



# ANZGITA

Australian & New Zealand Gastroenterology  
International Training Association

## Chair's Report 2021

You would be forgiven for thinking that ANZGITA may have hibernated this past year, due to the constraints that COVID has delivered us through closure of travel. However, you would be wrong: ANZGITA has been continuously active, through supporting our partners across the Indo-Pacific in delivering virtual training and furnishing them with much needed equipment and consumables.

The very popular down-to-earth interactive webinars delivered monthly continues to attract up to 80 physicians and surgeons practising in the Pacific, often physically remote from others but with a growing sense of collegiality due to these and other virtual activities. The theme this year has been hepatology. There is always wonderfully fluent interactions with probing issues discussed across the media, often focussing on clinical management where resources and drugs are unavailable or in limited supply. Basic clinical skills and physiological understanding are often teased out in these discussions, discussions which are so valuable for the attendees.

In a second stream of webinars, in the alternate fortnight, there has been a series of presentations and discussions of the range of issues relating to COVID. Key expert contributors to these most informative sessions have been infectious diseases epidemiologist Dr Meru Sheel, Senior Research Fellow at National Centre for Epidemiology and Population Health, Australian National University, and Dr Adam Jenney, a long time 'Fijiophile', an Adjunct Professor at FNU, and now an Infectious Diseases consultant at The Alfred Hospital. ANZGITA and all our partners are so grateful for their grounded advice and expertise as the region faced, and faces, COVID. These webinars were in place well before the 2021 pandemic reached the Pacific and established an understanding and encouraged public health approaches that have unfortunately proved so important and necessary since the middle of this calendar year in Fiji. As I write, the Delta variant is creating havoc across Fiji and elsewhere in the Pacific, stretching health services to the limit, and laying our own colleagues in Fiji low with the infection. Cultural behaviours sometimes inhibit Fijians from attending hospital, with sadly predictable results. ANZGITA has sent pleas to DFAT for supplies of oxygen, ventilators, personal protective equipment and vaccines, having had requests for same from our colleagues. I am pleased to say that Australia through DFAT, and administered by AusMat have been immediately responsive (though more direct requests were likely reaching DFAT at the same time). New Zealand's MFAT has also provided similar materials and vaccine supplies. ANZGITA has offered its assistance, including seeking volunteers from amongst our members in the COVID efforts, if so requested through DFAT.

Assoc Prof Chris Hair has been front and central in these activities, as he continues to lead many of our Pacific programs. He has called on his own networks to support the efforts.

WhatsApp and Viber immediate and ad hoc chat groups continue, with the Solomon Islands physicians and surgeons regularly engaged with ANZGITA colleagues led by Mark Norrie. Samoan, Tongan and other Pacific colleagues making good use of these apps also.

Some major (for ANZGITA) capital expenditures have been initiated and funded over this last year. One was the purchase of a suitable compressor to feed a donated no-longer-needed drying cabinet to further enhance the cleaning and infection system at the National Hospital (HNGV) in Dili, Timor-Leste. An endoscope reprocessing system was previously funded in 2019. Murphy's Law took hold here, as despite our best planning and oversight, the drying cabinet met an untimely and early end to its career courtesy of damage in transit and then flood damage at the dock from a cyclone that wreaked havoc across the island early in 2021. ANZGITA is stepping up again now to replace it with a second no-longer-needed drying cabinet on its way, well packed in waterproof cotton wool!

We were able to purchase three as-new Benchtop Sterilisers at a significant price reduction. One has gone to the National Referral Hospital (NRH) in Solomon Islands where it is the last piece required for their revamped reprocessing and sterilisation system. Another has gone to HNGV which will have an equivalent set up to NRH once the drying cabinet is installed. The third went to Colonial War Memorial Hospital in Suva where it fills an unwanted gap in the unit's capabilities.

We were also delighted with the crowd funding response for the refurbishment of the Endoscopy Rooms at Vaiola Hospital in Tonga. Our friends at the JGH Foundation stepped in wonderfully to cover the majority of the cost, in addition to welcome donations from our members. As I write this work is being done. ANZGITA looks forward to supporting Tonga in the years to come.

After a hiatus of interest from PNG, we have been pleased to receive requests for assistance. Dr Rendi Moke, Coordinator, Internal Medicine Department at Port Moresby General Hospital, has been in close consultation with Tony Clarke and Di Jones over the plans to rebuild facilities. He clearly has welcomed their experienced advice, delivered at short notice. ANZGITA will be pleased to expand our interest in PNG when the hospital is ready, as we know the needs are enormous.

ANZGITA continues its close association with the World Gastroenterology Organization (WGO). Several of the WGO Clinical Research Projects are focussed in Suva, including the pilot deployment of electronic endoscopy reporting database (Provation) and the molecular characterization of antibiotic resistance patterns in helicobacter derived from specimens taken at gastroscopy. Di Jones brought together a small team of Queensland Health Provation experts who volunteered their personal time to build the system and conduct remote training. Peter Katelaris led for us on the helicobacter project. Both projects have needed to be paused due to the difficulties in service delivery forced by COVID at CWMH. Indeed, most elective endoscopy has ceased in Fiji due to the ravages of the pandemic. A new initiative – a survey of endoscopy capacity across the Pacific – is under detailed planning with Asst Prof Mai Ling Perman of FNU, Chris Hair, Eileen Natuzzi and WGO Treasurer Prof Mark Topazian at the helm. Canadian ANZGITA member and WGO Clinical Research Committee Chair, Prof Des Leddin, has been a tower of strength and advice for ANZGITA in guiding these projects.

Our founding Fiji partner Assoc Prof Joji Malani has signalled his retirement from clinical medicine next year. However, we don't think we will let him retire from his engagement

with ANZGITA. Joji has been an inspiration to all who have been participating trainers in Fiji. He is a warm, compassionate, and highly skilled clinician and a leader across the Pacific.

Maintenance of endoscopic equipment remains a continuing challenge across the region. The Board has spent much time brainstorming the reasons for the difficulty; we are very appreciative of the patience and support from our friends at CR Kennedy in the face of these difficulties. We have an active outreach to secure good second hand endoscopes retiring from Australian and New Zealand centres – so any reading this, please let us know as such offers are very valuable.

Our thoughts have been constantly with our colleagues in Myanmar in the midst of the military coup d'état which has seriously affected most of its core services, including health. The WGO Training Centre has been severely compromised by the paralysis of the health services; nursing expertise in gastroenterology has migrated out of Yangon General Hospital, to safer ethnic states of the country. Teaching by our Myanmar partners continues mostly in private hospital settings. Senior doctors are under harassment and threats to them and their families. ANZGITA remains in contact with Profs Thein Myint and Than Than Aye. The situation in Mandalay is little better. Prof Myint reached retiring age earlier this year, and his replacement is awaited with some anxiety for the future of our (and the WGO's) efforts and partnership. The most recent reports indicate over 50% of the population of Myanmar have contracted COVID, with vaccination roll out disrupted amidst the unrest.

Our Advisory Committee – Professors Michael Wesley, Joseph Sung, KL Goh, Ian Roberts Thomson and Mr Brian Freestone have been always ready at hand to assist, for which we are grateful. Brian has put much work into engaging us with DFAT.

Prof Michael Schultz, Head of Department of Medicine (Dunedin) at the University of Otago has joined the ANZGITA Board. Michael is a keen ANZGITA member, experienced ANZGITA trainer and accomplished academic. He has already set some new ideas into our thinking, which will unfold over the next year. We thank Prof Alan Fraser for his several years on the Board as he retires, during which he brought along with him much New Zealand interest and expertise.

Finally, once again I would like to thank Frank Eastaughffe, our tireless, ever thoughtful secretary for his guidance and industry in supporting ANZGITA through thick and thin; Tony Clarke for his switch to virtual support especially of the academic program at FNU which proceeded with our trainers on-line and for keeping us aligned with RACS despite our fallow years in direct training; and Alan Studley who watches over our governance and budgets and finances. Alan has guided us to think constructively about succession planning, which is an important aspect of the Board's agenda at present. I have already mentioned the indefatigable and innovative Chris Hair. Di Jones is always close to hand with advice on many aspects of our work and leadership of our invaluable nurses. Jon Long has been terrific with the equipment challenges and advice, and Peter Katelaris lead the review and implementation of the gastroenterology postgrad training curriculum for FNU this past year, as well as the H. Pylori resistance project in association with Dr Vikash Sharma at FNU and colleagues in Portugal. Our Marketing and Events Manager Barb Hines brings creative energy to her role in ANZGITA for which we are so grateful.

Our partners in the supplier side of the industry are universally ready to assist, and step up with very little prompting. Outstanding amongst these are Mr Graham Hines (CR Kennedy), Mr. Darran Leyden (Whitely Corp), and Mr. Barry Barford (MAFO). Olympus Australia,

Pentax, Cantel, CK Surgitech, Boston Scientific and Cook Medical have supported us yet again. On the logistics and transport front, Pentagon Freight in Brisbane and the Fiji High Commission in Canberra and their supporter Gibson have been very ready to help.

On the funding side, this was the third year of the JGH Foundation's US\$45,000 grant spread over three years. It has helped us plan and undertake training programs and partners' equipment upgrade paths with certainty. And, as mentioned above, the foundation granted us another \$10,000 this year towards the endoscopy rooms renovation at Vaiola Hospital. My thanks to Prof Ian Roberts-Thompson, who is the former JGHF Chair and our contact at the Foundation, for his continuing interest which started as a trainer on the 2009 program in Fiji.

My thanks to the GESA Board for a Members Philanthropic Project Grant which will enable Dr Elizabeth Wore of the NRH (Solomon Islands) to attend AGW2022 and spend time observing at Australian units during her visit. CEO, Ms. Fiona Bailey, always maintains an interest in our work and provides valuable guidance. Generous provision of virtual space and presence at AGW is welcome, and we know this is supported by Fiona and the GESA Council.

The pandemic has spurred on the development of our well received virtual programs, and we look forward to the time we when can combine these with our world-class on the ground intensive training work to do what we do best: build capacity where invited and needed across the Indo-Pacific, with our partners, colleagues and friends.

Please join us in our vision!

Finlay Macrae AO MBBS MD FRACP FRCP AGAF MWGO  
Chair ANZGITA

## Program Coordinator's Report 2021

### Introduction:

The pandemic has brought all in-country programs to a halt since March 2020, and it is unlikely that these will be resumed before 2023 – but hopefully widespread vaccination may allow some programs to proceed in late 2022. Fortunately, most of the island nations countries we visit were able to keep COVID-19 at bay until relatively recently, but Timor-Leste, Fiji and Papua New Guinea have all had significant numbers of infections in recent months.

ANZGITA has kept in touch with our partners in all the countries we visit and provided some support in to maintain equipment and ensure that supplies of disinfection chemicals and accessories are sufficient for needs. However, the demands of COVID-19 have meant that the most endoscopy services have been very constrained or, in the case of Fiji, been put on hold. ANZGITA has been approached by colleagues in Port Moresby PNG for assistance to

help scope out what will need to be done for Port Moresby General Hospital to have a functioning gastroenterology department by 2030. This has been provided to them so there is hope that ANZGITA can be involved in providing training and assistance in this process in coming years.

While in-country programs have been on hold, online video-conference 'virtual' training programs have been of significant benefit with Chris Hair substantially increasing ANZGITA's reach through this medium. While he has continued his monthly gastroenterology webinar, extra sessions dealing with COVID-19 and vaccination have been well attended, and the Fiji National University gastroenterology module for their Diploma of Medicine and Master of Medicine students was again held online with lecturers from both Australia and New Zealand contributing. A full list of the sessions held as part of the formal online training programs follows my report.

### Royal Australasian College of Surgeons Global Health program:

Royal Australasian College of Surgeons (RACS) Global Health administers funds provided by the Australian Department of Foreign Affairs and Trade (DFAT) for many of the programs that ANZGITA provides to the Pacific. Global Health successfully underwent a testing re-accreditation process for DFAT earlier this year. This has had implications for ANZGITA in that it has further increased the requirements for all trainers. These will include the need for all trainers to undertake online courses to ensure they understand their obligations regarding child safety, the ethical collection of images and stories and avoidance of sexual harassment of trainees and colleagues. There will also be a need for ANZGITA to regularly check with trainers' referees which is going to require the cooperation of all involved.

All these changes mean that the well tried and practiced processes we follow to recruit, credential, register and inform all our trainers will need to be fully restructured which is going to be a challenge for all involved – but particularly the Programs Coordinator! Particularly in view of the long gap between the last program in March 2020 and the next program, means that we are all going to find it a very complex learning curve!

Tony Clarke  
Deputy Chair and Programs Co-ordinator

Event	Date	Type	Presenter(s)	Moderator
Foreign Body Ingestion Cases' and 'Approach to Removal of Foreign Body; Children'	17/7/2020	Webinar	Schultz Perman	Hair
Foreign Body Ingestion Cases" & "Approach to Removal of Foreign Body: Adult	21/8/2020	Webinar	Schultz	Hair
Colon Polyps: Approach to Small and Large Polyps in Resource Limited Countries	25/9/2020	Webinar	Ombiga	Hair
Biliary Diseases in the Pacific & the Impact of ERCP at CWMH in Fiji	23/10/2020	Webinar	Rokocakau	Hair
Colitis: Approaching Endoscopic and Histology Diagnosis	20/11/2020	Webinar	Napthali	Hair
Ulcerative Colitis: Mgmt and Monitoring in Resource Limited Countries"	18/12/2020	Webinar	Schultz	Hair
Liver Masses 1: Cases & Management (U/S & CT features)	19/2/2021	Webinar	Hair	
Liver Masses 2: Cases & Management (U/S & CT features)	19/3/2021	Webinar	Hall	Hair
General overview of COVID-19 vaccines, COVAX	20/4/2021	RIPE	Hair Sheel	Hair
Case discussions: in Ascites mgmt	23/4/2021	Webinar	Prewett	Hair
Clinical considerations and contraindications, special groups for vaccination	29/4/2021	RIPE	Blyth	Hair
Management of Hospital COVID-19 Outbreak Affecting Patients & Healthcare Workers	12/5/2021	RIPE	Cheng McGloughlin McMahon Jenney	Hair Sheel
Communicating about vaccines	13/5/2021	RIPE	Leask Sheel	Hair
Renal issues in cirrhosis (hepato-renal syndrome)	21/5/2021	Webinar	Hannah	Macrae AO
COVID19 vaccine safety	28/5/2021	RIPE	Sheel Jenney Gold Tran Hair	Hair
Case Discussion: Management to Hepatic Encephalopathy	18/6/2021	Webinar	Rahman	Hair

# Treasurer's Report 2021

For the operating year of 2020/21 ANZGITA has recorded funds inflow of \$66,141 and outflow on programs and administration of \$70,422 creating a net cash decrease of (\$4,281).

Funds are held in two Westpac accounts being the Community Solutions account used for daily operating expenditures and the Community Solutions Cash Reserve. Total funds held by Westpac at 30 June 2021 were \$102,252.10 in the Cash Reserve and \$114.47 in the Community Solutions account.

The total expenditure on administration, in-country programs, covering capital and service items, was \$70,422 with services and equipment delivered across Timor-Leste, Solomon Islands, Fiji, Samoa and Tonga and by Virtual Programs to other countries.

The historical accounts of ANZGITA from the commencement of operations in the year 2015/6 are managed by Xero small business accounting system and ANZGITA is now able to compare 6 years of history dating from 2015/16 to 2020/21. All bank transactions from the Westpac accounts flow into and are reconciled by Xero. ANZGITA does not own or hold any fixed assets and as such cash at bank of \$102,366.57 represents the only current asset owned by ANZGITA shown in the balance sheet.

With 6 years of operating results available in a consistent format, the board can review the pattern of donations and other philanthropy that generates funding as well as the in-country program expenditures. The Covid crisis continues to make comparisons of expenditures between years more difficult as service delivery and travel patterns have adjusted to particular in-country controls. For example, ANZGITA has significantly reduced program delivery in-country whilst increasing the funding of essential service delivery capital equipment.

The Board of ANZGITA has acted to ensure that a comprehensive insurance coverage is in place to protect the activities of both directors and program clinicians as they undertake their duties in Australia and the countries in which services are delivered. The Board believes that it has adequate cover in place to protect ANZGITA from all identified risks.

Services provided by directors are on a pro bono basis, the exception being where some directors apply their clinical skills to overseas programs. In such cases travel and living expenses are reimbursed to directors. All program participants including directors who may be engaged directly are reimbursed their expenses only after an expense claim has been submitted to and approved by the Secretary and then counter signed by the Treasurer.

ANZGITA does not undertake a formal external audit as the cost of such an activity would outweigh the benefits given ANZGITA's funds are principally directed to supported overseas clinical programs in developing countries. The bank balance is reported regularly with management information at both management and board meetings and details are noted in meeting minutes. This information is certified annually by a qualified and independent member of CPA and a report issued to the Board of ANZGITA.

Alan Studley

# Profit and Loss

## Australian and New Zealand Gastroenterology International Training Association Ltd For the year ended 30 June 2021

	2021	2020	2019	2018	2017
<b>Trading Income</b>					
Ainsworth Foundation	-	-	-	60,000.00	60,000.00
Anon Foundation #1	-	-	-	-	100,000.00
Boston Scientific Grant	-	-	10,000.00	-	-
Cook Medical Grant	-	15,000.00	-	12,000.00	-
DFAT Grant	-	-	1,148.40	26,001.00	-
Dr Susan Lim Fund	-	2,500.00	7,500.00	-	-
GESA Grant	9,090.91	10,909.09	-	-	20,000.00
GiveNow Donation Platform	-	1,945.64	-	-	-
Individual Donations	3,355.00	11,959.01	4,070.00	3,750.00	9,000.00
Interest Income	32.69	61.45	552.92	543.04	0.03
JGH Foundation	29,176.68	21,824.59	20,962.89	26,431.00	-
Other Grants	2,000.00	-	-	-	7,500.00
Other Revenue	14,168.14	24,430.00	35,431.53	335.18	-
PayPal Donation Platform	4,700.00	153.19	0.24	-	-
RACS Reimbursement for Program Expenses	3,617.31	68,791.87	-	10,623.31	-
Whiteley Grant	-	6,000.00	2,343.53	-	-
<b>Total Trading Income</b>	<b>66,140.73</b>	<b>163,574.84</b>	<b>82,009.51</b>	<b>139,683.53</b>	<b>196,500.03</b>
<b>Gross Profit</b>	<b>66,140.73</b>	<b>163,574.84</b>	<b>82,009.51</b>	<b>139,683.53</b>	<b>196,500.03</b>
<b>Operating Expenses</b>					
Australian Training	-	-	23,883.68	3,110.96	4,567.28
Bank Fees	50.00	102.00	102.00	209.68	233.85
Equipment and materials	51,138.99	3,818.92	-	-	-
Freight & Courier	2,565.50	6,744.99	2,572.14	-	34.91
General Expenses	7,723.49	5,782.51	15,104.46	5,730.46	4,158.03
Insurance	2,081.45	1,739.00	5,129.55	5,393.33	7,786.05
Legal expenses	-	-	-	66.67	47.00
Office Expenses	29.16	62.88	76.48	-	270.00
Printing & Stationery	-	2,743.49	2,365.49	523.47	118.37
Program Expenses - General	-	2,499.00	-	-	-
Program Expenses - Fiji	-	48,571.79	86,365.38	5,457.35	24,272.13
Program Expenses - Myanmar	-	-	(133.40)	56,952.62	27,475.60
Program Expenses - Nepal	-	4,654.85	3,109.98	5,009.76	-
Program Expenses - PNG	-	-	809.09	-	-
Program Expenses - Solomon Islands	-	10,586.97	16,186.26	4,081.46	12,801.97
Program Expenses - Timor-Leste	-	6,204.71	77,517.25	6,469.25	-
Program Expenses - Virtual Programs	833.00	-	-	-	-
Project Contributions - Tonga	6,000.00	-	-	-	-
Repairs and Maintenance	-	64.95	-	-	-



Profit and Loss

	2021	2020	2019	2018	2017
Subscriptions	-	191.41	-	-	-
Telephone & Internet	-	104.95	99.00	-	199.50
Travel - International	-	-	-	1,520.35	-
Travel - National	-	281.05	1,099.74	3,328.95	1,347.53
<b>Total Operating Expenses</b>	<b>70,421.59</b>	<b>94,153.47</b>	<b>234,287.10</b>	<b>97,854.31</b>	<b>83,312.22</b>
<b>Net Profit</b>	<b>(4,280.86)</b>	<b>69,421.37</b>	<b>(152,277.59)</b>	<b>41,829.22</b>	<b>113,187.81</b>

# Balance Sheet

## Australian and New Zealand Gastroenterology International Training Association Ltd As at 30 June 2021

30 JUN 2021

### Assets

#### Bank

ANZGITA Everyday	114.47
ANZGITA Interest Bearing	102,252.10
<b>Total Bank</b>	<b>102,366.57</b>

**Total Assets** 102,366.57

### Liabilities

#### Current Liabilities

GST	(499.01)
Owner A Funds Introduced	6,976.00
Rounding	0.10
<b>Total Current Liabilities</b>	<b>6,477.09</b>

**Total Liabilities** 6,477.09

**Net Assets** 95,889.48

### Equity

Current Year Earnings	(4,280.86)
Retained Earnings	100,170.34
<b>Total Equity</b>	<b>95,889.48</b>

# Board Secretary's Report 2021

The ANZGITA Board, with members spread across Australia and New Zealand, met five times in the last financial year. Meetings were all held using an Internet videoconferencing service and covered all aspects of the Board's responsibilities. Attendance by directors has been good with one or two apologies being the norm. Alan Fraser resigned as a director in March. Michael Schultz, a fellow New Zealander, filled the vacancy on a casual basis. He will nominate for election at the AGM.

Potential and actual Conflicts of Interest for directors are reviewed at each Board meeting as is the situation with regard to any risks that have arisen or changed. Any complaints are reviewed and recorded in a Complaints Register as per our Feedback & Complaints Policy.

There were also five meetings of the Management Committee. Its practice was to meet once between Board meetings. The Industry Liaison Committee under Chair, Dr Tony Rahman, met twice during the year with meetings again hampered by the availability of members due to COVID. However, it is still the intention to meet bi-monthly when possible. The Quality and Risk and the Finance and Audit Committees, although constituted, did not meet as the Board and Management Committee have been able to address the relevant issues in the normal course of their meetings.

During the year a Program Leaders meeting was instituted bringing together program leaders and others working closely with them. The purpose of the meetings is to compare issues arising across the various countries where we are engaged, share experiences and advice, build a consolidated picture of needs and actions required, and initiate plans for future program activities. There were three meetings during the year with meetings being held approximately quarterly.

Barbara Hines took the role of marketing and events manager during the year. She led the production of a scaled down 2019/20 Annual Report document which reflected the COVID situation. Her work also entailed support for the virtual webinar programs run by Chris Hair. We engaged her services, through her company, on an agreed hours per month basis. Barb also generously provides further hours on a pro bono basis and is a highly valued colleague.

We held one Members & Friends Meeting in the form of a webinar. About 30 attended to hear Finlay and Chris Hair provide updates. Our guest speaker was Collin Tukuitonga, Assoc Dean Pacific, Faculty of Medical and Health Sciences, The University of Auckland who is a former Executive Director of the Pacific Community. His topic, "The Status and Impact of Healthcare Development in the Pacific", was very interesting and generated a good discussion. Based on feedback we intend holding one meeting annually between AGMs. There were four members' newsletter produced during the year. The intention is to produce it monthly in 2021/22 except for a summer break.

My thanks to Finlay Macrae, Tony Clarke, Alan Studley with whom I work closely on secretarial and administrative matters, to the other directors for the support they have provided and to the members, with a special thanks to Barb Hines, and trainers who have assisted in getting the non-clinical work associated with a growing not-for-profit completed.

Frank Eastaughffe