

Chair's Report 2020

2020 has been a year of disruption for everyone, including ANZGITA. Having successfully completed our five programs in the second half of 2019, we received a most enthusiastic response to our call for trainers in 2020. However, COVID-19 has had a deep impact on our mission of training, as it has for so many aspects of society here and throughout our region. On the ground, training has ceased, with the last ANZGITA program in Solomon Islands in early March that just escaped border closures.

But there has still been lots of ANZGITA activity which has emphasised the size of the collegial network in which we are engaged and how new digital technology-based means can be employed to provide the advice and support our colleagues' requests. Our Indo-Pacific region covers a huge expanse. The Pacific basin alone is large enough to hold the equivalent of every continent. The sense of isolation for a doctor wanting to develop skills and build a fulfilling and caring career can be acute. Travel from remote areas can often be expensive, and filling a gap in local resourcing difficult, even for short periods. But the ubiquitous smart phone, the availability of apps and the web of fibre optic cables being woven around the world do present us with opportunities to innovate.

The program leaders have shown great initiative in utilising mobile phone apps to keep the channels of communications affordably open. My thanks to all of them for their work this year in this and everything they have undertaken. Mark Norrie in Brisbane and Eileen Natuzzi in San Diego aided by Di Jones use WhatsApp to maintain regular contact with Rooney Jagilly, Scott Siota and Elizabeth Wore in Solomon Islands where they discuss administrative and supply issues, as well as difficult cases.

Chris Hair actively uses another app to cover similar ground with colleagues across many of the other Pacific Island countries including Samoa, Tonga, Fiji and Vanuatu in the south, and Federated States of Micronesia, Palau and Marshall Islands in the north. Chris Kiely (Timor-Leste) and John Croese (Nepal) have also made some use of these apps.

At a recent Program Leads teleconference it was decided that WhatsApp should be used to establish a Pacific Endoscopy WhatsApp group to complement the ANZGITA webinars. Where possible we will also encourage colleagues in Timor-Leste and Nepal to participate. This is work in progress.

Chris Hair has developed further the Pacific Basin ANZGITA webinars in another example of our use of digital technologies. They provide effective interactions with our colleagues across the Pacific in no small part due to Chris' excellent and personal relations with most of the physicians and surgeons in many centres across the region. His wonderful moderating style for these webinars draws out the audience, and, through their trust in him and his approach, great

educational opportunities unfold. These webinars run monthly. This year, three have focussed on COVID and the challenges it brings to the region. They are now generally bookended with case presentations of challenging cases at the beginning and interactive enquiry and pan-Pacific sharing of experience at the end. They are a model for what can be done effectively with the webinar functionality. Chris has signalled that he will need more content experts to assist as the COVID shutdown continues and we place more reliance on these webinars and look to increase their frequency. ANZGITA as a whole is well equipped to do this. We continue to be grateful to Christina Higa at University of Hawaii for technical and administrative support for the webinars.

Our regular in-country training programs, currently in Fiji, Solomon Islands, Tonga, Samoa, Timor-Leste and Nepal, will remain the central element of our approach to fulfilling our mission. Tony Clarke, our Deputy Chair and Programs Co-ordinator, discusses those delivered in the past year elsewhere. Of benefit to trainees, the digital activities discussed above are already providing a very regular reinforcement to our traditional learning experiences that we have not been able to provide previously as well as adding new dimensions to the support and mentoring we can provide our colleagues in the region.

Our program leaders monitor the material needs of our in-country training partners and extended service provider network which sometimes are urgent, including the provision of supplies, from Personal Protective Equipment to endoscopy accessories. We assist where we can and where it makes best use of available funds. The volume has risen noticeably in the last year due to need and as suppliers have stepped up to assist and funds have been found. ANZGITA does its best to plan for the sourcing and shipment of requests, so as to make use of the good will of those in a position to assist. For the first time over the last 18 months, we have received the organisational and funding support of the Medical Aid for Oceania and Worldwide (MAFO) logistics project headed by Barry Barford. This support has made a significant contribution to planning and managing what has been a growing volume of shipments.

A major activity for our Pacific program in the furlough induced by COVID has been to support and advise Prof Malani and Dr Perman as they update the academic curriculum in gastroenterology at the Fiji National University. Peter Katelaris, Chris Hair and Michael Schultz have been generous with their time and expertise to assist with this. It will indeed remain a great program.

I was delighted to have 10 days in Pohnpei (Federated States of Micronesia) at the time that Payne Perman ran the Pacific Basin Medical Association meeting in November last year. This involved delegates mostly from the north Pacific, including Hawaii. Some excellent palliative care teaching was part of the conference as well as a day of gastroenterology – some by me in person, some projected from Australia over their excellent internet facilities. This included the evergreen teaching from Peter Katelaris, and others. What was special to me and Marli (who was with me) was the hospitality from Australian Ambassador George Fraser, with whom we stayed in Pohnpei. George was exceedingly hospitable and graciously accepted an invitation to visit the hospital during the ANZGITA training week that followed the PBMA meeting. That training went very well, though a couple of ageing Pentax scopes met their own palliative care days. We were able to replace them with no-longer-needed scopes donated by Townsville Hospital and refurbished by CR Kennedy which provided the necessary workhours at no cost to us.

Last year I was excited about our opportunity to commence training in PNG after the invitation we received from RACS to be part of their team on a DFAT capacity building program. Due to the vicissitudes of the arrangements between DFAT, RACS and the administration of the Port Moresby General Hospital, most of whom had near complete change of personnel in the last 12 months,

the interest from PNG to prioritize gastroenterology for training has waned, and now disappeared. PNG will need to wait for another day before ANZGITA will be there on the ground. However, we do know some doctors are interested in receiving remote support in the development of their skills. Inclusion in our webinar program is the first step we are taking.

In 2019, the Board decided to appoint an Advisory Group to draw on the knowledge and experience of highly respected professionals in the medical field and beyond. We are grateful that all whom we invited immediately accepted – Joseph Sung (Hong Kong), KL Goh (Malaysia), Ian Roberts Thomson (Adelaide), Des Leddin (WGO, Canada), Michael Wesley (University of Melbourne Deputy Vice Chancellor International). Brian Freestone, who recently retired from a senior position in the international activities of the RACP, has also joined the Group. Joseph provided invaluable advice to temper our enthusiasm to train on the ground as the COVID threat unfolded and has introduced us to the like-minded Hong Kong Society of Digestive Endoscopy. KL Goh has encouraged us to engage with regional industry for more support. Brian has recently provided a thoughtful report on a new project we may be invited to join in Solomon Islands. Michael will be addressing our AGM on how NGOs can engage with the geopolitical environments of the Pacific. The group meets by teleconference a couple of times a year.

Des Leddin has been an enthusiastic supporter of ANZGITA and engaged us and our Training Centres in Fiji in several projects supported by the WGO. This has included testing cleaning and disinfection competency ATP testing which provides an immediate read out to pinpoint weaknesses in the process; introduction of a world leading endoscopy management system at CWM Hospital, Suva, for research and general use; and testing helicobacter pylori for profiles of antibiotic resistance, supported by Peter Katelaris at Concord Hospital in Sydney and Guihelme Macedo in Porto, Portugal. Des and I are driving the need for gastroenterology to be aware and behave responsibly faced with climate change in our own backyards and indeed the world. Our reach into the Pacific where this is such a poignant issue, positions us well to contribute to the debate and advocacy issues. More of that next year!

This year, we saw Alison Byrne retire from the Board as she was unable to commit the time she felt necessary as her locus moves more to outside Melbourne. We thank Alison for the energy and advice she brought to ANZGITA through her professional fund-raising experience. We wish her well and hope she will continue to keep an eye open for us. The Board recognises that fund raising remains the area that we are weakest, so we are on the lookout, through all our networks, for someone to join us on the Board with this expertise.

We also engaged the services of Barb Hines. Barb brings unbridled enthusiasm for ANZGITA and wide-ranging marketing and event organizing skills, and an intrinsic connection with the industries with whom we engage.

Finally, we are especially grateful to all our consistent industry partners and supporters and the enthusiastic advocates for us within their organisations: Boston Scientific, Cantel, Cook Medical, CK Surgitech, C.R. Kennedy, GENCA, GESA, JGH Foundation, MAFO, Olympus, Pentax Medical, SIES and Whiteley Corp.

Necessarily our members – our strength of over 200 – have been largely on hold this year due to COVID, but all are keen to go, when circumstances allow. Meantime, we will keep our enthusiastic powder dry and ready.

ANZGITA runs so smoothly, that there is little need for a Chair's report given the wonderful Board and other leadership that is ANZGITA. Their reports are elsewhere in this report – Secretary Frank

Eastaughffe, Program Leader Tony Clarke, Treasurer Alan Studley, Pacific Lead Chris Hair, Curriculum Development Peter Katelaris, the indefatigable Di Jones shaping our nursing excellence, industry expertise and counsel from Jon Long and New Zealand insights from Alan Fraser.

Finlay Macrae AO

Program Coordinator's Report 2020

Introduction:

This year has seen the inevitable impact of the COVID-19 pandemic which has completely upturned all our plans, as it has for the entire global community. The one great relief is that all the island nations where we work quickly closed their borders at the first news of the new infection, so have been able to remain corona-virus free thus far. But ANZGITA's last program was to the Solomon Islands in early March – all subsequent programs have had to be cancelled and we are not sanguine that it will be possible to send any teams to any of our sites till mid-2021. We had been hoping we could complete the program scheduled for Timor-Leste in October, but the recent outbreak of COVID-19 in Victoria and NSW has probably made that impossible.

Recruitment of trainers for all the programs we had planned for calendar-year 2020 was very successful with many experienced and new trainers volunteering once again and a satisfactory allocation of places was possible and the goals of ensuring that there was a good balance of doctors and nurses by country, state, metro city and regional location, gender, ANZGITA experience and age. This included the continuation of the training for ERCP in Suva with trainers going for 3 days each month. But this program was also halted in March.

ANZGITA's new relationship with Royal Australasian College of Surgeons (RACS) Global Health is progressing well. There has been considerable reorganization of RACS Global Health with a significant change in their organizational structure and staff. While we were sorry to lose our contact with many of the people in RACS who had been very helpful to us, their replacements have engaged very well, and we are sure we will have a good working relationship with them.

Of importance to all our trainers is that RACS Global Health is reviewing the mechanisms of recruitment and deploying of all trainers who are supported by them. We see that this is an opportunity to harmonize these processes with ANZGITA to try and simplify the process for all trainers. The Australian Government's Department of Foreign Affairs and Trade (DFAT), which through RACS covers our Pacific trainers' costs, has made it clear that in addition to the requirements for temporary registration, which are often quite complex and vary from one country to another, there needs to be more attention paid to the documentation of Child Guardianship requirements, appropriate interaction with all trainees, and appropriate consent for clinical and other photography. RACS Global Health is developing online training modules to assist with this process. Many of the agreements will need to be signed by trainers much more frequently than has been required in the past. ANZGITA is working with RACS Global Health to try to ensure that this is not too great a burden on trainers and that the online training and reporting systems make these processes as easy as possible.

While COVID-19 has limited ANZGITA's capacity to send programs to the sites we support in the

Pacific and elsewhere, Chris Hair in Geelong has further developed on-line training and mentoring which is reaching many of our trainees in the Pacific. These monthly webinars are not only providing useful training but also fostering a community of clinicians with an interest in gastroenterology in the Pacific who are able to support each other. This is discussed in more detail in the Chair's report.

Fiji Program:

The twelfth Fiji program was held in July-August 2019 and opened by the Fiji Minister for Health the Honorable Dr Ifereimi Waqainabete. Under Chris Hair's able leadership, and the untiring efforts of Dr Mai Ling Perman who saw to all the details, the program was a success for all who attended. Because of limitation of funds to support trainees there were fewer trainees on the program but this allowed the trainees who did attend to benefit from more personal attention and hands-on time.

While our thirteenth program in Suva has had to be cancelled, ANZGITA has continued to have strong links with the team at the Colonial War Memorial Hospital led by Prof Jioji Malani which includes Drs Mai Ling Perman, Aminiasi Rokocakau and senior nurse Ms Maraia Ratumaiyale. CR Kennedy continues to provide significant support to ensure that the endoscope inventory is functioning adequately.

As mentioned earlier, monthly ERCP training continued till March and the reports from the trainers is that the local service is progressing very well with all trainees progressing very well. This initiative has benefitted by the generous provision of the necessary endoscopic accessories and other equipment by Boston Scientific, Olympus Australia, CK Surgitech and Cantel. It is expected that the hospital authorities will continue to provide these products once the two-year program has completed.

Prof Malani felt that there was a need to update the gastroenterology module for the curricula for the Master of Medicine and MD courses offered by the Fiji National University at CWMH. This was coordinated with Assoc Prof Chris Hair, Profs Michael Schultz and Peter Katelaris and was completed earlier this year.

Solomon Islands Program:

It was possible to hold the scheduled programs in August 2019 led by Dr Terrence Tan, and early March 2020, just before the impact of COVID-19 brought all travel to a standstill. This program was fortunate to have both co-program leaders, Drs Eileen Natuzzi and Mark Norrie able to participate. Both programs benefitted from the new endoscopy centre which had been opened in early 2019 and it was clear that the facility was much appreciated by the local staff. Pentax Australia continues to provide significant support to ensure that the endoscope inventory is functioning adequately.

The local medical staff of Drs Rooney Jagilly, Scot Siota and Elizabeth Wore remain very committed to improving gastroenterology services and it was suggested after the March 2020 program that Dr Wore be provided with a scholarship to upgrade her endoscopy skills in Australia some time in the future when COVID-19 and Dr Wore's family commitments allow.

Timor-Leste Program:

The scheduled program in October 2019 was successfully completed under the leadership of Dr Damian Harding with all four trainers being impressed with the standard of care provided by the local staff. Dr Celia Santos continues to develop her endoscopy skills and it is felt that it is soon going to be wise to train another endoscopist to ensure sustainability of the service. The Laokin semi-automatic endoscope disinfecting equipment that ANZGITA arranged to be installed with the assistance of Cantel Australia has functioned well and ANZGITA much appreciates the ongoing support of Cantel with the planned installation of a refurbished endoscope drying cabinet.

The planned program in May 2020 had to be cancelled. Country Program Leader Dr Chris Kiely continues to keep in contact with the local clinicians and provide support. Ongoing provision of disinfection chemicals is provided by Whiteley Corporation, as they do for all our training centres. Olympus continues to provide significant support to ensure that the endoscope inventory is functioning adequately. The work of all companies is appreciated by staff at Hospital National Guido Valadares.

Federated States of Micronesia Program:

Dr Paine Perman a physician in Palau, who has attended the Fiji training in previous years, invited Chis Hair to send a small program to this island group to coincide with the regional physicians meeting in November 2019. The training team consisted of our Chair, Finlay Macrae, and Dr Mai Ling Perman and senior nurse Ms Maraia Ratumaiyale from Fiji. Other ANZGITA colleagues presented via teleconference to the meeting. Finlay was accommodated at the residence of the Australian Ambassador who was most supportive of this training excursion to the North Pacific. While it is clear that there is considerable interest by the local health professionals for ongoing training, there are significant challenges to responding in view of the considerable travel costs and time needed to take up that offer.

Tonga Program:

Another small team was sent to Tonga in August 2019. Several Tongan trainees have attended the programs in Fiji over the years, and this provided an opportunity for Chris Hair and Cathy Conway to assess the conditions under which these clinicians worked and to provide guidance on what needed to be done to improve the service provided. The Royal Australasian College of Surgeons provided much of the organization for the team through the Global Health Unit which was much appreciated. The trainers were impressed with what they found, and it had been planned for a further visit to occur in 2020 but this too had to be cancelled. Olympus Australia agreed this year to provide support to ensure that the endoscope inventory already in place continues to function adequately.

Samoa Program:

The program planned for Samoa this year had to be cancelled due to the pandemic. This came after the measles outbreak in late 2019 which caused 83 deaths. During this time, Chris Hair along

with the procurement team and others at Epworth (Geelong and Corporate) quickly engaged with a range of suppliers, including Whiteley Corporation, Multigate and Halyard, to pull together supplies of value. Our last program was in May 2019 and we look forward to returning at the earliest possible time.

Nepal Program:

The 2019 program to Nepal was held in November again under the energetic leadership of Dr John Croese and Di Jones at the Nepal Medical College (NMC) in Kathmandu. An expanded team which included three other doctors and a senior nurse was assembled. It was therefore disappointing that the on-ground organization had not been able to find the same support from the other hospitals in Kathmandu let alone elsewhere in Nepal. This meant that the trainees were limited to junior staff from NMC and the number of patients that needed assessment were far fewer than would have been optimal for effective training. It was concluded that there are many challenges to providing training in Nepal which include the considerable clinical demands on all the staff and difficulties in achieving inter-hospital cooperation.

Despite these assessments, following reviews with NMC it had been planned to hold another program in November 2020. Clear guidance had been provided to NMC of what would need to be achieved in Nepal before the next program to ensure that the training objectives were met. However, the COVID-19 pandemic resulted in an early cancellation. We have seen evidence of the younger generations being highly receptive to the ANZGITA teaching model. We hope we can include a number of them in our on-line training activities.

Papua-New Guinea:

After the initial visit to PNG in April 2019 as part of preparing for the RACS Clinical Support Program funded by DFAT, plans were drawn up by Country Program Leader Kate Naphthali to have 10-day programs in December 2019 and February, July and November 2020. However, even before the impact of COVID-19, it became clear that local ability to support the programs was not going to be able to be put into place as quickly as had been hoped. There were also concerns that gastroenterology training was not going to be high enough up hospitals' priorities for it to be included at this time despite the clinicians' appetite for this training. As it was, the pandemic would have brought any plans to a halt. The PNG clinicians have however indicated that they would like to be included in on-line training which has now commenced.

Conclusion:

While there was a very good response to the call for trainers for the 2020 ANZGITA program and all positions on the training programs filled with excellent trainers, the global pandemic brought a halt to proceedings. However, there continues to be a great appetite for the training that ANZGITA provides. Even though current training is limited to on-line learning and mentoring it is clear that Chris Hair and his colleagues are finding a very receptive audience, and this is going a long way to meet the needs of clinicians in the Pacific. As circumstances allow, ANZGITA trainers will return to provide in-country training and I am confident there will be many willing trainers.

As always, I would like to thank all those who make the work of the Program Coordinator possible.

Frank Eastaughffe continues to carry a huge burden of administrative and coordination work for ANZGITA and Finlay Macrae manages to find new avenues where ANZGITA can contribute a draw assistance and inspiration. Di Jones uses her extensive experience in low-resource countries to lead ANZGITA's nursing service and has the most amazing willingness to personally attend as many programs as possible. Peter Katelaris provides vital expertise in supporting curriculum development and many other technical challenges. Barb Hines' recent contribution as Programs Administrator is also much welcomed.

I would also like to make mention of the industry support we receive from many companies with the following being absolute stand-outs – without which ANZGITA's achievements would be much diminished: CR Kennedy Pty Ltd, Pentax Australia, Olympus Australia, CK Surgitech, Whiteley Corporation and Cantel Australia.

Tony Clarke

Treasurer's Report 2020

For the operating year of 2019/20 ANZGITA has recorded funds inflow of \$163,574 and outflow on programs and administration of \$94,320 creating a net cash increase of \$69,254.

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 2020 were \$103,575.38 in the Cash Reserve and \$48.75 in the Community Solutions account.

The total expenditure on administration, in-country programs, covering capital and service items, was \$94,320 with services delivered across Timor-Leste, Solomon Islands, Nepal, Fiji, Samoa and Tonga.

During 2019/20 the historical accounts of ANZGITA from the commencement of operations in the year 2015/6 were downloaded to the Xero small business accounting system and ANZGITA is now able to compare 5 years of history dating from 2015/16 to 2019/20. ANZGITA will continue to use this reporting system and 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 \$103,624 represents the only current asset owned by ANZGITA and reflected in the balance sheet.

With 5 years of operating results available in a consistent format, the board is now able to understand the pattern of donations and other philanthropy that generates funding as well as the in-country program expenditures. The COVID crisis has made some comparisons of expenditures between years more difficult as service delivery and travel patterns have adjusted to particular country controls. For example, ANZGITA has paid less insurance in 2019/20 compared to prior years reflecting significantly reduced program delivery.

The Board of ANZGITA has acted to ensure that a complete insurance coverage is in place to protect the activities of both directors and program clinicians as they undertake their duties in Australia and the five 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 reviewed annually by a qualified and independent member of CPA and a signed opinion issued to the Board of ANZGITA.

Alan Studley

Secretary's Report 2020

The ANZGITA Board, with members spread across Australia and New Zealand, met five times in the last financial year. Meetings are normally held using an Internet videoconferencing service and cover all aspects of the Board's responsibilities. One face-to-face meeting was possible as it was held immediately prior to AGW2019 and six directors were able to attend with one attending via the videoconference service. Attendance by directors has been good with one or two apologies being the norm.

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 formally twice during the year. This year the pandemic had an effect on the availability of members. 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.

Similarly, since Alison Byrne's resignation, the Marketing and Communications Committee Chair has not met although Barbara Hines has continued to lead activities pro bono in this area with Frank Eastaughffe reporting progress to the Board. This year the only trade show we were able to attend was AGW 2019. It had been planned to attend SIES 2020 and the 2020 GENCA Annual Conference but both these events were cancelled.

An Advisory Group was established during the year as discussed in the Chair's Report. It has no formal governance role or authority to direct the activities of the Association, however its guidance to the Board will be very valuable.

This year the number of registered pro bono trainers rose to 224, an increase of 19 over the year and the Association now has 156 members committed to actively supporting its objectives. There were five members' newsletter produced as well as a professionally designed Annual Report which has been used throughout the year to inform many of our objectives and work. My thanks to Barb Hines for her pro bono contribution (in addition to other work as described below) and Ckaos

which charges us discounted rates on the report and often gratis other assistance.

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.

At the beginning of the year the Board, acting on our Programs Co-Ordinator's (Tony Clarke) advice, decided that the administrative load associated with organising and delivering our in-country programs needed consistent professional support to allow Tony to focus more on the RACS relationship and the clinical aspects of programs. We engaged the services of Barb Hines, through her company, on an agreed hours per month basis. Given the pandemic, the number of hours has been reduced by mutual agreement and the time used for other areas, e.g. an overdue website update and on-going management, where, amongst many other things, a COVID-19 page was established on our site and regularly updated.

Over the last 18 months our transportation of equipment and other items to our partners' centres and other colleagues in the Pacific has grown noticeably due to good support from industry partners and increasing one-off support from us in these difficult times. During that period we have welcomed the support of the Medical Aid for Oceania and Worldwide (MAFO) logistics project headed by Barry Barford. Not only has Barry organised a number of shipments for us, his project has been able to assist with funding. In the last year this has amounted to \$3,700, around 50% of the total cost of overseas shipments.

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