



LISTENING TO THE PACIFIC

FRAMEWORK FOR PACIFIC REGIONALISM REGIONAL INITIATIVE SUBMISSION TEMPLATE 2016

The Framework for Pacific Regionalism

The Framework for Pacific Regionalism represents a high-level commitment to pursuing deeper regionalism and establishes a process for developing and prioritising regional public policy. It articulates the vision, values and objectives of an enhanced Pacific regionalism. It also sets out an inclusive process by which anyone can propose ideas for regional initiatives to address key challenges facing the Pacific. For more information, [click here](#).

Regional Issues and Guidance

When preparing your submission, think carefully about why this is an issue of regional significance and why it should be placed before the Leaders of the Pacific Islands Forum. For further information on the process and types of submissions being sought, please refer to the guideline below.

To Submit a Regional Initiative

1. Complete the below regional initiative template below.
2. Submit initiative to the Forum Secretariat by deadline: **5pm, Fiji time, Sunday 10 April 2016.**
3. Initiatives should be submitted to the Forum Secretariat, through one of the following ways:



FRAMEWORK FOR PACIFIC REGIONALISM – REGIONAL INITIATIVE TEMPLATE

Please complete each section below.

1. Contact Details

Please provide the following contact details:

Name of individual or group submitting initiative

Dr. Santus WARI

Name and position of primary contact

Dr. Santus WARI

Email address

Phone number

Fax number

Mailing address

2. Name of Initiative

THE NEED TO PROMOTE BOTH A STRONG PRIMARY HEALTH CARE AND CONVENTIONAL MEDICAL CARE IN THE PACIFIC ISLAND COUNTRIES.



3. What is the common regional issue or challenge that this regional initiative aims to address?

You may also want to address the following: What are the causes of this issue? Are there links to national, regional or international goals/policies?

Please limit your response to no more than 750 words.

Response

On the outset this is not an attack on any person, group, institution, Jurisdiction or a program. Instead it is a contextual discussion which aims to improve and bolster regionalism with respect to health services to its people according to its vision, values and objectives. The common regional issue that this initiative aims to address is to improve from a weak public health service and a dangerously weak curative or hospital services. The current health status has led to a constant rise in Non-communicable Diseases (NCD), increase in morbidities/mortalities from preventable deaths, decrease vaccination coverage, low reproductive health coverage etc. Additionally other public health care aspects e.g. sanitation, environmental health, food and water safety have suffered the same fate despite country laws that are in place.

In this regionalism initiative, the Vanuatu case is used here as a guide to raise these concerns that have been out of the public eye. All of the common medical curricula that is being taught to modern day doctors of the PICs. As such it is a regional issue.

With respect to hospital services the standard and quality of services has fallen so dangerously low. There has been a sharp rise on incidences of malpractice leading to many avoidable deaths. Interestingly there has been no checks and balances to thwart such practices as those in more affluent jurisdictions. Lack of leadership and specialist staff support at fellowship level has been lacking. For example fellow of the royal Australian college of surgeons, anesthetist, physician. The level of malpractices is a huge concern and is of the nature of criminal negligence and recklessness that must not be allowed to continue on the lives of the citizens. Evidences are abound. It may be a country issue at first sight but with a deeper look, it is not.

Causes

The causes of this issue is the Problem Based Learning (PBL) syllabus that has been adopted by the Fiji School Of Medicine after 1987 military coup in the place of Conventional Medical Course. The impact of the coup has resulted in the withdrawal of foreign staffing and other support to the old Fiji School Of Medicine. Along with this coup mass exodus of conventionally experienced Fiji doctors was seen. This left a huge gap in medical human resource. Among discussions within the medical fraternity it was conceived that to avoid such a brain drain in future the medical syllabus must be of the nature that discourages migration and at the same time promotes staff retention in Fiji. Equally important was that the failure rate in the conventional medical syllabus was high. Around the same period a pacific wide survey of disease profiles in the PICs was undertaken. The outcome was striking in that most of the diseases are preventable. They are NCDs and Infections. Having all these reasons put together it provided sound rational for the



establishment of the PBL. With the strong and visionary leadership of the calibre of Dr. Jimioni Samisoni as medical school principal, strong advocacy for the PBL was promoted among PICs and donor partners. The new dawn of better, affordable and sustainable medical practice in the PIC has set sail. Since the establishment of the PBL Fiji School of medicine has graduated about 70% of doctors in the PICs. In some PICs PBL trained doctors make up almost 100% of medical staff. Even 100% of the PBL doctors have been in-charge of the curative/hospital services in some PICS like Vanuatu.

A striking change here is that with the arrival of the first PBL graduates, foreign doctors were gradually phased out in numbers until there is no more resident fellowship doctor, a quality resource for mentorship. This left such a dangerous dilemma facing the quality of health services of the PICs concerned. It is like darkness has fallen on the plight of the people to access good quality hospital care. The wasters' holders through the PBL lack proficiencies in wide areas of hospital practice compared to conventionally trained doctors.

Registration Process: The PBL graduates are expected to have undergone formal internship training programs immediately following graduation. It runs for a two year period before formal registrations to be a doctor is completed by the local health practitioners' board. It is done according to recommendations from the hospital based internship committee. Given the lack of clinical experience and knowledge in the PBL program there has not been better placed supervisors to assist the internship program challenges. Instead a haphazard internship program became the norm after which formal registrations were undertaken by authorities who themselves are ignorant of the essence of this vital process. The blunder continues where the formal registration of doctors is signed by the Chairman (minister of health) and the secretary to the board, all being non-medical persons who are unaware of the risks of licensing in medical practice.

Syllabus –The syllabus of a Problem Based Learning curriculum and the conventional are separate entities in their own right. Each entity has its own place in the practice of health care provision. PBL at the FSM is meant to promote Primary Health Care (PHC), the essential tool in preventive health care. The Conventional, due to its inherent nature is meant for hospital services where advance technology and medical science becomes the basis of this practice. The worst that has happened in this case is that the PBL doctors have been allowed out of the ignorance of the local authority to practice in hospitals unsupervised. Apart from the internship this blunder continues in the formative years after the internship period, the waster's program at FSM ;letter attached and the post wasters period. This provision proves, so much has been at stake in the health and lives of the people being exposed to this dilemma. Hence it is the intention of this submission for a high level discussion at the south pacific forum to set this right once and for all. It is a matter of life or death issue. Previous works comparing PBL and conventional medical education is available on the net.

Links to national, regional or international goals/ policies.

The overarching goals to improve the health services within each member of the forum especially the PICs connects with the fundamental principles of human rights and obligations to access good health for its citizens. It is the right of every living being no matter what colour, religion or background the simple fact is that we as humans have the same unalienable right to access good health. As a clinician with conventional medical training, fully supervised internship



by Royal Australian College (RAC) consultants, fully supervised formative years by Royal Australian College Of Surgeons(RACS), over seven years of RACS formal skills transfer and years of experience in Vanuatu, it comes as no surprise to see the huge gap in the level of practice at the hospitals currently lead by PBL doctors . I personally feel it is unfair indeed to let the PBL graduates take the troubles of deciding on major surgeries, let alone the not so common ones. The experience is much like planning to land a Boeing aircraft at night with no global positioning guide. The whole issue further deceives the authority especially the health administration by frequent movements of PBL doctors within health jurisdictions in the PICs under the SCIIPS funds. However the health administration has no clue of what is happening behind the scenes. It is now more confused with the health services declining while the number of wasters' holders is constantly rising. In Vanuatu hospitals, incoming PBL doctors from within the PICs region perform at the same level as their local colleagues. Because of this, the set goals and policies of health jurisdictions within the PICs is bound to be affected. The largely poor achievements in the MDGs and SDGs of each PICs relating to health is often begging for reasons from leaders and governments during international meetings. The PBL graduates as a tool would have improved the MDG/SDG standings had it been more involved with PHC, an area most appropriate to the nature of the educational syllabus. Subsequently the national goals and policies are often frustrated by non-performance. There is in fact a link between national, regional and international goals and policies. Funding support to the PBL graduates in the PICS is made available through the HSL and SCIIP programs, managed through the Australian College of Surgeons. This observation is a Pacific wide concern that has never been addressed tactfully. It is important to note that PBL and its postgraduate programs was created for the PICs. Therefore if it is not responding to the health challenges then all these implies it is a regional issue of vital importance.

4. Briefly describe this regional initiative

You may also want to address the following in this section:

How would this initiative contribute to a positive change to the region?

Who are the main beneficiaries?

How would the initiative contribute to the vision, values and objectives of the Framework for Pacific Regionalism?

Has the initiative been carried out previously?

What are the key risks in implementing this initiative?

Are there any complementary projects and programmes that are currently active?

Please limit your response to no more than 750 words.



4. Briefly Describe this Regional Initiative

This regional initiative is to upgrade the level of the Primary Health Care and the curative health services in PICs to such a level that they complement each other well in a rational manner. This regional initiative concerns the quality of health services in the Pacific Island countries. Further, being alive for any human being is the utmost important priority. And so the process of achieving that is through a sound health service. The overarching goals to improve the health services within each member of the forum especially the PICs connects with the fundamental principles of human rights and obligations to access good health for all its citizens as promoted by the United Nations. Good health is nonnegotiable and unalienable. It is the right of every living being no matter what colour, religion or origin but a simple fact is that we as humans have the same right with all other persons anywhere in the world. Under the excellence of the United Nations all humans are equal. A health service that is wholesome is one that embraces both PBL aŷd the ņoŷveŷtioŷal ņare. It is stroŷgly felt that it is aņout tiŷe the foruŷ gets ŷore iŷvolved iŷ the ņark side of health as it matters with the health and lives of its citizens. Staying healthy means a stronger PICs regionalism to be able to face future challenges.

Beneficiaries.

The health services are a social service. With this initiative all individuals across all sectors of society will be beneficiaries. Even for those unborn humans, would be able to enjoy better healthy lives if we prepare well now for all.

How would the initiative contribute to the Vision, values and objectives of the framework for Pacific regionalism?

When a man is healthy he can build a good strong house that could withstand the challenges of climate changes. It is synonymous with the initiative of having good health services which would contribute deeply to achieving the visions of regionalism given the many challenges. Humans are basic building blocks for any change on the planet; being healthy would give people the mental and physical powers to make good decisions and judgments for positive changes to take effect in the region. As is the case with low MDGs in PICs, this could contribute to improved performance of MOHs, Governments and regional mechanisms by pulling all together to focus on such serious matters as quality standards and level of health service delivery. So much has been said of the same common diseases such as the NCDs in the PICs that has disabled and killed so many. Yet there is no reliable statistics on the quality of the hospital services that the public has lost trust in. Similarly the public health services. Even the budget allocations and the outcomes on the performance do not match. The Health information systems are not forthcoming with information required for firm decisions. The Human Resources has lost touch with the operations of the hospital services and the public health services. On the whole the health systems of the ministry of health become non-functional and a nightmare in directing the office of the director General Of Health who could reliably inform the state minister of health. The current initiative could be our beacon of hope.



Has the initiative been carried out previously?

To my knowledge this particular initiative has not been carried out previously in a systematic manner starting from the change in medical curricula to the conducts in service deliveries and their impact on people's lives and health.

What are the key risks in implementing this initiative?

I see no risk in implementing this initiative. To the contrary there are more unwanted risks if the initiative is not addressed. The sovereign governments of PICs have to show assertiveness for the health and lives of their people. The Forum has an obligation to address this matter of life and death in a manner that the health services of PICs are safe, adequate, affordable and accessible by all people. The PBL is the best tool for Primary Health Care in the PICs given its practicality and wide community participation at much less cost but huge potential gains. But again the current PBL curricula must declare itself that its modes of teachings are to embrace the principles of PHC and not the Conventional practice in hospitals. However taking that all PBL doctors should be destined for PHC, the hospitals must sought skills and leadership from outside the PICs to run its hospitals. In the long term, a Conventional Medical School cannot be left out of the framework of regionalism as it provides the balance to the PHC values to assure a more comprehensive health cover for the people of the PICs.

Are there any complimentary projects and programs that are currently active?

I am aware of the first meeting held on Yanuca Fiji by health ministers in 1995. The second such meeting was in 2014 on the same location. The results and outcomes of those meetings is essential for the forum's attention. "Since the first PBL graduates started taking responsibilities, withdrawal of high calibre resident foreign staffing (members of the fellowship of royal colleges), followed. Subsequently this has led to almost complete lack of supervision of PBL graduates. However foreign short term medical staffing from within the PIC have been sourced through a program called strengthening of specialised clinical services in the Pacific (SSCSIP) based in Fiji with the aim of complementing the local staffing pool. The foreign staffing of course brings in little in the way of capacity as they all are PBL graduates. Another program is the Health Specialist Limited (HSL) used in overseas referrals, short term trainings and other in-country support. It is located in New Zealand. The Specialist visiting medical teams are managed via the Royal Australian College of Surgeons (RACS) in Melbourne. For example, they offer specialist support in terms of carrying out live saving surgical operations in the PICs that would have never been possible under local capacity. The visits are not frequent and may take long intervals with disastrous consequences on the wellbeing of waiting patients.



5. Why does this initiative require the attention of the Leaders of the Pacific Islands Forum?

Please consider whether this initiative requires the attention and consideration of the Leaders of the Pacific Islands Forum in order to be implemented and outline why this is the case. Could it not be overseen or implemented at the level of Ministers, officials or by a regional agency?

Please limit your response to no more than 750 words.

5. Why does this initiative require the attention of the Leaders of the Pacific Islands Forum?

First of all the forum needs to acknowledge the fact that a medical service traditionally has two arms, the Preventive health service (through Primary Health Care and PBL syllabus) and the curative health service (through conventional medicine syllabus). Having both a strong Primary Health Care and the curative health service provides an assurance of better health service cover for its populace. Therefore medical education along these two lines must be promoted for the PICs to be able to tackle most of their health challenges by themselves. This is the established norm for health services in all countries of the world. Certain modifications do come to suit individual needs. As medical scholarships are expensive by PICs standard, are almost all foreign aid sponsored. Given the capacity of PBL doctors in hospital services, the involvement of foreign medical teams and foreign advice has intensified by number and frequency of visits. Similarly the movement of PBL medical staff within PICs under the SCIIPS funds. While these contributions are welcoming, they fail to upgrade the level of health services which are seen to be only getting worse. The Forum must acknowledge that the inherent nature of the PBL syllabus holds no equivalence to the convention to ensure proficiencies in Hospital care. For example PBL doctors have never been exposed to learning the level of human anatomy that is seen in the conventional training. Dissections of dead human bodies to learn and acknowledge the internal design of structures of the actual humans and its microscopic displays take up to three years in the medical sciences part of the conventional. And here we have registered consultant surgeons through the PBL who lack the level of medical sciences to be able to make safe and sound judgments, for the national surgical services as an example. There has never been a monitoring evaluation tool to assure the authorities of the performance of PBL staff in the hospital care system. Even in the Public health domains where the PBL holds



supremacy with Primary Health Care as its tool. There is a need for a conventional medical school to be established within the PICs such as the previous Fiji School of Medicine (under a MOU with USP) to provide opportunities to high achieving students who would be role models and authorities in their own rights in the hospital services within the PICs in the future. Only then true equivalence could be ascertained in the level of professional conduct, knowledge and discussions with colleagues from developed jurisdictions. Note that PICs doctors must be armed with such a depth of medical scientific knowledge as nobody knows what danger is in store for the Pacific in the future, comes increasing technology, increasing competition for the Pacific by major powers, geopolitical changes in the world, climate changes affecting health and of course the threat of frequent epidemic outbreaks of rare diseases. For hospital care conventional doctors have the capacity to carrying out a wide range of surgical operations, hence could be trained as general surgeons to suit the small number of populations in the PICs. This is in contrast to the PBL that is encouraging surgical trainings on very specialist areas of the body. This is a setback for two reasons. The case load is low resulting in little experience to be acquired and the health budget is too small to pay high salaries for several specialist doctors of questionable calibre for doing very little. The so called specialist foreign trainings which the PBL doctors receive in Australia and New Zealand have only been observatory in nature. There have been no hands on experience since there are no provisions recognizing PBL doctors to be registrable under those jurisdictions. Subsequently have lack of tangible experience to manage the common challenges in the surgical/medical patients under hospital care. To assist the forum, it is essential that the performance of PBL doctors in hospitals be audited as well as those in PHC, under a regional specialist program of assessments. This would form the basis for reformation to lift the level of the health services while maintaining positive interactions for the good health and regionalism of the people within the Pacific forum.

6. Attachments

Please attach additional information in support of this initiative.

Please attach no more than 3 pages.

7. Uploading initiatives to the Forum Secretariat website

In line with the process outlined in the [Framework for Pacific Regionalism](#), all submitted initiatives, inclusive of all attachments, will be publicly available via the Forum Secretariat website.



**PACIFIC ISLANDS
FORUM SECRETARIAT**

8. Guidelines and Contact Details

For further information on completing this template, consult the submissions guideline below or contact Pacific Regionalism Adviser Joel Nilon at the Forum Secretariat:



Submission Guidelines

These guidelines are designed to assist those submitting regional initiatives through the Framework for Pacific Regionalism. For more information contact Pacific Regionalism Adviser Joel Nilon at the Forum Secretariat:

1. About the Framework for Pacific Regionalism

The Framework for Pacific Regionalism represents a high-level commitment to pursuing deeper regionalism and establishes a process for developing and prioritising regional public policy. It articulates the vision, values and objectives of an enhanced Pacific regionalism. It also sets out an inclusive process by which anyone can propose ideas for regional initiatives to address key challenges facing the Pacific. For more information, [click here](#).

2. How do I submit a regional initiative?

To submit a regional initiative, complete all sections of the submission template and submit to the Forum Secretariat by no later **5pm, Fiji time, Sunday 10 April 2016**.

Submissions must be made on this template. Submissions made directly via email, letter or other format will not be considered.



3. Who can submit an initiative?

Any interested stakeholder can submit a regional initiative. This may include individuals, or groups of individuals or organisations, including government, civil society (including church or religious organisations), the private sector, community groups, multilateral agencies and CROP agencies.

4. What information is required?

In completing the regional initiative template, you should:

- a. Identify and seek to respond to issues and challenges that are common to the Pacific region and that could be best addressed through a regional response.
- b. Demonstrate that a high level political decision needs to be made.

This is not a process for seeking endorsement of existing projects or activities. No standing fund exists in which to allocate funds to initiatives that are endorsed. Submissions that consist of projects or initiatives that may be ordinarily carried out under the governance arrangements or work-plan of the submitting organisation are unlikely to be successful.

- c. Demonstrate how the initiative would contribute to one or more of the objectives of the Framework for Pacific Regionalism.

5. What assistance will the Forum Secretariat provide through this process

The Forum Secretariat will provide general advice and suggestions to those making submissions. This advice will include clarifying the information set out in this guideline, such as how initiatives can be completed and submitted; the type and level of information sought; the assessment process; and clarification of the overall process.

6. Assessment process

Step 1 The Forum Secretariat will collate all submitted initiatives and check them for completeness.

Step 2 The Forum Secretariat will, in collaboration with CROP agency officials and other experts as required, conduct a first round of assessment of all submitted initiatives using the tests for regional action (see Table 1 below).

Step 3 The Forum Secretariat will provide all assessed initiatives to the Specialist Sub-Committee on Regionalism (SSCR), which will assess initiatives against the vision, values and objectives set out in the Framework (see Table 2 below). Reports on current regional initiatives under the Framework for Pacific Regionalism that are in progress will also be considered by the SSCR when they assess initiatives.

Step 4 Based on its assessment of all submissions, the SSCR may recommend a limited number of initiatives to Forum Leaders. Those initiatives recommended to Leaders will be first sent to the Forum Officials Committee for commentary and incorporation on the Leaders' annual meeting agenda. Forum Leaders



will then receive the final recommendations of the SSCR and make decisions on these at the annual Forum Leaders Meeting. In 2016 this meeting will take place in the Federated States of Micronesia

Proponents whose initiatives have been selected for Leaders' consideration will be informed of this selection within two weeks of the SSCR's decision. All proponents will be informed in due course of the outcome of their submissions.

7. Leaders' decisions on initiatives

Forum Leaders' decisions on initiatives will be publicly announced through the Forum Leaders' Communique that is issued at the conclusion of the Leaders' meeting. As directed by Leaders, the Forum Secretariat will initiate implementation of the decisions in consultation with the proponent, the proposed implementing agencies, funding partners, and other relevant organisations or stakeholders.

8. Further help and feedback

For further information or guidance or to provide feedback on the process, contact Pacific Regionalism Adviser Joel Nilon at the Forum Secretariat:



Table 1 – Tests for Regionalism

TEST	CRITERIA FOR REGIONAL IMPLEMENTATION
Market test	The initiative should not involve a service that markets can provide well.
Sovereignty test	The initiative should maintain the degree of effective sovereignty held by national governments (countries, not regional bodies, should decide priorities).
Regionalism test	<p>The initiative should meet one of the following criteria at a sub-regional or regional level, in support of national priorities and objectives:</p> <ul style="list-style-type: none">▪ establish a shared norm or standard▪ establish a common position on an issue▪ deliver a public or quasi-public good which is regional (or sub-regional) in its scope realise economies of scale▪ overcome national capacity constraints▪ complement national governments where they lack capacity to provide national public goods like security or the rule of law▪ facilitate economic or political integration▪ Where benefits accrue sub-regionally, the contribution to broader regionalism should be clear.
Benefit test	<p>The initiative should bring substantial net benefits, as demonstrated by a cost-benefit analysis. The distribution of benefits across countries and across stakeholders within the region should also be considered—particularly with respect to:</p> <ul style="list-style-type: none">▪ The relative costs and benefits for smaller island states (an “SIS test”)▪ How inclusive the proposal is of all stakeholders who might benefit from regionalism.
Political oversight test	The initiative should require the Leaders’ attention and input (as opposed to being within the mandate of Ministers or other governing bodies).
Risk and sustainability test	The initiative should demonstrate a robust risk and sustainability evaluation, be based on a sound implementation plan, be supported by some identified funding, and demonstrate available capacity and experience for successful implementation.
Duplication test	The initiative should not be currently under progress by another organisation or process, and there should be no duplication of effort.



Table 2 – Vision, Values and Objectives of the Framework for Pacific Regionalism

Vision:

Our Pacific Vision is for a region of peace, harmony, security, social inclusion, and prosperity, so that all Pacific people can lead free, healthy, and productive lives

Values:

- We value and depend upon the integrity of our vast ocean and our island resources.
- We treasure the diversity and heritage of the Pacific and seek an inclusive future in which cultures, traditions and religious beliefs are valued, honoured and developed.
- We embrace good governance, the full observance of democratic values, the rule of law, the defence and promotion of all human rights, gender equality, and commitment to just societies.
- We seek peaceful, safe, and stable communities and countries, ensuring full security and wellbeing for the peoples of the Pacific.
- We support full inclusivity, equity and equality for all people of the Pacific.
- We strive for effective, open and honest relationships and inclusive and enduring partnerships—based on mutual accountability and respect—with each other, within our sub-regions, within our region, and beyond.

These Pacific regional values will guide all our policy-making and implementation.

Principal Objectives:

- Sustainable development that combines economic social, and cultural development in ways that improve livelihoods and well-being and use the environment sustainably;
- Economic growth that is inclusive and equitable;
- Strengthened governance, legal, financial, and administrative systems; and
- Security that ensures stable and safe human, environmental and political conditions for all.