Access GI Expertise, Educational Resources and Support for You and Your Patients

A Free ACG Member Benefit Designed to Help You and Your Patients!
Learn More and Join Today at GIONDEMAND.COM

ACG HEPATOLOGY SCHOOL & EASTERN REGIONAL POSTGRADUATE COURSE
JUNE 2-4, 2023 | RENAISSANCE HOTEL WASHINGTON, DC

Register online: meetings.gi.org
**Participating in the Webinar**

All attendees will be muted and will remain in “Listen Only Mode.”

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.

---

**ACG Virtual Grand Rounds**

Join us for upcoming Virtual Grand Rounds!

**Week 20 – Thursday, May 18, 2023**
World IBD Day Webinar: Crash Course in Caring for the Emerging Adult with IBD
Faculty: Sandra C. Kim, MD; Amy Bugwadia, MS
Moderator: Mara Shapiro
At Noon and 8pm Eastern

**Week 21 – Thursday, May 25, 2023**
The Role of Non-Invasive Modalities in Colorectal Cancer Screening
Faculty: Douglas J. Robertson, MD, MPH
Moderator: T.R. Levin, MD, FACG
At Noon and 8pm Eastern

Visit gi.org/ACGVGR to Register
ACG has created presentation-ready, semi-customizable MS PowerPoint clinical slide decks for your unique teaching and learning needs.

Visit [gi.org/ACGSlideDecks](http://gi.org/ACGSlideDecks) to learn more and request access to the standard slide decks!
Disclosures

Akwi W. Asombang, MD, MPH, FACG

*Dr. Asombang has no financial relationships with ineligible companies.*

Mmeyenabasi Omede, MD

*Dr. Omede has no financial relationships with ineligible companies.*

*All of the relevant financial relationships listed for these individuals have been mitigated*

Global Health in Gastroenterology: Establishing a Program, Challenges, and Solutions

Akwi W. Asombang, MD, MPH, FACG
Interventional Endoscopy
Division of Gastroenterology
Director of Global Health Programs in Gastroenterology
Massachusetts General Hospital
Harvard Medical School, USA

American College of Gastroenterology Virtual Grand Rounds
May 11th, 2023
OUTLINE - OBJECTIVES

- Define global health
- State of gastroenterology in Africa
- Developing global health programs in gastroenterology
  - Long-term service
  - Short term training programs
- Establishing Mentorship programs
- Challenges and solutions in global gastroenterology

GLOBAL HEALTH DEFINITION

- An area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide.

- Emphasis:
  - Transnational health issues, determinants, and solutions
  - Involves many disciplines within and beyond the health sciences
    - law, economics, history, engineering, biomedical and environmental sciences, and public policy
  - Promotes interdisciplinary collaboration
  - Population based prevention
  - Individual-level clinical care

Global health is not a vacation!

August E et al. Ann Glob Health. 2022
HISTORICAL BACKGROUND

- **Global health 1.0** - tropical medicine - *colonialism*
  - Global health 2.0 - international health - *High income countries (HIC)*
    - "helping people" in low-middle income countries (LMICS). "clever people in rich countries doing something to help people in poor countries"
  - Global health 3.0 – *researchers from HICs leading research/health LMICS*
  - Global health 4.0 - people from LMICs leading health programs in LMICs
    - Collaboration, partnership
- **Mission trip(s)**
  - One-off versus continuous

---

Global Health versus Public Health

<table>
<thead>
<tr>
<th></th>
<th>Global health</th>
<th>International health</th>
<th>Public health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical reach</td>
<td>Focuses on issues that directly or indirectly affect health but that cross national boundaries</td>
<td>Focuses on health issues of countries other than one's own, especially those of low-income and middle-income</td>
<td>Focuses on issues that affect the health of the population of a particular community or country</td>
</tr>
<tr>
<td>Level of cooperation</td>
<td>Development and implementation of solutions often requires global cooperation</td>
<td>Development and implementation of solutions usually requires international cooperation</td>
<td>Development and implementation of solutions does not usually require global cooperation</td>
</tr>
<tr>
<td>Individual or population</td>
<td>Embraces both prevention in populations and clinical care of individuals</td>
<td>Embraces both prevention in populations and clinical care of individuals</td>
<td>Mainly focused on prevention programme for populations</td>
</tr>
<tr>
<td>Access to health</td>
<td>Health equity among nations and for all people is a major objective</td>
<td>Seeks to help people of other nations</td>
<td>Health equity within a nation or community is a major objective</td>
</tr>
<tr>
<td>Range of disciplines</td>
<td>Highly interdisciplinary and multidisciplinary within and beyond health sciences</td>
<td>Embraces a few disciplines but has not emphasized multidisciplinarity</td>
<td>Encourages multidisciplinary approaches, particularly within health sciences and with social sciences</td>
</tr>
</tbody>
</table>

Examples – USA perspective:
- Global health:
  - COVID19 pandemic
- Public health:
  - Malnutrition – obesity
  - Poverty
PUBLIC HEALTH: USA - Malnutrition

Nearly a quarter of Americans will have severe obesity by 2030

U.S. Severe Obesity rates, 1990-2030

1990

PUBLIC HEALTH- USA - Poverty

USA population 2018: 327,096,263
- Increase poverty 1995 to 2016
  - deep poverty increased by an estimated 48% to 93%
  - extreme poverty increased by an estimated 54% to 111%

25.4% 20.8% 17.6% 10.1% 10.1%
Native American Black Hispanic White Asian

16.2% 12.9% 10.6% 9.7%
Children Women Men Seniors
GOALS OF GLOBAL HEALTH

- Capacity building- sustainability
  - Leaders
  - Researchers
  - Institutions
  - Bidirectional exchange of knowledge

“Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime”
AFRICA

- 2nd largest continent by area
- ~1.3 – 1.6 billion people, 16% of world’s population
- At least 2,000 languages
  - Most Africans are multilingual
- Projected to have >85% increase in cancer incidence by 2030
  - demographic changes: obesity and aging population
- Heterogeneous: genetic, geographic, climate, environmental, economic, and sociocultural factors
  - Affects incidence, prevalence, and mortality of various diseases

Morhason-Bello IO et al. Lancet Oncol. 2013
Maps: online
Limited data describing GI/Endoscopy capacity in Africa

Most comprehensive data is from World Endoscopy Organization (WEO)/European Society of Gastrointestinal Endoscopy (ESGE)

- Survey of GI endoscopy in Africa
- Aim: assess epidemiology of diseases requiring endoscopy in Africa
  - Assess unmet needs or shortages in training, education, technology, and infrastructure
- Method: 40 questions sent to all possible contacts.
  - Contacts: institutions (e.g., African scientific societies) and individual centers identified from contact lists of ESGE, WEO, and European national societies with well known and long-lasting relationships with African countries (e.g., the French Society of Digestive Endoscopy).
- Results: 22 responses received from 15 different African countries
STATE OF GASTROENTEROLOGY IN AFRICA

- Few GI endoscopy centers with adequate resources.
- Barriers to the development of endoscopy services:
  - Shortage of endoscopists with advanced endoscopy training
  - Lack of equipment and basic infrastructure
- Diseases of infectious etiology more prevalent than neoplastic diseases
  - Infectious etiology: peptic ulcer disease and liver cirrhosis
- Limitation: small number of responses


PERSONNEL, TRAINING & INFRASTRUCTURE

- Shortage of both gastroenterologists and nurses
- Density of doctors:
  - Africa: 14 to 1192 per million
  - Europe: 1266 to 6645 per million
  - USA: 2554 per million
    - Massachusetts: (population 6.8 million)
      - 413 physicians per 100,000 residents
      - Highest of any state in the country
      - 27,845 physicians with a full, active license and business address in MA, 568 GI
- Training
  - 8/13 countries: ≥ 90 % endoscopists receive training in basic endoscopy only.
  - 10/15 countries: < 30 % of endoscopists had received training in advanced endoscopy.
  - Training sites
- Infrastructure
  - Equipment
  - Accessories
  - Biomedical engineer

Mwachiro M et al. Endosc Int Open. 2021
Hassan C et al. Endosc Int Open. 2018
The Massachusetts Health Professions Data Series: Physicians | Mass.gov
RESEARCH IN AFRICA

- Lack of research
- Insufficient numbers of skilled health-care personnel

GI CANCERS
- Insufficient updated and comprehensive data for cancer and death registration
- Inadequate or no information about cancer
  - Globocan: online database providing estimates of incidence and mortality in 185 countries for 36 types of cancer, and for all cancer sites combined.
    - Data is part of IARC’s Global Cancer Observatory
    - Available online at Cancer Today with user-friendly facilities to produce maps and explore visualizations
- Lack of cancer prevention and control policy, cancer programs
- Inadequate collaboration or coordination of interventions by stakeholders and donors to combat cancer

MOST COMMON GI CANCERS

Estimated age-standardized incidence rates (World) in 2020, Africa, both sexes, all ages (excl. NMSC)

- Breast
- Prostate
- Colorectal
- Liver
- Gastric
- Pancreas
- Lung
- Bladder
- Non-Hodgkin lymphoma
- Skin
ESOPHAGEAL CANCER INCIDENCE/MORTALITY

The Global Cancer Observatory. All Rights Reserved, March 2019.

ESOPHAGEAL CANCER: EASTERN CORRIDOR OF AFRICA

Ranking (Oesophagus), estimated age-standardized incidence rates (World) in 2020, both sexes, all ages
(excl. NM05C)

American College of Gastroenterology
The highest age-standardized rate: Malawi (30.3 and 19.4 cases/year/100,000 population for males and females, respectively) followed by Kenya (28.7 cases/year/100,000 population for both sexes).

- USA: 3.3-7.3/100,000

Incidence rises sharply after the age of 40 years and reaches a peak at 75 years old.

Risk factors:
- tobacco consumption (smoking)
- heavy alcohol consumption
- drinking hot tea
- consuming red meat
- poor oral health
- low intake of fresh fruit and vegetables
- low socioeconomic status
GASTROENTEROLOGY GLOBAL HEALTH
PROGRAM GOALS

- Partnerships/Collaborations
  - Provide educational and training resources.
  - Exchange programs

- Mentorship

- Clinical
  - Didactics
  - Hands-on endoscopy training

- Research

PARTNERSHIP: Nigeria

- NIGERIA: West Africa

- Population
  - 221 million

- Most populous in Africa

- Endoscopy (2018):
  - 110 endoscopists in Nigeria, of whom 2 performed ERCPs.
  - Approximately 100 performed in the prior 15 years.
  - Patients with biliary obstruction underwent surgical intervention or travelled outside the country for medical care.
NIGERIA

- 2017 American Society for Gastrointestinal Endoscopy International Support program
  - Funded by ASGE as faculty
  - Society of Gastroenterology and Hepatology in Nigeria (SOGHIN, Ekiti)
  - Prof Deji Ajayi
  - Prof Olusegun Alatise
  - Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife
    - AIM:
      - Establish formal ERCP training program that includes both hands-on and didactic sessions at a tertiary teaching hospital in Nigeria.

Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife

- 724-bed capacity hospital in South-West Nigeria.
- Nearest international airport: Lagos, approximately 130 miles away.
- Endoscopy Faculty: 3 gastroenterologists and 2 surgical endoscopists.
- Annual Endoscopic procedures:
  - 350 EGDs and 200 colonoscopies
  - Most common indications:
    - EGD: peptic ulcer disease
    - Colonoscopy: rectal bleeding
- First ERCP in OAUTHC was performed in the 1980s by a radiologist.
  - Fewer than 20 cases prior to 2018
ERCP Program at OAU, Ife:
GOALS AND CURRICULUM

- GOAL: To enhance medical knowledge, endoscopic skills and provide the opportunity for didactic sessions in a multidisciplinary team
- TEAM: gastroenterologists, surgeons, anesthesiologists, radiologists, technicians, and nurses.
- CURRICULUM: discuss indications, contraindications, and alternatives to management of biliary diseases.
  - Two categories: hands-on bolus sessions and didactic sessions
  - Developed a 1-year program using quarterly formal hands-on training sessions (“bolus”) supervised by an experienced interventional gastroenterologist (Asombang).
  - Didactic sessions: Lectures - indications, contraindications, interventions per case
  - Online journal review (articles emailed monthly)

NIGERIA ERCP PROGRAM IMPLEMENTATION

- Hands-on quarterly, in-country weeklong hands-on ERCP sessions
  - Asombang traveled ~Q3 months over 1 year
  - Experienced interventional technician – Mr Germain Brissett – Session 1
- Digital communication was used to transmit program information and request patient referrals from local specialists (SOGHIN Whatsapp).
- A multidisciplinary meeting is held on day 1 of each session.
- Didactic sessions include monthly emailed journal articles and attendance at a grand round on pancreatitis hosted at Brown University via Skype.
RESULTS: PRE-PROGRAM SURVEY

- Questionnaire:
  - Gender, specialty, years in practice, procedure volume in previous year, and prior ERCP training.
  - All five participants completed the survey.
    - All physician participants are male.
    - Participant years in practice prior to the program ranged from 3 to 11 years (median 8)
    - Number of endoscopic procedures in year prior:
      - EGD - 0 to 400 (median 60)
      - Colonoscopies - 0 to 200 (median 5)
    - **Lifetime ERCPs – One participant had formal ERCP training**

RESULTS: Procedures & Patients

- Age 8-83 (55)
  - Pancreatic cancer
  - Choledocholithiasis
  - Cholangiocarcinoma

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>number of patients referred (94)</td>
<td>17</td>
<td>23</td>
<td>24</td>
<td>30</td>
</tr>
<tr>
<td>number of procedures performed (75)</td>
<td>14</td>
<td>17</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td>ERCP performed (53, 56%)</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>EGDs performed (22)</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Number procedures not performed</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

2023: ~600 ERCPs
BENEFITS/STRENGTHS

- Research/Publications
  - Asombang AW, Alatise OI, Aderounmu AA, Owojuigbe M, Omisore AD, Brissett G, et al. Teaching and pioneering endoscopic retrograde cholangiopancreatography at a tertiary center in Nigeria—Year 1 experience: The apprenticeship model—is this a viable option for Africa?. Niger J Gastroenterol Hepatol 2022
  

- Long-term collaborations and partnerships

LONGTERM PARTNERSHIP: 2018 - Current

American College of Gastroenterology
LAGOS UNIVERSITY TEACHING HOSPITAL, NIGERIA
WORLD GASTROENTEROLOGY ORGANIZATION (WGO) TRAINING CENTER

- **WGO Training center mission:**
  - Establish and nurture core training centers for primary and advanced gastroenterology (GI) training in locations of need, thereby improving standard of training at grass roots level while ensuring a focus on regionally relevant diseases

- **PROGRAM LEADS:** Dr Akwi W. Asombang & Dr Ganiyat Oyeleke

- **GOAL**
  - Develop quarterly GI training program with both didactics and hands-on for one year

- **METHOD**
  - Host a one-week session every 3-4 months for one year with repeat cycles of sessions
  - Session 1: March 2022 Colorectal cancer awareness month - Webinar
  - Session 2: June 2022 Didactics and Hands-on with general GI and Advanced (ERCP)-accessories
  - Session 3: October 2022 General GI – focus on GI trainees and nurses
  - Session 4: March 2023 Colorectal cancer awareness month
  - April 2023: Hands-on colorectal cancer awareness workshop at WGO-Lagos & LUTH

**GRANT FUNDING:**
CGH Medical Education and Innovation Development Award.

---

**COLONIC CANCER IN AFRICA - RAISING AWARENESS**
WEBINAR • SATURDAY MARCH 12 2022
8:00am EST USA / 2:00pm WAT / 3:00pm CAT / 4:00pm EAT

**MEET THE SPEAKERS:**

**COURSE DIRECTORS AND MODERATOR:**

**GRANT FUNDING:**
CGH Medical Education and Innovation Development Award.

**MGH-WGO NIGERIA MARCH 2022**

**COLORECTAL CANCER IN AFRICA: SUMMARY OF 2022 SYMPOSIUM PROCEEDINGS**

American College of Gastroenterology

African College of Gastroenterology

World Gastroenterology Organization

ACG SCOPY: Service Award for Colorectal Cancer Outreach, Prevention & Year-Round Excellence

American College of Gastroenterology
• Dr A W Asombang
• Dr Kenechukwu Chudy-Ohwugaje (Memorial Hospital Bellevue)
• Dr Rahul Panala (Mayo clinic)
• Kelly Balmer (**ambu)
GI-ENDOSCOPY NURSES and TECHNICIANS

Team Ife – Nigeria March 2019

BIDMC – Harvard Nurse Ayedebinu (Nigeria)

Brown University – Lifespan – Rhode Island Hospital Johnson Ogundare (Nigeria)

MENTORSHIP
MENTORSHIP PROGRAMS IN GLOBAL HEALTH

- Pan-African Organization for Health Education and Research (POHER)
  - Co-founders: Dr AW Asombang (GI) & Dr S Mazimba (cardiology)
  - Mobilize resources and strengthen health in African communities

- African Association of Future Gastroenterologists (AAFG)
  - Founder: Dr AW Asombang
  - Mentorship
  - Advancing and strengthening gastroenterology in Africa

- HOW?
  - POHER Scholars Program – 1:1 mentorship
  - Work in Progress (WIP) meetings: research ideas or completed proposal, grants
  - Webinars, Lectures, Symposium

MENTORSHIP: POHER
(GI Fellows Engagement)
ACG Virtual Grand Rounds
Universe.gi.org

WORK IN PROGRESS

Dr Amir Mohareb
Consultant, MOH ID

Dr Seth Bloom
Consultant, MOH ID

Dr Aweab Ali Ibrahim
Pediatrics GI, MGH

NEXT:
May 21st, 2023
09 am EST

Dr Ethan Pearlstein. Current GI Fellow (mentorship started as resident at Brown University, USA

Dr Comfort Asante Medical Doctor, Zambia

Evaluating Trends of Colorectal Cancer Publications in Africa and Correlation with Global Cancer Observatory Epidemiological Data

Dr Evaristus S Chukwudike, Gastroenterologist
University of Calabar Teaching Hospital, Nigeria

Epidemiology of Pancreatic Cancer in Africa: A Systematic Review

Dr Nkengeh Tazinkeng, Medical Doctor, Cameroon

Prevalence of and Factors Associated With Hepatitis B and C in an Urban Health District in Cameroon, West Africa: A Cross-Sectional Study

"Colorectal Cancer Screening in Zambia, Southern Africa: A national wide Survey on Knowledge, Attitudes, and practices (KAP) Amongst Medical Doctors"

Comfort Asante, Imelda K Moise, Joselin Chapelia, Lucky Bomba, Ethan Pearlstein, Whitney Mutemwa, Abbas Rupawala, Seke M Kazuma, Akwi W Asombang

***ACG & ASGE International Training Grant recipient

"Helicobacter pylori (H.pylori) eradication rates and antibiotic resistance pattern in Nigeria, West Africa: A Systematic review."

Evaristus S. Chukwudike, Akwi W. Asombang, Kelsey Sawyer, MS, Nkengeh Tazinkeng, Semrany I. Opoleke, Stella Maria C. Egboh, Avisi A. Naobu, Terkoo T. Bitto, Cosmos M. Moyo, Steven Moss

"Epidemiology of Pancreatic Cancer in Africa: A Systematic Review"

Ethan F. Pearlstein, Nkengeh Tazinkeng, Kelsey Sawyer, Ethan Pearlstein, Whitney Mutemwa, Abbas Rupawala, Seke M Kazuma, Akwi W Asombang

"Prevalence of and Factors Associated With Hepatitis B and C in an Urban Health District in Cameroon, West Africa: A Cross-Sectional Study"

Nkengeh Tazinkeng, Denis G Tewaale, Akwi W Asombang, Valerie A Kepu, Seth W Bloom, Aliou Muhanna, Akwi W Mohareb, Henry Luma

***DDW 2020 Abstract

"Colorectal Cancer Screening in Zambia, Southern Africa: A national wide Survey on Knowledge, Attitudes, and practices (KAP) Amongst Medical Doctors"

Comorbidities, modifiable lifestyles, and patient perspectives in colorectal cancer screening in Zambia, Southern Africa

Evaristus S. Chukwudike, Akwi W. Asombang, Kelsey Sawyer, MS, Nkengeh Tazinkeng, Semrany I. Opoleke, Stella Maria C. Egboh, Avisi A. Naobu, Terkoo T. Bitto, Cosmos M. Moyo, Steven Moss

"Epidemiology of Pancreatic Cancer in Africa: A Systematic Review"

Ethan F. Pearlstein, Nkengeh Tazinkeng, Kelsey Sawyer, Ethan Pearlstein, Whitney Mutemwa, Abbas Rupawala, Seke M Kazuma, Akwi W Asombang

"Prevalence of and Factors Associated With Hepatitis B and C in an Urban Health District in Cameroon, West Africa: A Cross-Sectional Study"

Nkengeh Tazinkeng, Denis G Tewaale, Akwi W Asombang, Valerie A Kepu, Seth W Bloom, Aliou Muhanna, Akwi W Mohareb, Henry Luma

***ACG & ASGE International Training Grant recipient

"Helicobacter pylori (H.pylori) eradication rates and antibiotic resistance pattern in Nigeria, West Africa: A Systematic review."

Evaristus S. Chukwudike, Akwi W. Asombang, Kelsey Sawyer, MS, Nkengeh Tazinkeng, Semrany I. Opoleke, Stella Maria C. Egboh, Avisi A. Naobu, Terkoo T. Bitto, Cosmos M. Moyo, Steven Moss

"Epidemiology of Pancreatic Cancer in Africa: A Systematic Review"

Ethan F. Pearlstein, Nkengeh Tazinkeng, Kelsey Sawyer, Ethan Pearlstein, Whitney Mutemwa, Abbas Rupawala, Seke M Kazuma, Akwi W Asombang

"Prevalence of and Factors Associated With Hepatitis B and C in an Urban Health District in Cameroon, West Africa: A Cross-Sectional Study"

Nkengeh Tazinkeng, Denis G Tewaale, Akwi W Asombang, Valerie A Kepu, Seth W Bloom, Aliou Muhanna, Akwi W Mohareb, Henry Luma

***ACG & ASGE International Training Grant recipient

"Helicobacter pylori (H.pylori) eradication rates and antibiotic resistance pattern in Nigeria, West Africa: A Systematic review."

Evaristus S. Chukwudike, Akwi W. Asombang, Kelsey Sawyer, MS, Nkengeh Tazinkeng, Semrany I. Opoleke, Stella Maria C. Egboh, Avisi A. Naobu, Terkoo T. Bitto, Cosmos M. Moyo, Steven Moss

"Epidemiology of Pancreatic Cancer in Africa: A Systematic Review"

Ethan F. Pearlstein, Nkengeh Tazinkeng, Kelsey Sawyer, Ethan Pearlstein, Whitney Mutemwa, Abbas Rupawala, Seke M Kazuma, Akwi W Asombang

"Prevalence of and Factors Associated With Hepatitis B and C in an Urban Health District in Cameroon, West Africa: A Cross-Sectional Study"

Nkengeh Tazinkeng, Denis G Tewaale, Akwi W Asombang, Valerie A Kepu, Seth W Bloom, Aliou Muhanna, Akwi W Mohareb, Henry Luma

***ACG & ASGE International Training Grant recipient

"Helicobacter pylori (H.pylori) eradication rates and antibiotic resistance pattern in Nigeria, West Africa: A Systematic review."

Evaristus S. Chukwudike, Akwi W. Asombang, Kelsey Sawyer, MS, Nkengeh Tazinkeng, Semrany I. Opoleke, Stella Maria C. Egboh, Avisi A. Naobu, Terkoo T. Bitto, Cosmos M. Moyo, Steven Moss

"Epidemiology of Pancreatic Cancer in Africa: A Systematic Review"

Ethan F. Pearlstein, Nkengeh Tazinkeng, Kelsey Sawyer, Ethan Pearlstein, Whitney Mutemwa, Abbas Rupawala, Seke M Kazuma, Akwi W Asombang

"Prevalence of and Factors Associated With Hepatitis B and C in an Urban Health District in Cameroon, West Africa: A Cross-Sectional Study"

Nkengeh Tazinkeng, Denis G Tewaale, Akwi W Asombang, Valerie A Kepu, Seth W Bloom, Aliou Muhanna, Akwi W Mohareb, Henry Luma

***ACG & ASGE International Training Grant recipient
Dear Mouhann Mohamed,

We are pleased to inform you that the ACG Abstract Selection Committee has selected your abstract at the ACG Virtual Grand Rounds, to be held October 25-26, 2022, at the Charlotte Convention Center in Charlotte, NC.

You will need to respond to this email to confirm whether you will be present to discuss your abstract(s) listed below for poster presentation at the ACG 2022 Annual Meeting to be held October 25-26, 2022, at the Charlotte Convention Center in Charlotte, NC.

- **A0495: Toward Management of Cancer, Cancer Care**
  - Sunday, October 25, 2022
  - 8:00 PM – 9:00 PM
  - Your Role: Presenting Author

- **D0094: Recurrent Clostridiosis diabeti**
  - Sunday, October 25, 2022
  - 10:00 AM – 12:00 PM
  - Your Role: Presenting Author

---

Dear Ayoakwomini Adekunle,

We are pleased to inform you that the ACG Abstract Selection Committee has selected your abstract(s) listed below for poster presentation at the ACG 2022 Annual Meeting to be held October 25-26, 2022, at the Charlotte Convention Center in Charlotte, NC.

- **A0694: Universally Seronegative Bilateral Ureteral Stenosis Using Necroex Using Drainage: The Experience of the 1st 23 Cases Using Drainage**
  - Sunday, October 25, 2022
  - 5:00 PM – 7:00 PM
  - Your Role: Presenting Author

---

PARTNERSHIPS/MENTORSHIP: FUNDING

- **2022 ACG International Training Grant recipient**
  - **TRAINING SITE:**
    - Kasturba Medical College, India

- **2023 ASGE Endoscopic Training Award**
  - **TRAINING SITE:**
    - Kasturba Medical College, India

- **2022 Berenson International Scholarship in Advanced Endoscopy recipient**
  - **TRAINING SITE:**
    - Beth Israel Deaconess Medical Center & Harvard
    - Drs T Berzin, M Sawhney, D. Pleskow and M Gabr

- **2023 ASGE Endoscopic Training Award**
  - **TRAINING SITE:**
    - MGH
PARTNERSHIPS - MOU

MEMORANDUM OF UNDERSTANDING

BETWEEN

MANIPAL ACADEMY OF HIGHER EDUCATION (MAHE)
On behalf of its constituent unit
KASTURBA MEDICAL COLLEGE (Department of Medical Gastroenterology and Hepatology)
AND
THE GENERAL HOSPITAL CORPORATION
D/B/A MASSACHUSETTS GENERAL HOSPITAL (MGH)

UNIVERSITY OF CALIFORNIA TEACHING HOSPITAL (UCTH)
AND
THE GENERAL HOSPITAL CORPORATION
D/B/A MASSACHUSETTS GENERAL HOSPITAL (MGH)

This Memorandum of Understanding (MOU) is entered into on 6th December, 2022 between University of California Teaching Hospital (UCTH) and The General Hospital Corporation (D/B/A Massachusetts General Hospital, MGH).

• Strengthening GI training
• Exchange program
  • Research
  • Mentorship

MGH-UCTH-KMC

American College of Gastroenterology
Mentorship: working with mentor – Rwanda
Medical College of Wisconsin, USA (Prof Kulwinder Dua) & University Teaching Hospital of Kigali & King Faisal Hospital

Dr Hanna Abera
GI Fellowship Program Director

GI Fellows
- Dr Dyna Nyampinga
- Dr Zainab Ingabire
- Dr Marie Solange Mukanumye
- Dr Felicien Shikama

CHALLENGES
CHALLENGES/LIMITATIONS: LOCAL

ENDOSCOPY

- Lack of functioning equipment
- Lack of disinfection supplies
- Availability of accessories

FACILITY

- Time constraints
- Space constraints
- Unpredictable electricity
- Lack of pathology services

### CHALLENGES/LIMITATIONS: LOCAL

#### ENDOSCOPY

<table>
<thead>
<tr>
<th>Lack of functioning equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time constraints</td>
</tr>
<tr>
<td>Lack of trained endoscopists</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lack of disinfection supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space constraints</td>
</tr>
<tr>
<td>Lack of support staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Availability of accessories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unpredictable electricity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lack of pathology services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### FACILITY

<table>
<thead>
<tr>
<th>Lack of insurance coverage for endoscopy services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial cost of purchasing endoscopy equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost of maintaining endoscopy equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients are unable to pay endoscopy fees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### PERSONNEL

<table>
<thead>
<tr>
<th>Lack of pathology services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

|                                               |
|                                              |

#### COST

<table>
<thead>
<tr>
<th>Lack of insurance coverage for endoscopy services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial cost of purchasing endoscopy equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost of maintaining endoscopy equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients are unable to pay endoscopy fees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Mwachiro M, et al Endosc Int Open. 2021
### CHALLENGES/LIMITATIONS: LOCAL

<table>
<thead>
<tr>
<th>ENDOSCOPY</th>
<th>FACILITY</th>
<th>PERSONNEL</th>
<th>COST</th>
<th>REGULATORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of functioning</td>
<td>Time constraints</td>
<td>Lack of trained</td>
<td>Lack of insurance coverage for</td>
<td>Obtaining governmental approval to offer endoscopy services</td>
</tr>
<tr>
<td>equipment</td>
<td></td>
<td>endoscopists</td>
<td>endoscopy services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of disinfection</td>
<td>Space constraints</td>
<td>Lack of support staff</td>
<td>Initial cost of purchasing endoscopy equipment</td>
<td>Governmental purchase of endoscopy equipment for facility</td>
</tr>
<tr>
<td>supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of accessories</td>
<td>Unpredictable</td>
<td></td>
<td>Cost of maintaining endoscopy</td>
<td>Obtaining governmental approval to offer endoscopy services</td>
</tr>
<tr>
<td></td>
<td>electricity</td>
<td></td>
<td>equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of pathology</td>
<td>Patients are unable to pay endoscopy fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Mwachiro M, et al Endosc Int Open. 2021*

### CHALLENGES/LIMITATIONS: GLOBAL

- Revenue Loss – productivity
- Program implementation: personnel and logistics.
  - Personnel:
    - Familiarity with advanced endoscopy (ERCP/EUS) – procedure understanding (indications, contraindications, quality metrics, infection control and safety), communication
  - Logistics
    - Challenges using equipment: ie C-arm
    - Consumables/accessories – limited industry support
CHALLENGES: PARACHUTE RESEARCHER

- “Fly-in/Fly-out researcher”
- “The one who drops into a country, makes use of the local infrastructure, personnel, and patients, and then goes home and writes an academic paper for a prestigious journal.”
- Exploitative research: individuals from predominantly HICs extract data and knowledge from predominantly LMICs without due acknowledgment of local partners and collaborators
- Academic pressure: “Publish or perish”
- Opportunities for research contribution:
  - Design – cultural context
  - Patient recruitment, treatment in existing facilities, and follow-up
  - Data analysis
  - Manuscript


**Background:** The *Lancet Global Health*’s stated purposes is to represent “disadvantaged populations” in health-related scenarios around the world.

**Aim:** analyze to what extent the journal succeeds in its aim

**Method:** research articles June 2013–July 2017

**Results:** 236 articles, only ~35% of the authors were affiliated with or came from LMICs
CHALLENGES:

• **Safari researcher**
  – One that recruits LMIC specialists, with minimum involvement, into studies driven by HIC authors for perceived credibility...

• **Guest authorship**
  – Adding authors who did not contribute substantially to the work

• **Ghost authorship**
  – Omitting authors who have contributed substantially to the work

---

BENEFITS, STRENGTHS & SOLUTIONS

---

Sumathipala A et al. BMC Med Ethics. 2004
Iyer AR. The Lancet Global Health. 2018
Rohwer A, Young T, Wager E, Garner P. BMJ Open. 2017
BENEFITS & STRENGTHS

- Successful programs - Local team lead:
  - dedicated, positively ambitious and organized

- Hospital administrative support
  - Financial support

- Multidisciplinary meeting to review cases at the beginning of each work week - educational

- Continuity of faculty (anesthesiologist/radiologist) – skill transfer

- Sustained service that provides care for patients

STRENGTHENING GLOBAL HEALTH

- Discourage global health “voluntourism”
  - Teach trainees/graduates what they must NOT do, when they go to LMICs.

- Complete a course in global health

- Predeparture training
  - Cross-cultural effectiveness and cultural humility
  - Bidirectional participatory relationships
  - Local capacity building, long-term sustainability
  - Respect for local expertise and leadership
  - Allyship and privilege
  - All HIC trainees and experts must learn to listen and be humble.
GLOBAL HEALTH COURSE

SOLUTIONS

• Collaboration and bilateral exchange as core
  − Build foundation – local infrastructure
  − Skill transfer
  − Establish long-term goals

• Partnerships with industry:
  − Medical device companies
  − Accessories/consumables

• GI Society Funding
  − ACG International Training Grants
  − ASGE Endoscopic Training Awards
CONCLUSION

• Partnership – collaboration: not one-way traffic
• Set realistic program goals
• Development of gastroenterology services
  – Consider local prevalence of diseases
  – Availability of resources
• Personal goal: determine time allotment (monthly split: 10/2, 8/4, 6/6)
• Maintain respect and support
• Collaborate on research
• Collaborate on funding opportunities
• Avoid parachute research, avoid safari research
• Build capacity, develop sustainable programs
• Global health is not a vacation

THANK YOU - QUESTIONS

THANK YOU: American College of Gastroenterology
MGH Division of Gastroenterology, Center for Global health, and
Center for Diversity and Inclusion

LinkedIn: https://www.linkedin.com/company/akwi-asombang-md-mph
Facebook: https://www.facebook.com/Dr-Akwi-Asombang-1019272288994511/
Twitter: @AkwiAsombangMD
Instagram: https://www.instagram.com/drasombang/
Email: aasombang@mgh.harvard.edu
Questions

Akwi W. Asombang, MD, MPH, FACG

Mmeyenabasi Omede, MD

CONNECT AND COLLABORATE IN GI

ACG & CCF IBD Circle
ACG Hepatology Circle
ACG Functional GI Health and Nutrition Circle
ACG GI Circle
ACG Women in GI Circle

ACG’s Online Professional Networking Communities
LOGIN OR SIGN-UP NOW AT: acg-gi-circle.within3.com