



Newsletter

QUARTER 2- 2024

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The President's Note:



Greetings and a big Thank you to iMOP and all its members. The success of iMOP is its membership and their unity and passion to work together to progress and grow the organization wholistically, raising the standard of operations within our Constitution and polices, whilst focusing on our vision, mission and purpose.

Key Performance Indicators achieved by 2023-2024 executives

1. Increase our financial membership 55 to 63, and increased our coffers- Capital Financing \$30000 to \$52000 plus before Conference and after all Conference expenses the amount projected is 38 to 40k to be handed over to the new Executives
2. Launch of our first ever Newsletter publication
3. Securing an Accountant and setting up an excellent professional and standardized accounting system/Transparent Financial system and setting up of Internet Banking for iMOP
4. Consultation process with the president of RACP and IMSANZ we discussed: Overview and structure of the Organisation, Vision and objectives/purpose, membership, financial Standing, Purpose/Vision and objectives of iMOP, OUR needs areas as iMOP i.e. Training, access to their Educational Resources, Information exchange, iMOP being affiliated association and member exchange attachments with the college.
5. our biggest legacy is the successful Launching of virtual platform, the website, at the conference- internalmedicinepacific.com.
6. We started the discussion on the setting up of the Secretariat and will hand over the process to the New 2025 -2026 Committee.

I would like to thank the executives 2023 -24 and congratulations to the 2025-2026 Executives

10th Anniversary IMOP Conference

The 10th Scientific conference was held at Pearl Resort in Fiji. The theme was “Pacific Gut Health: Current and Future Directions to sustainability”. The chief guest was Professor Finaly Macrae who is the Chair, Australian and New Zealand Gastroenterology International Training Association with -in country capacity building in Fiji (hub) and across the Pacific.



Opening ceremony concluded with cutting of cake by the veterans in Internal Medicine, Chief Guest and Acting PS MOHMS Fiji Dr Cikamatana, and Prof. Macrae of ANZGITA



There were 59 registered IMOP members who attended this conference from Micronesia, Palau, Kiribati, Tonga, Samoa, Tuvalu, Vanuatu, Solomons and Fiji. Day One ended with a dinner at Mantarae restaurant. There were special awards given to Dr Chris Hair and Professor Finlay Macrae in recognition of their exceptional contributions of gastroenterology training in the Pacific.



Day Two started off the launch of IMOP official website.

[Internal Medicine Organization of the Pacific - IMOP](http://internalmedicinepacific.com)
[\(internalmedicinepacific.com\)](http://internalmedicinepacific.com)

For both days there many guest speakers from Australia and NZ from ANZGITA Professor Macrae, Dr Chris Hair, Professor Michael Schultz ,Di Jones and Professor Catherine Stedman, the current President of the New Zealand Society of Gastroenterology. There were regionals speakers Dr Myra (Palau) , Dr Sale Vurobarau (Vanuatu),Dr Rebecca Pinau (Solomons), Dr Nathan Chadwick (Samoa) and Dr Telengalulu Tanelua (Kiribati). We also had nursing colleagues (Sr. Maraia), Pathologist (Dr Vilomena Ranadi), Surgeon (Dr Marina) and Dr Lamour Hansel from SPC (Major sponsor) present as well.

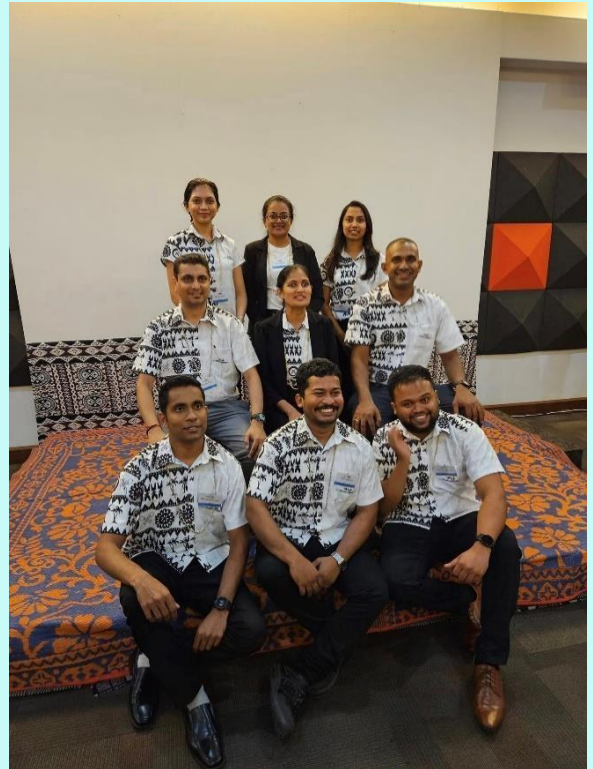
Our final MMED students presented on their research in the final panel session: Dr Josua Bautani (Fiji), Dr Jewin Fuatau, Dr Shitanjni Wati (Fiji) , Dr Nandini Lal (Fiji) and Dr Siosaia Faupalu (Tonga).

Day 2 ended with the AGM and the election of new office bearers and cocktail thereafter.

We would like to thank our sponsors – Secretariat of The Pacific Community (SPC), Pasifika Medical Association (PMA), Vanmed Labs, BSP Life, Makans Pharmaceuticals, Coca-Cola Company and the Fiji National University.







Meet your new executives!

President Dr Mai Ling Perman



Vice President Dr Simione Nadakuitavuki



Secretary : Dr Sukafa Matanaicake



Treasurer Dr Aminiasi Rokocakau



Regional Rep Dr Nathan Chadwick



Western Rep Dr Lalit Kumar



Trainee Rep Dr Josua Bautani

Advancing Cardiac Care: Tonga's Coronary Angiogram & PCI Referral Program

Dr Siosaia Faupula MMED



Cardiovascular disease (CVD), including CAD, is a leading cause of death globally. In the Asia Pacific region, CVD accounted for approximately one-third of all deaths in 2016. Ischemic heart disease (IHD), a common form of CAD, has varying mortality rates across Pacific countries. Pacific people experience a disproportionate burden of CVD, whether they remain in their country of origin or migrate to higher-income countries like Australia, New Zealand, or the United States. In Tonga, cardiovascular disease (CVD) continues to significantly impact morbidity and mortality each year. However, our current diagnostic and management capabilities are limited. Periodically, a select group of individuals with coronary artery disease (CAD) is sent offshore— either to Fiji due to its proximity or to New Zealand or India—to receive specialized care. I've been on several trips, accompanying patients to Fiji—specifically Nadi Heart International and Oceania Hospital—for coronary angiograms and percutaneous coronary interventions (PCIs). Honestly, it was an incredibly valuable learning experience for me. Cardiac services are in high demand within the field of medicine. However, affordability and sustainability remain significant challenges in many smaller Pacific islands, including Tonga.



India Live conference 2023

Dr Emire Meone 

In March 2023, I had the privilege of being invited, along with other regional colleagues, to attend India Live 2023, one of the largest interventional cardiology conferences in the Asia-Pacific Region. During the conference, we had the opportunity to observe live procedures and listen to experts discuss the latest advancements in cardiology and various management approaches for common cardiac conditions. It was also an excellent networking experience with over 2000 cardiologists in attendance.

Cardiac Specialization in the Solomon Islands is still in its infancy, as efforts are underway to establish a dedicated unit for this field. This conference was particularly timely, allowing me to gain firsthand experience with the types of cases and complications we will soon be handling in our nearly completed cath lab.

I am grateful to the sponsors of the trip- The Meril Life Institute, South Australia LTD and the Solomon Islands Government for enabling me to attend this conference. Their support has been invaluable, as the experience has given me crucial insights into the procedures and challenges I will face once our unit is fully established.



Unlocking hepatitis B solutions: healthcare worker trainings, a hepatitis registry and telehealth services in Kiribati

Dr Thomas Russell 

Background

The Republic of Kiribati, home to over 120,000 inhabitants, has a unique burden of viral hepatitis. Viral hepatitis B (HBV) and hepatitis D (HDV) are both endemic in this independent, remote, least developed island nation in the central Pacific where prevalence rates of 15% and 42%, respectively, are among the highest in the world. In response, a national treatment program – Hepatitis Overview Program to Treat (HOPE) – was established in 2018, through partnerships forged between the Ministry of Health & Medical Services (MHMS), World Health Organisation (WHO), Hepatitis B Free (HBF), Department of Foreign Affairs and Trade (DFAT) and the Victorian Infectious Disease Reference Laboratory (VIDRL), to spearhead prevention, screening, linkage to care, and treatment efforts¹. It is led by a program coordinator who is supported by a dedicated physician, internal medicine clinicians, a clinical nurse with oversight provided by a Taskforce Committee and nestled within the Department of Public Health, which is headed by a director.

Challenges

Like other low-middle income Pacific Island Countries and Territories (PICTs), Kiribati navigates some shared inherent challenges that include having few natural resources, limited infrastructure and scarce human capacity, which are compounded by rapid population growth and climate change to name a few. The country's enormous ocean expanse (3.5 million square kilometers) relative to its total island landmass (811 square kilometers) makes it one of the remotest locations in the world both domestically and internationally contributing a significant barrier for timely access to health care services (Figure 1). The island of South Tarawa serves as the capital where the tertiary hospital, Tungaru Central Hospital (TCH), is located. Neighbouring and distant islands – made up of three archipelago island groups known as Gilbert, Phoenix, and Line – are colloquially termed “outer islands” and are inhabited by almost half of the country's population (~46%). Outer island health facilities are rudimentary and are manned by healthcare staff consisting of a Medical Assistant (MA) – akin to a Nursing Practitioner – several Public Health Nurses (PHN), Nurse Aides and volunteers. Patients requiring specialised care are escorted to TCH via domestic flights or sea vessels.

Staff training is a challenge for healthcare workers, particularly for those in the outer islands who infrequently access organised upskilling and refresher courses and may not receive the clinical exposure or sustained mentoring required to reinforce their acquired skills. As a result, WHO hepatitis treatment guidelines have been contextualised to fit the inherent capacity limitations in the outer islands.



Figure 1. Prof. Alice Lee delivering a training module, *South Tarawa*, June 2023

Healthcare worker training

A recent unpublished 2022 study conducted at TCH by a local physician reported an underwhelming level of knowledge of hepatitis B among healthcare workers employed by the MHMS despite the hyperendemicity of HBV in Kiribati. The need for enhancing knowledge of HBV and HDV prevention, transmission, screening and treatment was made evident by the study as was

the need to enable task sharing and skill transfer to support expansion of hepatitis services to the outer islands. As a response, through the program’s enduring partnership with Professor Alice Lee– Executive Director of HBF – a contextualised training program based on existing medical training curriculum developed by Professor Lee was adapted. This led to the development, design and eventual delivery of a two-day *Hepatitis Surveillance & Management* workshop for 26 healthcare workers in June 2023– co-funded by WHO and SPC – with the most recent (third) iteration delivered in March 2024. To date, over 65 healthcare workers from various clinical and technical capacities ranging from medical staff to health promotion officers and health statisticians, have participated in these trainings. More than two-thirds of the MAs in Kiribati have undergone at least one face-to-face training session – representing all 16 islands of the Gilbert Island group. This year 15 out of 22 outer islands have now established hepatitis treatment programs with screening campaigns and awareness programs conducted. A test and treat model of care for patients linked to care is delivered at local health facilities³. Ongoing programmatic plans to upscale services to the outer islands has also been boosted by additional grant support from DFAT that will now enable training to be directly delivered in an outer island starting with the island of Butaritari – perhaps familiar to aficionados of World War II in the Pacific.



Figure 2. Participants of the inaugural *Hepatitis Surveillance and Management Training, South Tarawa, June 2023.*



Figure 3. Delivering a module on *Causes, symptoms and signs of liver injury, South Tarawa, June 2023*



Figure 4. Participants of the 3rd *Hepatitis Surveillance and Management Training, South Tarawa, March 2024.*



Figure 5. Participants being shown a Fibroscan and its use by HBF team members Sue Huntley and Prof. Alice Lee, South Tarawa, March 2024.

Hepatitis Registry

Technical limitations of TCH’s medical recording system and the lack of unique national health numbers for patients caused significant challenges for the analysis, reporting and utility of patient data. HOPE clinic at TCH captured patient data using paper-based records as well as Excel spreadsheets, which were neither reliable for longitudinal patient care nor were they accurate due to incomplete documentation, duplications, and sometimes entire patient records being misplaced. This motivated HOPE staff to seek a better alternative and soon a solution was proposed: establish a partnership with Beyond Essential Services’ (BES) to utilise its Tamanu EMR (Electronic Medical Records) and implement a new program registry module specifically configured for managing HOPE data⁴. The system allows patient tracking and data capture across the continuum of care and is offline-capable, a feature that can prove resourceful for outer island healthcare workers collecting data in locations, such as islets, without reliable internet access and only a tablet device to boot (Figure 5). The national hepatitis registry on Tamanu went live in March 2024 at TCH with initial signs being positive; 75 patients registered within the first three days of use. As of June 2024, 364 patients have now been registered. Plans to roll-out use of Tamanu EMR to the outer islands is currently being explored with training and securing tablet devices critical for the sustainability of accurately populating the hepatitis registry.

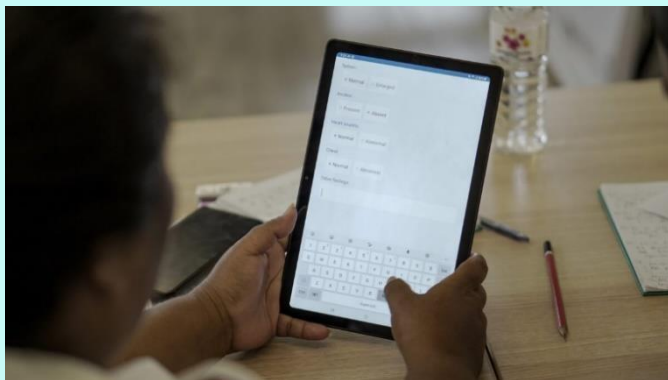


Figure 6. A training participant navigating *Tamanu EMR* on a tablet device, *South Tarawa*, March 2024.

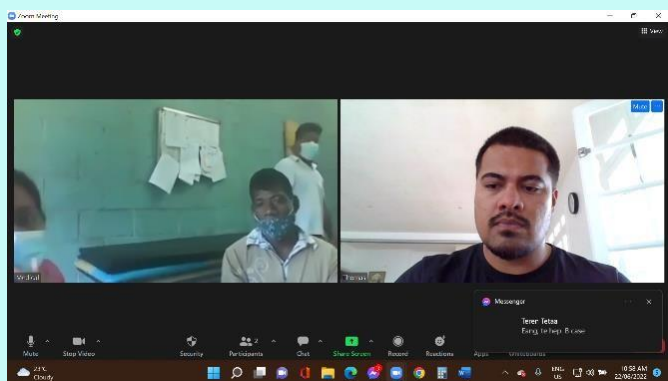


Figure 7. Hepatitis telehealth clinics with a patient attending HOPE clinic at Tungaru Central hospital (TCH), June 2022

Telehealth services

Longstanding use of Messenger chat groups for telehealth with outer island healthcare workers had buoyed the limitations of access to doctors. However, borne out of the shortage of available local medical clinicians, particularly during the Covid-19 pandemic, weekly telehealth hepatitis clinics for patients attending the HOPE clinic at TCH was established in 2022 with a remotely located local physician to ensure hepatitis services and patient monitoring was maintained (Figure 6-7). However, a game changer has entered the arena in 2024. The gradual installation of Starlink satellites at outer island health centers has now revolutionised how telehealth can be delivered in Kiribati (Figure 8). The connectivity offered by this low Earth orbit technology is an antidote to the existing limitations of healthcare delivery for remote communities. Without missing a beat, HOPE has also adapted its services and has facilitated telehealth hepatitis clinics in three outer islands clinics via Zoom / Google Meet platforms. In this format, telehealth can offer teleconsultancy for patients and access to real-time medical management. It is also providing telementorship for healthcare workers allowing reinforcement of knowledge and skills acquired from previous training workshops and guidance on programmatic data collection, patient counselling and treatment. As of July 2024, over 50 outer island hepatitis patients have been directly counselled and offered treatment via telehealth services and more scheduled

to start in the coming weeks. Initial impressions have been positive with healthcare staff requests for continued expansion and scheduling with equipped outer islands.



Figure 8 An outer island Health Center with an installed Starlink satellite (black arrow) and solar panels, June 2024⁵.

Looking ahead

Significant program momentum and staff motivation along with an elevated sense of leadership interest and donor support has been observed by the treatment program. There is much more that can be done and needs to be done to enable Kiribati to continue towards the 2030 global elimination goals for hepatitis B. Keen intent in continuing healthcare worker training, accurate data capture and bridging clinical services via telehealth to the outer islands has been catalysed and the full potential of HOPE is slowly but surely being unlocked.

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