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**Vanuatu elective report**  
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Vanuatu. A country that conjures up images of beautiful beaches, five star hotels and relaxing holidays. These images certainly make up a part of the country, but there is a much richer, cultural and unique side to the islands that is overshadowed by the tourist façade. The people of Vanuatu were recently voted the happiest in the world, and I found their zest for life palpable.

For my elective placement, I was based at the Northern District Hospital in Luganville, on the island of Espiritu Santo (Santo). Geographically, Santo is the largest island in Vanuatu, and Luganville is the second biggest town after the capital, Port Vila. Santo sits towards the north of the archipelago, approximately one hour plane trip from Port Vila. The hospital sits at the top of the town, on a hill that looks out over the harbour and onto neighbouring islands. Not a bad view to have from work!

The hospital has approximately 100 beds; however they were not all in use at any one time when I was there. There is the general medical, general surgical, paediatrics, maternity and tuberculosis wards, theatre, the emergency department and outpatients' clinics. Other facilities include the laboratory (one of the few air-conditioned places in the hospital!), ultrasound and x-ray facilities, and a pharmacy.

Most of the population of Santo live outside Luganville, with few opportunities to come to town. The majority of Santo is inaccessible by road. One of the nurses explained the process of getting to the hospital from the west side of the island – it usually involves walking followed by a boat ride, and then a car ride with intermittent boat trips across rivers. According to the nurse this trip would cost the patient equivalent to \$500 one-way. Most of the rural inhabitants rely on aid posts and health clinics that are dotted around the countryside. Approximately a three hour drive to the north of Luganville is the town of Matantas, and its aid post has not been staffed for years. Instead the villagers walk to and cross the river nearby to get their medicine from a neighbouring town's dispensary. Rarely do they come to the main hospital. There are traditional birth attendants in these villages and many of the mothers I met in the hospital had given birth in their village.



There is no medical school in Vanuatu, so the majority of the local doctors completed their training in Fiji or Papua New Guinea. There are also expatriate doctors at the hospital, including a team of Chinese doctors on two year placements through an agreement between the Vanuatu and Chinese governments. One issue for these Chinese doctors is the language barrier – they do not speak English fluently and this is the ‘common language’ between them and the ni-Vanuatu doctors and patients. When I was at the hospital there were also two general practitioners, one from Sydney and one from England, who were volunteering in the hospital. They were both fantastic as teachers and mentors in a very different hospital environment to that of Melbourne.

The national language in Vanuatu is Bislama, a pidgin language, created with both English and French influences. Many local dialects are also spoken, and the children are taught in either French or English schools. Learning the language was a very entertaining and rewarding part of the elective. It was very satisfying to be able to run our own consultations in Bislama (with a doctor providing support). Some of the most memorable phrases include ‘pikinini blong yu – ‘your child’; ‘small stickem yu’ – to explain the sharp pain of an injection; and ‘pulum bigfala wind’ – ‘take a deep breath’.

My time in the hospital was mostly spent in the maternity and paediatric wards, emergency and outpatients. The maternity ward was staffed full time by midwives and nurses, with an obstetrician on call. Many of the mothers-to-be had no antenatal care and would arrive at the hospital in labour and ‘ready to push’! While this meant that there was a chance of unknown complications, the midwives were incredibly experienced and were ready for anything. I was lucky enough to help out in the birthing suite and antenatal clinic during my time with maternity.

The hospital has a ‘breast feeding only’ policy, which was started in 2010. This promotes and encourages exclusive breastfeeding for the mothers, and potentially reduces the chance of infections caused by non-sterile bottle-feeding. It means, however, that some mothers who have trouble breastfeeding or expressing their breast milk stay in hospital for days or weeks while their babies struggle to put on weight. I spent some time with a few mothers in this scenario and assisted with the feeding of their children through nasogastric tubes.

Vanuatu is in the ‘malaria belt’ and it is the practice of the doctors and nurse practitioners to test most people for malaria who present with a fever. The laboratory staff are kept busy completing thick and thin blood films. As an example, in the month of December 2010, there were around 500 blood samples tested for malaria. The hospital has funding from the World Health Organisation for finger prick screening tests that are carried out after hours when the laboratory is not open.

There is a high prevalence of type two diabetes mellitus in Vanuatu. There did not seem to be a streamlined approach for managing these patients, and in particular, the patients I saw in clinic did not have the equipment necessary to test their sugar levels. Many of the patients were managed by diet alone. I imagine it would be difficult for these patients to maintain a diabetic friendly diet due to the lack in variety of food available. The traditional meals of the ni-Vanuatu diet commonly include high glycaemic index foods such as white rice and white bread, which may contribute to poor glucose control. Soft tissue infections are common in this tropical climate, and I saw many diabetic patients with non-healing ulcers. The doctors raised

concern about the possibility of bacterial resistance in patients with non-healing ulcers; the hospital does not have the resources or variety in antibiotics to deal with this.

One of the warmest memories from my time at the hospital is that of a lovely man in the surgical unit. He had been in hospital since October 2010, in traction for a femoral shaft fracture. The fracture was not healing adequately, perhaps with malunion or non-union. On general inspection of this man's legs, there was wasting of his buttock and thigh muscles bilaterally due to his prolonged stay in hospital. It was much more marked on the right, the side of the fracture. Even though he had been subject to a three-month hospital stay and it did not seem a successful outcome was in sight, he had an amazing attitude and his smile lit up the room every time I visited. His warmth and resilience in the face of his injury was inspiring.

When I arrived in Vanuatu I realized that there is an abundance of some supplies and an obvious lack of others. For example, there was no ECG paper, and in October the hospital had run out of Depo Provera injections, which is one of the main forms of contraceptive provided to patients. I was lucky enough to receive the support of Victorian Students Aid Program (VSAP) for my trip. This allowed me to ask the hospital for a 'wish-list' – the nurse in charge of the paediatric ward supplied mine. The wish-list consisted of equipment such as stethoscopes, gloves, cannulas and thermometers. The staff were incredibly grateful for the contribution from VSAP, and went out of their way to say thank you.

All in all, my time in Vanuatu was an incredible experience. I met some amazing people, both at the hospital and in the community. While I have not elaborated on the out of hospital hours in this report, there were opportunities for everything from relaxation to adventure. The inland jungles and pristine coastal beaches will not be forgotten quickly, and neither will the staff and patients of the Northern District Hospital.

