



The **Australian and New Zealand Gastroenterology International Training Association (ANZGITA)** is a not-for-profit with a mission to enhance the standard of medical practice and treatment for digestive diseases in the developing Indo-Pacific region. We deliver regular training programs for physicians and nurses at our partners' facilities. Training is provided by experienced gastroenterologists and nurses who donate their time. We also assist our partners in the sourcing equipment and other materials necessary for the continuing operations of their endoscopy centres.

Gastroenterology services address a number of diseases and conditions including two infectious diseases that have major health impacts and can lead to death: helicobacter pylori, which causes stomach ulcers and stomach cancer, and hepatitis B which causes liver failure through cirrhosis and liver cancer. These diseases are much more common in the developing IndoPacific than advanced economies.

Starting in Fiji in 2008 and guided by principles agreed at the time with our partner, Fiji National University (FNU), the annual training programs have developed over the following decade to better meet the needs of trainees. Over a four-week period lectures, tutorials, ward rounds and practical endoscopy form a comprehensive program which can be taken as part of an FNU Master of Medicine course or stand-alone. Nurse education is via lectures and skills practise, predominantly in the safe delivery of endoscopy, and in unit management. Clinicians from Fiji and 11 other Pacific Island countries (including Samoa, Tonga, the Solomon Islands, Vanuatu, Kiribati and Micronesia) have attended a Fiji program, some more than once.

*“The best training I have ever been to. I learnt a lot of new skills from all the trainers.”
(Doctor 2014)”*

The ‘Fiji model’ has since been used as a template to establish programs specific to local needs in Solomon Islands, Tonga, Samoa, Timor-Leste, Myanmar and Nepal. On-going endoscopy service provision in these countries is supported where previously there was none. The Colleges of Surgeons (RACS) and Physicians (RACP) see our model as a template for best practice in developing lasting in-country capacity.

Since 2008, well over 200 doctors and a similar number of nurses have attended as trainees, a number attending multiple programs. 101 gastroenterologists and GI nurses have participated as trainers – over 40 more than once. Trainers, 39 in 2019 who delivered 231 trainer-days, donate their time. Nurses expenses are reimbursed and doctors to varying degrees. Funding to date has come from a mixture of government, foundation and private sources.



Regular webinars, each started with a topic presentation by an expert and with Q&A to follow, were instituted in 2018 at the request of Pacific doctors. They wanted to alleviate their sense of isolation and continue their learning outside of the formal programs. Structured in an interactive manner, as many as 12 centres attend sessions. This program has extended into the use of additional digital apps to provide enhanced mentoring, sometimes in response to a clinical situation needing immediate support.

Impact of Programs

In 2008, very little endoscopy, even diagnostic in nature, was done in Fiji or elsewhere in the Pacific. In **Fiji** now around 1,000 endoscopy procedures (diagnostic and interventional) are conducted at the main hospital each year, including advanced services such as biliary endoscopy (ERCP). Services are provided at two other hospitals and there has been much benefit to the Fijian community. Professional nursing expertise now exists here and elsewhere for managing endoscopy units, processing instruments through disinfection and maintaining all equipment to high standards.



The National Hospital in **Solomon Islands**, where we have trained bi-annually in partnership since 2014, refurbished its endoscopy unit in 2019. Several hundred procedures are performed annually.

“I realize now how much impact interventional endoscopy has. I would very much like to pursue and build on what I have learned during this session and I can’t wait for next year (Doctor 2010)”

Regular endoscopy services are now provided in **Micronesia** and in **Samoa** and **Tonga**, where ANZGITA visits annually to provide further training. In other countries, e.g. **Palau**, **Vanuatu**, physicians now undertake diagnostic procedures as required.

In **Myanmar**, programs were run in partnership with the Yangon General Hospital (YGH) from 2014 to 2018. Some programs were run in other hospitals. Nearly 200 doctors and nurses from across the country attended over that time. Development has been rapid and YGH is now undertaking training using their own teaching resources.

In **Timor-Leste** a small unit at the National Hospital (HNGV) was established in 2016 when a gastroenterologist accompanied his partner on a two-year work placement to Dili. Two programs a year have been run since and the endoscopy team continues their work.

We have now run programs in 2018 and 2019 in **Nepal** in partnership with the Nepal Medical College (NMC). Promotion of this type of program, which is new to Nepal, and the value to be gained from it is still be undertaken. The NMC is committed to growing their fledgling unit.

In consultation with our partners, ANZGITA has been able to specify **facilities, equipment, accessories and materials** required for safe endoscopy practice. Through donations and other support from leading industry suppliers and funds obtained from philanthropy we have been able to assist in their sourcing and maintenance. The installation of equipment cleaning systems which are appropriate for our partners’ operating environments is one example of this work. A system at HNGV Timor-Leste is shown on the right.
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