



COMMITTED TO SUPPORTING OUR NEIGHBOURS IN THE SOUTH PACIFIC.

DAISI

Doctors Assisting In South-Pacific Islands

IN THIS ISSUE

Chairman's Bi-Annual Report



By a/Prof Matthew Rickard

2020 has been a horrible year for the world – 42 million cases of Covid 19 so far (and this may just be the tip of the iceberg), already 1.2 million deaths and economic hardship not seen since the great depression. In Australia, the year began with the smell of smoke in the air almost every day and the bush fires indiscriminately taking life and property. Despite the second wave of Covid-19, Australia has been relatively (compared to the rest of the world) spared due to some (mostly) good governance and our geographic isolation.

However, no-one has been unaffected. The hospitality and tourism industry have been

decimated, Victorians have endured a difficult lockdown, the economy has suffered considerably. As health workers, we have mostly continued working with some "slow-downs" followed by some crazy catch up periods. The South Pacific Islands have also been relatively spared, although testing rates are low. PNG seems to have been the worst with almost 600 cases and 7 deaths.

DAISI only managed one trip this year before the shutdown. 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 were cancelled. The federal government is advising against all overseas travel and all passengers arriving in Australia must undergo 2 weeks mandatory hotel isolation regardless of origin (except NZ). A travel bubble has been created with New Zealand and there is a chance this may extend to the South Pacific Islands (although this won't be happening very soon). If this were to occur, this would make further DAISI trips more practical. At the moment the mandatory 2 weeks (and \$2000) hotel isolation on return makes volunteer medical travel very impractical. I can't really see any hope of resuming trips in the first half of 2021.

Inability to undertake any medical trips has been frustrating for all. However, DAISI has used this time to fine-tune our governance and administrative structures. In my recent Chairman's report, I mentioned that I would like to attract a volunteer DAISI general manager. I commented that the position would suit someone "with a kind heart and some organisational skills".

In Giving we Receive

Prof Berney recaps PNG Highlands experience *Page 7*

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Container arrives PNG Highlands

A heartfelt thanks from people of Sopas *Page 2*



A Medical Student Perspective

Dr Graeme Wertheimer reflects on his first experience volunteering with DAISI as a Medical Student, highlighting some of the ups and downs. *Page 6*



DAISI Audit & Risk Committee

By Dr Sepehr Lajevardi

DAISI's aim is to go where it is most needed, and to address the inequalities that exist in health care access across the South Pacific. This includes providing volunteer services to some of the most remote and impoverished parts of the South-Pacific. As you can imagine, this, by its very nature, engages an element of risk.

I am certainly privileged this year to be elected a member of DAISI's Audit and Risk Committee. A key objective for the Audit and Risk Committee is to ensure the mitigation of risk passed on to its members and volunteers, beneficiaries and partners. Firstly, let me make it clear that our aim is not for DAISI to avoid all risk. In fact, quite the contrary. As Gena Davis put it, "to risk nothing is to risk everything". DAISI will continue to make mistakes along the way. What is important is that these mistakes are recognised, assessed, and learnt from in order to mitigate against or prepare for future similar risks.

Selection of volunteers For some DAISI volunteers, there will be an element of intrigue and sense of adventure that comes with volunteering with an organisation that works in some of the poorest and most remote provinces of the South Pacific. DAISI's responsibility is to select candidates most suitable and the least likely to decompensate in a high risk environment, and to provide adequate briefing and follow up for its volunteers to ensure the safety of volunteers and the beneficiaries they serve.

Reputational risk

Risk to DAISI's reputation as an organisation



has been a particular emphasis during the COVID downturn, as we refine our protocols assessment, and monitoring tools. That being said, we don't want to play it so safe that we make no mistakes, and in the process become ineffective. As it has been famously stated "The only way to avoid making mistakes is to do nothing at all... And that ... would be the ultimate mistake."

Covid risk

In March this year on learning of the COVID outbreak the risk of transmission of COVID was considered too great with cessation of all DAISI trips even before travel bans were implemented. At that stage we felt the risk of Australian DAISI volunteers transmitting the COVID virus to the South Pacific Islanders was too great. Several weeks later the first COVID transmission was reported in Papua New Guinea. In October this year the first case was

Australia after the second wave, and a travel bubble opened between Australia and New We will be watching this decision closely and assessing when it is safe for DAISI trips to resume. DAISI has in place COVID protocols in preparedness for resumption of trips.

Morbidity and mortality register

DAISI is pleased to announce the appointment of DAISI member Dr Santee Santhanam as the DAISI Morbidity & Mortality Officer responsible for monitoring all medical and surgical complications following DAISI trips. These will be collated and discussed with partner members and at the quarterly board meeting, where root cause analysis will be applied to serious complications, in an effort to learn from and reduce the risk of future serious adverse events.

Container Arrives Sopas in the PNG Highlands

By Mark Taffa

The logistics involved turned out to be almost "bigger than Ben-Hur" but in the end, the equipment finally arrived at Sopas Hospital in the remote Highlands of PNG.

As you can imagine, this trip is by boat from Sydney to Lae on the far East Coast, and then by 600km of mountainous potholed road to Sopas. But that's not all, the containers then need to be returned to Sydney!

We have received many photos (too many to include here) from a very happy medical superintendent Dr Elvis Japhlet, who has wasted no time putting this equipment to good use in what's now one of the busiest surgical hospitals in the remote PNG highlands.



Sopas theatre staff will use the blue containers to organise anaesthetic equipment.

Author Mark Taffa is the PNG Programme Coordinator, responsible for the reclaiming, storage, and shipping of containers with medical supplied to the South Pacific.

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Solomon Islands records first COVID-19 case on 5th October

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Medical Equipment Donations: Getting it right

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“To play a good game you need a few players”.

Sponsorship Officer Ina Hosking Richards elaborates on what he believes RJ Torbet meant by this quote *Page 5*



Sabine Duffy takes on the tough job of General Manager

DAISI is grateful to Sabine Duffy who has taken on the role as General Manager and introduces herself *Page 8*



Volunteerism versus Neocolonialism :avoiding the risks of both

By Dr Danny Kozman

If like me, you had to search Google for a definition of both these terms, then you are not the only dummy! Volunteerism is a play on the word “volunteerism” and has recently entered the vernacular with the Cambridge dictionary defining it as “a type of holiday in which you work as a volunteer to help people in the places you visit.” The Webster dictionary defines “neocolonialism” as “control by a powerful country of its former colonies (or other less developed countries) by economic pressures”. This is in contrast to colonialism, in which a Country controls by military force”.

DAISI in its evolution from a grass roots, small, independent not-for-profit organisation, has attracted a lot of “voluntourists”, including highly qualified specialists in surgery and anaesthetics, whose motivations have included a mixture of wanting to help and make a difference, but also wanting to experience a unique holiday and to “re-charge their batteries” . This form of escapism from the daily grind was,

admittedly exactly my motivation when I first joined DAISI, and I don’t think there is anything inherently wrong with this. To a large extent this “voluntourism” has been the key to DAISI’s success, multiplying its membership several hundred-fold over the past five years. Recently voluntourism has had some bad press, with, child exploitation with, for instance, orphanages popping up in the developing world that wouldn’t otherwise exist or be needed if it weren’t for the booming market for cash-up well-intentioned, but clueless rich Westerners, wanting to “make a difference” and feel good.

The voluntourist, is in many ways not dissimilar to the tourist, both loved and despised by the Countries they visit. A necessary evil, loved for the stimulus they provide to the economy and productivity, despised for their ethnocentrism, and lack of cultural awareness. In this regard, it is impossible for DAISI, based purely on the “voluntourist model”, to avoid offence of its South Pacific neighbours, as its volunteers will inevitably include culturally inept “do-gooders” who move from one country to the next without putting in the necessary preparation required to learn and adapt and understand the nuances of the country they intend to visit. The challenges for DAISI has been to ensure that these voluntourists, achieve maximal good and minimal harm to the populations in the South-Pacific we are seeking to serve

Another benefit of the “voluntourist model” is that DAISI has not been required to solicit money from Government to fund its missions, with voluntourists quite willing to provide their services free of charge and even pay a premium for this unique working holiday experience. This

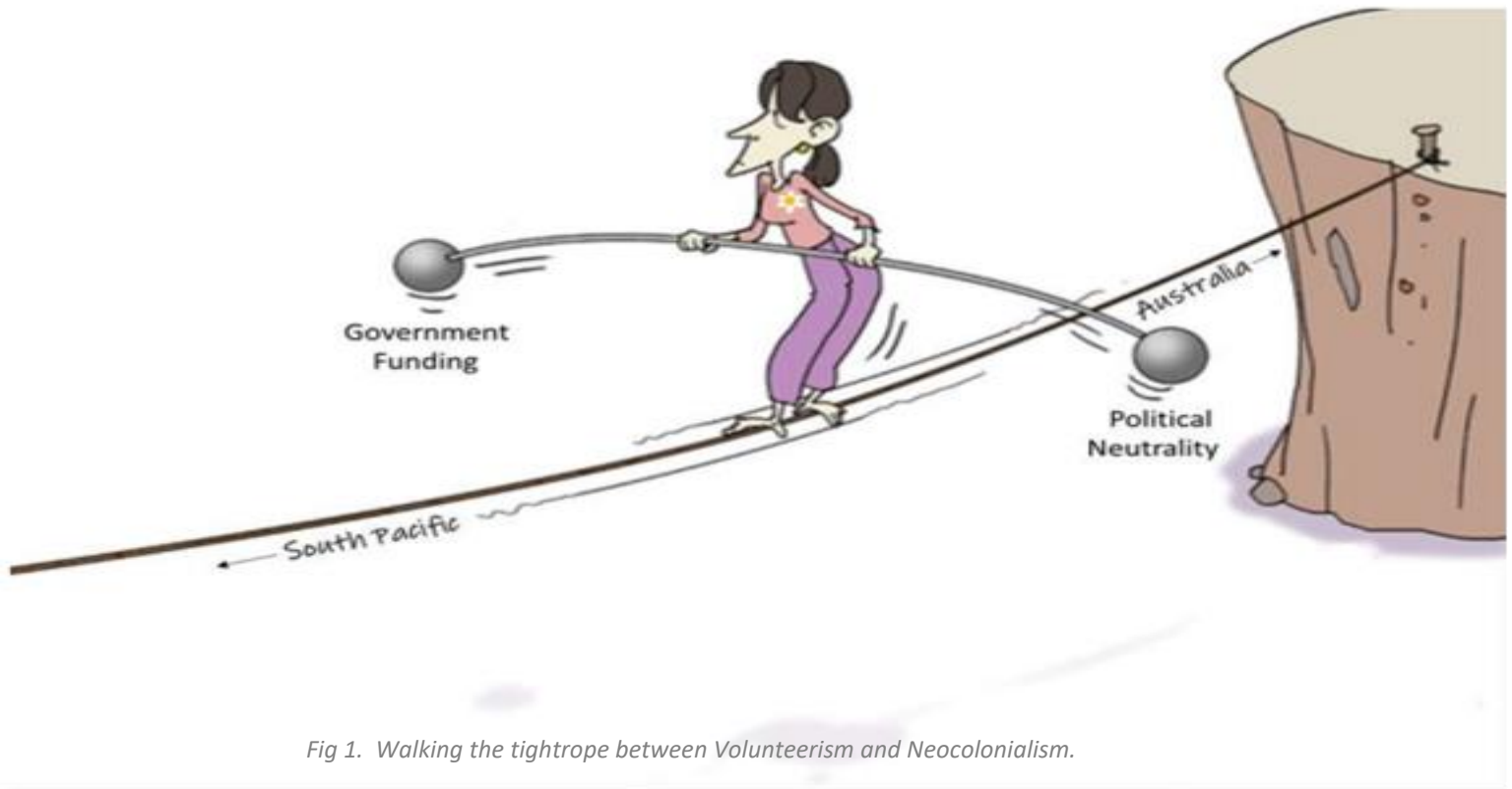


Fig 1. Walking the tightrope between Volunteerism and Neocolonialism.

has meant a great deal of freedom and flexibility for DAISI allowing it to determine where and what it will do without financial strings attached.

During the COVID pandemic, DAISI has had time to take pause, and reflect on its future direction. This has included time to develop its policies based on our past, both in terms of mistakes and successes made and lessons learnt. It is in this window of "COVID pause", that the DAISI Executive have realised that it is perhaps time for a transition from this grass roots "voluntourism model" to something more substantial, and sustainable, and has been developing its policies aimed at improving organisational and clinical governance. Part of the motivation for this has stemmed from a recognition that good intent is not enough, and that policies and procedures, and good clinical governance are necessary to prevent a "good-intended" catastrophe from arising. DAISI is also mindful that many of the mundane governance roles in an organisation necessary to achieve this are not so glamorous, but critical to an organisation.

This year DAISI began the preliminary process of making enquiries into applying for Department of Foreign Affairs & Trade (DFAT) funding and recognition through the Australian NGO Cooperative Program (ANCP), and have been fortunate to enlist the support of a part-time volunteer General Manager Ms Sabine Duffy, to perform many of the mundane governance responsibilities required of an NGO. Our aim

to perform many of the mundane governance responsibilities required of an NGO. Our aim would be to eventually receive DFAT funding for this General Manager position, ensuring this often "thankless job" is performed correctly and reliably..

In the process DAISI has committed to adherence to the Australian Council For International Development (ACFID) Code of Conduct: a DFAT requirement before applying for Government funding. This Code of Conduct recognises lessons learnt from previous well-intentioned NGOs, and puts in place Safeguards to ensure these mistakes are not made by well intentioned, but naive NGOs. These include policies and safeguards related to child safety and the vulnerable adult, as well as protection measures aimed at promoting total transparency and avoiding fraudulent misappropriation of funds. The ACFID Code of Conduct also promotes consultation and advocacy with local Country partners and local capacity building, realising mistakes learnt from colonialism and neocolonialism. In fact, so critical and relevant is the ACFID Code of Conduct, and impressive its contents, that the DAISI Executive have unanimously voted to make ACFID Code of Conduct induction mandatory for all DAISI Executive.

The next likely step for DAISI's evolution is to
The next

apply for Australian Government funding through DFAT ANCP, which carries with it certain responsibilities to the Australian Government, including recognition and promotion of the Australian Government in its activities. Until now, DAISI has prided itself on being politically neutral, with this a fundamental part of DAISI's Constitution. DAISI plans to hold fast to this principle.

DAISI also recognises that the South Pacific vote from these independent post colonialist South-Pacific Countries on various matters ranging from fishing licenses, whaling and the building of strategic military bases and airports is at the centre and forefront of their aid involvement. This South Pacific vote has seen a jockeying for position and influence in by many players with vested interests in the area including China, Japan, Taiwan and more recently a sleepy late addition to the race, Australia!

DAISI recognises that foreign Aid, in this neocolonial era, is often the bargaining chip used to seek political alliances. DAISI's aim is to walk that fine line between receiving Australian Government funding for its projects whilst always remaining steadfast in its determination to be politically neutral, no matter the consequence

Author Dr Kozman is on the DAISI Board, having volunteered in Fiji, Kiribati & Solomo Islands..

To play a good game, you need a few players



Ian Hosking-Richards is the current Sponsorship Officer for DAISI, and also, in his own right, the Founder of The Solomon Foundation,

by Dr Ian Hosking Richards

In the past few years I have visited Solomon Islands many times. As many of you know, Honiara is quite a compact city, with a tight-knit community of expatriate aid workers who are permanently or semi-permanently stationed in these beautiful islands. These 'almost locals' are supplemented by numerous organisations and individuals who are based overseas, but make regular shorter visits to contribute their time, expertise and money for the betterment of the people of this island nation.

Whilst I have noticed that, over time, awareness of other organisations has grown, I think that it is important that we all make a conscious effort to do this.

Whilst the local aid workers invariably know who is who in the zoo, and soon after arriving begin to make connections, I have noticed that the overseas-based organisations, whilst sharing similar ideals, tend to miss out on the benefits of belonging to a wider, more connected community. They might be based in Adelaide, Sydney, Canberra or the USA, and typically plan their activities in isolation. Whilst I have noticed that, over time, awareness of other organisations has grown, I think that it is important that we all make a concerted effort to reach out to like-minded organisations and individuals in order to benefit from the resources of a 'super team'. As an example, recently Dr Weaver needed to consult with a patient that, due to COVID restrictions, has been unable to come over to Australia for a review. In the meantime, Professor Currow has been instrumental in developing a

telemedicine platform as part of the charity Taking Paediatrics Abroad. This technology not only helps Dr Weaver to consult with his patient remotely but could be of enormous benefit to many other organisations that are not based in country, not just for diagnostics, but also for training and education.

There is no doubt that there is an enormous amount of goodwill towards our near neighbours in the South Pacific and there has been a huge amount of progress made in improving the well-being of its citizens. But from our privileged positions here in Australia we can see that glaring inequities still exist and we are compelled to work hard to address these imbalances. But we also need to work smart. We need to share experiences, avoid duplication, work synergistically, not just between ourselves, but together with the people of Solomon Islands in a way that is culturally appropriate. Some time ago head surgeon Dr Rooney Jagilly from the National Referral Hospital (NRH) in Honiara gave me a spreadsheet of all NGOs that the Ministry of Health(MoH) & Medical Services works with, and I have done my best to make contact with everyone on the list. There is also a networking group FOSI (Friends of Solomon Islands) which will be active as soon as COVID allows us to go back to some measure of normality. The key to bringing lasting change to nations like Solomon Islands is to work together, grow the 'team' and focus on outcomes, not individuals or politics. If we can adhere to this simple formula, we will be well placed to make a lasting contribution to our global fellow citizens in the years to come. by Ian Hosking-Richard

Ian Hosking-Richards, has been actively involved on many fronts improving the delivery of medical services to the Solomon Islands in tandem with DAISI, particularly in relation to cardiac services. Both DAISI and The Solomon Foundation enjoy all the benefits of this working partnership.

----- 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
<input type="text"/>	<input type="text"/>	
Email	Address (Suburb)	
<input type="text"/>	<input type="text"/>	
Mobile	Address (Country & Postcode)	
<input type="text"/>	<input type="text"/>	
Qualifications (e.g Nurse, Doctor, Non-Medical)	Dates that you volunteered in the South Pacific	
<input type="text"/>	<input type="text"/>	

Volunteering with DAISI: venturing into the unknown



Graeme Wertheimer being supervised by an anaesthetist while performing spinal anaesthesia.

by Dr Graeme Wertheimer

When I first received an email from my university seeking expressions of interest for an Obstetric/Gynaecology and Colorectal trip to the Solomon islands, I was a little apprehensive to apply. I was well aware of volunteer medical tourism and had heard some negative perspectives about it. The "seagull theory" is when doctors fly to impoverished areas, do a couple of days work to make themselves "feel good", get a few photos to show how amazing we are and then spend the remainder of the time utilising the tropical paradise. This is not what I wanted to do. I did some investigating into the organisation that was running the trip. This led me to DAISI.

DAISI is an incredible organisation that has built close relationships with countries throughout the South Pacific over five years of hard work, dedication and commitment to social justice issues. They provide continuous medical and surgical teams to the same communities allowing relationships to develop with the hospital and the wider

community. This continuity of care allows patients to be followed up and improvements to be made for each trip. In this way we gain a greater understanding of appropriate equipment needed and what we can take to cater to their needs.

During the trips I've been involved in, we delivered large quantities of equipment donated by Australian hospitals, although this was not the key goal, more a byproduct. The key goal of the DAISI trips is to capacity built and collaborate with the local doctors, rather than to simply take over. This is why I wanted to apply with DAISI.

I have volunteered in the Solomon Islands and Vanuatu. I saw advanced cases that we would never see in Australia due to the disparities in health services. The lack of analgesia, antibiotics and many medication means the trips have to be precisely planned and our practice has to be altered to local availability. Being resourceful, learning to adapt and improvise are skills that are so valuable to learn early in a medical career. I was able to spend time in the emergency department, outpatient clinics and theatres. I was even lucky enough to be at the right place at the wrong time and delivered a baby. An experience I will never forget. I was first assistant during several surgeries and was able to further utilise my suturing skills without the pressure put on us back at home. The anaesthetist guided me through performing spinal analgesia and gave me several tutorials about ventilation and anaesthetic medications. The clinical experience you receive on these trips is truly second to none and has definitely helped me throughout the first few years of my medical career.

DAISI ensures the workload is safe for the team and the community. This allows education to be a priority. The trust the community and our patients put on us is remarkable. They are so grateful for our help. This means that quality assurance is imperative. To maintain their trust, we must perform at the highest standard possible. This is one of DAISI's core values. Yes, there is extra opportunities for medical students to gain greater experience, but this does not mean the care for the patients is compromised. If anything, it is improved, as the consultants are so eager to teach and everything we do is watched extremely closely.

Whilst the clinical experience is unquestionable for a medical student, what I found even more valuable was the relationships I developed with surgeons and anaesthetists. After a challenging day in the hospital, the team gets together and goes out for dinner (usually paid for by one of the surgeons). During this time, you get to know them and realise they are normal people, just like us. As a medical student and junior doctor, the hierarchy of medicine can be quite daunting. These trips are an excellent way to build rapport, communication skills and find out the ins and outs of what senior doctors expect from junior doctors.

These trips provide you with lifelong memories and medical experiences you can't get any other way. They also provide a great opportunity to explore. Whilst we were rostered off, we were able to go diving, snorkelling, swimming, fishing. We even got invited by the locals to experience some of the islands secrets. On one of these trips we were all swimming in an absolutely beautiful, pristine bay. We noted that the locals were all sitting around watching us, not interested in swimming themselves. When we left, they told us the reason they weren't swimming was because a lady was eaten by a crocodile there only weeks prior. They didn't want to tell us because we were enjoying it so much. When I was in Vanuatu the soccer world cup was on. Every night when we went to bed we could hear horns and sirens from all over the island whenever a goal was scored. I spent our last night drinking Kava with one of the surgeons and the locals whilst watching one of the finals. It was a very unique experience.

I still regularly keep in contact with the teams that I went on these trips with. I have just secured an SRMO job in critical care and I am sure that having these trips under my belt paid a significant role in obtaining this highly competitive job.

I couldn't speak more highly of the experience I got with DAISI and I strongly encourage all medical students to consider a trip in the latter part of their studies. Please feel free to contact me at any time with questions or simply to discuss my experiences.

Author Graeme Wertheimer is currently an SRMO who first volunteered with DAISI as a 4th year Medical student. He has been back again as an intern, and is hoping to return regularly to the South Pacific with DAISI..

In Giving We Receive



Prof Berney surrounded by inquisitive children at Sopas Hospital, Highlands PNG

by Prof Christophe Berney

I had the opportunity last year before COVID hit to volunteer with in the remote Enga Province of the Highlands of Papua New Guinea, referred to by locals as "the last frontier". In pidgin they call it "Way Back". I arrived at Sopas Hospital with the DAISI team in the invite of General surgeon, Dr Elvis Japhlet.

Sopas Hospital is one of the most remote medical establishment in Papua New Guinea. But it has saved so many lives in this Province thanks to the dedication of a group of doctors and nurses lead by inspirational General surgeon, Dr Elvis Japhlet, who is a true living legend!

Dr Japhlet was surprised that DAISI would come exclaiming that "No-one comes here, no doctors want to come here! ... It's too remote". I explained to him that everyone has a right, the right to hope! It became clear to me that the doctors, nurses and patients living in this most remote part of the world were doing it though.

On the bumpy three and half hours, four-wheel drive from Mt Hagen to Sopas, Dr Japhlet was excited and happy to have us visit, heaping me with praise, ... "To have the DAISI laparoscopic program here, people can't believe it!"

Despite the brilliant work Dr Japhlet and his team are doing, those local populations who live in such remote villages scattered in the Highlands have been neglected for far too

people to understand that there is hope for them.

I first became involved with DAISI in 2015. "DAISI" is a charity organisation that stands for Doctors Assisting In South-Pacific Islands. The aim of this charitable organisation is to bring doctors to remote areas mainly in the South Pacific Islands and capacity build. Last year was my first DAISI trip to the Highlands in Papua New Guinea. Up there, the doctors and nurses do not have the basic equipment that we all take for granted, such as reliable electricity, but they have an incredible propensity to adapt. They don't have a lot of resources, but they are very resourceful, and those remote general surgeons will do everything possible and use their vivid imagination to make it better for their patients. The genius they have to accommodate and adapt is phenomenal! Actually, we learn a lot from these people and perhaps more than they learn from us

It is typical before a trip to contact the partners in the receiving hospital and find out what their needs and goals are, and to facilitate this as much as possible. Dr Japhlet was blown away by this, ... "When the DAISI team come here, they assess what we have and what we don't have, and the donations come straight towards what we need". I was also saddened and a little angry to see previous "donations" from other Western countries, paid for to be shipped by the local authorities, that were completely inappropriate for their actual needs (i.e. bariatric surgical equipment and numerous old heavy 110V machineries). This equipment was unnecessarily filling up precious limited sheltered space. The entire DAISI team and

local hospital staff spent several days sorting and throwing out bulky equipment that was utter rubbish and destined to landfill.

A week prior to our arrival, people get ready and will come from all surrounding villages. Some will even walk for days to have a chance to be assessed by the DAISI team and treated! The patients' "pre selection" and "physical examination" phases are quite exhausting with a never-ending line of people coming, one after another! It is so busy, with patients, close relatives and interpreters coming in and out every 5 minutes. With only limited blood tests available and no imaging apart from a very old ultrasound, you have to be quick and accurate in your differential diagnosis, and decision-making, as there are so many people to see! You can only rely on history and clinical examination, make an educated guess and hope for the best! There is no other option.

For many, the only chance for cure is surgery! But our role is not to just to operate; it is essentially to teach and capacity build. Dr Japhlet was particularly keen to learn the basic of keyhole (laparoscopic) surgery and was blown away by its potential ... "When the DAISI team come here they come to train us to be independent, to be able to do these things ourselves" "They train the surgeons, anaesthetists and nurses to see what laparoscopic surgery is, which is so much better than the open surgery,... what we do all the time here!"

But it was a combined effort with our anaesthetist teaching the local anaesthetic officers who are nothing more but specialised nurses. Indeed, there simply are no qualified anaesthetists in those remote areas. All of this was very technical, and the local team initially had no idea. But their enthusiasm and eager to learn, plus the way they picked up and understood the physiopathology behind it were just unbelievable

For me, it was a challenge and a very fine line between empowering them, teaching them how to place laparoscopic ports themselves with confidence, whilst at the same time remaining safe as the risk of encountering complications, such as vascular or bowel injuries, can be significant and potentially fatal.

This trip was aimed at teaching the basic of laparoscopy. Laparoscopy means that instead of making a large opening in the abdomen, you operate through very small incisions. This allows easy diagnosis where CT-scan is not available. But this is technically a more challenging surgery! Our aim this trip was to show them that they had the strength, the

personal resources and abilities to continue on this new learning path by themselves. When people get empowered, they take ownership of their work. We managed in one week to safely perform five laparoscopies with the local community of surgeons, nurses & anaesthetists. It doesn't seem a big number but for those initial five people who all had a very swift and painless post-operative recovery, this new technique suddenly opened new frontiers that will undeniably benefit the entire Highlands community and for years to come. Dr Japhlet, once proficient in keyhole surgery, will then teach his registrars, and on it goes... When we go somewhere with DAISI, we commit to go back again and again to make sure there is a continuity of care. Our aim is to initiate lasting change as we are not there all the time! We fill it is important that local medical communitiestake ownership of the program

and it is wonderful to return and see the same people, and the advances they have continued to make during our absence. I just learnt from Dr Japhlet that he recently managed to perform his first entirely laparoscopic gallbladder surgery and independently, which is an incredible achievement! "The three trips DAISI has conducted to Sopas Hospital last year has become an eye opener for the Country as a whole" it has done so much for the staff and the doctors, but most importantly for the patients". Elvis Japhlet Ultimately it is about connection with the people, ... connection with their situation and suffering, the families, the children, the parents who invite you to their village offering you what they have, which is nothing much! They are poor people, but they are very generous! I received so much from their welcoming kindness. I still remember every face I have seen there in one week ...

Every face! It is part of the DAISI goal to really bridge the gap between those who "have" and those who "don't". I think that human nature is kind and that genuinely people want to help. You give and people will give it back to you one hundred times more! Many people in the world would be willing to do the same, if they were given the opportunity. If you add this altruistic generosity that I believe every human being possesses, drop by drop, you end up with a river. If people could understand that "giving is receiving" then the world would be a better place ...

Professor Christophe Berney is the Co-Deputy Chair of DAISI who has been instrumental in teaching keyhole (laparoscopic) surgery in remote provinces of the South Pacific, where it replaces CT scan (not available) for diagnosing and treating abdominal conditions

Chair's Report (continued).

Intro to New General Manager Sabine Duffy

by Dr Matt Rickard

Sabine Duffy is exactly that person for the GM job and we are very lucky to have found her. After one simple free LinkedIn posting, the board found themselves in the extra-ordinary position of having to short list and interview for this voluntary position. Sabine's heart is the right place (left chest actually) and her passion is to help people in need. She is exactly the person we have been looking for and has really hit the ground running. Sabine has been making leaps and bounds in the Australian Council for International Development application, an important precursor to our ultimate aim of Department of Foreign Affairs and Trade funding. So, it's a real pleasure to welcome Sabine to DAISI and I know we will all support her. She can be contacted on 0420988311 or staff@daisi.com.au DAISI remains a fantastic organisation to be part of. It's such a pleasure to be in a group totally run by volunteers with the sole purpose of helping people in need. Every member is important, and every-one involved has value. When trips resume, we will still have funds available to fund some of the non-surgical members of the team and we are actively pursuing further funding opportunities.

There have been personal donations and if you have any financially blessed patients or friends looking for a worthy place for their money, please direct them to Sabine. We will make it easy for them to donate and will keep them informed as to the effect of their donation. The

pre-Covid world struggled to get access to safe surgery. It's a lot worse now and the importance of groups like ours has increased. 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. DAISI will continue to work with our friends in the South Pacific Islands and will resume trips as soon as we can. The people in the South Pacific Islands 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 & first volunteered with DAISI in the Solomon Islands, and now is actively involved in implementing laparoscopic training in PNG.



by Sabine Duffy

I am very honoured to be elected by the board as DAISI's General Manager and extremely keen to work with you all on DAISI's ongoing success story. I was amazed to discover an organisation totally run by volunteers, driven by compassion and with the only aim to assist people in need. My previous experiences involve working with not for profit organisations which I hope will bring value to DAISI. Although 2021 trips can't be confirmed yet, there is a lot to do! Our prime focus is to get DAISI accredited by DFAT and to create partnerships to assist with funding. Should you have any suggestion or contact to share, I'd love to hear from you! I am looking forward to meeting you all one day.

Meet our three membered Audit and Risk Committee (ARC)



by Sam Deylami

Funding Reserves

As our Chair so elegantly put it, DAISI has until now run on the "smell of an oily rag", and that is not about to change in the immediate future. Not at least until further funding is obtained. DAISI has also taken the view in the past that if there is money in the DAISI account, then it is there for spending not for saving with a "refuse no reasonable request" policy in most instances. "Saving money for a rainy day" has never been DAISI's emphasis, and I have seen as finance officer that as soon as money comes in, it is very soon spent on the next worthy project

Overheads

DAISI has also prided itself on low overhead expenses, with more than 90% of donations going directly to development expenditure. This intent is commendable, and I don't want you to think for a minute that I am saying otherwise. But DAISI is now reaching a phase in its development where assessment of financial risk is likely to play a great role, with the need to establish a financial reserve, and spend a little more on governance and administration than it currently does.

Fiscal Management

My aim is to reduce DAISI's financial risk profile and to improve the profitability of DAISI to ensure its ongoing survival and ability to serve the people of the South Pacific for many years to come. This is achieved not through miserly spending, but by applying due diligence and good fiscal management that involves appropriate planning, directing, controlling and monitoring of financial resources in order to ensure that DAISI can in fact increase the number of projects it funds whilst balancing its books and remaining in the black.

Finally, I'm also pleased to announce the publication on DAISI's website of last years budget verified and approved by an independent financial auditor. This audit cost money, but in my opinion was money well spent, even though it will be listed as "administration fees".



by Nii Hali

Partnership risk.

The risk taken on by DAISI working in collaboration with its members and partners must also be assessed, planned for, and monitored. Fundamental to this is risk reduction in the formation of partnership agreements such as the signing of a Memorandum of Understanding (MoU) between DAISI and its partners in the South Pacific. This MoU is up for renewal this year for a number of its South Pacific partners, representing a chance for renewed understanding of the partnership arrangement. This must include shared ownership for risk associated with combined projects and in-principle agreement to the ethical and proper conduct of its members as per the ACFID Code of Conduct, and the responsible and ethical use of funds, with total honesty and accountability.

Fiduciary Risk

This is the risk that funds are not used for the intended purposes; do not achieve value for money; and/or are not properly accounted for. The realisation of fiduciary risk can be due to a variety of factors, including lack of capacity, competency or knowledge; bureaucratic inefficiency; and/or active corruption. We have a role to assess not only our own Fiduciary risk, but that of our partners as well.

Standardised assessment tools allow this to be done formally.

DAISI's approach to managing fiduciary risk is based on three mutually reinforcing principles: 1. Understanding the fiduciary risk environment; 2. Mitigating risks to the proper use of funds; AND 3. Monitoring risks, performance and use of funds on an on-going basis.

Child and Vulnerable adult risks My other portfolio is that of Child Protection Officer. Working for many years in family law, I am particularly passionate about the protection of children and women. This year DAISI has revised its protocols introducing a number of additional reference checks and requirements for applicant volunteers, in addition to mandatory working with children check (WWCC) and National Police Records (NPR) certificate.,



by Sepehr Lajevardi

Other risks

There are clearly many more risks that the Audit and Risk Committee, that I am proud to be a part of will no doubt discover. The important thing is to recognize this risk, rather than bury our heads in the sand.

Policy Development

I am please to announce that significant policy development has been made this year in DAISI's risk assessment in many areas, including Finance, Fraud Control, Finance reserves, Business Continuity and Disaster Recovery, to name a few. This will no doubt be an ongoing process.

Sam Deylami is accountant, Nili Hali is a Barrister, and Dr Sepehr Lajevardi is a Plastic Surgeon of Co-Founder of DAISI. Together they form DAISI's Audit & Risk Committee.

Solomon Islands Reports Its First COVID 19 Case



Dr Culwick Togamana announces first COVID case at Honiara, Solomon Islands on 5th October 2020 .

by Robert

On 5th October 2020, Solomon Islands has recorded its first confirmed COVID-19 case today, in its capital Honiara. The single confirmed case is being quarantined at National Referral Hospital (NRH) in its isolation ward.

Minister for Health Dr Culwick Togamana has disclosed that precautionary measures have also been undertaken with the patient (COVID-19 patient) at NRH Isolation ward that included doctor – patient communication via mobile phone and staff of isolation ward 1 and 2 restricted from crossing over. Speaking to the nation today to detail what his

ministry is doing after the country has recorded its first COVID-19 case, with the patient now in the NRH Isolation Ward, Togamana said it has also been agreed that family and relatives are to bring clothing for the patient with all dirty clothes to be kept in bag for wash after discharge. “Additionally any food from relatives for the patient must be pre-packed or canned food and dropped off at NHEOC for health workers to deliver,” he said in his address on radio. Togamana further stress that all the staff who are involved in operations undergo daily risk assessment and adequate Infection Prevention and Control procedures have been put in place

and they pose no risk to the community or family members.

“On the safety of front line staffs, all staffs at the NRH care areas are not allowed for cross overs to other care areas, and each workflow is now implementing a unidirectional work-flow. Accommodation for front line staffs on 2 weeks deployment is being progressed, where duty staffs will follow a strict pre-deployment deployment and post deployment instruction,” he said.

Robert Iroga is a reporter for the Solomon Business Magazine

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Medical Equipment Donation : Getting it right



Happy recipients of shipping container equipment organized by Dr Barry Barford say thank you!.

by Barry Barford

Responsible donation of medical equipment is a multifaceted concept that requires consideration of several questions. They are, in no particular order:

- Has the proposed recipient specifically asked for the equipment or agreed to accept it?
- Is the equipment fit for purpose?
- Does the proposed recipient have the qualifications, expertise and resources to operate and maintain the equipment?
- Can the equipment be shipped cost-effectively?
- Has a shipping or logistics plan been mapped out?
- Does the shipment pose any adverse environmental threats in the destination country?

The reasons for these questions are not obvious in every case so some discussion is necessary. If the first question can't be answered with a resounding yes, then you are at risk of shipping unsolicited goods – an unpardonable crime. I was recently asked to assist with a shipment

It goes without saying that donated equipment should be in good order and with a decent working life remaining. But is it compatible with supplies of power, water, gas etc in the destination country? If it can't be used it will be dumped. Similarly, if the recipient doesn't know how to operate the equipment, or if he can't maintain it or replace consumables when they run out, it will eventually be dumped. Twenty years ago the World Health Organization estimated that, for many of the reasons stated above, 70 per cent of used medical equipment shipped overseas was never put into use. [Guidelines for Health Care Equipment Donations, P22, WHO March 2000]. This is a truly awful statistic and while we don't know what the figure is today, we can't just assume that it has improved.

Check out the shipping costs before committing to a shipment. The cost of shipping low-value, used goods to some remote destinations is just not worth the effort. Putting it bluntly, it would be cheaper to buy the goods new in China and have them delivered directly. You owe it to yourself not to waste money

There needs to be a detailed plan in place to get the goods from their point of origin to their

final destination. There are at least five separate cost components in this process and the plan needs to spell out who is responsible for each cost. A good way of doing this is to use Incoterms, which are the terms of sale used by commercial shippers. They also work perfectly well for donated shipments by simply substituting donor and recipient for seller and buyer. Incoterms are published by the International Chamber of Commerce but free versions can be found on the internet. Simply type "Incoterms 2020" into the search engine. [An example Incoterms chart of responsibility is reproduced on the last page of this newsletter.](#) It is a big bulky document, which is what is needed when considering each aspect of the contractual arrangement.

Finally, if the shipment hasn't been planned properly, the worst-case scenario is that a shipping container may be dumped, looted and abandoned, creating an environmental blot on a foreign landscape. Substantial costs may be charged to the recipient or donor by the shipping company or port operator.

The seminal WHO paper referred to earlier was published 20 years ago but remains relevant today and has never been superseded. It should be required reading for all donors of medical supplies.

DAISI complies with the WHO guidelines and recognises the importance of good donations practice. It has developed Responsible Donation of Medical and Surgical Supplies and Equipment as goal 3 of its current strategic plan. This goal states that DAISI will have policies and procedures in place that ensure partner involvement in donation processes with only necessary and valued items donated. It will lobby hospitals and medical specialist suppliers to ensure acquisition of high quality products, and will review and monitor outcomes of equipment supplied, gaining feedback from partners on the usefulness or otherwise of donated goods

[Author 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. .](#)

	Any Transport Mode			Sea/Inland Waterway Transport				Any Transport Mode			
	EXW	FCA	FAS	FOB	CFR	CIF	CPT	CIP	DAP	DDU	DDP
Transfer of Risk	when seller places the goods at the buyer's disposal at a named place	1) when seller loads goods to buyer's carrier or 2) when goods are at the buyer's disposal & ready for unloading at a named place	when goods are alongside the vessel nominated by the buyer at named port	when goods are on board the vessel nominated by the buyer at named port	when the goods are on board the vessel nominated by the seller at origin	when the goods are on board the vessel nominated by the seller at origin	when the goods are handed over to the seller's nominated carrier at a named place	when the goods are handed over to the seller's nominated carrier at a named place	when the goods are placed at the buyer's disposal at a named place or agreed point within that place	when the goods are delivered and unloader at a named place or agreed point within that place	when the goods are placed at the buyer's disposal at a named place or agreed point within that place
Commercial Invoice	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller
Packaging, Quality Control, Marking	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller
Loading & Inland Delivery	Buyer	*Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller
Export Duty & Taxes	Buyer	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller
Origin Terminal Handling	Buyer	Buyer	Buyer	Seller	Seller	Seller	Seller	Seller	Seller	Seller	Seller
Insurance	Negotiable	Negotiable	Negotiable	Negotiable	Negotiable	Seller "Free of Particular Average"	Negotiable	Seller "All Risks"	Negotiable	Negotiable	Negotiable
Carriage Charges	Buyer	Buyer	Buyer	Buyer	Seller	Seller	Seller	Seller	Seller	Seller	Seller
*Destination Terminal Handling	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Seller	Seller	Seller
Delivery to Destination	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Seller	Seller	Seller
Unloading at Destination	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	**Seller	Buyer
Import Duty and Taxes	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Buyer	Seller

Fig. Example Incoterms Chart of Responsibility recommended when organising shipping of containers to the South Pacific.

Expired and Deregistered Medical Products Will Not Be Included In DAISI Donations.



by Nili Hali

As part of its clinical governance process, Doctors Assisting In-South Pacific Islands (DAISI)'s Founder and Secretary Dr Gary McKay announced the decision as an organisation to cease shipping to the South Pacific donated medical supplies and equipment that are recently expired or deregistered with the TGA. This brings DAISI in line with current World Health Organisation (WHO), and Australian Council For International Development (ACFID) guidelines.

Initially, seeing the poor state of supplies in the South Pacific provincial countries we were volunteering in, with many products many years expired, it seemed reasonable to accept and donate recently expired medical goods and equipment. This was on the basis that the actual life of drugs is usually a year or two longer than the stated expiry date.

But DAISI has today changed this policy in order to be compliant with the World Health Organisation (WHO) guidelines, realising that there are some risks associated with donating and using expired goods. DAISI also felt, that although these WHO guidelines, are not regulations or mandatory, we felt that DAISI should adhere to them, as they represent a

consensus opinion after WHO consultation with many Charities doing developing world medicine.

DAISI's adopting of the WHO Guidelines will mean that a lot of potentially usable medications and equipment will simply become landfill. But on the other hand, the potential harm associated with using a drug that is non effective due to its expiry, will be avoided.

This policy change has also been an opportunity for DAISI to take pause and consider its other donation policies, to ensure that DAISI is responsible in every possible way when it comes to donations. There is a false perception that "beggars can't be choosers" or that "something is better than nothing", and this is wrong with this mentality paving the way for sloppy processes and governance. We must always ask ourselves, would it be safe or reasonable to use it in Australia or to give it to a family member. If the answer is no, then the answer should still be "no" when it comes to the South Pacific.

DAISI's responsible donations policies now mandate that recipients are involved in the

donation process, and that only equipment which is expressly asked for is donated. Just because we think it is valuable does not mean it is actually of any value to the recipient. One example of this is the recent well-intentioned donation of a large number of influenza vaccines intended for Papua New Guinea, not realising that the influenza virus is a winter virus that really has very little activity in the warmer tropics.

Donated equipment must also be in full working order and tested before sending, and ideally serviced with a reasonable expected durability and functionality for a least a few years use. In the best case scenario, equipment will be donated with a service agreement, which has occurred recently with the donation by Olympus of a laparoscopic stack to Gizo hospital used for performing key hole surgery.

Author Nili Hali is a Barrister and DAISI's Child Protection Officer. She is also on DAISI's Audit and Risk Committee. Nili has spent some time working for Human Rights in the Hague, and for the NSW Family Courts as a legal aid officer.