smaller canoes at both sides to safeguard him. During the voyage the big canoe always had a light on its top mast. That light provided the direction of their sailing. Groups 1 and 2 in New Zealand perceived "alea ke pau" as a theoretical concept that:

"Is like a Tasilisili or a light that transcends through the darkness".

"This view is held because negotiation is never questioned by those who are powerless or disadvantaged. Tasilisili is the "new light" and is an important concept that needs further exploration."

The concept of Tasilisili is important because ethnic minorities such as the Pacific peoples commonly appear not to understand how best to negotiate in ways that respect their bottom-up views of the world against the top-down bureaucratic views of the funding agencies. The same problem is evident when Pasifika peoples are dealing with their own government officials and departments. Usually, the funders have an economic view based on an individualistic approach whereas the Pacific peoples' view of the world centres on relationships between people. The focus groups viewed negotiations that are synergistic as an antidote to the current chaos in the world. Groups 2, 4 and 5 in Tonga stated that:

"When we look around us; technology is chaotic, politic is chaotic, management in many ways are chaotic, some academic views are confusing, and research and...inequities in health are chaotic. We need "alea ke pau or negotiated evaluation" to provide avenues for compromise so that everyone lives happily with each other and not victimising the powerless".

Simple technique

All the focus groups in New Zealand and Tonga stated that "alea ke pau" is a simple technique for Pacific communities to use in all forms of negotiation with funders, not only on health but also include any other social and economic negotiation in the Pacific. The technique is talanga (interactive talk with a purpose) and co-design agreements on evaluation. Since all the participants were Tongan, "alea ke pau" was the phrase used. The meaning of "alea" can be understood as an acrostic in which each letter begins a word that contributes symbolic meaning to understanding the whole concept:

"a" - stands for **assessment**. Through talanga (or interactive talk), recipients should be fully involved in all aspects of any funding or project negotiation from the beginning to the end.

"l" - stands for **learning**. Recipients should learn the benefits for them of everything they negotiate in any funding or project discussion.

"e"- stands for **evaluation** of the advantages and disadvantages of subjects of the negotiation and;

"a"- stands for **adoption**. Adoption should only be approved when the above steps are met.

In turn, **“ke pau”** stands for certainty in every aspect of any negotiation. Certainty is the expected outcome of the technique.

Uses of the technique in evaluation

The participants from groups 2 and 3 in Tonga, and groups 1 and 3 in New Zealand highlighted the ways of using the “alea ke pau” or “negotiated evaluation” technique in negotiations. This includes the following:

First, when Pacific communities negotiate with donor agencies or other agencies, they should follow the meanings exemplified above. They need to assess for themselves first by asking the following questions to the donor agency: Who am I negotiating with? Who has the power and control? Will the negotiation meet the priority needs of the recipients or those of the agency? Who will benefit most?

The second step is to learn about the various processes used. Who sets the criteria on which the negotiation is based? What is the schedule? Is it an appropriate one? What timeframe does it follow? How flexible is it?

The third step is to decide how the evaluation of the project will happen. In other words, does the negotiation benefit the community?

The fourth step is to adopt or not the negotiation. In this step, recipients must learn to say “no” or “yes” after following the whole negotiation process because their goal is “ke pau” (happiness) from optimizing confidence in all aspects of the negotiation process and its outputs.

CULTURAL VALUES

A Tongan proverb called “Fofola e fala kae fai ‘ae talanga” describes the main cultural value that underpins the alea ke pau or negotiated evaluation approach. In English, the proverb refers to “rolling the mat open in readiness for an interactive and purposeful dialogue”. The cultural values that inform this process include relationship, respect, love, caring, reciprocity, trust and humility between Pacific health providers and funders. The goal of “alea ke pau” is a peaceful talanga (or interactive talk) to negotiate with peaceful agreement in health promotion, community development or public health projects co-managed with Pacific health communities. In other words, both sides are happy, and have agreed to commit to every aspect of the project from its planning to its implementation, evaluation, outcome and resourcing.

PROCESS AND APPLICATION

The process of alea ke pau includes the following steps. First, the recipients ensure that their involvement in any negotiation process addresses the priority health needs of their own communities and not only the donor agencies. Second, the recipients participate actively in the negotiation process from the beginning to the end. Third, they make sure that enough financial resources are available to achieve the goal of the negotiated project. Fourth, the recipients need to be comfortable with the schedules and timeframe negotiated for the project. Fifth, recipients need to agree on the reporting systems and deadlines. Sixth, they must be fully informed in agreeing to how the project will be evaluated. Finally, the recipients should always discuss and confirm issues relating to the intellectual ownership of indigenous knowledge with donor agencies at the beginning of the negotiation process.

DISCUSSION

This paper has highlighted how “alea ke pau” or “negotiated evaluation” is a simple approach to be used to empower Pacific communities in negotiation with local and international funding agencies in health. The approach calls for changes in public health mentality among groups in the Pacific where Pacific people must be consulted and agree to what is best for them and when and how projects will advance their health and well-being. When Pacific and non-Pacific funders understand that “alea ke pau”, matters in health promotion, public health and other projects, there is optimism that it will provide a synergistic, win-win strategy for our people in the Pacific and New Zealand. Hence, in both places alea ke pau is a way forward which should underpin all negotiation for the health of Pacific people, who experience disproportionately poor health.

Pacific people must demonstrate how their Pacific cultural values such as respect, relationship, love, and reciprocity strengthen the negotiation process and contribute to improving Pacific health and wellbeing. Negotiation for health funded projects in the Pacific and New Zealand has been painful for Pacific peoples. However, this can change if the normative cultural values of being silent and non-responsive in contract negotiation are questioned. Although silence may be seen to indicate power, energy and strength, Pacific people must not be silenced in program negotiations that are externally initiated, funded and controlled.

“Pacific” means peace, Pacific people also refer to health as a peaceful wellbeing. This view concurs with many other Pacific studies in Auckland (Ofanoa, 2010; Latu, 2015, Malungahu 2015, Ofanoa, 2015 and Fanueli, 2016

However, what is needed is to negotiate in all the processes involved in Pacific health promotion. This can be done through defining it in ways that empower Pacific people to share their aspirations and expertise on how best to improve their own health and well-being. Such actions should include negotiated evaluation, and respect of Pacific cultural values and safety during the negotiation process. Further, the Pacific people need to adopt a Pacific co-design framework based on an early Talanga or interactive dialogue (Ofanoa, 2016). This framework would enable Pacific peoples to collaborate and share equal inputs and decisions at their own pace in the negotiations. “Alea ke pau” or “negotiated evaluation” is a new concept in Pacific health promotion, community development and public health.

CONCLUSION

Evidence has indicated that negotiation in the Pacific is a very important issue. Many Pacific clients in the Pacific are not actively involved early and efficiently in project negotiations. There is a need to blend Pacific cultural values and indigenous knowledge within all aspects of the negotiation. Further, Pacific peoples need to understand that they have the mandate to approve or disapprove any negotiation to meet their own felt needs. This paper introduces “Negotiated Evaluation: A Better Evaluation Approach”, as a better health promotion/ community development tool for Pacific and non-Pacific public health and health promotion workers to use when negotiating for funding to meet priority needs for Pacific health.

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