

A Fortnight in Port Vila

During January of 2023 I had the pleasure of undertaking an elective at Port Vila Central Hospital, Vanuatu. During my fortnight with the Internal Medicine team under the guidance of the consultant physician Dr Sale Vurobaravu I had an unforgettable series of experiences, both within and outside of medicine.

Introduction

During my placement I worked within the General Medical Team. Upon arrival I was immediately struck by the shabby, somewhat dilapidated appearance of the hospital, which was emblematic of the under-resourced setting I was entering. The medical ward consisted of roughly 40 beds, each surrounded by woven mats upon which families would vigilantly set up camp. Vanuatu experiences roughly 5 cyclones per year, and on remarking upon sandbags piled by the doors of the ward I was regaled with multiple stories of the ward flooding and hospital buildings even collapsing, especially during Cyclone Pam in 2015. As I walked into the ward, a cathartic collection of wails reverberated from a room near the entrance. I was informed that the female relatives of a recently deceased patient were performing a ritualistic form of grieving. I would proceed to hear this muffled ceremony performed routinely throughout my time on the ward.

My routine day consisted of ward rounds in the morning, lunch down in the local market with Dr Sale, then clinic in the afternoon in which I was often allowed to parallel consult. As there are no general practitioners in Vanuatu, the 'clinic' sessions essentially provided the services that GPs attend to in Australia.

I have reflected upon the most efficient manner in which to describe my experiences/learnings, and decided to structure it through discussion of Vanuatu from a public health perspective.

Burden Of Disease

I naively arrived in Port Vila expecting to encounter a hospital filled with rare and wonderful infectious disease. However, it very quickly became apparent that whilst Vanuatu indeed has a significant burden of infectious



1 - Map of Port Vila Central Hospital



2 - Dr Sale with the Anti-Flood Sandbags



3 - Dr Sale & I on the Medical Ward

disease (especially in more rural areas), non-communicable disease is perhaps even more significant especially amongst urban populations.

From the infectious perspective, Hepatitis B is carried by a shocking 10% of the population, generating a large burden of chronic liver disease. I also noted a large volume of patients with leptospirosis, usually related to swimming in areas of stagnant freshwater. The tuberculosis ward currently only had one patient in residence, although I suspect that this is because the largest burden of tuberculosis and leprosy are in populations far removed from the city centre.

From the non communicable perspective, the quantity of patients suffering from vascular disease and diabetes seemed comparable to that of the western world.

However, the presentations were far more ghastly as they tended to present late with far more advanced complications e.g. diabetic foots etc. I also noticed a large burden of autoimmune disease including thyroid conditions, rheumatoid arthritis and systemic lupus erythematosus. On the other hand, allergies were practically non-existent and quite literally not even a consideration of the hospital. I was also quite impressed by the glorious adaptation of the skin of the locals to their environment, with skin cancer practically nonexistent despite the consistent daily UV index of 10 and complete absence of sunscreen.

Health Literacy

The aspect of my stay I found most confronting was the dire state of health literacy in Vanuatu. It appeared that most of their issues relating to NCDs were centred on poor medication adherence and a lack of patient understanding of their own disease. The drivers of this are multifactorial, however a substandard general level of education is certainly the foundational factor. To paraphrase Dr Sale, 'you can try planting seeds but you need fertile soil first.'

This effect is exacerbated by the persisting presence of traditional/alternative medicine and spiritualism in the community, especially rural areas. I had a fascinating encounter with a gentleman in clinic who was convinced that the gaping ulcer I discovered behind his knee was because he had been 'cursed' by his neighbour, rather than his diabetes.

Physical Access to Healthcare – Another significant variable in Vanuatu's limited ability to address and combat its burden of NCDs is a dispersed rural population with poor physical access to healthcare. Vanuatu contains roughly 65 inhabited islands, with the country divided into 6 provinces each of which possesses a single major hospital with both inpatient



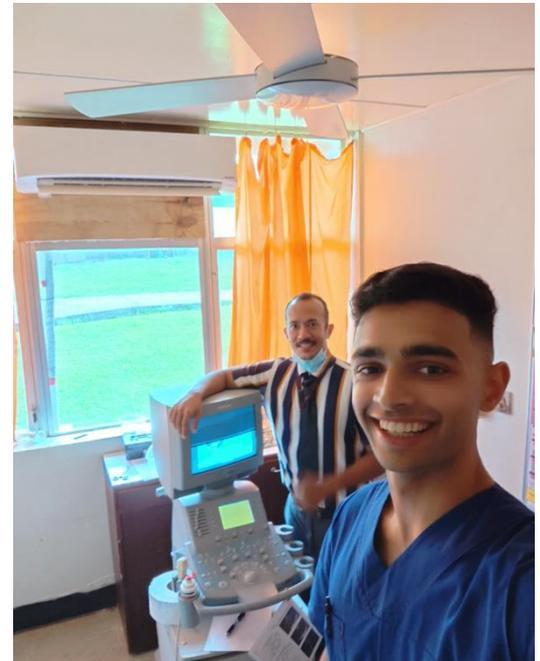
4 - TB/Leprosy Ward Patient Book



5 - Ulcer due to 'Black Magic'

services as well as outpatient (effectively GP) clinics. Therefore, the situation arises in which many communities would have to travel huge distances (with limited infrastructure to support such) for something as simple as a resupply of medication. It is therefore unsurprising that such communities have poor health seeking behaviours and tend to resort to local community based 'healers.'

Low Resource Hospital Setting – Healthcare in Vanuatu is public yet it is very poorly funded and supported by the government in comparison to many western healthcare systems. This creates a utilitarian dynamic within the hospital in which there is a limited pool of medications to work with (usually dictated by cost). This is compounded by a bureaucratic limitation upon accessible medications – for example the only antidepressants that can be prescribed are TCAs because newer generation drugs have not yet been approved by the National Drug Treatment Committee. From a procedural/technological perspective the hospitals also lack the infrastructure to perform many of the investigations we take for granted. Overall, we mainly relied on our clinical skills, basic blood tests, ultrasounds and x-rays to guide our medical management decisions. The hospital did not have a CT machine let alone the ability to perform angiography etc. Fortunately we had an echocardiogram, although it was ancient, temperamental and frequently overheated.



6 - Cooling the Temperamental Echo Machine with an Air Conditioner

This deficiency in physical resources is paired with a huge skill shortage, exacerbated by the fact that Vanuatu does not have its own universities / medical school and must export students to neighbouring countries such as Fiji for their education. Therefore, not only is there a limited number of doctors and specialists, the doctors themselves are limited in the procedures/interventions they have been trained to do. This is compounded by the fact that much of the infrastructure and resources to perform these procedures are not in place. For example, we were forced to manage a woman with ruptured oesophageal varices medically as opposed to endoscopically as we did not have anybody qualified to perform the required banding procedure.

Primary Healthcare: Primary healthcare has a huge role to play within the country, especially in its battle with NCDs. Given the huge burden of Hepatitis B, childhood vaccination has recently begun to become a priority however still faces issues in delivery to rural communities. Education is required with regard to diet and lifestyle, especially in the context of a culture that normalises vast portions of starchy foods high in carbohydrates paired with a new love affair with processed foods that are imported from Australia & China. I had the pleasure of consulting with an American missionary couple who had founded a school in Port Vila, who informed me that they had placed a 'rice restriction' on lunchtime meals as they had children regularly eating '2L of rice for lunch'. However, such health literacy first requires a prioritisation of raising the general educational levels of the population.

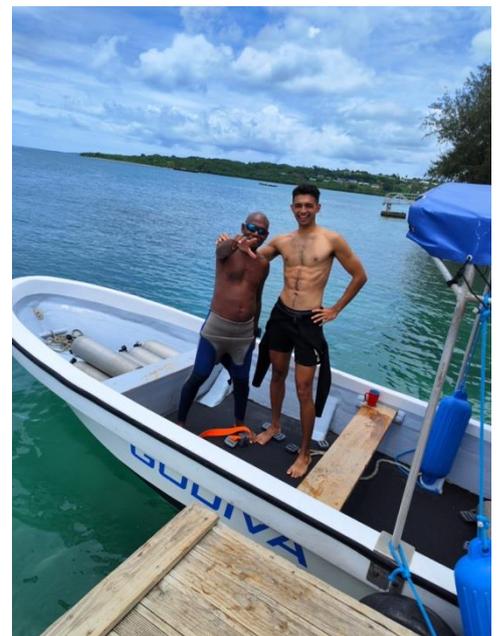
Foreign Aid – Vanuatu receives a range of foreign aid from countries such as Australia and China, in matters ranging from the construction of a new convention centre to the supply of medical equipment e.g. their ultrasound machine. However, upon discussion with the medical practitioners it appears that the aid received is often at odds with the aid actually desired by clinicians. For example, the hospital was donated a dialysis machine despite the fact that a) there were no doctors in the hospital trained to utilise it and b) the cost of running the machine far surpassed the budgetary limitations of the hospital (especially given the utilitarian nature of the medical decisions). I was informed that greater impact could be made through sourcing of basic instrumentation such as defibrillators, spirometry machines, stethoscopes, ophthalmoscopes, otoscopes and basic resuscitation equipment that are needed daily and in short supply. The misguided aid that their healthcare system at times receives is in many respects representative for many aid programs as a whole. As a developing country Vanuatu's priorities are in fact remarkably simple. When talking with locals in the market about their policy priorities they all told me that they wanted three things for their nation – education, infrastructure and development. Before we get too fancy with our aid, consider the fact that the state of their road network is so dire and riddled with craters that you essentially need a 4WD to get around town.

Fun!

Whilst in Port Vila I had the privilege of undertaking a range of amazing recreational experiences. I undertook a scuba diving course and achieved my PADI Open Water Diving certification, allowing me to explore Vanuatu below sea level as well as above. Port Vila had a wild bus network which consisted of free-roaming mini-vans which would take you wherever you wanted in the city for ~\$2 AUD. I took advantage of this convenience to explore the city and surrounding sights, including snorkelling at a range of beaches and lounging in a number of hidden lagoons. Myself and another medical student from Sydney also went to 'Ronnie's Kava Bar,' where we were bought rounds of 'kava' by the locals – a non-alcoholic yet remarkably psychoactive beverage extracted from a plant root. My consultant took me to a range of local spots for lunch each day, where I was able to sample the local cuisine which consisted of delicious salmon and beef steaks, a range of fascinating and alien vegetables, as well as a whole range of specialty dishes such as 'tuluk' that are difficult to



7 - Lunch in the Local 'Mamas Market' with Dr Sale



8 - Achieving my PADI Open Water Scuba Diving Certification



9 - A fellow medical student and I drinking kava with the locals at 'Ronnie's Kava Bar'

describe! Another highlight was getting to meet the Prime Minister of Vanuatu when he came into clinic to have a check-up appointment with Dr Sale!

To Conclude

In retrospect, my time in Vanuatu furthered not only my development as a clinician but my ability to critically analyse healthcare systems. From a clinical perspective, I was exposed to a new collection of pathologies I had never before encountered whilst the low-resource setting forced me to quickly improve and exercise my clinical skills in an investigative manner. Observing the role of the hospital within the context of an unfamiliar sociocultural context allowed me to analytically consider how a range of social, economic and cultural variables interplay to dictate the health outcomes of a nation. Port Vila was a fascinating and fun location to undertake a medical elective and I plan to return and visit the hospital again soon.