



COMMITTED TO SUPPORTING OUR NEIGHBOURS IN THE SOUTH PACIFIC.

Chairman's Bi-Annual Report



By a/Prof Matthew Rickard

It's been a real pleasure to be involved with DAISI over the last few years and a special honour to now be the Chairman. I'd like to acknowledge the work of the previous Chairs, Sepehr Lajevardi and Tim Nicholson and DAISI secretary, Gary McKay.

2020 has already been a horrible year with the bush fires indiscriminately taking life and property and is getting worse with the rapid world wide spread of the COVID19 virus. DAISI has only managed one trip this year. Gary McKay and Santee Santhanam undertook a fact-finding trip to the Alotau Provincial Hospital in the Milne Bay Province in PNG. All other DAISI trips this year are either already cancelled or likely to be cancelled. The federal government is advising against all overseas travel and all passengers arriving in Australia

must undergo 2 weeks self-isolation regardless of origin.

In 2019 DAISI undertook 19 trips to the South Pacific Islands. This was a mixture of medical, psychiatric, gynaecological, diabetic foot and general surgical trips. Trips were undertaken to the Solomon Islands, Papua New Guinea, Vanuatu and Kiribati.

DAISI is a great organisation and is totally run by volunteers. Every member is important and every-one involved has value. It's amazing to work with an organization who's pure aim is to help people in need. No-one who has any association with DAISI makes any money out of it.

I find it interesting to consider what makes people volunteer. We DO volunteer mainly to help other people. But we also should admit that we are helping ourselves almost as much as we are helping others. We do it to add variety to our lives. We do it because we like that our colleagues say "Oh, Mary is off to PNG again. Isn't she great?". We are enriching our own lives with this work and with the extraordinary exposure to other cultures. And when working with local surgeons/physicians/nurses we learn as much as we teach. As a relatively sub-specialised surgeon in Sydney, I have de-skilled in a lot of areas and I am always impressed when I realise that remote surgeons can usually deal competently with almost any emergency. All this work makes us better people and we need to be grateful for that. I guess we also need to be grateful for the fact

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DAISI

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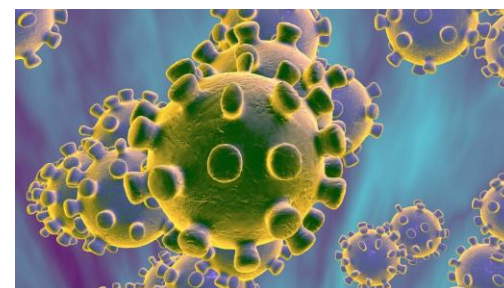
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Coronavirus cancels trips to Pacific

Regretably trips to PNG & Solomon Islands and the Winter Solstice Charity Ball have been cancelled because of safety concerns. Page 12



DAISI's Charity Ball Postponed

By Nili Hali

This year's DAISI Charity ball was originally intended to be mid year, but due to coronavirus concerns has been scheduled for Saturday 14th November 2020. It will be in the Grand Ballroom, level 1 of the Novotel Manly Pacific. This formal dress event (with optional Summer Solstice fancy dress theme) costs \$175 per person, with all money raised going towards sending much needed surgical supplies to the South Pacific.

Guests are asked to arrive for welcome drinks from 6:30pm – 7pm, and to be seated for the main event from 7pm. The event will include music and dancing by the Manutabu Band, three course meal, photo booth plus more. A number of raffles and auctions will also occur after the main meal.

Manly is accessible by public transport (bus) and ferry with regular departures from Circular Quay and Manly every 30 minutes. Last departing ferry from Manly to Circular Quay is 50 minutes past midnight.



This year's Charity Ball at Novotel Manly Pacific has been postponed to Sat 14th Nov 2020.

This will be a great chance for DAISI volunteers to meet up but is also an opportunity for those who can't volunteer to still become involved and contribute in some way to the work DAISI is doing.

Seating is 8 people per table with tickets sold individually or as a table. Total seating capacity is 316 with tickets available online www.daisi.com.au/charity-ball (ticket sales close 5pm Sat 07/11/20)

Chair's Report (continued)

that we can actually afford to do this work. We all take time off and pay for our airfares....how lucky that we can do that!. I have to say that whenever I hear a surgeon whining about money, I just turn my brain off and stop listening. For some of us, it's easier than for others and I'm aware that non-surgeons don't find it as easy to pay for airfares and forgo 1-2 weeks of income. At the annual ball in 2019, we raised and set aside \$8000 to subsidise 4 non-surgeons to attend one of the DAISI trips in 2020.

It's clear that a lot of the world struggles to get access to safe surgery. There are a lot of "global initiatives" and, unfortunately a lot of it is all talk. DAISI has always been about action...operating and teaching. We acknowledge that the best long term approach is to educate and teach local practitioners so that work can continue when we are not there. However, it is actually also important to provide a practical service by performing needed operations, procedures and investigations. We are hoping that if we can provide a regular service for particular complex procedures we can service that community appropriately. It's not always completely safe. In 2019, I went to Sopas Hospital in Enga Province in the highlands of PNG. I arrived a few days after the

others in the group, Adelene Ong, Jess Lim and Mark Taffa. Tom, who is a driver and a nurse and a general "Mr Fixit" at Sopas Hospital came and picked me up from Mt Hagen. We chatted for the whole 3 hour bumpy trip to Sopas. He told me how Mark Taffa had been the first "white guy" to ever attend a local funeral, which had been on the day before my arrival. He told various other stories about the funeral.

We stopped for a break during the night and chatted with some guys on the side of the road who made cannibal jokes!! Only when Tom dropped me off did Mark, Jess and Adelene tell me that the funeral was for the unfortunate chap who had been beheaded just at the hospital gates 2 days previously.

I had noticed the soldiers with AK47s at the hospital gates, but I hadn't thought much about it. Interestingly, despite this introduction, I never actually felt unsafe during that trip. Despite the tribal fighting, visitors are welcome and not targeted. Of all the places I have worked, Sopas was the one place where I felt most welcome. Dr Elvis Japhlet and his team were fantastic.... The moo moo on the last night was amazing.

2020 is going to be strange, difficult, challenging and quite tragic year. DAISI will continue to work with our friends in the South Pacific Islands and will resume trips as soon as

we can. Although no confirmed cases of Covid19 have been officially confirmed yet in the South Pacific there is no reason to think that the South Pacific will be spared what is happening in the rest of the world. The people in PNG, Solomon Islands, Vanuatu and Kiribati have problems similar to us and unique problems of their own. We will continue to do our best to do something about both.

Associate Professor Matt Rickard is the current Chair of DAISI. Matt is a Colorectal Surgeon at Concord Hospital and Macquarie University Hospital. He is the immediate past chair of the Australian and New Zealand Training Board of Colorectal Surgery, previous chair of the RACS Section of Colon and Rectal Surgery and previous CSSANZ council member. Matt has had a longstanding interest in humanitarian work. He has worked in Kenya and South Africa for a number of years. He also works with PANGEA (formerly Specialists Without Borders) and, throughout the 2010's, has been on 5 trips with Pangea to Rwanda, Malawi and Zimbabwe. He has also volunteered and operated in Cambodia and East Timor. Matt first volunteered with DAISI in the Solomon Islands, and now is actively involved in implementing laparoscopic training in Port Moresby and Papua New Guinea's remote Highlands at Sopas Hospital.

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New Smartphone app will make practice guidelines accessible to all free of charge.

Smartphone App Takes Off in The Solomon Islands

By Dr Sepehr Lajevardi

Until recently, health professionals in the Solomon Islands had limited access to independent, evidence-based, therapeutic information, either due to the lack of availability, remoteness, or because access was so prohibitively expensive.

Thanks to a partnership of Therapeutic Guidelines Foundation (TGF) with the Solomon Islands Ministry of Health (MOH) and the National Medicines & Therapeutics Committee (NMTC), health practitioners in the Solomon Islands now have free smartphone access to their own Solomon Islands Guidelines Host app.

In recent years significant developments have occurred in satellite network telecommunication technology. With this new technology, even the most remote regions of the Solomon Islands now have relatively speedy access to internet with smartphones now the principle modus operandi for accessing the internet in the country.

In May 2018, the first edition of the Solomon Islands Guidelines Host app for smartphone was launched. This app was developed to make local guidelines easily accessible for health practitioners at the point of care. This

is particularly important for the Solomon Islands, where the provincial hospitals and medical centres are quite remote, and otherwise cut off from the National Referral Hospital in the capital city Honiara. Without this app and technology, dedicated staff and resources and local health professionals would need to be invested in developing local guidelines. Barriers to printing and distributing hard copies of these guidelines would then result in poor dissemination and usage of these guidelines.

In addition to free access to these resources, the app provides regular clinical updates tailored specifically to the Solomon Islands, with local guideline development made in consultation and collaboration with the Solomon Islands MOH and NMTC.

"Having access to multiple local treatment guidelines on ones' phone anytime improves the efficiency and effectiveness by which a Solomon Islands health worker can treat their patients and thus improves the quality of care they provide," says Dr Rooney Jagilly, a senior surgeon from National Referral Hospital, in Honiara who made significant contributions to the guidelines contained in the app. "I would like to thank Therapeutic Guidelines Ltd for their kind assistance in supporting us in this regard." Not to forget also the significant contribution made by the late Permanent Secretary Dr Tenneth Dalipanda.

Dr Sepehr Lajevardi is a plastics surgical registrar from Sydney, and co-founder and previous Chair of DAISI.

For more information on the app you can email Ms Reddy Kamini RKamini@nrh.gov.sb or Mr Solomon Bosa SBosa@nrh.gov.sb.



DAISI

Doctors Assisting In
South-Pacific Islands

All money
raised will go
towards sending
urgently needed
medical supplies to
countries in the
South-Pacific

Invite you to

DAISI'S Annual Charity Ball

Saturday 14th November 2020

Grand Ballroom, Novotel Manly Pacific

6:30pm – 7.00pm
7.00pm – 11.30pm

Welcome reception & drinks
Main Event incl. 3 course meal

Tickets \$175
per person

INCLUDES: THREE COURSE MEAL • DRINKS • MUSIC BY **MANUTABU BAND** •
DANCING • AUCTIONS • PHOTO BOOTH •

Dress: Formal (Black tie) or Fancy Dress (Summer Solstice – prize for best Floral crown)

Book online: daisi.com.au/charity-ball or contact **Dr Matt Rickard** staff@daisi.com.au



DAISI is registered with the ATO as a tax deductible & DRG charity (ID: 51 769 931 239) ABN: 51 769 931 239



PNG Highlands: Is it safe for family?



Contrary to advice from friends, Dr Carina Chow travelled to PNG Highlands on her own and conducted a laparoscopic teaching session last year. She reflects on safety concerns.

by Dr Carina Chow

As a regular DAISI volunteer to the South Pacific, including the Solomon Islands, and Vanuatu, I usually bring my family with me, and try to turn it into a "working holiday". My husband also being a surgeon makes it the logical decision for us both to volunteer together, and contribute in some way.

Admittedly, when I was asked by DAISI to volunteer in Papua New Guinea, my first reaction based on what I had heard and read was "No Way!" This strong point of view was

also shared by my husband with us both hearing many horror stories of volunteers or missionaries being abducted or murdered.

The requests were relentless and eventually I caved in, agreeing to go by myself, without my family in March last year to Sopas Hospital in the remote Highlands of PNG. Everybody that cared about me advised me of my folly and likely perilous demise!

It was pretty wild, and it took some adjusting to the presence of machettes, which just about every man walked the streets with in a matter of fact way, more as if it were an umbrella or functional accessory rather than a weapon.

The incredible generosity of local surgeons and hosts Dr Elvis Japhlet and Dr Max Pangali, who picked me and my team up from the airport by four wheel drive convoy, also did a lot to allay, but not completely dissipate, my fears.

Elvis explained to me, during the trip, that once in Enga Province, safety is less of an issue, because I was there on the invitation of the Enga Provincial Health Authority, and that any fighting was likely to be between tribes, with the hospital and medical workers immune from such violence.

I had done my research, and knew that wasn't always the case with the closure of Sopas Hospital for two years in 2000 after threatened machette violence against the head surgeon. This temporary closure seemed to have the effect of giving the hospital greater respect and immunity from intertribal conflict. The Porgora Gold Mines in the neighbouring Province, a further 77km up Highlands Highway, is also frequently listed on smartraveller as being in a state of unrest and best avoided. But Elvis explained because of border crossing checks, this fighting does not seem to enter or affect Enga Province.

During my stay, I always travelled with Elvis and Max, and never ventured outside the perimeter fence on my own. The wonderful hospitality and friendly reception was certainly at odds with many of my preconceptions. I intend to return to PNG highlands, and would like to show my kids Sopas Hospital and village, but still need to convince my husband to let the kids come at this stage!

Dr Carina Chow is a colorectal surgeon from Brisbane, and the elected President of DAISI, and regularly volunteers in the South Pacific with her family. She is yet to take her family to PNG but is seriously considering it.

----- Cut along this line and post to DAISI GPO Box 4488 Sydney NSW 2001 or email to staff@daisi.com.au -----

APPLY TO BECOME A DAISI MEMBER

| | | |
|---|---|---|
| Name | Address (Number & Street) | Describe your volunteering in the South Pacific |
| Email | Address (Suburb) | |
| Mobile | Address (Country & Postcode) | |
| Qualifications (e.g Nurse, Doctor, Non-Medical) | Dates that you volunteered in the South Pacific | |
| | | |

Volunteering with DAISI: venturing into the unknown



Image: The main entrance to Northern Provincial Hospital, Espiritu Santo, Vanuatu.

by Dr Sean Heinz

I started medicine with the goal of spending a significant amount of time practising in developing countries. I enjoy the challenges associated with trying to provide a high quality of healthcare in a low resource setting. I also get a great deal of satisfaction offering healthcare where it may not have otherwise been available to the local population. In the past, I have worked in low resources settings in South Africa and Bangladesh. In July 2018, I spent a week on the island of Espiritu Santo in Vanuatu volunteering with Doctors Assisting In South Pacific Islands (DAISI) in the local hospital.

I arrived to find that the town where I was to be staying and the largest on the island, Luganville, was infected with world cup fever. With a rich French history, the locals were in high spirits with the success of France in the 2018 Russian World Cup. I arrived at the hospital on Monday to find a primary facility (see Image 1) with many patients both inside and outside the numerous buildings. The team included Dr Alan Tong, a gynaecologist from Sydney as well as Dr Leo Lacy, an anaesthetist also from Sydney. On the anaesthetics side there were also two senior resident's medical officers, and on the gynaecological side, there was me, a medical student from Sydney and two local general registrars. A total of ten patients requiring major surgery had been waiting for our

arrival. A local obstetrician and gynaecologist, who covered twelve-hundred public obstetric patients, did not have the time or the facilities to complete these operations safely. Some of the cases were also thought to involve significant adhesions, and endometriosis, which the local doctor was not comfortable completing. A general surgeon was also available should we require bowel resections. After seeing the patients, we booked a total of nine significant operations for the remainder of the week. In the end, we did a caesarean section, one laparotomy, division of adhesions and repair of small bowel injury, six total abdominal hysterectomies and bilateral salpingo-oophorectomies (TAHBSO), and one anterior and posterior repair and sacrospinous fixation.

The most complicated case involved a forty-five-year-old woman with a three-year history of worsening pelvic pain and dysmenorrhoea. Examination revealed a frozen pelvis, with no palpable discrete nodules or masses. An ultrasound suggested bilateral endometriomas. The local team had booked her for a TAHBSO. Upon entering the abdomen, the surgeons found significant bowel adhesions to the anterior abdominal wall, pelvic organs, and pelvic sidewall. The team identified a four-centimetre full-thickness small bowel injury during the process of dividing adhesions. We completed a primary two-layer closure at the time of the identification of the damage. A bowel

surgeon was called to attend the case. After one hour of dividing adhesions and attempting to access the pelvis, we had obtained a view of the anterior aspect of the pelvic organs, with minimal access deep into the pelvis. The sigmoid was densely adherent to the posterior uterus. At that point, the bowel surgeon decided the case was beyond the facilities available at the hospital. The team decided to abandon the operation and suspected that the cause for the patient's pain and adhesions was chronic pelvic inflammatory disease based upon the appearance of the pelvic adnexa. Upon closing, the team discovered that the original small bowel repair had failed and that the suture material had migrated through oedematous bowel to obstruct the lumen partially. We removed the initial sutures and completed a second two-layer closure. The patient subsequently made a full recovery.

I realised many lessons during and upon reflecting on my time in Vanuatu. I went there with the goal of providing care where it otherwise would not have been available. In the case above and one other like it where we could complete the TAHBSO, I believe we did provide a service that was otherwise unavailable. Apart from these two cases, I gather that we reduced the local waiting list—no doubt a benefit to those patients, but not something I had set out to accomplish. I realised that it could be difficult to determine your local reception and the impact you have on the healthcare of the local population until the trip is over.

Going forward, I plan to continue to take risks in this regard, again with an open attitude that sometimes our intention does not match the outcome. In this setting, a portion of our original goal may be all we should focus on and consider our time a success. There is no doubt that the trip had a significant impact on my surgical skills, as I was the primary operator in most of the cases. A lack of resources or significant pathology complicated all the operations. Lessons learnt by operating successfully in a very challenging environment is something that I hope to take with me to future operating theatres.

[Author Dr Sean Heinz describes his first DAISI trip to Vanuatu. Like many first time volunteers, it is a venture into the unknown, and outcomes may not always meet expectations: Dr Sean Heinz reflects on circumstances, including lack of resources and support, that sometimes prevent a volunteer's plans from being actualised and the need for humility and flexibility. Dr Heinz is now a seasoned regular DAISI volunteer.](#)

Diabetic foot disease in the South Pacific



Nurses at National Referral Hospital, Honiara treating diabetic foot infection.

by Dr Matthew Malone

If the news reported that crocodile or shark attacks were to blame for 20 people losing their legs in 1 month alone, there would likely be a call to arms. This problem is actually occurring as we speak, except crocodiles or sharks are not to blame... It's Diabetes.

I was recently invited by DAISI to visit the Solomon Islands on a fact-finding trip to look into and report on the extent of diabetes related foot disease. I have worked across the UK, Middle East and Australia and further consulted across the globe in the area of diabetes foot disease. I have been exposed to varying levels of healthcare and worked in areas with different populations and incidences of diabetes foot disease. However, the extent of this problem in the Solomon Islands is disturbing. Diabetic Foot Disease, including foot ulcers are amongst the most common complications of uncontrolled diabetes. People with diabetes are more susceptible to developing foot ulcers that are slower to heal and more prone to infection. Currently in many Pacific countries, untreated, infected diabetic foot ulcers are leading to multiple amputations and sometimes death. The true extent of foot disease in the Pacific islands is largely estimated, because there is no accurate record keeping.

I visited the National Referral Hospital in Honiara and had the opportunity to spend the day with a wonderful general surgeon Dr Rooney Jagilly. Dr Jagilly heads up the general surgery ward, a ward consisting of 50 beds. Alarming, such is the extent of the diabetes foot disease that 50% (25 beds) of the ward

were solely dedicated to people with diabetes foot disease. Many patients had extensive leg amputations or surgery to remove large sections of the foot, secondary to infection and sepsis. The surgeons, the nurses and all ward staff work effortlessly, but are faced with significant challenges that include a never ending tide of new people needing beds for diabetic foot disease, the lack of basic health infrastructure and support, and a lack of some

basic wound care necessities. In addition, the problem of managing diabetic foot disease in the out-patient setting paints a similar picture. I also spent the day working in the diabetes-wound clinic. The clinic treats between 30-50 patients with diabetic foot ulcers per day, with minimal resources. In the face of such adversity, I was overwhelmed by the nurses and doctors, that despite the inherent lack of equipment or support, strove to provide the best care they could for each patient, with so little.

What was glaringly obvious to me was that this is a massive problem in need of support. I am not the only person to recognise that diabetes and its complications are a scourge on the Pacific islands. In 2015 the International Diabetes Federation reported the astonishing statistic that Pacific island countries or territories accounted for eight of the top ten in the world for diabetes prevalence. About 40% of the Pacific island region's population of 9.7 million has been diagnosed with a noncommunicable disease, notably cardiovascular disease, diabetes and hypertension. These diseases account for three quarters of all deaths across the Pacific archipelago and 40-60% of total health-care expenditure.

The table to the left shows the change in diabetes prevalence for selected low- and middle-income countries of interest to Australia, with Australia included as a comparator.

Age-standardised diabetes prevalence (%) in people aged 18 years and older: selected countries

| Country | Male | | Female | |
|--------------------------------|------|------|--------|------|
| | 1990 | 2014 | 1990 | 2014 |
| American Samoa | 25.4 | 30.8 | 24.9 | 32.9 |
| Australia | 6.0 | 6.8 | 4.5 | 5.0 |
| Cambodia | 3.7 | 7.4 | 4.4 | 6.9 |
| Cook Islands | 17.9 | 28.3 | 17.3 | 26.7 |
| Fiji | 9.0 | 15.9 | 15.9 | 18.9 |
| Indonesia | 4.3 | 7.4 | 5.4 | 8.0 |
| Kiribati | 11.9 | 22.0 | 11.1 | 22.6 |
| Marshall Islands | 13.7 | 20.8 | 14.4 | 21.5 |
| Federated States of Micronesia | 9.9 | 20.5 | 12.5 | 23.4 |
| Myanmar | 3.7 | 6.9 | 4.8 | 7.9 |
| Nauru | 29.8 | 30.1 | 27.7 | 28.4 |
| Papua New Guinea | 7.9 | 15.4 | 7.3 | 14.3 |
| Philippines | 4.8 | 7.1 | 5.4 | 7.3 |
| Samoa | 10.0 | 22.7 | 12.8 | 26.6 |
| Solomon Islands | 7.4 | 12.6 | 8.4 | 15.1 |
| Timor-Leste | 3.5 | 5.4 | 4.0 | 5.5 |
| Tonga | 11.3 | 21.9 | 14.3 | 26.4 |
| Tuvalu | 12.9 | 23.2 | 23.2 | 24.3 |
| Vanuatu | 8.4 | 15.7 | 8.6 | 16.0 |

Source: The Lancet (2016) Vol 387, "Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4.4 million participants," pp 1513-30.

Fig 1. Diabetes prevalence rates in Australia versus South-Pacific Nations.

With this in mind DAISI has thought it necessary to begin to address the burden of illness particularly as it relates to inpatient admissions to National Referral Hospital, the major referral hospital in Solomon Island's

Author Dr Matthew Malone is current Head of Department for the High-Risk Foot Service at Liverpool Hospital. He conducted the first diabetic foot clinic at National Referral Hospital in 2019.

Logistics: more than just shipping containers



A DAISI-donated ambulance being unloaded in Honiara.

by Barry Barford

Supporting the work of organisations like DAISI is rewarding for a medical aid logistician because it allows outcomes to be measured more accurately. Key performance indicators are important in any logistics operation and when equipment is shipped for a specific purpose such as laparoscopy or endoscopy training, we want to know that it arrived on time, was customs-cleared promptly and was delivered in good condition. Success or otherwise is determined by the feedback from recipient hospitals and visiting doctors, or the outcome may be self-evident as in the case of the ambulance shipped for DAISI to Kilu'u Hospital, Malaita.

In contrast, random, one-off shipments made for third parties who are simply donors rather than visiting medical professionals rarely provide any feedback. They are not particularly rewarding for logisticians as their outcomes remain largely unknown. We cannot even be sure that the goods shipped are ever used for the purpose intended. Many of these shipments are responsible for the depressing statistic published by the World Health Organisation that only an estimated 30 per cent of used medical equipment shipped overseas ever becomes operational, and it could be as low as 10 per cent in some cases. [Guidelines for health care equipment donations, World Health Organisation 2000.]

Sending unwanted or unsolicited goods is a major aid-shipping crime and a problem for carriers, port authorities and logisticians worldwide. It is perpetrated typically by well-meaning but unenlightened service organisations and small charities and should never be entertained by any reputable organisation.

Much of the work that I do is underpinned by a Rotary-sponsored project called Medical Aid for Oceania and Worldwide (MAFO) which

operates in partnership with Ramsay Health Care. Surplus equipment and supplies from many of Ramsay's 72 hospitals around Australia are donated to the project and shipped to developing countries, predominantly in Oceania, South-East Asia, the African continent and the Indian sub-continent. Occasionally, some of these supplies are included in DAISI shipments and the project can provide some funding in certain circumstances.

Shipping medical equipment to developing countries can be life-saving, but it's important that it be planned and implemented professionally. The World Health Organisation publishes guidelines for best practice in equipment donations, which can be found in the previously mentioned paper and in Medical device donations: considerations for solicitation and provision, World Health Organisation 2011. Key requirements include ensuring there is a need or request for the donation, consulting and involving the recipient at all stages of the donation planning, ensuring that used equipment is of the highest possible quality and considering the true cost of transport.

Failure to at least broadly follow these guidelines can lead to unpleasant and expensive consequences, with containers stuck or abandoned at their port of arrival and incurring substantial demurrage or detention charges.

To avoid these problems it's essential to discuss in advance with the recipients of the goods how they will handle the shipment on arrival. It's important that they understand there will be destination charges – there are always destination charges! It's important that they know what the local customs authorities will require of them and that they have applied, if necessary, for exemption from import duty and taxes. It's important that they have a plan for

getting the container delivered to their premises, and it's important that they know they have to return it – unless it's a shipper-owned container.

It's also important for both the shipper (donor) and consignee (recipient) to agree on who will pay for the destination charges. In other words will the shipper simply pay for all charges, including freight, up to arrival overseas port and the consignee will then be responsible for the remaining charges? Or does the shipper want to pay for all charges to delivered consignee's premises, or something in between?

Finally, a word about modes of transport. You don't always have to send stuff in a shipping container, or seek to share space in someone else's container if you don't have enough supplies to fill one yourself.



Supplies shipped by container to Kiribati are delivered to outlying islands by air

Air freight is a viable alternative for relatively short-haul shipments of up to about 300kg. The air freight rate from Sydney to Honiara, for example, is currently \$7.00 per kg. If you have a larger consignment but still nowhere near enough to fill a container, then consider less-than-container-load (LCL) services. These are offered by consolidators who put lots of different shippers' consignments into one container and ship it to a common destination, where it is transferred to a local depot and deconsolidated for individual consignees to collect. Kalgin Global Logistics, Vanguard Logistics and Silentworld Shipping all offer LCL services to the Pacific Islands starting at around \$230 per cubic metre.

Working in the Pacific Islands can be challenging for both medical professionals and logisticians, but speaking for the latter the rewards are worth the effort

Barry Barford is DAISI's Shipping and Logistics officer. He also manages the Berrima District Rotary project Medical Aid for Oceania and Worldwide, which provides support for medical aid.

Cardiology in the Solomon Islands: The Past and the Future



The cardiology team in January 2017 at Gizo Hospital.

by Dr James Weaver

Within minutes of arriving at Gizo airport, Western Province of the Solomon Islands, in 2017, I was asked to see a patient before the formal two day clinic. A short walk to the hospital revealed a 30-year-old mother of three young children with severe respiratory distress. In the absence of any supplemental oxygen or respiratory support there was limited options for treatment of her tachypnoea and hypoxia. It eventuated that she had a severe cardiomyopathy and end stage oliguric renal failure. We managed to provide a diagnosis and sufficient symptomatic improvement to honour the request to spend her final days with family at home. It has been a long time since I have seen a patient and family so appreciate of medical care, particularly given the outcome. The final patient that I saw in that clinic was equally memorable. It was a 52-year-old woman who had travelled 8 hours by boat and then waited 34 hours to be reviewed. She presented with 2 years of nausea and weight loss. The diagnosis was evident from the end of the bed (jaundice and prominent v waves) and confirmed with echocardiography to be severe tricuspid regurgitation due to rheumatic valve disease. A few days later the patient reported being "cured" with potassium sparing diuretics. Whilst the long-term outcome is not optimistic, a positive and cost effective short-term solution was provided and greatly appreciated by the patient.

I am sure that there are many stories like these amongst the many health professionals that volunteer across the South Pacific Islands. For me, it is localized and small anecdotes like these that keep me coming back each year. It is a personally rewarding and educational experience that I have shared with a number of colleagues and friends since then. The last four years has seen an evolution of the cardiology program and has included many amazing team members. Volunteering in this environment has constantly reminded me of my fellow health professional's capacity for generosity, beneficence and humanitarianism. I will try and summarise where we have been over the last few years and what we hope to achieve in the future.

In 2017 I was a member of a cardiology team lead by Associate Professor Cameron Holloway from St Vincent's Hospital in Sydney. He deserves immense credit for establishing a cardiology program that persists as a progressive collaboration today. This trip occurred independently of DAISI and was an extension of the St Vincent's Hospital 10 bed program. It resulted in the donation and shipping of an echocardiogram machine and stress test machine to the National Referral Hospital in Honiara and a stress test machine to Gizo Hospital in the Western Province. A/Prof Holloway established an amazing framework of infrastructure with a

focus on teaching local physicians how to perform cardiac investigations. Unfortunately the St Vincent's program no longer exists but the annual cardiology visits have continued

Each year the team reviews over a hundred patients but also gives educational lectures and supervises local physicians performing echocardiography and stress testing. We provide inpatient consultations for acutely unwell cardiac patients as well as remote advice (by phone or email) between visits. In addition to these services there have been a number of milestones achieved. Prior to 2017

it is my understanding that there had never been a cardiologist visit the Western Province. In 2019, Suresh Singarayar inserted the first permanent pacemaker in the Solomon Islands. Also in 2019, we managed the successful urgent retrieval and treatment of a patient in cardiogenic shock and multiorgan failure.

Cardiac disease in the Solomon Islands has many similarities with that experienced within indigenous populations of Australia. The life expectancy in 2018 in the Solomon Islands is 71 years. The most common cause of death is coronary artery disease followed by stroke and diabetes. In my experience the traditional risk calculators for cardiovascular disease are not accurate for the Solomon Islands population. Anecdotally they more often report atypical symptoms for cardiac ischaemia, which makes diagnosis difficult when standard tools for investigation are not available. If left to continue on the current trajectory, I envisage an escalation in the cardiac disease burden due to lack of specialized equipment, staff training, community screening programs and public health education.

In the Solomon Islands rheumatic fever and the subsequent valvular disease has death rates ranked 7th highest in the world. The prevalence is not well documented and depends upon definitions and screening practices, but is likely to be over 20 cases per thousand school children. This is a particularly distressing problem for the community and medical practitioners, as it affects children and is a preventable and treatable problem in developed countries.

Each visit we make reminds the entire team how lucky we are to have the facilities we have in Australia. I am confident that the experience makes each of us more tolerant,



First pacemaker insertion January 2019. Device inserted by Suresh Singarayar

innovative and fulfilled during our routine work in Australia as well as when we are abroad. Each trip has always concluded with some time to enjoy the unique natural beauty that the Solomon Islands has to offer. This provides a broader experience and functions as a team building exercise where there is open discussion regarding the current and future trips.

I am merely one part of a large team that deserves recognition and includes cardiologists (George Youssef, Suresh Singarayar, Daniel Chen), echo technicians (Pauline Reilly and Oliver Archer), paediatric cardiology (Ian Nicholson and Jonathan Forsey) and Ian Hosking-Richards (Solomon Islands Honorary Consul elect to NSW). Importantly, the team at the National Referral Hospital, led by Medical Superintendent John Hue, is a skillful and passionate group of physicians that work tirelessly and with great knowledge and skill for the benefit of the patients of the Solomon Islands. It is an honour to work with them all.

The focus of the program since its inception has been the facilitation of cardiology care for patients in the Solomon Islands through clinical review, provision of specialist equipment, education and training of local physicians as well as selective retrieval of patients to Australia when local care is not feasible. There are a number of plans for the future, which include:

- Ongoing annual visits with a focus on education and training of local physicians through
- Collaborative clinical review management feedback

- Supervised performance and reporting of echocardiography and stress testing.
- Structured lectures on cardiac disease relevant to the Solomon Islands.
- Establishment of a program for performance of invasive cardiac procedures.
- Teach implantation of permanent pacemakers.
- Maintain open communication with local physicians for frequent and ongoing specialist advice for individual cases.
- Development of telemedicine program.
- Maintain the current arrangement of patient retrieval to Australia for specialist invasive and cardiac surgical care when facilities are

not available within the Solomon Islands.

- Including government funded and un-funded through philanthropic sources.

For physicians, perhaps in some contrast to surgical specialties, there is a focus on the long-term chronic patient care. For this reason it has been my preference to offer recurrent visits to the same areas in Honiara and the Western Province of the Solomon Islands. Relevant to this concept is the revolutionary work being done by Dr Kathryn Currow (paediatrician and Founder of Taking Paediatrics Abroad) in the development of a telemedicine program. This is an opportunity to develop regular engagement and an enduring relationship with local physicians. Unfortunately our 2020 visit has been postponed due to travel restrictions imposed to restrict the spread of COVID-19. Hopefully, innovation in the form of teleconferencing will be a positive borne out of this devastating disease.

My ultimate vision for the Solomon Islands is that they will one day have a cardiac centre that has the capacity to perform the entire range of non-invasive and invasive cardiac procedures. This would include a cardiac catheter laboratory that is staffed by skillful local physicians and supported by real time teleconferencing from Australia for complex cases. It would be even better if successful public health programs meant that it had no patients!

Author Dr James Weaver is DAISI member and a cardiologist from Royal Prince Alfred Hospital, Sydney.



Pristine early morning commute by water from Lola Island to Gizo Hospital .

DAISI would like to thank this year's volunteers.



Marwah Ahmadzai



Vidyasagar Casikar



Charlotte Ferrier



Brendan Irvine



Molly Kumar



Claire Mitchell



Douglas Pikacha



Alan Tong



Justin Azzopardi



Daniel Chen



Sheridan Frisby



Peter Kerr



Peter Hewett



Samantha Monteiro



Vinod Pushpa



Narko Tutuo



Dr Balayasoderan



Carina Chow



Erick Fuentes



Chris Jones



Leo Lacy



Mark Muhlmann



Arathi Rajan



Roumel Valentín



Mal Bannerman



Michael Chow



Tiffany Gould



Mahsa Kaikhosrovi



Harry Lam



Kelvin Kwok Ng



Fiona Reid



Veral Vishnoi



Peter Bell



Elaine Clarke



Madelyn Gramlick



Dr Karunairajah



Jonathan Lau



Dr Nargis Noori



Matthew Rickard



James Weaver



Ammar Beck



Tom Crawley Smith



Ben Green



Suzanne Khaw



Rebecca Li



Adelene Ong



Santee Santhanam



Christy Yeow



Christophe Berney



Laura Edwards



Rajiv Gupta



Michelle Koed



Jessica Lim



Tom O'Donnell



Suresh Singarayar



George Youssef



Renee Burton



Byron Field



Sean Heinz



Pierre Kotze



Matthew Malone



John Parry



Emily Stevenson



Lilian Yuan



Ishwari Casikar



Linda Fenton



Annabelle Hughes



Daniel Kozman



Gary McKay



Jose Pereira



Dhivya Thangaval



Qin Ying Lee



Future Trips to South Pacific Suspended Indefinitely Due to COVID outbreak



Arrival of coronavirus by visitors to the South Pacific remains a real concern.

by Nili Hali

"It was not a decision made lightly, with ultimately safety concerns taking priority" says Dr Gary McKay, DAISI founder and member and colorectal surgeon from Sydney.

Currently Papua New Guinea has no reported cases of Coronavirus (COVID-19), with more than 100 cases now diagnosed in Australia, mostly from Sydney. "It is more Likely that we will infect those in Papua New Guinea than the other way around"

says DAISI team leader Dr Carina Chow, who ultimately made the decision today to cancel the trip after safety concerns and after considering the interests of all involved.

The team of six volunteers from Brisbane (some from Mater Hospital where some of Brisbane's first coronavirus cases were reported last week) was to include two surgeons, one anaesthetist, and three nurses.

"I feel for all those involved in the planning of these trips and specially those patients in PNG who will miss out on much needed surgery as a result, but ultimately it is a decision between cancelling elective surgery versus risking bringing coronavirus to some of the most remote, vulnerable and medically-ill equipped regions in the Highlands of PNG."

At this stage it is hoped that the trip will be postponed to later in the year rather than cancelled completely.

"We have today also cancelled a team to Solomon Islands and are watching the situation closely" says DAISI Chairman a/Prof Matt Rickard, who himself is scheduled to volunteer in Papua New Guinea in May later this year emphasising "at this stage the May trip is going ahead, but a final decision will be made one month before the planned trip's departure depending on the current status of the coronavirus."

Author Nili Hali is a DAISI member, Barrister and DAISI's legal advisor. Nili worked as a lawyer for the United Nations in The Hague. Nili and has a keen interest in humanitarian issues.

How do I volunteer with DAISI and what is involved?



Volunteer medical students Charlotte Ferrier and Tom O'Donnell in 2019 with Prof Christophe Berney at Sopas Hospital in the Highlands of Papua New Guinea.

by Prof Christophe Berney

DAISI is a not for profit organisation run purely by volunteers for volunteers. DAISI receives no government funding.

Who can volunteer?

Despite the name, DAISI is open to non-doctor volunteers, and actively encourages nurses, medical students and allied health professionals to get involved.

What is the duration of most trips

Most trips are of one week duration.

How much does it cost?

At this stage, all volunteers pay for their own flights, accommodation, and living expenses while volunteering. This is usually within the budget of most specialist doctors. However, non specialist doctors, nurses, allied health professionals and medical students may find the costs involved prohibitive.

Some trips, such as to the Highlands of Papua New Guinea, are cheaper than others as flights

are relatively cheap and accommodation, living expenses and transport are all provided by the hospital. In contrast other destinations may require volunteers to pay for their own hotel accommodation, and some living expenses.

Sponsorship

Since 2019, DAISI has actively sought sponsorship to supplement the costs for nursing trips whenever possible. Last year \$8000 was raised at the November charity ball for this purpose.

How do I apply?

Anyone wanting to volunteer with DAISI should go online and hit the "Apply Now" tab with a reply usually expected within 24 hours.

You will need to email the following documents to staff@daisi.com.au

1. a photo of yourself (passport size)
2. drivers license
3. passport
4. brief CV

5. Proof of measles vaccination

Doctors and nurses need to also send the following:

6. Current qualifications (undergraduate and post graduate)
7. Current proof of registration
8. Police clearance
9. Medical indemnity (doctors only)
10. a completed application form for temporary registration (see link below)
daisi.com.au/apply-for-registration

What is the typical processing time?

You can check the status of your application by visiting: daisi.com.au/future-trips/
Please allow a minimum of two months for complete processing to occur.

Are volunteers ever refused?

All volunteers are screened for suitability, and DAISI reserves the right to refuse, and realises this may cause offense. The size and mix of teams has to be considered, and should not interfere with the objectives of the trip, which are primarily to treat and teach local patients and staff. Most volunteers get the placement of their choice, although sometimes this is not possible on the first attempt. Refusal on one occasion does not prevent you from applying again for a different trip.

Can I claim money back on flights purchased

Provided your trip is solely for the purpose of volunteering, then all of it can be claimed back through the ATO. Sally Smit from Flightcentre, St Leonard's is our official travel agent, who will help you with your bookings and facilitate payment and issuing of a DAISI receipt.

Author Professor Christophe Berney is the Co Deputy Chair of DAISI an UGI & Colorectal surgeon and Conjoint Professor with the University of NSW. He regularly volunteers with DAISI to the Solomon Islands & PNG.

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