Royal Australasian
College of Surgeons

RACS Global Health

Pacific Strategic Plan 2022-2027

TABLE OF CONTENTS

ACFID MEMBER

Australian Government

Department of Foreign Affairs and Trade

Executive summary

Since its establishment in 1927, the Royal Australasian College of Surgeons (RACS) has been the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 8300 surgeons and 1300 surgical Trainees and Specialist International Medical Graduates.

RACS provides significant support to healthcare and surgical education in the -Pacific Region. RACS trains nine surgical specialties across Australia and New Zealand. These include: Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopedic Surgery, Otolaryngology Head-and-Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology and Vascular Surgery.

Since 1994, RACS has facilitated medical training, education, and clinical support in partnership with developing countries in the Indo-Pacific region through the Royal Australasian College of Surgeons Global Health Program.

The program provides integrated health services and strengthens surgical and medical capacity of national health personnel, health systems and partner organisations in the region.

The RACS Global Health's vision is that safe, affordable surgical and anaesthetic care is available and accessible to everyone. The RACS Global Health Team engage specialised surgical, medical, and allied health personnel, who donate their time and services to deliver the Global Health program. Through partnerships with Indo-Pacific neighbors, Global Health provides specialist medical education, training, capacity development and medical support to 14 countries in the Indo-Pacific region. Global Health aims to support the national health care systems to develop so they can provide quality medical services into the future. RACS Global Health have a country office in Timor-Leste (established 2001), staffed by a country manager and team of national staff who deliver a range of health focused development programs[1].

RACS is an Australian NGO Cooperation Program (ANCP) partner, accredited by the Australian Department of Foreign Affairs and Trade (DFAT) and is a member of the Australian Council for International Development (ACFID). RACS Global Health is a Child Safe Department and is fully committed to the principles of child safeguarding and prevention of sexual exploitation and abuse. RACS supports Australia's Pacific Step Up[2] and DFAT policy objectives to secure the health of the Pacific Region; 'invest[ment] in health and health systems in the Pacific is critical to economic development, labor mobility and health security – all priorities for Australia's engagement in the region'.

RACS aligns its work to the World Health Organisation, the Lancet Commission for Global Surgery, surgical development partners, and national governments who work together to improve surgical, obstetric, and anaesthetic care systems across the Indo-Pacific. In support of this, the Lancet Commission on Global Surgery introduced the national surgical, obstetric and anaesthesia plan (NSOAP) as the agreed platform for building quality and sustainable surgical systems. Within this arena, the RACS has played a critical role in advocacy, championing surgical system development through the development of NSOAPs, in Fiji, Tonga and Vanuatu. When operational, these plans will be nested within national policy frameworks which aim to strengthen all domains of the surgical system.

[1] 2022 RACS Global Health Timor Leste Country Strategic Plan 2022 - 2027
[2] The Department of Foreign Affairs, Pacific Step-up; https://www.dfat.gov.au/geo/pacific

'RACS Global Health Regional Strategic Plan (RSP) 2022 – 2027' reflects our commitment to responding to the region's changing development and health needs. Drawing on over 20 years of experience in health development, RACS Global Health builds on lessons learned and the latest knowledge in global health and development, while responding to the changing national context and priorities as determined by national partners.

The Pacific region is at a critical juncture in its transformation to long-term development and establishing effective strategies for implementing strong and stable health systems. This Pacific Regional Strategic Plan is designed to identify and prioritise health system strengthening programs across the 12 Pacific Island Countries (PIC) that the RACS Global Health works in. This includes the Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Nauru, Marshall Islands, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

A key to a healthy future is strengthening the region's health system to build workforce capacity and enable universal health coverage (UHC). In the last decade, the Pacific region has made steady progress in the health sector by reconstructing health facilities, expanding the capacity of provincial and community based services and building the number of national medical and allied health graduates.

Across the Pacific, RACS works in partnership with governments, regional and national institutions and universities, national hospitals and clinicians to support Pacific Island countries and territories to improve health outcomes for the community. We work with our partners to deliver sustainable health systems strengthening programs, complemented by program investments in training, health governance and workforce development. RACS acknowledges its partnership with The Pacific Community and Fiji National University (FNU) as critical regional partners to ensure sustainability of our efforts.

RACS Global Health acknowledges the 'Healthy Islands'[3] vision of a unifying theme for health protection and health promotion in the Pacific and understands that this reflects a comprehensive and integrated approach to health. RACS recognises that good health is essential for a good quality of life and embeds medical and health care as a fundamental right for all citizens. RACS support the Healthy Vision specific goal to 'develop a hospital service that is able to respond to our people's need for specialist care'.

RACS Global Health is well situated to align its program approach to the Pacific Regions Healthy Island priorities. RACS Global Health has a Theory of Change to improve access to health and surgical care across four thematic areas or 'Domains of Change' (DOC). Our work is based on our Theory of Change, which is that by improving patient access, building workforce capacity, strengthening health systems and advocating for sustainable action in global health, we can bring about lasting change to improve access to surgical and anaesthesia care in the Indo-Pacific. RACS measures the impact of the Domain of Change at a program and strategic level through application of its Monitoring, Evaluation and Learning Framework.

[3] World Health Organization, Healthy Islands; https://www.who.int/westernpacific/about/how-we-work/pacific-support/healthy-islands

The Pacific Region Strategic Plan aligns with the RACS Global Health 4 Domains of Change as highlighted below.

The RACS Global Health Vision

That safe, affordable surgical and anesthetic care is available and accessible to everyone.

Domain of Change 1: Improve access to surgery and other health services by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.

Domain of Change 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment.

Domain of Change 3: Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

Domain of Change 4: Advocacy for sustainable surgical and health care by building partnerships for action at a global, regional, and national level.

Alignment of the RACS Global Health Pacific Region with our Theory of Change enables continuation of the planned consolidation of existing programming to meet need and ensure impact. RACS Global Health will continue to operate across the Pacific Region where funding opportunities are secured from institutional donors. To enable regional and national goals of decentralisation of health services, RACS Global Health plan to expand programming to impact on provincial as well as existing national hospitals too.

RACS works closely with Australasian medical colleges, medical and health focused international non-government organisations (NGOs), Civil Society Organisations (CSOs) and Disabled Person Organisations (DPOs). The collective expertise of these organisations enables effective and targeted outcomes that are inclusive, support localisation of resources and aim to leave no one behind.

RACS Global Health will further strengthen its partnerships with government at the regional, national and sub-national levels. Partnerships with local NGOs and other development stakeholders will continue, with a focus on strong technical partners that can support quality programming. RACS internal organisational work will continue to focus on strengthening the organisation's agility and ability to respond to change and opportunity, to ensure the continuity and sustainability of funding.

1.0 Regional context and situational analysis

The Pacific is home to approximately 2.5 million people spread across a diverse region made up of hundreds of islands. It is a subregion of Oceania and contains three ethno-geographic groupings – Melanesia, Micronesia and Polynesia. There are key differences in geography, size, history, culture, economies, and political systems across the region. At the same time, Pacific Island Countries (PICs) are naturally bound by their population size and economies, a small workforce of medical, nursing and allied health specialists, limited medical technology, and a challenged health infrastructure.

The Pacific region faces several development challenges to improving health outcomes, including geographical remoteness, population sizes, and a lack of domestic resources for health infrastructure and services. Healthcare service access is a major concern, as 75 per cent of the Pacific population lives in rural areas requiring trips via boats or poor roads to access services.[4] The shortage of specialised doctors, nurses and other clinical staff, combined with small caseloads means that many PICs depend on Visiting Medical Teams (VMTs) and/or costly Overseas Medical Referrals (OMRs) to meet their specialised clinical service needs. The domestic provision of specialised Australian Government clinical services remains very limited, thus requiring PIC governments to spend a relatively high share of their gross domestic product (GDP) on health. Increasing demands for specialised clinical services drains investments from primary and secondary care, with countries facing a serious trade-off in terms of where to put their health dollar.[5]

[5]PICs face a triple disease burden, which includes a rapidly rising epidemic of non-communicable diseases (NCDs), outbreak and epidemic-prone diseases, as well as emerging infectious diseases that threaten national and regional health security.[6] These challenges not only impact human health, but they also threaten the overall sustainable development of Pacific Island communities.

NCDs account for around 70-75 per cent of all deaths in the Pacific Islands.[7] Many of these NCD-related deaths are premature (before age 60 years) and are preventable. Most of the trends and risk factors point to a worsening of the situation, with the top 10 countries with the highest rates of diabetes being in the Pacific region. [8]NCDs impose large but often preventable financial costs on already overstretched PIC government health budgets.

Wide-ranging economic, social, environmental, and political challenges present threats to the region's development, including the achievement of the Global Sustainable Development Goals (SDGs). Development challenges in the Pacific include being physically detached from major markets, having small populations spread across many islands (with the exception of Nauru), and being confronted with the worst impacts of climate change and natural disasters in the world. This fragility is exacerbated by geographical constraints, small human resource pools, and institutions that require strengthening to enable the efficiency, effectiveness, and sustainability of development efforts.

[4] Australian Government, Australian Centre for International Agricultural Research, Pacific Island Countries; https://www.aciar.gov.au/publication/aop2021/pacific-island-countries
[5] The Pacific Community, 7th Pacific Heads of Health Meeting, 3-5 April 2019
[6] World Health Organisation, Division of Pacific Technical Support; https://www.who.int/westernpacific/about/how-we-work/pacific-support/
[7] World Bank, Pacific Island Non-Communicable Diseases Roadmap Report; https://documents1.worldbank.org/curated/en/534551468332387599/pdf/893050WP0P13040PUBLIC00NCD0Roadmap.pdf
[8] Ibid.

High population growth is driving a rapid increase in the proportion of young people in PICs, with half the region's population aged under 23 years. This [9]'youth bulge' is particularly acute in Melanesian states and will have a major impact on development in the coming decades.[10]PICs have made progress in increasing access to basic education, with access rates averaging 90 per cent.[11] However, early childhood education is scarce, the quality of education is low, and skills gaps in the labor market are pervasive.[12] Whilst the region possesses considerable wealth in natural resources, this has not translated into equitable development. Economic growth has been slow and uneven, and the rural~~-~~urban drift is accelerating, while governance in highly populated areas is poor. [13]

Health expenditure in the Pacific varies greatly from country to country. Low local capacity sees some PICs spend over 30 per cent of health budgets on OMR. [14]According to the World Bank, Microstates (Marshall Islands, Micronesia, Palau and Tuvalu) spend on average 14.5 per cent of GDP on health, while bigger economies, such as PNG and Fiji, hover at around three per cent.[15] As per the World Health Organisation, a majority of countries spend US$500 or less per capita per year in terms of health expenditure, while the global average is around $1000 per year.[16] Of the expenditure in the Pacific, 82 per cent is paid for by domestic governments. [17]A further eight per cent comes from private contributions, or out-of-pocket payments, with the rest being derived from foreign aid.[18]

Economic situation

A majority of PICs possess small, slow-growing economies, which are not creating enough jobs to keep pace with population growth. The combination of narrow economic bases, import and aid flow dependence (which accounts for 20 per cent to 60 per cent of GDP), and exposure to shocks leads to uneven economic growth.[19]

PICs rely on imports for essential goods, including food, fuel, and medicine. High transportation and raw material costs impact on countries ability to sustain and respond to health care needs. Across the Pacific, one in four people are unemployed.[20] Labour markets are characterised by large informal and subsistence economies, with a considerable proportion of the workforce in vulnerable employment. Youth unemployment is an issue in all PICs, with young women particularly affected.

Climate change is a whole-of-economy challenge for the PICs, posing both immediate and long-term risks to economic growth, macroeconomic stability, and overall development impacts. Most workers in the Pacific are employed in the sectors at greatest risk of climate impact, being agriculture, fisheries, and tourism. Economic factors are highly correlated with health outcomes: low incomes and low employment are unambiguously harmful to health.

[9] Lowy Institute, Demanding the Future: Navigating the Pacific's Youth Bulge; https://www.lowyinstitute.org/publications/demanding-future-navigating-pacific-s-youth-bulge
[10] Ibid.
[11] Asian Development Bank, Pacific Approach 2021 – 2025; https://www.adb.org/documents/pacific-approach-2021-2025
[12] Ibid.
[13] Lowy Institute, Demanding the Future: Navigating the Pacific's Youth Bulge; https://www.lowyinstitute.org/publications/demanding-future-navigating-pacific-s-youth-bulge
[14] World Health Organisation, Global Health Expenditure Database; https://apps.who.int/nha/database/
[15] World Bank, Current Health Expenditure Data; https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS
[16] World Health Organisation, Strengthening Pacific Health Systems; https://www.who.int/westernpacific/activities/strengthening-pacific-health-systems
[17] Lowy Institute, Health Spending and Foreign Aid in the Pacific; https://www.lowyinstitute.org/the-interpreter/health-spending-and-foreign-aid-pacific
[18] Ibid.
[19] Asian Development Bank, Asian Development Outlook 2021: Financing a Green and Inclusive Recovery; https://www.adb.org/publications/asian-development-outlook-2021
[20] The Asia Foundation, The Future of Work for Women in the Pacific Islands; https://asiafoundation.org/wp-content/uploads/2021/02/The-Future-of-Work-for-Women-in-the-Pacific-Islands.updateMarch1.pdf

Key health outcomes

The Pacific region struggles to achieve the levels of health service delivery required for Universal Health Coverage (UHC).[21] As most PICs do not have the capacity to provide the levels of health worker density and financial protection required for UHC. Progress on key health outcomes, especially on life expectancy and mortality (including maternal and infant) has been made in the last 20 years.[22]

Pacific islanders are however generally overrepresented globally for the burden of infectious and NCDs. Cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases, represent the single largest cause of premature mortality in PICS.[23] Low socioeconomic status, lack of education and limited access to healthcare are major drivers of this disease burden. Another group of important causes of death and disability in the region are violence and injury, particularly gender-based violence, domestic violence and road traffic injuries. [24]

Pacific Island children and youth face a wide spectrum of health risks, ranging from communicable diseases, such as malaria, to those associated with a low socioeconomic status including tuberculosis, adolescent pregnancies, and sexually transmitted infections.[25] Priority health issues for younger generations in the coming decades are predicted to be substance abuse, mental illness, and NCDs, especially diabetes.[26]

Although progress is being made, health development in the region is falling behind that of the rest of the world.

Access to services

Access to health services poses a major concern in PICs, with health systems often being stretched and underfinanced. Delivering health services to a population dispersed across dozens of island groups, covering distances of up to 5000 kilometres, with slow internet, extremely high operational costs, as well as infrequent transport links, is difficult.[27] Access to services is unbalanced between outer islands and population centres, and between rural and urban communities. Specialist and hospital-based care is limited to areas that are densely populated, in locations where they can be properly resourced and staffed. This means that people often must travel long distances and at great cost, to receive the care that they need. Some smaller PICs are unable to offer specialist services, meaning that they need to make OMRs more frequently than other countries at similar stages of development. As a result, PICs spend a disproportionate percentage of health finance on medical referrals and evacuations, both within and outside the country.[28] These referrals also involve high indirect costs, to patients, their families and society more broadly.

Compounded by the physical remoteness of their often small and dispersed populations, many PICs continue to face shortages of skilled health personnel and problems accessing and maintaining basic equipment and medical supplies necessary to provide the level of healthcare required by their populations.

Health workforce capacity

Developing and sustaining a strong health workforce to support health care and clinical services has been a challenge for PICs for decades. There are major differences in health worker densities across the region, with a higher concentration of workers in urban centres further exacerbating low health worker densities for populations in remote and outer island settings.[29] Below-capacity workforces are hindered by limited access to education and training, poor public sector working conditions, and limited infrastructure capacity. The Pacific region also faces a crisis as health workforce migration, worsening the current shortage of health workers in the region.[30]

Globally and in the region, it is recognised that if countries are to meet universal health indicator goals and develop their workforce capacity, nursing and midwifery leaders need to be explicitly involved in shaping policy at the highest levels of government.[31]

Health leadership in the Pacific has traditionally been dominated by doctors and in many PICs, nurse leaders are marginalised or absent at the executive and policy level.

[21] World Health Organisation, 2022 Universal Health Coverage: 2030 Agenda for SDGs; https://www.who.int/health-topics/universal-health-coverage
[22] World Bank, Current Gross Domestic Product Data; https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=S2
[23] World Health Organisation, Addressing Noncommunicable Diseases in the Pacific Islands; https://www.who.int/westernpacific/activities/addressing-ncds-in-the-pacific
[24] Ibid.
[25] Lowy Institute, Demanding the Future: Navigating the Pacific's Youth Bulge; https://www.lowyinstitute.org/publications/demanding-future-navigating-pacific-s-youth-bulge
[26] Ibid.
[27] World Health Organisation, Strengthening Pacific Health Systems; https://www.who.int/westernpacific/activities/strengthening-pacific-health-systems
[28] Ibid.
[29] World Health Organisation, Global Health Observatory Data Repository: Health Worker Density Data by Country; https://apps.who.int/gho/data/view.main.UHCHRHv
[30] Joel Negin, Australia and New Zealand's Contribution to Pacific Island Health Worker Brain Drain; https://pubmed.ncbi.nlm.nih.gov/19076739/
[31] World Health Organisation, Achieving UHC in the Pacific – The Need for Nursing and Midwifery Leadership; https://www.uts.edu.au/sites/default/files/article/downloads/WHO%20CC%20UTS%20SPCNMOA%20Regional%20Accrediation%20Report.pdf

Health service system

The quality of health services varies among the PICs, as well as within individual countries. Overall, in the Pacific, under-resourcing, low capacity and limited and centralised health systems are long-standing issues. Access to basic health services at the primary care level is limited due to multiple factors. This includes distance, transport, weak infrastructure, inadequate workforce, insufficient operational budgets, low supplies of medicines and commodities, weak health information systems, a lack of community engagement, and poorly managed and therefore inefficient health facilities.[32] These factors ultimately affect local capacity to deliver essential health services.

Across the Pacific, specialised clinical services are provided at tertiary level referral hospitals, where complicated medical and surgical conditions are managed within local capacity. Given the shortfalls in specialised clinical skills and technology across the region, most countries continue to utilise OMRs and VMTs to supplement local clinical capacity.

Gender and inclusion

Cultural norms underpin gender inequality in the Pacific. Leadership roles are traditionally assigned to men in many PICs, resulting in limited representation of women in political and formal leadership spheres. Gender-based violence occurs at one of the highest levels in the world, occurring in PICS nearly twice the global rate.[33] It is therefore considered a leading public health crisis issue in the region.

There are also pronounced gender disparities in labor market participation, with the work men and women perform, and the wages they earn.[34] There are also significant gender gaps in unpaid work. Patriarchal norms, reinforced by religion, constitute significant structural barriers to women's labor force participation in the Pacific.[35] In the health workforce, the distribution of women and men by occupation remains skewed, with gender impacting admission to training opportunities and remuneration.[36]

Gender influences the experience of health care, affecting affordability, access to and use of services, and interactions with healthcare providers. Women and girls across the Pacific experience significant barriers to accessing healthcare including geographical, financial barriers and lower agency in decision making.[37] Women and girls residing in rural areas face additional challenges to accessing quality healthcare as specialised care is concentrated in capital cities. In addition, limited access to transport can prevent women and girls from accessing healthcare. Barriers to health care are also compounded by access to financial resources.

Climate change and natural disasters

The Pacific is being confronted with the worst impacts of climate change and natural disasters and is at very high risk from climate related shocks. The World Bank reports that climate change is an acute threat to poorer people across the world, with the ability to push more than 100 million people back into poverty over the next fifteen years.[38] Climate change will magnify some threats to the health of Pacific islanders though heat exposure, undernutrition, natural disasters, and increased proliferation and transmission of illnesses.[39] Extreme weather events in the Pacific, especially cyclones, floods and droughts, will displace populations, cause injuries, disability and psychological trauma, and increase the risks of infection and malnutrition.[40] The Pacific's vulnerability is further exacerbated by scare resourcing and limited public health infrastructure, which is at risk of damage from natural disasters, exacerbating existing healthcare accessibility issues.

[32] Asian Development Bank, Developing the Health Sector in the Pacific; https://www.adb.org/projects/documents/reg-52037-001-tar
[33] The Asia Foundation, The Future of Work for Women in the Pacific Islands; https://asiafoundation.org/wp-content/uploads/2021/02/The-Future-of-Work-for-Women-in-the-Pacific-Islands.updateMarch1.pdf
[34] Ibid.
[35] Ibid.
[36] World Health Organisation, Gender Equity in Health Workforce: Analysis of 104 Countries; https://apps.who.int/iris/handle/10665/311314
[37] RACS, Global Health Gender Learning Paper, https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/global-health/GH-Gender-Learning-paper_2022.pdf
[38] World Bank, Shock Waves: Managing the Impacts of Climate Change on Poverty, https://www.worldbank.org/en/news/feature/2015/11/08/rapid-climate-informed-development-needed-to-keep-climate-change-from-pushing-more-than-100-million-people-into-poverty-by-2030
[39] Ibid.
[40] World Health Organisation, Human Health and Climate Change in Pacific Island Countries; https://www.who.int/publications/i/item/9789290617303

Impact of COVID-19 pandemic

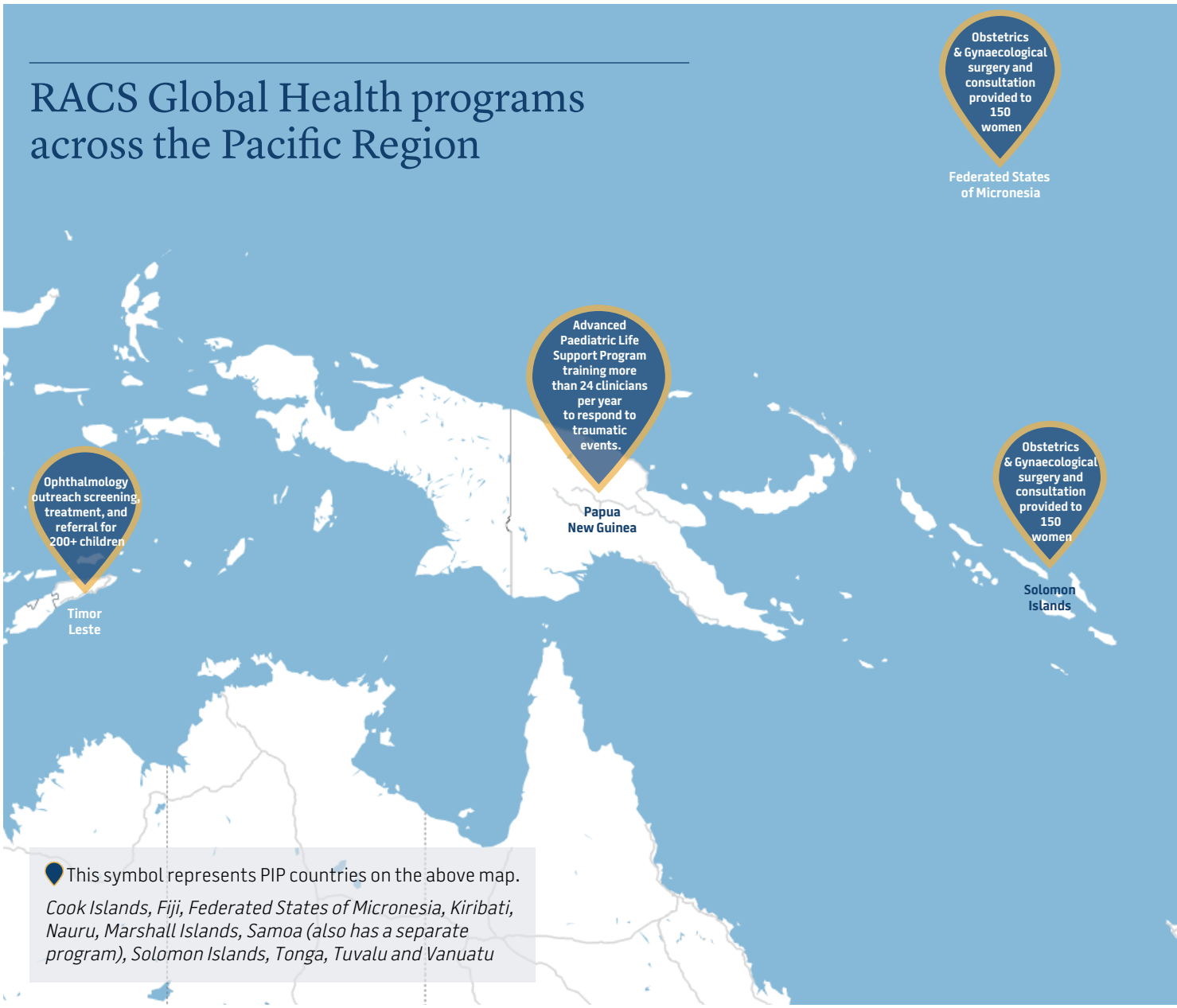
The COVID-19 pandemic has shocked already under-resourced and overstretched PIC health systems and impacted continuity of service delivery. The rapid spread of the virus and ensuing lockdowns caused severe disruptions to essential services at all levels in the Pacific. The economic repercussions of the pandemic exacerbated pre-existing vulnerabilities, resulting in increased social and health issues and widening gaps in gender equality and social inclusion. The crisis has also laid bare the vulnerability of informal workers who have been easily dismissed as demand for goods and services has eroded, and who have faced barriers to engaging in small-scale income generation in the context of mobility restrictions and a drop in demand.[41] The Pacific has particularly been challenged by curtailed tourism and fishing, sharp cost increases for imports, and reduced government revenues.[42]

[41] The Asia Foundation, The Future of Work for Women in the Pacific Islands; https://asiafoundation.org/wp-content/uploads/2021/02/The-Future-of-Work-for-Women-in-the-Pacific-Islands.updateMarch1.pdf

[42] Asian Development Bank, Pacific Approach, 2021 – 2025; https://www.adb.org/documents/pacific-approach-2021-2025


Advanced Life Support
for Adults

RACS Global Health programs across the Pacific Region



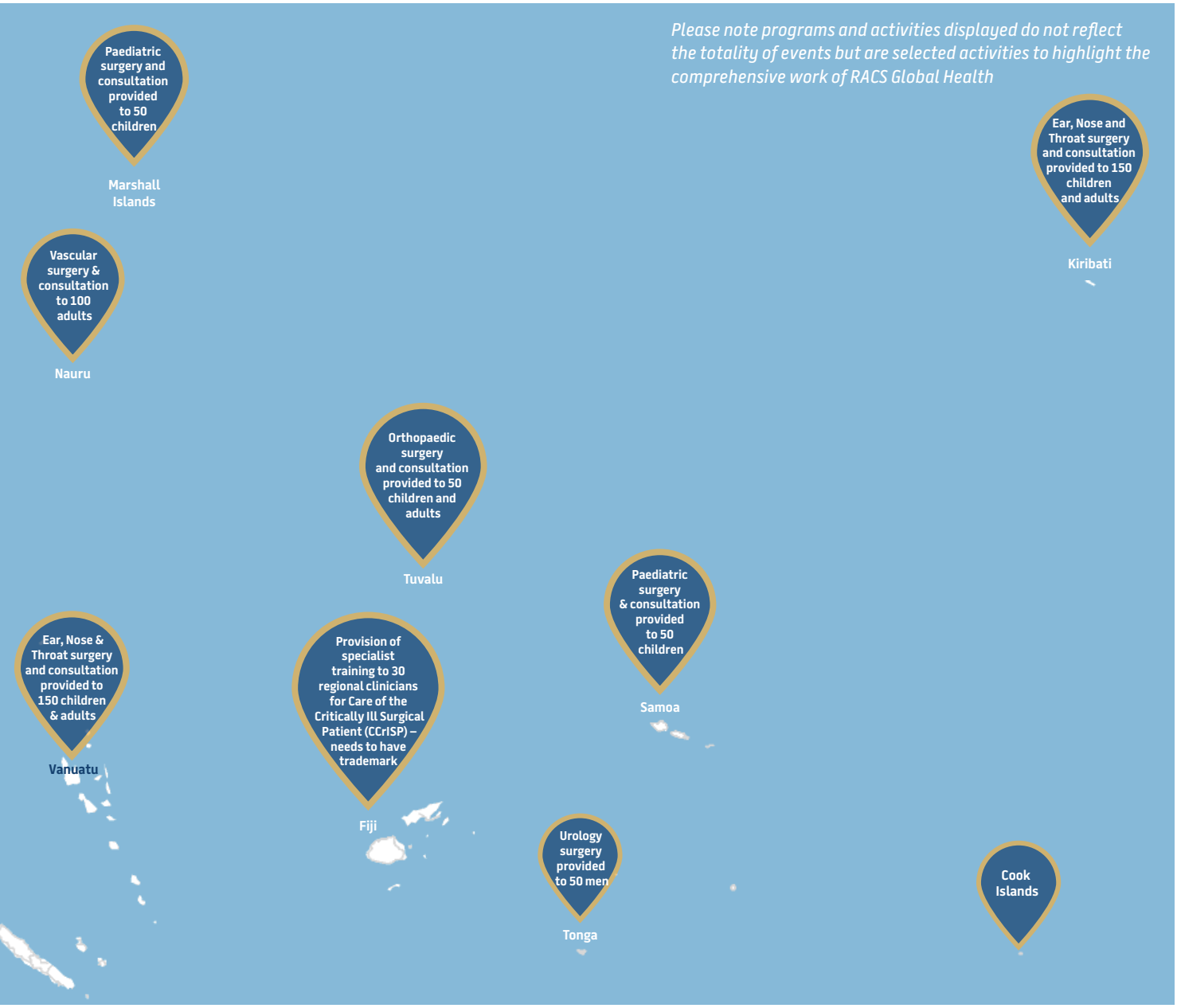
This symbol represents PIP countries on the above map.

Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Nauru, Marshall Islands, Samoa (also has a separate program), Solomon Islands, Tonga, Tuvalu and Vanuatu

RACS Global Health aims to strengthen training and mentoring for the provision of specialised clinical services, including clinicians, nurses and allied health workers to ensure training remains relevant and responsive to the needs of PICs. Our work is guided by the country owned and identified needs of the Ministries of Health that we work with. This includes the development and implementation of national and regional training and workforce development programmes. This includes supporting specialised postgraduate courses that contribute to the total health workforce capacity of the region.

Pacific Specialised Clinical Services & Health Workforce Program (PSCSHWP II)

- The PSCSHWP II Goal is to ensure 'quality clinical health services in Pacific Island Countries (PIC's) are accessible, localised, equitable and inclusive, in line with the Health Islands Vision and Universal Health Care (UHC) principles'
- RACS Global Health partners with The Pacific Community (SPC) and Fiji National University (FNU) in this Australian Government funded DFAT program.
- This program works in partnership with 11 PIC's, Ministries of Health, Hospitals, clinicians and patients.
- End of Program Outcome 1: Strengthened regional health workforce systems for higher quality, more equitable, accessible, and sustainable clinical health services.
- End of Program Outcome 2: Strengthened regional health workforce and systems for higher quality more equitable, accessible, and sustainable clinical health services
- This program delivers more than 22 Visiting Medical Teams (VMT's) across 11 countries to work in partnership with national clinicians to deliver specialist health services to more than 2000 patients per year.
- The program delivers 40 medical, nursing and health training events per year. On average RACS Global Health provides training to more than 500 clinicians across the Pacific Region.



PNG/Timor Leste Critical Care Capacity Building Program (CCCBP)

- The PNG/Timor Leste CCCBP aims to increase the critical care capacity of PNG/Timor Leste clinicians and community health workers and thereby decrease the morbidity and mortality of seriously ill and injured children presenting to hospitals.
- Funded through the Australian Governments Australian NGO Cooperation Program (ANCP) this multi-year program works in partnership with national and provincial hospitals across Papua New Guinea.

Samoa Hearing Program

The Australian government funded Samoa Hearing Program aims to increase the quality and accessibility of hearing services in Samoa to address hearing loss and preventable deafness in Samoa. This includes delivering primary ear health care training and human resource development, to increase health workforce capacity to deliver quality and accessible ear health services that are in high demand.

Information for Timor Leste

Refer to the Timor Leste Country Strategic Plan for more information.

https://www.surgeons.org/about-racs/global-health/global-health-programs/timor-leste-programs/RACS-Global-Health-Timor-Leste-Country-Strategic-Plan

RACS Global Health Scholarship Program

RACS provides significant scholarship and grant fund opportunities for surgeons to undertake training activities and facilitate professional mentoring with medical personnel in Australian hospitals as a supervised scholar. The overarching goal of the program is to improve the health outcomes for disadvantaged communities in the region, by providing training opportunities to promising individuals who will contribute to the long-term development of surgical and medical capacity in their country. Scholarship applications can be found at https://www.surgeons.org/en/Resources/member-benefits/lifelong-learning/scholarships-and-grants-program/all-scholarships-and-grants/global-health-scholarships

2.0 The RACS Global Health Pacific regional programs

RACS first established operations across the Pacific region in 1995, with deployment of training and visiting medical teams. The Global Health team works closely with governments, ministries of health, regional and national universities to provide essential clinical support and specialist health education that contributes to national workforce capacity and development. RACS Global Health manages the implementation of several key health programs across the Pacific region.

Pacific Specialised Clinical Services & Health Workforce Program (PSCSHWP II)

The RACS Global Health Pacific Islands Program (PIP) aims to strengthen specialised clinical services, clinical governance, specialist education, training, and workforce development across the Pacific region. Activities are supported by the Australian government, and implemented in collaboration with The Pacific Community (SPC) and Fiji National University (FNU), ministries of health, specialist colleges and associations, and delivery partners.

The RACS has been implementing the PSCSHWP II since 1995 to address gaps in specialised clinical service provision in the Pacific. The PIP is funded to deliver a range of tertiary health services and training activities at the request of Pacific ministries of health with the objective.

The key objectives of the program are to:

- End of Program Outcome 1: Strengthened regional health workforce systems for higher quality, more equitable, accessible, and sustainable clinical health services.
- End of Program Outcome 2: Strengthened regional health workforce and systems for higher quality more equitable, accessible, and sustainable clinical health services

Key achievements related to Domain of Change

Domain of Change 1: Improve access to surgery and other health services by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.

- Delivery of clinical VMTs to PICs to meet priority clinical demands and deliver capacity building to host clinicians
- Facilitation of mentoring relationships between VMTs and PICs clinicians contributing to the ongoing development of Pacific clinical competencies
- Deployment of more than 600 VMTs to 11 Pacific Island Countries
- Visiting teams have conducted over 90,000 consultations and 26,000 procedures

Domain of Change 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment.

- Development of regional education resources in anaesthesiology, nursing, emergency medicine, obstetrics and gynaecology, pathology, and surgery with the support of FNU and Pacific Professional Clinical Organisations
- Delivery of the Pacific Island Virtual Online Training Simulation (PIVOTS) Surgical Simulation Training to provide Pacific surgical trainees with the opportunity for simulation-based training and virtual education using novel technology with support from Monash University
- Delivery of short courses to build Pacific clinical competencies in providing Advanced Paediatric Life Support, Primary Trauma Care and Emergency Management of Severe Trauma
- Elevated education and training by facilitating the delivery of hundreds of workshops and courses, alongside clinical teaching, and mentoring
- Provided on the job clinical mentoring to between 100 – 250 clinicians annually

Domain of Change 3: Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

- Supporting regionally endorsed approaches to strengthen policies and practice within specific specialties with support from Secretariat of the Pacific (SPC)
- Supporting regional and sub-regional initiatives and the development of regional standards to facilitate regional labor mobility and the development and retention of specialised clinicians in the Pacific
- Delivering training and mentoring for the provision of specialised clinical services, including for specialised clinicians, nurses and allied health workers

Domain of Change 4: Advocate for sustainable surgical and health care by building partnerships for action at a global, regional and national level.

- Supporting the development of NSOAPS as agreed by selected PICs with support from the Pacific Community (SPC)
- Facilitating regional advocacy as a health INGO specialist advocacy group

Papua New Guinea/Timor Leste (PNG) Critical Care Capacity Building Project

The DFAT ANCP funded PNG Critical Care Capacity Building project aims to increase the critical care capacity of PNG clinicians, and thereby decrease the morbidly and mortality of seriously ill and injured children presenting to hospital for treatment and care in intensive care units.

With an under-5 population of 1.96 million, PNG's population is both young and growing. Eighty-seven percent of the population continues to live in rural areas. With such a large proportion of the population living in remote areas, providing effective critical care for seriously ill or injured children through a decentralised health system, is a challenge. This is exacerbated by a critical shortage of human resources for health. Recent estimates of health worker densities reflect 0.5 physicians per 10,000 population.

The key objectives of the program are to:

- Increase the critical care capacity of PNG clinicians
- Decrease the morbidly and mortality of seriously ill and injured children presenting to hospital for treatment in intensive care units

Key Achievements related to Domain of Change

Domain of Change 1: Improve access to surgery and other health services by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.

- Delivery of bi-annual Pediatric Life Support courses with more than 53 health workers being trained from central and provincial hospitals

Domain of Change 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment.

- Delivery of training to develop the capacity of PNG clinicians and nurses to respond to the early management of acutely ill and injured children in PNG
- Delivery of training to develop local capacity to independently deliver life support training courses for PNG clinicians and nurses

Domain of Change 3: Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

- Procurement and handover of paediatric and neonatal equipment for Port Moresby General Hospital to enhance capacity to diagnose and treat paediatric patients

The Samoa Hearing Program

The Samoa Hearing Program aims to increase the quality and accessibility of hearing services in Samoa to address hearing loss and preventable deafness in Samoa. This includes delivering primary ear health care training and human resource development, to increase health workforce capacity to deliver quality and accessible ear health services that are in high demand.

The key objectives of the program are to:

- Improve hearing outcomes for patients with hearing impairment
- Increase early identification of hearing impairment
- Increase access for children with disabilities to screening & hearing services

Key Achievements related to Domain of Change

Domain of Change 1: Improve access to surgery and other health services by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.

- Procurement and shipment of hearing aids and classroom assistive devices
- Construction and delivery of mobile audiology hearing trailer
- Delivery of three outreach hearing screening visits
- Delivery of Primary Ear Health Care trainings for both urban and rural health workers to 65 staff

Domain of Change 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment.

- Supported the application by an Ear, Nose and Throat (ENT) nurse to undertake a Master of Audiology supported by the Australian Awards program
- Supported integration of a permanent audiology role into the Ministry of Health resourcing structure

Domain of Change 3: Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

- Recognition of the Primary Ear Health Care Training by the Samoan Qualifying Authority

3.0 Lessons learnt from the RACS program history in the Pacific

The various successes and challenges experienced in the design, implementation and evaluation of programs and projects since RACS commenced operations in the Pacific provide useful lessons for the future strategic direction of our work. This section provides an overview of some of the key lessons from which we will adapt RACS programs to increase effectiveness and sustainability over the period 2022-2027. These lessons learnt have been developed from engagement and reflection with our partners agencies.

Integrate with National Health Systems and respond to country owned priorities

RACS acknowledges that each Pacific Island Country is different and faces its own unique set of challenges and has its own strengths. RACS Global Health will strengthen individual country-level planning and strategies in its program designs, including strengthened alignment with national policies, priorities and resource availability, and country-driven planning. RACS Global Health acknowledges that we respond to country determined priorities as set by the relevant Ministry of Health.

Building and maintaining relationships

Strong partnerships are required by a range of different stakeholders across a range of sectors and specialties to ensure RACS Global Health meets its Theory of Change. Our partnerships are based on the principles of equity, respect and long-term engagement with regional institutions, Governments, Ministries of Health, Clinicians, and patients. Our longstanding relationship with the Pacific Community and Fiji National University has been integral to our success and will continue to be a strong organisational focus.

Design programs to reduce barriers to access

RACS Global Health programs works in alignment to the global principles of universal health coverage (UHC), Sustainable Development Goals (SDG's) and leave no one behind. RACS program quality guidelines work to constantly improve program quality and will work towards improving its reach to rural and remote populations and proactively seek to leave no one behind when supporting delivery of services at national and provincial level hospitals. This includes further integrating gender transformative and disability inclusive program design methods.

The Global Health Scholarship Program

We recognise there is a shortage of trained and skilled local surgical specialists in many developing countries in the Indo-Pacific region. This shortage severely reduces these countries' capacity to deliver surgical and medical care to their populations.

The overarching goal of the program is to improve the health outcomes for disadvantaged communities in the region, by providing training opportunities to promising individuals who will contribute to the long-term development of surgical and medical capacity in their country.

RACS Global Health provides funding for 10 – 15 international scholarships a year with a focus on building the clinical capacity and specialisation of selected candidates from across the Indo-Pacific.

Online and remote learning modalities
The COVID-19 shut down of borders was a challenge that prevented direct support to clinicians due to border closures. However, this provided the opportunity for RACS GH to improve its capacity to deliver online learning models. This has included support for online post graduate diplomas to nurses and senior clinicians who note that the online model provides the additional benefit of flexibility of learning methods for key caregivers whose time might otherwise be restricted. An ongoing concern is the limited internet access and quality challenges. More capacity and responsibility by trainees for self-generated learning needs to be a prioritised to support this modality, and challenges in balancing at home responsibilities with home base learning also need to be addressed to ensure that all students, particularly women, have the dedicated time needed for online studies.

Include other health professionals in the core work of RACS Global Health
Ministries of Health and National Hospital partners have stressed the critical importance of involving nurses, anaesthetists and other allied health professionals in specialist and advanced training that aims to impact on strengthened health systems. Specialised clinical services cannot develop in isolation and rely on the support of multidisciplinary teams to deliver optimal care e.g., diagnostic services, nursing, anaesthesia, allied health professionals and primary healthcare workers. Training a single Specialised Clinical Service (SCS) professional in the absence of networks required for them to successfully perform their job can be counterproductive.

Specialised Clinical Service (SCS) Integration

RACS has deepened its understanding of the crucial links between SCS and public health initiatives. SCS support preventative programs and promote good public health messages. SCS form part of the primary, secondary and essential health care package and it is important that these links are recognised and understood, particularly in low resource health care settings that have small populations and limited health workforce capacity.

Formalisation and succession planning of GH Volunteer deployment model
The success of the RACS Global Health program lies in its ability to access the pro bono expertise of more than 200 surgical, anaesthetist, nursing, training and allied health professionals. In 2021 the Volunteer Model underwent a review and formalisation of process to ensure sector and accreditation standards were being meet. This successful review resulted in strengthening of formal and transparent selection processes that are reviewed and endorsed by RACS governance committees. This process has enabled an Expression of Interest process that further ensure broadening and deepening the volunteer pool available to RACS and contribute to long-term succession planning. This includes expanding the professional mentoring aspect of VMTs and ensuring the relationships developed and nurtured between Australasian medical personnel and their Pacific counterparts are supported. They offer broad professional support which extends beyond structured learning to semi-formal networks of ongoing advice and support.

4.0 RACS organisational commitments moving forward – the Pacific Region approach

Since 1994, RACS Global Health has been supported by the Australian government, through AusAID and now DFAT to assist with delivery of specialised clinical services and provision of clinical capacity development (education, training and mentoring) in PNG and 11 Pacific Island Countries.

Drawing on over 28 years of experience in health-focused aid and development, RACS Global Health has long-standing clinical partnerships in the Pacific region at the Ministry of Health, national hospital and university levels. These relationships, along with a commitment to being demand-driven, enable sustainable programming that increases patient access to quality treatment and care. It additionally builds clinical capacity and strengthens health systems, delivering results at multiple levels - patient, clinician and health system.

This strategic approach is reflected in **RACS Theory of Change** and **Monitoring, Evaluation and Learning Framework (MELF)**. RACS' MELF focuses the planning, design, monitoring, review and evaluation of RACS Global Health programs around four Domains of Change. RACS Global Health commits to the following principles to ensure the achievement of its program goals and strategic vision:

Commitment 1: Improve access to surgery and other health services by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.

Improving access to surgical and other health services is a core commitment of RACS GH and we are committed to universal health coverage and that all people have access to the health services they need, when and where they need them, without financial hardship. This includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care[43]. We aim to:

- Deliver specialist medical education, training, capacity development and medical aid/service delivery
- Provide clinical mentoring and education to national doctors, nurses and allied health professionals and delivering train-the-trainer programs to strengthen the institutional capacity of national health services and training institutions in the region.
- Improve baseline and proactive analysis of hard to reach and vulnerable population that may be being prevented from accessing the services that RACS GH provides, including women and girls, persons with a disability, LGBTIQI communities and those discriminated against due to their to gender, ethnicity, religion, politics, sexual orientation and other personal characteristics.
- Standardise online and remote learning modalities: There has been an increased demand for online learning opportunities from Global Health training participants. RACS will continue to build capacity for self-generated learning needs.

[43] https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

Commitment 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment.

RACS Global Health recognises the importance of involving nurses, anaesthetists and other allied health professionals in training. Specialised clinical services cannot develop in isolation and relies on the support of multidisciplinary teams to deliver optimal care. For example, diagnostic services, nursing, anaesthesia, allied health professionals and primary healthcare workers. Our plans to continue developing the capacity of the health workforce include:

- Expanding provision of services, specialist training, mentoring and scholarships to a broad range of health specialists and leaders including nurses, anaesthetists, administrators and allied health professionals.
- Mentoring identified health personnel to become surgical leaders in their countries
- Sharing RACS expertise in training, professionalism and standards
- Providing scholarships and travel grants for health professionals to support their professional development
- Supporting partner governments in low- and middle-income countries in which RACS works to set up and strengthen national medical training programs, aligned with their needs
- Working with national and regional organisations and governments, in-country partners and specialist medical and nursing colleges to design, implement and evaluate education activities
- Providing expert medical personnel and sharing training resources to facilitate the implementation of education programs appropriate to the country's context

Commitment 3: Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

RACS Global Health works in partnership with government partners to enable the delivery of the host country national health plans. Our plans to improve access integrate with national strategies and include:

- Extending program support to provincial hospitals and training locations to enable inclusion of rural and remote health workforce and patients.
- Targeting the inclusion of disadvantaged populations through proactive and inclusive program design. This includes gender-focused budgeting and targeted participation of female clinicians in training and provision of gender-specific VMTs. For example, gynaecology and obstetrics, and urology.
- Empowering national partners to participate in the identification and planning of VMTs to ensure appropriate and sustainable delivery of services. This includes annual planning and reflection processes.
- Encouraging surgical audits, safe surgical practice and sustainable emergency cover through education and role modelling
- Ensuring skills acquisition for local personnel is a primary component in RACS response to requests from partner governments for clinical services support
- To work closely with respective MoHs to identify promising SCS professionals early in their training and to work together in support of their formal training, on-the-job training and lifelong professional development. To that end, the RACS will strengthen its work with PIC MoHs and key personnel to support professional training, mentoring and on-the-job training, and continued professional development opportunities once they return to practice in their home country.
- Localisation of resources and coordination of services is critical for the work of RACS Global Health. In 2022 RACS proactively sought the establishment of a PSCHWIP coordinating unit to be based with Secretariat of the Pacific as the Pacific Regional governance representative. This is with a view to localise delivery of the PIP.

Commitment 4: Advocate for sustainable surgical and health care by building partnerships for action at a global, regional and national level.

RACS Global Health is committed to global and regional advocacy to ensure funding and policy commitments to sustainable surgical and health care for all. Activities that GH will commit to include:

- Collaborating with professional health organisations and academic institutions to promote a unified voice for global surgery
- Supporting surgical communities to advocate to their governments for resources to improve access to safe surgery and anaesthesia for their countries
- Supporting ministries of health to incorporate safe surgery and anaesthesia services into their national health plans
- Fostering the longstanding collegiate relationships with international surgical colleges in the region and engaging with emerging surgical societies and associations for the mutual benefit of our surgical communities
- Participating at Indo-Pacific surgical conferences and encouraging participation of Indo-Pacific surgical college representatives at RACS Global Health events to build networks and strengthen relationships
- Responding to opportunities presented by the increasing number of International Medical Graduates in Australia and Aotearoa New Zealand and the opportunities for engagement through existing links with their home countries
- Collaborating with professional health organisations and academic institutions in Australia and Aotearoa New Zealand (and places where global health activities are delivered), to improve cooperation and coordination in global health work

5.0 Collaborations and partnership approach

Through its Global Health Program, RACS works in collaborative partnerships with a diverse range of organisations to strengthen health systems and build skilled health workforces that have the capacity to sustainably deliver safe, accessible and affordable surgical and anaesthesia care.

Working in equitable partnership is a key element of RACS' broader development approach. RACS recognises that the quality and effectiveness of its relationships with partners are fundamental to the achievement of its Global Health Program goals and objectives.

RACS' partners include governments through national and provincial ministries of health; health institutions such as national, provincial and district hospitals; medical faculties within universities; international and local NGOs, community-based organisations and Disabled Persons Organisations (DPO's).

RACS Global Health partners with Pacific Community (SPC) and Fijian National University (FNU) in the Pacific Specialised Clinical Services and Health Workforce Improvement Program Phase 2 (PSCHWIP 2). This program is focused on 11[44] PIC's and builds on the localisation of health services, health workforce and systems in the Pacific, and the heightened global political commitment to health as a central development priority.

RACS also works in partnership with several Australian, Aotearoa New Zealand and regional partners such as other medical colleges and societies to provide a wider range of specialist medical and surgical expertise to the Global Health Program. RACS is only one of several stakeholders engaged in supporting Specialised Clinical Services and training at a country and regional level in the Pacific region. Therefore, coordination, consultation and linkages ensure that activities are developed and implemented in a strategic and complementary, way based on ongoing and respectful dialogue.

[44] Federate States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Samoa, Solomon Islands, Tonga, Tuvualu and Vanuatu.

Table 5.0: RACS Global Health partnership model

The types of partners and stakeholders when working at different levels:

Levels	Types of partners and stakeholders	Common approaches to working with partners and stakeholders
Patient	– Individuals and their families – Community groups including Disabled Peoples Organisations – Health Centres, CSOs, NGOs and Service Providers	– Providing and supporting community-based infrastructure – Health education and capacity building of community members – Strengthening of local networks and referral systems – Organisational capacity development of CSOs – Capacity building of people delivering frontline services (government and service providers).
Clinicians and Health Workers	– Provincial and national government health workforce – Sector collaborations and coalitions – CSOs, NGOs and INGOs.	– Capacity building of national government staff clinicians and health care workers to provide sustainable frontline services – Coordination of sector working groups including Pacific, PNG and Australian female surgeons and anaesthetists
National and Provincial Service and System	– National and provincial hospitals and health services – Ministries of Health and Education – Universities and research institutes	– Contributing to national policy development – Advocating to government for wider adoption of successful models for replication implemented at the community level – Systems strengthening (National and Provincial Hospitals)
National, Regional and Global	– Secretariat of the Pacific (SPC) – Western Pacific Regional Office – Harvard Group	– Regional and Global advocacy – Regional sector-based campaigns and programs – Participation and facilitation in Regional Health Coordination Groups, including Director of Clinical Services Meeting (Pacific) and Head of Health Forum (Pacific) – Engagement with review of National Surgical Obstetrics Anaesthetics Plans
Australasian	– Advanced Paediatric Life Support Australia – Medical colleges and organisations – Australian NGOs	– Collaborative provision of technical inputs on programs and projects

5.1 RACS Global Health types of partnerships

Through its Global Health Program, RACS works in collaborative partnerships with a diverse range of organisations to strengthen health systems and build skilled health workforces that have the capacity to sustainably deliver safe, accessible and affordable surgical and anaesthesia care.

Government partnerships

Pacific Ministry of Health Departments
RACS has Memorandums of Understandings (MOUs) with the Pacific Ministry of Health Departments in which RACS is implementing its Global Health Program. MOUs were developed through a collaborative process between RACS and the ministries to establish an open, transparent and responsive base on which to continue partnerships into the future. This includes work with critical national and provincial hospitals that sit under the remit of the relevant Ministry of Health.

Institutional and regional organisations

Secretariat of the Pacific Community is the preeminent regional scientific and technical organisation for the Pacific, an inter-governmental agency governed by its 27 member countries including Australia and Aotearoa New Zealand. Secretariat of the Pacific's Public Health Division is dedicated to promoting, protecting and improving the health of all Pacific Islands people. Coordination and collaboration with Secretariat of the Pacific have been integral to the delivery of the PIP. Secretariat of the Pacific has provided support by linking RACS to Directors of Clinical Services and Pacific Heads of Health and providing information from the region to help RACS plan and engage more effectively. RACS' support for nurse-focused capacity development has increased as a result of Secretariat of the Pacific functioning as a key connection point.

Fiji National University

The university is the main 'regional' health training institution for PICs that offers post-graduate specialised clinical medicine and nursing training and accreditation. Coordination and collaboration with FNU have been integral to the delivery of the PIP. RACS has worked with FNU on developing Pacific-orientated resources, procuring equipment and providing technical expertise for teaching.

University of Papua New Guinea

RACS works closely with it partner UPNG to ensure its programming and training aligns to the priorities and standards of this national university.

Non-government organisations/ Civil society organisations

The Global Health team based in Australia and Timor Leste manages all aspects of Global Health programs and projects through sound contractual and project cycle management. The Global Health team work closely with, and manage a complex web of partnerships with INGOs, Australian NGOs and in-country program partners that support program delivery and improvement.

Pacific medical colleges and association program partners

Pacific Societies, and Associations: RACS has partnerships with Pacific Societies and Associations. These relationships are key to the implementation of program activities in the Pacific.

Pacific partners organisations	
Pacific Island Surgeons Association (PISA)	Pacific Society of Anaesthetists (PSA)
Pacific Society for Reproductive Health (PSRH)	Fiji Obstetrics and Gynaecology Society (FOGS)
Pacific Islands Society for Pathology (PISP)	Pacific Perioperative Nurses Association (PIORNA)
Pacific Ear, Nose, Throat & Audiology Group (PENTAG)	Pacific Island Orthopaedic Association (PIOA)

Australian and Aotearoa New Zealand Specialty Colleges: RACS has partnerships with Australian and Aotearoa New Zealand Specialty Colleges, Societies, and Associations. These relationships are key to the delivery of program activities in different specialty areas.

Pacific Body Australian/Aotearoa New Zealand partners	
Royal Australasian College of Physicians (RACP)	Interplast Australia and New Zealand
Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Australian and New Zealand Gastroenterology International Training Association (ANZGITA)
Royal College of Pathologists of Australasia (RCPA)	Open Heart International (OHI)
Royal Australian and New Zealand Col-lege of Obstetricians and Gynaecol-ogists (RANZCOG)	Australian College of Perioperative Nursing (ACORN)

6.0 RACS Global Health – Our operational approach in the Pacific region

RACS Global Health works in collaborative partnerships with ministries of health, national hospitals, health care clinicians and local/regional partners and key stakeholders to build capacity within health workforces to ensure that safe and affordable surgery and anaesthesia is universally accessible.

RACS Global Health Vision operationalizes its vision of safe, affordable surgical and anesthetic care is available and accessible to everyone through the following key operational approaches:

Domain of Change 1: Improve access to surgery and other health services by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.

Management of Visiting Medical Team requests and Training Specialists based on a formal request and prioritisation process provided by the relevant Ministry of Health.

RACS Global Health provides development support to Pacific Island Countries. 200 in-country and visiting medical specialists volunteer their time and expertise on Global Health programs. These invaluable clinician-to-clinician relationships enable the delivery of surgical procedures and provide on-the-job clinical training and mentoring to between 100 and 250 clinicians annually.

Volunteers include surgeons, anaesthetists, nurses and other qualified allied health professionals and are both Fellows of the College and members of other specialist Colleges and Associations. Program activities are focused on the sustainable delivery of services and training that increases local capacity.

RACS Global Health work with national governments, civil societies and non-government organisations to identify and address priorities based on national health and development plans. Activities are aligned with the strategies of in-country governments and partner institutions to strengthen local systems and institutions.

RACS acknowledges that some countries cannot and may never be able to undertake the full range of surgical specialties required to meet the needs of the population. The majority of RACS Visiting Medical Teams (VMTs) activities focus on supporting and assisting identified national clinicians to undertake complex procedures or surgeries in specialty areas not yet available locally. This ensures that patients can access quality surgery and post-operative care to restore their health and wellbeing. This surgical support meets patients' immediate needs whilst local surgeons develop the skills to undertake more complex procedures or surgeries across an expanded range of specialties.

Domain of Change 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment.

RACS Global Health programs provide clinical mentoring and support formal education to national medical and health workforces, strengthening the capacity of health services in the region. VMTs provide clinical mentoring and education to Pacific Island clinical practitioners and deliver globally accredited train-the-trainer programs to strengthen the institutional capacity of national health services and training institutions in the region. This is always in partnership and aligned to national university standards and curriculum.

RACS goal is to support the development of national health care systems, through the development of National Surgical Obstetrics and Anaesthetic Plans (NSOAP) and activities which focus on supporting medical and health workforce and service development into the future. The health workforce capacity priority areas are determined by the host country Pacific Island country. By focusing on sustainable training and working in alignment with in-country governments, universities and partners in service delivery, we strive to strengthen national systems and regional institutions.

RACS acknowledges the need to include a broader workforce into its clinical and surgical training activities in order to ensure it is working towards the Director of Clinical Services (DCS) and Pacific Heads of Nursing (PHON) of developing the capacity of the total health workforce, not only that of medical specialists. This means an enhanced focus on ways to support the Nursing workforce, including investing activity resources into identifying and supporting post-graduate formal training across the Pacific Region as well as integrating considerations of governance and clinical leadership skills to enable growth of career pathways and contribute to health systems strengthening.

One of the most cost-effective ways RACS Global Health can enable capacity of the health workforce is by growing its commitment to development of online training platforms and remote training course that utilise the pro-bono expertise of its volunteers and align training standards to accredited courses that enable CPD point allocation to Pacifika clinicians. This is an area that RACS Global Health will continue to expand.

Domain of Change 3: Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

RACS Global Health takes a system-wide strategic approach that is intended to deliver an integrated model of care that supports national health care systems shift to decentralized health care. RACS recognizes that coordinated care across primary, secondary and tertiary levels of care is needed to ensure efficient, effective and sustainable services.

RACS will continue to work with Ministries of Health, national and provincial hospitals to support workforce planning, service planning, coordination and delivery, clinical governance and quality controls and enhanced patient care. Our work is driven by the country owned priorities of the governments that we work with across the Pacific. Where we can, RACS will always prefer localisation of skills and services, including supporting program systems that regionalize coordination. This includes successfully advocating for the DFAT funded PSCHWIP (2022 – 2027) to include development and funding for a PSCHWIP Regional Centre to coordinate the activities of the program, Fiji National University and the Pacific Community. This unit will be based at the Pacific Community in Fiji and DFAT funding goes toward funding human resource positions. This is with a view to encouraging the handover of coordination to the Region.

RACS health systems strengthening takes many forms and is based on the priority needs of the countries in which RACS implements its Global Health Program. For instance, central hospitals may be lacking vital medical equipment to effectively diagnose and treat patients. RACS will assist with the procurement of quality equipment and provide training in its use and on-going maintenance. Capacity building may focus on the provision of key infrastructure within national hospitals and clinics to provide more functional clinical environments. RACS will also work with partners to provide training and mentoring of health staff to enhance skills and the quality of services clinicians provide to their patients.

RACS Global Health is the only Australian Medical Collage with DFAT accreditation under the Australian Non-Government Organisation (ANCP). RACS GH has the capacity to strengthen health systems by working with other medical colleges and health focused I/NGOs to ensure best practice development standards in terms of sustainable program development, equitable and inclusive partnership and planning process and strengthening risk management process of the Australia health focused aid and development sector. This includes development and sharing of online Child Safeguarding, Ethical Images and Prevention of Sexual Exploitation, Abuse and Harassment training materials. These materials are also shared and distributed with Pacifika organisation and clinicians to influence good practice.

Domain of Change 4: Advocacy for sustainable surgical and health care by building partnerships for action at a global, regional, and national level.

RACS has played an important advocacy role at global, regional and national levels and recognizes that it is uniquely positioned to play a leading role in advocating for safe and affordable surgery in the Indo-Pacific region. RACS is involved with the World Health Organization's annual World Health Assembly, and in 2015 supported the resolution that endorsed development of National Surgery, Obstetrics and Anesthetic Plans (NSOAP's) as a global health strategic priority.

RACS regularly liaises with Australian government and the Australian Council for International Development to advocate to ensure equitable access to health services and to enable increased support and funding for programs that contribute to health systems strengthening. RACS uses these opportunities to influence regional and national health agendas that determine health priorities, planning and resourcing that support access to safe and affordable surgery.

RACS Global Health advocacy approach aligns with the principles of universal health coverage and the Sustainable Development Goals. RACS Global Health is committed to the inclusion and representation of vulnerable populations and those who are affected by the intersecting drivers of marginalisation. RACS strives to ensure that its operational and program management approaches are guided by these commitments and that all Global Health activities seek to include and protect human rights and ensure that existing vulnerabilities and inequalities are not inadvertently amplified.

8.0 Conclusion

The RACS Global Health Regional Strategic Plan 2022 - 2027 reflects our commitment to responding to the region's changing development and health needs. Drawing on over 20 years of experience in health development, RACS Global Health builds on lessons learned and the latest knowledge in global health and development, while responding to the changing regional context and priorities as determined by national partners and ministry of health departments. The Pacific region is at a critical juncture in its transformation to long-term development and establishing effective strategies for implementing strong and stable health systems. One of the keys to achieving this is to build workforce capacity and enable universal health coverage. RACS is committed to continuing to work in partnership with the Pacific governments to enable health systems strengthening and build workforce capacity.

Royal Australasian
College of Surgeons