

## Guest Editorial

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The readers would have, I am sure, already perceived, from the title, that this is a rather unconventional writing: Guest Editors are normally expected to express positive, viewpoints, which should support other contributions to PHD.

I, for one, will welcome debate and dialogue, as the matter of education and training in Public Health deserves, far greater attention and commitment among Pacificans than what one sees these days.

Yes and no, are my answers to the question above: yes, because "New and Re-emerging Communicable Diseases" are indeed a very real threat to Public Health in the Pacific, what with the chronic shortage of Public Health Staff [and Health Personnel in general], coupled with the equally prevalent "less-than-adequate" qualifications and training of the Public Health workforce in place, throughout the Pacific. One could add a long string of other jeopardizing factors, such as inadequate laboratory capabilities, incomplete surveillance, insufficient preparedness, and so forth. To these, though, real Pacific public health advocates could quickly counter that "what needs to be done takes time, and money, so let us work together and...etc".

In this respect the recent PHD issues titled "Pacific Public Health -1 " and "Pacific Public Health -2 " and the Editorials/ Comments in the PHD issue on "Pacific Health Surveillance and Response" have already laid the foundations for review and debate on the matter.

Here, instead, I propose that the "no" part of my answer be exposed to critics [many are expected] and supporters [if any].

The more recent, and certainly "emerging", threats to Pacific Public Health are, in my view, the spiraling economic drive to professional work, the all-alluring

"private practice" that affords, for the providers, more and more of the "good life", and that banks on the frequency of illness and the despair illness brings to families and individuals: the days of Dr. Schweitzer's missionary dedication to the health of the most disadvantaged are apparently long gone, and not replaced; and the advantages of private, personal health care are more and more replacing the role of societal commitment of Governments and communities.

Medical education and training seems to be heavily influenced by the "private practice" that prevail these days: not only long-established Institutions, such as the Fiji School of Medicine [FSMed], but also new entrants in the arena of Medical Education, such as the planned Faculty/ School of Medicine at the University of Fiji; the Samoa-based Oceania Medical School; and eventual others, set up, more or less, as appendices of Pacific Rim-based Institutions, all seem too keen to provide what apparently the "body repairs" market is apparently demanding.

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So, individual patients care effectively displaces all concerns, existing or revitalized, for the protection and the promotion of the health of communities, as prevention, and of Primary Health Care, as the most appropriate "front line" intervention, commensurate, affordable and attuned to people, right where people live, work and multiply.

A direct consequence of this pattern is the other threat to Pacific Public Health, also recent and "emerging": the rapid discarding of Public Health teachings at the academic "ivory tower" [or towers?], that had even recently developed advanced and accessible Public Health offerings: Courses, Practical Applications and Qualifications.

At its 2003 Conference convened in Fiji, the Pasifika Medical Association [PMA] heard a presentation on "How much Public Health should there be in the professional bag of Pacific Island Health Practitioners of the Third Millennium?".

It proposed to identify where the Pacific Health Workforce is prepared:

- Environmental Health Officers: FSMed; UPNG; CAHS [PNG];
- Allied Health Specialists [LAB; RAD; PHAR; PHYS; etc.]: FSMed; CAHS [PNG];
- Nurses: Country Nursing Schools;
- Medical Practitioners: FSMed; UPNG;
- Clinical Specialists: FSMed; UPNG;

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It then examined how and by whom [Academics? Health Administrators] Public Health input into the education and training of the Health Workforce should be measured [As % of the overall tuition time? In hours of tuition? In number of Courses in each Curriculum? In credit requirements for Programme progression?]: the jury is still out on these issues.

The presentation [I was the guilty one, there!] ventured even further, and, assuming that the "main" Disciplines in Pacific Public Health could arbitrarily and alphabetically listed as: Applied Epidemiology [AE] – Environmental Health [EH] – Health Promotion [HP] – Health Services Management [HSM] – Nutrition and Dietetics [ND] – and Primary Health Care [PHC], it proposed that "cross-fertilization" or inter-disciplinary sharing of knowledge and skills follow these guiding proportions [e.g.: HP should include a 50% input of AE in its Programmes/Qualifications]: AE = 50%; EH = 10%; HP = 50%; HSM = 75%; ND = 25%; PHC = 100%. Regrettably, this matrix remains, to-date, just that, a matrix....

A ray of hope, though, has recently shone: the proposal, at that Conference, to consider uniform "exit roles" among Pacific Island Countries has progressed, in that Micronesia is apparently adopting a uniform set of "Basic and Specialized Public Health Competencies" for its budding efforts to fortify its Public Health Workforce, present and future.

Back now to the realities of today, and the "ivory tower/towers".

A case in point is the Fiji School of Medicine, where a downturn in Public Health teaching is reaching dramatic proportions: the evidence? Anecdotal, at this stage, but very real for those involved, students and Staff alike.

My testimony relates to the "golden era" of Public Health Education and Training, specifically at the then School of Public Health and Primary Care [SPHPC], during the years 2001 to 2006: I served there myself.

To just keep the focus on the Pacific as a Region, one would expect that the many who, in Samoa, the Cooks, Tonga, Kiribati, the Marshalls, Kosrae, Chuuk, Yap, Palau, and obviously Fiji, studied and graduated, in their own Country, in any of the several Undergraduate and Postgraduate qualifications, established during that period, would rise, be counted and vigorously demand that the established pathway be continued.

This lamentation could continue with stories about falling standards, teachers' falling morale [for those still remaining, that is], drop in students enrolments, and so on: but this is not the primary intent of this writing.

The anecdotes? One could be, if verified, the "on sale" season for Public Health qualifications, as the number of Courses required for each qualification is significantly reduced from the original standards; the pathway to Postgraduate qualifications, prominent among them the "MPH", the Masters of Public Health, are super-simplified, in some instances no longer requiring any Course work or Course exam. Those of us who have seen their PC screens cluttered with advertisements promising

qualifications without residence, without quality assessments, without most anything [except hefty fees!], well, we may develop a "déjà vu" feeling, what?

And the heart of those who were engaged in the "golden era" of Pacific expansion of Public Health education and training from the SPHPC motherboard, our heart bleeds, seeing that excuses and delays now dry up those fervent initiatives and frustrate the expectations of so many.....

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Rather, this tirade could be perceived as pointless, were there not some rays of hope, perhaps not necessarily within the glorious School in Fiji, which may have suffered similar set-backs in its long, renowned past.

STOP PRESS! Yes, this time the chronic delays of PHD issues have been useful: it is now an ascertained fact that a well-determined group of FSMed Staffers, Academics and Support Services alike, voted for the renewal of FSMed' s Academic and Administrative leadership and management. There may still be some hope, also there....

It is towards the budding academic institutions of the Region that one's hopes should be directed, because both in Fiji and elsewhere in the Pacific, courageous stalwarts of Public Health are still alive and active, promoting newer visions of Public Health resurgence, in ways attuned to the specific entities of the Pacific.

And it is to those that the strongest encouragements should go, the most devoted cooperation should be

offered by those who concur that indiscriminate "private medical practice" is not, or at least not yet, the panacea of health protection for Pacificans in their communities.

But what does all this have to do with this very issue of PHD Volume 13 Number 2 September 2006, Pacific Public Health 3.

In a way, this writing rejoins earlier ones, also aimed at supporting Public Health work among Pacificans and among those supporting in earnest the Pacificans.

This editorial joins the many scientific Authors who contributed and shared their work in the Infectious Diseases and the Life-style, Non-Communicable Diseases, all have, in their respective domains, paid tribute to Public Health support and enhancement.

In this PHD issue readers are once more offered a "smorgasbord" of Pacific-centric research, ranging from epidemic investigations [Measles on Koro, Fiji]; to health policy debates [Tobacco control, Guam]; chemical safety, Fiji; curriculum reviews, Fiji]; to chronic NCDs [RF and

RHD in Samoa and in Fiji]; to societal and participatory aspects of Public Health work and analytic studies in different communities [Hepatitis B screening, New Zealand; health problems among garment workers, Fiji; Samoan family relationships in Aotearoa/ NZ; recruitment of Micronesian students for Health careers, FSM].

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True to its well-established tradition, PHD records, also in this issue, Case Reports [malignant pleural effusions, Fiji; laparoscopic cholecystectomy, Tonga; multi-resistant Shigellosis, Fiji]; as well as Pacific-centric Papers published elsewhere and reviewed in PHD for the Pacifican readership, such as "Circumcision of Pacific boys: tradition at the cutting edge", Thomson R., et al.; Health effects of marijuana", Panda N.; "Kava consumption and its health effects", Goundar R.;

and "PBL in Physiotherapy: a review of perceptions and attitudes of students", Thavare V.

Now, may the Reading Force be with you, and may you not give up the Public Health ideals we share!

**Thirteen years ago the PHD Guest Editorial (PHD, 1994, 1(i): p4-5) stated**  
*"There has been various newsletters, studies, reports and articles dealing with the region's health issues but these has never been a publication that had the potential to the everything together to promote wide discussion and exchange of information and ideas, and to give the many health professionals in the region a venue to inform other interested parties..... The pacific will fill this void and I think the time is very appropriate..."*

# *Thank You Card to.....*



*Kjora:*

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*May the Reading Force be with you!*

*Editorial Staff and HRCP*