



ANZGITA

Australian & New Zealand Gastroenterology
International Training Association

Information on Healthcare and Health Training in the Solomon Islands 2024



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.

In the last year there have been 2835 gastroscopies and 741 colonoscopies performed. In the past 94% of procedures have been diagnostic with 6% being therapeutic including variceal banding, oesophageal stenting and dilation as well as PEG placement. The program has resulted in an uptick of surgical treatment at NRH including low anterior resections and abdominoperineal resections through a partnership between NRH surgeons and DAISI volunteers.

Since 2015 this program has been provided under the organisation of the Australian and New Zealand Gastroenterology International Training Association (ANZGITA).

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that culminated in the Australian lead Regional Assistance Mission to the Solomon Islands (RAMSI) program which was withdrawn in 2016. It has also been subject to frequent natural disasters including earthquakes, cyclones, tsunamis and flooding.

The Solomon Islands infrastructure and health care is typical of a developing country. 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 \$39million of which one third went 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. A similar education agreement has been made with China.

Against this backdrop of the challenges to Solomon Islands, there lies the opportunity of Australian & New Zealand 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 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 healthcare 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 hub teaching program in Fiji that suits local conditions
- c. Facilitate the sustainability 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 is situated about 1 kilometre from the centre of town adjacent to the ocean. It is currently an old building dating from the 1970s and constructed on the site where the original US Army Field Hospital Number 9 was. 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 an air conditioned endoscopy suite which was developed with the support of the Taiwanese government, donations from families of WWII veterans and ANZGITA. The state of the art endoscopy unit opened in 2019.

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.

On each visit one of the volunteer gastroenterologists give a hospital CME lecture on a topic the team at NRH selects. In addition, the visiting teachers are invited to give informal lectures and participate in ward rounds. A visit in recent years has been over a period of 5 days (Mon – Fri) and there have been two trips made per year and has involved two Endoscopists and two Nurses. The timing of these trips has been at the behest of the local Doctors with future visits planned to avoid cyclone season.



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5. Equipment

There is Pentax equipment including 17 Pentax 90 series gastroscopes and colonoscopes as well as an EPK-i7010 high definition processor, EPK-I processor, and a EPK 1000 series processor and two 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. Pentax Australia is providing wonderful support to the program with donated and serviced equipment.

6. General information.

A visa is not required for visitors on an Australian or New Zealand passport. Registration as a Medical Practitioner is required for all visits. Nurse registration is not required.

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 is another document which covers the registration process and non-clinical items such as travel and accommodation.