



COMMITTED TO SUPPORTING THE PEOPLE OF THE SOLOMON ISLANDS

DAISI

Doctors Assisting In Solomon Islands

IN THIS ISSUE

Board's Annual Report

The board of DAISI has great pleasure in presenting our first newsletter detailing events and progress since DAISI was formed almost 1 year ago. It has been a busy year with the rapid growth of DAISI membership and alliances formed with existing charities, with the generosity and support of so many people quite inspiring.

Specialist Visits

DAISI has become a key participant in educating doctors in the Solomon Islands with its main emphasis this past year on surgical training. This is due to the fact that most DAISI members are from a surgical background. Our Chairman, Dr Tim Nicholson, has been able to visit Gizo hospital three times in the past two years to teach urology. Our Secretary, Colorectal surgeon Dr Gary Mckay, has this year alone visited Gizo on two occasions and Honiara once to perform and teach surgery. This year we have had very strong involvement from other gynaecologists, colorectal and oral maxillofacial specialists. We strongly encourage non-surgical doctors to participate.

The involvement of local Solomon Island trainees in this process is fundamental, with gynaecologists and general surgery trainees

from Honiara accompanying us on peripheral hospital visits, and providing positive feedback about the experience.

Peripheral Hospitals

DAISI hopes in the future to strengthen support for many of the other peripheral hospitals in the Solomon Islands often doing it tough with limited staff and resources. The DAISI website lists each of these hospitals as well as the three largest mission hospitals, providing contact details to facilitate volunteering specialists. I also welcome the progress on Namuga hospital in the far Southern Province of Makira, the brainchild of Murwullimbah GP Dr Chris Millar, with the hospital almost nearing completion with anticipated opening of its wards in January 2017. This will provide much needed relief to the Kirakira hospital, currently the only operating hospital on Makira island.

Endoscopy Training

Endoscopy training in urology, gynaecology and general surgery has been a major focus of DAISI this year, with cystoscopy, laparoscopy, gastroscopy and colonoscopy

(Continued page 2)



Clean Drinking Water at Gizo

Many thanks to the great work of volunteer nurse Petra Breiting, Gizo hospital patients now have a steady supply of clean drinking water.

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ANZGITA - Another Player in the Solomon Islands

DAISI has combined forces with ANZGITA (Australia & New Zealand Gastroenterology International Training Association) in the strategic delivery of endoscopy training in the Solomons.

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Choosing a Hospital

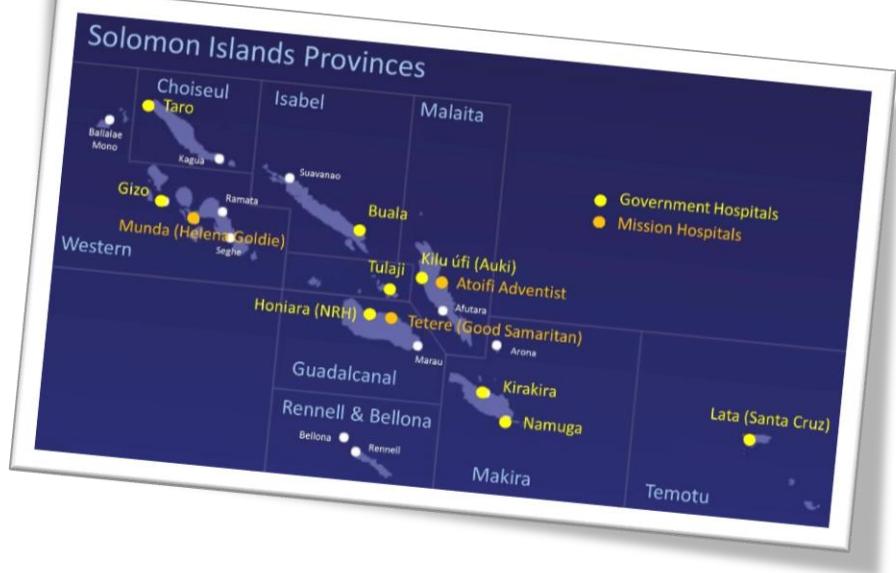
By Sepehr Lajevardi (Treasurer – DAISI)

If you are a doctor or medical student and contemplating volunteering your medical services in the Solomon Islands, you will soon discover that there are many possible options, which can make the decision making fascinating but also a little daunting for the first timer.

There are 9 provinces in the Solomon Islands, with all but 2 provinces having their own public hospital. There are also many mission hospitals, with some of these also listed.

DAISI through their website daisi.com.au have tried to make the options and planning of your next trip to the Solomon Islands to volunteer simpler by listing every public hospital and the best mission hospitals on the DAISI website.

This listing also includes important information on the location, history of each hospital, and the best contact phone numbers and emails of supervisors.



Realising that all work and no play can lead to a dull experience, local attractions and accommodation options are also listed. Access to these hospitals by plane and boat are also described.

In order to improve the accuracy of this site we would appreciate your feedback, and even your suggestion of alternate hospitals for inclusion on this website.

We would also like to hear of your unique experience, and even publish your article in the next DAISI newsletter.

CHOOSING A HOSPITAL

Visit www.daisi.com.au and select the VOLUNTEER tab, then the HOSPITAL OPTIONS tab for a complete listing of all hospitals in the Solomon Islands.

Alternately email: staff@daisi.com.au

Or call **0478 067 159** and speak directly with one of our volunteers.

Board's Annual Report (continued)

taught to trainees during recent visits. DAISI has joined forces with the Australia and New Zealand Gastroenterology International Training Association (ANZGITA) with a shared focus on improving endoscopy services in the Solomons.

Medical Student Rotations

DAISI has had a steady stream of medical students volunteering this year, and we continue to encourage this, as it not only provides a life changing experience for those volunteering, but provides much needed assistance where personnel on the ground are often limited. Our vice-chair, Gareth Iremonger, a medical student himself when joining DAISI, and Dr James Fink from Bond

University have been instrumental in coordinating medical student electives.

Donations

The donation of a 40 foot shipping container of surgical equipment and the purchase of surgical gowns urgently needed at National Referral Hospital (NRH), was only possible due to the collaboration with and generosity of organisations such as MedEarth, Rotary club of Berrima District, Ramsay Health. The burning of Old Gizo hospital in July this year was devastating, particularly the loss of vital office space and records for community based medicine and the pharmacy. We encourage your donation of aid to help in this great time of difficulty for Gizo hospital.

Membership

In one year DAISI has gone from being just a handful of people to having a membership of 36. At this stage membership is free of charge and open to any doctor or medical student that has volunteered in the Solomon Islands and is committed to ongoing volunteering in the Solomons in keeping with the ethos of DAISI. Associate membership is available for non medical volunteers.

Future Direction

DAISI is currently collaborating with national Referral Hospital (NRH) to organize regular endoscopy and laparoscopic workshops, and an Australian electives program for surgical registrars in the Solomon Islands.

Elections

Office Bearer positions will be up for re-election in December 2017.

IN THIS ISSUE

**The Namuga Hospital Project**

Namuga Hospital, in Makira Province, the brainchild of Dr Chris Millar, a GP from Murwillumbah, is in the final stages of completion, with the first doctor expected to arrive in January 2017

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**Bond Medical Student Rotations to Kirakira Hospital**

Dr James Fink for Bond University describes the project of deploying final year medical students from Bond University to Kirakira Hospital.

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ORAL CANCER AND RISK FACTORS**83%**

83% of patients with oral buccal cancers in the Solomon Islands chew betel nut

65%

65% of patients with oral buccal cancers in the Solomon Islands consume alcohol.

RISK FACTORS OR ORAL CANCER

Alcohol & Tobacco	HPV infection
Betel Nut	Poor dentition
Hot Drinks	



Dr Ann Collins (OMF Surgeon from Westmead Hospital) operating with Lalitha Fuo at Gizo Hospital

Prevention of Oral Cancer in the Solomons

by Erin Bertolin

Australian Oral Maxillofacial Surgeon Dr Ann Collins recently returned from a surgical visit to Honiara and Gizo hospital along with an upper gastrointestinal and colorectal surgeon. Their mission was to operate on any condition arising in the digestive tract requiring surgery. "It really was a case between the three of us of having the entire digestive tract covered". Oral & GIT cancer appears to be on the rise in the Solomon Islands, and one factor may be the increased exposure to certain known carcinogens.

Dr Collins was particularly struck by the amount of alcohol, tobacco and betel nut use in the Solomon Islands. Betel nut is a mild stimulant and commonly available in the Solomons with street side stalls selling betel nut as far as the eye can see. Chewing betel nut is also a social pastime as a means to extend friendship, and can be found in many, if not most, large gatherings. It stains the teeth red, and the roads in the Solomon Islands are peppered with red spit splats, the product of excess salivation caused by chewing the mix of betel nut, betel leaf, lime powder made from coral. The mix is tucked between the gums and cheek, keeping its

irritating carcinogenic contents in contact with the buccal mucosa.

In fact betel nut use is so common, and the staining from spit so destructive and unsightly that the Solomon's Ministry for Health has campaigned heavily to highlight to the community the devastating health and social impact of betel nut chewing. Prominent signs now read "No Alcohol, No Tobacco & No Betel Nut" at the main entrance to most hospitals and public venues.

Oral cancer is one of the most common cancers in the Solomon Islands. Dr Collins adds that "betel nut chewing combined with tobacco use have a synergistic effect and are the leading cause of oral mouth cancer". Whilst tobacco use is mostly seen amongst men, women chew betel nut in a higher proportion than tobacco use, making them also at risk of oral cancer. The vast majority (83%) of patients with oral buccal cancers in the Solomon Islands chew betel nut, compared with a minority of buccal cancers (17%) who do not. The buccal



mucosa is the most affected by cancer, as this is where the betel nut tends to sit and carcinogens pool. Those who don't smoke or drink or consume betel nut, such as many Seventh Day Adventist communities, have negligible rates of oral cancer highlighting the importance of these agents as carcinogens, and the role of preventative measures. Other possible risk factors for oral and pharyngeal cancer also include Human Papilloma virus (HPV), particularly serotypes 16, 18, 6 and 11. This virus also increases the risk of anal and cervical cancer and is sexually transmitted and quite common in some areas of the Solomon Islands. Although routine vaccination against the Human Papilloma Virus (HPV) serotypes 16, 18, 6 and 11 is now routinely given in Australia free of cost to high school boys and girls, this is not the case in the Solomons where the vaccine is unobtainable or unaffordable.

"My main focus as an OMF surgeon has been diagnosing oral cancer and ensuring

appropriate multi-disciplinary management. This requires major lengthy surgery with reconstruction and sometimes a team of



specialist surgeons and specialists in medical and radiation oncology. The individual cost for such surgery is quite high. However much more effective would be education and preventative health strategies aimed at reducing the exposure of people to these

known carcinogens to prevent cancer in the first place". The Ministry for Health has done a lot already to address this, but there is still much more than can be done with public education at the grass roots level.

Dr Collins plans to return to National Referral Hospital, Honiara, in the future to facilitate the teaching of oral maxillo-facial techniques to local surgeons and hopes that ongoing preventative strategies will reduce the need for such surgery in the future.

It is hoped in the near future that major cases requiring OMF surgery can be transferred from the provincial hospitals to the National Referral Hospital (NRH), where the facilities can be improved to cope with the after-care requirements of such surgery. However, minor oral surgery can continue at each of the provincial hospitals., with a number of the hospitals having very adequate surgical and dental set-ups.

MedEarth, Rotary & Westmead Private Combine Forces with DAISI

MedEarth has donated much needed medical and surgical equipment to the Solomon Islands, which thanks to Rotary Berrima District, Westmead Private Hospital, and a handful of volunteers, DAISI has been able to send to Honiara and Gizo hospital in a 40 foot shipping container.

Lara Garfinkel and Laura Taitz (6th from left), founded MedEarth in 2013 and it is the only charity in Australia that recovers unwanted usable medical supplies and equipment from hospitals and redistributes it to those who desperately need it. Lara explains, "This achieves our goal of protecting the environment whilst at the same time ensuring access to better health care for those in need in developing countries".

Equipment and supplies donated by MedEarth were loaded into the 40 foot Shipping container at the MedEarth warehouse space, which is donated by



Volunteers at the MedEarth warehouse (left to right) Ryan Rubinstein, Clive Gomes, Matthew Gomes, Neil D'cruze, Brett Rubin (Finance Director-Panavision), Laura Taitz (Co-founder MedEarth), Roshini McKay, Nili Hali, Dr Adam Hill, Dr Terence Chua, Indi Zanchetta, Dr Danny Kozman, Dr Gary McKay and Dr Michael Su.

Panavision. Panavision staff, including Finance Director Brett Rubin (5th from left), and a handful of DAISI volunteers kindly donated their time on a Saturday to help pack the container. The delivery of the 40 foot shipping container was organized by Barry Barford from Rotary Club of Berrima District , with their generous donation and a donation from a sausage sizzle organized by Westmead Private Hospital paying for the container's delivery.

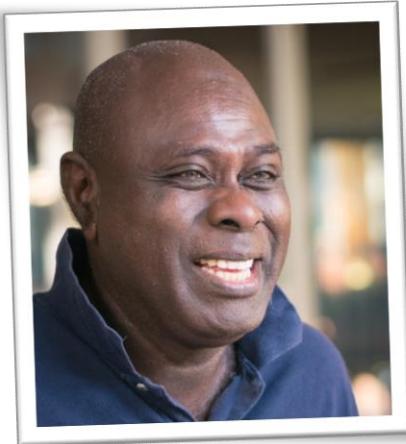
Much needed equipment donated by

MedEarth and received by Honiara and Gizo hospital included 2 anaesthetic machines, an image intensifier, humidicrib, paediatric anaesthetic machine, theatre lights and operating table. A large number of infusion pumps were also donated by MedEarth and will help with the delivery of chemotherapy agents at Honiaria hospital.

For More information on MedEarth please visit www.medearth.org

Our Health System in the Pacific: A Deadly Storm Brewing

by Dr Rooney Jagilly



Dr Rooney Jagilly – Medical Superintendent – National referral Hospital (NRH), Honiara.

Sustainable fisheries, ocean conservation, climate change and economic development are important issues our Pacific Island leaders are discussing at the UN General Assembly as well as other regional meetings. We would like to add to this discourse the health challenges the people of Pacific Island nations are faced with. The alarming rising tide of chronic diseases throughout our Pacific region must be addressed as it adds another layer of stress to health systems already taxed by infectious diseases such as malaria, dengue, tuberculosis and childhood diarrhoea. Health aid is currently regionally distributed throughout the Pacific, and while this collective approach may be efficient, it might actually be harming some of our least developed countries in the region. Cancer deaths in Melanesia are projected to increase by 43 per cent by 2030. These projections underestimate the problem in countries like Papua New Guinea and Solomon Islands, where cancer reporting is only just being established and where many of our people succumb to their diseases in their rural villages without ever knowing what killed them. Screening programs are underdeveloped, leaving our healthcare providers limited options to treat patients once they present with advanced, incurable diseases. The distribution and risk factors related to the cancers we treat may be unique to our region and merit comprehensive epidemiologic investigation.

Increasing numbers of chronic diseases are not the only health threats Pacific Islanders

are vulnerable to. Climate change impacts such as extreme weather events, heat, and rising sea levels also adversely affect our health. The recent WHO Climate Change and Human Health conference highlighted the inextricable link between human health and climate change. It also affects our economies. The downward revised GDP growth rate in our country, Solomon Islands, on the heels of a recent deadly flood is one such example. Disease outbreaks following extreme weather events not only tax already short-staffed and under-supplied health systems, but they also turn diarrhoea and influenza-like illnesses into killers.

Infectious diseases, until now, have been our greatest health challenge. Human papillomavirus, Hepatitis B virus, Helicobacter pylori and Epstein-Barr virus contribute to 18 per cent of our cancers, and outbreaks of infections like dengue fever have challenged our systems. The unfolding deadly Ebola outbreak in Western Africa has many lessons for us in the Pacific. Ebola virus reminds us that weak public health and health care systems allow infectious agents to flourish unchecked due to the inability to diagnose, contain, and treat them in a timely fashion. It also highlights that despite billions of dollars spent on disease-specific treatment programs, the public health and health care systems remain inadequate in many developing countries. Public health laboratories are the mainstay of infectious disease control, but at present Pacific Island laboratories can only perform a limited catalog of diagnostic tests. Current responses to significant outbreaks like dengue rely on the external assistance of expatriate specialists. While valuable, this is not a sustainable solution to our problem. In 2011, WHO's Laboratory Strengthening for Emerging Infectious Diseases Program was initiated in the Asia-Pacific Region in order to address the need to develop national public health laboratories. But as of 2014 most Pacific Island nations have been unable to establish these vital laboratories in contrast to our Asian counterparts.

Pacific Island nations are not all at the same level of development and for this reason we advocate for an individual as well as regional approach toward health development aid.

The 2014 UNDP Human Development Report ranks the majority of Pacific Island nations in the medium to high developed category, but Papua New Guinea and Solomon Islands are ranked in the least developed category along with Sub-Saharan African countries (PNG and Solomon Islands rank 157th of 187 countries). The Intergovernmental Panel on Climate Change AR5 uses this same development data to predict vulnerability to climate change impacts. The lower the rating, the more vulnerable Solomon Islands and Papua New Guinea are. The World Risk Report Index further supports this notion. Of the 15 most at risk countries in the world in 2013, four of them—Vanuatu, Tonga, Solomon Islands and Papua New Guinea—are Pacific Island nations. The percentage of GDP spent on health care varies widely among Pacific Island nations: from 4.3 per cent in Solomon Islands to 10.6 per cent in Palau. This results in disparities among our region's hospitals and clinics, medical supply chains, trained healthcare workers and in measures of health outcomes. These are valid reasons to tier aid in our region.

Strong public health services and health care delivery systems with the capacity to respond to injuries and infectious disease outbreaks, while maintaining care and prevention of chronic diseases, are needed in the Pacific in order to maintain a civil society, foster development, and prepare for future climate change impacts. Overlays of country specific programs tailored to address health development needs using stratified aid should be added to current aid schemes. We need educational partnerships with developed country healthcare professionals, administrators and technicians, as well as sector leaders, in order to put in place a broad health infrastructure that protects our people.

It is time to take a hard look at the way health aid is currently delivered in the Pacific and determine if it is resulting in better, sustainable care based upon improved outcomes. Is the program building health system strength from its foundation upward? Can we craft a new agreement on how to best facilitate this in countries like Solomon Islands by merging the current piecemeal aid into a comprehensive multi-national partnership with the host nation overseeing the program? This approach requires multinational cooperation in order to form a "health coalition" that uses political, humanitarian, economic, scientific and medical capital to meet its goals.

ANZGITA: another player in the Solomon Islands

by Dr Tony Clarke

DAISI has taken on an important task of assisting in the development and provision of health services in the Solomon Islands and has a number of impressive achievements to its credit in providing training, improving infrastructure and the provision of specialist care. ANZGITA (Australia & New Zealand Gastroenterology International Training Association) has been active in the Pacific since 2008 but has only in recent years been invited to contribute to gastroenterology training in the Solomon Islands.

ANZGITA has recently completed its ninth four-week training program in Suva with trainees from all over the Pacific. Two



Dr Chris Nair and Dr Elizabeth Ware with a patient at National referral Hospital (NRH) in Honiara.

as their priority. For 12 years, Dr Eileen Natuzzi a vascular and acute care surgeon from San Diego has been a frequent visitor to



Ward round with Medical Superintendent Dr Rooney Jagilly (centre) and his team with a 12 year old girl who had presented with a depressed skull fracture due to a falling coconut. This was successfully elevated despite no CT OR MRI available.

doctors from the Solomon Islands attended the first program in 2008 (Dr Elizabeth Ware and Dr Jerry Kena) and there have been several more on subsequent programs. It has also provided training in Myanmar and Timor Leste with requests from several other sites including Vanuatu, Cambodia, Nepal and Madagascar.

ANZGITA has a policy of only undertaking programs that have been identified by the local health care workers and administrators

the Solomon Islands providing training and other health care support. She was asked to assist in developing a gastroenterological endoscopy program as the Honiara surgeons recognised that they had a high burden of GI bleeding which was difficult to manage without endoscopic diagnosis. Eileen was able to source a functional endoscopy inventory in the USA and initially brought a number of US endoscopists to provide

training. Three years ago she made contact with ANZGITA and Eileen now leads the

ANZGITA program in the Solomon Islands as it is much more practical to bring the training from our region.

ANZGITA has mainly been an organisation which brings specialist doctors and nurses to provide training to the local health care workers on site. Two Pacific professionals have been sponsored to spend a few months in Australia further enhancing their experience. ANZGITA is now embarking on a more ambitious fundraising phase involving the GI industry companies to be better able to support the sites where we train, to ensure that they are able to provide a continuous service which was at all times safe with impeccable infection control. Ensuring that there is a pathway for endoscopy equipment to be repaired and serviced remains a challenge in many Pacific countries. More than 60 doctors and nurses have contributed to the training programs over the past 9 years – many on multiple occasions. All have found the experience extremely valuable and rewarding. And while those on their first training program often feel that the conditions they face are poor – those who have been before remark on the improvements that they see.

The intersection between DAISI and ANZGITA is of course the management of GI problems in the Solomon Islands. While DAISI also works across many other fields of health, it is clear that we should find common ground in assisting Solomon Island professionals better manage the huge burden of GI disease that they face.

Disaster Strikes Gizo Twice

By Ben Tass

On July 21 2016, the old Gizo hospital was accidentally set alight by a patient in the psychiatric inpatient ward, resulting in the building being burnt to the ground.

Fortunately there were no fatalities, however the old Gizo hospital partly destroyed in the 2007 tsunami, was being used as a psychiatric inpatient ward as well as to house the hospital pharmacy and many of the offices for community based health care projects.

Whilst the new Gizo hospital was not affected by the fire, the loss of the old hospital has still been catastrophic. The Permanent Secretary for Health Dr Tenneth Dalipanda, and the Under Secretary for Health in the Western Province Dr Greg Jilini visited the site of destruction soon after the event, to coordinate the relocation and rebuilding of these services, a process likely to take some time. Hampering efforts was the realization that much of the old building



The burnt ruins of old Gizo Hospital 21 July 2016

contained asbestos, making the clean-up process all the more difficult.

Fortunately DAISI volunteers there at the time still had sufficient supplies to continue a general surgical, oro-maxillofacial and gynaecological trip conducted in the operating theatre of the new Gizo hospital located across the road from the old hospital.

The lack of pharmaceuticals required some versatility, and the lack of compressed carbon dioxide meant that planned laparoscopic procedures had to be performed open, but overall the trip was very productive, with the staff still treating us very generously during their time of great loss.

HISTORY OF OLD GIZO HOSPITAL

Old Gizo hospital damaged by Tsunami on 2nd April 2007

New Gizo hospital built by Japanese in 2009 across the road from the old hospital with the old hospital used as the psychiatric ward and to house the pharmacy and offices.

Old Gizo hospital burnt to the ground on 21st July 2016

Fresh Drinking Water at Gizo Hospital

by Dr Gareth Iremonger

Many thanks to Petra Breiting, a registered nurse from Switzerland, with more than 30 years nursing experience, who was involved in training theatre staff at the National Referral Hospital (NRH) in Honiara in 2000, and installing fresh drinking water systems in Honiara.

Petra has been instrumental in the above project at Gizo hospital to provide more accessible clean drinking water for patients and staff.

This is great news for the patients of Gizo hospital, who had to buy their own bottled water for drinking, as until recently the



Installation of the new drinking water treatment unit at Gizo hospital.

pumped water was brackish and only able to be used for grey water systems. Drinking water had to be bought or sourced from the island of Kolambangara, which is almost 20km away.

The water treatment unit was successfully installed in July this year and is manufactured by the Swiss company Trunz which manufactures and distributes solar and wind powered water purification and desalination systems as well as energy supply systems for remote locations.

DAISI would like to thank Trunz for their generous contribution.

Multidisciplinary Care for Breast Cancer

By a/prof Hamish Ewing

As a recently retired General Surgeon with a special interest in managing breast cancer, it was wonderful to be invited by the Surgeons and Radiologist at the National Referral Hospital (NRH), Honiara, to deliver an educational package to the NRH doctors to help them understand the philosophy and practice of Multidisciplinary Care for treating women with breast cancer. This was in the setting of increasing numbers of women presenting, usually late, with breast cancer. In addition, NRH had a new Mammography machine that they were keen to fully utilise.

Knowing the infrastructure circumstances that prevail in the Pacific, my first thought was that such a visit was inappropriate, but as I developed my ideas I recognised that this was a great opportunity to improve standard of care and initiate a development plan for future improvements. One of the most important elements of Multidisciplinary Meetings (MDM) is the bringing together of "a team" of Health Professionals to best manage cancer care. To this end, I was able to recruit the Director of Radiology at The Northern Hospital, Melbourne, Dr Paul Tauro, to join me on this trip. How better to demonstrate the MDM approach than by bringing an integral member of "our team"?

The most important factor for the success of our trip was to plan an educational package to best suit the requirements of the team at NRH. We exchanged many emails in the months prior to the trip which meant that thought we had the correct 'recipe'. Our 'well-planned visit' got off to an unfortunate start as a result of our flight from Brisbane being cancelled and our arrival in Honiara delayed by 26 hours! This was in the setting of a tight programme and the doctors at NRH having cancelled clinics, operating lists, etc. to accommodate our educational visit. All credit to the NRH team, we drove straight from the airport to the Seminar Room, with USB-sticks in hand, and worked from 4.30 – 6.30pm and then met again at 8.00 the next morning so that we some important theoretical information could be delivered



FRONT ROW (left to right) Dr Paul Tauro, Dr Aaron Oritaimae, Dr Joseph Paahu (Radiology Registrar), Sr Maryleen (Surgical clinic nurse), Assoc. Prof Hamish Ewing. BACK ROW (left to right) Dr Scott Siota, Dr Rooney Jagilly, Dr Roger Maraka (Pathologist), Dr Dudley Ba'erodo, Dr Simon Wale (Radiology Registrar), Dr Michael Buin (Surgical Registrar), Dr Stallone Kohia (Surgical Registrar), Cancer Nurse, Dr Douglas Pikacha

before the special Breast Clinic consulting session that had been teed-up ahead of time by the NRH doctors. I consulted in the Clinic while Paul worked with the Radiologist and his trainees to 'work-up' the women we were referring to them. This was a great vehicle to demonstrate how Paul and I work together to reach clinical decisions expeditiously. As a direct result of the demonstrations in ultrasound cytology biopsy techniques, NRH had positive cytology results available in 24-hours. The capacity to achieve this had always been available but booking processes, needle biopsy techniques and follow-up clinic booking processes prevented streamlined management. Three simple steps made best use of skills already on-site at NRH. This proved to be really rewarding for all parties, including patients.

On the next day we held a demonstration MDM using patient case material we brought with us to demonstrate different clinical issues. We also discussed future developments for breast cancer care just 'over the horizon' as well as undertaking some Registrar training sessions.

On the final morning we were invited to make a presentation to the NRH Grand Round. This was a very well attended meeting with sixty doctors and nurses from all departments at NRH. This was a great opportunity to share the knowledge that we had all gained in the preceding three days. I also spent some time explaining the theory of MDM care and how the beginnings of this

was already in place at NRH. Whilst delivering this Powerpoint it dawned on me

that a Multidisciplinary approach was so very important for almost all conditions, especially the challenge that diabetes presents to Pacific nations. Where better to adopt a team approach than in diabetes? Doctors, nurses, ophthalmologists, podiatrists, physicians, surgeons and, very importantly, district health workers, all combining for a co-ordinated and unified team approach to care. This observation resonated with the audience that happened to include the physician CEO of NRH.

Our last session was to run an MDM to discuss the women we assessed in the Clinic on Wednesday morning. This exercise was real and undertaken in real-time rather than being strung-out over weeks or months, as had often been the case. This was all achieved with staff and equipment currently available in the Solomons. I have been reassured to learn that Breast Cancer MDMs continue to be successfully undertaken once a fortnight.

This was a well researched visit that was delivered under the auspices of the Australian Government supported Pacific Islands Programme in response to a request by the Solomons doctors. This visit also demonstrates the importance of Education, as much as Service Delivery, to advance skills and sustainability of a medical workforce in a developing nation close to our shores.



Dr Alex Cato, Urologist and DAISI member teaching urology at NRH in Honiara

Musings of a Member

By Dr Alex Cato

Over many years I have witnessed much progress in all aspects of urology. There has been a vast improvement in equipment and the development of new and previously unthought-of gear. New drugs fix or ameliorate previously intractable problems. Patient management and practice has changed almost beyond recognition. Hospital organisation is completely different. Our training programme is now predictable, robust and reliable, producing better qualified practitioners.

There has been one area where the changes have been much less obvious but where there are still good grounds for optimism. I refer to 3rd world or developing country medicine and in particular urology. The way forward however is not set in stone nor even clear. There is plenty of scope for discussion and debate into the what, who, how, where and when to help these countries and communities grow their urology capabilities.

One area that underlies all development is the political will and economic state of the country in question. That is something we cannot alter at an individual level but must take into account when offering advice and providing training. Inappropriate support is not only wasteful but can also have serious adverse results. A Dean of one of the Pacific Islands Medical Schools, when asked how we (Australia & NZ) could best support his health service, said "Stop pinching my

graduates". Less aid may be required if he had more feet on the ground and more benefit may accrue from a few instructors than many specialist visits.

It has to be understood that any progress in the economies of these countries will be slow by our standards even with the best will in the world. This perception is especially strong given our very rapid changes in the last couple of decades.

Nevertheless I have learned that there is enormous talent, ingenuity and dedication in the local populations that can be harnessed and these people have the most encouraging optimism.

"A Dean of one of the Pacific Islands Medical Schools, when asked how we (Australia & NZ) could best support his health service, said "Stop pinching my graduates".

Some clinical aspects have changed so that the incidence of some problems has dropped to a fraction of previous levels. For the Pacific Islands (excluding PNG) the provision of surgical obstetric services has all but eliminated vesico-vaginal fistulae apart from the iatrogenic cases which are much easier to repair (this does not hold for Sub-Saharan Africa but their solution is to train technicians in caesarean sections capable of working in austere circumstances).

The treatment of other conditions has not moved with the times. Prostate cancer in the absence of regular PSA testing still presents late and on clinical diagnosis an orchidectomy is performed and the patient returned to his village. This is not likely to change in the mid term. It may seem rough to us but in the overall picture of their health service priorities it may be the most economical and culturally appropriate management.

Our urology community contains much goodwill but we must channel that in a productive manner. The recipients of our efforts are very capable of change and therefore what we offer must be relevant for the present but must change over time. We must also not forget that our improvements have come from the efforts of nurses and other clinical staff and these skills must also accompany our aid.

Currently these countries have excellent general surgeons (very general in the old-school sense - abdo, ortho, plastics, gynae, neuro, uro and paeds, often in the same day!) and the urology practices that we suggest must be tailored to their strengths. They each do more Millen's prostatectomies in a year than we do in a career and as a consequence an abdominal approach to a vesico-vaginal repair is second nature for them. Reconstructive surgery with grafts and flaps is absolutely possible with training as there is no need for elaborate instruments.

The introduction of more sophisticated instruments e.g. rigid and flexible ureteroscopes with their attendant wires, baskets, access sheaths and stents as well as a working image intensifier may have to wait a little while until the local health services can afford the costs and ensure reliable supply. Nevertheless TURPs are a feasible first step into endoscopic urology and is already widely practised.

The above thoughts lead me to reflect on what our next generation will need to know to be of most value. Some of the aid may be intangible. Could some of our trainees spend 3 months (recognised) with one of these surgeons and get some skills in open surgery? This will acknowledge their abilities and strengths and thus they will become better practitioners and teachers of their own graduates.

They may be better able to instruct each other with occasional masterclass activities to upgrade their skills. Integration into our conferences will let them work out a way forward that takes into account their own needs and realistic capabilities. Our advice must be supportive but not gratuitous. Training opportunities for budding PI surgeon-urologists in Australia and New Zealand must be in concordance with their expected practice back home while still exposing them to new ideas and techniques. On reflection of nearly 20 years observing these places and their people I feel that they can actually help themselves and can do so with enthusiasm and dedication. They have shown that they can accept and adapt to progress as we have had to do here. What we should now offer is something more collegial. The changes in these countries may have been subtle but they are there.

Bond Medical Student Rotations to Kirakira Hospital

By Dr James Fink

My association with the Solomon Islands begin in 2012 after I took an initial "fact finding" mission to Honiara – asking questions and meeting various people involved with SI Health. By the end of that visit, I had the idea to create student rotations in a provincial hospital. The Permanent Secretary of Health at that time, Dr Lester Ross, suggested Kirakira as a site for this because this was a hospital and community that often did not get much attention by medical outreach work. I presented this idea to the Deans of Medicine at Bond University and they courageously



Dr James Fink, from Bond University with midwives Smyrna (Left) and Betty (Right))

agreed, understanding that when organising a program such as this that we should not let "the perfect" get in the way of "the good". In January 2013 Bond had their first group of students attend a 4 week rotation at Kirakira Hospital. These students have been accompanied by mostly clinical staff from the Gold Coast Hospitals who stay for the first one to two weeks of the rotation. This clinical supervisor serves as both a guide for orientation, as well as a clinical and educational resource for the Kirakira Hospital



Kirakira Hospital is located at Kirakira, the capital of Makira Island (formerly called San Cristobal), the largest island of the province. It is currently the only functioning hospital on the Island.

staff. When the Australian based clinical staff departs, the student's supervision is taken on by the local clinical staff. Because these are final year medical students, we believe their knowledge and experience aids the workforce of the Kirakira hospital. Feedback has been very positive.



Final year Bond medical students on rotation at Kirakira hospital.

Over 30 medical students per year have attended these rotations to Kirakira since 2013 allowing a presence in the community for most months of the year. Bond University has also had students from their physiotherapy program, nutrition program and programs associated with the Faculty of Society and Design visit Kirakira. Numerous health professionals from a variety of disciplines (including medical specialties) have attended as supervisors. As of September 2016, well over 200 people have visited Kirakira in association with this

program. Relationships with the hospital and community are strong. The Bond University – Kirakira partnership represents an example of University engagement in Global Health which can serve as a win-win for both parties involved.

Recognising that the health of Makiran's involves much more than hospital care, and that some of the local wants/needs lie outside a University's scope, I have established the Strong Island Foundation. This charitable organisation builds on existing relationships in Kirakira and focuses efforts on health, education and development. Strong Island Foundation established a nursing exchange and assisted with the local doctors continuing professional development in 2015. You can see the website for more details (please note, we're a work in progress):

<http://www.strongislandfoundation.com.au/>

I am very pleased to be contributing to and hearing about work associated with DAISI. Global Health efforts often suffer from territorialism, poor communication and duplication. Strong Island Foundation and the association with DAISI provide an excellent opportunity for collaboration that will allow greater capacity to promote awareness, to treat, educate and train all with the intention of assisting the Solomon Islands Health System.



The almost complete construction of Namuga Hospital (red roof) located in the picturesque far Southern Makira Island.

Namuga Hospital in Final Stages of Completion

By Dr Chris Millar

Namuga Hospital (see red roof in above photo), on Makira Island (previously called San Cristobal) is in the final stages of construction with anticipated finish end of 2016. It is cradled in the South by a palm tree clad hillside and in the North by lagoons making it easy to travel to surrounding beaches and reefs by boat.

Namuga is located in the picturesque far East of Makira Island. It is surrounded by some spectacular beaches, and great surf breaks, with nearby Nafinua Island, Mami Village and Tawaroga.

The famous Mami break is a 10 minute boat ride down Namuga Bay Estuary then a 3 hour cross country trek to the opposite (Southern) side of the Island. This makes Namuga ideal for overnight visits to these superb beaches but bring sand shoes and necessary supplies including a lightweight board and tent with functioning mosquito screen! It's a hard slog but the isolated beaches are a unique experience making it worth it. The best surf season is between October and April with the peak between November and March. The regular storm systems that come through at this time of year consistently generate swells from 3-6ft but they can be bigger.

Getting to Namuga is not for the faint-hearted. A grass clearing is the airport, with the twin engine Dash 8 the largest plane able to land at Namuga airport. Flights from Honiara take only 35 minutes and occur three times a week.

Travel around Namuga and the surrounding waters is best done in open boat with outboard motor. For any lengthy trip the aluminium "tinnies" can leave your backside sore for a few days, whereas the fibreglass "rayboats" are a bit

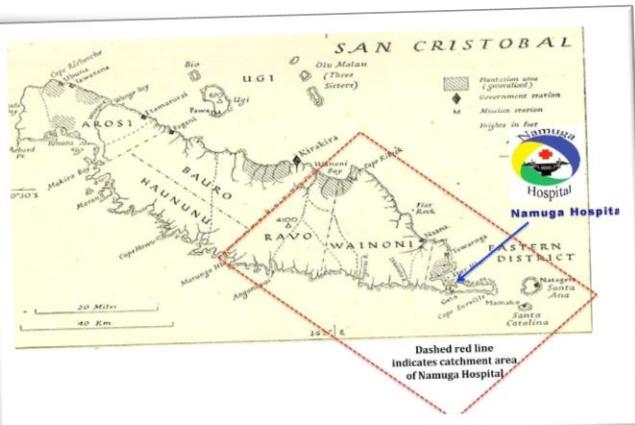
more gentle on the backside!

Local produce is sold at the markets with the fresh fish catch of the day and local fruit and vegetable produce plentiful. The plan is for accommodation to be provided to visiting doctors within walking distance of the hospital.

Namuga hospital facilities will include:

- 44 patient beds (24 beds in the main hospital and a 20 bed tuberculosis ward and 10 bed paediatric ward)
- facilities for radiology, pharmacy, dental and laboratory services
- 15 permanent staff houses
- 1 nurses' dormitory
- a generator shed maintenance and storage area spring water supply
- septic sewerage system
- a diesel generator able to be run on diesel or on biodiesel sourced from the local community combined with an ecologically friendly solar power system.

Namuga hospital (pictured above) has been the brainchild of Dr Chris Millar (GP from Murwillumbah pictured above), and therefore all enquiries should be addressed to Dr. Chris Millar (Project Manager – Namuga Hospital). After January 2017 all correspondence should be directed to the resident doctor





Colorectal Mission to the Solomons

By Dr Danny Kozman

I was recently fortunate enough to spend nine days with another colorectal surgeon Dr Gary McKay teaching colorectal surgery to surgical trainees from Honiara National referral Hospital (NRH) and Gizo hospital.

This nine day trip began at Gizo hospital with an outpatient department review of over 60 cases, of which 42 ended up having surgery.

The trip was mind-blowing for me, and I suspect will have a lasting effect on me for many years to come. The Solomon Islanders are quite unassuming people, who have much to complain about, but instead seem to get about their daily activities without fuss, and usually with bright smiles. This took me out of my first world rut, where my own problems seemed quite inconsequential.

Unfortunately colorectal cancer in the Solomons is almost as high as it is in Australia and New Zealand, but the services are limited, and because colorectal cancer is in most cases asymptomatic, most patients present with bowel cancer too late to operate. Added to this difficulty, is the fact that faecal occult blood testing is not available, and even if it were, colonoscopy is only available at two hospitals in the Solomon Islands (Honiara and Gizo hospital). There is also the added difficulty of lack of



Colorectal Surgeons Dr Daniel Kozman (left), Dr Gary McKay (centre) and registrar Dr Michael Buin (right) at Gizo Hospital.

adjuvant therapy, an integral part of the management of bowel cancer that has spread to lymph nodes. Chemotherapy in oral form is scarcely available only in Honiara, and radiotherapy is not available.

The lucky patients are those with early symptoms which include the well differentiated caecal cancers that cause early obstruction, or the rectal cancers that cause bleeding and can be diagnosed on PR examination. These can be operated on with reasonable results. However the intervening cancers cannot be easily diagnosed. There is no CT scanner in the Solomons, with plain x-ray and barium enema the only radiological tests available. Multi-disciplinary team meetings do not exist.

One of our ethical dilemmas during this recent visit was whether or not to divert our

our ultra-local anterior resections with a covering stoma. This would be standard practice in Australia, but stoma management is quite difficult, and oftentimes adequate stoma appliances are just not available. Therefore all cases were joined without diversion, which turned out in the end to be the right decision, but there were a few sleepless nights with one case in particular that developed abdominal pain day 4 post operatively. With no ct scan available, we had to go on blood tests and clinical acumen. He settled with intravenous antibiotics much to our relief.

All up, it was a productive week, with a lot of hard work, but some very hard play as well in the evenings. We managed a paddle or swim and snorkel most evenings in the crystal clear water with the view of abundant tropical fish breathtaking.

The sense of comradery and of working together for the same cause, was something quite inspiring. We would cook, clean and operate together with it seeming almost effortless.

As the visit progressed, our two accompanying anaesthetists became more versatile with the available anaesthetic agents, and efficiency improving with two lists running at the same time: one a minor procedures room with cases done under spinal and ketamine sedation, the other major procedures under general anaesthetic.

The staff were amazing, and on our departure we had a lovely farewell feast and dance prepared for us, which was very touching. On our arrival and departure from Honiara we met with Dr Jalliny, the Medical Superintendent at Honiara National referral Hospital, where we were briefed and debriefed. This was very useful, with productive discussion about what worked and didn't work, and future directions.

I am determined to return, and this time will bring my wife and kids, as the Solomons has a profound effect on you and definitely has something for everyone.

Gynae visit to Gizo

By Dr David Knox

It was a somewhat inauspicious start. The FlySolomons plane bringing us from Honiara to Gizo was named Megapode, after an endemic bird that is largely flightless. However the flight was flawless as was the water taxi trip from the airstrip to the town across the beautiful but shallow coral lagoon.

This was our second visit to Gizo so we knew what to expect.....the heat and humidity, the idyllic tropical scenery, the friendly people, the bustle of the local market and the red betel nut spit stains on the road. The hospital though is excellent, having been built by the Japanese after the old one was washed away in a tsunami 9 years ago. Importantly the operating theatres are air conditioned.

Women with gynae problems had been notified of our visit and over two hundred had travelled to Gizo from all over the



Left to Right: Dr Pat Chan, Lalita Fuo, Dr David Knox & Registrar Dr Briley Pinau

of these and selecting the most urgent for surgery. These were mainly large pelvic masses (ovarian tumours and fibroids) requiring Laparotomy and Hysterectomy. Many were severely anaemic as a result of years of heavy bleeding but only one required blood transfusion. As there is no blood bank, a compatible relative was asked to donate.

hysterectomies. The remainder were mainly cone biopsies for cervical premalignancy. We were ably assisted by 3 local hospital doctors and by Dr Briley Pinau an O&G trainee in Honiara. Dr Leo's expertise in regional anaesthesia was very valuable and even cases requiring a large midline incision were able to be done safely and effectively under a spinal/epidural block.

Thankfully, as on our previous visit in April 2015, there were no significant postoperative complications and the local doctors have reported that all our patients are recovering well.

Sadly, cervical cancer is a common problem and we had to turn away 4 or 5 young women with advanced, inoperable cancer. There is a huge need for national HPV vaccination and cervical screening programs.

There is also an urgent need at Gizo hospital for an operational CO₂ insufflator and CO₂ gas bottles to allow laparoscopic procedures as well as a better range of surgical sutures (in particular 1 Vicryl)

We have been invited to return next year, ideally every 6 months as there are no local gynaecologists visiting the area. It would also be ideal if a local O&G trainee was able to attend as a regular part of their training.



Left to Right: Dr Pat Chan, Dr David Knox, Dr Leo Lacy & Dr Briley Pinau

Western Province for consultation and screening for possible surgery. The first day was largely spent reviewing over a hundred

We only had 3.5 days operating but did 22 operations, 11 of these were major laparotomies, including 8 total abdominal

Volunteer and Become a DAISI member

If you would like to volunteer your medical services, then the Solomon Islands may be the perfect place to do this.

The Solomon Islands are one of our closest lesser developed neighbours, with the capital Honiara a direct less than 6 hour flight (1,600km) away from Sydney.

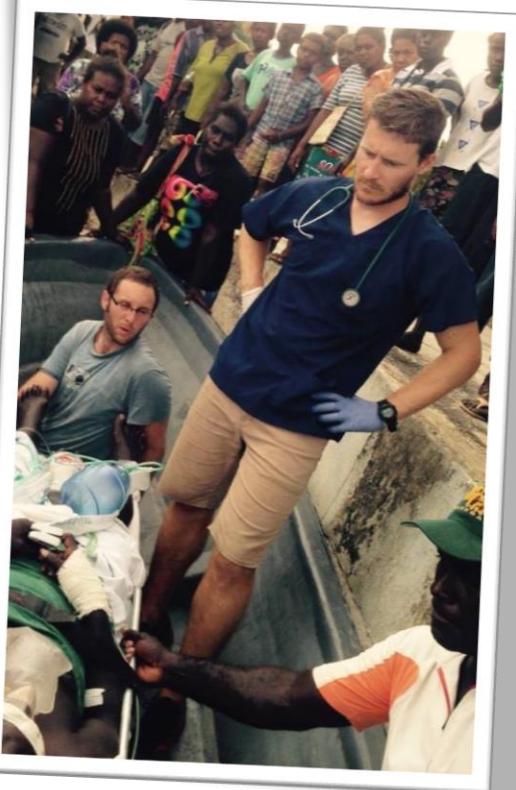
DAISI® membership is open to doctors or medical students who have volunteered their services in the Solomon Islands. Associate membership is open to non-medical volunteers.

If you are committed to helping the people of the Solomon Islands and you would like to become a member, please complete the contact form below and indicate when and

where and how long you have volunteered in the Solomon Islands.

Please also indicate your interest for future visits and availability. One of our volunteers will then contact you and organise formal membership proceedings which include agreement to the terms and conditions of DAISI's Governing Policy. You will also be asked to supply a brief biography describing your work in the Solomons, with a photo to include on the DAISI members page.

As a member you also participate in voting for the elected office bearers of Chair, Vice Chair, Secretary and Treasurer which occurs every 2 years.



David Maze - UNSW Medical Student (Left) and Gareth Ironmonger - Auckland Medical Student & DAISI Vice Chair (Right) at Gizo in 2015.



DAISI

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Solomon Islands**

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APPLICATION TO BECOME A DAISI MEMBER

Name

Email

Mobile

Qualifications

Address (Street)

Address (Suburb)

Address (Country & Post Code)

Qualifications

Please describe your volunteer work in the Solomon Islands to date