



COMMITTED TO SUPPORTING OUR NEIGHBOURS IN THE SOUTH PACIFIC.

Chairman's Bi-Annual Report



By a/Prof Matthew Rickard

When Covid and the travel bans started, a year ago, we were convinced that our surgical visits to our South Pacific neighbours would resume sometime in 2021.

As it became obvious that it would not be an option for another year, we focused on assistance that could be prepared and delivered from Australia.

As you will read below, a shipping container left Australia for Solomon Islands just a few weeks ago and a series of surgical webinars started last week to be followed by

anaesthetic and gynaecology sessions in the near future

As always, our prime objective is to meet our partners' needs and requests. There have been many quality exchanges with them to make sure that tailored assistance was delivered. This was also the opportunity to renew our Memorandum of Understanding with the National Referral Hospital (NRH), Honiara, and the Provincial Hospitals, Ministry of Health and Medical Services (MHMS), Solomon Islands. Despite the circumstances, DAISI remains focused on actions: operating and teaching.

In the meantime, we continue our background work to get DAISI officially accredited and, hopefully, funded. Following the review of our Australian Council for International Development (ACFID) application, we hope membership will be granted in the near future.

We want to express sincere thanks to Barry Bradford who recently retired from the board. Barry has served as DAISI's Shipping and Logistics Officer for several years with very high professional standards. Barry's experience as a logistician and shipper of medical aid worldwide will be missed.

DAISI

Doctors Assisting In South-Pacific Islands

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Shipping container departs for Honiara

By Dr Sepehr Lajevardi

On March 24th, a twenty foot shipping container left Australia with the destination Honiara, Solomon Islands. It contained an extensive amount of equipment requested by Dr Rooney Jagilly, general surgeon at National Referral Hospital.

The container was packed on March 11th by DAISI volunteers with equipment donated by Horten Medical and MedEarth. Lists of available equipment were sent to the receiving surgeons who selected the items in order of priority. This is different from previous containers where they were filled with items we thought would be useful with very little consultation with the receiving partners. This container was also bought by DAISI and will be donated to be disposed of or to sell and does not need to be returned, avoiding return shipping fees. Unfortunately the shipping industry has suffered greatly from COVID with tariffs skyrocketing and major delays with reduced shipments in order to compensate for COVID-induced losses and downturn. The container



Fig 1. Mark Taffa (DAISI PNG Program Officer) and Dominic Lopez (DAISI member & physiotherapist) packing container for Honiara on March 11th.

meant to arrive 15 April now has a revised arrival date of 25th April. It remains unclear, at this stage, if purchasing and sending an entire shipping container is the most economical method for sending donated medical supplies. A lot will depend on the value of items sent, and this needs to be gauged with our partners to ensure good value for money. What we value may not be a high priority or

valued in the same way by our recipient partners. This is where feedback is very important.

Due to the increasing shipping costs, it is very likely that future vitally needed equipment will be sent as "less-than-container-load" (LCL) cargo, in order to send what is most necessary as cheaply as possible.

Papua New Guinea Covid Crisis

By Nili Hali

Until recently, PNG was rather spared from Covid. Unfortunately, in the last few months, the number of confirmed cases has skyrocketed. Testing rates are low and the real number of infections is feared to be a lot higher.

The infection rate amongst the medical staff is extremely high and there are fears that the very fragile health system may collapse.

Australia will deliver 8,000 doses of the AstraZeneca vaccine to PNG to assist with vaccination of the medical staff.

Australia is also asking the European Union to divert one million doses of the vaccine bound



Fig 2. PNG Rapid Response team prepare to begin testing of contact cases.

bound for Australia to PNG instead and is working with allies to ensure PNG had swift access to vaccines

Nili Hali is a Barister, and DAISI's Child Safety Officer as well as a member of the Audit and Risk Committee (ARC).

ZOOM sessions begin in response to COVID



The ZOOM sessions have begun allowing DAISI to contribute in some way during the current COVID travel bans .

by Gary McKay

With no end in sight for the COVID travel bans, DAISI Chair Matt Rickard suggested at the last DAISI board meeting that we organise some ZOOM sessions aimed at supporting out South-Pacific colleagues.

The idea was to provide expert advice where required, and educational support to the trainees in surgery, gynaecology and anaesthetics. These three specialties were chosen, as to date this is where DAISI has mostly focused its attention.

Eighteen ZOOM webinars are now scheduled to occur in specialty areas of anaesthetics, gynaecology and general surgery.

The first successful general surgery ZOOM session on the topic "hernias" took place on 23rd March 2021, with only a few hitches, mostly technical from my end, with surgical registrars and participants from PNG, Vanuatu, Kiribati and the Solomon Islands. It was expected to be mainly trainees, but a number of consultants turned up, with a number of current clinical cases presented, leading to interesting discussion and debate. This opportunity for cross-pollination of ideas was what we intended, and overall I was very happy that we had achieved this. The knowledge transfer was definitely not unidirectional, with all of us on the Australian panel blown away by the cunning and resourcefulness of our South Pacific colleagues. The first gynaecological ZOOM session is

scheduled for 20th April 2021 being jointly organised by Leeanne Panisi (director of obstetrics and gynaecological services in the Solomon Islands) and the first anaesthetic ZOOM session will be scheduled for 25th April 2021, and is being coordinated by anaesthetist Dr Jessica Lim from Sydney in consultation with the head of National Referral Hospital (NRH) department of anaesthetics Dr Kaeni Agiomea.

In coming up with the idea, it was felt that such sessions should be an opportunity for DAISI to show support to specialists and their trainees. Vitally important is the need for these sessions to represent a supportive environment for dynamic case discussion and that they not be didactic "sermons" or lectures: a multitude of which can be found on youtube. It was also agreed that these ZOOM sessions should include a specialist panel representing those in the field being discussed (e.g. surgery, anaesthetics and gynaecology) from both the South Pacific and Australia and New Zealand, with equal representation. It was important that we avoid any actual or perceived paternalistic neocolonialistic approach. If the first session is any indication, the panelists from Australia probably learnt more from this first session than anyone else attending the session!

The first session on 24th March involved specialists Dr Basil Leodoro (Vanuatu), Elvis

Japhlet and Kennedy James (PNG), Mike Buin (Solomon Islands) and Gary McKay & Prof Christophe Berney from Australia. Day light savings created confusion with the start time with apologies from late attendees Dr Ako Millan, Sameul Kejuel and Kabiri Tun (from Kiribati) Dr Debra Smith (Brisbane), Dr Isaiah Borchem, Rodger Ikasa, Ian Umo and Dominic Inaido. Now that day light savings are over, the start time will be less confusing, and clear instructions will be given of the exact start time with Australian Eastern Standard Time (AEST) being one hour behind Solomon Islands & Vanuatu, and two hours behind Kiribati.

Surgical sessions will continue monthly the last Tuesday of each month 5-6pm (AEST). Gynaecology sessions will be the second last Tuesday of the Month, every 3 months and anaesthetic ZOOM sessions will occur on Sunday or Tuesday (still undecided) every three months (more frequently if sufficient interest to warrant it).

The original idea of having break out sessions at the end of the ZOOM decision to allow one-on-one discussion between mentors and trainees was good in theory, but in practice, not possible due to limited ZOOM access in some cases with multiple trainees logging on together. This is something we can rethink or tweak as we become more familiar with the sessions, and I grapple with the technical aspects of ZOOM!

ZOOM session calender for 2021

5-6pm (AEST) Tue 22rd Mar 2021

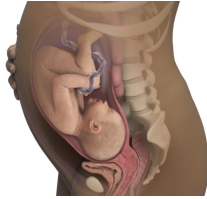
Surgical: Hernias



Dr Buin/Japhlet/ Berney/McKay

5-6pm (AEST) Tue 20th Apr 2021

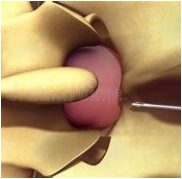
Gynae: Obstetrics



Dr Panisi/Tong/

5-6pm (AEST) Sun 25th Apr 2021

Anaesthetic: Obstetrics



Dr Agiomea/Lim/ Lam/Pitakoe/Anigafutu

5-6pm (AEST) Tue 25th MAY 2021

Surgical: Research



Profs Rickard/Hewett/ Berney/ Richter

5-6pm (AEST) Tue 29th JUNE 2021

Surgical: Diabetic Foot Ulcers



Prof Fitridge/Malone/Dr Ahmed

5-6pm (AEST) Tue 20th JULY 2021

Gynae: Uterine Conditions



Drs Blumenthal/Panisi/Dereveke/Casikar/Lehi/

5-6pm (AEST) Tue 27th JULY

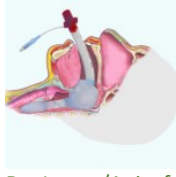
Surgical: Biliary disease



Drs Kozman/McKay/Buin/Jagilly

4-5pm (AEST) Tue 27th JULY 2021

Anaesthetics: Airways



Drs Lewer/Anigafutu/Puti
Agioma/Clarke/Pitakoe/Lam

5-6pm (AEST) Tue 31st AUG 2021

Surgical: Upper GI



Drs Japhlet/James/ Anthony/ Jagilly

5-6pm (AEST) Tue 28th SEP 2021

Surgical: Colorectal



Expert Panel: Prof Rickard/Drs Chow/James

4-5pm Thurs 21st OCT 2021

Anaesthetic: Trauma



Drs Lim/Valentin/Anigafutu/Pitakoe

5-6pm Tues 19th OCT 2021

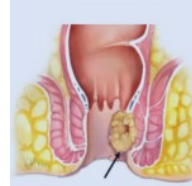
Gynae: Ovarian Disease



Drs Benjamin Koete/Peter Bell/ Yu-Ting Huang

5-6pm (AEST) Tue 26th OCT

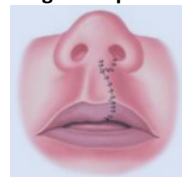
Surgical: Anal Conditions



Drs McKay/Santhanam/Siota

5-6pm (AEST) Tue 30th NOV

Surgical Topic: Plastics



Drs Lajevardi/Siota

4-5pm Tues 14th DEC 2021

Anaesthetic: Paediatrics



Drs Clark/LYuan/Anigafutu/Pitakoe

5-6pm Tues 14th DEC 2021

Gynae: Rif Pain, and PID



Drs Panisi/McKay

5-6pm (AEST) Tue 21st DEC 2021

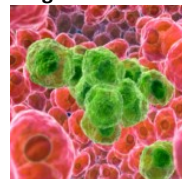
Surgical: GIT/endoscopy



Prof Richter/Drs Santhanam/Jagilly

5-6pm (AEST) Tue 25th JAN 2021

Surgical: Cancer services



Prof Yip/Drs Smith/Buin/Soma

Poverty Porn : The Ethics of Posting Photos of Poverty



Images such as this that glamourizes poverty, and puts the 'saviour' at the center of the image, contributing to the narrative of a distinct hero and victim.

by Nili Hali

In a society dominated by social media, where every smart phone now has an inbuilt camera we are constantly exposed to photos of travel, whether they're from our colleagues, friends, online celebrities, or campaigns. As travellers with the means to share our journey with just a click of a button, it's natural we would want to share images with our family, friends, and the wider online community back in Australia. However, the issue explored in this article is when certain photos have the potential to be harmful and exploitative – specifically when photos are taken of vulnerable populations such as children.

A term used to describe the problematic ways in which the Developing World is portrayed is called “Poverty Porn” (PP). I suspect it was chosen for its provocativeness. PP can be described as “any type of media which exploits the poor’s condition in order to generate the necessary sympathy for selling of newspapers or increasing charitable donations or support for a given cause.”

When you see an image of vulnerability, poverty, or any other typical way that the Developing World tends to be represented, you are only seeing one part of a larger complex situation that

has many political, historical, and economic layers.

A common type of contemporary poverty porn you are sure to be familiar with is often shared on social media by Western travellers (i.e. a person from an affluent country or privileged background with the access to funds for travel or study abroad). The image typically showcases a Westerner as central to the photo and surrounded by – or holding – children from the Developing World.

You might wonder how this could be problematic. It's likely that this traveller developed relationships of some form with the children in the photo before leaving to return home. Such short-lived bonds can have long-lasting impacts on children, and may result in feelings of abandonment, that are often overlooked by Western travellers who are swept up in the imagery, while truly believing they are ‘doing good’ in the process.

Issues of poverty porn often go together with the problem of ‘voluntourism’ - volunteer and tourism programs, often in the Developing World, that coordinate paying volunteers to do short term charitable work, such as painting a school. These types of programs contribute to the narrative of the Western hero ‘making a difference’ by

dedicating their money, menial labour, or material gifts to ‘those in need.’

You can probably think of a few stereotypical words that often accompany the developing world – poor, helpless, vulnerable, and most significantly: in need of help. When we focus on posting photos of poverty or volunteers helping and giving out charity, entire countries can be reduced to stereotypes.

The issue of voluntourism is particularly detrimental because it exploits the unique position that volunteers are in. They have access to spaces that wouldn't be accessible in their home country, and they are exposed acutely to people's struggles. Here lies one problem with the nature of poverty porn and voluntourism: within our own home countries, we wouldn't post a photo of a slum, or children from an orphanage. So, why should this be a central subject when we are anywhere else in the world?

What becomes problematic about images like the one above is that it can promote the wrong assumption that it is the duty of the West to “fix” and “change” problems overseas; that our way of doing something is the right way, and that the problem can be fixed by handing out money, soccer balls and second-hand clothes. This assumption is embodied through the term ‘White Saviour Complex.’

Not only do photos like these construct false notions of the White Saviour narrative, but also simultaneously overshadows the work of local change-makers. An unintentional consequence of the way we represent ourselves online by volunteering at orphanages, holding children, or teaching at under-resourced schools, is that we place ourselves at the centre of the solution and limit the role and agency local people play in their own lives.

In no way are we discouraging taking photos and sharing experiences, but we need to think critically about our role and responsibility in how we represent people and host countries, especially online!

Nili Hali is a barrister and DAISI's Child and Vulnerable Adults Officer. Nili spent some time working with United Nations in The Hague and the NSW Family Law Courts.

Logistical challenges must be met to overcome “COVID vaccine nationalism”



The effective delivery of COVID vaccines to the South Pacific relies on an effective cold chain.

by Barry Barford

The Pacific Island nations are among dozens of countries around the world that need equitable distribution of COVID-19 vaccine if the health and economic costs of the pandemic are to be overcome, not to mention the humanitarian imperative of ensuring global access to the vaccines.

Experts warn that the longer it takes to provide vaccines to developing countries, the harder it will be for all countries to recover. Meanwhile the virus will continue to spread, the potential for more variants and mutations will grow and the risk that today's vaccines could become ineffective will increase. Moreover, a new study commissioned by the ICC Research Foundation has found that the global economy stands to lose as much as \$9.2 trillion if governments fail to ensure developing economy access to COVID-19 vaccines, with as much as half of that figure falling on advanced economies. The study clearly demonstrates the economic case to invest in the Access to COVID-19 Tools (ACT) Accelerator, the global collaboration to accelerate the development, production and equitable access to COVID-19 tests, treatments, and vaccines.

For its part Australia will contribute \$80 million to the COVAX Facility Advance Market Commitment (COVAX AMC) to improve access to safe, effective and affordable COVID-19 vaccines for countries in the Asia-Pacific region and beyond. Countries in the Pacific eligible for vaccines from the COVAX AMC include Papua New Guinea, Solomon Islands, Vanuatu, Fiji, Samoa, Tonga, Tuvalu, Kiribati, the Republic of the Marshall Islands and the Federated States of Micronesia. As if addressing the health and economic risks of “vaccine nationalism” was not enough, the logistical challenges of distribution – particularly of the Pfizer vaccine – are monumental. The hundreds of millions of doses that will be shipped from the Pfizer manufacturing plants in Europe and the United States must be kept below -70 degrees Celsius while in transit and storage. The refrigerated containers used for regular air freight of perishable goods, even pharmaceuticals, do not operate at such low temperatures.

The cold chain

The system for distributing products at low temperatures is known as the cold chain. An unbroken cold chain has to be maintained from the time the vaccine comes off the production line at Pfizer's manufacturing facilities in Kalamazoo, Michigan, and Puurs, Belgium, right through to when it is thawed and then administered. If the

cold chain fails, the vaccine can degrade and even become contaminated with bacteria. The problem of keeping cold products cold becomes even more difficult in the hot countries of the Asia-Pacific region. As it stands even fresh produce being moved from farm to supermarket in Australia is often spoiled because of a breakdown in the cold chain. So specially designed cooler boxes called ‘thermal shippers’ and packed with dry ice will be used to keep the vaccine below -70C. From the arrival airports, the boxes will be trucked to government-designated distribution sites, which we're still waiting to hear more about in Australia. Pfizer says the Federal Government will have three options for storing the vaccine:

- keep doses in the thermal shippers (where they can survive for up to 15 days),
- transfer doses to ultra-low temperature freezers, similar to those in Kalamazoo or Puurs (where they can last up to six months),
- store doses in a regular fridge (where they can last up to five days).

The latest information suggests that the second option will be adopted in Australia. Once removed from the boxes, the vaccine has to be used within days.

The sooner an efficient and equitable rollout of the vaccines begins in our region, the faster DAISI will be able to resume its important work in the South Pacific.

Barry Barford is the elected Shipping and Logistics officer for DAISI. Mr Barford is a logistician and shipper of medical aid worldwide by sea, air and land modes. Also experienced in field operations, he has particular interests in the Pacific Islands, Nepal and the Democratic Republic of Congo. He also manages the Berrima District Rotary project Medical Aid for Oceania and Worldwide, which provides support and funding for medical aid projects. Barry has been instrumental in coordinating the logistics for DAISI in shipping medical supplies to the Solomon Islands on many occasions. It is with regret that Barry is leaving DAISI to move onto other activities in his life. We wish him all the very best.