



Health-related Research on Remote Islands in the South Atlantic Ocean: Facilitators and Barriers identified within a scoping review

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Abstract

Introduction: The objective of this scoping review is to characterise the nature of health-related research in the remote South Atlantic United Kingdom Overseas Territories (UKOTs) and explore facilitators and barriers to research in this context.

Methods: A review of the published academic research covering human health in the South Atlantic UKOTs between 1950 to 2025 was carried out on 23rd September 2025. The following databases were searched: CINAHL, Embase, Global Health, Medline, and Global Index Medicus. Data on bibliographical information, study design, country of study, objectives, lead research organisation and collaborators, population group and sample, and health topic were extracted and charted; and unique contextual factors and explicit or implied barriers or facilitators were narratively summarised.

Results: The search yielded 179 records, leading to 68 included studies meeting the search criteria. Thirty-eight studies were carried out on Tristan da Cunha, nineteen on St Helena, eight in the Falkland Islands, and three covered multiple territories. Health topics included genetics of disease, dental health, infectious diseases, and non-communicable diseases. Most were descriptive or analytical observational studies, and many were led by researchers from other countries.

Discussion: Research has focused extensively on the small Island of Tristan da Cunha. Barriers to research identified included the small population size and resulting close-knit social structures, and a lack of research skills and capacity. Research facilitators included the geographical and social isolation, enabling novel research, although this poses risks of research without explicit benefit to local populations. Collaborations with external institutions and agencies have been successful and highlight future opportunities for research support. There is scope for health-related research that would build skills in local researchers, deliver locally relevant evidence, strengthen collaboration with overseas experts and funders and potentially enable learning on other remote, resource-limited contexts.

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Cite as: Payne Riches S, Tara Murphy L, Sturup-Toft S, Mackinlay B, Murphy A, Williams S, Asher L, Ian Walker F. Health-related Research on Remote islands in the South Atlantic Ocean: Facilitators and Barriers identified within a scoping review. *Impact Public Health*, 1(1), 1–10. <https://doi.org/10.62463/iph.209>



Introduction

St Helena, Tristan da Cunha, Ascension, and the Falkland Islands are United Kingdom Overseas Territories (UKOTs) located in the South Atlantic Ocean. These small islands are highly remote, English-speaking territories with population sizes between 238 and 4120 (Table 1, Figure 1). Each territory has its own government and constitution, and the United Kingdom (UK) is represented by a Governor or Administrator¹. Health is a devolved responsibility in the UKOTs. UK-focused health-research funding, and research or science strategies do not cover, guide, or provide provision for UKOTs research²⁻⁵.

Figure 1: Location of Falkland Islands, St Helena Islands, Tristan da Cunha and Ascension Island



The populations living on the islands differ from the population living in the UK, in terms of size, socio-cultural, genetic, and economic factors, and health needs; the environment/ecology is different, as are the health systems. Therefore, it is not always reasonable to extrapolate the results of health research in the UK or other larger countries to these territories⁶. Nor is it always practicable or economically feasible to implement interventions or policies driven by health research undertaken elsewhere^{7,8}. It is therefore important that research is undertaken in these South Atlantic UKOTs (SA UKOTs). Learning from other UKOTs or countries in the UN Small Island Developing States (SIDS) network may provide relevant evidence and knowledge; however, the cultural, geographical, and

economic differences influence generalisability, as does the disparity in remoteness and isolation. Furthermore, it is acknowledged that publication bias favouring high-income countries also results in research from SIDS being underrepresented in the literature, and published interventions are more commonly from larger SIDS⁹.

Some SA UKOTs are research active and have clear local priorities for research. St Helena encourages researchers to “work in partnership to conduct, support and build local capacity for research on the Island”¹⁰. However, conducting research in the SA UKOTs is challenging. These remote islands often have limited connectivity and communication with the rest of the world (at least until recent years), and limited workforce and financial resources to conduct health research¹. In addition, the populations may have limited experience of research processes, be sceptical about the purpose and value of research, and stigma may impact recruitment to studies more so than in larger communities, where anonymity can be maintained¹¹. Insights from research to date and a better understanding of the barriers to, and facilitators of, research in these contexts, could inform a strategy for enhancing health research in these islands - and other SIDS - enabling subsequent improvement in health care, health promotion and health outcomes. The aim of this study was to describe the scope and nature of published human health-related research from the SA UKOTs and explore approaches to facilitate health research driven by local needs in these populations

Methods

This review adopted the six-stage scoping review methodological framework recommended by Arksey and O’Malley¹², though the final phase ‘consultation’ was not included as it did not relate to the review questions. No critical appraisal was performed as the intention was to map the breadth of the research over a long period, rather than to appraise the quality of it or to synthesize the findings.

Ethical approval was not required as this study did not directly involve human subjects. Although the protocol was not formally registered, the review process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for scoping reviews to enhance



transparency and reproducibility¹³.

Identifying the review Question

In line with the review aims, the central research question was "What is the scope and nature of published research on human health in the SA UKOTs between 1950-2025 and are there known barriers or facilitators to research in this context?". A preliminary search of the literature sources (Cochrane Library, Campbell Collaboration, International Prospective Register of Systematic Reviews) and discussions with researchers known to be working in this area, identified that no existing or scheduled reviews were published on the topic.

Identifying Relevant Studies

A literature review was conducted using CINAHL; Embase; Global Health; Medline; Global Index Medicus databases. Inclusion criteria were defined in accordance with PCC mnemonic using the terms: Population (human research, all ages); Concept (health related research); Context (Saint Helena, Ascension Island, Tristan Da Cunha and The Falkland Islands).

The search comprised headings, keywords, and other related terms within a Logic grid combining population ("People", "Children", "Adults"), construct ("Health", "Research", "Prevalence", "Disease") and context ("South Atlantic Islands", specific UKOT names) (Supplementary materials). All studies of human health research in these islands were included. We excluded papers which recruited only military personnel which the authors felt to not be representative of the resident population, or described narrative experience only, case studies (including historical accounts) and non-empirical papers.

Study selection

Articles' title and abstract were screened to assess eligibility by one reviewer. Full-text articles were sought for papers deemed eligible on abstract screening to confirm eligibility or exclusion. The application of the criteria was discussed and agreed between all reviewers with the final study eligibility reviewed by the co-lead authors (SPR and TM). Additional relevant papers uncovered during abstract and full-text searching were also screened for eligibility and inclusion.

Data Extraction and Charting the data

Eligible articles underwent full-text interrogation to capture bibliographical information, study design, country of study, objectives, lead research organisation and collaborators, population group and sample, and health topic. A charting template was developed by co-lead authors (SPR and TM) and subsequently evolved through reading a subset of the articles. This was systematically completed for each included paper, by one reviewer. Where only an abstract was available, data were extracted from this, if available. In addition, full-text papers were interrogated for explicitly mentioned, or implied, barriers or facilitators to health research in these settings.

Collating, Summarizing and Reporting the Results

A narrative summary was prepared by SPR and TM with reference to study design, territory setting, publication year, health topic, lead research organisation. Additional data on ethical considerations, unique contextual factors and explicit or implied barriers or facilitators were summarised for full-text papers.

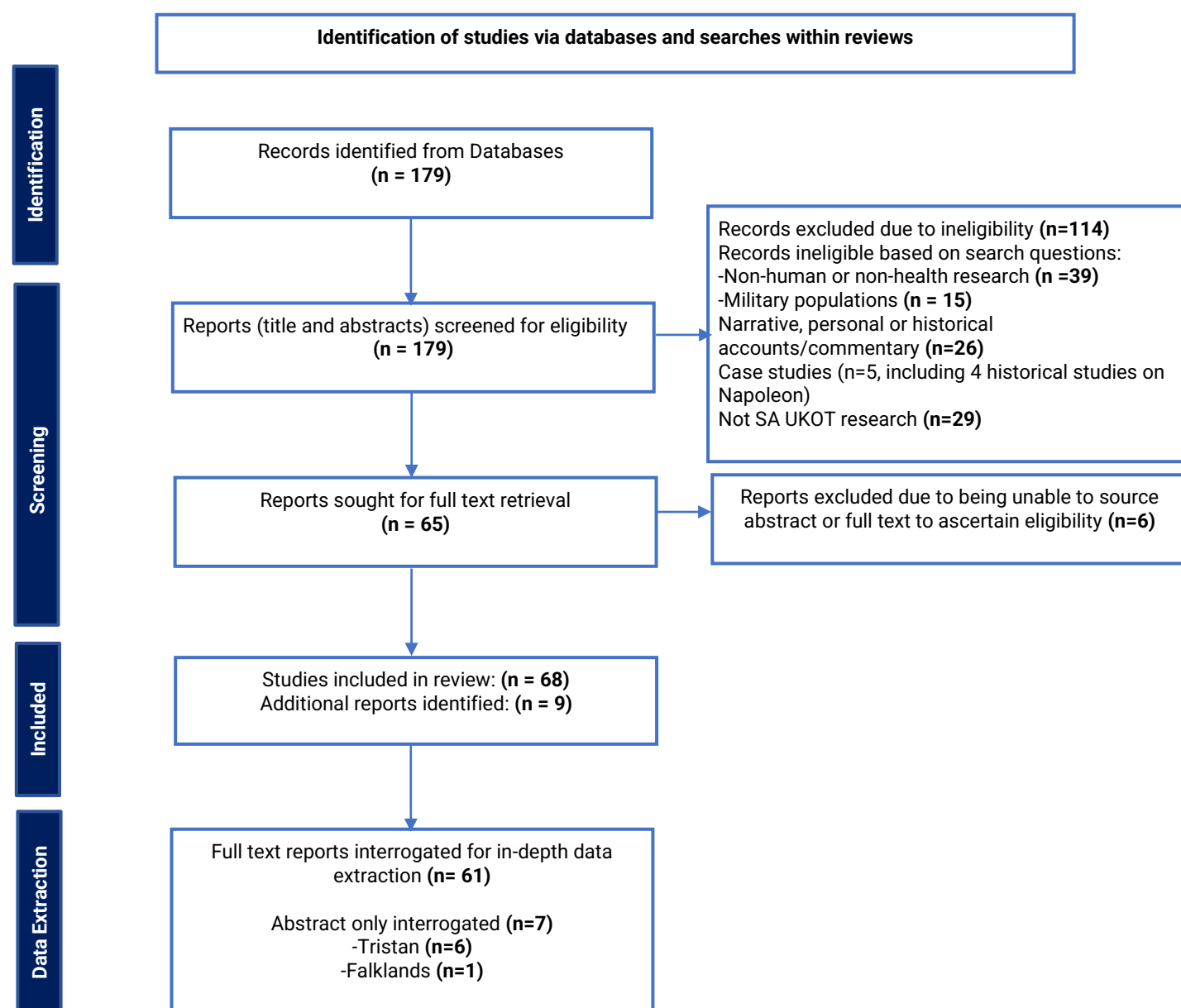
Results

Summary of Included Reports

Of the initial 179 studies found, 65 were identified as relevant and eligible based on title and/or abstract screening and 114 were excluded (Figure 2). It was not possible to access the abstract or full article for 6 studies to determine eligibility, so these were excluded. Nine additional eligible studies were found while searching for full-texts resulting in 68 included studies, spanning 1952 to 2025. The study focus was Tristan da Cunha in 38 studies, St Helena (n=19), the Falkland Islands (n=8) and three studies covered multiple territories (Supplement, Table 1). Health topics investigated included infectious diseases (n=20), non-communicable diseases (n=20), dental health (n=6), genetic studies (n=9), mental health and behaviour (n=8) and general health (n=3). Two studies focused on health services including workforce training. The focus of research studies has shifted over recent years, with 9 (60%) of papers in the past decade focussed on non-communicable diseases compared to just 10 (30%) of the 33 papers between 1952 and 1990.



Figure 2: Prisma Flow



Seven recently published studies investigated NCD prevention policy and interventions, particularly tobacco and sugar consumption or dietary improvement^{7,8,14-17} all of which were focussed on St Helena. Two earlier studies investigating diet, were based in Tristan Da Cunha^{18,19}. The seven studies on mental health or behaviour have been conducted since 1994. Eight of the nine genetic studies were conducted in Tristan da Cunha. Several studies compared prevalence of disease (or outcome) with UK populations^{6,18,20-23}, whereas few made comparisons with other small populations of UKOTs^{24,25}. We classified study type with reference to

Ranganathan and Aggarwal's framework²⁶. Included studies were mainly descriptive epidemiological (e.g. prevalence studies) (n=24) or analytical observational (n=25). Other study designs were literature reviews (n=3), policy analysis or discussion (n=5), qualitative studies (n=3) including policy implementation¹⁵, impact of new technology²⁷, and ethnographic²⁸; and analytical experimental studies (n=7) including two policy evaluations^{8,17}, two naturalistic experimental studies^{29,30}, two evaluations of the impact of training^{31,32} and one evaluation of the impact of new technology³³.



Table 1: Description of South Atlantic UKOTs

	Tristan da Cunha	Saint Helena Island	Ascension Island	Falkland Islands
Population	238 (2023 census)	4439-2021 census)	806 (2016 census)	3662 (2021 census)
Size	98 km2	121.8 km ²	88 km ²	12,173 km ²
Nearest Landmass	2,787 kilometres from South Africa	1,950 km west of the coast of south-western Africa	1600 km South of West Africa	480 km east of South America's southern Patagonian coast

The rate of publications in the timeframe was reasonably stable with 7-10 papers per decade, except the 1950s, which only yielded two studies, and the 1960s, in which 14 were published, driven by ten studies on the population of Tristan da Cunha during their evacuation to the UK following the 1961 volcanic eruption. These ten publications were predominantly descriptive epidemiological studies ^{19,23,34-41}. In the decade from 2020, ten studies have been published so far.

Research was undertaken solely by researchers from external institutions for the majority of included studies (n=47). Researchers with local affiliations led 12 studies and co-authored five studies. For externally led studies, UK institutions, including hospitals and universities, were the most common research leads (n=27). Many studies were funded by the UK, Canadian, or South African research councils or funding bodies ^{16,19,23,29,32,35,42-49}.

Research Barriers and Facilitators

Within the 61 full-text papers interrogated, barriers and/or facilitators to conducting research in these contexts were explicitly and implicitly raised. Small populations and isolation presented both barriers (limited workforce; small sample size; participation fatigue; privacy concerns in small, socially connected communities) ^{8,11,46} and facilitators (whole-population studies; population stability) (Table 2). Several studies made explicit use of the isolation of Tristan da Cunha and St Helena for studies of social, genetic, environmental and epidemiological factors. Few studies (n=10) mentioned ethics approval was considered, sought or achieved and one mentioned a lack of ethics process ¹⁷. Studies requiring samples to be transported from the research sites to a laboratory in the UK reported this was not a challenge, as refrigeration facilities on island and during transport

were available ^{50,51} but presumably such transport may result in delays for research, significant costs and risks loss or damage of samples.

Some studies noted challenges of policy and intervention implementation and service delivery, highlighting implicit barriers for research ^{8,15}. Institutional constraints to implementing public health policy in these settings, noted by Barry et al., (2022) ¹⁵ - “lawmakers having interests in the tobacco industry via local businesses” and “limited human resources which hinder comprehensive multi-sectoral approaches” - may also influence the nature and priority of research.

Studies highlighting successful collaborations between external (or expatriate) researchers, working closely with local experts to conduct research with clear objectives to improve health in the local community include research on smoking or sugar consumption ^{7,17}, surveys of dental caries in children on St Helena Island and dental care in the Falkland Islands, demonstrating how data could drive oral health promotion policy^{21,25}, workforce training ³² and evaluation of new technology to improve diagnostics⁵². Jackson-Morris ¹⁶ reported how collaboration and expert input from tobacco control economists in South Africa was critical in increasing tobacco taxation on St Helena; for both the health economic expertise and the credibility of the research to support the political decision-making.



Table 2: Barriers and facilitators of health research in SA UKOTs

BARRIERS	
Small population size	Limits statistical power for quantitative analyses; restricts sample sizes; leads to participation fatigue when the same individuals are repeatedly approached for studies.
Privacy and stigma in small, socially connected communities	High social visibility limits anonymity; stigma may be more strongly felt or feared and may deter participation in studies on sensitive topics (e.g., mental health, sexual health).
Limited workforce capacity	Few personnel with research training or time available to lead or support projects; reliance on external investigators.
Geographical isolation	Remote location makes travel expensive and infrequent; delays in communication, collaboration, and transport of samples or data.
Limited research infrastructure	Lack of institutional structures to support research (e.g., data management, library services); absent or limited local research ethics frameworks; difficulty obtaining appropriate ethical oversight; lack of funding opportunities or institutions to support grant applications/awards.
Financial constraints	Limited government and institutional budgets for research - external funding essential.
Policy and institutional barriers	Overlapping roles create conflicts of interest; lack of inter-sectoral coordination hinders research and implementation.
Limited connectivity and technology	Slow or expensive internet access and unreliable communication infrastructure restrict data transfer, collaboration, and remote learning.
Limited public engagement with research	Low community familiarity with research processes; scepticism about research purpose; limited capacity for patient/public involvement (PPIE).
FACILITATORS	
Small, stable populations	Enables complete population coverage rather than sampling; supports longitudinal tracking and low attrition; comparative ease of reaching the whole population with communications.
Population isolation	Provides controlled settings with minimal external confounders, higher genetic heterogeneity, low immigration, allowing unique opportunities for epidemiological, genetic, and behavioural studies.
Natural experimental contexts	Unique historical or social events allow evaluation of interventions or environmental changes in well-defined populations.
Simple health systems and comprehensive records	Centralised health data from small, stable health services simplifies data collection and analysis.
External academic collaboration	Partnerships with experienced researchers provide methodological expertise, funding access, and credibility; supports local capacity building.

Discussion

The scope of research across SA UKOTS to date is broad, with particular focus on dental and genetic studies and those investigating asthma, notably in the population of Tristan Da Cunha. The research focus has shifted towards NCDs in the past decade, reflecting the changing global burden of disease, although there is still a paucity of research on mental health with only two studies in the past 20 years. Over two-thirds of studies were observational with minimal emphasis on evaluation or implementation. These are arguably the study designs which could most benefit health care delivery and health improvement in these settings by gaining understanding of “what works” and “for whom” in local populations. In research to date, studies tended

to use comparisons to UK populations or sub-populations, likely due to availability and access to this data. However, where comparisons of population prevalence or health outcomes is valuable, comparisons to similar island populations may be more relevant than comparisons to UK populations

Over half of all studies found were focussed on Tristan da Cunha, an island with a population of ~250 (historically not greater than 300) demonstrating both an interest from external researchers in this unique population and the methodological strength of an isolated and genetically stable population for certain research. Of studies centred on Tristan, nearly half investigated respiratory illnesses



(including flu and asthma) and many of these studies were considered groundbreaking and are frequently cited by others ^{36,37,53,54}. The overwhelming majority (35 of 38) studies in Tristan were led by overseas researchers, and often study objectives were primarily to understand aetiology of diseases rather than improve health in the local population, with a few clear exceptions, many of which were undertaken with the evacuated population in 1961 ^{34,35,37,46,55}. There are clear instances where researchers frame the islanders as a unique scientific resource ^{46,56} or providing a “unique natural experiment” ⁵⁷, emphasising their utility as a study population rather than focusing on their intrinsic health needs. Recent research in Tristan Da Cunha is lacking and unexplained, but this may be related to its extreme remoteness and lack of an airport, or perhaps a changing view of external research agencies and funders on what constitutes ethical research.

This review has highlighted clear barriers to conducting research in these small-isolated populations. Moreover, challenges related to policy implementation, limited human resources (e.g., research, healthcare, policy and laboratory) and budget for intervention development and implementation undoubtedly also present barriers to research. The lack of ethics process in St Helena was noted ¹⁷. Though there is now a dedicated Research Institute covering health research in place the requisite expertise to adequately consider ethical components of research remains a challenge, with few health research experts and constrained capacity in this small population. Though not mentioned in these studies, the lack of public and patient involvement and engagement (PPIE) in research is a possible corollary of participation fatigue and/or lack of research ethics consideration.

The geographical distance between the SA UKOTs and other countries is significant given that air travel is infrequent (or absent) and unreliable. Despite recent improvement in internet connectivity in St Helena and Ascension, internet access remains expensive; connectivity in the Falkland Islands and Tristan da Cunha is also slow and limited. This may impact access to specialist skilled personnel, training, consumables or equipment necessary for

research.

Similar barriers have been noted in other SIDS. The limited availability of personnel with appropriate research skills to conduct health research was highlighted as a barrier to local investigator-led research in Fiji⁵⁸. This was addressed through a research training collaboration between universities in Fiji and New Zealand. The lack of sufficient research capacity and locally relevant evidence in some Caribbean SIDS has been addressed by the establishment of a “regional knowledge ecosystem” centred at the University of the West Indies⁵⁹.

The literature highlights many advantages to undertaking research in these islands, though historically the Island populations have been utilised as a ‘unique’ resource to explore disease for scientific discovery without clear health benefits to the populations. Roberts and Beighton (1986) also highlighted benefits of conducting epidemiological or genetic research in other small islands ⁶⁰. These include limited migration and the subsequent genetic homogeneity and traceability of inheritable genes, finite populations with definitive borders and the ability to measure environmental exposures and outcomes over time in these uniquely stable populations, enabling investigation of the genetic contribution to aetiologies of specific disorders.

Collaborations between local researchers or healthcare personnel and external organisations have facilitated research with clear objectives to address local health needs while bringing access to funding and research support. Another possible facilitator is the simplicity of the health systems and health datasets, where they are available. This may be more difficult to investigate in settings with a transient population, more dispersed health clinics, and multiple incompatible data systems.

As a scoping review this study has limitations such as the lack of critical appraisal of included studies and the possibility of missed studies. There may also have been a lack of depth due to the overview perspective rather than detailed synthesis and some relevance may be lacking in historical papers due to their brevity. There is scope for strengthening collaborative research networks between the SA UKOTs and external institutions, such as universities, national agencies and funding bodies in the United



Kingdom (due to sovereignty) and South Africa or South America (due to proximity) to develop locally led research through well developed, respectful and equal academic partnerships. These networks need sustained funding and technical support.

There is a rich opportunity for learning across UKOTs and other SIDS. Population size, culture, income and geographic isolation in SA UKOTs may not be comparable to other UKOTs or some SIDS (e.g. Singapore or Jamaica), however knowledge of designing, funding, executing and applying findings from research, training opportunities related to research skills for both professionals and lay researchers, methodological challenges and solutions, are all potential areas for shared learning.

Future research should seek to benefit the health of the SA UKOTs populations rather than solely being a testbed for studying disease aetiology. A focus on implementation research and evaluation of policies to improve health may provide valuable evidence. However, the selection of research methodology needs to be carefully considered based on the policy priorities, research aims, and local capacity. Involving the local community in quality health research through patient and public involvement and citizen science could facilitate translation of findings to improve population health. The definition of resource-constrained settings used by research funders should incorporate 'geographical remoteness' as a criterion. Experience from SA UKOTs demonstrates this is a key factor in the lack of locally relevant research.

Although research to date in these territories is limited and significant barriers to research exist, there are opportunities to enhance research in the SA UKOTs and potentially other similarly small and isolated countries such as the UN SIDS network. Strengthening of locally relevant research will help improve understand of health priorities within the SA UKOTs and inform decision making at a national level.

Conflicts of interest: All authors confirm they have no conflicts of interest. SST, SPR, BM (and formerly IW) work for the UK Overseas Territories Programme, funded by the Foreign Commonwealth and Development Office through the Integrated Security Fund. TM received funding from the UK Overseas Territories Programme to contribute to research costs for post-doctoral research focused on The Falkland Islands and St Helena Island.

Acknowledgements: We would like to acknowledge the time that representatives from St Helena, The Falkland Islands, Tristan da Cunha and Ascension Islands gave to review previous versions of this paper. Also, the valuable discussion with Dr Elena Nixon, Associate Professor at Faculty of Medicine & Health Sciences, University of Nottingham, United Kingdom.

Data sharing statement. No data was gathered, recorded or generated for this scoping review.

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