Overseas Aid Committee

Issues paper and strategic priorities

2018-2022
Introduction

The ANZCA Overseas Aid Committee (OAC) traces its origins to 2007 when an ANZCA Papua New Guinea (PNG) working party was formed. This group gave rise to the ANZCA OAC in 2010. Through the OAC, ANZCA provides support for education, training and development of safety and quality in anaesthesia in the Asia Pacific region and around the world through scholarships, teaching, workshops, awards and donations of individuals’ time and resources.

This document details the OAC’s next five year strategic plan and provides an overview of the broader policy landscape and considerations that informed the development of this plan, as follows:

2. Australian and New Zealand foreign aid policy.
3. OAC activities.

1 Global health policy issues

A number of emerging and ongoing global health issues are evident throughout many of Australia’s neighbouring regions including:

1.1 Health workforce
1.2 Climate change
1.3 Economic growth
1.4 Population growth, migration (internal and external)
1.5 Maternal health
1.6 Double burden of disease

The following brief review of these issues discusses their potential impact on future anaesthesia and pain medicine delivery in the region.
1.1 Workforce

On current trends, by 2030 low-income countries are expected to face a substantial and widening mismatch between the number of health workers needed to provide essential services, the availability of health professionals and the country’s capacity to employ them\(^1\). According to the World Health Organization (WHO) there is a global shortage of 7.2 million healthcare workers, a number that will increase to 12.9 million by 2035 if it is not addressed. The report “A Universal Truth: No Health without a Workforce” identifies a number of key causes for the shortage, including population growth, migration and increases in non-communicable diseases\(^2\).

In 2013 the Board of the Global Health Workforce Alliance made a decision to facilitate the development of strategic, forward-looking recommendations on human resources for health. The strategy report suggests a number of policy levers to shape health labour markets including policies around education, employment, addressing migration and emigration, and policies to address maldistribution and inefficiencies\(^1\).

Specific to anaesthesia, in 2015 the World Health Assembly (WHA) made a resolution (WHA 68.15) supporting the strengthening of emergency and essential surgical care and anaesthesia as a component of universal health coverage. The resolution recognised the need to train more anaesthesia and surgical providers in order to ensure access to safe anaesthesia and surgery\(^3\). All 194 member states taking part in the WHA committed to the resolution, including Australia and New Zealand.

Given its geographic proximity to Australia and New Zealand, poor health workforce numbers and poorer health outcomes, Asia and the Pacific represent a priority for ANZCA. During 2015-2016 the World Federation of Society of Anaesthesiologists (WFSA) conducted a global workforce survey. The results show that the majority of Australia and New Zealand’s neighbouring countries reported a total physician anaesthesia provider number of less than 5 per 100,000 population \(^4\). For example:

<table>
<thead>
<tr>
<th>Country</th>
<th>Anaesthesia providers per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>23.09</td>
</tr>
<tr>
<td>New Zealand</td>
<td>21.17</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0.7</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1.34</td>
</tr>
<tr>
<td>Vietnam</td>
<td>1.07</td>
</tr>
<tr>
<td>PNG</td>
<td>0.59</td>
</tr>
<tr>
<td>Timor Leste</td>
<td>0.84</td>
</tr>
</tbody>
</table>

Source: World Federation of Society of Anaesthesiologists
Table 1 looks further at the low levels of anaesthetic physician workforce in the Pacific region.\(^5\)

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>Current number of anaesthesia providers working in 2015</th>
<th>Numbers needed by 2030 (approx. number to be trained per annum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papua New Guinea (LMI)</td>
<td>7,476,000</td>
<td>Consultant 19 Training 10 NPA 80</td>
<td>523 (35)</td>
</tr>
<tr>
<td>Timor Leste (LMI)</td>
<td>1,200,000</td>
<td>Consultant 5 Training 7 NPA 18</td>
<td>84 (6)</td>
</tr>
<tr>
<td>Fiji (UMI)</td>
<td>887,000</td>
<td>Consultant 13 Training 15 NPA 0</td>
<td>62 (4)</td>
</tr>
<tr>
<td>Solomon Islands (LMI)</td>
<td>572,865</td>
<td>Consultant 3 Training 0 NPA 0</td>
<td>40 (3)</td>
</tr>
<tr>
<td>Vanuatu (LMI)</td>
<td>258,301</td>
<td>Consultant 4 Training 1 NPA 12</td>
<td>18 (1)</td>
</tr>
<tr>
<td>Samoa (LMI)</td>
<td>191,831</td>
<td>Consultant 1 Training 2 NPA 0</td>
<td>13 (1)</td>
</tr>
<tr>
<td>Tonga (UMI)</td>
<td>105,800</td>
<td>Consultant 2 Training 1 NPA 1</td>
<td>5</td>
</tr>
<tr>
<td>Kiribati (LMI)</td>
<td>103,900</td>
<td>Consultant 1 Training 1 NPA 0</td>
<td>5</td>
</tr>
<tr>
<td>Federated States of Micronesia (LMI)</td>
<td>103,903</td>
<td>Consultant 9 Training 0 NPA 11</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>10,899,600</strong></td>
<td><strong>Consultant 57 Training 37 NPA 122</strong></td>
<td><strong>761 (50)</strong></td>
</tr>
</tbody>
</table>

LMI = Lower middle income country (gross national income per capita $US1000 to $4125), UMI = Upper middle income country (gross national income per capita $US4125 to $12746), populations based on World Bank from www.data.worldbank.org. Training = physician anaesthetists in a formal training program. NPA—nonphysician anaesthetists e.g. nurse anaesthetist, anaesthetic scientific officer. These numbers exclude other doctors without a specialist anaesthetic qualification who may give anaesthetics in the short term e.g. a service registrar.
1.2 Climate change

In 2015, the Lancet Commission on Health and Climate Change described that not only is climate change the “biggest global health threat” but also the “greatest global health opportunity” in the 21st century. Due to the number of low lying small island states in the Pacific, climate change is likely to be of particular concern to that region. The Lancet report cites climate change as a public health issue that the health community has a central role in addressing, similar to other public health issues such as tobacco and obesity. The report explains that the health effects of climate change can be categorised into events that directly impact health (e.g. storms, drought, floods and heatwaves) and that indirectly impact health (e.g. compromised water quality, spread of infectious disease, air pollution, insecure food supply and under nutrition, changes in land use, displacement, and mental ill-health).

In Australia and New Zealand, ANZCA has committed to addressing environmental sustainability in anaesthesia practice through the development of a professional document. PS64 Statement on Environmental Sustainability in Anaesthesia and Pain Medicine Practice (available at www.anzca.edu.au) considers five areas to assist clinicians and healthcare facilities in promoting sustainable practices in the provision of safe patient care – anaesthetic agents, infrastructure, equipment and consumables, rational use of diagnostic tests and prescriptions and waste management.

1.3 Economic growth

Economic growth in Australia’s neighbouring regions is projected to accelerate in the coming years and across Asia growth is predicted to outstrip that of the rest of the world. By 2025, Asia will produce half of the world’s economic output. The International Monetary Fund predicts that developing economies across Asia will experience average GDP growth of 6.5 per cent annually compared to an average 2.1 per cent growth in G7 countries.

Asian consumers, it is argued, will increasingly demand high quality healthcare, education and training services. As Asia transitions to service-based economies, populations will require globally competitive and quality professional services.

1.4 Population growth, migration (internal and external)

The world’s population continues to grow and by 2035 an additional 1.9 billion people will be seeking to access and obtain high-quality healthcare. PNG, as an example, has a population of 7.5 million and this is forecast to grow to over 10 million by 2030. Some of Australia’s nearest neighbours including PNG, Samoa, Tonga and Vanuatu are among the countries with the highest fertility rates in the Asia Pacific region with 3.8 births per woman.

Nearly all health systems face the challenges of geographical maldistribution of health workers. Health workers – like all workers – are sensitive to differences in remuneration, working conditions and career prospects; disparities in these factors create powerful market forces for migration, both within and outside national borders. This further increases problems in workforce numbers needed to provide essential services to all areas of all countries.
1.5 Maternal health

Although significant progress has been made, efforts to decrease maternal mortality continue to be a priority through the United Nations sustainable development goals, with a target of reducing the global maternal mortality ratio to less than 70 per 100,000 live births by 2030\textsuperscript{11}. The WHO suggests that approximately 99 per cent of all maternal deaths occur in low-income countries\textsuperscript{12}. It is reported that in developing regions, only 56 per cent of births in rural areas are attended by skilled health personnel, compared with 87 per cent in urban areas, and only half of pregnant women received recommended minimum of four antenatal care visits\textsuperscript{13}.

In comparing Australia and New Zealand’s maternal mortality rate to some of our neighbouring low middle income countries, the disparities are clear. For example, Australia’s maternal mortality rate per 100,000 live births is 6, and New Zealand’s 11, whereas PNG has a maternal mortality rate of 215 per 100,000 live births, Cambodia 161, Indonesia 126 and Laos 197\textsuperscript{14}.

1.6 Double burden of disease

Many low-middle income countries are undergoing a transition in which they face the double burden of infectious diseases as well as chronic diseases. Non-communicable chronic diseases have emerged as the leading cause of death and disability in developing countries\textsuperscript{15}.

The Asia Pacific region has high levels of major risk factors for non-communicable disease. This suggests that the resulting health problems will continue to rise, impacting on the workforce, development, and families and communities through direct and indirect economic loss\textsuperscript{16}.

The global growth of non-communicable diseases overlaps with the unfinished agenda of confronting infectious diseases in low- and middle-income countries. This further challenges over-stretched and under-resourced health systems\textsuperscript{17}.

Anaesthesia and surgical care is essential for the treatment of many of these conditions. With the projected increase in the incidence of cancer, road traffic injuries, and cardiovascular and metabolic diseases in low-middle income countries, the need for surgical services in these countries will continue to rise substantially. Access to affordable, timely and safe surgical and anaesthesia care is imperative to the reduction of death and disability\textsuperscript{18}.

The need for anaesthesia and surgical services in low-middle income countries will continue to rise substantially.
2 Australia and New Zealand foreign aid policy

The Department of Foreign Affairs and Trade’s (DFAT) Health and Development Strategy 2015-2020 focuses on South-East Asia and the Pacific, and aims to make investments in health outcomes that promote sustainable economic growth, poverty reduction, and regional security. A key focus of the strategy is to invest in improving country-level systems and services, and capacity.

The strategic outcomes are as follows:
1. To help build country-level systems and services that are responsive to people’s health needs.
2. To strengthen regional preparedness and capacity to respond to emerging health threats.

In the strategy, DFAT notes that investment in strengthened, resilient public health systems as a foundation for country and regional health security and prosperity is the highest priority. It notes that health workforce is one part of this priority.

The New Zealand Aid Programme Strategic Plan 2015-2019 also focuses on the Pacific neighbourhood, with close to 60 per cent of aid directed to the Pacific.

The strategic plan suggests that global reach will be achieved through:
• Targeted aid to developing countries where New Zealand has strategic interests and can achieve impact linked to its core skills;
• Partnerships with selected multilateral organisations; and
• Humanitarian action to save lives and alleviate suffering resulting from natural disasters and conflict.

Health is listed as one of New Zealand’s aid priorities, specifically reducing the impact of non-communicable diseases, and improving maternal health and child health. Part of New Zealand’s aid budget includes a contestable fund for NGO and private organisations to contribute to development outcomes, and funding for long term partnerships with New Zealand organisations. The New Zealand Partnerships for International Development Fund is a fund that New Zealand organisations who have in-country partners and a compelling development proposal can apply for, to deliver their initiative with support from the NZ Aid program.

3 Overseas Aid Committee activities

The purpose of the OAC is to oversee ANZCA’s overseas aid initiatives. The focus of the OAC has been on education and training, through teaching visits, workshops, scholarships, awards and donations of individuals’ time and resources.

3.1 Scholarships

International Scholarship

The ANZCA International Scholarship is intended to allow a graduate of his or her country’s specialty training program from a low-middle income country to join the staff of a major hospital or rotation in Australia or New Zealand for a period of up to one year. The scholarship is designed to increase the recipient’s capacity to advance anaesthesia and/or pain medicine for the benefit of their community.

ANZCA has offered the international scholarship since 2005. Since that time seven scholarships have been awarded, to recipients from countries including Papua New Guinea, Fiji, Myanmar, Solomon Islands and Kenya.
Overseas Aid Trainee Scholarship

The scholarship is awarded to ANZCA trainees to enable participation in a clinical or educational/teaching visit to a low-middle income country. The scholarship aims to foster interest in overseas aid work and provides an opportunity for the recipient to accompany a visiting team and thereby improve their knowledge and understanding of the challenges of providing anaesthesia and/or pain medicine in low resource environments.

ANZCA has offered the trainee scholarship since 2012. Since that time seven scholarships have been awarded, and recipients have participated in educational visits to countries including Vanuatu, Mongolia, Papua New Guinea, Rwanda, Zambia and China.

Anaesthetic Services Group (Victoria)

The Anaesthetic Services Group (Victoria) gifts $5000 annually to the OAC. The money awards a low-middle income country anaesthetist (chosen by the OAC) to attend a major scientific meeting. The aim of the award is to foster leadership in anaesthesia and pain medicine in low-middle income countries.

Anaesthetic Services Group has generously provided this funding since 2013. Over that time, five scholarships have been awarded for anaesthetists to attend meetings such as the ANZCA New Fellows Conference, the ANZCA Annual Scientific Meeting, the Asian Australasian Congress of Anaesthesiologists and the World Congress of Anaesthesiologists.

3.2 Essential Pain Management

Essential Pain Management (EPM) is a short, easily deliverable and cost-effective training program designed to improve pain management worldwide. EPM provides a systematic approach for managing patients in pain and also a system for teaching others about pain management.

EPM aims to:

- Improve pain knowledge.
- Teach health workers to recognise, assess and treat pain (the “RAT” approach).
- Address pain management barriers.
- Train local health workers to teach EPM.

ANZCA fellows Dr Roger Goucke and Dr Wayne Morriss developed EPM following discussions about the lack of training opportunities for pain management in PNG with anaesthetists in Papua New Guinea. They ran a pilot program assisted by local anaesthetists Dr Gertrude Marun and Dr Harry Aigeeleng in Lae and Port Moresby, PNG in April 2010.

As at June 2018, EPM workshops have been delivered in 53 countries, training 9429 participants in 356 workshops and 1,548 instructors in 95 workshops.

In 2017 ANZCA and WFSA entered into a joint trademarking arrangement for EPM to support the delivery of EPM and EPM Lite courses across the world. ANZCA leads EPM program support, implementation and funding in Australia, New Zealand, South East Asia and the South Pacific islands and WFSA is the lead for all other regions.

3.3 Educational Visits

Through invitation, the OAC supports at least three teaching visits a year to PNG to lecture at the School of Medicine and Health Sciences, University of PNG. Teaching visits support lecturers and students undertaking the Diploma of Anaesthesia and Masters of Medicine (Anaesthesiology). Support requirements are advised by University of PNG lecturers and include conducting lectures, running workshops, supporting exam preparation and supporting the annual medical symposium.
3.4 Awards

PNG academic awards

Up to three prizes are awarded annually in association with the PNG Society of Anaesthetists:

1. Best medical student in anaesthesia, awarded with a certificate and a cash prize.
2. Best Diploma of Anaesthesia who goes on to Masters of Medicine (MMed) (Anaesthesiology) training, awarded with a certificate and a cash prize.
3. The Professor Garry Phillips Prize is awarded for outstanding achievement within the final MMED program, awarded with an inscribed medal and a cash prize.

3.5 Lifebox

Every year millions of lives are put at risk because of unsafe surgery and anaesthesia. A pulse oximeter is the most important monitoring tool in modern anaesthesia yet around the world 10s of thousands of operating rooms do not have access to these devices. Lifebox was established in 2011 as a joint initiative of the World Federation of Anaesthesiologists, the Association of Anaesthetists of Great Britain and Ireland and the Harvard School of Public Health to provide life-saving pulse oximeters to operating theatres around the globe.

Lifebox Australia and New Zealand was established in 2015 as a partnership between ANZCA, Interplast ANZ, the Australian Society of Anaesthetists, the New Zealand Society of Anaesthetists and Lifebox Foundation to raise funds and distribute pulse oximeters to countries in the Asia Pacific region.

3.6 Advocacy

The OAC advocates through:

- Participation in forums and groups such as the Global Health Meeting of Specialist Colleges, Associations and Organisations
- ANZCA Bulletin articles
- Submissions to governmental and other inquiries
- Engagement and collaboration with stakeholders including government and other colleges
- ASM presentations
- Attendance and presentation at PNG symposiums
4 Looking forward

In developing ANZCA’s next five year strategic plan for its overseas aid portfolio, the following were considered:

- The international health policy landscape
- Australian and New Zealand government foreign aid policy
- Broader emerging health issues raised in this paper
- ANZCA’s strategic priorities
- A review of other specialist medical colleges and societies’ overseas initiatives
- Past activities and established links with communities and health services
- The strengths, expertise and interests of OAC members

Four overarching areas of strategic focus have been identified to frame the ANZCA OAC strategic priorities for 2018-2022, as illustrated below.

**Training and education**
Support training and education in PNG and other low and middle income countries in the western Pacific rim such as Timor-Leste, Fiji, Tonga, Cook Islands, Samoa.

**Medical and educational equipment**
Support the donation of medical and educational equipment and safety initiatives for low-middle income countries.

**Advocacy and collaboration**
Developing partnerships with key government and non-government agencies, specialist colleges and other stakeholders to expand opportunities, raise the profile of ANZCA’s overseas aid work and ensure greater collaboration.

**Evaluation**
Evaluation of ANZCA’s overseas aid activities.
## 2018-2022 strategic priorities

<table>
<thead>
<tr>
<th>Actions</th>
<th>Ongoing</th>
<th>2018</th>
<th>2019-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training and education</strong></td>
<td>PNG</td>
<td>Other low-middle income countries</td>
<td>Other low-middle income countries</td>
</tr>
<tr>
<td></td>
<td>• Support three or more teaching visits per year</td>
<td>• Provide support for WFSA Australian paediatric fellowship.</td>
<td>• Investigate broadening the geographic reach of existing OAC initiatives to support training and education in other Western Pacific rim countries.</td>
</tr>
<tr>
<td></td>
<td>• Support the annual PNG medical symposium and the PNG Society of Anaesthetists.</td>
<td></td>
<td>• Broaden the scholarships available for co-ordinating anaesthetists from low-middle income countries to attend educational events in Australia and New Zealand.</td>
</tr>
<tr>
<td></td>
<td>• Co-ordinate and support an external examiner for Final MMED (Anaesthesiology) examinations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide prizes in anaesthesia at the undergraduate and diploma levels and the Professor Garry Phillips MMED prize.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Advocate for the educational and teaching benefits of the Health Education and Clinical Services program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Attract and support trainees to anaesthesia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical and educational equipment</strong></td>
<td>• Support for the Lifebox initiative with identification of need and donation of pulse oximeters.</td>
<td>• Provide financial support for the WFSA Fund-A-Fellow program through a yearly donation.</td>
<td>• Investigate opportunities for providing access for low-middle income countries to online courses and educational / library resources developed by ANZCA.</td>
</tr>
<tr>
<td></td>
<td>• Support for EPM in the Asia Pacific.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide advice and education on the use of medical equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advocacy and collaboration</strong></td>
<td>• Provide advice to fellows interested in undertaking or supporting international development work.</td>
<td>• Increase the number of trainee scholarships available.</td>
<td>• Encourage ANZCA trainees interested in international development.</td>
</tr>
<tr>
<td></td>
<td>• Advocate for the importance of anaesthetic and pain medicine at the national and international level.</td>
<td>• Review and update the OAC page on the ANZCA website.</td>
<td>• Increase exposure of the trainee scholarships and support available to fellows working in Asia Pacific countries.</td>
</tr>
<tr>
<td></td>
<td>• Regular environmental scanning to identify opportunities to support and advocate for better health outcomes in the Asia Pacific region. Draw on international commitments Australia and New Zealand have signed up to, and documented priorities when advocating.</td>
<td>• Explore external funding opportunities.</td>
<td>• Provide information to fellows and trainees through seminars and conference sessions.</td>
</tr>
<tr>
<td></td>
<td>• Develop partnerships with DFAT and medical colleges to ensure a co-ordinated approach to training in PNG.</td>
<td>• Develop partnerships within medical colleges to expand educational and training opportunities.</td>
<td>• Develop partnerships with professional, government and non-government organisations to expand educational and training opportunities.</td>
</tr>
<tr>
<td></td>
<td>• Investigate obtaining an OAC/Lifebox booth at future ASMs.</td>
<td>• Develop a list of ANZCA members working in aid/interested in working in aid.</td>
<td>• Engage with MFAT in New Zealand, to explore potential opportunities that support its approach to foreign aid in the Pacific region.</td>
</tr>
<tr>
<td></td>
<td>• Develop a list of ANZCA members working in aid/interested in working in aid.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>• Evaluation and efficacy of the Trainee Scholarship.</td>
<td>• Evaluation of the support provided to PNG.</td>
<td>• Evaluation and efficacy of the International Scholarship.</td>
</tr>
<tr>
<td></td>
<td>• Develop a framework for the evaluation of the support provided to PNG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2018-2022 strategic priorities

References


