

Information on Healthcare and Health Training in the Solomon Islands.



1. INTRODUCTION

Under the direction of Dr Eileen Natuzzi, teaching in Gastroenterology commenced in the Solomon Islands in December 2012. Dr Natuzzi, an American vascular surgeon, took an interest in the Solomon Islands as this area was a major theatre of war during the Second World War involving American, Australian and New Zealand troops against the Japanese and which ultimately took the life of her uncle. After an initial visit, she has returned many times and is passionate in her drive to improve the living conditions of the Solomon Islanders and their health care in particular.

Teachers have come from the United States to the Solomon Islands as part of the ASGE Ambassador program but since the initial visit of Dr Chris Hair in 2012, there has been an increasing effort made to engage Australian Doctors as logistically this makes sense due to Australia's proximity to the Solomon Islands.

Up until December 2014, there have been 729 endoscopies performed with 79% being gastroscopies. 94% of procedures have been diagnostic with 6% being therapeutic including variceal banding, oesophageal stenting and PEG placement.

This year this program is being included as part of the Australian and New Zealand Gastroenterology International Training Association.

The Solomon Islands is a group of 900 Melanesian Islands in the Pacific northeast of Australia covering an area of 28,400 square kilometres with approximately 550,000 people. There are nine provinces with capital based in Honiara on the Island province of Guadalcanal. The country gained independence from the United Kingdom in 1978 but has struggled since that time with ethnic violence and instability between 1998 and 2003 that culminated in the Australian lead Regional Assistance Mission to the Solomon Islands (RAMSI) program. This has now been withdrawn. It has also been subject to frequent natural disasters including earthquakes, cyclones, tsunamis and flooding.

The Solomon Islands is an undeveloped country with third world infrastructure and health care. It has a GDP of \$600 US per capita. Its foreign earnings are based primary agriculture, mining, timber and fishing. In 2009 the total health expenditure was 39 million dollars of which one third goes to the National Referral Hospital where the teaching program is based. The country has a low ratio of Doctors per head of population being 0.21/1000 and it has been historically difficult to retain Doctors as they are attracted to the higher incomes of other countries or private enterprises such as the Mining companies. An agreement was made with Cuba in 2001 to train new Doctors but their return to the Solomon Islands faces some difficulties with placement and the fact that their training is in Spanish whereas the predominant languages of the Solomon Islands are the local Pigin and English.

Against that backdrop of the challenges of the Solomon Islands, there lies the opportunity of Australian Gastroenterologists and Nurses to make a significant contribution to the Health care and training in the Solomon Islands to enhance both patient care as well as the providing a new skill to enhance the interest and clinical armamentarium of the local doctors

and Nurses and hopefully assist in their retention within the Health care system of the country.

2. Main Objectives and Goals.

- a. Provide core endoscopy training that allows independent practice in therapeutic and diagnostic endoscopy and competence to teach others
- b. Provide an adjunct to the teaching program in Fiji that suits local conditions
- c. Facilitate in the establishment of Endoscopy unit that follows best practice guidelines for the safe and efficient use of diagnostic and therapeutic endoscopy.

3. Teaching facilities

Training is conducted at the National referral Hospital in Honiara. This situated about 1 kilometre from the centre of town adjacent to the ocean. It is currently an old building dating from the Second World War. However there are plans to move the hospital inland and higher so it is less vulnerable to environmental threats such as storm surges or tsunamis. Endoscopy is performed in a room adjacent to the operating theatres and the cleaning room is shared with wound dressing from the emergency department thus making space a premium at times. There is an adjacent tea room where food and beverages are provided daily for staff and visiting volunteers. Equipment for endoscopy is stored in the same room used for the procedures. The rooms are air conditioned.

The local nursing staff have become adept and proficient at learning the cleaning and maintenance of all equipment under the guidance of visiting GENCA volunteers.

4. Teaching program

The Solomon Islands does not have any dedicated Gastroenterologists. Teaching is provided to the General Surgeons and Physicians that work in the Hospital. The program is less structured than that in Fiji where teaching is part of a dedicated Master of Medicine program. There is daily endoscopy teaching for both Gastroscopy and Colonoscopy. The range of clinical conditions has included peptic ulcer disease, upper and lower

gastrointestinal malignancies with the former possibly related to Betel nut ingestion and variceal disease. Colonic polyps appear to be rare. Helicobacter pylori prevalence is currently unknown. Future directions for the program will need to include setting a dedicated protocol for screening for Helicobacter pylori as well as optimising bowel preparation. Endoscopy is performed without an anaesthetist with midazolam and Fentanyl. Doses used are less than that used in Australia.

In addition the visiting teachers are invited to give informal lectures or participate in ward rounds. A visit has been historically over a period of 8-9 days and there have been two trips made per year and has involved two Endoscopists and one Nurse. The timing of these trips have been at the behest of the local Doctors with future visits planned to avoid cyclone season.

5. Equipment

There is newly donated Pentax equipment including 2 Pentax 90 series gastroscopes and colonoscopes as well as an EPK 1000 series processor and a 26 inch high definition monitor. In addition there is a range of donated equipment including banding devices, stents, PEG tubes, biopsy forceps, clips and snares.

6. General information.

A visa is not required for visitors on an Australian or New Zealand passport. At present, registration as a Medical Practitioner is not required for visits of less than two months.

Required vaccinations include Hepatitis A and B as well as Typhoid. Malaria prophylaxis is recommended and foot ware should be worn outside as hookworm is endemic. Dengue can occasionally be a problem so precautions should be taken against mosquitoes namely the use of repellent.

There are daily flights from Brisbane with either Solomon Airlines going Monday, Wednesday, Friday and Saturday and Virgin Airlines on Tuesday, Thursday and Sunday.

Money can be obtained with either a debit or credit card at ANZ ATMs. The internet is available via WIFI at the Breakwater or Lime lounge cafes

or by using a purchased Bumble bee access card. There are two telecommunication companies, Telecom and Bemobile and global roaming from Australia is available.

Accommodation has been provided previously at the Sanalae apartments. These apartments offer television and air conditioning. They are gated and have unarmed security present. Laundry services are available. Transport has been provided by hire car supplied by Dr Natuzzi and good quality breakfast and evening meals are taken at local restaurants. The quality of fresh coffee in Honiara is excellent!

7. Previous Australian Volunteers

Chris Hair Geelong 2012

Mark Norrie Brisbane 2013, 2014

Cathy Conway Sydney 2013, 2015

Dianne Jones Brisbane 2014

Lea Wiggins Brisbane 2014

Catherine Croagh ACT 2014

Daniel Croagh ACT 2014

Terrence Tan Brisbane 2015