PACIFIC ISLANDS HEALTH RESEARCH

Symposium

2025

FIJI NATIONAL UNIVERSITY

FIPHR
FIJI INSTITUTE OF PACIFIC HEALTH RESEARCH

CELEBRATING RESEARCH EXCELLENCE IN THE PACIFIC

10–12 SEPTEMBER, 2025 | FNU NASINU CAMPUS

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Foreword

Associate Professor Dr. Amelia Turagabeci
Acting Dean, CMNHS, FNU

It is my great pleasure to welcome you to the Pacific Islands Health Research Symposium (PIHRS) 2025, held at the Nasinu Campus, Fiji National University, Suva. This year's symposium is especially significant as it coincides with the 140-year celebration of the Fiji School of Medicine and reflects the continued growth of research and education at the College of Medicine, Nursing and Health Sciences (CMNHS).

Over the past years, the College has made substantial progress in advancing health education and research across the Pacific. CMNHS has expanded academic programs, strengthened research capacity, and fostered regional collaborations, ensuring that students and researchers are well-equipped to address emerging health challenges. The Fiji Institute of Pacific Health Research(FIPHR) have positioned the College as a leading institution for Pacific health research.

PIHRS 2025 provides a unique platform for researchers, health professionals, and students from the Pacific, as well as partners from Australia and New Zealand, to share findings, exchange knowledge, and build collaborations. This year's theme, "Celebrating Research Excellence in the Pacific," highlights the College's ongoing efforts to address key health priorities, including HIV, antimicrobial resistance (AMR), planetary health, non-communicable diseases (NCDs), sexual and reproductive health, mental health, and health systems and policies.

The symposium demonstrates the College's commitment to translating research into policies and actions, bridging evidence to practice, and strengthening health systems across the Pacific. I warmly welcome all participants to engage actively, share insights, and collaborate, and I wish you a productive, inspiring, and enjoyable symposium.

Dr. Amelia Turagabeci
Acting Dean, College of Medicine, Nursing & Health Sciences,
Fiji National University

Message from the PIHRS Chair

Associate Professor Dr. Donald Wilson
Associate Dean Research & Director, Fiji Institute of Pacific Health Research; College of Medicine, Nursing and Health Sciences

Ni sa Bula Vinaka and a warm welcome to the Pacific Islands Health Research Symposium (PIHRS) 2025!

It is an absolute pleasure to gather once again for PIHRS, although for the first time here at the Nasinu Campus of the Fiji National University, for three exciting days of learning, sharing, and celebrating the very best of Pacific health research. This year is a special one for PIHRS, because it happens in conjunction with the celebration of the 140th anniversary of the Fiji School of Medicine (FSMed), a milestone that reminds us of the deep roots and proud history of health education and research in our region.

We are honoured to have the Honourable Penioni Ravunawa, Assistant Minister for Health and Medical Services, Fiji, as our Chief Guest. A proud alumnus of the Fiji School of Medicine, his presence highlights the legacy of FSMed graduates who have gone on to lead and shape health systems in Fiji and across the Pacific. We are equally privileged to feature distinguished keynote speakers, all FSMed alumni:
Day 1: Dr. Jason Mitchell on HIV
Day 2: Dr. Sakiusa Cabe Baleivanualala on Antimicrobial Resistance (AMR)
Day 3: Ahorangi Professor Sir Collin Tukuitonga on Non-Communicable Diseases (NCDs)
Their participation underscores the global impact of FSMed graduates and their continued leadership in addressing the region's most pressing health challenges.

Our theme, "*Celebrating Research Excellence in the Pacific,*" sets the tone for what you can expect: five dynamic panel discussions and more than 90 presentations covering areas that matter most to our region: non-communicable and communicable diseases, sexual and reproductive health, mental health, health systems and policies, HIV, antimicrobial resistance (AMR), and planetary health. This symposium is not just about presenting data; it is about telling the Pacific's story, challenging each other's thinking, and building the partnerships that will shape healthier futures.

We are especially excited to welcome participants from across the Pacific, alongside colleagues from Australia, New Zealand, and beyond. A highlight for us every year is the active involvement of current students and early researchers, who bring fresh ideas, new energy, and a glimpse of the next generation of Pacific researchers.

On behalf of the organising committee, I want to thank all those who make PIHRS possible, especially our research partners who have kindly contributed monetarily to fund the organizing of this conference, technical agencies, the Ministry of Health and Medical Services Fiji, FNU management and support systems, and our regional partners and supporters. A very special mention must go to the late Ms. Susana Lolohea, whose dedication and tireless efforts over the past PIHRS years. Her commitment has not only shaped PIHRS into what it is today but has also inspired many of us on the committee to keep pushing for excellence in showcasing Pacific health research.

So, whether this is your first time at PIHRS or if you've been with us since the beginning, we invite you to dive in fully, engage in dialogue, ask questions, share your ideas, and connect with others. This symposium is your platform. May the conversations you take part in here spark new collaborations and inspire action well beyond these three days.

Vinaka vakalevu and welcome to PIHRS 2025!
Dr. Donald Wilson
Chair, PIHRS 2025 Organizing Committee

Chief Guest

Hon Penioni Ravunawa

Honourable Assistant Minister of Health and Medical Services
Republic of the Fiji Government

Honourable Penioni Ravunawa serves as Fiji's Assistant Minister for Health and Medical Services and is a Substantive Member of the Standing Committee on Foreign Affairs and Defence in Fiji Parliament. He began his political journey as a Member of Parliament in February 2023. A registered Dental Practitioner and Director of Daily Care Dental Clinic in Suva, bringing a wealth of clinical, academic, and policy experience to his leadership roles. He hails from Nakaile village, Tokatoka in Tailevu, is married to Makereta Sotutu and is a proud father of two sons and a daughter.

Keynote Speakers

Dr. Jason Mitchell

Day 1 Keynote Speaker- HIV

Dr. Jason Mitchell is a physician and researcher specialising in infectious diseases, with a particular focus on HIV prevention and treatment in the Pacific. A proud alumnus of the Fiji School of Medicine, Dr. Mitchell has worked extensively across the region to strengthen HIV services, expand access to care, and support community-based approaches to tackling stigma and improving health outcomes. His work continues to inform policies aimed at reducing the burden of HIV in Fiji and neighbouring Pacific Island countries.

Dr. Sakiusa Cabe Baleivanualala

Day 2 Keynote Speaker - Antimicrobial Resistance

Dr. Sakiusa Cabe Baleivanualala is a senior scientist and researcher whose career has centred on laboratory medicine and antimicrobial resistance. An alumnus of the Fiji School of Medicine, he has been at the forefront of building Fiji's diagnostic capacity, strengthening surveillance of resistant pathogens, and guiding evidence-based approaches to antimicrobial stewardship in the Pacific. His leadership has been critical in advancing regional understanding of AMR and developing strategies to mitigate its growing threat.

Ahorangi Professor Sir Collin Tukuitonga

Day 3 Keynote Speaker - Non Communicable Diseases

Professor Sir Collin Tukuitonga is one of the Pacific's most respected public health leaders and an FSM alumnus. Currently based in Aotearoa, New Zealand, he has held senior roles including Director-General of the Secretariat of the Pacific Community (SPC) and Associate Dean Pacific at the University of Auckland. Sir Collin has been a tireless advocate for action against non-communicable diseases (NCDs), which remain the leading cause of premature death in the region. His lifelong commitment to addressing health inequities and strengthening Pacific health systems continues to inspire researchers and policymakers alike.

Acknowlegements

Vinaka vakalevu to all who have made PIHRS 2025 possible

The PIHRS 2025 Organising Committee extends its heartfelt gratitude to all those who have contributed to making this symposium a success. Your support, wisdom, and commitment have made it possible to celebrate Pacific research excellence.

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Pacific Islands Health Research *Symposium*

Programme

Pacific Islands Health Research Symposium

Day 1 – Wednesday, 10th September

8:00-8:30 am	**Registration | Main Auditorium– FNU, Nasinu Campus**
8:30-10:30 am	**Opening Ceremony | Main Auditorium– FNU, Nasinu Campus** • Traditional Welcome • Devotion • Welcome – MC: Assistant Professor Raymond Keshwan, *Head of School of Health Sciences, CMNHS, FNU* • Brief Remarks – Prof Unaisi Nabobo – VC (delivered by PVC Learning & Teaching Prof Jimaima Lako) • Brief Remarks – Adjunct Professor, Professor Phillip Hill, *CMNHS Communicable Diseases Research Centre* • Introduction of Chief Guest - MC • Opening Address – Hon. Penioni Ravunawa, Assistant *Minister of Health & Medical Services, Fiji Government.* • Vote of Thanks – Dr Pragya Singh, *Head of School of Public Health & Primary Care, CMNHS, FNU* • Cultural Performances – CMNHS Students – *Fiji & Tonga Student Associations*
10:30-10:45am	**Group Photograph | Main Auditorium– FNU, Nasinu Campus & Morning Tea**
10:45-11:15 am	**Symposium Overview & Introduction of Keynote – Associate Professor Dr Donald Wilson, Associate Dean Research CMNHS; Director of FIPHR; Chair, PIHRS 2025 Organizing Committee** **Keynote Address 1 | Main Auditorium– FNU, Nasinu Campus** **Addressing an HIV Crisis – the Case for Fiji** **Dr. Jason Mitchell, Team Lead, HIV Outbreak Response Fiji**
11:15-12:00 pm	**Panel Discussion 1 | Main Auditorium– FNU, Nasinu Campus** Responding to HIV Crisis - Lessons from Fiji & Region • Moderator: **Dr. Donald Wilson** *(FIPHR, CMNHS, FNU)* • Panellists: **Dr. Jason Mitchell** *(Team Lead, HIV Outbreak Response Fiji)*, **Dr. Nano Gideon** *(Manager, HIV/ STI Program, PNG National Department of Health)*, **Dr. Skye McGregor** *(Head of HIV Surveillance, Kirby Institute, University of New South Wales) via Zoom*, **Christopher Lutukivuya** *(LGBTQI+, Mental Health, HIV & SW Advocate)*
12:00-12:15 pm	**Move to breakout rooms | Refer to locations, below**

Pacific Islands Health Research Symposium

Day 1 - Wednesday, 10th September

12:15-1:15 pm	**Parallel Oral Presentation Session 1**				
	Room 1 (Main Auditorium) *Non-Communicable Diseases* **Dr. Eunice Okyere & Dr Mudassar Roomi**	**Room 2 (B1106 & B1108)** *Communicable Diseases* **Chaired by Assoc Prof Hitin Lin Aung & Mr Atlesh Nand**	**Room 3 (B1107 & B1109)** *Health Systems & Policies* **Chaired by Dr. Gade Waqa & Dr. Rosalina Sa'aga Banuve**	**Room 4 (B1112)** *Women's Health* **Chaired by Dr. Kesaia Nawaqaliva & Dr Karaponi Qafa**	**Room 5 (B1110)** *Planetary Health* **Chaired by Mr Timoci Naivalulevu**
12:15-12:35pm	*Integrated Approach of the Tobacco Cessation Program at the Diabetes Centre for Better Outcomes in Diabetes Patients* *Dr. Momtaz Ahmed*	*Molecular epidemiology of Influenza A (H1N1pdm09 and H3N2) in Fiji (2013 – 2020)* *Mrs. Taina K Naivalu*	*Celebrating Research Excellence: Review of Research Outputs from Pacific Community's Public Health Division (2020–25)* *Dr. Berlin Kafoa*	*Infertility & assisted reproduction: perspectives from a Pacific diaspora.* *Dr. Zaramasina L Clark*	*Extreme Weather Events & Climate-Sensitive Diseases in the Pacific Region* *Ms Jessie Kingston*
12:35-12:55pm	*Patients' Perceptions on Factors that Affect Adherence to Diabetes Self-Care Management in the Ba Subdivision* *Dr. Kaajal Pooja Anil*	*Age stratified SARS Covid-19 Seroprevalence: Population Based Surveys* *Dr. Kitione Veitogavi*	*Te Poutoko Ora a Kiwa – Strengthening Pacific-led Research & Global Health* *Ahorangi Prof Sir Collin Tukuitonga & Ms Nalei Taufa*	*Congenital fetal Abnormalities and Preconception care.* *Dr. Nitik Ram*	*Engaging Pacific communities in Planetary Health action & Indigenous approaches to Free & Prior Informed Consent* *Mr Ponipate Baleinamau*
12:55-1:15pm	*Predictive Risk Factors & Diagnostic Indicators of Metabolic Syndrome Among Healthcare Professionals* *Dr. Mudassar Ali Roomi*	*Neutralisation capacity against SARS-CoV-2 Variants before and after booster vaccination in Fiji* *Dr. Anaseini Ratu*	*Pacific Island Families Study: Protocol for 25-year follow-up.* *Dr. Fa'asisila Savila*	*Evaluating the effect of intrapartum azithromycin to prevent infections in women and their infants in Fiji* *Dr. Stephanie Clark*	*Moisture Recycling and Water Security for Public Health Resilience* *Mr Yueyang Chen*
1:15-2:00 pm	**Lunch**				
2:00-3:00 pm	**Parallel Oral Presentation Session 2**				

Pacific Islands Health Research Symposium

Day 1 - Wednesday, 10th September

	Room 1 (Main Auditorium) *Non-Communicable Diseases* Chaired by Prof Judith McCool & Ms Etivina Lovo	Room 2 (B1107 & B1109) *Health System and Policies* Chaired by Dr. WIlliam May and Dr. Gade Waqa	Room 3 (B1107 & B1109) *Health Systems & Policies* Chaired by Dr. Silina Motofaga & Dr Jalal Mohammed	Room 4 (B1112) *Women's Health* Chaired by Dr. Adriu Naduva & Ms Avelina Rokoduru	Room 5 (B1110) *Planetary Health* Chaired by Dr. Aneley Getahun & Ms Taina Naivalu
2:00-2:20pm	*Is it selfish to look after yourself? Pacific self-care attitudes and practices for NCD prevention.* *Mr Asetoa Sam Pilisi*	*How are Pacific Islanders in Australia considered in diet related policy?* *Ms Aliyah Palu*	*Factors Affecting Implementation of the Vanuatu Guidelines for Health Promoting Schools in Shefa Province, Vanuatu* *Dr. Graham Patas*	*Understanding perceptions on feasibility of midwife-delivered care for hepatitis B during pregnancy in Vanuatu* *Ms Aleesha Kalulu*	*Age-stratified dengue seroprevalence in Fiji: 2024* *Mrs Venina Naigulevu*
2:20-2:40pm	*Sociological approach of non-communicable and cardiovascular diseases determinants in French Polynesia* *Dr. Philippe Biarez*	*Co-designing interventions for gout & rheumatic fever for Pacific in South Auckland, NZ* *Assoc Prof.Malakai 'Ofanoa*	*As the river flows: Developing a research protocol to explore home oxygen therapy in Fiji* *Dr. Shanjivan Padarath*	*Screening for Domestic Violence at the Nadi Maternity clinic-A Prospective 4-month study* *Dr. Lice Soraurau Vaniqi*	*Human leptospirosis in the central division of Fiji: a retrospective epidemiological study* *Mr Sakopo'Aonga-Ki-Vavau Vaka'uta*
2:40-3:00pm	*Caregivers of Amputees: a Pilot Study* *Ms Samsun Aiyub*	*Fijian iTaukei community's vision of healthcare during a pandemic: A talanoa of Covid-19 experiences* *Dr. Akisi Ravono*	*Fiji's National Oxygen Policy: Locally Led Innovation for Health System Strengthening* *Dr. Luke Nasedra*	*Improving Post-Discharge Care of Women with HDP-Review of CPG's & Divisional Hospital Consultations* *Dr. Bevlin Shen Ming*	*Seroprevalence and Risk Factors of Taenia Solium in Fiji,2024: Findings from PASS Fiji Project* *Ms Naina Cagi*
3:00-4:00pm	**Research Impacts Highlights Viewing & Presentations**				
4:00-4:30	**Afternoon Tea**				
4:30pm	**End of Day 1 | Followed by CMNHS Campus Tour**				

Pacific Islands Health Research Symposium

Day 2 - Thursday, 11th September

8:00-8:30 am	**Registration | Main Auditorium- FNU, Nasinu Campus**				
8:30-8:45 am	**Opening | Main Auditorium- FNU, Nasinu Campus** • **Devotion & Welcome -** MC: **Dr. Gade Waqa,** *Head of CPOND, Fiji Institute of Pacific Health Research (FIPHR), CMNHS, FNU* • **Overview of Day 2 Programme & Introduction of Keynote Speaker 2: Dr. Donald Wilson,** *Associate Dean Research CMNHS, Director of FIPHR, Chair of PIHRS Organising Committee*				
8:45-9:15 am	**Keynote Address 2 | Main Auditorium- FNU, Nasinu Campus** A Burgeoning AMR Problem in the Pacific - What are we doing wrong? **Dr. Sakiusa Baleivanualala** - *Department of Microbiology & Immunology, University of Otago, New Zealand & Department of Medical Lab Sciences, CMNHS, FNU*				
9:15-10:15 am	**Panel Discussion 2 | Main Auditorium- FNU, Nasinu Campus** Antimicrobial Resistance: What is a resilient health system? • Moderator: **Dr. William May** *(SMS, CMHS, FNU)* • Panellists: **Professor Phillip Hill** *(University of Otago),* **Professor James Ussher** *(University of Otago),* **Dr. Aneley Getahun** *(University of Melbourne)*				
10:15-10:40 am	**Morning Tea**				
10:40-12:00 pm	**Parallel Oral Presentation Session 3**				
	Room 1 (Main Auditorium) *Food and Nutrition* **Chaired by Dr Pragya Singh and Dr Viliami Puloka**	**Room 2 (B1106 & B1108))** *Communicable Diseases* **Chaired by Dr. Jane Greig & Ms Shivanjali Sharma**	**Room 3 (B1107 & B1109))** *Health Systems / Policies* **Chaired by Dr Berlin Kafoa & Prof El-Shadan Tatolo**	**Room 4 (B1112)** *Women's Health* **Chaired by Dr. Lucia Romani & Dr. Nano Gideon**	**Room 5 (B1110)** *Planetary Health* **Chaired by Dr Ramneek Goundar & Ms Jessie Kingston**
10:40-11:00 am	*Co-Designing Food Systems: Nutrition Policy for Equitable Cardiovascular Outcomes - Pacific & Māori Peoples* *Dr. Faasisila Savila*	*Lessons Learned from Establishing AMR Genomic Surveillance in Fiji* *Dr. Sakiusa Cabe Baleivanualala*	*Pacific Academy of Sciences: Harnessing the Knowledge of the Pacific* *Dr. Roannie Ng Shiu*	*Antenatal HIV, syphilis & hepatitis B screening & positivity in selected sites in Vanuatu* *Ms Aleesha Kalulu*	*Wind Power for Climate Mitigation and Health Resilience in Fiji's Outer Islands* *Mr Sumeet Kumar*

Pacific Islands Health Research Symposium

Day 2 - Thursday, 11th September

11:00-11:20 am	*Shaping Healthier Food Environments: Advancing Vegetable-Rich Diets in Fiji* *Mrs Ateca Kama*	*All hands-on deck: transdisciplinary research for tackling tuberculosis* *Assoc Prof Htin Lin Aung*	*Applying outbreak detection and response timeliness metrics to support system improvement – Vanuatu experience* *Ms Wendy Williams*	*Congenital Rubella Surveillance: A Health Systems Assessment and Retrospective Case Audit in Fiji and Solomon Is* *Dr. Ilisapeci Vereti & Mr T, Ryan Noorha*	*Exploring the Impact of Climate Change on Maternal and Child Health in Fiji - Participatory Workshop* *Ms Padma Wati Prasad*
11:20-11:40 am	*Excise increases targeting unhealthy foods in Tonga: Impact on household food acquisition, expenditure & calories* *Dr. Alice Hyun Min Kim*	*Emergence of azithromycin & ciprofloxacin non-susceptible genotype 4.2.2 S. Typhi in Fiji* *Mrs. Ashwini Vinod*	*Strengthening Local Health Research Capacity in Solomon Islands: Challenges, Opportunities, and Lessons Learned* *Ms Mary Elizaberth Ramosae*	*Consciousness of Women with GDM on Follow-up Care: Sigatoka Hospital, Fiji – A Qualitative study* *Ms Rohin Latchmi*	*Implementation of smart tools for improving water quality monitoring in South Tarawa, Kiribati* *Ms Maritaake Ione*
11:40-12:00 pm	**MOVE BACK TO THE MAIN AUDITORIUM FOR PANEL DISCUSSION 3**				
12:00-1:15 pm	**Panel Discussion 3 | Main Auditorium– FNU, Nasinu Campus** Planetary Health: Addressing the Environmental Determinants of Health • Moderator: Dr Donald Wilson *(CMNHS, FNU)* • Panellists: **Dr. Sivendra Michael** *(PS Environment & Climate Change, Fiji)*, **Mr Isoa Vakarewa** *(Country Manager-RISE Program-Fiji)*, **Mr Timoci Naivalulevu** *(WISH Pacific Manager)*				
1:15-2:00 pm	**Lunch**				

Pacific Islands Health Research Symposium

Day 2 - Thursday, 11th September

2.00-3.00 pm	**Parallel Oral Presentation Session 4**				
	Room 1 (Main Auditorium) *Food and Nutrition* Chaired by Dr. Fa'asisila Savila and Ms Ateca Kama	**Room 2 (B1106 & B1108)** *Child Health* Chaired by Assoc Professors Meru Sheel and Assoc Prof Joseph Kado	**Room 3 (B1107 & B1109)** *Medical Education* Chaired by Dr. Wiliam May and Asst Prof Raymond Keshwan	**Room 4 (B1112)** *Women's Health* Chaired by Dr. Zaramasina Clark & Dr Serene Shresta	**Room 5 (B1110)** *Planetary Health* Chaired by Dr. Joana Turaganiwai & Mr Isoa Vakarewa
2:00-2:20 pm	*Functional Spinach-Enriched Bread: Nutritional, Glycaemic, and Sensory Attributes.* *Mr Ritnesh Vishal Prasad*	*A Roadmap Towards: Multi-Sectoral Child Health Policy Framework, Cook Islands* *Dr. Seema Lal-Kumar*	*Optimising Research & super specialisation in LMICs for practising clinical academics in LMICs to formulate Health Policies* *Prof Alok Dubey*	*FNA Vs Trucut Biopsy in the Diagnosis of Breast Cancer* *Dr. Rahul Krishna Reddy*	*Perceptions on Rainwater Harvesting* *Mr Sharfraaz Khan*
2:20-2:40 pm	*Have Tonga's tax changes improved the food supply?* *Dr. Viliami Puloka*	*Does Fiji fit the criteria to switch to a two-dose pneumococcal conjugate vaccine schedule* *Dr. Stephanie Clark*	*Self-reported academic and professional misconduct among pre-clinical years medical students at Fiji National University* *Dr. Shanjivan Padarath*	*COVID-19 Pandemic and Diabetes Management among Women in Fiji: Concerns & Recommended Interventions.* *Dr. Eunice Okyere*	*Bacteriological Water Contamination Trends in Fiji* *Mr Sharfraaz Khan*
2:40-3:00 pm	*Pasifika adolescents' perceptions of their food environment: A talanoa and photovoice study* *Mr Timothy Low-wah*	*Translating Pneumococcal Vaccine Trial Result from Fiji into Global Policy* *Prof Fiona Russel*	*Virtual Interprofessional Simulation for Pacific Health Systems: A CMNHS Fiji Model for Policy-Ready Workforce Training* *Dr. Hemanth Tumkur Lakshmikantha*	*Māori and Pacific Women's Pre-diagnostic Experiences of Endometrial Cancer in , Auckland, New Zealand.* *Dr. Karaponi Okesene-Gafa*	*Water Quality, Climate Change: Impact on Oral Health* *Dr. Karan Bhargava*
3:00-3:30pm	**Afternoon Tea**				
3:30 pm	**End of Day 2 (followed by PIHRS Dinner at 7pm, Grand Pacific Hotel)**				

Pacific Islands Health Research Symposium

Day 3 - Friday, 12th September

8:00-8:30 am	**Registration | Main Auditorium- FNU, Nasinu Campus**
8:30-8:45 am	**Opening | Main Auditorium- FNU, Nasinu Campus** • Devotion & Welcome - *MC: Dr Kesaia Nawaqaliva* • Day 3 Overview and Introduction of Keynote – *Dr Donald Wilson*
8:45-9:15 am	**Keynote Address 3 | Main Auditorium- FNU, Nasinu Campus** The Pacific's NCD Problem - Where are the Opportunities for Traction? **Ahorangi Professor Sir Collin Tukuitonga** *Associate Dean Pacific & Co-Director, Centre for Pacific and Global Health. University of Auckland, New Zealand*
9:15-10:15 am	**Panel Discussion 4 | Main Auditorium- FNU, Nasinu Campus** NCD's in the Pacific – Are we on Track with Addressing Risk Factors? • Moderator: **Dr. Viliami Puloka** *(University of Otago)* • Panellists: **Dr. Ilisapeci Kubuabola,** *(Public Health Division, SPC),* **Dr. Gade Waqa** *(FIPHR/CMNHS/FNU),* **Ms Ateca Kama** *(MoH, Fiji)*
10:15-10:40 am	**Morning Tea**
10:40-12:00 pm	**Parallel Oral Presentation Session 5**

Pacific Islands Health Research Symposium

Day 3 - Friday, 12th September

	Room 1 (Main Auditorium) *Cancers* Chaired by Dr Mai Ling Perman	Room 2 (B1106 & B1108) *Communicable Diseases* Chaired by Dr. Anaseini Cama and Dr. Kesaia Nawaqaliva	Room 3 (B1107 & B1109) *Health Systems & Policies* Chaired by Dr. Samuel Ofanoa and Dr Sainimere Boladuadua	Room 4 (B1112) *RHD* Chaired by Assoc Prof Steve Howie and Dr. Amelita Mejia	Room 5 (B1110) *Surveillance* Chaired by Dr. Anaseini Ratu and Dr. Isikeli Newton.
10:40-11:00 am	*Cancer Diagnosis and Screening in Fiji: Urban vs Rural Disparities* *Dr. Neelam Hazoor Zaidi*	*Evaluation of national ivermectin-based mass drug administration program for scabies in Fiji* *Ms Melaia Liku*	*Evaluating the Impact of Standardized Health Reporting Templates in Fiji* *Ms Pauline Vosataki*	*Addressing rheumatic heart disease in the Pacific* *Dr. Joseph Kado*	*Launching an Online Community Surveillance System in Fiji- FluTracking* *Ms. Natasha Varea*
11:00-11:20 am	*Laboratory Confirmed Cancer at Lautoka Hospital* *Dr. Lalit Kumar*	*Pacific youth risk perceptions on Infectious diseases and social media – PRISM study* *Dr. Jason Tautasi*	*The Development of Human Research Ethics Committees in Fiji and the Pacific* *Ms Etivina Lovo*	*The Veituberi Approach Transforming RHD Through Patient Leadership and Lived Experience* *Ms Erini Kala*	*Strengthening disease surveillance in Vanuatu: Early insights from the e-Notification system pilot (October 2024 – June 2025)* *Ms. Wendy Williams*
11:20-11:40 am	*Cancer Control Workstream Design in Polynesia* *Ms Nalei Taufa*	*Tracomatous scarring,Herbert's pits(HPs) and pannus in Fiji adolescents* *Dr. Isikeli Newton*	*Community-Based Health Coaching for NCD Prevention: A Case Study in the Solomon Islands* *Mr Urijah Liligeto*	*Developments in secondary prophylaxis with benzathine penicillin G* *Dr. Joseph Kado*	*Enhanced Acute Febrile Illness Surveillance in Rural Fiji: A Pilot Study in Waidina Watershed* *Dr. Meru Sheel*
11:40-12:00 pm	MOVE BACK TO THE MAIN AUDITORIUM FOR PANEL DISCUSSION 5				
12:15-1:15 pm	**Panel Discussion 5 | Main Auditorium– FNU, Nasinu Campus** Mental Health and Illicit Drug Use • Moderator: **Professor Simon Bishop** (SPHPC, CMNHS, FNU) • Panellist: **Dr. Kartika Gounder** *(SMS, CMNHS, FNU)*, **Dr. Etu Ma'u** *(University of Auckland, NZ)*, **Ms Anaseini Petueli** *(Clinical Supervisor/ Senior Counsellor, Empower Pacific)*				
1:15-2:00 pm	**Lunch**				

Pacific Islands Health Research Symposium

Day 3 - Friday, 12th September

2:00-3:00pm	**Parallel Oral Presentation Session 6**			
	Room 1 (Main Auditorium) *Mental Health* Chaired by Dr. Kartika Gounder and Dr. Shanita Sen	**Room 2 (B1106 & B1108)** *Nursing Education* Chaired by Dr. Akisi Ravono and Dr. Keresi Bako	**Room 3 (B1107 & B1109)** *Health Systems and Policies* Chaired by Prof El-Shadan Tatolo and Dr. Hemanth L	**Room 4 (B1112)** *NCD* Chaired by Dr Manueli Kavika and Dr. Filimoni Raikanikoda
2:00-2:20 pm	*Dementia prevention potential in the Pacific* *Dr. Etuini Ma'u*	*Facilitators and barriers in the transition of Newly Graduated Nurses (NGNs)* *Ms Samsun Nisha Ayub*	*Uncovering ethnic and other variations in drowning mortality in Fiji during 2016-2022* *Dr. Serene Shrestha*	*Role of FBOs on the prevention of cardiovascular diseases in Solomon Islands: Qualitative Study* *Mr Alfred Sione*
2:20-2:40 pm	*Pacific Mental Health Series: Samoa, Tonga, Tokelau, Niue* *Ms Dantzel Tiakia*	*Enhancing Blood Culture Collection Practices Amongst Medical Interns at Colonial War - Fiji Memorial Hospital,* *Ms Ilisapeci Nabose*	*Electronic Nicotine Delivery Systems (ENDS) in Samoa: A Threat to Public Health* *Dr. Ralphen Viane*	*Factors Affecting Health Seeking Behavior of Diabetic and Hypertensive Patients in Solomon Islands* *Mr Arnold Larua Nguduamae*
2:40-3:00 pm		*Theory-Practice Gap: Challenges Experienced by Senior Nurses while supervising Newly Graduated Nurses During Transition* *Ms Vani Rainima*	*DFS disease burden on surgical services at Lautoka Hospital* *Dr. Rahul Krishna Reddy*	*Difficult deaths, unfinished mourning: The experiences of Fijian frontline healthcare workers during and after COVID-19* *Dr Sharon McLennan*
3:00-3:30 pm	**Afternoon Tea**			
4.30 pm	**Closing Ceremony | Main Auditorium- FNU, Nasinu Campus** • **Welcome:** (MC: FIPHR-CMNHS, FNU) • **Awards Presentation:** • **Token of Appreciation Presentation:** • **Closing Remarks: Dr. Donald Wilson,** *Chair, PIHRS 2025 Organising Committee*			

Parallel Oral Presentation Session 1

Room 1 Main Auditorium | Wednesday, 12:15 - 1:15pm

NON-COMMUNICABLE DISEASES | Chaired by Dr Eunice Okyere & Dr Mudassar Roomi

Integrated Approach of the Tobacco Cessation Program at the Diabetes Centre

Dr Momtaz Ahmed – Fiji National University

IIntroduction: Smoking among people with diabetes significantly increases health risks. It is associated with poor glycaemic control, elevated cardiovascular and peripheral vascular disease risks, and higher rates of morbidity and mortality. To reduce these complications, it is essential for diabetes patients who smoke to participate in structured smoking cessation programs. Objective: The aim of this study was to evaluate changes in glycaemic control, cardiovascular risk, and peripheral vascular outcomes in diabetes patients before and after enrolment in a smoking cessation program. Method: An observational study was conducted at the Diabetes Centre in Suva, Fiji, with a sample of 50 diabetes patients who were current smokers and motivated to quit. Participants were enrolled in a structured smoking cessation program based on the 5A's strategy (Ask, Advise, Assess, Assist, and Arrange). For patients not ready to quit, the 5Rs approach (Relevance, Risks, Rewards, Roadblocks, and Repetition) was applied to enhance motivation. Nicotine dependence was assessed using the Fagerstrom test. Nicotine replacement therapy (NRT) was prescribed for patients with moderate to severe dependence, while patients with low dependence were encouraged to use the 4D's strategy (Drink water, Deep breathing, Delay, Do something else) to manage cravings. Results: Of the 50 participants, 50% successfully quit smoking, 20% reduced smoking, and 30% did not quit. Among those who quit, 10% relapsed during follow-up. Patients who completely quit smoking showed improved glycaemic control and reduced cardiovascular risk compared with those who continued smoking or only reduced consumption. Conclusion: Smoking cessation is critical for people with diabetes, as quitting contributes to improved glycaemic control, lower cardiovascular risk, and reduced morbidity and mortality. Enrolling all diabetes patients who smoke in structured cessation programs can yield significant health benefits.

Patients' Perceptions on Factors that Affect Adherence to Diabetes Self-Care Management in the Ba Subdivision

Dr Kaajal Pooja Anil – Fiji National University

Introduction: Diabetes contributes to the highest percentage of mortality and morbidity in Fiji. DSCAs are considered an important element in managing diabetes and improving quality of life. Objectives The objectives of this study were to explore the knowledge, attitudes and perceptions of patients with T2DM on self-care management; identify factors that influence behaviour patterns; and identify strategies to improve adherence. Methods: This study used a descriptive, qualitative and inductive approach. Participants were recruited, and in-depth interviews were conducted. Thematic analysis was used to analyse data. Results: Three main themes emerged from the study. Varying levels of knowledge and attitudes exist amongst the Ba population towards diabetes self-care management. While most participants had a good knowledge of dietary compliance, physical activity and glucose monitoring being part of self-care, most participants did not know that foot-care was also a component of self-care. The main factors perceived as challenges and barriers by the participants were inaccessibility, unavailability and unaffordability of resources; cultural, religious and social influences; and psychological factors. Having a good support system, a positive relationship between the healthcare workers and patients, and being self-efficient were perceived as factors that facilitated adherence to diabetes self-care management. Conclusion: This study found varying levels of knowledge that exist amongst the participants regarding T2DM and DSCM. The barriers, challenges and facilitating factors, as identified by the participants, also provide a guide to areas that can be focused on during health promotional activities and interventions.

Predictive Risk Factors and Diagnostic Indicators of Metabolic Syndrome Among Healthcare Professionals: A Cross-Sectional Analysis

Dr Mudassar Ali Roomi

Introduction: Metabolic syndrome (MetS) is a cluster of risk factors predisposing individuals to type 2 diabetes and cardiovascular disease. Objectives: This study aimed to assess associations between lifestyle, anthropometric, and psychological variables with MetS and to evaluate the diagnostic potential of selected biomarkers. Methods: A cross-sectional study was conducted among 115 faculty members aged 30–60 years at Allama Iqbal Medical College and Jinnah Hospital Lahore from December 2022 to July 2023. Data on sociodemographics, clinical parameters, anxiety/depression (HADS), and lifestyle habits were analysed. MetS was defined using ATP III criteria. Binary logistic regression and ROC curve analysis were used to identify independent predictors. Findings: Significant associations were found between MetS components and gender, age, smoking, physical activity, sleep, and work hours. Increased triglycerides and blood pressure were more common in males, while reduced HDL was associated with longer work hours and shorter sleep duration. Anxiety and depression were present in 40% and 20% of participants, respectively. ROC analysis revealed the following Area Under the Curve (AUC) values: TG/HDL ratio: 0.831 (best predictor); Fasting triglyceride: 0.777; Fasting glucose: 0.738; Waist-to-height ratio: 0.703. Youden's Index was highest for the waist-to-height ratio (0.52), with a cut-off of 0.58. Conclusion: Multiple modifiable and non-modifiable risk factors are independently associated with metabolic syndrome among healthcare professionals. TG/HDL ratio and waist-to-height ratio emerged as promising screening tools for early detection, warranting their consideration in preventive strategies.

Parallel Oral Presentation Session 1

Room 2 (B1106 & B1108) | Wednesday, 12:15 - 1:15pm

COMMUNICABLE DISEASES | Chaired by Assoc Prof Hitin Lin Aung & Mr Atlesh Nand

Molecular epidemiology of Influenza A (H1N1pdm09 and H3N2) in Fiji (2013 – 2020)

Ms Taina Kanaiwaqa Naivalu

IIntroduction: Influenza viruses have remained a major global health threat since the 1918 pandemic, which caused an estimated 50 million deaths. Today, seasonal influenza viruses continue to infect around one billion people annually, resulting in 290,000–650,000 deaths worldwide. Despite their geographic isolation, Pacific Island Countries and Territories (PICTs) remain vulnerable to influenza virus transmission. In particular, Fiji's increasing international air traffic and its role as a regional transit hub may facilitate the spread of viruses throughout the Pacific. Method: We examined the molecular epidemiology of influenza A virus subtypes H1N1pdm09 and H3N2 circulating in Fiji between 2013 and 2020. A total of 391 influenza A positive nasopharyngeal swabs were sequenced at the New Zealand Institute of Public Health and Forensic Science, of which 344 generated high-quality genomic data suitable for phylogenetic analysis. Results: Phylogenetic analyses revealed that the evolution of Fijian viruses closely tracked global patterns, indicating strong connections to the wider influenza viral transmission network. Influenza seasonality in Fiji was found to be unpredictable and showed no consistent association with monthly visitor arrivals, temperature, or relative humidity. The recurrent detection of multiple clades within a single year provided evidence of repeated viral introductions rather than sustained local transmission. Together, these findings demonstrate that influenza virus diversity in Fiji is primarily shaped by continual introductions from multiple global sources. Conclusion: Strengthened genomic surveillance across Pacific Island nations is essential to enable earlier detection, guide targeted public health interventions, and improve preparedness for future influenza epidemics and pandemics.

Age-stratified SARS Covid-19 Seroprevalence: Population-Based Surveys

Dr Kitione Veitogavi

Introduction: Age-stratified SARS-CoV-2 Seroprevalence: Population-Based Background Despite high COVID-19 vaccine coverage in Fiji, limited data existed on true SARS-CoV-2 infection rates and neutralising antibody responses in the community. This study aimed to estimate population-level seroprevalence and neutralisation capacity through two national surveys conducted in 2023–2024. Method: A serial cross-sectional design was used. In Survey 1 (July 2023), 2,000 participants were recruited across 50 randomly selected enumeration areas using two-staged sampling. EuroImmun IgG ELISA was used to assess seropositivity, and positive samples were tested for neutralising antibodies using the GenScript cPass assay. A random subsample underwent variant-specific neutralisation testing (Delta, Omicron). Survey 2 (March 2024) used the same enumeration areas but focused on neutralising antibodies only, excluding IgG screening due to high seropositivity in Survey 1. Results: IgG seroprevalence in Survey 1 was extremely high (98%), indicating widespread prior exposure or vaccination. Neutralising antibodies were also present at high levels, with variation observed across age and ethnicity groups. Due to near-universal seropositivity, Survey 2 excluded initial screening. However, the absence of paired neutralisation testing in Survey 2 limited comparative analysis over time. Conclusion: The PASS Fiji study provides the first population-based estimates of neutralising antibody responses post-pandemic. High baseline immunity was evident, supporting the effectiveness of prior vaccine campaigns and natural exposure. Future work should include longitudinal follow-up and symptom burden assessment.

Neutralisation capacity against SARS-CoV-2 Variants before and after booster vaccination in Fiji

Dr Anaseini Ratu

Introduction: Existing evidence on the immunogenicity of COVID-19 vaccine boosters suggests that hybrid immunity influences immune responses to variants of SARS-CoV-2 differentially across settings. Data from the Pacific is lacking and shows divergent results. A study was conducted to determine neutralising antibody responses to SARS-CoV-2 variants following receipt of a vaccine booster dose in Fiji. Methods: A prospective cohort of 406 healthcare workers in the central division was studied, with serum samples collected at baseline and six follow-up periods over six months following the third dose of vaccine. Surrogate virus neutralisation was assessed for ancestral, delta and omicron (BA.2) variants at baseline and follow-up. Median neutralisation at baseline and follow-up was compared by demographic characteristics. Findings: In the 321 (79.1%) healthcare workers followed up, baseline neutralisation of ancestral variant was high (median 97.2%) and peaked at first month post vaccination (median 98.5%) before declining from four months on (median 92.7% at six months). Neutralisation of delta and omicron variants (n=86) was high at baseline and remained unchanged for delta but improved significantly for omicron variants (p<0.001). Seroneutralisation for all three variants tested showed positive neutralisation (>30%), indicating enduring protection throughout follow-up. Conclusion: Hybrid immunity produced high neutralisation capacity for SARS-CoV-2 variants amongst Fijian health workers at 12 months post-primary schedules. Third doses improved responses marginally for SARS-CoV-2 variants in this highly exposed population.

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Parallel Oral Presentation Session 1

Room 3 (B1107 & B1109) | Wednesday, 12:15 - 1:15pm

HEALTH SYSTEMS & POLICIES | Chaired by Dr Gade Waqa & Dr Rosalina Banuve

Title: Celebrating Research Excellence: Review of Research Outputs from Pacific Community's Public Health Division (2020–2025)

Dr Berlin Kafoa

Over the past six years, the Pacific Community's (SPC) Public Health Division has demonstrated a strong commitment to advancing public health research, producing 73 peer-reviewed publications across diverse thematic areas. This body of work reflects the strategic priorities and collaborative efforts of regional programmes, including Non-Communicable Diseases (NCD), Surveillance, Preparedness & Response (SPRP), Clinical Services (CSP), Laboratory Services (LSP), and Health Integration and Innovation (HIIP). Collectively, these efforts contribute to population well-being by informing evidence-based policy and improving health service delivery across Pacific Island Countries and Territories (PICTs). The NCD Programme led with 32 publications, advancing knowledge on diabetes, obesity, food systems governance, and youth engagement. The SPRP contributed 18 publications on infectious disease surveillance, COVID-19 response, and One Health approaches, reinforcing regional preparedness and communicable disease control. CSP produced 16 publications highlighting emergency care resilience, gendered experiences during the pandemic, and biomedical workforce mapping, offering direct implications for health systems and service delivery. Additional contributions included research in Planetary Health from HIIP, which examined the health impacts of climate change, underscoring the urgency of climate-health action in the Pacific. Research from the LSP advanced laboratory strengthening, supporting diagnostic capacity and surveillance systems critical to health security. These outputs were disseminated across 35 journals, with the Lancet Regional Health – Western Pacific most frequently featured, reflecting the region's growing engagement in high-quality, multidisciplinary and policy-relevant research. This synthesis showcases SPC's evolving public health research landscape, its responsiveness to emerging health challenges, and its leadership in shaping Pacific-specific, evidence-informed policies and practices. Findings underscore the importance of sustained investment in research excellence, stronger regional collaboration and capacity building to address complex health challenges and improve service delivery in the Pacific.

Title: Te Poutoko Ora a Kiwa – Strengthening Pacific-led Research and Global Health

Ahorangi Prof Sir Collin Tukuitonga & Ms Nalei Taufa

Introduction: Pacific peoples face a high burden of non-communicable diseases, rising mental health needs, infectious diseases, and climate-related health threats. Established just over two years ago at Waipapa Taumata Rau, University of Auckland, Te Poutoko Ora a Kiwa – Centre for Pacific and Global Health – was created to re-position Pacific leadership, values, and partnerships at the centre of global health research. Objectives This presentation provides an update on Te Poutoko's mission to: (1) build research excellence across NCDs, infectious diseases, climate and health, and child, youth, and maternal health; (2) strengthen the Pacific research workforce; (3) embed Pacific values, talanoa, and data sovereignty into design; and (4) shape health policy and systems through partnerships. Method: Our approach integrates authentic partnerships, co-design, and transdisciplinary collaboration. We work with Pacific Ministries of Health, WHO, SPC, CAPRI, and the Pacific Academy of Sciences to ensure impact and ownership. Results: In two years, Te Poutoko has delivered multi-country Pacific Mental Health Surveys, designed cancer control workstreams across six Polynesian nations, advanced climate-health research, including the global "Cool Roofs" project, and launched youth-led infectious disease research through Te Niwha. Conclusion: In just over two years, Te Poutoko has become a growing hub for Pacific-led health research, policy influence, and capacity building—shaping resilient, equitable futures for Pacific communities.

Pacific Island Families Study: Protocol for 25-year follow-up.

Dr. Fa'asisila Savila

Introduction: From birth, many young Pacific people experience a disproportionately high burden of psychological distress, metabolic diseases, and socioeconomic disparities within education and employment, which contribute to significant health inequalities. Further research is needed to understand the drivers which influence these outcomes. Objectives: The presentation provides a comprehensive overview of the quantitative component of the Pacific Island Families Study: Ala mo Tupulaga Pasifika Aotearoa (PIF: ATP; Life Course Trajectories for Young Pacific in Aotearoa), the latest follow-up of the longitudinal PIF birth cohort study. Methods: The PIF study is a multidisciplinary longitudinal study that tracks the health and development of 1,398 Pacific children born in 2000 at Middlemore Hospital, Auckland, New Zealand. Data collection occurred at ten time points from infancy through young adulthood, with this assessment phase at ages 25–26 years, which aims to reach at least 750 participants. Physical measurements such as blood pressure and lipid screening will be undertaken. Additionally, self-reported data will be collected on psychological, nutritional and metabolic, and economic well-being. Results: Data collection is scheduled to commence in July 2025 and conclude by December 2026. The first set of results and analysis is expected to be published from December 2027 onward. Conclusion: With 25 years of longitudinal data and extensive expertise in life course research, this phase is uniquely positioned to address key issues identified by Pacific communities and generate evidence to inform meaningful interventions and guide policy development while providing robust, contemporary, high-quality empirical evidence.

Parallel Oral Presentation Session 1

Room 4 (B1112) | Wednesday, 12:15 - 1:15pm

WOMEN'S HEALTH | Chaired by Dr Kesaia Nawaqaliva & Dr Karaponi Gafa

Infertility & assisted reproduction: perspectives from a Pacific diaspora.

Dr Zaramasina L. Clark

Introduction: Mirroring global trends, fertility rates in Aotearoa New Zealand (NZ), home to one of the largest Pacific diasporic populations, are in decline. Infertility is also increasing in Pacific communities in Aotearoa NZ, yet these communities access assisted reproductive technologies (ART) and fertility services at the lowest rates. This disparity highlights that infertility is a complex, culturally-nuanced health issue and that Pacific peoples' access to ART may represent an emerging health inequity. Methods & Findings: Guided by Pacific epistemological frameworks, we facilitated talanoa (N=18) to explore Pacific peoples experiences of infertility and accessing ART services in Aotearoa NZ. Participants' intrinsic desire for children not only influenced decisions around whether to access ART, but also allowed them to endure the challenges they faced whilst experiencing infertility. For some, family support and religion emerged as central enablers for ART access. However for others, religious and cultural beliefs sat in direct opposition to ART, and so family and religion were the greatest barriers to accessing ART. Moreover, participants who had accessed ART reported differences in clinical care, highlighting a gap in standardised and culturally-competent clinical fertility services. Conclusion: These insights allow us to identify opportunities to better support Pacific peoples experiencing infertility and accessing ART, but are specific to the unique sociocultural and healthcare context of Aotearoa NZ. However, they may also signal an emerging but unmet need for fertility services in the wider Pacific region. This research was support by a Health Research Council of New Zealand - Pacific Project Grant (23/348) awarded to ZLC and EF.

Congenital fetal Abnormalities and Preconception care

Dr Nitik Ram

Introduction: Congenital anomalies (CA) are a major contributor to perinatal mortality, with 94% occurring in low- and middle-income countries. In Fiji, WHO and national perinatal mortality reports show an increasing proportion of infant deaths due to CA, despite high antenatal attendance at the Colonial War Memorial Hospital (CWMH). Methods: A mixed-method study will be conducted in two phases. Retrospective audit (January 2020–December 2024): Review of all cases of CA, including stillbirths, neonatal deaths, and live births at CWMH, to determine incidence, types, risk factors, diagnostic timing, management, and outcomes. Prospective study (July–December 2025): Facility audit of preconception services, questionnaires to 150 healthcare providers (doctors, nurses, midwives) and 50 antenatal patients, and in-depth interviews with 30 mothers diagnosed with CA in pregnancy. Quantitative data will be analysed using SPSS with descriptive statistics and logistic regression; qualitative data will undergo thematic analysis. Findings: Findings will address critical data gaps on CA in Fiji, informing the development of locally tailored preconception care guidelines, ultrasound training models, and multidisciplinary management protocols. Improved early detection and preventive strategies, including timely folic acid supplementation, are expected to reduce CA. Conclusion: This study will generate baseline epidemiological and service delivery data essential for strengthening maternal–foetal health services in Fiji. Outcomes will guide policy, resource allocation, and training initiatives to improve CA prevention, detection, and management.

Evaluating the effect of intrapartum azithromycin to prevent infections in women and their infants in Fiji.

Dr Stephanie Clark

Introduction: Intrapartum azithromycin reduces perinatal infections, but there are limited data from different epidemiological settings. Here, we determine the effect of intrapartum azithromycin on the cumulative incidence of infant skin and soft-tissue infections(SSTIs), maternal and infant infections, chorioamnionitis and maternal Group B Streptococcus(GBS) colonisation. Method: Healthy pregnant women in labour and their infants were enrolled in a blinded randomised controlled trial (June 2019-January 2022) in Fiji. Participants received either 2g oral azithromycin or a placebo with 12 12-month follow-up. Results: Maternal rectovaginal swabs and placentas were collected. 2110 women and 2122 infants were enrolled. One-week post-delivery, saw reduction in maternal infections(Risk Ratio (RR) 0.3; 95%CI 0.13-0.71, P=0.006) and infant infections in azithromycin group at three-months(RR 0.79; 95%CI 0.63-0.99, P=0.038), but not SSTIs(RR 0.73; 95%CI 0.51-1.06, P=0.094). No differences in chorioamnionitis(adjusted RR(aRR) 1.07; 95%CI 0.95-1.22, P=0.27), severe chorioamnionitis (aRR 0.90; 95%CI: 0.73-1.12, P=0.35), or foetal components(aRR 0.92; 95%CI: 0.78-1.08, P=0.31) were seen between groups. Conclusion: A reduction in colonisation in azithromycin group one-week postpartum(2.8%) but not placebo group(24.3%)(RR 0.11; 95%CI 0.05–0.26, P<0.001). Intrapartum azithromycin prevents postpartum maternal infections and reduces maternal GBS colonisation initially postpartum.

Parallel Oral Presentation Session 1

Room 5 (B1110) | Wednesday, 12:15 - 1:15pm

PLANETARY HEALTH | Chaired by Professor Collin Tukuitonga & Mr Timoci Naivalulevu

Extreme Weather Events & Climate-Sensitive Diseases in the Pacific Region

Ms Jessie Kingston

Introduction: Climate change is amplifying health risks in Pacific Island countries, with extreme weather events (EWEs), such as cyclones, floods and droughts, contributing to more regular and severe disease outbreaks. Objectives: This study examines potential temporal associations between EWEs and trends in climate-sensitive diseases in Fiji, Kiribati and Vanuatu, using 2010-2019 syndromic surveillance data to support public health preparedness. Methods: A retrospective descriptive, ecological study design was used to examine temporal associations between EWEs and weekly national syndromic case counts across three Pacific Island countries. Data were sourced from the Pacific Syndromic Surveillance System and the Emergency Events Database. Descriptive analysis compared weekly disease trends during EWE and non-EWE periods across five monitored syndromes: diarrhoea, influenza-like illness (ILI), dengue-like illness (DLI), acute fever and rash (AFR), and prolonged fever (PF). Findings: Temporal increases in diarrhoea and ILI cases were frequently observed following cyclones and floods, particularly in Fiji and Kiribati. Vanuatu also showed diarrhoea trends post-cyclone, though less consistently. PF and DLI trends generally aligned with seasonal rainfall rather than specific EWEs, while AFR displayed variable trends. Data completeness and reporting fluctuations limit the ability to determine consistent patterns across all EWEs. Conclusion: While statistical inference was not feasible, findings suggest potential temporal patterns between certain EWEs, particularly cyclones and floods, and increases in diarrhoea and ILI. Limitations in data granularity and completeness underscore the need to strengthen surveillance and integrate health, weather, and climate data to enhance early warning systems and public health responses in the Pacific.

Engaging Pacific communities in Planetary Health action through Indigenous approaches to Free and Prior Informed Consent

Mr Ponipate Baleinamau

Introduction: Planetary Health must be localised and integrated with local cultures and approaches to resonate and be successful. Remaining with a Western scientific approach will limit the impact of Planetary Health. We describe an Indigenous approach to community engagement in Planetary Health action implemented in Fiji. Methods: The Watershed Interventions for Systems Health in Fiji (WISH Fiji) project addresses multiple drivers of ill-health affecting people and the environment. It integrates ecosystem-based approaches to enhance water safety and reduce waterborne disease risks. The study assesses the impact of participatory watershed interventions on water, sanitation, and health outcomes in rural Fiji. To ensure ethical engagement, the study co-designed a culturally tailored a 3 stage consultative dialogue process of Free, Prior, and Informed Consent (FPIC) framework with the Ministry of iTaukei Affairs, implemented over five months in 29 selected communities through a participatory process involving government partner: Ministry of ITaukei Affairs (MoIA), iTaukei Affairs Board (iTAB), Ministry of Rural and Maritime Development (MRMD), Ministry of Health and Medical Services (MOHMS), Ministry of Fisheries and Forestry (MFF), Ministry of Agriculture and Water Ways (MoA), Water Authority of Fiji (WAF), Department of Sewage (DWS). Results: Consent was granted from 311 households across 29 communities through structured, clear and comprehensive information of the project from household, community, and landscape levels. Existing Pacific Island customary governance mechanisms were leveraged for deep engagement with the project. Through community consultations, key risks were identified and communicated to community water and resource management committees, leading to locally driven water and sanitation safety plans. The FPIC process ensured inclusive decision-making through separate consultations with men, women, elders, and youth. Qualitative data collection was conducted through a 3-stage dialogue. Discussion: All 29 selected communities had consented to the project with "Yes, with a condition". The project ensured that these "conditions" were met through additional funding for intervention and brokering with the government to provide value-added support to communities. Conclusion: Through culturally grounded consent approaches, Planetary Health in the Pacific can integrate customary governance and scientific assessment to strengthen community-driven action. Designing and delivering Planetary Health interventions requires a respectful, engaged partnership with local communities and Indigenous approaches.

Moisture Recycling and Water Security for Public Health Resilience

Mr Yueyang Chen

Introduction: Water is a fundamental determinant of health, yet its availability is increasingly shaped by atmospheric processes that extend beyond local hydrological systems. Moisture recycling, known as the return of terrestrial evapotranspiration to the atmosphere and its subsequent contribution to regional rainfall, is a critical but often overlooked component of water security. This process directly influences the reliability of freshwater resources that underpin drinking water, sanitation and hygiene (WASH), food production, and disease control. This paper explores the relevance of moisture recycling for public health, drawing on case insights from the Sudd Wetland in South Sudan while reflecting on broader implications for Pacific Island nations. Method: Using a combination of reanalysis datasets (ERA5) and the Water Accounting Model-2layers (WAM-2layers), we demonstrate how changes in moisture recycling affect rainfall distribution, with downstream consequences for water availability and agricultural productivity. Such shifts can heighten vulnerability to waterborne diseases, malnutrition, and health service disruptions, especially in regions dependent on rain-fed systems. Results: Integrating atmospheric moisture dynamics into health and climate policy can enhance resilience planning. In particular, linking moisture recycling science with initiatives on climate-resilient and environmentally sustainable health care facilities provides a pathway to strengthen WASH, reduce disease risks, and improve adaptive capacity. Conclusion: This presentation argues for greater interdisciplinary collaboration between climate science and public health to secure sustainable water futures in the face of climate change.

Parallel Oral Presentation Session 2
Room 1 Main Auditorium | Wednesday, 2:00 - 3:00 pm
NON-COMMUNICABLE DISEASES | Chaired by Prof Judith Cool & Ms Etivina Lovo

Is it selfish to look after yourself? Pacific self-care attitudes and practices for NCD prevention

Mr Asetoa Sam Pilisi

Introduction: Pacific peoples in New Zealand and across the Pacific region experience disproportionately high rates of non-communicable diseases (NCDs). While these conditions are typically addressed through biomedical Interventions and health promotion, limited research has examined culturally grounded self-care practices among Pacific populations as a preventive strategy. Objectives: Understanding how Pacific individuals and communities conceptualise and enact self-care is vital fordeveloping more effective, sustainable NCD prevention approaches.Methods: This mixed-methods study used an online survey and Talanoa focus groups to explore wellbeing andself-care among NZ-born Pacific people aged 18–65. A community co-design approach was employed, with a steering group ensuring Pacific worldviews and lived experiences informed all aspects of the study. Participants were recruited via non-probability purposive sampling through social media. Results: 1092 survey participants and 68 focus group participants were recruited. Findings strongly support the importance of self-care, though balancing it with collective responsibilities is complex for many Pacific people. Often framed in Western contexts as individualistic and clinical, self-care for Pacific peoples may also involve obligations to family, faith, and community—factors that can both support and hinder personal health behaviours. Conclusion: This research provides insights for enhancing community-led NCD prevention. Embedding community-driven self-care values into public health planning may improve Pacific health outcomes, elevate community voices, and ensure NCD strategies are both clinically sound and culturally relevant.

Sociological approach of non-communicable and cardiovascular diseases determinants in French Polynesia

Dr Philippe Biarez

Introduction: To update the prevalence of NCD's risk factors, French Polynesia conducted its third STEPS survey in early 2025.The cultural and social determinants of NCD's risk factors, as well as the attitudes of health staff, have been rarely studied. This can be a source of inefficiency in prevention programs.Objectives: Describe the representations, attitudes and practices of French Polynesia population with regard toNCD's risk factors, and identify the drivers on which it is possible to act. Describe the attitudes of professionals,and suggest improvements of their practices. Propose to other PIC's a qualitative study model for NCD's riskfactors surveys.Methods: Qualitative sociological study combining semi-directive interviews, focus groups and non-participatory observation,among STEP survey cohort classified into varied subgroups, and prevention program staff.Sociological sampling model built to reach a diversity in representations and practices. Sample size determined by data saturation, defined as a regular repetition of similar outputs.Start of study June 2025, partial results August 2026, final results December 2026.Findings:The results will enable to identify and analyze the symbolic, relational, and material barriers and drivers influencingNCD's related behaviors. Taking into account the results and scientific literature, the discussion will identify factors that can be acted upon.The main limitations of the study are its non-statistically representative design, and a possible cultural bias due to the Western background of research team.Conclusion: By examining the social, cultural, and structural influences on health-related behaviors, this research could improve the relevance of public health strategies.

Caregivers of Amputees: a Pilot Study

Ms Samsun Aiyub

Introduction: The common cause of disability is due to lower limb amputation (LLA), and the principal etiological factor is diabetes. An individual's functioning and disability are induced by LLA, causing physical, psychological and emotional dysfunction, requiring caregiver support for general healthcare. Caregivers play an important role in the life of an amputee. This study aimed to explore the experiences of caregivers of amputees. Methods: A qualitative, phenomenological approach was used to explore the experiences of caregivers of amputees within the Suva area in Fiji. This pilot study employed one-on-one interviews after approval from the College Human Health Research Ethics Committee (CHHREC), and information about the amputee and their relatives was sought after approval from the DON of CWM hospital. Researchers derived the addresses for the amputees and their relatives who were contacted using the mobile phone contact given in the register. A relative of an amputee was interviewed for this pilot project. The interview was conducted in the Hindi Language and later translated into English. Findings: Four themes were derived from the thematic analysis. The relative of the patient felt sad and frustrated about the change in responsibilities; she had neglected her self-care, had very little knowledge and lacked competence in caring for an amputee. One interview was possible, which highlighted the need for support in caregiving and financial and psychological to the people who care for their relatives with an amputation.

Parallel Oral Presentation Session 2

Room 2 (B1106 & B1108) | Wednesday 2:00 - 3:00 pm

HEALTH SYSTEMS & POLICIES | Chaired by Dr William May & Gade Waqa

How are Pacific Islanders in Australia considered in diet-related policy?

Ms Aliyah Palu

Introduction: Despite the Pacific Islander population numbers in Australia consistently growing over the last 25 years, Pacific Islanders face a disproportionate burden of diet-related disease. This study aimed to understand the extent to which Australian government diet-related documents identified and addressed Pacific Islander nutrition needs. Method: This study reviewed current diet-related documents (e.g. policies, strategies and acts) from local, state and federal Australian government websites to identify documents which explicitly mention people from Pacific Island countries. We assessed the documents using the Fonofale model, which is a Pacific Islander tailored holistic health approach that uses the metaphor of a fale (house), emphasising the interwoven link between culture and health. Each structural component of the house represents a key health factor such as family, physical, spiritual, mental and other health aspects and culture. Results: In total, 54 diet-related government documents were identified. Three explicitly mentioned 'Pacific Islanders': one Federal guideline, one State framework, and one Local Health District plan. Pacific Islanders were mentioned in terms of weight loss (BMI), labour schemes, and identified as an at-risk ethnicity for NCDs. All three policies incorporated aspects of physical and mental health outlined in the Fonofale model. However, none of the policies addressed all the aspects of the Fonofale model. Discussion: There are considerable opportunities to better incorporate diet-related policies in Australia to support Pacific Islander health. Any future diet-related policies should be written in collaboration with Pacific Islander communities and consider the holistic, intertwined nature of health in Pacific culture.

Co-designing interventions for gout and rheumatic fever for Pacific communities in South Auckland, New Zealand

Assoc Prof Malakai 'Ofanoa

Introduction: Research and interventions co-designed by Pacific people, for Pacific people, are critical to achieving health equity in Aotearoa, New Zealand. A collaboration between Pacific community members, health professionals working in South Auckland, and Pacific University of Auckland researchers identified two health priorities that needed more research and community-led approaches: gout and rheumatic fever. Objectives: To co-design, implement and evaluate interventions for Pacific communities related to gout and rheumatic fever. Methods: The theoretical framework used in this research was the Fa'afaletui model. A series of co-design workshops were undertaken with the community and health professional groups to critically discuss existing interventions and start brainstorming new, innovative approaches. Interventions were prioritised by feasibility, cost, and impact. A panel of national Māori, Pacific and clinical experts provided advice on the interventions. Findings: The community and health professional groups co-designed Pacific educational gout resources in the form of a short video, to be used in general practice settings, and accompanying brochures. All resources will be available in English, Samoan, Tongan, Cook Islands Māori, Fijian, Niuean and Tuvaluan. An evaluation study is underway to test the effectiveness of these resources on the understanding of gout. Simultaneously, the groups are currently designing a Pacific-led social media approach for rheumatic fever awareness. Conclusion: This collaborative research highlights the importance of centring Pacific voices so that interventions can reflect lived experience and cultural relevance, ultimately leading to better health outcomes for Pacific people.

Fijian iTaukei community's vision of healthcare during a pandemic: A talanoa of Covid-19 experiences

Dr Akisi Ravono

Introduction: The COVID-19 pandemic highlighted significant vulnerabilities among various populations. Among these, Fijian indigenous communities encountered severe challenges, dealing with increased risks due to systemic health and economic disparities. For decades, the Fijian Health Ministry has struggled to improve the health and lives of the people in Fiji, and it took one pandemic to change the approach to healthcare, affecting communities not only in Fiji but also in the rest of the world. Objectives: This research examines how these communities navigated the pandemic, emphasising their experiences and how they want the Ministry of Health to respond in the face of another pandemic. Methods: Using the Fijian Vanua Framework, this research gathered information from two carefully selected indigenous communities (villages) – one rural and one in the urban area. The veitalanoa method was selected to gather data from sub-groups of men, women, and youths. A thematic analysis design was used to identify and show common themes appearing in the datasets. Findings: Several themes were identified. In this presentation two main themes; difficulties in upholding traditional values, and their lack of preparation for the pandemic will be discussed. Participants agreed that the COVID-19 pandemic brought uncertainties and fear, and they were negatively affected by the government's requirements and instructions. In preparation for future pandemics, participants reported a need for clear communication and better understanding of their situations. Conclusion: By drawing lessons from their experiences, the analysis highlights the necessity of culturally informed and inclusive public health strategies.

Parallel Oral Presentation Session 2

Room 3 (B1107 & B1109) | Wednesday, 2:00 - 3:00 pm

HEALTH SYSTEMS & POLICIES | Chaired by Dr Silina Motofaga & Dr Jalal Mohammed

Factors Affecting Implementation of the Vanuatu Guidelines for Health Promoting Schools in Shefa Province, Vanuatu

Dr Graham Patas

Introduction: The Vanuatu Guidelines for Health-Promoting Schools were first piloted on Efate, Shefa province, Vanuatu in the South Pacific in 1999. The study aims to research the facilitating and inhibiting factors affecting the continuity and sustainability of this guideline's implementation at the national, provincial, and school levels. Methods: The study utilised a qualitative case study design and was conducted in Efate, Vanuatu, in health-promoting schools and provincial and national health and education offices. Data was collected using key informant interviews, a school report, and field observation. These data were aligned against the Whitman Wheel of Factors. Findings: The Whitman factors were deduced as affecting the continuity and sustainability of health-promoting school guideline implementation at the national, provincial, and school levels. Novel factors induced were a close collaboration of the school with a champion, a school nurse teaching health curriculum topic, external human resource sustainability at the provincial level, and political and institutional sustainability. A finding was the need for school health promotion coordinators, with their budget allocated at the provincial and national levels. These identified factors are important for small Pacific Island states with similar environmental contexts and levels of progress in health-promoting schools' implementation. Conclusion: In addition to the Whitman factors, four other novel factors were induced. Novel factors are important for small Pacific Island states. This study also highlights the need for a health-promoting school coordinator recruited with respective budget allotments allocated at the provincial and national levels.

As the river flows: Developing a research protocol to explore home oxygen therapy in Fiji

Dr. Shanjivan Padarath

Introduction: Unlike the Global North, home oxygen therapy is relatively new in emerging nations, where services have been implemented reactively. Despite success expanding access to oxygen in healthcare facilities, a critical gap exists in understanding how home oxygen therapy is provided, accessed, and experienced in Fiji, a gap that Fiji MHMS is determined to address. Objective: To develop a research protocol to explore the unmet need for home oxygen therapy in Fiji. Method: A multi-step iterative process was used to develop the research protocol. Concurrent literature reviews and consultations identified frameworks relevant to health systems research and Pacific methodologies. Research questions were systematically developed using mind-mapping. A participatory advisory group of experts and people with lived experience guided the research direction. Finally, iterative reviews were conducted to define the research design and scope. Results: The Fiji Home Oxygen Study has developed a sequential embedded mixed-methods design, capturing home oxygen across three phases using the metaphor of the information from various sources flowing like streams and tributaries into a river. The river source represents the origin and rationale. Three tributaries represent quantitative components, each exploring home oxygen need, demand, and supply. A fourth tributary uses qualitative methods to explore why unmet needs exist and possible solutions. The weaving of the tributaries represents the integration of research components during the method, interpretation, and reporting levels of the research. Conclusion: A robust, relevant, and realistic research protocol was developed through authentic collaboration, continued engagement, and iterative reviews to explore home oxygen therapy in Fiji.

Fiji's National Oxygen Policy: Locally-Led Innovation for Health System Strengthening

Dr Luke Nasedra

Introduction: Medical oxygen is essential for treating hypoxic illnesses and supporting critical care. In Fiji, the COVID-19 pandemic highlighted gaps in oxygen access, prompting a locally-led response through the Fiji Oxygen Programme—a partnership between the Ministry of Health and Medical Services (MHMS), Fiji National University, University of Auckland, and Cure Kids. Objectives: To develop and implement a national oxygen policy that improves access to medical oxygen, reduces mortality from hypoxic illnesses, and establishes a sustainable oxygen ecosystem aligned with WHO and WHA guidance. Method: Policy development was informed by a comprehensive situational analysis of oxygen access across Fiji's health facilities, including health facility assessments and operational research. Technical reports and qualitative narratives captured frontline experiences. A consultative process involving three rounds of divisional engagement ensured broad input. The policy was shaped by a working group and endorsed by senior MHMS leadership, with programme roles integrated into the Ministry's budget and payroll. Results: The policy provides a framework for a national oxygen programme, aligning with the World Health Assembly Oxygen Declaration and SDG 3.8. It includes provisions for governance, financing, workforce development, and infrastructure. The programme has been recognised by WHO as an example of health innovation. Key success factors include local ownership, trusted partnerships, and integration of research into policy and practice. Conclusion: Fiji's National Oxygen Policy demonstrates how locally-led, evidence-informed partnerships can drive sustainable health system innovation and offers a replicable model for other LMICs.

Parallel Oral Presentation Session 2

Room 4 (B1112) | Wednesday, 2:00 - 3:00 pm

WOMEN'S HEALTH | Chaired by Dr Adriu Naduva & Ms Avelina Rokoduru

Understanding perceptions on the feasibility of midwife-delivered care for hepatitis B during pregnancy in Vanuatu

Ms Aleesha Kalulu

Introduction: Vanuatu has an estimated hepatitis B prevalence of 9% and mother-to-child transmission (MTCT) is a major driver of transmission. Currently, management of hepatitis B is limited to hospital settings, whilst antenatal care is decentralised to primary care settings, overseen by nurses and midwives. Scale-up of interventions to prevent MTCT requires decentralisation of care for hepatitis B during pregnancy. This study aims to understand perceptions among policy makers of the feasibility and acceptability of midwife-delivered interventions to prevent MTCT of hepatitis B in Vanuatu. Methods: Semi-structured interviews in English or Bislama were conducted with key stakeholders at the national and provincial levels involved in hepatitis B care. An interview guide was used to assess the feasibility and acceptability of midwife-delivered hepatitis B care during pregnancy (testing and antiviral prophylaxis). Interviews were recorded, transcribed and then translated, with identifying factors coded. Interview data were then uploaded into NVivo X15 for thematic analysis. Findings: A total of 12 interviews were conducted. All participants were supportive of midwife-led interventions to prevent MTCT of hepatitis B and thought it was feasible and aligned with current antenatal care practices. However, participants expressed a need for overall health system strengthening and challenges based on geographic location. Conclusion: In general, there is support for the expansion of midwife interventions to prevent MTCT of hepatitis B. However, there is a need for training, capacity strengthening, continuing engagement across all levels, human resources, financing, and strengthening of supply chains to ensure the continuity of availability of test kits and medication.

Screening for Domestic Violence at the Nadi Maternity clinic Prospective 4-month study

Dr Lice Soraurau Vaniqi

Introduction: Globally, 1 in 3 women are affected by domestic violence (DV), while in Fiji, it is twice the global average, where 2 in 3 women experience domestic violence. Pregnancy presents a "golden window of opportunity" for screening for DV when women seek prenatal care. This study aimed to screen for DV at Nadi Maternity ANC using the Abuse Assessment Screening (AAS) tool. Method: Prospective mixed-method study used the Abuse Assessment Screening (AAS) tool to screen pregnant women who attended antenatal booking clinic at the Nadi Maternity for Domestic Violence (DV) from 1st March to June 30th, 2024, followed by a focus group discussion with ante natal staff at the end of the screening on their experience with the screening tool. 345 participated in the study. Results: Of the 345 participants that participated in the study. 71.6% of women have experienced DV in their lifetime. Emotional violence was the highest at 69.3%, physical violence at 43.8%, physical violence in pregnancy at 13%, and fear of partner at 33%. Husband/Partner was the most common perpetrator of physical violence, while for sexual violence, it was others (brother-in-law, friend, workmate) at 64.9%. Significant risk factors were more than 30 years, rural areas, more than 3 children, an alcoholic partner and fear of a partner. The majority of women found the AAS tool comfortable to answer, and the staff in the Focus group agreed that the screening was beneficial. Discussion: AAS tool was successful for screening Domestic Violence in Antenatal clinics and training on Domestic Violence for healthcare workers. Awareness was essential on this grave human rights violation and its impact on the communities in Fiji, where patriarchy is deeply rooted in our culture. Conclusion: There was a high detection among pregnant women of ever experiencing DV using the AAS tool. The majority of pregnant women found the AAS tool comfortable to answer. Women had already experienced physical violence in pregnancy. Higher risk of violence were amongst women of 30 years and above, from rural areas, with more than three pregnancies, and with partner who drinks alcohol, and women fearing their partner.

Improving Post-Discharge Care of Women with HDP- Review of CPGs and Divisional Hospital Consultations

Dr. Bevlin Shen Ming

Introduction: Hypertensive disorders of pregnancy (HDP) affect 5-10% of pregnant women worldwide. Women with a history of HDP have been found to have a 4-fold increased risk of developing cardiovascular disease (CVD) much earlier in life as compared to those who were normotensive. Fiji has one of the highest mortality rates from CVD. However, there is no standardised follow-up pathway that would mitigate the risk these women face. Objectives 1. To undertake a review of CPG's 2. To explore patients' and maternity care personnel's knowledge regarding HDP. Methods: A prospective, multicenter, mixed-method study was performed by reviewing the latest clinical practice guidelines published in the last 10 years. The patient questionnaire with an audit of their folders was carried out at Lautoka hospital, and a doctors/midwives' survey was carried out at the 3 divisional hospitals (CWM Hospital, Labasa Hospital and Lautoka Hospital) between May to July 2023. Findings: 5.2% of women who delivered at Lautoka hospital had HDP. The majority of these women were not informed of their risk of developing CVD and chronic hypertension. Nor were they informed of preventative measures that would mitigate these risks. There is poor follow-up of the patients as they return to their respective peripheral health facilities. Staff are unaware of these risks themselves. Conclusion: There is a definite gap in the continuity of care of HDP patients once they are discharged from Lautoka Hospital. Standardised discharge plans and clinical pathways that involve all stakeholders can address this issue.

Parallel Oral Presentation Session 2

Room 5 (B1110) | Wednesday, 2:00 - 3:00 pm

PLANETARY HEALTH | Chaired by Dr Aneley Getahun & Ms Taina Naivalu

Age-stratified dengue seroprevalence in Fiji:2024

Mrs Venina Naigulevu

Introduction: Dengue virus is the most common arbovirus globally, and a major Public Health issue in Fiji. DENV3 caused a large community outbreak in 2013 and 2014 in Fiji. In February 2025, MOHMS declared a Dengue outbreak with 3671 recorded cases. Methods: A seroprevalence study was conducted on 1,170 individuals across Fiji between June and August 2024. Using ELISA IgG antibody tests, aliquots collected were used to assess dengue exposure. Results were analysed by 10-year age groups, sex, ethnicity, and location. Findings: Higher sero-positivity rate seen in older age-groups (> 90%), compared to the least age group 0-9 years (<70%), the majority of other age groups have an average seropositivity of 80-90%. Females (55.4%) have higher sero-positivity than males (44.6%). Seropositivity is higher in Indigenous iTaukei (79.7%), followed by 19.34%) FID, then 0.95% for Others. Central division reports high seropositivity (40.76%) followed by Western (37.22%), Northern (14.85%), and then Eastern (7.17%). Sero-positive may relate to exposure level and/or being infected with Dengue. Thus, the low rate in the younger population indicates low or no exposure to Dengue, especially post-pandemic period. Conclusion: The findings show the increase in seropositivity with increasing age but vary with different locations, which indicates different exposures over time. These findings could inform target intervention measures for the vulnerable population in high-risk areas.

Human leptospirosis in the central division of Fiji: a retrospective epidemiological study

Mr Sakopo'AongaKi-Vavau Vaka'uta

Introduction: Leptospirosis is a major cause of human disease in Fiji, particularly in the Central Division, but its epidemiology is poorly defined. Objectives: This study aimed to determine the epidemiology of human leptospirosis in Fiji's Central Division and characterise the largest urban outbreak recorded in Fiji. Methods: A retrospective study was conducted using routine leptospirosis surveillance data collected from 1 January 2012 through 30 June 2020. Descriptive analysis was performed to evaluate changes in demographic characteristics and incidence over time. Findings: A total of 2248 cases were reported over the 8.5-year study period. Average annual incidence was 73.9 cases per 100,000 population, with the annual incidence ranging from 45.6 cases per 100,000 population in 2012 to 177.2 cases per 100,000 population in 2019. Overall, most cases were indigenous Fijians (82.6%) and males (53.3%). The proportion of females increased steadily from 37.8% in 2012 to 50.3% in 2020. On 28 January 2019, an outbreak of leptospirosis was declared in the Central Division. During this outbreak, the proportion of female cases (50.5%) was higher, and cases among Fijians of Indian descent also increased (18.3%). Conclusion: Study findings demonstrate changes in the epidemiology of leptospirosis in the Central Division. Increasing incidence in urban settings and among population groups previously considered low risk (females and Fijians of Indian descent) indicates shifts in risk factors and transmission patterns that warrant review of existing measures and strategies for nationwide disease control.

Seroprevalence and Risk Factors of Taenia Solium in Fiji,2024: Findings from the PASS Fiji Project

Ms Naina Cagi

IIntroduction: Taenia solium is a zoonotic tapeworm endemic to many developing regions. In Fiji, where pork is commonly served during communal gatherings, the risk of transmission may be elevated. This study aimed to assess the seroprevalence of T. solium in Fijian communities using samples from the PASS Fiji Project. Methods: To match the ELISA kit capacity, 1,935 samples were randomly selected from the full cohort of 2,000 participants. Serum samples were tested for T. solium IgG antibodies using Abcam's anti-Taenia solium IgG Human in vitro ELISA. Findings: Results were stratified by location, ethnicity and sex. Results: Among the 1,935 samples, 104 (5.4%) tested positive, while 1,768 (91.4%) were negative and 63 (3.3%) produced indeterminate results. Seropositivity was highest in rural regions, particularly Western/Rural (7.1%) and Central/Rural (5.7%). ITaukei participants accounted for 81.7% of positive cases (85/104; 81.7% positive for ITaukei), while Indo-Fijian and other groups had markedly lower prevalence (19/104; 18.2%). Females had a slightly higher seroprevalence (6.2%) compared to males (4.4%). Conclusion: Preliminary findings indicate a higher T. solium exposure risk in rural areas and among ITaukei populations. These patterns underscore the need for targeted public health messaging and improved meat safety practices. Further analysis of indeterminate results is ongoing to refine prevalence estimates.

Parallel Oral Presentation Session 3

Room 1 Main Auditorium | Thursday 10:40 - 12:00 pm

FOOD & NUTRITION | Chaired by Dr Pragya Singh & Dr Viliami Puloka

Co-Designing Food Systems: Nutrition Policy for Equitable Cardiovascular Outcomes - Pacific & Māori Peoples

Dr. Fa'asisila Savila

The food system is a complex network that delivers nutrition from farms to families. Effective policy must consider nutrition, access/affordability, sustainability, culture, and equity. Food insecurity signals system failure and inequity in cardiovascular health. Addressing it requires the transformation of food systems and policies to reduce health inequities. Objectives: This study aims to develop policy recommendations for sustainable, community-led food security to improve nutrition-related health. Objectives include engaging Māori and Pacific stakeholders, mapping the food system, and co-creating strategic policies that support food sovereignty, enhance access, and reduce nutrition and health inequities. Community-based system dynamics approaches were integrated with Pacific and Indigenous methods for cultural safety to develop a map of the food system. Key stakeholders (n=10), including local government policy experts, were executed using a cognitive mapping approach. This was followed by a group model-building workshop with n=15 community experts to develop policy recommendations. The effects of the food system on food security were clustered into six themes: local food system, community capability, household economics, food industry, and school food, all of which interact to affect the food that people consume. Workshop outcomes will be presented back to the community for them to identify priorities for the research to focus on. Systems approaches can help in developing food policy led by community. By leveraging insights within local and indigenous knowledge, we can unlock innovative solutions to the complex structures surrounding food ownership, access, and availability.

Shaping Healthier Food Environments: Advancing Vegetable-Rich Diets in Fiji

Ms Ateca Kama

Introduction: The Fijian population experiences a triple burden of malnutrition of overweight and obesity, hidden hunger and undernutrition, and dietary vegetable intake is low. The aim of PIC More Veg was to describe key food environment constraints and opportunities for healthy and vegetable-rich diets across the urban-rural nexus in Fiji, and to identify where these points are in terms of food system policies and interventions. Method: Mixed methods study using a survey and GIS mapping to map vegetable access, national food price data to estimate the cost of a healthy diet, Photovoice to investigate lived experiences of vegetable acquisition and consumption, and a review of national policies relevant to vegetables. Citizens' Food Forums (talanoa) were used throughout to spark inclusive community and national dialogues. Study sites (n=5) were purposively sampled to represent three broad geographical zones and both urban and rural contexts. Results: Natural food environments accounted for 2/3 of vegetables in the three sites, while built food environments dominated in the urban and export farm-oriented rural sites. Cultivated spaces, climate challenges, family and peer influence, and cultural norms around food sharing most influenced people's experiences of vegetable acquisition and consumption. Fruit and vegetables account for over 40% of the cost of a least-cost healthy diet. Based on the 2019-20 HIES, 25% of the population is unable to afford a healthy diet. Vegetables feature in 17 national policies, about either export-oriented agriculture or local diets. Discussion: Government ministries have prioritised actions for improving vegetable food environments in Fiji.

Excise increases targeting unhealthy foods in Tonga: Impact on household food acquisition, expenditure & calories

Dr Alice Hyun Min Kim

Tonga introduced excise taxes on food and beverages high in fat, salt, and sugar on 1 July 2016. We assessed whether there was a change in the acquisition of taxed foods and if it varied by household income. Using the 2015/16 Tonga Household Income and Expenditure Survey, the households' responses pre-tax and post-tax were compared, in the tax food outcomes: (a) acquisition (proportion of households that purchased the food), (b) calories, and (c) expenditure (per capita/annum). Outcomes were reported overall and for the highest and lowest income households. Survey regression analysis adjusted for the effects of household characteristics (age, sex, household size, presence of children, income level, rurality, education, and tenure) and examined the income modification of tax effect. There were 1801 households that reported expenditure on food (1215 pre- and 586 post-tax). Adjusted regression analyses found fewer households acquired taxed foods after the tax (OR 0.74, CI: 0.37, 1.49), and when they did, the average calories also declined (-54kcal/capita/day, CI: -110, 2). Expenditure on taxed foods before and after tax was similar (-T$0.52/capita/year, CI: -3.79, 2.75), but this varied by income: low-income households increased expenditure (T$2.31, CI: -1.04, 5.66) and high-income households reduced expenditure (T$-3.37, CI: -8.11, 1.37). Sweetened beverages and ice cream taxes had the most favourable outcomes. Tonga households consumed fewer calories after food taxes were introduced. Findings were more favourable for discretionary goods. Expenditure changes differed by household income, favouring high-income households, who had the highest pre-tax consumption of tax-targeted foods.

Parallel Oral Presentation Session 3

Room 2 (B1106 & B1108) | Thursday 10:40 - 12:00 pm

COMMUNICABLE DISEASES | Chaired by Dr Jane Greig & Ms Shivanjali Sharma

Lessons Learned from Establishing AMR Genomic Surveillance in Fiji

Dr Sakiusa Cabe Baleivanualala

As the hub of the Pacific, Fiji plays a critical role in regional health security and is increasingly recognised as a hotspot of antimicrobial resistance (AMR). This has led to the establishment and operationalisation of a national AMR genomic surveillance system in Fiji. Using Oxford Nanopore Technology (ONT), the system targets WHO critical priority pathogens, including carbapenem-resistant Acinetobacter baumannii, Pseudomonas aeruginosa and Enterobacterales. Samples from all major public and private hospitals are centralised under standardised protocols, ensuring consistency in processing and comparability of data nationwide. Genomic sequencing is complemented by phenotypic antimicrobial susceptibility testing, including novel agents, creating an integrated platform for outbreak detection, transmission mapping, and evidence-based public health action. Key lessons from the implementation guide for similar contexts. Proactive engagement with ministries of health, hospital leadership, international collaborators, and regional networks secured alignment, resources, and long-term commitment. Laboratory infrastructure was adapted to meet ONT requirements, including stable environmental controls and power supply. Local capacity was built through hands-on training, mentorship, and involvement of healthcare professionals in interpreting genomic data, fostering ownership. Logistical barriers from overseas supplier reliance, long shipping times, and customs clearance were addressed through planning and local stockpiling. Secure data systems strengthened reporting, trust, and collaboration. Sustainability will rely on stable funding, routine integration of genomics into surveillance, and stronger regional partnerships. Fiji's model provides a practical, adaptable blueprint for Pacific Island Countries and other resource-limited settings confronting AMR threats.

All hands-on deck: transdisciplinary research for tackling tuberculosis

Assoc Prof Htin Lin Aung

All hands on deck: transdisciplinary research for tackling tuberculosis Tuberculosis (TB) is a preventable and curable disease caused primarily by the bacterium Mycobacterium tuberculosis (Mtb). Yet, paradoxically, it continues to claim approximately 5,000 lives every day. Of increasing concern are multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB), which now represent leading causes of death associated with antimicrobial resistance (AMR). In response, the World Health Organisation (WHO) has called for coordinated, multisectoral action and innovative approaches to accelerate progress in the fight against TB. Aligned with this global call, we have established a multisectoral, transdisciplinary research team that brings together biomedical scientists, clinicians, epidemiologists, social scientists, and health economists. Crucially, we work in close partnership with TB-affected communities and policymakers. In this talk, I will highlight how our transdisciplinary research efforts are supporting National Strategic Plans for TB and advancing progress toward the Sustainable Development Goals (SDGs), particularly the goal of reducing the TB burden across Asia, New Zealand, and the Pacific region.

Emergence of azithromycin and ciprofloxacin non-susceptible genotype 4.2.2 S. Typhi in Fiji

Ms. Ashwini Vinod

Introduction: The current study was conducted in the Western Division of Fiji. The study was conducted as part of a national genomic surveillance framework aimed at monitoring the genomic epidemiology and antimicrobial susceptibility profile of S. Typhi. Methods: This retrospective study used data from 1 January 2020 to 31 December 2023. Isolation of S. Typhi and antimicrobial susceptibility testing were conducted in Fiji's Lautoka microbiology laboratory using approved protocols. Additional phenotypic testing and whole genome sequencing were performed in the Microbiological Diagnostic Unit, Melbourne, Australia. Results: Out of 462 typhoid fever cases reported, 55.6% were males and 95% were indigenous Fijians. A total of 197 isolates from 176 patients were sequenced. All except one strain belonged to S. Typhi genotype 4.2, a known Fiji-dominant bacterial population. Two isolates contained point mutations linked to antimicrobial resistance, gyrA-S83F and AcrB-R717Q. Both isolates had phenotypic resistance to ciprofloxacin (MIC=0.25mg/L), and an 8-fold increased MIC for azithromycin, though still within susceptible range (16 mg/L). The isolates were found to be genetically related and were phylogenetically linked to two other Fijian S. Typhi isolates from 2014/5 that also contained the ciprofloxacin-associated gyrA-S83F mutation. Conclusion: Integrated phenotypic, molecular and epidemiological investigations are needed to monitor ciprofloxacin and azithromycin susceptibilities among S. Typhi isolates. Expansion of the typhoid conjugate vaccine to the other Divisions is warranted to prevent the possible spread of locally emerged drug-resistant S. Typhi within Fiji.

Parallel Oral Presentation Session 3

Room 3 (B1107 & B1109) | Thursday 10:40 - 12:00 pm

HEALTH SYSTEMS & POLICIES | Chaired by Dr Berlin Kafoa & Prof El-Shadan Tatolo

Pacific Academy of Sciences: Harnessing the Knowledge of the Pacific

Dr Roannie Ng Shiu

On 23 October 2024, the Pacific Academy of Sciences was launched in Apia, Samoa, during the Commonwealth Heads of Government Meeting. This marked a historic milestone: the first formal academy for Pacific Island scholars, bringing together science, Indigenous knowledge, and policy to advance regional resilience and global engagement. Objectives: This presentation introduces the Academy's mission to: (1) unify the natural and social sciences, humanities, technology, and Indigenous knowledge; (2) provide independent, evidence-based advice for regional and global decision-making; (3) strengthen collaboration and visibility of Pacific scholarship; and (4) nurture the next generation of Pacific researchers and leaders. The Academy was established through collaboration between the National University of Samoa, the International Science Council Regional Focal Point (hosted by the Australian Academy of Science), Royal Society Te Apārangi, and the Sasakawa Peace Foundation. Twelve distinguished Foundation Fellows, representing diverse disciplines and countries, were elected to guide governance and direction. Headquartered in Samoa as a charitable trust, the Academy has positioned itself as a hub for interdisciplinary collaboration, supporting early-career scientists, amplifying Pacific voices in global fora, and embedding Indigenous perspectives in research and policy. Early outputs include international recognition, regional consultations, and integration into networks such as the International Science Council. The Pacific Academy of Sciences is a transformative institution for the region. By embedding Pacific knowledge systems alongside scientific excellence, it provides a unified platform to inform resilient, sustainable futures for Pacific peoples and contribute to global science and policy dialogue.

Applying outbreak detection and response timeliness metrics to support system improvement – Vanuatu experience

Ms Wendy Williams

RIntroduction: Timely detection and effective response to infectious disease outbreaks are important for health security. The 7-1-7 approach is core to the WHO Early Action Review guidelines, targeting ≤7 days for the health system to detect an outbreak, ≤1 day to notify relevant authorities, and ≤7 days to complete early response actions. Vanuatu is the first country in the Pacific to apply this approach, led by the Ministry of Health (MoH) as part of its commitment to strengthening national health systems. Methods: We applied the 7-1-7 approach retrospectively to a recent leptospirosis outbreak in Vanuatu. Through document review and stakeholder discussions, we assessed timeliness, identified bottlenecks and enablers, conducted root-cause analysis, proposed actions to address bottlenecks, and mapped these to international health regulations (IHR) capacities. Findings: Target 7-1-7 timeframes were not achieved. Syndromic surveillance for prolonged fever surpassed the alert threshold, but low awareness of response protocols delayed leptospirosis testing for weeks. Notification requirements were unclear to some staff. The provincial surveillance officer facilitated follow-up and notification. Although a budget was available, slow access to funds delayed the response. Root-cause analysis helped refine bottleneck identification and aligned proposed actions with national priorities and IHR capacities. The systematic review process supported staff learning and system improvement. Conclusion: Retrospective application of the 7-1-7 approach in Vanuatu provided valuable insights into outbreak response systems. Future prospective use will enable real-time identification and response actions to address bottlenecks and support improvements in response effectiveness.

Strengthening Local Health Research Capacity in Solomon Islands: Challenges, Opportunities, and Lessons Learned

Ms Mary Elizabeth Ramosae

Solomon Islands faces significant healthcare challenges, including limited resources, climate change, a high burden of communicable diseases, and a growing prevalence of non-communicable diseases. Despite the urgent need for locally tailored interventions, health research led by Solomon Islanders remains scarce. Strengthening local research capacity is critical to developing effective and sustainable healthcare solutions. Objectives: We aimed to assess barriers and facilitators to increasing local research capacity in Solomon Islands. A workshop was held at the National Referral Hospital, the country's only tertiary care centre, to identify barriers and facilitators to conducting health research. Sixteen participants from the Ministry of Health and Medical Services, National Referral Hospital, local NGOs, and international organisations attended. A post-workshop discussion outlined strategic goals for enhancing the research environment, which were compiled into a strategic plan and shared with Ministry leadership. Participants identified key barriers and facilitators across seven domains: human resources, technical resources, service systems, organisational culture, management, and governance. Key goals included increasing research training opportunities, fostering a supportive research culture, identifying funding sources, and strengthening data collection and ethics review processes. This workshop provided critical insights into the research challenges in Solomon Islands and established strategic goals to support locally-led research. Strengthening research capacity and fostering institutional support are essential steps toward building a resilient and sustainable healthcare system. Continued investment in research infrastructure and collaboration will be vital to addressing the nation's healthcare challenges effectively.

Parallel Oral Presentation Session 3

Room 4 (B1112) | Thursday 10:40 - 12:00 pm

WOMEN'S HEALTH | Chaired by Dr Lucia Romani & Dr Nano Gideon

Antenatal HIV, syphilis and hepatitis B screening and positivity in selected sites in Vanuatu

Ms Aleesha Kalulu

Introduction: Mother-to-child transmission (MTCT) contributes substantially to HIV, syphilis and hepatitis B transmission in Pacific Island Countries, where the high prevalence remains largely unaddressed. Global and regional strategies reccomend 95% screening during antenatal care (ANC)to prevent MTCT. In Vanuatu, decentralisation of ANC now enables nurses and midwives to provide point-of-care tests (POCT) in community services. This study collates and reports on ANC screening and positivity for HIV, Syphilis and hepatitis B. Method: A cross-sectional study was conducted within the 'Protektem Pikinini Blong Yu' trial. Data were collected from five ANC clinics on Efate Island. Weekly data of women presenting for ANC1 visits were collected from patient registration books and entered into a custom web form. Screening coverages and positivity rates were then calculated for all three infections. Results: During the study period, 1960 pregnant women presented to a participating clinic for their first ANC visit. 1480 women were screened for HIV (75.5% screening rate) with 0% positivity rate. 1834 pregnant women were tested for both syphilis and Hepatitis B (93.6% screening rate), among which 61 (3.3%) were reactive for Syphilis and 74 (4.0%) were reactive for hepatitis B. Conclusion: Screening coverage for syphilis and hepatitis B was high (93.6%), suggesting a strong uptake of POCT. Three-quarters (75.5%) of pregnant women were screened for HIV; however, efforts are required to reach the target of 95% screening coverage. These findings provide useful information to improve coverage of essential services to prevent MTCT in Vanuatu.

Congenital Rubella Surveillance: A Health Systems Assessment and Retrospective Case Audit in Fiji and Solomon Islands

Dr Ilisapeci Vereti & Mr Ryan Noorha

This study assesses health system components relevant to Congenital Rubella Syndrome (CRS) surveillance and conducts a retrospective case audit in Fiji and the Solomon Islands. The goal is to support subregional efforts to verify rubella elimination. The assessment involved a review of health system components pertinent to CRS surveillance, identification of potential cases from key registries, and a retrospective chart audit of suspect cases from 2020-2024. Cases were classified using WHO criteria for CRS. The audits were conducted at the Colonial War Memorial Hospital in Fiji and the National Referral Hospital in the Solomon Islands. Tertiary referral facilities were identified as optimal sentinel sites, and relevant data sources were mapped. Of 214 potential cases, 127 met the criteria as suspect CRS cases. Only four of these had documented rubella IgM testing, all of which were negative. Nine cases were classified as clinical CRS, but a review suggested three likely had alternative diagnoses. No laboratory-confirmed CRS cases were found. Key registries showed promise for case detection. The assessment supports the feasibility of implementing sentinel site CRS surveillance in these settings. The findings highlight the importance of timely laboratory testing to confirm or exclude suspect cases. The absence of confirmed CRS cases aligns with the lack of laboratory-confirmed rubella in the region since April 2020, supporting progress toward elimination verification. Integrating CRS surveillance into existing systems, with an emphasis on laboratory confirmation, would strengthen regional monitoring of rubella elimination.

Consciousness of Women with GDM on Follow-up Care at Sigatoka Hospital, Fiji – A QUALITATIVE STUDY

Ms Rohin Latchmi

Introduction: Women with a history of Gestational Diabetes Mellitus (GDM) have an 8–10-fold higher risk of developing type 2 diabetes, whereby women who had Gestational Diabetes Mellitus often do not resolve after delivery and it often do not resolve after delivery. Results: Findings were the perception of women on Gestational Diabetes mellitus follow-up care after delivery, challenges women with Gestational Diabetes Mellitus face with post-partum follow-up care after delivery and the socioeconomic and cultural factors that affect the follow-up care after delivery. Women with GDM demonstrated less attendance at post-partum follow-up care services after delivery. Methods: A qualitative phenomenological study was conducted on 25 participants at the Sigatoka Hospital. Data were thematically analysed. Findings: Findings were the perception of women on Gestational Diabetes mellitus follow-up care after delivery, challenges women with Gestational Diabetes Mellitus face with post-partum follow-up care after delivery and the socioeconomic and cultural factors that affect the follow-up care after delivery. Women with GDM demonstrated less attendance at post-partum follow-up care services after delivery. Conclusion: Lack of knowledge of having Gestational Diabetes Mellitus, its risk factors and adhering to GDM follow-up care after delivery are challenges faced by post-partum GDM mothers. Lack of time for self-care, competing responsibilities on baby's health and family, poor family support, long waiting time at the healthcare, insufficient health information provided by health care professionals, and publicly disclosing their GDM results at the clinic were challenges they faced that reduced health-seeking behaviour. Follow-up care is a vital part of postpartum GDM care and needs to be provided to women with GDM, as this is one of the strategies in monitoring blood sugar and controlling these can help avoid future type 2 diabetes.

Parallel Oral Presentation Session 3

Room 5 (B1110) | Thursday 10:40 - 12:00 pm

PLANETARY HEALTH | Chaired by Dr Ramneek Goundar & Ms Jessie Kingston

Wind Power for Climate Mitigation and Health Resilience in Fiji's Outer Islands

Mr Sumeet Kumar

Pacific Island countries face growing risks from climate change and energy insecurity. Outer island communities in Fiji, not connected to the central grid, rely on costly and unreliable fossil fuels. Inconsistent electricity directly affects health service delivery, where providers face challenges such as disrupted vaccine refrigeration, limited use of diagnostic equipment, and unsafe maternal care at night. Renewable energy, particularly wind, offers a sustainable solution to enhance energy security and health resilience. Objectives: To assess wind resources and model energy production potential for five outer islands in Fiji—Gau, Koro, Levuka, Taveuni, and Yasawa—supporting clean energy planning with implications for health and climate adaptation. Wind data (9–11 years) from automated weather stations and mesoscale mapping were analysed using the Wind Atlas Analysis and Application Program (WAsP). Parameters included mean wind speed, power density, and annual energy production, modelled with a 275 kW Vergnet wind turbine. Koro and Yasawa showed strong potential for utility-scale wind farms, while Gau, Levuka, and Taveuni were better suited for decentralised hybrid systems. Modelled wind farms could generate over 48 GWh/year, reducing fossil fuel dependence and GHG emissions. Reliable renewable energy could improve vaccine storage, medical equipment operation, and reduce respiratory illnesses from fuel-based energy. Wind energy development in Fiji's outer islands can serve as both a climate change mitigation strategy and a health system strengthening intervention, advancing planetary health and community well-being in the Pacific.

Exploring the Impact of Climate Change on Maternal and Child Health in Fiji - Participatory Workshop

Ms Padma Wati Prasad

Introduction: Climate change is a growing global concern. In Fiji, climate change can lead to drought, extreme weather events, increased heat, and changes in the environment that may affect health outcomes, access to healthcare, nutrition, and safe living conditions for pregnant women, new mothers and young children. Improving outcomes and healthcare involvement for mothers and newborns in the Pacific requires a whole of health system approach to embrace comprehensive, effective and sustainable conduct in improving health care quality (Wilson et al, 2020). Understanding how these factors contribute to maternal and child health issues is crucial for creating policies that protect this vulnerable population. Objectives 1. Engage stakeholders through workshops to gather insights on how climate change impacts maternal and child health in Fiji, including access to healthcare, nutrition, and safety for pregnant women, new mothers and young children. 2. With participants' guidance, prioritise research areas by identifying key health challenges that require urgent attention. Method: The structured workshop dialogue meetings will be audio-recorded by the research team. Virtual workshops will be transcribed using the Zoom function for transcription. In-person workshops will be recorded via an MP4 portable recorder. Results: Common themes will be written in narrative form and discussed, identifying key health challenges that require urgent attention due to climate change, thus establishing a clear research agenda for future studies and policy development. Conclusion: We will seek to publish the study results in high-impact peer-reviewed journal articles and present at conferences.

Implementation of smart tools for improving water quality monitoring in South Tarawa, Kiribati

Ms Maritaake Ioane

IIntroduction: South Tarawa, Kiribati, faces persistent risks of diarrhoeal diseases due to unsafe drinking water. Water quality monitoring methods limit timely analysis and effective decision-making. Smart tools for strengthening water quality monitoring were introduced in 2021 by the Environmental Health Unit, requiring assessment to determine their effectiveness over time. Objective: To assess the implementation of the smart tools for improving water quality monitoring in South Tarawa, Kiribati. Method: An implementation study was conducted within the Environmental Health Unit (EHU) during the introduction of Open Data Kit (ODK) Collect and Organisational Network Analysis. Training outcomes for 13 Environmental Health Officers (EHOs) were evaluated with pre- and post-implementation analysis of water quality monitoring data in 2023-2024. Revised forms incorporated GPS mapping, photos, and coded monitoring sites, reducing. A standard reporting template was developed and piloted. Indicators measured were data accuracy, completeness, accessibility, security, reporting efficiency, missingness and ease of sharing. Results: Most assistants and volunteers have been trained (76%), and 68% of EHOs can now enter data from the field, improving timeliness and reducing data loss. Data completeness has improved consistently from 50–70% (2019–2020) to 99.2% in 2024. Enhanced data security has been enabled through restricted access, and duplication errors have been minimised, ensuring consistent records across sampling periods. Conclusion: Adoption of ODK Collect and the ONA system has significantly improved water quality monitoring in South Tarawa, providing a scalable intervention for strengthening environmental health management towards preventing water-borne diseases in Kiribati.

Parallel Oral Presentation Session 4

Room 1 Main Auditorium | Thursday 2:00 - 3:00 pm

FOOD & NUTRITION | Chaired by Dr Fa'asisila Savila & Ms Ateca Kama

Functional Spinach-Enriched Bread: Nutritional, Glycaemic, and Sensory Attributes

Mr. Ritnesh Vishal Prasad

Introduction: Declining vegetable intake is a key driver of rising diet-related diseases worldwide, highlighting the need for functional foods. Spinach (Spinacia oleracea), rich in fibre, polyphenols, and micronutrients, presents potential as a functional ingredient to improve bread quality, reduce waste, and support metabolic health. Objective: To evaluate the nutrient profile, glycaemic response, sensory attributes, and appetite-related effects of spinach-enriched bread compared to control bread in healthy individuals. Method: A single-blind, randomised crossover trial was conducted in 15 healthy adults. Participants consumed control white bread or 20% spinach-enriched bread (50 g available carbohydrate) following an overnight fast, with a one-week washout. Nutrient composition and sensory acceptance were analysed, while appetite ratings, postprandial glucose, and insulin were measured over 3 h. Results: Increasing spinach decreased total carbohydrates (including starch) while significantly increasing other essential nutrients ($p < 0.05$). Sensory acceptance did not differ from control ($p > 0.05$). No significant differences were observed in appetite scores, postprandial glucose, or insulin AUCs ($p > 0.05$). However, spinach bread delayed peak insulin by 30 min compared to control, indicating potential modulation of insulin kinetics. Conclusion: Incorporating spinach into bread improves nutrient density without compromising acceptability and may modestly influence insulin dynamics. Reformulating staple foods with vegetable by-products represents a feasible strategy to enhance nutrition while reducing food waste, supporting sustainable approaches to noncommunicable disease prevention.

Have Tonga's tax changes improved the food supply?

Dr. Viliami Puloka

Introduction: From 2013-2018, the Government of Tonga increased taxes on unhealthy foods, while waiving taxes on fish, fruit and vegetables. Such approaches are rare internationally, and evaluations are needed. Objectives: To assess the impact of Tongan tax increases and tariff/consumption tax waivers on targeted food prices and food import volumes. Methods: Interrupted time series analysis was used to assess the first-year impacts of excise increases on indicator food prices (retail outlet surveys, Tonga Department of Statistics) and import volumes (Tonga Ministry of Revenue & Customs). Observed post-tax trends were compared with a counterfactual, which was a projection of the projected pre-tax trend with adjustment for autocorrelation, GDP per capita, international visitor numbers, month, exchange rate, oil prices, and international food prices. Findings: After tax increases on unhealthy foods, there was an average 68% pass-through to increased retail prices of 8% (95%CI: 3% to 14%). Import volumes decreased on average by 41% (95%CI: 17% to 58%). Revenue increased by T$6.6 million (US$2.8 million, or US$28/person). After tax waivers to healthy foods, there were low/moderate levels of pass-through (median 14%, mean 51%) and minimal price changes (-4% CI: -10% to 2%). Import volumes did not change significantly (-20% CI: -45% to 15%) and revenue decreased by T$0.8 million (US$0.3 million, US$3 3/person). Conclusion: These findings strengthen the existing international evidence that food excise taxes can be effective in raising prices and decreasing the supply of unhealthy foods.

Translational Health Research Institute, Western Sydney University

Mr Timothy Low-wah

Introduction: The Pasifika population in Australia experience a disproportionately high prevalence of obesity and type 2 diabetes, with diet recognised as a key modifiable risk factor. Adolescence is a critical stage for shaping lifelong dietary behaviours, yet limited research exists on the food environment experiences of Pasifika youth in Australia. Objectives: This study explored how Pasifika adolescents in Sydney navigate their physical and digital food environments, and how these influence their food choices. Methods: Seventeen Pasifika adolescents (mean age 14.9 ± 1.7 years; 37% female; 29% Melanesian, 71% Polynesian) participated in a qualitative study using Talanoa focus groups and interviews. A photovoice activity captured their food-related experiences. Thematic analysis was used to code and group key themes. Results: Participants described limited access to healthy food at home and in their neighbourhoods. A strong preference towards convenience often outweighs cost in shaping food choices. Exposure to fast-food marketing was frequently reported. Collective family practices played a central role, acting as both a protective influence and an amplifier of existing barriers. Adolescents expressed a desire for healthier food environments and increased role modelling of healthy eating behaviours within their communities and on social media. Conclusion: This study reveals an obesogenic food environment shaping suboptimal dietary behaviours among Pasifika adolescents in Sydney. In addressing adolescent nutrition, particularly within the Pasifika context, family and cultural dynamics must be considered. Culturally tailored interventions that prioritise collective values, rather than individual behaviour change, may encourage stronger engagement from this community and improve dietary behaviours.

Parallel Oral Presentation Session 4

Room 2 (B1106 & B1108) | Thursday 2:00 - 3:00 pm

CHILD HEALTH | Chaired by Assoc Prof Meru Sheel & Assoc Prof Joseph Kado

A Roadmap Towards: Multi-Sectoral Child Health Policy Framework, Cook Islands

Dr Seema Lal-Kumar

Introduction: The Cook Islands, self-governing in free association with New Zealand, consist of 15 islands and had a population of 15,404 in 2021, with 77% identifying as Cook Island Māori. Key health concerns include high dental decay, childhood obesity, and early non-communicable diseases (NCDs), which require a coordinated, multi-sectoral response. The proposed Multi-Sectoral Child Health Policy Framework aims to address these issues through an equity-focused strategy that considers the social, cultural, and environmental determinants of child health. Objectives: To develop a Multi-Sectoral Child Health Policy Framework for the Cook Islands. Secondly, to integrate perspectives from across society—Enua (traditional leaders), Evangelia (the Church), and Ture (the Government). To strengthen community engagement, capacity building, and service delivery through policy-level reforms. Method: An inception survey was conducted to identify health priorities and community needs. Planned stakeholder and public consultations, including online surveys, workshops, and focus group discussions, engaged with key sectors: health, education, social services, environment, and traditional and religious institutions to inform the proposed policy development. Results: The inception survey highlights the importance of factors such as nutrition, mental health, education, oral health, immunisation, disease prevention, access to healthcare, child safety, injury prevention, and water and sanitation for mothers and children. It also emphasises community involvement, empowerment, and capacity building in policy development. Conclusion: Respondents identified issues affecting services and programs, as well as providing policy-level recommendations to enhance the health and well-being of mothers and children in the Cook Islands.

Does Fiji fit the criteria to switch to a two-dose pneumococcal conjugate vaccine schedule?

Dr Stephanie Clark

Introduction: In 2012, Fiji introduced the 10-valent pneumococcal conjugate vaccine(PCV10) using a 3+0 schedule(6, 10, and 14 weeks old) with coverage ~95% for the third PCV dose from 2021. WHO has updated its PCV guidelines for countries with coverage >80% or showing evidence of sustained suppression of vaccine-types(VT), may consider a switch to a two-dose(1+1) schedule. Method: Describe the epidemiology and serotype distribution of invasive pneumococcal disease(IPD) in Fiji (2013-2023). WHO invasive bacterial vaccine-preventable disease surveillance was established in 2013. Results: Individuals admitted to Fiji's tertiary hospitals with suspected sepsis or meningitis had blood and cerebrospinal fluid(CSF) samples collected and cultured. CSF was tested for Streptococcus pneumoniae using latex-antigen testing and PCR. Confirmed IPD cases were defined using WHO criteria. Pneumococcal isolates were serotyped by Quellung. Annual incidence rates for the Central Division, case fatality rates(CFR), and serotypes were calculated. Of 10,698 suspected IPD cases, 364 were confirmed(78% pneumococcal meningitis). Among children under five, IPD incidence declined(89.7 per 100,000 in 2013 to 9.8 in 2022). Incidence in adults remained low. The highest CFR(50%) occurred in 55-64 years olds(n= 9). Of the serotyped cases (n=224), there were no VT detected in children under five since 2020. Childhood IPD has declined since PCV introduction, with sustained suppression of VT in children. Conclusion: Fiji fits the criteria to switch to a two-dose schedule. Continued surveillance and carriage studies are needed to monitor the impact of any schedule change.

Translating Pneumococcal Vaccine Trial Results from Fiji into Global Policy

Prof Fiona Russell

Introduction: Our pneumococcal vaccine trial was formulated to address a global research priority for resource-limited countries: the evaluation of a more appropriate and affordable pneumococcal vaccination schedule. We assessed the immunogenicity and effect on pneumococcal carriage of 0, 1, 2 or 3 PCV doses in Fijian infants with a polysaccharide booster (23vPPS). Methods: We performed a Phase II pneumococcal vaccine trial in Suva, Fiji (2003-2009), which combined fewer doses of the 7-valent PCV (PCV7) in infancy with a subsequent "booster" dose of the 23-valent polysaccharide vaccine (23vPPS). Findings: Our 8-arm RCT of 552 Fijian infants found one PCV7 priming dose to be immunogenic and to elicit better immunological memory than 2 or 3 doses and offer some protection. We found 2 or 3 priming doses of PCV7 to be similar. Conclusion: A 2+1 schedule (2 priming doses & one booster) had a similar impact to the WHO 3+0 schedule. Our findings were included in a WHO meta-analysis on reduced dose schedules, which informed the 2012 WHO PCV Position paper. Our research prompted a paradigm shift in PCV dosing, supporting fewer priming doses in a 2+1 schedule, now used by 82 out of 166 countries, including Australia, with a similar impact. ~90 million infants are vaccinated with this schedule each year. Our research was instrumental in informing the global PCV research agenda – the investigation of 2-dose schedules (1+1), with the Gates Foundation investing ~US$30M in 5 RCTs in the UK, Africa and Asia. In 2025, we undertook a meta-analysis of all these trials for the WHO, which has now recommended a 1+1 schedule for eligible countries.

Parallel Oral Presentation Session 4

Room 3 (B1107 & B1109) | Thursday 2:00 - 3:00 pm

MEDICAL EDUCATION | Chaired by Dr William May & Asst Prof Raymond Keshwan

Optimising Research and superspecialisation in LMICs for practising clinical academics in LMICs to formulate Health Policies

Prof Alok Dubey

Introduction: Fiji National University (FNU), in its strategic plan, aims for 30% of academic staff to hold PhDs by 2026. To promote a balanced, integrated approach between clinical competence and doctoral qualifications for clinical academics. Methods: A cross-sectional survey was conducted among clinical academics. Findings: An effective medical education system relies on balancing clinical proficiency with research capability. However, FNU's emphasis on mandating PhDs for practising clinical academics could unintentionally weaken both medical training and patient care, especially in resource-limited Pacific settings. While PhDs contribute to research output and institutional prestige, they are not always the most appropriate qualification for educators whose main role is to train future clinicians. The extensive time and focus required for PhD studies may divert clinicians from critical hands-on practice and direct patient care. In contrast, clinical super-specialisation yields immediate benefits by enhancing healthcare delivery and ensuring that students learn from actively practising experts. A compulsory PhD requirement may also reduce clinical engagement and deepen existing workforce shortages. The 30% PhD target risks causing faculty attrition, increasing the likelihood of clinical errors, and lowering the quality of education. Instead, a phased, voluntary approach to PhD enrolment—combined with formal recognition of clinical excellence—is better suited to Fiji's context. Conclusion: A context-sensitive academic policy is essential—one that values clinical expertise, encourages relevant research, and aligns with national healthcare priorities. A flexible and balanced approach will better sustain both education quality and patient outcomes across the Pacific region.

Self-reported academic and professional misconduct among pre-clinical years medical students at Fiji National University

Dr Shanjivan Padarath

Introduction: Internationally, academic and professional misconduct among medical students is well documented. A significant gap remains in understanding the scope of it in Fiji. Objective: To determine the proportion of pre-clinical years medical students who self-report academic and professional misconduct in Fiji. Method: A cross-sectional anonymous online survey was conducted with pre-clinical years medical students at the Fiji National University in 2024. Participants completed a structured questionnaire designed to collect demographic information and responses to scenarios using a four-point Likert scale (never, seldom, sometimes, always). Responses were dichotomised as either yes or no and analysed descriptively using STATA 18E. Results: Out of the 261 invited participants, 185 (71%) provided valid responses. The most prevalent misconduct were using social media in class (53%), being late (38%) and missing (33%) mandatory classes, talking about patients' details in social settings (17%), asking students who already sat exams for answers (15%), posting unconsented images taken in clinical settings on social media (13%), cross-checking answers during an exam (11%), and not reporting other students cheat (11%). Some students knew of but did not report illegal drug use (9%) and dealing (3%) among fellow students, and some engaged in drug use themselves (2%). A considerable number of students reported making fun of (6%) and bullying (3%) classmates in clinical settings, and making fun of staff and patients (4%). Conclusion: As first, the results of this study provide stakeholders with an opportunity to consider investments in policies and practices pertaining to academic integrity in medical education.

Virtual Interprofessional Simulation for Pacific Health Systems: A CMNHS Fiji Model for Policy-Ready Workforce Training

Dr. Hemanth Tumkur Lakshmikantha

Background: Pacific Island health systems face climate-linked and service-related challenges that require coordinated, team-based responses. Conventional simulation is effective but costly and often centralized, limiting accessibility for training institutions across the region. Objective: To introduce a Fiji-based virtual interprofessional simulation (V-IPS) model at CMNHS as an innovative and scalable approach to workforce training, designed to strengthen health systems and align with Pacific policy priorities. Methods: V-IPS enables learners from CMNHS to work together in high-fidelity clinical scenarios through a shared, multi-user VR environment under facilitator oversight. Using low-capex head-mounted displays and local connectivity, the model can be adapted to resource-constrained settings. The presentation will feature a live demonstration of a prototype scenario, highlighting how virtual simulation supports interprofessional teamwork, communication, and decision-making. Findings: The demonstration will illustrate the feasibility of delivering interprofessional training through VR in the Pacific context, with clear benefits for accessibility, scalability, and cost-effectiveness. It also provides a template for curriculum integration and continuing professional development across health professions. Conclusion & Policy Implications: V-IPS offers a policy-relevant, innovative alternative to traditional simulation labs, supporting accreditation and surge-readiness standards, and providing a pathway for embedding interprofessional education into Pacific health systems.

Parallel Oral Presentation Session 4

Room 4 (B1112) | Thursday 2:00 - 3:00 pm

WOMEN'S HEALTH | Chaired by Dr Zaramasina Clark & Dr Serene Shrestha

FNA Vs Trucut Biopsy in the Diagnosis of Breast Cancer

Dr Rahul Krishna Reddy

Introduction: Breast cancer is the most commonly diagnosed cancer among women worldwide. As per WHO statistics in 2022, 2.3 million women diagnosed with breast cancer and 670 000 deaths globally. Objective The aim of this study was to find out the diagnostics accuracy of FNA and Trucut biopsy as compared to final histopathological report in detection of breast lump pathology in our local context. Methods: A retrospective cross-sectional study was conducted between January 1sts 2024 and 31st December 2024 at Lautoka Hospital in Fiji. Data was analyzed using SPSS version 25. Findings: The study population included 72 patients. Majority of patients (28.7%) were more than 60 years of age. The majority (30.5%) had symptoms for more than 24 months. Out of 72 patients with breast lumps studied, the final diagnosis was 42 malignant breast lesions, and 30 with benign lesions. Sensitivity of FNA and Trucut biopsy were 94% and 100% respectively. Trucut was more accurate when compared to FNA. Conclusion: Trucut biopsy is at par or superior to FNA by accurately detecting malignant lesions, providing information regarding local invasion, hormone receptors, helping direct appropriate treatment.

COVID-19 Pandemic and Diabetes Management among Women in Fiji: Concerns and Recommended Interventions

Dr Eunice Okyere

Introduction: The COVID-19 preventive strategies had huge impact on diabetes management which usually, necessitate in-person contact with physicians, dieticians and diabetes educators. Diabetic women from various countries were not equally affected by the crisis posed by the COVID-19 pandemic, hence the essence of this study undertaken in Fiji to explore women's experiences regarding diabetes management in the context of the pandemic. Methods: This study used a qualitative approach from a descriptive phenomenological lens. A total of 45 participants were purposively selected for in-depth interviews, since the study relied on the ability of the study participants to provide relevant information on the phenomenon studied. The inclusion criteria were women with diabetes, 18 years or above, without mental illness and willing to participate in the study. The data was analyzed using the thematic analysis approach, where the analyst familiarized herself with the data, identified initial codes, searched for themes, reviewed and defined the themes and produced the final report. The study cannot be generalized because the opinions of people vary from one locality to another. Nevertheless, it has provided relevant contextual information on the phenomenon investigated. Results: The themes that emerged were perceived impact of COVID-19 pandemic on diabetes management, coping strategies and recommended interventions. The perceived impact of the COVID-19 pandemic on diabetes management included limited access to health care workers and diabetes supplies, cancelled or postponed appointments, change in physical activities, difficulty in maintaining a standard diet and diabetes complications. The coping strategies used included emotional eating, religious practices, family support and the use of herbal medications. Participants recommended for financial support, accessible specialized healthcare services, intensifying diabetes education, virtual clinics and providing door-to-door diabetes supplies in emergency situations, like the COVID-19 pandemic. Conclusion: Continuity of care is essential for diabetic women in emergency situations. Such care could be obtained through virtual clinics, readily accessible specialised healthcare services and providing diabetes supplies to women at their residences. Intensifying education on diabetes management, including the use of herbal medications, is important to prevent complications. The study has contributed to Fiji diabetes strategic plan (2020-2030), which aim to increase public awareness, strengthen health systems and promote healthy lifestyle behaviors to reduce non-communicable diseases like diabetes.

Māori and Pacific Women's Pre-diagnostic Experiences of Endometrial Cancer in Auckland, New Zealand.

Dr Karaponi Okesene-Gafa

Introduction: Pacific women in Aotearoa, New Zealand, face disproportionately high rates of endometrial cancer (EC), often diagnosed at later stages. Despite the known links between obesity, diabetes, and EC, little is understood about the pre-diagnostic experiences that shape health-seeking behaviour and diagnostic delay. This study explored EC experiences of Māori and Pacific women in Auckland. Aims: To understand how Māori and Pacific women interpret symptoms, engage with primary care, navigate the diagnostic pathways for EC and their cultural perspectives. The study aimed to inform culturally responsive interventions that improve timely diagnosis and outcomes. Method: Using Kaupapa Māori and Talanoa methodologies, in-depth interviews were conducted with Māori (n=12) and Pacific (n=13) diagnosed with EC between 1/09/2022-30/06/2024 across Auckland. Pacific women (4 Tongan, 7 Samoan, and 2 Cook Island Māori), who consented, were aged between 29 and 71 years. Qualitative data were thematically analysed. Ethics approval was obtained. Results: There was low awareness of EC symptoms. Some normalised symptoms, while others repeatedly raised concerns due to negative impacts, with recurrent GP visits leading to delayed diagnosis. When diagnosed, women were shocked and upset. Most experienced positive interactions with clinicians, others encountered challenges around communication and ethnic bias. Participants valued empathy and culturally safe care. Faith, family support and the availability of Pacific health providers were important. Conclusion: Improving early diagnosis of EC for Pacific women requires greater awareness, timely access to diagnosis and treatment and culturally safe care.

Parallel Oral Presentation Session 4

Room 5 (B1110) | Thursday 2:00 - 3:00 pm

PLANETARY HEALTH | Chaired by Dr Joana Turaganiwai & Mr Isoa Vakarewa

Perceptions on Rainwater Harvesting

Mr Shafraaz Khan

Introduction: Rainwater harvesting (RWH) has emerged as a cost-effective and sustainable solution to address global water scarcity, particularly in regions facing rapid urbanization, climate change, and limited access to clean water. Objectives This comprehensive literature review examines the usability, applications, adoption factors, and safety concerns associated with RWH systems. Methods: The study highlights the versatility of RWH, which ranges from urban uses like irrigation and drainage management to rural applications as a primary water source. Key factors influencing adoption include socio-economic conditions, education levels, policy support, and maintenance practices, with disparities observed between urban and rural settings. Despite its benefits, the safety of harvested rainwater remains a critical issue. Findings: Contaminants from environmental pollutants, roofing materials, and inadequate system maintenance pose health risks, necessitating proper filtration, storage, and disinfection protocols. Case studies from New Zealand, Sri Lanka, and the Pacific Islands underscore the importance of public education and regulatory frameworks to ensure water quality. Conclusion: The review synthesizes findings from multiple studies to propose strategies for enhancing RWH implementation, including community engagement, financial incentives, and integrated water management policies. By addressing technical, social, and economic barriers, RWH can play a pivotal role in achieving sustainable water security globally.

Bacteriological Water Contamination Trends in Fiji

Mr Shafraaz Khan

Introduction: With more than 300 isolated islands making up Fiji, a number of communities utilise untreated water sources, including rivers, streams, boreholes and rainwater. This study aims to analyse bacteriological contamination trends in Fiji's water systems from 2022 to 2024, focusing on indicators such as Escherichia coli and Total Coliforms. Methods: Utilising a retrospective quantitative design, the research will examine pre-existing water quality data from the Fiji Centre for Disease Control (CDC) to identify temporal and divisional patterns, compare contamination levels between treated and untreated water sources, and assess compliance with safety standards. The study leverages Excel-based tools for descriptive and inferential statistical analysis, including temporal trends, divisional comparisons, and contamination rates for the study period. Findings: Preliminary findings highlight critical contamination hotspots and reveal relative contamination levels of untreated water sources utilised in Fiji. By the presentation date, a comprehensive dataset will be available to inform policy recommendations, targeted infrastructure improvements, and community awareness campaigns aimed at reducing waterborne diseases in Fiji. Conclusion: The research underscores the importance of climate-resilient water management and aligns Sustainable Development Goal (SDG) 6 to ensure safe water access. By the presentation date, a comprehensive dataset will be available to inform policy recommendations, targeted infrastructure improvements, and community awareness campaigns aimed at reducing waterborne diseases in Fiji.

Water Quality, Climate Change: Impact on Oral Health

Dr Karan Bhargava

Introduction: This study investigates how climate change and deteriorating water quality affect oral health behaviours and the delivery of oral health services in vulnerable Pacific Island communities. Recognising the unique environmental challenges these communities face, such as rising sea levels, freshwater scarcity, and contamination, this study aims to understand the direct and indirect impacts on oral hygiene practices and access to dental care. By combining environmental data with community health assessments, the research will identify barriers to maintaining oral health and propose adaptive strategies for sustainable service delivery that have been implemented in the Pacific Islands. Methods: The study employs a mixed-methods design, combining quantitative and qualitative approaches. Environmental data on water quality and availability will be collected from governmental and non-governmental sources. A participatory approach will engage national oral health leaders to help co-design practical interventions. Data triangulation will support a comprehensive analysis of the climate–oral health nexus. Conclusion: This research will provide timely insights to guide policy and planning by identifying gaps and innovations in oral health service delivery under climate-related water stress. By capturing oral health leaders' experiences, it will support the development of climate-resilient strategies that strengthen service continuity and community well-being across the Pacific Islands. The findings will also contribute to advancing regional collaboration with the Sustainable Development Goals on health, clean water, and climate.

Parallel Oral Presentation Session 5

Room 1 Main Auditorium | Friday 10:40 - 11:40 am

CANCERS | Chaired by Dr Mai Ling Perman & Dr Anaseini Ratu

Cancer Diagnosis and Screening in Fiji: Urban vs Rural Disparities

Dr Neelam Hazoor Zaidi

Introduction: Cancer continues to pose a significant public health burden in Fiji, with marked disparities observed in cancer diagnosis and screening outcomes between urban and rural populations. This narrative review synthesises findings from existing literature, governmental health reports, and regional cancer data to explore patterns of cancer diagnosis and screening uptake, emphasising the influence of geographical and socio-cultural factors. Methods: Employing a narrative review methodology, relevant peer-reviewed studies, national health documentation, and cancer statistics were critically examined to identify predominant themes related to disparities in cancer diagnosis and screening between urban and rural settings in Fiji. The review focuses on access, participation, and barriers impacting timely cancer detection. Results: Evidence indicates that rural communities in Fiji face significant delays in cancer diagnosis and exhibit lower participation in screening programs, largely attributed to inadequate healthcare infrastructure, economic challenges, and geographic barriers. Conversely, urban populations demonstrate relatively improved access but continue to encounter challenges such as social stigma and insufficient cancer awareness. Breast and cervical cancers were identified as the most commonly reported malignancies, with rural cases frequently presenting at advanced stages. The review highlights substantial gaps in cancer care services, particularly within rural areas. Conclusion: Bridging the urban-rural divide in cancer diagnosis and screening in Fiji necessitates culturally sensitive public health strategies, enhanced healthcare delivery through mechanisms such as mobile clinics and centralised oncology services, and intensified community education efforts. Strengthening data quality and cancer registry systems is also critical to effectively monitor interventions and outcomes. Sustained, targeted efforts are essential to increase cancer screening uptake and facilitate early diagnosis, thereby reducing cancer-related mortality and improving patient outcomes across Fiji.

Laboratory Confirmed Cancer at Lautoka Hospital

Dr Lalit Kumar

Introduction: Cancer is the second leading cause of mortality globally, attributed to 9.7 million deaths in 2022 (WHO, 2023). In Fiji, cancer is a growing public health challenge due to late diagnosis, inadequate treatment infrastructure, and poor follow-up systems. Objective: To determine the incidence and distribution of histologically confirmed cancer cases at Lautoka Hospital for the period 1st January 2023 to 31st December 2023. Methods: This was a retrospective analytical cross-sectional study conducted at Lautoka Hospital. Findings: The study population comprised 350 lab-confirmed cancer cases that were diagnosed at Lautoka Hospital in 2023, with an average of 0.96 new cases per day. Predominantly, breast cancer was 17.1%, followed by cervical cancer 12%, endometrial cancer 11.4%, and hematologic malignancies 9.7%. Other categories comprised stomach 4.9%, colon 3.7%, and unknown primary cancers 5.7%. Treatment intent was distributed as follows: 135 patients (38.6% received care with curative intent, 28.6% were managed palliatively, 29.1% were lost to follow-up, and 3.7% remained indeterminate. Those for curative treatment, 10 refused intervention, 4 died prior to treatment, and 4 died post-operatively. Conclusion: This study portrays the first institutional snapshot of the cancer burden at Lautoka Hospital, revealing high rates of advanced presentations, treatment delays, and system losses. Strategic investment in diagnostics, radiotherapy, clinical oncology teams, and digital patient tracking could significantly improve access to equitable cancer care in the Western Division.

Cancer Control Workstream Design in Polynesian Hospital

Prof Judith McCool & Ms Nalei Taufa

Introduction: Cancer is a major contributor to morbidity and mortality across Polynesian nations, where responses have been fragmented and under-resourced. National cancer control strategies, diagnostic capacity, treatment pathways, and registries are limited or absent. This underscores the need for coordinated, culturally appropriate, and evidence-informed design processes embedded in local systems and guided by Pacific values. This workstream design aimed to: (1) reduce the burden of cancer across Polynesian nations, (2) strengthen health promotion services and reduce risk factors for common cancers, (3) improve early detection and diagnostic capacity, (4) ensure access to treatment, palliative care, (5) improve data collection and establish cancer registries. Method: A co-design methodology was undertaken with the Ministries of Health in Tonga, Tuvalu, Tokelau, Samoa, Cook Islands, and Niue, alongside Te Poutoko Ora a Kiwa and Te Aka. Activities included a gap analysis of cancer control systems, a review of regional and global evidence, and iterative stakeholder engagement. Hybrid workshops and talanoa-based consultations refined national priorities. Results: Monitoring, Evaluation, Research, and Learning (MERL) framework, co-developed with partners, ensured accountability, guided decision-making, and supported capacity strengthening, underpinned by Pacific values and data sovereignty. Cancer Control Workstream Design explored an integrated services model and strengthened approaches to prevention, diagnostics, treatment, and palliative care. Conclusion: Three overarching priorities emerged: Women's Cancers, Palliative Care, and Cancer Registries. Systematic service gaps were identified, and solutions co-designed to reflect national contexts. Collaborative design, grounded in Pacific values and local leadership, strengthened cancer control planning for sustainable improvements across six nations.

Parallel Oral Presentation Session 5

Room 2 (B1106 & B1108) | Friday 10:40 - 11:40 am

RHD | Chaired by Dr Anaseini Cama & Dr Kesaia Nawaqaliva

Evaluation of the national ivermectin-based mass drug administration program for scabies in Fiji

Ms Melaia Liku

Introduction: Scabies is a neglected tropical skin disease caused by the parasitic mite Sarcoptes scabiei var. hominis. Scabies is endemic in many Pacific Island countries with a high burden of disease. Past studies of ivermectin-based mass drug administration (MDA) in small island settings have demonstrated substantial reductions in scabies prevalence. Building on this evidence base, the World Scabies Program and Fiji Ministry of Health and Medical Services conducted a national MDA campaign for scabies control in Fiji in 2022 and 2023. Objective: To evaluate the impact of the national ivermectin-based MDA campaign on scabies and impetigo prevalence in Fiji. Methods: A population-based national survey was conducted in Fiji to assess the impact of MDA on scabies and impetigo using two-stage random cluster sampling. Surveys were carried out before and 12 months after MDA across 9 evaluation units. 10 clusters per evaluation unit were randomly selected, with 25 households per cluster. Clinical examinations using standardised diagnostic criteria were performed, and prevalence rates before and after MDA were compared. Findings: At baseline, 10,866 people were surveyed across 86 clusters, and 12 months after MDA, 9,696 were surveyed across 90 clusters. Scabies prevalence decreased from 6.2% to 3.4% (a 44.6% relative reduction). Impetigo prevalence decreased from 4.3% to 1.2% (71.9% relative reduction). Conclusion: The data from this prevalence survey demonstrates that ivermectin-based MDA can effectively reduce the prevalence of scabies and impetigo. These findings can guide the implementation of similar interventions in other endemic countries.

Pacific youth risk perceptions on Infectious diseases and social media – PRISM study

Dr Jason Tautasi

Introduction: Pacific youth in Aotearoa New Zealand face disproportionate risks from infectious diseases, yet little is known about their perceptions, barriers to care, and preferred health communication strategies—the PRISM study aimed to explore these dimensions to inform culturally responsive interventions. Methods: A mixed-methods approach was used. Quantitative data were collected via an online survey involving 550 Pacific youth aged 16–35, capturing demographics, risk perception, health literacy, and barriers to care. Qualitative data were obtained from 20 focus group transcripts and were analysed thematically to identify recurring patterns and contextual insights. Findings: Survey results showed moderate concern for rheumatic fever (29%) and respiratory illness (29%), with lower concern for STIs (25%). Health literacy was modest across conditions, with most participants rating their knowledge at 5/10. Key barriers included cost (75%), long wait times (65%), and fear of judgment (49%). Social media was a dominant source of health information, with 90% engagement and 61% reporting behaviour change due to online content. Thematic analysis revealed deep distrust in the health system, stigma around STIs, gendered gaps in mental health support, and a strong preference for culturally safe, youth-friendly services. Participants emphasised the importance of relatable messengers, short-form digital content, and trusted adults in health communication. Conclusion: Pacific youth call for empathetic, culturally grounded healthcare and communication strategies. Addressing systemic barriers and leveraging digital platforms can enhance engagement and improve infectious disease outcomes. These findings offer actionable insights for designing youth-centred public health interventions.

Trachomatous scarring, Herbert's pits (HPs) and pannus in Fijian adolescents

Dr. Isikeli Newton

Introduction: Chlamydia trachomatis (Ct) causes trachoma, the leading infectious cause of blindness and a neglected tropical disease targeted for elimination. Severe, recurrent trachoma infections in children can progress to blindness in adults. Azithromycin mass drug administration (MDA) is needed where trachoma prevalence > 5% in children aged 1-9 years. Fiji's 2023 prevalence survey showed the Western Division needed MDA. Post-pandemic challenges required an alternative to MDA to eliminate trachoma. Elsewhere, trachomatous scarring surveys in older children saw Melanesian countries bypass MDA and still obtain validation of elimination. Objectives: To ascertain if trachoma is problematic enough for MDA -To determine concurrent trachomatous scarring, HPs and pannus in children aged 10-14 years.-To determine previous exposure to Ct. Method: Purposive sampling of all 10–14-year-olds from high trachoma-prevalent clusters from the baseline survey. Children underwent ocular examinations for conjunctival scarring, HPs and pannus, and a blood sample was drawn for serological analysis of Ct antibodies. Pre-defined threshold for MDA: 20% any scarring with concurrent pannus or Herbert's pits, OR 5% moderate–severe scarring with concurrent pannus or Herbert's pits. Results: 1.8% (7/395) of children examined had any scar and concurrent limbal signs. Prevalence of anti-Pgp3 antibodies averaged 15%. No correlation between anti-Pgp3 antibody positivity and the primary outcomes of the survey was observed. Conclusion: Trachoma was not problematic, so no MDA was needed. Fiji prepared and submitted its Trachoma Elimination Dossier to WHO.

Parallel Oral Presentation Session 5

Room 3 (B1107 & B1109) | Friday 10:40 - 11:40 am

HEALTH SYSTEMS & POLICIES | Chaired Dr Samuel Ofanoa & Ms Samsun Aiyub

Evaluating the Impact of Standardised Health Reporting Templates in Fiji

Ms Pauline Vosataki

Introduction: In health care, timely and accurate health reporting is essential for effective monitoring, planning, and decision-making. This study examines: impact of the standardised reporting template compared to conventional narrative reports. Focusing on monitoring practices in healthcare settings and evaluating how standardised templates impact the accuracy, completeness, and usability of data. Method: A mixed-method approach: analysis of health reports- 8 facilities and semi-structured interviews- 8 healthcare workers. Results: 6 of 8 HW often used standardised templates and 2 used both, completed daily 1, weekly 2, monthly 3, quarterly 2. Standardised templates are very easy 4, easy 1, neutral 2 and difficult 1. 6 HW mentioned that the standardised template helps reduce reporting time, much more complete 2, more complete 3, about the same 2 and less complete 1. 5 HW felt that using the standardised reports improves data accuracy. Standardised reports are valued: timeliness, consistency, accuracy, efficiency, ease of use and saving time. Challenges: multiple templates, vague indicators, missing qualitative data and delayed submission. Suggested improvements: consolidation, alignment with the plan, inclusion of context-specific data, and clear data definitions. Overall, most recommend continuing the use of the standardised template. Results: Findings highlight the significant advantages of standardised reports in the healthcare monitoring system. Improved completeness and consistency of reports suggest that templates not only reduce human error but also ensure that essential health indicators are consistently captured. Uniformity is crucial for tracking trends in service delivery, disease incidence, and patient outcomes. Conclusion: Adoption of standardised reports strengthens healthcare monitoring systems: promoting clarity, consistency, and more reliable data-driven decision-making.

The Development of Human Research Ethics Committees in Fiji and the Pacific

Ms Etivina Lovo

Research ethics, as a formalised field and practice, developed significantly after World War II, mainly to address the atrocities that happened during the human medical experiments conducted by Nazi doctors in Germany. Before this, ethical considerations in research, particularly with human subjects, were often minimal or non-existent. In the Pacific Island Countries and Territories (PICTS), research ethics were largely unknown until the 1990s, when the Fiji School of Medicine (FSM), in partnership with the Fiji Ministry of Health and Medical Services, developed, established, and managed a health research and research ethics committee. This history of FSM since the 1980s provides the background for health education in PICTS, health research, and research ethics. A situation analysis employing documents analysis was conducted. Documents about research ethics committees in Fiji were identified via the internet and also institutional web pages and archives of relevant organizations. Around 1990, the Fiji National Health Research Committee Guidelines for Health Research 1999 recorded that a Research Ethics Committee was managed by FSM, unknown starting date. Later in years, the MOHMS developed a Fiji National Research Ethics Review Committee, and the FSM also developed its own ethics committee, the College Health Research Ethics Committee, and the College Human Health Research Ethics Committee. In 2019, the CHHREC got an accreditation, and it had the authority to give full research ethics approval to research conducted by staff and students at the college. In 2025, the CHHREC functions will extend to support and develop research ethics committees of other PICTs.

Community-Based Health Coaching for NCD Prevention: A Case Study in the Solomon Islands

Mr Urijah Liligeto

Introduction: Burnscreek is a peri-urban community in the Solomon Islands that has adopted a locally-led model for non-communicable disease (NCD) prevention. In partnership with the 10,000 Toes Campaign, trained community-based health coaches provide NCD screening and deliver lifestyle intervention programs. Objectives: To evaluate the impact of a community-based lifestyle intervention and health coaching on NCD risk factors among adults in Burnscreek. Methods: Between March–April 2025, 210 adults (20–85years) were screened for behavioural and metabolic risk factors for NCDs and assessed for the WHO 10-year cardiovascular disease (CVD) risk. 42 moderate-to-high risk individuals enrolled in a 12-week lifestyle education program focused on diet, physical activity, mental wellbeing, and sustainable behaviour change. Participants were assigned to group education only or group education plus personal health coaching. Findings: Across all participants, mean systolic and diastolic blood pressure fell by 8.2 mmHg and 2.0 mmHg; 61% reduced their CVD risk score (mean change: -1.78%). Waist circumference decreased by 1.5 cm in 64%, fasting glucose improved by 0.38 mmol/L in 47%, and most lost 1-4 kg with reductions in body fat (1-3%) and visceral fat (~1 point). Those receiving personal coaching achieved greater improvements, particularly with SBP (-7.3 vs -3.0 mmHg), CVD risk (-2.45 vs -0.94%), and BMI (-1.08 vs +1.26 kg/m^2). Conclusion: A culturally tailored, community-led model combining screening, lifestyle intervention, and personalised coaching can improve cardiometabolic health and reduce NCD risk.

Parallel Oral Presentation Session 5

Room 4 (B1112) | Friday 10:40 - 11:40 am

RHD | Chaired by Assoc Prof Stephen Howie & Dr Amelita Mejia

Addressing rheumatic heart disease in the Pacific

Dr Joseph Kado

Introduction: Pacific leaders have identified rheumatic heart disease (RHD) as a regional health priority. RHD begins as communicable Streptococcal A infections, driven by environmental conditions, and ends as a non-communicable disease. The Pacific bears a disproportionate RHD prevalence relative to population size (1-3%), affecting young women and marginalised groups. People living with RHD and communities are under-represented in efforts to address RHD. Methods: The Pacific RHD Program takes a dual approach to achieve the end-of-program outcome of improving the capacity of Pacific countries to control RHD. Firstly, the Fiji-based RHD Knowledge Hub provides a nidus for regional RHD control program coordination and support, providing resources, technical expertise, knowledge-sharing, and meaningful linkages. Secondly, focused support is directed to Vanuatu and Solomon Islands to develop locally led RHD control programs to increase awareness, early detection and management of RHD, beginning centrally and using iterative local learnings to inform expansion of the program country-wide. Findings & Results: This Program addresses three key development issues. Firstly, the breadth of RHD necessitates a systems-wide response. Consequently, addressing RHD will have direct benefits, like defining disease burden and improving management, and indirect system benefits like improved laboratory and diagnostic capacity. Secondly, sustainable action on RHD requires a shift to embedded, local Pacific leadership and data sovereignty. Thirdly, consciously engaging lived perspectives in decisions addressing RHD and creating linkages with First Nations' lived experience is a key determinant of the success of the Pacific RHD Program.

The Veituberi Approach: Transforming RHD Through Patient Leadership and Lived Experience

Ms Erini Kala

Introduction: Rheumatic heart disease (RHD), a complication of untreated Strep A infections, is a major global health concern. In Fiji, sub-optimal treatment adherence from limited access and awareness has led to an increasing RHD burden. Method: Heart Heroes Fiji (HHF) developed veituberi, a culturally based approach combining nurturing support and motivational interviewing. This patient-led approach uses lived experience to improve engagement and adherence, while working with existing health, indigenous communities and youth networks. Veituberi, meaning "to guide and assist," represents an indigenous concept emphasising nurturing relationships and empowering growth. It operates through three pathways: Veisikovi: Advocates conduct structured home visits to build trust and allow space for confidential discussions about treatment, challenges, and family-specific solutions. Veitalanoa: Trained champions engage with newly diagnosed patients and families through culturally appropriate dialogue to address fears, explain treatments, and share success stories. Veitauraki: Community-based workshops combine health education with cultural practices to facilitate talanoa sessions, skill-building exercises, and peer support. Results: The implementation of this scheme relies on a network of champions, volunteers, and family members with shared lived experiences, emphasising cultural connection and awareness of community wisdom. It includes regular upskilling for volunteers, coordination with local healthcare providers, and feedback from community members to improve effectiveness. Conclusion: Veituberi demonstrates a culturally sensitive approach integrated with healthcare. Unlike Western medical approaches, veituberi builds trust by speaking the local language, both literally and figuratively. It uses existing community networks and seeks to build a sustainable system to improve RHD prevention, management, health policies, and patient outcomes.

Developments in secondary prophylaxis with benzathine penicillin G

Dr Joseph Kado

Introduction: Benzathine penicillin G (BPG), delivered as an intramuscular (IM) injection every 3-4 weeks, has been the cornerstone of secondary prophylaxis to prevent recurrent streptococcal infections and subsequent rheumatic fever for more than 70 years. Successful delivery of BPG is hampered by the pain and inconvenience of regular IM injections. In parallel, there have been limited efforts to improve the formulation of BPG and ensure sustainable access to high-quality preparations for those who need them most. Methods: Based on population pharmacokinetic (PK) studies conducted in diverse populations, most people receiving IM BPG do not sustain concentrations above the historically accepted target between injections. Findings: Inadvertent subcutaneous injections have favourable PK profiles and high-dose subcutaneous infusions of BPG (SCIP), which can be delivered every 10 weeks, are feasible, cost-effective and preferred among Māori and Pasifika young people in Phase-II trials of SCIP. When compared with IM delivery, SCIP provides better penicillin exposure at all plausible protective target concentrations, including a target lower than the historically accepted target, which has been informed by the CHIPS trial. To accompany recent developments with SCIP, the pipeline for a new formulation of BPG is promising, with a number of novel preparations in pre-clinical animal studies. Conclusion: An improved formulation should be manufactured in a pre-filled syringe, be injectable through a 25G needle and be the smallest possible volume to minimise injection pain. Licensure will include subcutaneous delivery on the product insert. To ensure equitable global access, it should be stable at tropical temperatures and priced ethically.

Parallel Oral Presentation Session 5

Room 5 (B1110) | Friday 10:40 - 11:40 am

SURVEILLANCE| Chaired by Dr Anaseini Ratu & Dr Isikeli Newton

Launching an Online Community Surveillance System in Fiji- FluTracking

Ms Natasha Varea

Introduction: FluTracking is an online community-based surveillance system tracking influenza and COVID-like symptoms in a weekly 15-second survey. With its inception in Australia and expansion to New Zealand, Hong Kong, Argentina, and now Fiji, FluTracking complements traditional surveillance, which often misses community-level illness. Objective: Describe the implementation, outreach efforts and early findings of FluTracking Fiji. Methods: FluTracking Fiji launched on 25 November 2024 through partnerships between the Ministry of Health and Medical Services, Department of Foreign Affairs and Trade, Beyond Essential Systems and Hunter New England Health District. Pre-launch milestones included cabinet approval, IT infrastructure development, Tupaia dashboard and symptom mapping across provinces, local survey and adaptation and community engagement planning. Participant recruitment followed the launch. The weekly survey collects data on symptoms (e.g. fever, cough), absence from work/activities, health-seeking behaviour, test and vaccination status. Weekly reports are published online, and participants receive links to the Tupaia dashboard, which visualises respiratory illness activity by region. Findings: Since launch, 829 participants have registered, with a mean of 145 weekly surveys completed. Targeted email campaigns to civil servants emerged as the most effective recruitment strategy (41% of participants), with cinema and school promotions underway. The mean weekly incidence of influenza-like illness since launch was 3.7%. Conclusion: The aim of reach 500 weekly surveys to strengthen community health surveillance. Ongoing recruitment and engagement efforts will be key to sustaining participation. FluTracking Fiji aims to integrate with national surveillance to provide timely community-level data to guide public health responses.

Strengthening disease surveillance in Vanuatu: Early insights from the eNotification system pilot (October 2024 – June 2025)

Ms Wendy Williams

Introduction: Timely and accurate disease surveillance is essential for public health response, especially in the Pacific Island Countries and Territories (PICTs). In October 2024, Vanuatu launched its first electronic notifiable disease reporting system (eNotification) to strengthen national surveillance capacity for laboratory-confirmed and/or clinically compatible infections. This study aims to describe notifications, data quality and system performance during its initial pilot implementation phase over nine months in 2004-2025. Methods: A descriptive analysis was conducted on notifications submitted between October 2024 and June 2025. Add a sentence here describing how notifications were received (system) and from where (locations). Data were extracted from the eNotification system and analysed using RStudio by disease category, age group, facility type and reporting timeliness. Completeness of key fields such as symptom onset date and contact information for cases was also assessed. Findings: 282 notifications were submitted, with vaccine-preventable diseases (VPDs) (44%), Vector-borne diseases (VBDs) (17%) and other infections (16%) being the most reported. Varicella and dengue virus were the primary drivers of peaks in disease trend in early 2025. 85% of the records were missing symptom onset dates, and 96% lacked phone contact details for cases. Reporting delays were longest for STIs/BBVs. Discussion: The eNotification system shows potential to enhance surveillance in Vanuatu. However, challenges in data completeness remain a critical challenge and must be addressed.

Enhanced Acute Febrile Illness Surveillance in Rural Fiji: A Pilot Study in Waidina Watershed

Dr Meru Sheel

Introduction: Acute Febrile Illness (AFI), defined as fever (≥38°C) lasting under two weeks with systemic symptoms, often presents with non-specific signs, complicating early diagnosis and treatment. In rural Fiji, dengue, leptospirosis, and typhoid are endemic AFI contributors. Existing surveillance lacks diagnostic specificity, consistent exposure data, and timely outbreak detection. Objectives: Guided by One Health and Planetary Health approaches, we will pilot enhanced AFI surveillance through the WISH Pacific program to monitor trends, identify exposures, and determine aetiology using PCR testing for priority pathogens. Method: An 18-month sentinel surveillance pilot will be conducted in the Waidina Watershed, enrolling eligible AFI cases from selected health facilities. AFI is defined as fever (≥38°C or history of fever) within 7 days without localised symptoms, plus at least one of the following: diarrhoea, chills, headache, fatigue, muscle aches, malaise, or dehydration. Enhanced case investigations will collect household environmental and behavioural data. Descriptive and time-series analyses will assess trends and risk factors. Community engagement, including health talks and posters, will raise awareness and promote prevention. Results: Integrated surveillance will generate clinical, environmental, and behavioural data, enabling multisectoral understanding of AFI drivers, transmission pathways, and risk factors. Findings will inform coordinated, evidence-based public health actions and targeted interventions across human and environmental health domains. Conclusion: Insights will guide refinement of the surveillance model for scale-up. Integrating AFI surveillance with watershed monitoring supports a coordinated, cross-sectoral approach to disease prevention in rural Fiji, aligned with One Health principles and applicable to similar Pacific settings.

Parallel Oral Presentation Session 6

Room 1 Main Auditorium | Friday 2:00 – 3:00 pm

MENTAL HEALTH | Chaired by Dr Kartika Gounder & Dr Shanita Sen

Dementia prevention potential in the Pacific

Dr Etuini Ma'u

Introduction: *Twelve potentially modifiable risk factors (less education, hypertension, obesity, alcohol, traumatic brain injury (TBI), hearing loss, smoking, depression, physical inactivity, social isolation, diabetes, and air pollution) account for an estimated 40% of worldwide dementia cases. Differences in risk factor prevalence and patterns of clustering mean these estimates may not accurately represent the risk and prevention potential for dementia in Pacific populations. Objectives: We aimed to calculate the population attributable fraction (PAF) for dementia potential in the Pacific population in Aotearoa and model the impact of potential interventions over 30 years. Methods: We calculated risk factor prevalence for risk factors using the New Zealand Health Survey 2018/19. We calculated the PAF for each risk factor using the calculated prevalence and relative risk estimates from previous meta-analyses. To account for risk factor overlap, we calculated the communality of risk factors and a weighted PAF. We developed a Markov model to estimate the projected proportion of dementia prevented following a hypothetical intervention that proportionally reduced risk factor prevalence by 15% and 25%. Findings: Over half (50.8%) of dementia in Pacific populations is potentially preventable. Modelled projections demonstrated increasing prevalence reduction over time following a 25% reduction in risk factor prevalence, from 3.1% at 10 years to 9.0% at 30 years. Conclusion: The prevention potential for Pacific people is higher than worldwide estimates. The projected impact of interventions targeting risk factor reduction increases over a 30-year time horizon and highlights the need to consider longer time horizons when assessing proposed interventions.*

Pacific Mental Health Series: Samoa, Tonga, Tokelau, Niue

Ms Dantzel Tiakia & Ms Nalei Taufa

Introduction: Mental health disorders are a growing concern in the Pacific, yet access to services remains a paucity. The Pacific Mental Health Survey (PMHS) offers new insights into service use and unmet needs. Objectives: This poster focuses on access to mental health services in Samoa and Tonga, highlighting systemic barriers and opportunities for improvement. Method: Cross-sectional household surveys were conducted in Samoa (n=548) and Tonga (n=452) in 2023. Standardised tools (K10, AUDIT, WHO Happiness Scale, MINI) were administered to assess psychological distress, alcohol use, and common mental disorders. Participants were also asked about prior engagement with mental health services. Results: Despite measurable prevalence of psychological distress (Samoa 7.9%; Tonga 6%) and alcohol use disorder (Samoa 5.1%; Tonga 8.2%), over 95% of respondents in both countries had never accessed formal mental health services. Youth (18–29 years), males, and urban residents were most affected. Findings point to significant underdiagnosis, stigma, and limited availability of culturally safe services. Conclusion: Unlike the oral presentation, this poster centres on service access. Results highlight the urgent need to expand culturally adapted, youth-responsive, and community-based care models to address unmet needs and reduce inequities in the Pacific.

Parallel Oral Presentation Session 6

Room 2 (B1106 & B1108) | Friday 2:00 - 3:00 pm

NURSING EDUCATION | Chaired by Dr Akisi Ravono & Dr Keresi Bako

Facilitators and barriers in the transition of Newly Graduated Nurses

Ms Samsun Nisha Ayub

Introduction: Transitioning into the role of a professional nurse can be enhanced by supportive mentors for the newly graduated nurses (NGNs). Senior nurses must be equipped with resources and ample training to precept the NGNs in the new environment. The purpose of this study was to gain knowledge about the experiences of senior nurses who mentor the NGNs during transition at Colonial War Memorial Hospital (CWMH) in Suva, Fiji. Methods: A qualitative descriptive phenomenological study design was followed. Data collection was done by one-to-one interviews using structured interview questions by the researchers. A purposive sample of eleven (11) senior nurses who are in direct contact with the NGNs during their first year of practice was chosen after Ethical approval from FNUHHREC, the Medical Superintendent and the Director of Nursing of CWMH was gained. The interview was audiotaped, and notes were written that were transcribed verbatim and responses were later segmented into clusters and themes. Findings: The results indicated that senior nurses had positive and negative experiences while supervising the NGNs. The participants indicated that the role and characteristics of mentoring expectations are not duly met due to a lack of resources and no training provided to them for supervising the NGNs, recommending a preceptorship manual to assist them. Conclusion: Supporting NGNs through preceptorship is vital for a smooth transition, retention, and reducing the theory-to-practice gap. Ongoing support for the senior nurses by reducing the hours of practice, training and ample resources would improve the supervision for the new nurses.

Enhancing Blood Culture Collection Practices Amongst Medical Interns at Colonial War Memorial Hospital, Fiji

Ms. Ilisapeci Nabose

Introduction: At Colonial War Memorial Hospital, Suva, Fiji, gaps in aseptic technique among medical interns were identified as a contributing factor to increasing blood culture contamination rates. As part of an ongoing Infection Prevention and Control (IPC) quality improvement initiative, targeted training sessions were implemented to enhance competence in blood culture collection. Aim: Enhancing blood culture collection practices through IPC-focused targeted training. Method: Three key interventions were implemented. 1. Standard operating procedure (SOP): The blood culture collection SOP was revised, emphasising the use of aseptic technique. 2. Training Program: 56 medical interns attended training, which included hand hygiene, skin antisepsis, and aseptic technique. 3. Practices Audit: Pre- and post-training audits were conducted to monitor collection practices. Results: 21 pre- and 19 post-training audits were conducted in the Emergency Department and Acute Wards. Pre-workshop compliance rates were low; hand hygiene compliance was 38.1%, betadine skin preparation was 52.4%, allowing betadine to dry 33.3%, and bottle cap removal and betadine wipe 14.3%, although sterile glove use was 100%. Post-training, compliance improved markedly: hand hygiene increased to 74.1%, betadine skin prep to 70.4%, allowing betadine to dry to 37.0%, and cap removal/wiping to 29.6%. Shortages of betadine and sterile packs were noted, affecting the ability to comply with the SOP. Conclusion: Training of medical interns led to improvements in compliance with the revised blood culture collection SOP. The audit showed progress but also highlighted gaps in aseptic technique and the requirement for ongoing training.

Theory-Practice Gap: Challenges Experienced by Senior Nurses while Supervising Newly Graduated Nurses During Transition

Ms Vani Rainima

Introduction: Newly graduated nurses find the first year of transition to be challenging and inadequately prepared by the educational institutes, requiring enormous amounts of support and guidance to develop clinical and leadership skills. Aim: The study aimed to explore ideas on mentoring new graduates during the transition to clinical placements. Methods: The study population consisted of twelve purposively selected senior nurses at CWMH, Fiji, employing a qualitative descriptive study. Data was collected through one-on-one interviews, and thematic analysis was done to derive themes to form the results. Findings: A theory-practice gap was mentioned by the senior nurses who supervised the newly graduated nurses (NGNs) in their units, and knowledge gaps also existed between the NGNs and the supervisors, claiming that they need to be on par with knowledge and skills to effectively supervise and train the NGNs for the role they will play in the future. Discussion: Senior nurses experienced challenges while supervising the NGNs, who had difficulty in integrating theory and practice, a gap in knowledge and a lack of training provided to them while supervising NGNs. Conclusion: Innovative pathways between educators from the universities and the clinical setting are required to bridge the gap between theory to practice. Continuous in-service training, mentorships and teamwork would also assist the transition of NGNs in the nursing profession. An effective integration of theory with practice and upgrading the knowledge and skills of senior nurses through continuous training is recommended.

Parallel Oral Presentation Session 6

Room 3 (B1107 & B1109) | Friday 2:00 - 3:00 pm

HEALTH SYSTEMS & POLICIES | Chaired by Dr Sainimere Boladuadua & Dr Hemanth L

Uncovering ethnic and other variations in drowning mortality in Fiji during 2016-2022.

Dr Serene Shrestha

Introduction: The prevention of drowning, a leading cause of injury-related mortality and morbidity, benefits from epidemiological detection of at-risk demographics and incident factors. Objectives: This study utilised empirical data to identify at-risk groups for drowning in Fiji in order to make targeted recommendations around drowning prevention. Methods: Using unit record mortality data from Fiji's Ministry of Health and Medical Services (medical certificates of cause of death) and Fiji Police Force (forensic pathology autopsy reports), a national retrospective population-based analysis of unintentional drowning in Fiji between 2016 and 2022 was conducted. Analysis comprised of drowning rates by sex, ethnicity, age group and geographic location of drowning. Findings: Drowning risk differentials were identified, particularly by ethnicity, with high drowning rates among iTaukei males (10.5 per 100,000 population) relative to male Fijians of Indian descent (5.9 per 100,000), and iTaukei females (3.2 per 100,000) relative to female Fijians of Indian descent (0.6 per 100,000). Drowning data needs improvement, as prior to data cleaning, 100% of accidental drowning cases were coded to 'unspecified accidental drowning and submersion', which provides limited insight into causal factors and negatively impacts the design of targeted prevention interventions. Conclusion: Ethnic differences in drowning risk profile must be measured and monitored in Fiji, with further research needed to determine how water exposure and usage patterns differ by ethnic group. Furthermore, data improvements are vital to ensure all drowning deaths are identified and coded correctly.

Electronic Nicotine Delivery Systems (ENDS) in Samoa: A Threat to Public Health

Dr Ralphen Viane

Introduction: Electronic Nicotine Delivery Systems (ENDS), including e-cigarettes and vapes, pose emerging public health risks for Samoan youth, including nicotine dependence, impaired brain development, respiratory and cardiovascular issues, and potential progression to cigarette smoking. Despite 2019 amendments to the Tobacco Control Act to include ENDS, the lack of operational regulations has created enforcement gaps. Objectives: To examine perceptions, motivations, and contextual factors influencing vaping among Samoan youth; assess awareness of health risks; and analyse the regulatory environment to inform evidence-based recommendations. Methods: A qualitative study with 50 purposively selected students (aged 18+) from the National University of Samoa and the University of the South Pacific (Samoa campus) using semi-structured interviews and focus groups to explore ENDS-related knowledge, attitudes, and social influences. Thematic analysis in NVivo was complemented by a narrative review of literature, WHO FCTC reports, policy statements, and 2023–2025 media and government releases. Findings: Flavoured products, peer influence, and social media imagery were key drivers of initiation. Most participants perceived vaping as less harmful than smoking, with limited awareness of nicotine content or health risks. Social acceptability, concealability, and weak enforcement facilitated use; some reported dual use of tobacco and ENDS. Legislative gaps permit continued importation and distribution, with Samoa lagging behind regional counterparts in imposing effective restrictions. Conclusion: Vaping is becoming embedded in Samoan youth culture, driven by misinformation, marketing, and policy gaps. Urgent action is needed through targeted health communication and enforceable regulations to prevent long-term nicotine dependence and related harms.

DFS disease burden on surgical services at Lautoka Hospital

Dr Rahul Krishna Reddy

Introduction: Diabetes is a major public health problem in Fiji, with DFS being a major source of preventable morbidity among diabetic patients. However, there is no published literature available about the impact of DFS disease burden. Objective The aim of this study was to assess the DFS burden on surgical services at Lautoka Hospital by statistically analyzing demographics, clinical presentation, surgical intervention and treatment outcomes. Methods: A retrospective cross-sectional study was conducted between January 1sts 2024 and 31st December 2024 at Lautoka Hospital in Fiji. Data was analyzed using SPSS version 25. Findings: Study population included 313 patients predominately female (67.7%). Majority of patients (57%) were between the ages of 41-60yrs. cardiovascular disease was the most common (57.5) associated comorbidity. Most of the surgical procedures performed at Lautoka Hospital are DFS related (89.9%) with BKA being the common amputation procedure performed (28%). Majority of the procedural delays are due to inadequate optimization (69.1%) with 68.5% of patients requiring blood transfusion. Escalation of surgical intervention is the most common outcome of procedural delay (21.1%). The median length of hospitalization was 7 days. 43.8% of patients developed bedsores. Conclusion: This study provides deeper insights into DFS in order to reduce the disease burden on the surgical services at Lautoka Hospital and improve care. This study is a single center study conducted retrospectively thus limiting variables explored. A multicentered study is recommended to fully understand DFS disease burden in Fiji.

Parallel Oral Presentation Session 6

Room 4 (B1112) | Friday 2:00 - 3:00 pm

NON-COMMUNICABLE DISEASES | Chaired by Dr Manueli Kavika & Dr Filimoni Raikanikoda

Role of FBOs on the prevention of cardiovascular diseases in Solomon Islands: Qualitative Study

Mr Alfred Sione

Cardiovascular diseases (CVDs) remain the leading global cause of death, with disproportionate impacts in low-resource settings like the Solomon Islands. While faith-based organisations (FBOs), particularly Christian churches, have strong community influence, their potential role in CVD prevention is understudied. This qualitative study explores health academics' perspectives on FBOs' capacity to address CVD prevention gaps where healthcare infrastructure is limited. The research aimed to: (1) examine FBOs' influence on health behaviours, (2) evaluate current prevention strategies, (3) assess FBOs' potential to enhance efforts, and (4) identify integration approaches. Using grounded theory methodology, researchers conducted eight in-depth interviews with health professionals from Solomon Islands National University, analysing data through thematic framework analysis in NVivo-12. Results identified three key roles for FBOs: (1) forming strategic partnerships to overcome resource limitations, (2) delivering health education to remote populations, and (3) leveraging church leadership to promote culturally appropriate interventions. The Seventh-Day Adventist Church emerged as particularly effective in health integration. However, socioeconomic and cultural barriers limit broader implementation. The study concludes that FBOs represent a vital but underutilised resource for CVD prevention. Their established community trust and reach position them as ideal partners for public health initiatives. Future efforts should focus on leadership engagement and culturally adapted programming while addressing structural barriers. These findings highlight the potential of faith-based approaches to complement traditional healthcare systems in resource-limited settings.

Factors Affecting Health-Seeking Behaviour of Diabetic and Hypertensive Patients in Solomon Islands

Mr Arnold Larua Nguduamae

Introduction: Chronic diseases such as diabetes mellitus (DM) and hypertension (HTN) pose a significant challenge in countries with limited health resources such as Solomon Islands where access to these vital services is often limited. Understanding the health seeking behavior (HSB) of people with DM and HTN in such settings is critical for improving health outcomes and health care services delivery. Method: A qualitative study was conducted on twenty-six participants with both DM and HTN living in Honiara, Solomon Islands to explore their experiences, perceptions, and attitudes towards HSB. Data were thematically analysed. Results: The study identified several factors affecting the HSB of people with DM and HTN in Honiara. Demographic characteristics including age, gender, education status, household income, and employment status were found to perform significant roles in shaping health care health seeking decisions. Furthermore, health literacy, beliefs and practices, and experiences and insights, financial constraints, social support, accessibility, and types of health services available emerged as important determinants of HSBs. Conclusion: The findings emphasized the complex interaction of factors affecting the HSBs in Honiara, Solomon Islands. By understanding the determinants of HSBs, health care professionals, policy makers, and various stake holders can develop targeted strategies to improve health outcomes and promote effective management of DM and HTN in this setting. Furthermore, the study made recommendations to the Ministry of Health and Medical Services (MHMS) Solomon Islands, the donor agencies and non-government organisations (NGO), and the community leaders.

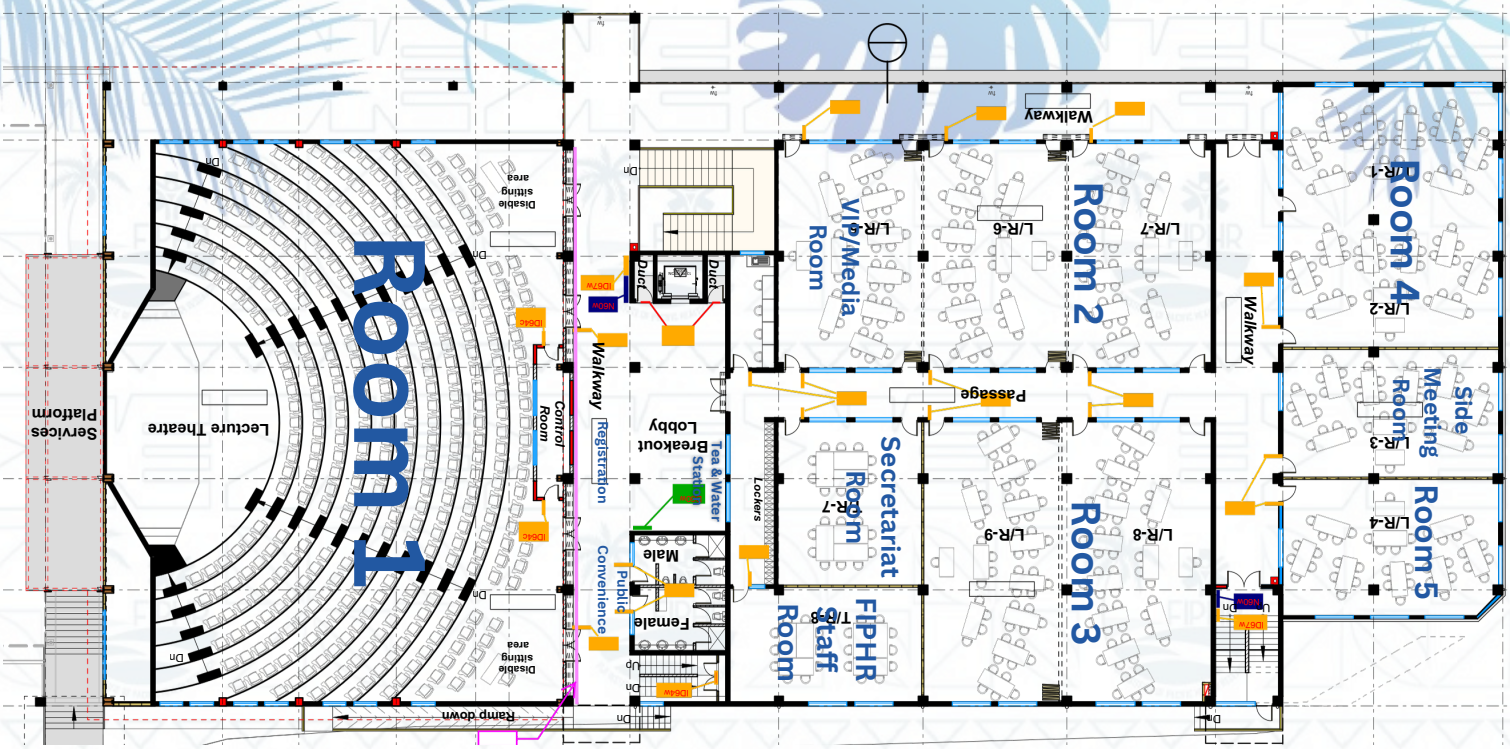
Difficult deaths, unfinished mourning: The experiences of Fijian frontline healthcare workers during and after COVID-19.

Dr Sharon McLennan

Background: By late 2021, Fiji had the highest COVID-19 mortality rate in the Pacific. Healthcare workers (HCWs) cared for large numbers of dying patients in overburdened clinical contexts, while facing personal losses. The inability to observe traditions for farewelling the dead compounded grief, leaving lasting emotional wounds. Objectives: To examine how the scale of death and the disruption of mourning and burial traditions shaped HCWs' professional roles, emotional well-being, and resilience during and after the COVID-19 crisis in Fiji. Methods: Guided by the FVRF, six group and 14 individual talanoa sessions were held with a total of 80 HCWs across Fiji (February-June 2025). In response to exploratory questions about pandemic experiences, participants shared stories of loss and enduring grief. Additional talanoa are planned for 2026. Results / Discussion: HCWs described the distress of caring for dying patients without family, preparing bodies for burial under strict protocols, and witnessing deaths that broke cultural and professional norms. They assumed new roles – enforcing restrictions, sterilising wards, and managing funeral preparations – amid severe workforce shortages. The absence of traditional mourning practices deepened personal and collective grief. Many reported that they were unable to access mechanisms of support, meaning these losses remain vivid and unresolved. Limitations: The use of talanoa with 80 participants provides rich insights, but limits the breadth and generalisability of the findings. Conclusion: The research highlights the deep and lasting imprint of pandemic-related death and disrupted mourning on Fiji's health workforce, and the need for crisis responses that safeguard both physical and cultural dimensions of end-of-life care.

PIHRS 2025 Floor Plan

First Floor Plan



Ground Floor Plan