Alex Bongers report of his experiences in Tuvalu as part of the Mathew Peck Travelling Scholarship - 2011

If I was asked to give a simple explanation of my Mathew Peck Travelling Scholarship experience I could say that it allowed me to work with some experienced and exciting people to organise an overseas placement in health care. However, the professional and personal experience gained from this scholarship cannot be limited to so few words. Furthermore, I could not limit the experiences to a blog or diary and therefore it is going to be near impossible to give a short debrief on my trip to Tuvalu. As this is cutting into my debrief I must stop rambling and get started, so here we go.....

The trip was anything but what I expected it to be. I will never forget first reading of the scholarship and the thoughts running through my head; it was impossible to associate it with anything other than tropical fruit, crystal clear water, palm trees and drinking coconuts! I was extremely naive about the challenges I would face) ; and it humours me greatly to think of my extremely thoughtless approach.

This experience expanded my knowledge of politics, public health and the beauty of the pacific. I began to explore the unique barriers different people face around the world and the creative and proactive approach required to overcome them. It enhanced my knowledge and skills as a health professional and allowed me to live in the epicentre of another culture.

Tuvalu consists of the capital island, Funafuti, and 8 outer islands. Tuvalu is the fourth smallest country in the world by land mass, has a population of just over ten thousand people and is a short trip on a forty-four seater plane from Fiji. (flights to the capital run only twice a week) with rare and lengthy trips by ship allowing connections to the outer islands. These flights momentarily interrupt the constant games of soccer and volleyball being undertaken on the only large flat surface in the country. The staple food of the native people is white imported rice. With such a lack of space the country does not have the ability to grow vegetables or fruit above negligible amounts. If you marry this limited access to ‘healthy’ foods to the sedentary lifestyle of pacific islanders you can only imagine the size of people in the country! With this in mind, it is no surprise that the national burden of non-communicable diseases including hypertension and type 2 diabetes is enormous. Health care is provided by the Princess Margaret Hospital in the capital; the only hospital in the country. The health of people in the outer islands is managed by small medical clinics run by one or, if they are lucky, two nurses.

In planning my trip I was conscious of the consequences of organising the trip before departure. I felt that organising work to do in such a different country would be ridiculous and put me at risk of completing work that would be useless to the people following my departure. Although this may seem ridiculous, there proved to be some sense in my madness. After landing in Tuvalu the burden of non-communicable diseases was both obvious and at times extremely confronting. This acted as the catalyst for the design of my first project, a research project labelled ‘type 2 diabetes in Tuvalu: A drug use and chronic disease management evaluation’. The findings of the project included widely uncontrolled blood glucose, a lack of monitoring and few adjustments of medication to suit a clinical picture as well as issues with the management of risk factors. The project also offered an incredible opportunity for health promotion. Following interviews with the patients we dispersed recently designed diabetes pamphlets and educated patients on knowledge gaps. Furthermore, the first edition of the Tuvalu Standard Treatment Guidelines had recently been released and we took the first copies to the outer islands. I was responsible for training the nurses on the outer islands on the diagnosis and management of diabetes using the new treatment guidelines.

With more time in the Princess Margaret Hospital the issues with drug distribution became obvious. With past training in community and hospital pharmacy I was able to redesign the drug lists, quantities of medicines and medical supplies, storage of medicines and medical supplies as well as ordering processes in the hospital. The main aims of the changes were to decrease stock out of medicines, decrease out of date medicines, improve medicines integrity over time our with management of drug distribution in the hospital.

Although it is necessary to outline the projects I completed overseas it pains me to have just done this; as there is no way I could ever make it interesting! The things I want to mention most are the amazing memories and knowledge I have taken away from the trip. I think of the opportunities I was offered and the contribution I made overseas that I would never get a chance to in Australia. On the third day I was put in charge of the pharmacy department because the pharmacist was sick. My first meeting regarding my study was with the Director of Health and the Director of Public Health for the country. I was offered the opportunity to make recommendations on the management of type 2 diabetes for a country and asked for my suggestions on the treatment guidelines. During the data collection and health promotion aspects of my work I convinced chiefs of islands to restart their medication and was involved in countless dose titrations and commencement of diabetic medicines. People came to the hospital to tell me they had started doing exercise and changed their attitudes towards their medication. Words alone cannot describe how rewarding this experience was. Work was stimulating, exciting and challenging. This work became addictive.
Although many differences exist between the provision of health care in Australia and Tuvalu I have begun to acknowledge the similarities. Wherever we work we ultimately become a product of policy, practice and resources of our workplace at that time. However, if we begin working in different countries or roles we can appreciate health as a global challenge and how we all strive for the same goals. Every country has its own challenges, even countries which seem to have much more sophisticated health care systems.

Without the help of a few special people my placement in Tuvalu would not have occurred. In particular I would like to thank Beverley Snell, Michael Nunan, Greg Duncan, Marion Robertson and Jean Spinks for their ongoing guidance and assistance. I must thank them for answering all the stupid questions. I must also acknowledge my employer, the Royal Melbourne Hospital, for their permission and assistance with this overseas placement. Finally I must thank Natano Elisala for his guidance as my boss whilst overseas and allowing me to live with his family during my time in Tuvalu.

The Mathew Peck Travelling Scholarship offered a unique and amazing opportunity to experience another culture and work in a dynamic and professionally challenging role. I hope I have done justice to the memory of Mathew Peck and I look forward to contributing to his legacy in the many years to come.