



WEO ARA (Activities to Reach Africa) Project

Terms of Reference

Kulwinder Dua, Lars Aabakken

September 1, 2020

BACKGROUND

There is a growing need for quality endoscopic services across the African continent; specifically, EGD, colonoscopy, ERCP and EUS. These procedures play a crucial role in the diagnosis and management of gastrointestinal disorders. The population in the region is rapidly expanding, with an increasingly modern lifestyle and GI related ailments warranting endoscopic interventions. However, the access to (quality) GI endoscopy is hugely deficient.

Formal local training is often lacking in African centers. Unfortunately, access to overseas clinical training is very limited for financial, as well as practical and formal reasons. Also, the difficulties in acquisition and maintenance of endoscopic equipment and accessories are limiting factors for the establishment of quality endoscopy in many parts of Africa.

The provision of hands-on endoscopy training locally, and the facilitation of the other components needed for quality endoscopy services is thus badly needed. WEO may offer these elements, and our society is uniquely positioned to facilitate the development of quality GI endoscopy practices in Africa where such services are either absent or inadequate.

OBJECTIVES

Primary Objective/mission

To facilitate the development of quality GI endoscopy in Africa where such services are either absent or inadequate.

Secondary Objectives

1. Identify, establish and develop regional training centers with high quality endoscopy where regional doctors and staff can get quality endoscopy training.
2. Train and follow up local faculty, fellows and ancillary staff as necessary to offer overall quality endoscopy service.
3. Facilitate additional teaching activities, including remote teaching/coaching, access to training resources, and regional training courses and conferences.
4. Facilitate local and collaborative research projects, between regional centers, and together with international centers of expertise.

5. Support local faculty as needed to ensure necessary political/administrative support
6. Facilitate sustainable mechanisms for endoscope and accessory acquisition and maintenance
7. Facilitate collaboration with industry stakeholders for financial and other support.

TRAINING CENTERS

The committee - through direct and web-based meetings, local contacts and other sources of information - will identify candidate centers in Africa that are strategically located and otherwise suitable to serve as regional hubs for training and developing of endoscopic practices in its region. WEO will provide teaching resources to establish quality endoscopy programs and local competence. WEO-appointed faculty travelling to these centers will provide hands-on training of local GI faculty and fellows, and of nurses and techs in assisting in procedures, recovery, and disinfections techniques. The center must comply with certain principles of operation to be potential candidate centre and must document its capacity of serving this role over time, including specified quality parameters such as activity reports and documented disinfection routines.

Center requirements

- The center should be located in an area that is underserved in terms of endoscopy and endoscopy training.
- The center should be a well-established center of endoscopy according to local needs and facilities. The number and type of procedures/rooms/doctors may vary by region, and no fixed volume of endoscopy is required.
- The endoscopic practice must be founded on sound principles of quality and patient safety including appropriate cleaning and disinfection procedures.
- Appropriate adjacent services from pathology, interventional radiology and surgery must be available, especially those disciplines needed to handle endoscopy failures or complications.
- Systems/procedures in place to document procedural activity and select quality parameters on a regular basis, based on joint agreement
- Safe, easy access by air, sufficient communications, adequate practical accommodation for visiting faculty.
- Strategic location and connections to surrounding endoscopic facilities for regional training purposes.

WEO faculty

- Hands-on on-site training will be done by designated visiting WEO faculty. These individuals should be trained experts in endoscopy able and willing to spend time in Africa, preferably at least for periods of 1-2 weeks. Nurse trainers may also be relevant based on local needs.
- The WEO-ARA committee should actively recruit such individuals based on personal connections or public calls.
- Ideally, initial visits should be done together with other faculty with previous local experience.

- Local training may be a combination of small scale courses and single faculty visits, preferably several per year to maintain continuity and contact.
- A training curriculum will be developed for each center and for each endoscopy procedure in keeping with relevant guidelines on achieving competency.
- All or part of travel and accommodation expenses will be covered by WEO in collaboration with the host institute. No personal fee or honorarium will be offered to the visiting faculty. All personal issues such as required vaccinations, insurances such as international health insurance will be the responsibility of the visiting faculty.

Trainees

- Doctors including train the trainer activities for local faculty. Basic training in endoscopy and/or gastroenterology should be in place prior to WEO involvement
- Nurses (preparation, assistance, sedation, recovery of patients, disinfection of endoscopes and accessories)
- Technicians (assistance, disinfection of endoscopes and accessories)
- IT/Lab Administrator (generating reports, printing, forms for hand-written reports, data capturing)

Procedures

The selection of endoscopic procedures will be based on a step-wise approach at each center, according to needs, expertise, and access to necessary equipment. It will also change rapidly over time. Training in any of these procedures will be based on the local needs. Sample procedures may be

- Diagnostic and therapeutic upper GI endoscopy (including but not limited to, variceal banding, hemostasis, dilatations, EMR, stenting).
- Diagnostic and therapeutic lower GI endoscopy (including but not limited to polypectomy, EMR, stenting).
- Therapeutic ERCP (sphincterotomy, stone therapy, stenting)
- Diagnostic and therapeutic EUS (including but not limited to staging of cancer, FNA/FNB, drainage)
- Others (e.g advanced imaging, suturing, EUS-biliary drainage, ESD, POEM, Bariatric endoscopy)

In addition, competence related to e.g. scope maintenance and disinfection, image capture/storage, documentation systems and reporting mechanisms may be relevant and should be taught as needed.

Monitoring/Follow-up

- Performance data must be reported by the center, including type of procedures, success rates and adverse events. Regular activity reports will be a prerequisite for the continued status as an authorized training center.

- Local training will be monitored and centers will be held to international standards of competency and safety to ensure acceptable quality.
- Follow-up information will be sought on the performance of those who have trained at these centers and gone back to their home countries/centers.
- Data will be periodically collected from the region on the number and type of procedures performed, number of trained endoscopists, outcomes etc. and compared to baseline data (as described in the Introduction).

Remote Teaching

On-site training will be supplanted by other modalities of teaching guided by local needs and availability. In particular, web-based teaching aids, peer-to-peer video-teaching and other utilities of telemedicine will be explored. Zoom and other tools for online collaboration will be developed to facilitate teaching, networking and general communication.

WEO will aim to facilitate access to the various teaching aids developed and offered by different stakeholders, ideally through a joint platform e.g. at the WEO website.

Also, remote faculty should be made available as a resource for discussion on difficult cases or complications where external support would be of value.

Research

Motivation, support and facilitation of local and regional research projects will be another focus area to strengthen the academic position of the training centers. Regional collaborative research will be encouraged, and collaboration with other centers around the world may be useful and doable as our network strengthens. WEO faculty may supervise local clinical and other research projects and facilitate subsequent presentations and publication of results. While initially focused on training centers but should ideally be available to other interested African collaborators.

Political support

General support for the development of GI endoscopy, as well as specific financial commitment for renovation, building, as well as equipment, has been seen an obstacle in various units. The power of WEO as a world-wide society may be an important supportive force in the competitive quest for scarce resources, in particular when personal connections can be utilized. We will aim to utilize this potential whenever feasible.

Support for endoscopy/accessories acquisition and maintenance

WEO are not in the position to fund or –as a society – donate equipment. However, WEO can facilitate other donations, channelling of used or refurbished equipment, and establish routes of transfer of such equipment to our African collaborators. We should also help set up sustainable lines of supply of core accessories through local distributors, sometimes on a regional basis.

Liaison with industry

Various industry partners have shown interest to be involved in the development of African endoscopy. Their efforts are greatly facilitated by the liaison with an official academic body like WEO and we need to pursue this collaboration to help funding various activities in any way possible.

Other collaboration

The WEO-ARA initiative will seek to collaborate as needed with other stakeholders with similar or overlapping projects in the SSA region. This includes

- Local African GI societies
- Established centers of excellence in Africa such as in South Africa and Egypt
- Other societies such as ESGE, ASGE, WGO.
- Other (philanthropy)