

# 2 MONTHS IN FIJI

## My WHO Internship

Text and photos by Dr Ivan Low

In medical school, we were given the liberty to fill our time with any “learning activity” and have it count toward our elective programme. Some of my friends milked cows on a farm in Japan, while others engaged in high-level research at Karolinska Institutet. But I knew I wanted to utilise the time to explore something closer to heart.

It all started with a text message to a public health mentor, Dr Clive Tan, who was at that time seconded to World Health Organization (WHO) Manila. He was immensely helpful in guiding me through the application process and thanks to him, I received an acceptance letter a couple of weeks later. That was how my two-month internship with WHO Fiji began in the summer of 2016.

Why Fiji? In the first place, *where* is Fiji?

Master “Obi-wan” Clive had it all thought out – Fiji serves as the

headquarters for the Pacific Health Systems and Policies department of the Western Pacific Regional Office – one of WHO’s six regional offices around the world. This meant that I would be able to experience both regional-level and country-level work, and get a better understanding of the organisation’s roles and interactions with various stakeholders in the complex field that we call global health.

To answer the second question, Fiji is an archipelago-country in the South Pacific approximately 2,000 kilometres northeast of New Zealand. It has more than 330 islands, of which two-thirds are uninhabited!

### Work begins

My first day at work was somewhat surreal. After a ten-hour flight, I headed over to the Tanoa Hotel where I met

Ms Nilva, a consultant from my department, by the tranquil poolside. She pulled out a brown envelope (just like in the movies) and in it was my brief. WHO Fiji was hosting a conference on Pacific health information systems (HIS), and my first task as part of the Secretariat was to scribe for meetings, facilitate discussions, host an exhibition and take photographs with my trusty iPhone.

In the weeks to follow, I had an abundance of opportunities to work on some of WHO Fiji’s projects in HIS and health service delivery. Regionally, I helped to fine-tune and launch the “Healthy Islands monitoring framework”, assisted in the publication of a Pacific HIS report, and developed a questionnaire on health service role delineation policies for Pacific nations. Locally, I was part of a team that looked into mapping the healthcare needs of

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Fiji's rural Northern Division through qualitative interviews and site visits.

Many people have asked me what a typical day as a WHO intern was like. Frankly, there was nothing sexy about it. The day would begin at 7 am, with a 45-minute crowded bus journey down to the business district. All morning I would be flipping references, crunching data or typing furiously, save for a couple of minutes spent walking to the pantry for rehydration and deep vein thrombosis prophylaxis. Lunch would be at the nearby mall with some fellow interns. After recharging, the afternoon will often be filled with meetings, sometimes held at the Ministry of Health's office down the road, till 6 pm.

Gradually, amid the routine buzz of work that surrounded me, I began to appreciate the "WHO method". The Organisation's strengths lie in being a neutral broker, having strong in-country presence, and being (relatively) well resourced. This enabled it to carry out its mission of providing leadership and setting standards for important health issues, providing tailored evidence-based technical support for capacity building, monitoring and assessing health outcomes across the board, and shaping the international research agenda.

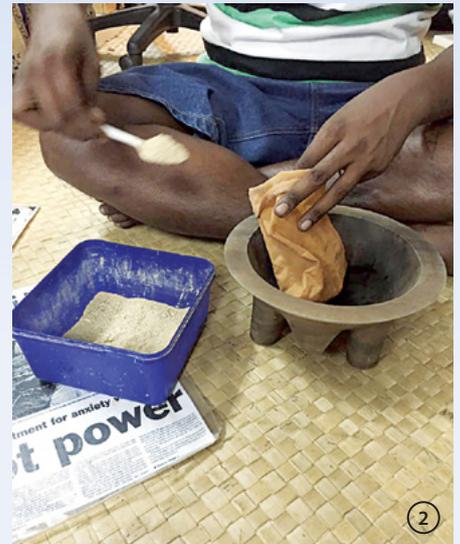
Being an intern in the Organisation was indeed eye opening. The team entrusted me with critical responsibilities for important WHO projects that addressed emerging health trends. They encouraged independent thought and

valued my contributions, yet there was always a comforting layer of supervision and gentle guidance. Furthermore, the team comprised individuals from a diverse range of backgrounds – there were nurses, pharmacists, physicians, statisticians, environmental scientists and administrators; every conversation broadened my perspective on what public health (and the profession that runs it) was, is, and can be.

### Other than work

Apart from work itself, I spent a great deal of time exploring the capital Suva and the surrounding districts. I witnessed an environmental protection public campaign at the park, trekked through (and subsequently got lost in) a tropical rainforest that sat on the edge of the city, drank *kava* with the locals (and felt my tongue and mind go all tingly), partook in their massive meals with gargantuan portions of rice, and strolled down long stretches of idyllic coral-laden beaches (1-0 to me for steering clear of *Vibrio vulnificus*). I have come to realise that this too has strengthened my appreciation of sociocultural determinants of health in Fiji and the Pacific.

Needless to say, it was an incredibly illuminative experience. I think all medical students and junior doctors should immerse themselves in some form of public health exposure during their formative years of training. Whether as a full-time clinician/radiologist/pathologist/medical innovator, it is



essential to understand how health issues affect our communities, and know our roles in our public strategy toward combating these challenges.

After all, public health is much more than just a professional career or a specialised field of practice. It is a mindset and a way of life. ♦

### Legend

1. Colonial War Memorial Hospital – Fiji's flagship hospital
2. Kava – locals drink it more often than water or wine
3. Every Friday is Bula Shirt Friday

Dr Low is currently a medical officer in Singapore General Hospital, Block 1. He has a passion for public health, community outreach and medical education. In his spare time, he can be found relaxing at the park with his family and loved ones, his dog and a cup of kopi c peng (siew siew dai).

