



# ANZGITA

Australian & New Zealand Gastroenterology  
International Training Association

## Our Mission

Enhance the standard of practice of gastroenterology, and the treatment of digestive diseases, in developing Asia-Pacific nations in order to improve the health of their people.

## New Members

The following trainers have received participatory membership since our last newsletter:

**Michelle Dalby** (Fiji '16)

**Michael Miros** (Fiji '11 & '12,  
Solomon Is '16)

**Jim Toouli** (Fiji '16)

**Aimee Vajtauer** (Fiji '16)

The following people have committed to supporting ANZGITA's objectives and have been granted membership:

**Reitecke Chenoweth**

**Chris Chenoweth**

**Michelle Clarke**

**John Colman**

**John Hanrahan**

**Marli Kirby**

We thank them all for their commitment to supporting ANZGITA. We now have over 60 members and 118 trainers.

## Facebook & Twitter

We are using Twitter, @ANZGITASEC, and Facebook more frequently, especially during a training program. Search us out and follow. Links are also on our web site.



Trainers & Trainees at  
Mandalay General Hospital

## A Message from Finlay Macrae

Demand is great, supply is only as much as our fledgling organisation can deliver. Wherever we turn, we are met with requests for help. Our old friends and partners in Fiji faced the devastation of Cyclone Winston in 2016, diverting their attention to servicing the needs of the community and rebuilding medical services. Our team was ready to help, but were not needed. Who can forget the Australian Navy ship anchored off the northern coast of Vitu Levi - Jioji Malani's home town - delivering relief to inhabitants of the flattened villages? We also received a call from Samoa, where our members Chris Hair and Cath Conway have stepped in to help just recently (see below). Nepal is in desperate need, and looking to ANZGITA for help. We act in some of the poorest countries of the world, countries with few gastroenterologists but abundant gastroenterology. Often this means patients can access services only at a late stage of their diseases - be it cancer, liver disease, diarrheal diseases or malnutrition. These are the environments and challenges that ANZGITA faces and addresses. Please read on and consider joining or supporting us!

## Tax Deductibility for Donations

**Remember, a donation of \$2 or more is tax deductible.**

Please spread the word amongst colleagues, friends and family who are keen to support the work of our programs.

To donate, the simplest way is by EFT between accounts.

ANZGITA's account details are:

**BSB:** 063 349 **Acct:** 1023 9651

Royal Melbourne Hospital  
Branch, Commonwealth Bank

**Reference:** Your last name

Please send an email to [treasurer@anzgita.org](mailto:treasurer@anzgita.org) advising the donation has been banked.

For international transfers, the SWIFT code is CTBAAU2S

## Recruiting More Trainers

With new programs possible and existing ones continuing, we are keen to hear from those interested in being a trainer.

**Word-Of-Mouth** is our best recruitment tool. When with colleagues, please talk about your rewarding experiences and encourage them to register their interest at [www.anzgita.org](http://www.anzgita.org).

Offer to be a referee!



Drs Celia Santos &  
Chris Kiely

## Timor-Leste A New ANZGITA Frontier

Considerable progress has been made in our engagement with Hospital Nacional Guido Valadares (HNGV) in Dili over the last nine months. HNGV is the largest hospital in Timor-Leste. It has 250 beds, with inpatient services across general medicine (80 beds), general surgery (80 beds), paediatrics, obstetrics and emergency. An agreed MoU is with the Timor-Leste government for approval. Australian-trained gastroenterologist Chris Kiely is based at the hospital until 2018 and is our Program Leader. In 2016, under his leadership, the Endoscopy Unit was re-established with an out-of-hours service. Since then, no patients have required overseas medical evacuation for treatment of emergency gastrointestinal bleeding.

Di Jones visited in August 2016 to start the training and fully assess the need. She returned in January to work further with Chris and other staff at HNGV. A week-long training program with Kate Naphthali and Kim West will be in May this year. The target is for 1150 endoscopy procedures in 2017.

HNGV is upgrading its endoscopy suite infrastructure, partly through funding support of Melbourne Rotary. Through a donation from the Ainsworth Foundation, ANZGITA will fund and manage the installation of a disinfection system for manual reprocessing. We have also applied under the DFAT Australian Awards Fellowships program for funding support of 3 months intensive Endoscopy training for Dr Celia Santos, Head of Internal Medicine Department, in Canberra in 2018.



Four nursing trainees with their  
attendance certificates, August



## Our 2016 Programs

Since our last newsletter there have been training programs in 2016 in Fiji, Solomon Islands (see Annual Report on our website) and a second in Myanmar which involved only nurse trainers. They were very successful.

Maureen Richardson was on the Fiji program and wrote an interesting article in the GENCA Journal looking at the progressive changes that had occurred since her previous program in 2010. It can be downloaded from the Fiji page on our website.



Maureen Richardson with Fijian colleagues

## Further 2017 Programs

Trainers have been allocated to all these programs. Thanks to all who offered to volunteer. Deputy Chair, Tony Clarke, managed this process as he does the overall execution of all programs and their associated logistical detail for individual trainers.

Due to illness the Solomon Islands training program in March has had to be delayed to later in the year. The June program is proceeding as planned. The Fiji program will be between 17 July and 12 August.

## Mandalay 2017 Program

Kris Dodd, Di Jones and Kate Mager with nursing trainees at the opening of the Mandalay program



The program was held for the first time at the Mandalay General Hospital over two weeks in March. The training was similar to the main program held last year in Yangon.

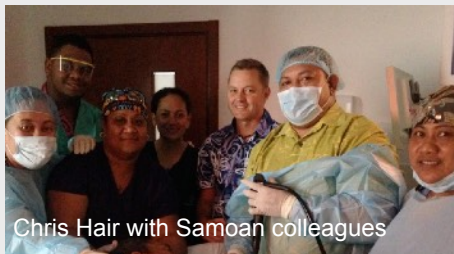
Although Thein Htut has retired from the Board, he remains our Program Leader for Myanmar. Other ANZGITA doctors were Mark Cornwell, Enrico Roche, Henry Debinski, Tony Smith from New Zealand and Finlay Macrae. The nurses were Kristina Dodd, Kate Mager, Alison Raitt and Dianne Jones. For Kristina, Alison, Mark and Henry it was their first time on a program. Finlay felt that the team bonded extremely well and the hospitality shown by the Mandalay Hospital community was most generous. Overall, it was a great success. Thanks to all the volunteers, the trainees and our Mandalay hosts led by Prof Nwe Ni.

There were also side visits by the team to Pyin Oo Lwin and Schwebo hospitals, about 70 km from Mandalay, to help develop their services and assess the translation of the hub training (Yangon and Mandalay) to these regional hospitals. This gives our team a good understanding of the challenges faced by such centres, and the standards of endoscopy which are able to be implemented outside the main centres. This is an important part of ANZGITA's activities and was welcomed by the centres we visited.

This program was part of our Foundation Project which is funded by a donation from an anonymous foundation that wants to support the development of gastroenterological services in Myanmar. See Donations & Funding News.

## Samoa

Chris Hair (ANZGITA director and our Program Leader for Fiji) and Cathy Conway (Member & GENCA President) spent a week in Samoa in March assessing the facilities and services and instructing doctors and nurses.



Chris Hair with Samoan colleagues

One of the priorities in our strategic plan is to develop ways of following up trainees from Pacific nations who attend the Fiji programs. Dr Mai Ling Perman from Suva is already engaged and we will learn more from Chris' report to the Board.

Chris has already commented that good local organisation set the scene for a successful week. As someone involved in numerous Pacific training visits he was "very humbled once again by our colleagues and their capacity to provide healthcare" with the facilities available to them.

We welcome the supply of Australian DFAT PiP funds for this work and are pleased to support RACS in building gastroenterology capacity in Samoa.



Cathy Conway tutoring Samoan nurses

## Strategic Plan

On December 3, most of the Board was able to assemble in Melbourne for a strategic planning day, the results of which have been documented in our first three-year strategic plan. The meeting endorsed the principles on which ANZGITA's activities have been based since 2008 and then looked at the current centres in detail. The plan will be discussed with our training partners during the year and further developed. The plan sets out our goals under four headings:

### *Skill transfer to gastroenterology professionals*

To develop more and better skilled medical professionals able to provide continuing gastroenterology services in the countries with whom we have partnered in AsiaPacific.

### *Well equipped and operated partners' centres*

To assist our partners to establish, equip, manage and continually improve their facilities.

### *Establish new partnerships and broaden existing ones, consistent with our abilities to support.*

We will assess approaches from possible new partners and for additional support for existing ones, and proceed when we conclude we can make an impactful and sustainable contribution.

### *A strong ANZGITA*

We will align our resources to the goals and priorities of the Strategic Plan and be accountable to our members and donors for performance.



Prof Finlay Macrae being introduced to Prof Myint Htwe, Minister for Health and Sports, Myanmar, in Nawpyitaw (the Myanmar Capital), by Prof Thein Myint, Director of Gastroenterology, Yangon General Hospital.



## Disinfection Equipment & Theatre Development

Dianne Jones, Tony Clarke, Jon Long and others have put much work into identifying a manual endoscope disinfection and manual reprocessing system appropriate for all the hospitals where ANZGITA provides training and support.

The challenge is to find a process that will provide reliable, effective endoscope disinfection, without any exposure of staff to chemical fumes, and that does not need external technical support. It is clear that it is not possible to reliably run automatic reprocessing machines in these environments durably and safely. Di has identified equipment manufactured in China that she believes will meet these requirements.



Existing disinfection and reprocessing facilities in Dili

Plans for implementation in our partners' centres in Dili and Honiara are funded and advancing. Our thanks to John Hanrahan who has provided *pro bono* architectural support for the design of the endoscopy theatres. There has been an unfortunate delay in Honiara which we hope can be overcome in the medium term.

## Strategic Plan (Cont'd)

There were a number of objectives identified for each existing program. Priority areas that were consistent across them were:

- continuing training programs targeted at the expressed needs of our partners
- safe-working disinfection systems in all centres
- a better way of assessing clinical impact & trainee competency improvements
- sustainable equipment and materials supply and maintenance via supportive supplier agreements
- building better relationships with the donor communities and governments

## Donations & Funding News

Our committed training programs and all our other activities and partner support are dependent on our ability to raise funds annually. All donations are gratefully received and some recent ones are noted below.

We received a further generous donation from the **Ainsworth Foundation** which is being put to good use, supporting safe endoscopy in Timor-Leste.

Through a competitive application process, we obtained a \$20,000 grant from the **Gastroenterological Society of Australia** (GESA) last year which we are putting towards the disinfection system project in Solomon Islands.



Chris Kiely with some of Whiteley donation

**Whiteley Medical**, an Australian family company, continues to be a generous supporter. Darran Leyden, their CEO, answered Jon Long's urgent call from Fiji just prior to the 2016 training program and air freighted product to the centre. They also provided materials worth almost \$10,000 to HNGV, Dili at the time Di Jones went to deliver initial training.

**Boston Scientific** answered a call for accessories from Chris Hair immediately prior to his visit to Samoa when it became clear that many were in short supply. They also provided materials to Chris Kiely in Dili. **Endomed** also provided materials and their freight for Di Jones to take to Timor-Leste earlier this year.



Alison and Mark partake in some Scottish dancing on the recent Myanmar program

## AGM

Our 2016 AGM was held in Adelaide the evening before the start of AGW. We also had two presentations. One was from Maureen Richardson (see earlier) and Beauty Tebaa presented on her Bachelor of Science Honours project, which was a study of the need for an ERCP service in Fiji.

Our thanks to **Cook Medical** who sponsored the evening.

## Chris Hair's Passion

Chris Hair has been a regular trainer in the Pacific since 2010. He is now our Fiji Program Leader and recently went to Samoa (see p4). He has written a very personal and inspiring account of his experiences and what motivates him. Find a link at the end of the first paragraph on the Fiji page of our website. <http://www.anzgita.org/fiji.html>



Alison Byrne

Five doctors who work at Montserrat Day Hospital in Queensland together donated \$3,000. They are **Cliona Maguire, Rebecca Ryan, Sam Islam, Terrance Tan and Mark Norrie**. Rebecca, Terrance and Mark have also been volunteer trainers. Mark will be in Honiara again this year. We encourage members to talk with their colleagues about their work with ANZGITA and the benefits a donation will help us deliver.

From **Dr Stephen Pianko**, we received equipment to be used in Timor-Leste and Solomon Islands, which were generously refurbished by **Olympus**. Olympus have also provided Dr Michael Miros with a flushing pump which is needed in Honiara, and **CR Kennedy** has provided a Scope Buddy. **Pentax** also recently repaired a gastroscope from Honiara at no cost. These are examples of these companies' continuing support.

A **Foundation**, which wishes to remain anonymous, has donated \$100,000 towards the development of gastroenterological services in Myanmar. It will support our existing training work but will go significantly beyond that to support services and facilities development. There is a commitment to two additional years of equivalent funding to what we call the Foundation Project on the basis of a successful first year.

Please consider assisting our *pro bono* volunteers and our partners in a growing number of countries by offering a tax deductible donation.

## New Board Member

At the AGM Alison Byrne joined the Board. Alison is an experienced health sector fund raiser and has engaged with corporates and philanthropy. She works for The Royal Melbourne Hospital Foundation and is used to working with health professionals and engaging them appropriately in fund raising activities. With experience working with small developing organisations like ours previously, including at Board level, Alison appreciates the issues we currently face, and can contribute generally to the Board's work.

Alison has already been working closely with our Industry Liaison Committee, led by Warren Bingham, on systematically approaching the major instrument and accessory suppliers, making sure they are aware of our activities, their voluntary nature, and the opportunities for industry to support us.