



## Doctors Assisting In South-Pacific Islands

### DOCTORS ASSISTING IN SOUTH PACIFIC ISLANDS LTD (DAISI)

ABN: 72 642 539 080

#### Head Office

Shop 1, Ground Floor  
38 Pacific Hwy  
St Leonards NSW 2065

#### Mail address

DAISI - PO Box 679 Crows Nest NSW 1585

#### Incorporation and charitable status

DAISI is a public company limited by guarantee under the Corporations Act. Australian Company Number **642 539 080** being registered in New South Wales.

Board Members are our current Directors. Registered charity with the Australian Charities and Not-for-Profits Commission (ACNC) from 26 January 2016.

#### Tax concessions and fundraising

DAISI is endorsed by the Australian Taxation Office as:

- a Deductible Gift Recipient (DGR); and
- an income tax exempt charity (holding tax

concessions and exemptions relating to income, goods and services, and fringe benefits taxes).

#### Donations

Account Name: DAISI

BSB: 012 405

Account Number: 464887738

#### Accreditation

DAISI is a registered Not-for-profit charity with the Australian Charities and Not For Profits Commission (ACNC).

#### Feedback and complaints

Feedback on this report and on our operations and conduct more generally can be sent to: [staff@daisi.com.au](mailto:staff@daisi.com.au) or in writing to:

**DAISI PO Box 679 Crows Nest NSW 1585**

We will acknowledge feedback within 48 hours and give a response within 30 days of all complaints. Complaints relating to a breach of the ACFID Code of Conduct can be made to the ACFID Code of Conduct Committee.

#### About this Annual Report

This Annual Report covers our activities and

performance for the financial year period 1 July 2020 to 30 June 2021.

It is our aim to be as transparent and accountable as possible to our donors and beneficiaries. For our donors, this is our way of thanking you and showing extreme appreciation for your generosity.

It is also our way of showing the importance we place on reporting and obtaining audit of our activities, and satisfying our reporting obligations to all stakeholders, including donors, supporters, volunteers, partners, and everyone that has helped to make it work.

By showing our goals and activities, and high level of accountability with detailed annual reporting, we hope that we can inspire you, and continue to earn the trust that we have been privileged to have received so far.

We have also based this report on certain legal requirements expected of us by the ACNC and expected of all responsible charities according to the Code of Conduct of the Australian Council For International Development (ACFID).

**a/Prof Matt Rickard**  
Chair



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# **Executive** Report

Annual Report 2021

# Our Chair's Report



2021 has been my second year as Chair of DAISI, and the second year that DAISI overseas volunteer trips have been non-operational due to COVID. The challenge for DAISI has been to remain flexible enough to adapt to the COVID restrictions in order to find some way to help our South Pacific Partners and remain relevant. I believe we have been able to do this through the development of ZOOM teleconference sessions and ongoing

delivery of vitally needed medical equipment.

This year alone 17 zoom sessions for consultants and trainees in gynaecology, surgery and anaesthetics have been organised. “Necessity is the mother of invention”, and it took a COVID outbreak to realise how useful ZOOM can be for teaching, networking, supporting and crossing the great geographic divide that separates us from our South Pacific Neighbours. Whilst the Zoom sessions have been successful and should continue well past the travel restrictions associated with COVID 19, they don't replace the face to face practical teaching associated with reviewing patients together and operating together. We also look forward to the service component of our mission which involves performing procedures which can't be done locally and for which patients have waited for our arrival. These ZOOM sessions have been set up to create a collegiate environment in which patient presentations, topic discussion and research can be discussed in a relaxed friendly manner.

DAISI has also used the COVID downtime to fine tune its governance structure and responsibilities. Admittedly, volunteering in a South Pacific Country is much more exciting than sitting in the head office in Sydney mulling over [DAISI's 121 pages of "Policies, Codes of Conducts, Safeguards & Templates"](#) to ensure their relevance and accuracy in reflecting DAISI's goals and ethos. Were it not for COVID, we may have never fine tuned this governance aspect as well as I believe we have over the past 2 years since COVID arrived in our Country. DAISI's governance team now includes an Audit and Risk Committee, Protection Officers for children, vulnerable adults and marginalised groups as well as a Morbidity and

Mortality database and coordinator for all activities it engages in.

We have also implemented [online incident reporting tabs](#) on the DAISI home page. Our vetting process for members and volunteers has also been fine tuned, to ensure the acceptance of only the best, most suited, applicants.

The responsible reclaiming and shipping of medical equipment has been the other area of development for DAISI this year. The last container sent to Honiara in March this year was planned well in advance with an emphasis on complying with all our responsible donation principles and policies, sending only high quality catalogued equipment specifically requested with terms and conditions for sending and receiving the container agreed to by both DAISI and our partners. This container was received and equipment distributed in a timely and coordinated fashion with feedback reports indicating that the equipment was well utilised and ranked as high quality, with far fewer logistic difficulties and delays encountered compared with previous containers sent.

On the other hand, the DAISI Charity Ball has not been conducted since December 2019. Loss of this fundraising event and our main source of revenue has meant that DAISI has had to bunker down and restrict the amount it spends on development projects. The DAISI Board and Executive also felt that it was not the right timing to run any other local fundraising campaign with so many Australians currently out of work and doing it tough in lock-down. During this state of fundraising hibernation, administrative expenses have been 43% of all expenses, with 57% spent on development projects. This sounds worse than it really is, and I assure you that once fundraising resumes, it is our intention to again aim for 80-90% of all income being spent on development projects. At end of 2020-2021 financial year we have total equity of \$8.437.70, which is adequate to meeting necessary ongoing administrative expenses.

I believe DAISI is now better poised for action than pre COVID, and will relish the return of volunteer activities once COVID travel bans end with improved governance and procedural processes now in place.

a/Prof Matt Rickard  
Chair

## Our CEO's Report



As CEO these past two years, I feel somewhat a fraud, with virtually no overseas activities conducted due to COVID. I can barely remember what it feels like to leave Queensland let alone go overseas! This depressing fact has many of us eager and waiting to resume DAISI activities in the South Pacific.

This year saw the closure of Sopas Hospital in the Remote Enga Province of PNG's Highlands, due to a handful of violent criminals on a drunken rampage terrorising and assaulting hospital staff. These culprits are still at large, and the closure of Sopas Hospital and the DAISI laparoscopic program is a major setback. My heartfelt sympathy and thoughts to those directly impacted in this unfortunate event. Local Enga Province authorities are currently in discussions with DAISI and its partners to see if the hospital can re-opened soon.

It is pleasing to see that despite the lack of overseas trips, DAISI has taken advantage of the down time to formalise it's processes to the credit of our secretary and all the other members in the background.

In my role as CEO, I have been responsible for the further development of Protection Officers in the areas of environment, vulnerable and marginalised adults, and child safety. The Audit and Risk Committee has now been in operation for almost two years, and the Morbidity and Mortality database and review process now established.

To further assist the Protection Officers, we have created highly visible online incident reporting tabs on the DAISI webpage for anyone concerned with the conduct of members, executive or board members or partners associated with DAISI activities.

Our Country Programme Officers in the Solomon Islands and PNG have this year successfully renewed their Memorandum of Understandings (MoU) with partner countries requiring both parties to be compliant with [the 9 Principles that underpin the ACFID Code of Conduct](#), particularly as they relate to the protection of children, and vulnerable adults, and the prevention of fraud and terrorism. We are hoping similar signings will occurs later this year with Kiribati, Vanuatu and Fiji.

The DAISI ZOOM sessions have been a great success, and although they are no replacement for face to face on-the-ground participation they serve a very vital role, and am sure they will remain a part of DAISI's repertoire even once COVID travel bans end.

Despite our rising vaccination rates and tantalising talks for Australia opening up, it is becoming clearer than ever that we all will have to learn to live with COVID. To that end, we have developed COVID safety policies, and have mandated that all DAISI volunteers be vaccinated and have recent proof of negative COVID swab test 72 hours prior to travelling on DAISI missions to the South Pacific. Initially only the healthiest members will be deployed. We are still in conversation with Moderna and Pfizer about sourcing extra quotas of vaccination for Countries DAISI has a Memorandum of Understanding with, particularly the Solomon Islands who remain behind many other South Pacific countries in the vaccination role out. For the immediate and foreseeable future, it is likely that COVID screening and vaccination will become very much incorporated into DAISI activities.

Once COVID vaccination is adequate I look forward to the resumption of DAISI elective surgical services in the South Pacific.

**Carina Chow**  
CEO

# Executive Committee & Board Members



**a/Prof Matt Rickard**  
*Chair*



**Prof Christophe Berney**  
*Deputy Chair*



**Mr Sam Deylami**  
*Treasurer*



**Dr Gary McKay**  
*Secretary & Board Member*



**Dr Danny Kozman**  
*Board Member*



**Dr Sepehr Lajevardi**  
*Board Member*



**Dr Santee Santhanam**  
*Board Member, M&M Coordinator*

## Office Bearers

### Administration & Training Officers



**Dr Carina Chow**  
*Chief Executive Officer*



**a/Prof Charbel Sandroussi**  
*Laparoscopic Training*



**Mr Ian Richards**  
*Sponsorship*



**Dr Graeme Wertheimer**  
*Medical Student Liaison*



**Ms Nili Halli**  
*Child Protection*



**Mrs Vasu Santhanam**  
*Gender Equality*



**Ms Erina Yip**  
*Disability Support*



**Ms Lyndall Dalley**  
*Environment Protection*

### Protection Officers

### Country Programme Officers



**Dr Harry Lam**  
*Kiribati*



**Mr Mark Taffa**  
*Papua New Guinea*



**Dr Basil Leodoro**  
*Vanuatu*



**Prof Peter Hewett**  
*Solomon Islands*



**a/Prof Konrad Richter**  
*Fiji*

### Audit & Risk Committee



**Ms Nili Hali**  
*Medico-Legal*



**Dr Sepehr Lajevardi**  
*Clinical*



**Mr Sam Deylami**  
*Financial*



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# Living With COVID

Annual Report 2021

# Achieving Mass Vaccination

**As Australia and the South Pacific realises that eradication of COVID is not a long-term possibility, the emphasis is now on ramping up vaccination rates to 70-80% sufficient to allow lockdown to end, borders to open, and for us to begin “living with COVID”**

DAISI must play its role in this process, and has geared up its governance structure to ensure members and volunteers are compliant with COVID vaccination and meet strict eligibility criteria prior to volunteering with DAISI in the South Pacific. DAISI is now poised for action when borders re-open between Australia and the South Pacific.

## Vetting of Volunteers

Current DAISI policy requires vetting of all volunteers prior to travel. They must not have been in recent contact with a COVID case and must show proof of completed COVID vaccination and a recent negative COVID swab result 72 hours prior to departure. In phase one, it is anticipated that only the healthiest and younger members will be allowed to volunteer, to ensure if they acquire COVID that the consequences will be minimal, lives will not be lost, and further burden is not placed on an already overburdened hospital system in the South Pacific.

## DAISI’s contribution to vaccination

DAISI must adapt to the times and circumstances particularly in a crisis, and is committed to providing vaccination support wherever and whenever it can. Although DAISI’s primary focus pre-pandemic has been support and education in surgical and gynaecological subspecialties, DAISI recognises that COVID is now the single biggest health risk currently faced by the South Pacific, and this therefore must take priority in its strategic response.

## Delivery of Vaccines to Remote Provinces

Australia’s current lockdown and shortage of vaccines has meant fewer donations to the South Pacific. DAISI is currently agitating with the Australian Government for additional COVID vaccines to the South Pacific, particularly its closest neighbours the Solomon Islands and Papua New Guinea (PNG). PNG is overburdened with cases, with an impressive vaccination response. The Solomon Islands has to date only 20 confirmed cases, with no community transmission, but is well behind in the race to vaccinate with less than 10% receiving their first vaccination. However in PNG, and some more remote provinces in Kiribati, Solomon Islands and Vanuatu, the administration of vaccines, rather than supply remains the rate-limiting factor. With its scattered and remote population, getting “jabs in arms” to its provincial inhabitants is logistically challenging. When borders open, participating in the delivery of vaccines to the more remote provinces in the South Pacific will be high on DAISI’s strategic response.

## Care for those affected by COVID

It is anticipated that COVID admissions to hospital in the South Pacific will increase significantly, putting a huge burden on this already fragile health care system. DAISI will endeavour to support its medial colleagues in the hospitals it has a current Memorandum of Understanding (MoU) with, and be engaged with and form part of that hospital response to COVID.

## Surgery during COVID

DAISI must not add to the burden already placed on the struggling hospital system in the South Pacific. DAISI will not be engaging in elective surgery once borders open, but only urgent or life-threatening surgery.

## Intensive Care Support of COVID affected patient.

DAISI’s large number of anaesthetic members with airways support and expertise are particularly suited for the ongoing critical management of COVID patients. We are currently enlisting as many anaesthetists as possible to be ready to engage in intensive care support activities when the borders open.

DAISI’s emphasis on reclaiming and distributing essential second hand medical equipment will now focus on anaesthetic machines, ventilators, and PPEs. Working in tandem with our partner organisations such as MedEarth and Australian Rotary Club, The Solomon Foundation and ANZGIZA, it is hoped that DAISI can continue to provide this necessary equipment where it is most needed.





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**Our Projects**

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# Medical Supplies

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## Responsible Donation

**Reclaiming and shipping medical and surgical supplies and equipment from Australia, to the South Pacific in a responsible manner has been another focus this year.**

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 National Referral Hospital (NRH) head surgeon Dr Rooney Jagilly.

The container was packed with essential equipment in accordance with DAISI and WHO policy on March 11th 2021. Much of the equipment was donated by Mark Taffa from Horten Medical and MedEarth. Lists of available equipment were sent to the receiving surgeons who selected the items in order of priority. Terms and conditions for partnership responsibilities and payment agreed upon at the outset, base on the incoterms chart of responsibility which are internationally recognized rules which define the responsibilities of sellers and buyers

This is different from previous containers where they were filled with items we thought would be useful with very little consultation



A 20 foot container to Honiara was sent this year containing only equipment requested with incoterms chart of responsibility agreed on. This was largely organised by Mark Taffa (left) pictured here with DAISI member and physiotherapist Dominic Lopez .

with the receiving partners or agreement on procedural aspects of clearing and returning the container. 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. This was a seamless process, with no lost time waiting for clearance and payment of wharf levies.

Feedback was asked of the receiving team to rate the usefulness of equipment, with overall Ratings quite high.

Three items were received in non working order (2 ECG machines and 1 ultrasound), and as part of good governance this matter will be investigated to determine causal factors to ensure this does not happen again.

The rising costs of shipping (largely due to COVID downturn) will likely see a sharing of costs between Australia and it beneficiary Countries, unless funding is obtained elsewhere for these projects.

## Items donated by shipping container to Honiara this year

This year at National Referral Hospital on 20<sup>th</sup> May 2021 a 20 foot shipping container organised by DAISI with donated medical equipment was unloaded.

Amongst other things it included 30 ECG machines, meaning that every ward at National Referral Hospital now has its own ECG machine.

It also contained an anaesthetic machine and consumables, and BIPAP/Ventilator, particularly requested for the COVID response.

DAISI remains committed to the responsible donation of medical equipment, with agreed responsibility between donors and partners at the outset, and strict governance measures (including audit of contents received and their use post delivery) now standard DAISI policy.

DAISI policy mandates that all medical equipment donated is tested for full working order and estimated life expectancy factored in before donating. Where possible, maintenance is provided.

DAISI gives particular thanks to MedEarth and Horten Medical, significant contributors to items donated in this container.



Some of the contents included in this years 20 foot container donated to National Referral Hospital (NRH), Honiara, Solomon Islands .

A man in a grey t-shirt is filling a plastic bottle at a public water tap. The tap is mounted on a metal structure. The man is looking towards the camera with a slight smile. The background shows a building with a green wall and a metal railing.

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# Fresh Drinking Water

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# Petra's Project

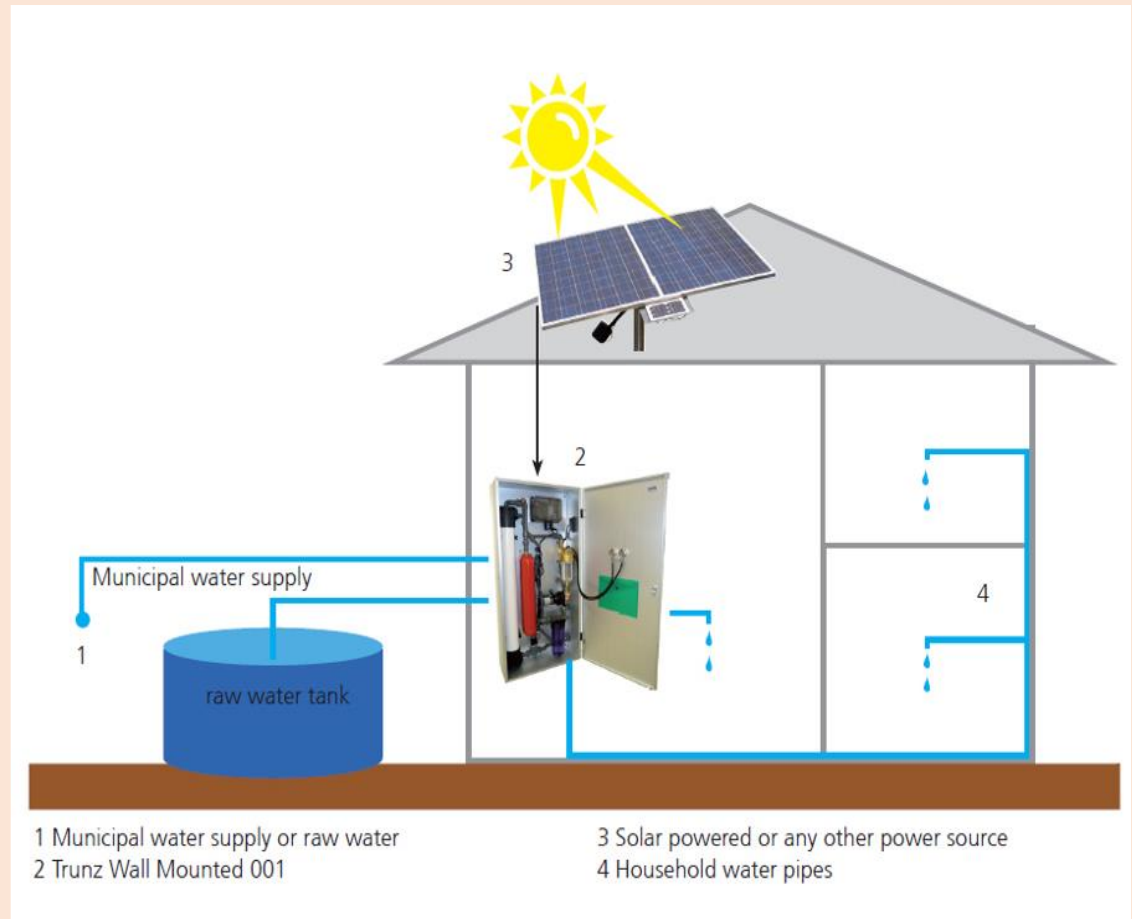
**Clean Drinking water is vital for hospitals that are particularly high risk for spreading infections.**

DAISI member and registered nurse Petra Breiting, has so far been able to provide solar powered clean drinking water units to five hospitals in the Solomon Islands and Papua New Guinea.

These units designed by the Swiss Company TRUNZ are environmentally friendly, and were installed in consultation with the Hospitals management and members of the Ministry of Health.

The first solar powered water purification system was established in 2014 at Gizo Hospital in the remote Western Province of the Solomon Islands. Two more were established at provincial hospitals in the Solomon Islands, including one at Helena Goldie Hospital in Munda in 2016, and Kilu 'Ufi Hospital in Auki in 2017. In 2019 a fourth is intended for Buka Hospital in Bougainville, PNG and Kavieng Hospital (New Ireland, PNG) . These last two projects have been delayed due to COVID.

Proper training of local staff has meant that care and maintenance can be managed locally. Since their instalment, the incidence of cases of abdominal typhus and diarrhea has dramatically decreased.



This years project is to instal a solar powered water purification unit at Kavieng Hospital located on the remote North East peninsula of New Ireland in the Bismarck Sea. Due to COVID outbreak, this project has been delayed and has only just gotten underway.

Currently the brackish water available is unsuitable for drinking and poses a risk to health, and makes the cleaning of instruments in the hospital a challenge. Electrical power is unreliable and inconsistent, so the solar powered unit is ideal for this hospital.



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# **Hands Off Approach To Teaching.**

## ZOOM Sessions

Border Closures due to COVID has meant that DAISI had to take a more “hands off” approach this year using ZOOM sessions to achieve its goal of providing collegiate support and education to its South Pacific Partners.

So far this year 9 [ZOOM Educational sessions](#) on topics in Anaesthesia, Obstetrics and Gynaecology and Surgery have already occurred with another 9 [upcoming ZOOM Educational sessions](#) scheduled for the remaining year.

The idea was to provide expert advise 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. The Expert Panel must consist of experts in each field from Australia and South Pacific Countries.

It was expected for these sessions to be mainly for trainees, but a large number of consultants participated from PNG, Solomon Islands, Vanuatu and Kiribati, with a number of current clinical cases presented, leading to interesting discussion and debate. This opportunity for cross-pollination of ideas was what DAISI had intended. The knowledge transfer was definitely not unidirectional.

5-6pm (AEST) Tue 27th JULY  
[Surgical Topic: Biliary disease](#)



5-6pm (AEST) Tue 27th JULY  
[Anaesthetic Topic: Airways](#)



5-6pm (AEST) Tue 20th JULY  
[O&G Topic: Uterine Cases](#)



5-6pm (AEST) Tue 29th JUNE  
[Topic: Diabetic Foot Ulcers](#)



5-6pm (AEST) Tue 25th MAY  
[Surgical Topic: Research](#)



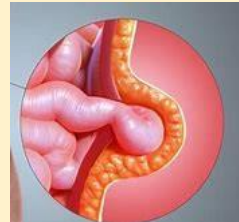
5-6pm (AEST) Tue 25th APRIL  
[Anaesthetic Topic: Obstetrics](#)



5-6pm (AEST) Tue 20th APRIL  
[O&G Topic: Obstetrics](#)



5-6pm (AEST) Tue 22rd MAR  
[Surgical: Hernias](#)



5-6pm (AEST) Tue 31st AUG  
[Surgical Topic: Upper GI](#)



5-6pm (AEST) Tue 28th SEP  
[Surgical Topic: Colorectal](#)



4-5pm (AEST) Thurs 21st OCT  
[Anaesthetic Topic: Trauma](#)



5-6pm (AEST) Tues 19th OCT  
[O&G Topic: Ovarian Disease](#)



5-6pm (AEST) Tue 26th OCT  
[Surgical Topic: Anal Cases](#)



5-6pm (AEST) Tue 30th NOV  
[Surgical Topic: Plastics](#)



4-5pm (AEST) Tues 14th DEC  
[Anaesthetic Topic: Paediatrics](#)



5-6pm (AEST) Tues 14th DEC  
[O&G Topic: Rif Pain, and PID](#)







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# Improving Endoscopy Services

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## Benefits of Endoscopy

Endoscopy (also called key hole surgery) is not readily accessible in many Countries in the South Pacific. We believe that this valuable technology is critical to the accurate and early diagnosis of a vast number of abdominal conditions including cancer. For this reasons establishing endoscopy surgery has been a major focus for DAISI with a stockpile of equipment being prepared for the next shipment to coincide with resumption of DAISI trips.

These same remote provinces throughout the South Pacific also do not have CT scanners or MRI. Therefore diagnosing an abdominal complaint or anaemia or gastrointestinal bleeding is not possible, and large open abdominal surgery is employed once symptoms develop, invariably when it is too late.

DAISI has established key hole (endoscopy) surgery at National Referral Hospital in Honiara, Gizo Hospital in the Western Province of the Solomon Islands, and Sopas Hospital in the remote Highlands of Papua New Guinea.

However, this technology does have a difficult learning curve and the equipment has specific sterilising, storage and maintenance



Dr Max Pangali (Senior Registrar), Dr Elvis Japhlet (Head Surgeon) and Associate Professor Matt Rickard doing laparoscopic surgery at Sopas Hospital in the Highlands of Papua New Guinea before COVID border closures.

requirements. Often one missing part from an endoscopy set up, can prevent its entire use.

DAISI has, up until now, been sending regular surgical and gynaecological teams to deliver training in endoscopy surgery, and to keep these skills and equipment maintained.

With COVID travel bans, these trips have been disrupted, and the equipment not utilised to its best capacity, with resultant degradation of skills. With the eventual removal of COVID travel bans, DAISI is planning to implement


further training in endoscopy services, with a fresh fleet of endoscopy equipment scheduled to coincide with this. Working in partnership with its sister organisation ANZGIZA, the aim is for DAISI to focus on endoscopy techniques such as laparoscopy for diagnosing and treating abdominal surgical conditions, while ANZGIZA will concentrate on gastroscopy and colonoscopy training.

Ultimately the aim is to promote self reliance to the point where training and maintenance will be maintained at a local level with minimal involvement from DAISI.



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**Dealing  
With Setback**

Annual Report 2021

## Closure of Sopas Hospital

**On 21<sup>st</sup> May this year Sopas Hospital and the Enga School of Nursing in the remote PNG Highlands, was attacked by drunken criminal elements from neighbouring clans leading to its closure.**

Up until then, Sopas Hospital has been engaged with DAISI and its laparoscopic program with head surgeon Dr Elvis Japhlet and his team undertaking training in laparoscopic surgery.

The first visit to Sopas Hospital by DAISI surgeon Dr Gary McKay in November 2018 led the way to a series of DAISI trips to Sopas hospital introducing laparoscopic surgery by DAISI's CEO Dr Carina Chow in March 2019, DAISI's Deputy Chair Prof Christophe Berney in May 2018 and DAISI's Chair a/Prof Matt Rickard in August 2018.

In total, 79 laparoscopic procedures have been conducted at Sopas District Hospital with the hospital developing a reputation for its pioneering in key hole surgery.

Patients not only from the local Enga Province, but from other Provinces were coming to Sopas Hospital to receive laparoscopic surgery.

The Enga School of Nursing was successfully re-



Dr Elvis Japhlet (Head Surgeon) at Sopas Hospital performed 79 laparoscopic procedures before the unfortunate closure of Sopas Hospital on 21<sup>st</sup> May 2021.

Opened by Prime Minister James Marape on 6th July 2021, but to date Sopas Hospital remains closed indefinitely.

DAISI and Dr Japhlet are currently having discussions with the Enga Governor and Provincial Administrator to see a way forward and to resume the DAISI laparoscopic

programme. But until the attackers are found and brought to justice, there is apprehension amongst Sopas Hospital staff and patients that the offenders will attack again.

Discussions are also underway to see if the laparoscopic programme can re-locate to the nearby new Enga Provincial Hospital.



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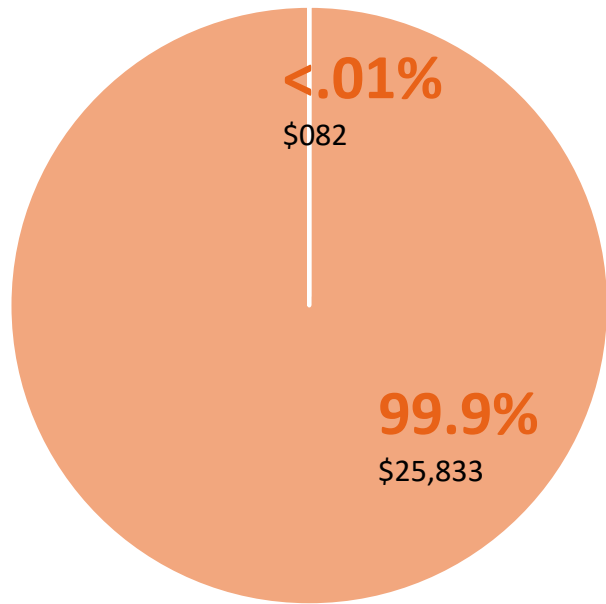
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# Finance Report

Annual Report 2021

# How Funds Were Spent (2020/2021 Financial Year)

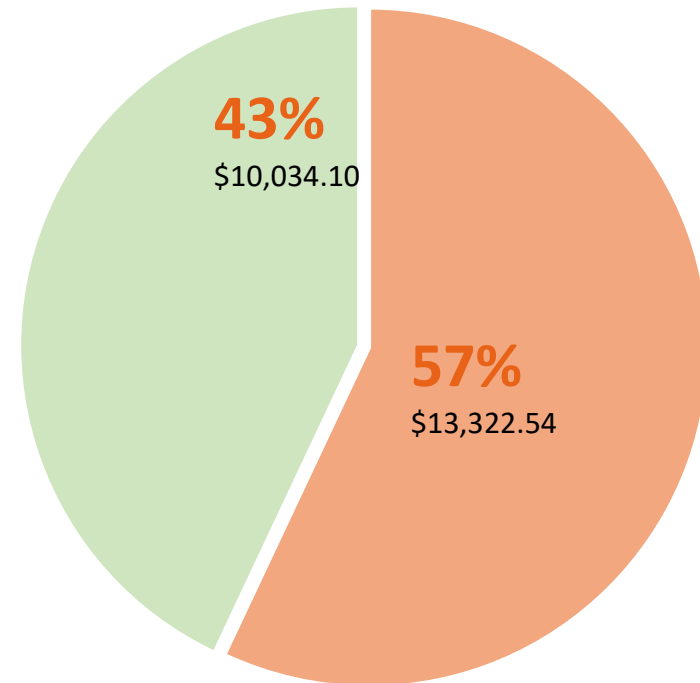
Income \$25,834.40



Interest

Donations

Money Spent \$23,356.64



Development

Non-Development

# Statement of Financial Position (End 2020/2021 Financial Year)

Total Assets	\$8,437.70
Total Liability	\$0.00 <sup>[2]</sup>

1. At end of financial year 30<sup>th</sup> June 2021 DAISI had no liability
2. At end of financial year 30<sup>th</sup> June 2021 DAISI had total assets of \$8,437.70



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Crows Nest, 1585

**Donations**

Account Name: DAISI  
BSB: 012 405  
Account Number: 464887738

**daisi.com.au**



ACNC  
MEMBER



ACFID