

# **Tertiary Health Services (Pacific Island Countries)**

**AusAID Agreement 63683**

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**Progress Report**  
**July – December 2012**

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AN INITIATIVE FUNDED BY



**Australian Government**

**AusAID**



AND MANAGED BY THE

**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

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## Acronyms

AMC	Australian Managing Contractor
AusAID	Australian Agency for International Development
CCrISP	Care of the Critically Ill Surgical Patient course
CPD	Continuing Professional Development
CTEV	Congenital Talipes Equino Varus or Clubfoot
CVA	Cerebrovascular Accident or Stroke
DSTC	Definitive Surgical Trauma Care course
EMST	Emergency Management of Severe Trauma course
ENT	Ear, Nose & Throat Surgery
EPM	Essential Pain Management workshop
GeFiTT	Gastroenterology Fiji Training Team
M&E	Monitoring & Evaluation
MoH	Ministry of Health
PIP	Pacific Islands Program
RACS	Royal Australasian College of Surgeons
SSCSiP	Strengthening Specialised Clinical Skills in the Pacific

## 1. Executive Summary

The Pacific Islands Program (PIP) has been funded by AusAID and implemented by the Royal Australasian College of Surgeons (RACS) since 1995. The program provides specialised clinical support and capacity development in surgery as well as other clinical areas (including nursing and anaesthesia) to 11 Pacific countries: the Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Nauru, Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

Since the program's inception, the RACS has worked in close consultation with Pacific Ministries of Health (MoHs) to assist improve access to tertiary and secondary health care services in line with national health priorities and health workforce plans for development. The RACS has demonstrated a long-standing commitment to providing a high standard of medical education and clinical services to the Pacific. Emphasis on workforce development is also a key focus of the PIP which has developed in line with the increasing capacity of many health systems to deliver certain services in-country. The RACS through the PIP is committed to working with MoHs and regional training institutions to assist Pacific health systems better provide health services to their people.

Since 2010, the RACS has been collaborating closely with the Strengthening Specialised Clinical Services Program (SSCSiP) to support the effective delivery of services in the region. This close consultation is an integral part of the PIP's planning processes to ensure that services complement and support individual MoH plans for development.

### 1.1 Highlights

Highlights from the July to December 2012 period:

- PIP Monitoring and Evaluation Framework (MEF) developed to monitor program outputs and outcomes (Annex 1)
- 21 specialist/clinical visits conducted in 8 Pacific island countries wherein,
  - 1,965 patients attended specialist consultations and received medical advice and treatment
  - 529 patients provided with specialist surgical procedures
  - 15 Pacific Island surgeons were actively involved in conducting 138 surgical procedures (either as assisting surgeon or lead surgeon with supervision from the visiting specialist)
- 215 Pacific clinicians provided with educational and training opportunities
- 8 new Essential Pain Management (EPM) course instructors qualified in Vanuatu
- 2 Fijian clinicians successfully completed the Emergency Management of Severe Trauma (EMST) and Care of the Critically Ill Surgical Patients (CCrISP) instructors courses
- 19 out of 52 instructors for PIP supported workshops were Pacific clinicians

## 2. Review of Implementation Progress

### 2.1. Clinical Services

During this period, 21 specialist visits were delivered in 8 Pacific Island countries (Table 1). 1,965 people were provided with specialist consultations and specialist medical advice and/or treatment and 529 individuals underwent surgical intervention. These services were provided to people who would have otherwise not had access to such medical attention.

During this period, no clinical services were delivered in Micronesia, the Marshall Islands or the Cook Islands. No requests for services were received from the Marshall Islands or Cook Islands MoHs and therefore none were delivered. Micronesia will see the first clinical visit delivered in January 2013.



PIP ENT visit to Samoa, Sept 2013

**TABLE 1: Clinical Services Summary**

COUNTRY	NO. VISITS	NO. CONSULTATIONS	NO. OPERATIONS
Fiji	5	293	86
Kiribati	1	73	55
Nauru	5	360	36
Samoa	2	418	125
Solomon Isl.	3	136	59
Tonga	2	158	73
Tuvalu	1	439	50
Vanuatu	2	88	45
<b>TOTAL</b>	<b>21</b>	<b>1,965</b>	<b>529</b>

Immediate successful outcomes were recorded for 522 patients post-operation. 6 patients experienced some form of morbidity, from which a successful outcome was later recorded or expected.

One unexpected outcome/mortality was reported for this period. The patient died after an Ear, Nose and Throat (ENT) surgical procedure in Fiji from a suspected Cerebrovascular Accident (CVA) or stroke post-operation while recovering in the Intensive Care Unit. A post-mortem was not conducted at the wishes of the family.

Although no beneficiary studies were conducted during this period to measure the intermediate health change/s experienced by patients as a result of PIP assistance, it is expected that services provided by PIP teams will have contributed to improving the intermediate and longer term health outcomes of individuals treated.

Full clinical output data is available in Annex 2.

## 2.2. Capacity Development

A total of 215 Pacific clinicians attended/completed or were involved in 19 capacity development opportunities delivered/supported by the program during the reporting period. Activities included in-country workshops and clinical attachments, regional training workshops, overseas training and continuing professional development (CPD) opportunities. Participants came from all countries served through the PIP and also included clinicians from the wider Pacific region including Papua New Guinea, Palau and Niue.

**TABLE 2: Capacity Development Activity Summary**

ACTIVITY TYPE	NO. DELIVERED	NO. PARTICIPANTS
In-Country Workshops	11	109
In-Country Attachments	3	3
Regional Training	2	44
Overseas Training	1	3
Continuing Professional Development (CPD)	2	56
<b>TOTAL</b>	<b>19</b>	<b>215</b>

19 out of 52 instructors of workshops and courses delivered during this period were recorded as being Pacific clinicians. This presents a baseline for which further capacity development in workshop leadership can be measured in the future.

Refer to Annex 3 for details of capacity building initiatives delivered/supported.

15 Pacific Island doctors were involved in surgical procedures with PIP teams during the July to December 2012 period. Pacific doctors were directly involved in a total of 138 operations and the specific with the specific level of involvement for doctors outlined in Table 3.



Samoan surgical registrar, Dr Sione Pifeleti, suturing at the end of a thyroidectomy: PIP ENT visit to Samoa Sept 2012

**TABLE 3: Surgical Involvement - Pacific Islands Doctors**

LEVEL OF INVOLVEMENT	PROCEDURES	
	NO.	PERCENTAGE (%)
Assisting	78	57%
Primary Surgeon with Assistance	42	30%
Primary Surgeon without Assistance	18	13%
<b>TOTAL</b>	<b>138</b>	

Table 3 shows that the majority of doctors were involved in an assisting or primary surgeon with assistance capacity. This data will be considered the baseline for future reporting.

### 3. Management & Relationships

The Program engaged two highly qualified external consultants during this reporting period to assist develop the MEF (Annex 1).

The MEF now articulates an outcomes-based model of monitoring the Program's progress.



Ni-Van Dr Basil Leodoro being assisted by visiting specialist Dr Beasley: PIP Paediatric Visit, Vanuatu Sept 2012

In September 2012, the RACS hosted the Global Burden of Surgical Disease Symposium in Melbourne in association with the Australian Society of Anaesthetists, International Society for Surgery and the Alliance for Surgery and Anaesthesia Presence, the Harvard-based humanitarian surgery initiative. The Symposium was aimed at surgeons, anaesthetist and other specialists, donors and policy makers and provided a platform to discuss the challenges facing surgery and anaesthesia in the



Hon. V. T. Tangi presenting at the Symposium on aid effectiveness in the Pacific

Asia-Pacific region. The Symposium provided a forum to share ideas, forge partnerships and expand collaboration for improving the delivery of international development assistance. The conference addressed topics such as measuring the unmet surgical need, the safety of surgery in low and middle income countries, essential surgical care and the role of organisations in training, support, advocacy and research. There was wide agreement to advocate for essential surgical services within the global health agenda.

A PIP Stakeholders Meeting was held at RACS, 29 September 2012. This meeting was attended by a number of key Pacific stakeholders, AusAID, the SSCSiP and PIP Speciality Coordinators and management staff. The group discussed the philosophical shift in PIP's objectives from a high volume clinical output delivery model to one highly focused on capacity development. The group discussed PIP's Monitoring and Evaluation (M&E) needs and processes and different ways of collecting information. This provided important feedback for the development of the PIP MEF.

Representatives from RACS and the PIP also attended the Pacific Islands Surgeons Association (PISA) conference, 07 – 10 August 2012 in Tonga. The meeting highlighted the continuing need for educational support of Pacific clinicians. The RACS currently provides access to an online database which includes journals and educational material to assist Pacific clinicians' access resources they need.

#### 4. Financial Summary – as at 31 December 2012

ITEM	AMOUNT EX-GST (A\$)
<b>GRANT FUNDS ADVANCE</b>	
Tranche No. 1 – September 2012	1,956,800.00
<b>TOTAL FUNDS ADVANCE</b>	<b>1,956,800.00</b>
<b>CLAIM/ACQUITTAL</b>	
a. Clinical Visit	365,265.00
b. Training	156,311.23
c. Priority Health Fund	-
d. Disposables & Equipment	143,915.61
e. Fixed Management Fees <sup>1</sup>	103,200.00
f. Management - Consultation Visit	-
g. Monitoring and Evaluation	9,900.00
<b>TOTAL CLAIM/ACQUITTAL</b>	<b>778,591.84</b>
<b>GRANT FUNDS REMAINING BALANCE (DEFICIT )</b>	<b>1,178,208.16</b>

<sup>1</sup> Acquitted at A\$17,200 per month



## ANNEX 1 – DRAFT PIP MONITORING & EVALUATION FRAMEWORK (MEF)

### 1.1 Program Development Impact level

Impact	Measures of success	M&E Tool / Method used	Type of Reporting	Person responsible & timeline
PIP supported Pacific MoHs improve health services to their populations in line with national health plans and strategies	Evaluation questions: 1. Has PIP increased access to, and contributed to, improving the capacity of health services in Pacific nations? 2. Has PIP support improved the quality of life for targeted populations in the Pacific?	PIP Activity Completion Report  AusAID end of program evaluation	Activity Completion Report  Evaluation report	AusAID at completion of program

### 1.2 Program Outcomes level

Outcomes	Measures of success	Methods and tools	Evidence source	Person responsible and timeline
<b>Objective 1: To provide clinical services in consultation with, and as requested by Pacific MoHs.</b>				
<b>Outcome 1</b> <b>PIP contributed to improved health outcomes of the target populations</b>	Immediate outcomes of surgical interventions (by number and specialty) conducted annually by PIP funded activities	Operations Records	Analyses of surgical outcomes	RACS through PIP Program Manager, 6-monthly reporting
	Number and specialty of peri-operative mortality annually by PIP funded activities	As above	As above	As above
	Measure of (intermediate) health change/s as experienced by patients as a result of PIP assistance.	Beneficiary Studies to capture a sample of stories based on quality of health and quality of life questions	Sample of Beneficiary stories – first person narrative in 2 selected countries annually (see Template 5)	RACS to engage in-country independent person to undertake this research, e.g. medical student/volunteer. RACS 6 monthly reporting through PIP Program Manager
<b>Objective 2: To increase the capability of Pacific clinicians.</b>				

Outcomes	Measures of success	Methods and tools	Evidence source	Person responsible and timeline
<b>Outcome 2.1</b> <b>Increased capability of Pacific clinicians to diagnose and undertake medical procedures independently</b>	<p>Pacific clinicians have increased capability to undertake patient pre-screening and diagnosis</p> <p>Pacific clinicians (doctors) have increased capability to undertake medical procedures over time</p> <p>Pacific clinicians have increased skills, confidence and application 3 months after PIP training (be it clinical visit, workshop or training attachment)</p>	<p>Visit Reports</p> <p>Operation Records</p> <p>Feedback forms and self-assessment questionnaire completed by Pacific clinicians including stories of change (see Template 6)</p>	<p>Analysis of records capturing changes in the level of screening quality and responsibility</p> <p>Analysis of records capturing changes in the level of involvement and responsibility</p> <p>Self-assessment by Pacific clinicians Analysis of results of feedback forms, questionnaire and stories of change</p>	<p>RACS through PIP Program Manager, 6-monthly reporting</p> <p>RACS through PIP Program Manager, 6-monthly reporting</p> <p>RACS through PIP Program Manager, 6-monthly reporting</p>
<b>Outcome 2.2</b> <b>Increased capability of Pacific clinicians to teach and lead educational programs</b>	<p>Number of Pacific clinicians teaching and/or leading educational programs annually</p> <p>Number and types of educational programs led by Pacific clinicians</p>	<p>Training reports</p> <p>Post-training test</p>	<p>Analysis of training reports' evaluations to capture increased capacity</p>	<p>RACS through PIP Program Manager, 6-monthly reporting</p>

### 1.3 Program Activity Results level

Results	Measures of success	M&E Tool / Method used	Type of Reporting	Person responsible & timeline
Clinical Services	<p>Number and specialties of consultations provided</p> <p>Number and specialties of surgeries conducted</p> <p>Number and description of voluntary clinicians who offered their services</p> <p>Number of Pacific clinicians working with PIP teams during clinical visits</p>	<p>Consultation Records (see Template 2)</p> <p>Operations Records (see Template 1)</p> <p>Team visit reports</p> <p>Team visit reports</p>	<p>Analysis of reports and recording of information in RACS Excel data base</p>	<p>RACS through PIP program staff data entry monthly and reporting to AusAID 6-monthly</p>
Formal training courses	<p>Number and type of formal training courses conducted by PIP in-country</p> <p>Number of course participants</p> <p>Improvement in clinical skills and knowledge of trainee medical personnel</p>	<p>PIP Records and Training Reports</p> <p>As above</p> <p>PIP Records Participant evaluation of training content and process (see template 7)</p> <p>Pre and post testing to track changes in skills and knowledge</p>	<p>Analysis of training reports</p> <p>As above</p> <p>Analysis of trainee feedback report</p>	<p>RACS through PIP program staff data entry monthly and reporting to AusAID 6-monthly</p>

Informal training	<p>Number and specialty of supervisions/on the job trainings</p> <p>Number and specialty of ongoing mentoring relationships</p> <p>Number and types of other informal training provided (i.e. lecture, grand rounds, tutorials, other)</p>	<p>Operations records / Team visit reports</p> <p>Team visit report and Pacific clinician feedback reports (see Template 3)</p> <p>Team visit report</p>	Analysis of Team Visit and Feedback reports	RACS through PIP program staff data entry monthly and reporting to AusAID 6-monthly
Attachments and Conferences	<p>Number and type of attachments</p> <p>Number, names and countries of personnel who attended conferences and type of conferences, funded by PIP</p>	<p>Attachments report</p> <p>RACS PIP records</p>	Analysis of information – including conference reports from attendees	RACS through PIP program staff data entry monthly and reporting to AusAID 6-monthly
Other services	<p>Number and type of medical examiners provided</p> <p>Other services provided</p>	RACS PIP records	Analysis of information	RACS through PIP program staff data entry monthly and reporting to AusAID 6-monthly
Procurement of equipment and supplies	<p>Number and types of clinical visits with equipment and supplies provided</p> <p>Appropriate and adequate supplies and equipment were provided</p>	<p>Procurement officer records</p> <p>Procurement section in team visit report</p>	Procurement Officer analysis of reports	RACS through Procurement Officer 6-monthly

## ANNEX 2 – CLINICAL VISITS

### CLINICAL SUMMARY

CONSULTATIONS	NO.	OPERATIONS	NO.	SURGICAL OUTCOME	NO.
Male	800	Male	268	Successful	528
Female	678	Female	261	Mortality	1
Gender Not Recorded	467	Gender Not Recorded	-		
<b>TOTAL</b>	<b>1965</b>	<b>TOTAL</b>	<b>529</b>		

### VOLUNTEER SUMMARY

TEAM MEMBER TYPE	NO.
Specialist Surgeon	24
Anaesthetist	13
Other Specialists	15 <sup>2</sup>
Nurses	24
<b>TOTAL</b>	<b>76</b>

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<sup>2</sup> Audiologists, cardiologist, gastroenterologist, hand/occupational therapist, rheumatologist, nephrologists, sonographers

## 2.1 Clinical Visit Data

No.	Program	Country	Dates	Volunteer Visiting Team Members	VISIT STATISTICS									
					Consultations				Operations				Morbidity <sup>3</sup>	Mortality <sup>4</sup>
					M	F	?	T	M	F	?	T		
1	Nephrology	Fiji	08 - 14 July	1	21	10	-	31	-	-	-	N.A	-	-
2	Paediatrics	Fiji	29 July - 04 Aug	4	13	12	8	33	17	16	-	33	-	-
3	Renal Access	Fiji	05 – 07 Sept	1	9	10	-	19	6	6	-	12	-	-
4	Neurosurgery	Fiji	22 Oct - 02 Nov	5	63	42	-	105	8	14	-	22	-	-
5	ENT	Fiji	08 - 15 Dec	3	51	54	-	105	9	10	-	19	-	1
6	Plastics & Reconstructive	Kiribati	02 – 13 Dec	6	28	45	-	73	18	37	-	55	-	-
7	Cardiology	Nauru	15 - 23 July	2	47	53	-	100	-	-	-	NR	-	-
8	Gastroenterology	Nauru	24 Sept - 02 Oct	2	14	16	-	30	6	14	-	20	-	-
9	Vascular	Nauru	11 - 19 Nov	3	14	6	-	20	12	4	-	16	1	-
10	Nephrology	Nauru	11 - 19 Nov	1	50	37	-	87	-	-	-	NR	-	-
11	Audiology	Nauru	18 - 26 Nov	1	61	62	-	123	-	-	-	NR	-	-
12	Plastics & Reconstructive	Samoa	12 - 23 Aug	5	46	33	-	79	35	25	-	56	-	-
13	ENT	Samoa	16 - 29 Sept	6	148	172	19	339	26	43	-	69	3	-
14	General Surgery	Solomon Isl.	28 Sept - 07 Oct	4	52	55	-	107	15	19	-	34	-	-
15	Urology	Solomon Isl.	21 - 27 Oct	3	16	-	-	16	12	-	-	12	-	-
16	Orthopaedics	Solomon Isl.	24 Nov - 02 Dec	4	8	5	-	13	8	5	-	13	-	-
17	Plastics & Reconstructive	Tonga	25 Oct - 05 Nov	8	49	48	-	97	25	23	-	48	-	-
18	Urology	Tonga	23 - 30 Nov	4	49	12	-	61	24	1	-	25	2	-
19	Ophthalmology	Tuvalu	01 - 08 Nov	4	-	-	439	439	25	25	-	50	-	-
20	Orthopaedics	Vanuatu	08-18 July	6	49	21	-	70	18	14	-	32	-	-
21	Paediatrics	Vanuatu	29 Sept - 05 Oct	3	12	5	1	18	8	5	-	13	-	-
<b>T O T A L</b>				<b>76</b>	<b>800</b>	<b>678</b>	<b>467</b>	<b>1965</b>	<b>268</b>	<b>261</b>	<b>-</b>	<b>529</b>	<b>6</b>	<b>1</b>

<sup>3</sup> Morbidities encountered with successful recovery

<sup>4</sup> Mortality

## ANNEX 3 – CAPACITY DEVELOPMENT/TRAINING

### SUMMARY

TYPE OF TRAINING	NO.	TRAINEES	INSTRUCTORS		
			PACIFIC ISLANDERS	AUS/NZ	TOTAL
IN-COUNTRY - WORKSHOPS	11	109	19	20	39
- CLINICAL ATTACHMENTS	3	3	-	-	-
REGIONAL TRAINING WORKSHOPS	2	44	-	13	13
OVERSEAS TRAINING ACTIVITIES	1	3	-	-	-
CPD ACTIVITIES	2	56	-	-	-
<b>TOTAL</b>	<b>19</b>	<b>215</b>	<b>19</b>	<b>33</b>	<b>52</b>

### 3.1 In-Country Training Activities

Location	Training Activity	No.	Participants			Instructors/Mentors		
			M	F	Total	Pacific Is.	Aust/NZ	Total
WORKSHOPS								
Fiji	EMST Course, 29 – 31 Aug 2012 (Suva)	1	13	3	16	5	4	9
Fiji	CCrISP Course, 02 – 04 Sept 2012 (Suva)	1	10	2	12	3	4	7
Fiji	EPM, 21 – 22 Nov 2012 (Labasa)	2	11	31	42	-	4	4
Vanuatu	EPM workshop, 26 & 28 Nov 2012 (Santo)	2	N/A	N/A	21	10	4	14
Vanuatu	EPM Instructors workshop, 27 Nov 2012 (Santo)	1	N/A	N/A	8	1	2	3
Vanuatu	Ponseti Workshop, 09 – 13 Jul 2012 (Port Vila)	1	4	6	10	-	2	2
ATTACHMENTS								
Fiji	S.Nagra, Cardiac Surgery, 15 – 20 Sept 2012 (Suva)	1	1	-	1	-	-	-
Vanuatu	B. Leodoro, Paediatric Surgery, 29 Sept – 10 Oct 2012 (Port Vila)	1	1	-	1	-	-	-
Fiji	A. Biribo, Neurosurgery, 22 Oct – 04 Nov 2012 (Suva)	1	1	-	1	-	-	-
T O T A L		11	41	42	112	19	20	39

### 3.2 Regional Training Workshops

Location	Training Activity	Participants				Instructors		
		Country	M	F	Total	Pacific	Aust/NZ	Total
Fiji	Endoscopy Workshop, 02 – 27 Jul 2012 (Suva)	Fiji	6	6	12	-	7	7
		Kiribati	2	-	2			
		Micronesia	2	-	2			
		Solomon Isl.	2	-	2			
		Tonga	-	1	1			
Fiji	Peri-operative Nurse Workshop, 12 – 15 Nov 2012 (Suva)	Cook Isl.	-	2	2	-	6	6
		Fiji	2	12	14			
		Kiribati	-	2	2			
		Nauru	-	1	1			
		Samoa	1	1	2			
		Tonga	-	2	2			
		Tuvalu	-	2	2			
T O T A L			15	29	44	-	13	13

### 3.3 Overseas Training Activities

Location	Activity	Participants			
		Country	M	F	T
Australia	Definitive Surgical Trauma Care (DSTC) Course, 20 Nov – 01 Dec 2012 (Melbourne)	Kiribati	1	-	1
		Tonga	1	-	1
		Vanuatu	1	-	1
TOTAL			3	-	3



### 3.4 CPD Opportunities

Location	Activity	Participants			
		Country	M	F	Total
Fiji	Surgical Exam Preparation Course, 08 – 10 Oct 2012 (Suva)	Fiji	3	1	4
Tonga	Pacific Island Surgeons Association (PISA), 06 – 10 Aug 2012 (Nuku'alofa)	Solomon Isl.	2	-	2
Fiji	Pacific Society of Anaesthesia Annual Refresher Course, 27 – 31 Aug 2012 (Suva)	Cook Isl.	1	1	2
		Fiji	10	5	15
		Kiribati	2	2	4
		Micronesia	2	-	2
		Nauru	2	1	3
		Samoa	1	3	4
		Solomon Isl.	2	1	3
		Tonga	1	3	4
		Tuvalu	2	1	3
		Vanuatu	3	1	4
		Other <sup>b</sup>	4	2	6
TOTAL			35	21	56

<sup>5</sup> From PNG, Palau and Niue