

MEDICAL CHALLENGES IN 2009 AND LESSONS TO BE LEARNT

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2009 will go down in history as one of the most challenging years to Samoa's health sector and its capacity to cope with disasters on a large scale. The global pandemic of the novel H1N1 influenza virus and the aftermath of the devastating tsunami affecting the South Pacific region, particularly Samoa, clearly challenged the readiness of our health system to respond to disasters that directly and indirectly affect the lives of the Samoan people.

While the H1N1 pandemic only claimed two lives according to health authorities, the most devastating natural disaster to instantly claim many lives (149) in Samoa is, of course, the September 2009 tsunami.

The challenges presented by both these events differ. The pandemic, although it swiftly spread throughout the whole world in a matter of months, was mostly a mild illness for most people, which was most fortunate. Samoa's experience from the 1918 influenza pandemic is still a disaster unmatched in recorded history, claiming the lives of an estimated 25% of the total population of Samoa then.

The most vulnerable and high risk groups of people to be affected by the 2009 H1N1 influenza virus were identified to be pregnant women, young children, and those with co-morbidities such as respiratory conditions. In addition a vaccine against this virus will soon be available here in Samoa. The response by the World Health Organization and local health authorities evolved as more data was made available, and in the end only 2 deaths were confirmed due to the H1N1 infection.

The Samoa Health Sector response to the tsunami disaster, which was spearheaded by the Samoa National Health Services, is highly commendable as it was very effective given the scale and magnitude of the disaster, the lack of medical resources, and that the experience would have been a first for all those who were involved.

All the severely injured victims were resuscitated and stabilised at the disaster scene and all were safely evacuated from the scene to the main hospital before nightfall, a trip that takes about 2 hours. There was only one survivor that died in hospital shortly after the tsunami, a 96 year old lady who was caught by the wave while being rescued in a pickup truck. Otherwise the rescue operation for the disaster must be remembered as a success story for the local health care providers who worked tirelessly throughout that first 24 hours before overseas help arrived.

The immediate medical response by Samoa's closest allies, mainly New Zealand and Australia, was overwhelming to say the least. There was also medical help from other parts of the world such as Canada, the USA and the UK. The doctors, nurses and so many other allied health personnel who came to our rescue demonstrated a sense of comradeship on a large scale I have never experienced before. Their kind and selfless acts to help Samoa is an experience I felt lifted our spirits far beyond what was expected and will go a long way in healing the 'post traumatic stress' that the local medical fraternity felt at the aftermath of the disaster.

I do hope that tsunami related articles will appear in our future publications.

2010 is shaping up to be a significant year for Samoa in the area of medical training. The Oceania University of Medicine (OUM) is now implementing its 5 year Undergraduate MBBS course. With the inclusion of high school leavers in this program the number of places for local students to study medicine immediately increases from the 4 that used to be trained in Fiji to 15 now locally at OUM. In addition a new teaching hospital is being built this year by the government to further improve the teaching facilities of OUM. A first major medical conference co-hosted by OUM and the Samoa Medical Association will be held on 24 April, which is also another milestone for OUM.

Finally I wish to congratulate OUM for its achievements so far and also acknowledge its tremendous support and input in making this journal a reality.