The role of New Zealand health professional training institutions in capacity building in the Pacific region

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New Zealand has a long history of political, cultural and economic ties to many islands in the Pacific region. New Zealand also plays an important part as a member of the Pacific Forum. There are 22 Pacific Island countries and territories with a total population of more than 10 million people—one in five are aged between 15 and 24 years.1,2 Trade and aid form an important part of New Zealand’s special relationship with Pacific Island nations. New Zealand has provided significant support for Pacific Island countries, such as assistance after the Vanuatu cyclone3 and the tremendous response by the government and people of New Zealand to the tsunami that affected Tonga and Samoa.4 New Zealand also assists in many multilateral, regional and bilateral programmes. Key focus areas include health sector capacity building, communicable and non-communicable diseases and capacity building for research.5 The ties between New Zealand and Pacific Island countries are further strengthened with many Pacific people now working and residing permanently in New Zealand.6

In their article ‘Eye health outreach services in the Pacific Islands region’, Lees, McCool and Woodward outline a number of New Zealand-based organisations that make significant contributions to services in the region, such as the Fred Hollows Foundation New Zealand (FHFNZ). The authors report that there are no locally-based ophthalmic nurses to undertake screening of patients in Papua New Guinea. Developing a health workforce to meet the health needs of their populations is important for both developed and resource-poor countries. The histories of Pacific peoples in New Zealand, and New Zealand’s interaction with the Pacific region, have led to many reciprocal relationships, especially in the areas of health and education. While these relationships have been mutually beneficial, there still remain many challenges for the Pacific region’s workforce to meet the health needs of its growing population.

The medical workforce density in the Pacific Islands varies between 0.1 and 0.5 doctors per 1,000 population, compared to 2.7 per 1,000 in New Zealand.7 In order for Pacific nations to meet the health needs of their populations, there needs to be an increase in the numbers of doctors trained in the Pacific Islands from the current output of 140 per annum. For many years, the training of medical doctors in the Pacific has been provided by the Fiji School of Medicine and the University of Papua New Guinea. The former was founded in 1885 and was the main medical school in the region; the latter opened its doors in 1972. Post-graduate programmes are offered through both medical schools. More recently, undergraduate medical training has also been provided by the Cuban government in response to the shortage of doctors in some Pacific countries. In addition, private medical schools have been established in Fiji and Samoa. The
medical school in Samoa was nationalised last year to form the Faculty of Medicine of the National University of Samoa (NUS). The government of Samoa sought assistance from medical schools in New Zealand for support in the development of a medical curriculum for the new Faculty of Medicine. The faculties of Medicine at the University of Auckland and Otago Medical School have been assisting health services in the region by building capacity and capability of their medical staff, by direct course training in New Zealand, staff exchanges and provision of intellectual materials. Otago and Auckland are committed to providing ongoing support for the NUS Faculty of Medicine’s teaching programme while it is in the initial stages of development. The Otago Medical School had assisted the early development of the Fiji School of Medicine and has responded to requests for assistance from other medical schools in the region. The requests for assistance align with the University of Otago’s Pacific Strategic Framework. The framework, approved by the University of Otago Council in 2012, prioritises its longstanding commitment to local, national and regional Pacific communities. Furthermore, parallels can be drawn between New Zealand’s first medical school—established at Otago in 1875—and Samoa’s recently established medical school. When the Otago Medical School first started it had only “one professor, one student, one classroom and one cadaver”. It is not unrealistic, therefore, for Samoa over the next 100 years to develop its medical school to a stage where it not only meets its own medical health workforce needs, but also strongly contributes to meeting the health workforce needs in the Pacific region.

Examples of self-determination in health and education can be seen in the Cook Islands and Samoa, in collaboration with New Zealand health training institutions. In the Cook Islands, the government assessed the need for further professional development of its own medical doctors. A new initiative led by the Cook Islands government has seen the establishment of a post-graduate training programme for their doctors in collaboration with the Royal New Zealand College of General Practitioners and its Division of Rural Hospital Medicine and Otago Medical School. Additionally, the head of dental services in the Cook Islands has collaborated with the University of Otago Faculty of Dentistry staff to provide free dental care in the Cook Islands for over 10 years. A similar initiative has just been established in Samoa. These Cook Islands and Samoa-based senior dental health professionals have received postgraduate training at the University of Otago. There are other areas where Otago staff have provided ongoing clinical support, including mental health, gastroenterology and medical research. These initiatives have been successful through long-term commitment and engagements, excellent working relationships based on mutual trust supported by an active Memorandum of Understanding.

These activities in the health workforce sector suggest Pacific Island countries are determining their own priorities and responding in a proactive manner. It is very important that health training institutions and organisations in Pacific Island countries take the lead and have local ownership of the way forward—whether it is in teaching, service or research. New Zealand health professional training institutions have a significant role in supporting capacity building and health workforce training needs in the region through advice, provision of technical skills and resources. Whatever assistance is provided, it should address health disparities in the Pacific region, needs to be culturally relevant and enable the development of local capacity. Pacific countries have their own mechanisms for accreditation, registration and retention of their workforce which external partners can add value to. There are significant gains also for New Zealand-based training institutions as a result of these partnerships. For example, there are increased opportunities for cultural learning, sharing of knowledge, development of skills to navigate the Pacific context and strengthening of relationships for New Zealand health professional staff, students and researchers. In addition, development of new teaching and research partnerships will follow and there are potential gains for New Zealand-based Pacific communities through an increased
understanding of the cultural needs and context for Pacific people living in New Zealand.

The pathway whereby Pacific countries exercise self-determination and provide leadership in the way forward ensures that assistance provided from external partners is likely to better suit local needs. It also ensures the sustainability of health workforce training programmes as they are incorporated into individual countries’ long-term health workforce capacity building and research needs planning. The role of New Zealand health training institutions in building capacity in the Pacific region benefits both the New Zealand training institutions and the Pacific Island nations. For New Zealand clinicians, students and researchers, the region and our current collaborations allow for greater knowledge of culturally safe practices in our New Zealand health context. For the region, these collaborations build further capacity for locally-based health practitioners and provide a strong platform for Pacific self-determination.

Competing interests: Nil

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REFERENCES:
wiki/2009_Samoa_earthquake_and_tsunami.


