

## EDITORIAL

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As I wended my way back from attending the 8<sup>th</sup> AMAGE Congress in Addis Ababa I reflected on the state of gastroenterology in Sub Saharan Africa (SSA). The Congress with 310 attendees was entitled “Challenges Facing Gastroenterology Practice in Africa and the Middle East”. With more gastroenterologists at the Mayo Clinic than in the whole of SSA, what are we doing and what can we do to improve the care of patients with gastroenterological diseases?

Several of us have been chipping away at this for over two decades. Issy Segal, the Professor of Gastroenterology at Chris Hani Baragwanath Hospital, was the first to recognise the need and created the African Institute of Digestive Diseases to help train future doctors and nurses from SSA in aspects of gastroenterology. This batten passed onto Reid Ally who has been continuing not just a philosophical commitment, but a physical one attending congresses and workshops all over Africa. Some years later SAGES embraced this need and created the SAGES Academy of Digestive Diseases (SADD) to expand the opportunity for training across the gastroenterology units of South Africa. This has strengthened our reporting and financial interaction with the World Gastroenterology Organisation and resulted in several SSA trainees being supported and graduating through our system. Into the fray has come the Gastro Foundation captained by Chris Kassianides who has steered his ship into Africa and whose activities have been extensively chronicled in previous issues and other fora. These forays into Africa involving Wendy Spearman and Mark Sonderup have resulted in the formation of the Gastroenterology and Hepatology Association of Sub Saharan Africa (GHASSA) and guidelines for viral hepatitis specific to our region. Sometimes overlapping, though usually independent of these efforts, has been the surgical input into the fray with Professors Khan, Pillay, Smith, Goldberg, Koto and Bizos all making sustained contributions by participation in numerous activities with the West African College of Surgeons (WACS) the Pan African Association of Surgeons (PAAS) and College of Surgeons of East and Central and Southern Africa (COSECSA). These activities have been facilitated by the key executive roles they hold, not only in these organisations, but in the WGO and the International Hepato-Pancreato Biliary Association (IHPBA) and in global surgery initiatives. This has translated more recently into the establishment through Paul Goldberg of regular surgical outreach to Namibia and in the future to Mozambique. In this issue the Head of Gastroenterology in Mozambique, Prasad Modicar, has teamed up with the ever present Chris Mulder to summarise the situation and potential ways forward to increase the pool of gastroenterologists in that country. There is obviously also an encouraging wealth of talent

coming through our SADD supernumerary system as evidenced by the two articles from the surgical supernumerary fellows in Ed Jonas' Unit. These are topical up to date reviews and their endeavour is there for you to judge.

More recently one of the initiatives I have been proud to drive is endoscopy training. These endeavours are being actively pursued in Cape Town, nationally and internationally with Damon Bizos. Several individuals have taken this forward. Dion Levin and Adam Boutall have been on the colonoscopy trail for sometime and their activities have gained momentum. Galya Chinnery's endoscopy for beginners course, now running locally at the Red Cross training laboratory for 4 years, went in July 2017 to the Black Lion Hospital in Addis Ababa as a post AMAGE congress workshop. This was made possible by financial and logistic support from Storz and Pentax. It worked well and was enthusiastically received by the 8 trainees and their local trainers. Earlier this year we were proud to extend this training initiative into ERCP. Sean Burmeister set the ground work and John Devar elaborates on the inaugural effort which was hosted in Cape Town in April. The course was supported by a leading trainer from the UK, Srisha Hebbar and by our recent Solly Marks Visiting Professor, Peter Cotton, one of the early pioneers of ERCP and ERCP training. Peter was one the younger group of Solly's contemporaries who helped him to sustain the Gastroenterology unit at Groote Schuur Hospital in the lean years and his contributions during the visit were well received. I have done a short piece on his visit in this issue to elaborate on these contributions.

One other aspects I would like to touch on is the activities of the stalwart of IBD, David Epstein. The adjective which means staunch, loyal, faithful, devoted, dedicated, dependable, reliable, steady, constant, trusty, hard-working, vigorous, stable, firm, steadfast, redoubtable, resolute, unswerving, unwavering, unhesitating and unfaltering, truly describe his commitment to IBD. He has summarised his latest activities in this issue and hopefully they inspire you to rally to the cause.

I believe that the Journal reflects activity in our GI community which is trying to make a difference at home and into Africa. There is a need for the more mature younger members in SAGES to build on these initiatives as individuals like myself fade into retirement wondering what to do with themselves. The ASSA SAGES Congress lies ahead and the dynamic programme bodes well for a topical, interesting and informative meeting.

Enjoy the read and enjoy the congress.

**Sandie Thomson**  
Editor