

Monolingual monologue: regional issues of professional communication from *Pacific Health Dialog*

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Abstract

The Pacific Health Dialog (PHD) is a Journal of Community Health and Clinical Medicine with a Pacific focus. A analysis of all nine PHD issues from 1994 to 1998 was made for origin of author and content. Tally sheets were used to compile data from which the tables were constructed. The results showed that of the 15,000 journals printed 70% were distributed to Pacificans. There were 287 items published by 489 authors of which 37% were Pacificans who were also the first or only author in 37% (excluding the authors of book reviews, editorials reprints, letters and abstracts). The contents of PHD have all been written in English even though the policy allows for any major Pacific language. Therefore a monolingual journal has emerged in spite of a multilingual policy. There has been minimal dialogue or discussion in PHD and not much of the content has been challenged, so the papers have

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become monologues by the authors. Thus we have a monolingual monologue. PHD is donor dependent with a hand to mouth existence. Funding covers only part of the expenditure and the balance comes from a 'labour of love' from many people. Despite this, PHD continues to grow. The development of PHD has demonstrated that a participatory media can increase the Pacificans role in health information dissemination throughout the Pacific. Many of the Pacific authors (73.5%) have never published previously. Since 1994 PHD has come a long way and contributed much to Pacific based research. It addresses a wide variety of topics and problems and not just the need for medical information. PHD has become the prototype for regional health communication in terms of participation, ownership, development, maintenance and its use of 'labour of love' resources.

Introduction

The sharing of information among health workers in the Pacific faces many challenges – such as the multiplicity of languages and cultures; distances between and within countries; varying degree of English literacy; range of health workers; poor quality and access to communication technology; and general deprivation due to lack of resources are the major challenges^{1,2}. These limit and inhibit north-south and east-west dialogue among Pacific countries regardless what communication medium is used to share health information.

This paper describes our experiences with *Pacific Health Dialog: Journal of Community Health and Clinical Medicine for the Pacific* (PHD)³. The other journals in the Pacific proper (*Hawaiian Medical Journal*, *Papua New Guinea Medical Journal*, *Fiji Medical Journal* and the *Fiji General Practitioner*), focus mainly on clinical medicine and issues of local interest while PHD is a health journal with regional focus. This means that PHD also includes papers from outside the Pacific but with themes pertinent to the Pacificans.

It is the intention of this paper to discuss issues related to regional professional communication about health in

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an interdisciplinary, multidisciplinary and multisectorial industry within the Pacific region. A description of PHD and its processes is followed by an analysis of its content from inception to the ninth issue (1998 first issue)³. These provide a platform for commenting on regional professional communication, telehealth and suggesting Pacificcentric strategies for the future.

The conception of *Pacific Health Dialog* (PHD)

The idea of a Pacific regional health journal was discussed between the Samoan Medical Association and the Tongan Medical Association as early as 1978. An informal approach to the Fiji Medical Association to share the *Fiji Medical Journal* and perhaps change the name to reflect the new Pacific regional status was blankly refused. Among other reasons, the name was not to be changed. It was obvious that few remembered when the *Fiji Medical Journal* was a Pacific regional medium called the *Native Medical Practitioner*⁴ with articles by the medical practitioners from many of the Pacific countries.

In 1989, the concept emerged again at the Pacific Basin Medical Officer Training Program (PBMOTP), University of Hawaii at Pohnpei, Federated States of Micronesia. The staff and students made a commitment to deliver a Pacific regional journal – initially as an organ of the PBMOTP. This raised a few eyebrows and cracked a few all-knowing smiles throughout the learned institutions of the Pacific proper and the rim countries. However it was felt that this legitimate idea had had a long enough gestation and that the first issue needed to be delivered.

First a name was needed. Through a participatory process Pacific Health Dialog was suggested by Dr. Jan Pryor and accepted by the very first Editorial Committee. Dr. Pryor stipulated that this venture would be “*the cheapest PHD that anyone could buy*”. Funding, articles, advisory boards and layout design was finalized. And in March 1994, the Inaugural Issue was delivered without any fanfare - it was certainly an insignificant event in the realm of Pacific affairs but an essential delivery nevertheless. The conception and delivery of PHD is dreams, aspirations, blood, sweat and tears all wrapped in banana leaves hoping at least to tickle health intellects into self-determination. It is short of feeding the multitude but a beginning of Pacification of recorded health intellectual property.

Aims and objectives of PHD

In setting the framework for PHD as a regional professional communication medium, many factors needed to be incorporated. The approach had to be developmental, capacity strengthening and lead ultimately to empowerment⁵. Therefore PHD aims to support Pacific research and authors. From the outset the concept of this Pacific health journal was ignored by or attracted paternal and maternal sympathies from the Pacific rim institutions, simply because those did not produce academic professional health journals. However the delivery of PHD was all ready a foregone conclusion.

The aims of PHD are to:

- Improve health service to and health status of Pacificans through sharing of appropriate Pacificcentric information and dialogue;
- Provide a medium to unite Pacific health workers for the safety and economy of scale, physically and intellectually; and
- Generate Pan-Pacific and ethnic specific identities necessary for “unity in diversity” within the Pacific Ocean that connects, rather than separates, the islands and peoples.

The PHD is envisaged as the health medium of the parent institutions. The common objectives of these institutions are those of PHD. These include:

- Developing indigenous insider researchers and research;
- Encouragement of written composition within largely oral traditions;
- Enhance the quality and quantities of Pacificcentric intellectualizing and analysis for health and health service development;
- Assist in the development of the vernacular as a language of health science and decrease ambiguity;
- Dissemination of health knowledge and experience between countries, ethnic groups and different levels of health workers in the Pacific;
- Provide a written referenced information database on Pacific health; and
- Support the training and continuing education of Pacific health providers.

At PHD we define Pacificans as descendants of Pacific indigenes with commitments to Pacific societies and families and preferably with proficiency in any of the hundreds of indigenous and vernacular languages of the Pacific. Getting a Pacifican to write has needed coaxing, persuasion, bribing, arm-twisting and “blackmail”. The editors and peer reviewers spend much time working with the authors to review, re-write, reformulate, refocus and

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redo papers. This is a time consuming and resource intensive labour of love but all feel so much better with the final product. This of course is a service not available in any health professional journal in the world – it is a uniquely Pacific developmental approach. In fact, the editor of the *Native Medical Practitioner* was admonished in 1932 for doing the very same thing because it made the natives look better than apparently expected⁴.

The target audience of PHD is all those working in the health sector and on the determinants of health, regardless of discipline or sector. PHD covers health holistically and defines the subject and object as the Pacificans. These include New Zealand Maori, Australian Aborigines, and all those in the countries and jurisdictions of the Pacific proper and Pacificans anywhere in the world.

The Language of PHD

The language of PHD is any of the major ones used in the Pacific. A simple definition is that the major languages are those into which the Bible has been translated. This approach has ensured readership, editorial capability, reviewers and translation capacity. So far the articles have been only in English – the dominant monolingual medium for regional dialogue. The September 2000 issue will be in English and French but so far none of the countries have indicated a vernacular issue or any of the papers submitted in any language other than English.

The review process has been designed to address cross-disciplinary understanding and the varying competencies in English. Papers are read and reviewed by the professionals from disciplines other than those of the authors. For example, a non-clinical social scientist and a Pacifican for content, syntax, and vocabulary will review a clinical paper. The editors may assist with simplification of words and phrases or request assistance of English as a second language expert. The dialogues between quantitative and qualitative researchers have been interesting – each complaining the other has not done justice to their work, respectively. Clinicians have mostly complained that qualitative research papers are not scientific enough. Amidst this discussion the editors have negotiated unwilling bedfellows to accept the difference as an opportunity to examine the unusual without necessarily sleeping together.

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The development of PHD

The Gannet Foundation (Guam and the U.S.) and, appropriately, the Maternal Child Health Centre (Guam) funded the Inaugural Issue. Since then, funding has been generously provided by various regional and international agencies to pay for a print run of 1000 to 1500 per issue and distribution costs (See Table 1). Production costs have included printing, layout and management of database. The editors have donated their time as labour of love. The cost of each issue have varied from US\$10,000 to US\$20,000 depending on the number of pages in the issue, which can substantially increase production and distribution costs.

The number of pages in PHD has varied between 84 to 224 pages. The covers have always been colourful and competed well with the numerous tourist brochures that saturate the Pacific. So far most of the covers of PHD have featured paintings by Ms. Valerie Hunton, the PHD foundation artist. The *Health of Native Hawaiians* issue featured Douglas Po'olua Tolintino. Other Pacific artists will also contribute to future PHD issues.

Resource Books Ltd in Auckland, New Zealand, publish the journal and manage subscriptions, production and distribution. The founding editor, Dr. S.A. Finau, has been working on PHD from various bases including Pohnpei (Federated States of Micronesia), Noumea (New Caledonia), Alice Springs (Australia), and Auckland (New Zealand). Specialist editors from various locations have ably assisted the editor. Dr. Gregory Dever (Book Review Editor from Pohnpei and Palau), Dr. Annette Sachs Robertson (Abstract Editor from Pohnpei, Chicago, and Iran), Dr. Rex Hunton (Associate Editor – Pohnpei, Fiji and Kerikeri in New Zealand) and Dr. Jan Pryor (Technical and MHRDC Editor – Pohnpei, Hawaii and Fiji). Dr. Patrica Sand (Pohnpei and California) was the Abstract Editor for the Inaugural Issue, Vol. 1 No. 1, 1994.

At first, PHD was supported by the Pacific Basin Medical Officers Training Programme (PBMOTP) of the John A. Burn School of Medicine, University of Hawaii located in Pohnpei, and the Fiji School of Medicine in Suva. In 1996 the Pacific Basin Medical Association (PBMA) became the third parent for PHD and Dr. Victor Yano of Palau joined the editorial committee. In 1997 the Pacific Health Research Centre, University of Auckland, became the fourth parent. The newest parent is the Micronesian Health Resource Development Centre (MHRDC) formerly based in Pohnpei and now in Palau. Now that the PBMOTP has closed, support

Table 1. PHD profile, 1994 – 1998

PHD issue theme	Year & Volume	No. of pages	Issue Editors	Print run	Funders
Inaugural Issue	1994 May Vol.1 No.1	84	S.A. Finau	1000	Garnet Foundation & Guam Maternal Child Health Centre.
Pacific Child Health	1994 Sept Vol.1 No.2	84	K. Buse H. Larson S.A. Finau	1500	UNICEF (Suva) with special assistance from South Pacific Commission (SPC)
Population, Women & Development	1995 March Vol.2 No.1	180	S.A. Finau	1500 1500 reprint	UNICEF, UNFPA with assistance from SPC & the South Pacific Alliance for Family Health (SPAFH)
AIDS, STD and Sexuality in the Pacific	1995 Sept Vol.2, No.2	188	S.A. Finau	1500 500 reprint	SPC & reprint by Northern Regional Health Authority Auckland, New Zealand.
Non-Communicable Diseases in the Pacific	1996 March Vol.3, No.1	132	R. Hunton	1500	AusAID and SPC
Communicable Diseases & Environmental Health in the Pacific	1996 Sept Vol.3, No.2	180	G. Dever	1500	AusAID through Australian Embassy, Federated States of Micronesia.
Medical Education and Health Reform	1997 March Vol.4, No.1	224	S.A. Finau G. Dever	1500	United Kingdom ODA, Pacific Aid Management Office, Fiji
Pacific Peoples of New Zealand	1997 Sept Vol.4, No.2	184	C. Tukuitonga S.A. Finau	1500	Pacific Health Research Centre, University of Auckland and the Health Research Council of New Zealand
Emerging and Re-Emerging Diseases in the Pacific	1998 March Vol.5, No.1	224	M. O'Leary S.A. Finau	1500	WHO, Western Pacific Regional Office with special assistant from PHRC
Totals		1480		15,000	

Note: The content pages of all issues are available at: <http://www.resourcebooks.co.nz/phd/phd.htm>

is in the hands of the four surviving Pacific regional institutions. Other regional organizations have been supportive including SPC, WHO, UNICEF, UNFPA, and SPREP (see Table 1). The Pacific countries have also been very supportive allowing their staff to participate in the numerous activities necessary to produce, distribute and use a regional health journal.

There is regional enthusiasm for submission of papers and a sense of ownership. The first three issues are becoming collector's items as the request for back copies has surpassed supply. Some volumes, where the bulk demand has been large enough, have been reprinted (see Table 1). Some countries have requested that PHD issues be dedicated to a particular jurisdiction rather than the current thematic issues. The first ethnic-specific issues was "Pacific Peoples of New Zealand" Volume 4 Number 2 1997. Other issues scheduled to come include Health of Native Hawaiians II; Health in Fiji and the Pacific; and Health of Tongans and other Pacificans. The other jurisdictions that have indicated interest to produce a

PHD issue include Palau, Samoa, Guam and the Federated States of Micronesia.

PHD subscriptions and distribution

All this enthusiasm has not translated into sufficient subscriptions to provide a self-supporting publication. PHD is still dependent on donor funding and labours of love. There are about 200 paid subscriptions to date, of which 90% are from outside the Pacific. The subscription rates have been deliberately low at NZ\$49 in 1994 to NZ\$69 in 1998 per year. It can cost up to US\$12 (NZ\$20) to post a PHD to Europe and the US. Investigations to shift distribution to Fiji indicated no cost saving. The production costs have been variable depending on the cost of paper, petrol and persons. Very occasionally, a paid advertisement has been received but the procurement of advertising has been difficult and cumbersome with discouraging results.

Table 2. Number and percentage of Pacific authors, by PHD issues (1994 – 1998).

PHD issue theme	Total no. of papers	Total no. of authors	No. of Pacifican authors (% total authors)	No. of individual Pacificans
Inaugural Issue (Vol. 1, No.1, 1994)	20	34	16 (47%)	14
Pacific Child Health (Vol. 1, No. 2, 1994)	19	25	9 (36%)	7
Population Women and Development (Vol.2, No. 1, 1995)	33	38	11 (29%)	10
AIDs, STD and Sexuality in the Pacific (Vol. 2, No. 2, 1995)	38	55	25 (45%)	23
Non-Communicable Diseases in the Pacific (Vol. 3, No. 1, 1996)	30	63	22 (35%)	22
Communicable Diseases and Environmental Health in the Pacific (Vol. 3, No. 2, 1996)	41	66	20 (30%)	19
Medical Education and Health Reform (Vol. 4, No. 1, 1997)	38	79	34 (43%)	27
Pacific Peoples of New Zealand (Vol. 4, No.2, 1997)	32	45	16 (36%)	11
Emerging and Re-Emerging Disease in the Pacific (Vol. 5, No. 1, 1978)	36	84	27 (32%)	27
TOTAL	287	489	180 (37%)	160

In 1998, true to its regional and international purpose, a PHD website was produced and linked to the Resource Books website. It is proposed to make the full text of past PHD papers available online or on disk. Funding is the most important constraint.

Distribution has also been at Pacific gatherings or international conferences. About 70% of PHD is distributed free to Pacificans, 28% to the rest of the world and about 2% is kept as stock supply. Most now have only a few back issues left.

There has been misspelling, missing authors' names, poor grammar, wrong addresses and delays in produc-

tion - but PHD has persevered. In March 1995, a reader's survey was inserted in PHD but only five very positive and encouraging completed forms were returned. Since then we have relied on sporadic feedback, mostly oral, to the editors. This has been supportive and encouraging. Despite these tribulations, these challenges have only strengthened the parental resolve.

Method of content review

The nine PHD issues from 1994 to 1998 were examined by section. The sections are: Editorial, Original Papers, Case Reports and Short Communications, Conference Reports and Papers, Review Papers, Viewpoints and

Table 3. PHD sections, by number of authors*

PHD sections	No. of papers	Total no. of authors	No. of Pacifican authors (% total authors)
Editorial	30	35	14 (40%)
Original Papers	61	154	61 (40%)
Case Report and Short Communications	42	67	37 (55%)
Conference Reports and Papers	46	58	29 (50%)
Review Papers	26	45	5 (11%)
Viewpoints and Perspectives	35	45	14 (31%)
Discussion Paper	1	1	1 (100%)
Pacific Health Institutions	30	45	12 (27%)
Book Reviews	31	32	3 (9%)

*The Letters to Editor, Abstracts and Reprints are excluded.

Table 4. Number and frequency (%) of Pacific and non-Pacific authors, by rank of authorship, 1994 - 1998*

Authorship rank	No. of Pacifican authors (% frequency)	No. of non-Pacific authors (% frequency)	Total no. of authors (% frequency)
Single Author	64 (39.0)	89 (34.4)	153 (36.4)
First	29 (17.7)	67 (26.0)	96 (22.7)
Second	33 (20.2)	53 (20.5)	86 (20.4)
Third	17 (10.4)	27 (10.5)	44 (10.4)
Fourth	9 (5.5)	10 (3.9)	19 (4.5)
Fifth	5 (3.0)	5 (1.9)	10 (2.4)
Sixth	3 (1.8)	3 (1.2)	6 (1.4)
Seventh	3 (1.8)	1 (0.4)	4 (0.9)
Eighth	1 (0.6)	3 (1.2)	4 (0.9)
Total	164 (100)	258 (100)	422 (100)

*Book Reviews, Editorials, Reprints, Letters and Abstracts are excluded.

Perspectives, Book Reviews, Pacific Health Institutions Abstracts, Letters to the Editor and Reprints.

Each of these sections was reviewed for origin of the author and its content area. The numbers of papers, authors and country of focus were listed by content area. Tally sheets were used to compile the data from which the tables were constructed. Some of the tables excluded the sections on Book Review, Reprints, Abstracts and Letters to Editors.

Result of content review

The first nine issues of PHD are summarized in Table 1. PHD produced 1480 pages of health information in 9 issues. A total of 15,000 copies were printed. About 70% of these were distributed to Pacificans, 28% to others and 2% were maintained as stock. The stock has been depleted for 3 issues and back copies are no longer available. Future plans include making these available on the internet.

There were 287 items published in the first 9 issues of PHD by 489 authors of which 180 (37%) were Pacificans (See Table 2). There has been an average of 32 items per issue and about 2 authors per item.

Table 3 shows the number of papers and authors by PHD sections. The Pacificans need to contribute more to Book Reviews, Pacific Health Institutions, Viewpoints and Perspectives, and Review papers. There has only been one Discussion Paper due to potential authors' unwillingness to be openly criticized. Similarly there has only been 2 letters commenting on published articles and the rest were just making statements on non-published topics.

There were 77 papers abstracted with editorial comments.

The Pacificans were first or the only author in 93 (37%) of the papers excluding the Book Reviews, Editorials, Reprints, Letters and Abstract (see Table 4). The frequency by authorship rank of Pacificans was similar to non-Pacificans but the former need to catch up numerically. Table 5 shows that 113 Pacific individuals participated in 164 papers. Most of these Pacificans (73.5%) were first time authors.

The published articles in PHD covered a wide range of health issues (see Table 6). The articles probably reflect the thematic issues and the editor's efforts to comply with funding requirements rather than independent and spontaneous enthusiasms from the authors. With the changing focus to ethnic specific issues the pattern of content may change over the next few PHDs.

For the last 9 PHD there was a predominance of articles focusing on regional issues (see Table 7). Of the regional articles, Micronesia was prominent with the papers specifically targeting the area. New Zealand, having had a PHD focusing on health of its Pacificans, has the most papers of all the countries but the Federated States of Micronesia is only one article behind. When other countries and jurisdictions have PHD issues focused on health in their areas, there will be an increase in the number of publications specifically related to them.

Discussion

The contents of PHD have all been written in English even though the PHD policy allows papers in any of the

Table 5. Frequency of publishing in PHD by Pacific authors, 1994 - 1998*

Frequency of being an author of a published paper	No. of Pacific authors per frequency of being an author	% Frequency of being an author
Once	91	80.5
Twice	18	15.9
Thrice	3	2.7
Four times	1	0.9
Five times	1	0.9
Sixteen times	1	0.9
Total: 164 papers	113	100
No. of authors who published for the first time	83	73.5

** Excludes Editorial, Book Review, Letters and Abstracts*

major Pacific languages. Therefore a monolingual journal has emerged even with a multilingual policy. The difficulty of scientific writing in the Pacific languages is an extreme constraint with very limited audience. It seems that the monolingualism will persist for sometime, in spite of editorial encouragement and promises of assistance.

There has been minimal dialogue or discussions in PHD. Much of the content has not been challenged. The Discussion Paper has only been printed once⁶. While there is no challenge to the content of PHD, the papers become monologues by the authors. Thus we have PHD, a monolingual monologue, without challenge, discussions or

dialogue. This may mean that there is a general acceptance of or a complete disinterest on PHD papers. This may also be a reflection of a "knowledge-shy" culture in which PHD is embedded in. Also, even though the Pacific is a large expanse, there are relatively few people currently who would be engaged in such a dialogue – and they probably know each other. Maybe we are intellectually too considerate and do not want to embarrass members of our group by challenging their content or positions.

PHD is very donor dependent with a hand to mouth existence. This funding covers only part of the expenditure and the balance is complemented with "labour of

Table 6. Number and frequency of papers, by content area of PHD, 1994 – 1998*

Content area	No. of papers	% frequency
Community and Public Health	32	12.9
Infectious Diseases	32	12.9
Sexuality Transmitted Diseases (including HIV)	31	12.4
Lifestyle and Non-Communicable Diseases	31	12.4
Child Health (including Immunization)	25	10.1
Medical Education and Training	25	10.1
Food and Nutrition	18	7.2
Health Services (including Telemedicine)	16	6.4
Reproductions and Sexual Health	15	6.0
Environmental Health	12	4.8
Women's Health	8	3.2
Mental Health	4	1.6
Total	249	100

**The Book Reviews, Editorials, Reprints and Abstracts were excluded.*

Table 7. Number and frequency of papers in PHD, by country of focus , 1994 – 1998

Country and region of focus	No. of papers	% frequency
1. Regional Papers	144	57.8
Global	14	5.6
Pacific	96	38.6
Micronesia	34	13.6
2. Country Papers	105	42.2
New Zealand	21	8.4
Federated States of Micronesia	20	8.0
Fiji	11	4.4
Tonga	8	3.2
Commonwealth of Northern Marianas Is.	7	2.8
Solomon Islands	5	2.0
Vanuatu	4	1.6
Australia	4	1.6
Cook Islands	4	1.6
Palau	4	1.6
Guam	3	1.2
Hawaii	3	1.2
Kiribati	2	0.8
Republic of Marshall Islands	1	0.4
Samoa	1	0.4
French Polynesia	1	0.4
Total	249	100

love" from many people. Despite this, PHD has continued to grow. However, long term consistent and adequate funding is needed to establish a permanent home; expand the subscription list through a proper marketing strategy; and to improve coverage of countries not yet participating (e.g. Tokelau, American Samoa, New Caledonia, Wallis and Futuna, Tuvalu and Niue) or minimally covered (e.g. Marshall Islands, Samoa, French Polynesia, Kiribati, etc).

There is a need to increase Pacificans authorship in PHD to at least 50%. In order to do this research capability needs to be strengthened and writing for publication to be enhanced with incentives, electronic hardware support and encouragement from the Government and non-government agencies⁵. Regional and international agencies could support a package, which includes training in health research and writing - with an issue of PHD being the output. The PHD would best be based in a jurisdiction but the content theme should vary to reflect local and donor needs.

The development of PHD has demonstrated that a participatory media can increase the Pacificans' role in health information dissemination throughout the Pacific. Even though it is a monolingual monologue, many Pacificans (73.5%) who have never published before have participated in PHD.

The support by the donor agencies demonstrated that PHD also assists to promote their activities. This support has enhanced the availability, accessibility, and affordability of health information in the Pacific. The low subscription rate may suggest limited affordability and acceptability. The large amount of requests for free copies probably favours a conclusion of limited affordability rather than acceptability. The enthusiasm for free copies may also be a reflection of cargo cult and dependency worldview borne of aid. The lack of advertising may reflect the timeliness of the publication and the capacity to put a marketing strategy into action.

To make PHD papers more widely known and accessible, PHD needs to be indexed and abstracted into the health publication databases (e.g., Medline). It is time to formalize the management structure and production of PHD to address problems of timeliness, equitable distribution, development as a medium for continuing education, and a future as an online journal and an adjunct to telehealth in the Pacific. The latter considerations are constrained by the limited access and connectivity of most Pacific jurisdictions^{7,8}. The major constraints of online services are costs and equipment hardness. Although a stronger internet presence is being formulated, PHD will continue to be printed.

Conclusion

Since 1994, PHD has come a long way while maintaining its Pacificentricity. It has contributed much to the support of Pacific-based research and health information generation and dissemination in the Pacific. The conception and emergence of PHD has not been instantaneous but has used the "tending-the-seed" developmental approach. From a small core of faithful parents and with tender loving care PHD was delivered. It has grown and becoming a youth needing resource support and consistent "tending-the-youth" approach. PHD will always be a proactive health medium that addresses systemic topics and problems not just the need for medical information. PHD is a prototype for regional health communication in terms of participation, ownership, development, maintenance and its use of "labour of love" resources.

Telehealth has many of the same limitations, including lingual and regional concerns. It is with these in mind that the lessons from PHD would be useful in the development of telehealth in the Pacific.

Acknowledgement

The assistance of the donors (see Table 1) is highly appreciated. To all the editors, peer reviewers and all the "labourers of love" who have tirelessly tended to PHD, our most sincere thanks. God blesses you all !

Editorial note

Pacific Health Dialog is now listed on MedLine and Index Medicus. The PHD issues of 2000 will be the first to be included and we are working hard to include abstracts and references to all past papers published in PHD.

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Research demands involvement.
It cannot be delegated very far away.

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