Vision and role of the E-AHPBA in the development of liver surgery in SSA

Professor Christos Dervenis
E-AHPBA President
The E-AHPBA will be the prime regional organisation of the IHPBA devoted to relief of worldwide human suffering caused by hepato-pancreato-biliary (HPB) disorders, by improving education, training, innovation, and patient care.
The mission of the E-AHPBA is to improve evidence-based care and optimise the outcome of patients with HPB disorders throughout the world by:

- Disseminating research findings and best treatment practices
- Advancing HPB specific training
- Fostering research and innovation
- Encouraging multidisciplinary collaboration
The E-AHPBA is committed to excellence in patient care and is devoted to elevating standards of care throughout the world.

The E-AHPBA encourages the recruitment, mentorship, training, and career development of individual interested in hepato-pancreato-biliary disorders.

The E-AHPBA embraces a multidisciplinary approach to the treatment of hepato-pancreato-biliary disorders and fosters collegial relationships.

The E-AHPBA is committed to the highest ethical standards in research, education, organisational operation, and interaction with industry.

The E-AHPBA encourages membership by qualified candidates interested in hepato-pancreato-biliary disorders.
National Chapters

New Chapters:
- Spain
- France
- Kenya
- Numerous chapters are re-establishing themselves

- Membership increase
- Focus on younger members
European-African Hepato-Pancreato-Biliary Association

Membership

- Total of 627 Members
- Harmonization Programme in association with IHPBA
- Membership drives in conjunction with E-AHPBA and IHPBA Congresses and Post Graduate Courses

Diagram:

- Combined Standard Members: 74%
- Combined Junior Members: 22%
- Standalone Members: 4%
• New Chapters
  – Spain
  – France
  – Kenya
  – Numerous chapters are re-establishing themselves
• Membership numbers have increased
• **Focus on younger members**
• **New categories of members**:  
  – **Allied Health Care workers**
Why belong to a Professional Society?

• Perhaps most importantly, these societies also possess tremendous value in enhancing an individual surgeon’s maturation on numerous levels. These include, but are not limited to, strengthening political, administrative and leadership skills beyond the immediacy of one’s own institution.

J Trauma Manag Outcomes. 8; 2014
Attracting a new generation (millennials)

• 92 percent believe that today’s professional groups provide great opportunities to network.
• 52 percent reported that they are more likely to join a group that is invite-only.
• 81 percent would join a group that offers a concierge to help them use member’s benefits, as opposed to an organization that is self-guided.
• 58 percent already belong to a professional organization.
• 77 percent of respondents who are not members of a professional organization intend to join one

Opportunity to give back

Buzz Marketing Group’s, “Professional Organizations Study 2015,” survey

EAHPBA 2017
Cancer Care in Africa: An Overview of Resources

Daniela Cristina Stefan

South African Medical Research Council, Cape Town, South Africa.
Survival of people with cancer in Africa is far worse than that attained in high-income countries. For example, the 5-year survival rate of women with breast cancer in Europe is 82%, whereas it is 46% in Uganda, a little less than 39% in Algeria, and 12% in Gambia.¹
Why?

- A massive undersupply of cancer care services exists on the continent
- A lack of national registries
- Shortage of surgeons
- Absence of surgical specialization programs
• Shortage of HPB Surgeons
• Limited treatment availability
• Absence of Centers of Excellence

• Training is the most important
Global Surgery 2030

THE LANCET Commission on Global Surgery
Commission Launch | April 27, 2015 | London, UK
Vision of the Global Surgery Community

Universal access to safe, high quality, affordable surgery and anesthesia when needed

Universal health coverage (UHC) is defined as “the situation where all people are able to use the quality health services that they need and do not suffer financial hardship paying for them”.

Source: WHO/World Bank Ministerial-level Meeting on Universal Health Coverage 18-19 February 2013, WHO headquarters, Geneva, Switzerland
LCoGS has 5 key messages

- 5 BILLION cannot access safe surgery when needed
- 143 million more procedures needed annually at minimum
- 33 million Individuals face catastrophic expenditures paying for surgery & anaesthesia annually
- Investing in surgery is affordable, saves lives, & promotes economic growth
- Surgery is an indivisible, indispensable part of health care
Global Surgery and E-AHPBA

• How do we reconcile the concepts of global surgery and an area of health care delivery which is at least tertiary but predominantly quaternary in its delivery?

• How do we find alignment with the concepts of improving access to safe, high quality, affordable surgery when needed?
Education

• Biennial Congress

• Courses
  – Post Graduate Courses in preparation for the UEMS
  – Master classes
  – Consensus meeting
European-African Hepato-Pancreato-Biliary Association

E-AHPBA Biennial Congress

Future Meetings:
• 2019 – Amsterdam, The Netherlands
• 2021 – Bilbao, Spain

Previous Meetings:
• 1995 – Athens, Greece
• 1997 – Hamburg, Germany
• 1999 – Budapest, Hungary
• 2001 – Amsterdam, Netherlands
• 2003 – Belgrade, Serbia
• 2005 – Heidelberg, Germany
• 2007 – Verona, Italy
• 2009 – Athens, Greece
• 2011 – Cape Town, South Africa
• 2013 – Belgrade, Serbia
• 2015 – Manchester, United Kingdom
• 2017 – Mainz, Germany

@eahpba
www.eahpba.org
European-African Hepato-Pancreato-Biliary Association

E-AHPBA Educational Pyramid

- E-AHPBA Expert course
- E-AHPBA Supported course
- National Chapter course
- E-AHPBA course

@eahpba www.eahpba.org
Workshop on Training Standards in HPB Surgery

Saturday, 5 November 2016
Venue: Koç University Hospital, Artlab Conference Room, Istanbul

09:55 – 10:00  Opening  Yaman Tekant

10:00 – 10:30  Topic: “Standards of HPB Surgery Training in Europe”
   Chairman: Osman Abbasoğlu
   Speaker: Rowan Parks

   Chairman: Ahmet Çoker
   Speaker: Martin Smith

12:00 – 12:30  Topic: “UEMS Board Examination in HPB Surgery”
   Chairman: Sadık Kılıçturgay
   Speaker: Xavier Rogiers

EAHPBA 2017
AIMS:
• Transfer of skills
• Collaboration
• Partnerships
  – Academic
  – NGO’s
  – Biomedical industry
• Support local endeavour
• Provide service to communities
• Research
Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime.
“I hear and I forget.
I see and I remember.
I do and I understand.”

Confucius
Is Surgical Outreach to Foreign Countries Misguided?
APRIL 20, 2016 SAJU JOSEPH, MD FACS

• Train surgeons with the skills they require to serve their patients and allow them to train future generations of local surgeons. This is the model suggested by the World Health Organization.

• Provide the knowledge to develop systems of care that are sustainable and effective. These systems must also be cost effective, use minimal equipment, and be reproducible in broad areas of the country they are developed for.
2nd International Congress of
Kenyan Chapter of Europe-Africa Hepato-Pancreatic-Biliary Association
3rd - 5th May 2017
Theme: Current Treatment of Liver, Biliary and Pancreas Cancer
Programme

Day One - 3 May 2017
Liver and Pancreas Congress
Venue - UoN, Lecture Theatre

Welcome and remarks Dr. Kiraitu & Prof. Ndaguatha
Program overview Dr. Ondede

8am - 10am: Session I - Liver surgery and Radio Frequency Ablation
Chairman Prof. Lule
Moderators: Dr. Odhiambo, Prof. Smith and Prof. Dervenis

1. Current management of HCC an overview - Prof. Jonas
2. Liver tumours: ablative methods - Dr. Mangat
3. Liver tumours ablation, RFA technique - Dr. Mangat
4. RFA ablation of liver tumours: A surgeons perspective - Dr. Jonas

10.30 am - 6.00pm: Session II - Liver, Pancreas Surgeries and Radio Frequency Ablation
Venue - KNH Theatre / Radiology Unit
Coordinators Dr. Ondede, Dr. Kiraitu, Dr. Kibaya & Dr. Nyabanda
Kenyan outreach 2016 and 2017

• Procedures in 2016
  – liver resections (2)
  – CBDI repair (1)
  – Frey procedure for CP (1)
  – Trial of dissection PDAC (1)

• Local procedures between the 2 visits
  – Liver resections
  – Prox and distal Pancreatectomies
  – Bile duct repairs

• Procedure in 2017
  – Pancreaticoduodenectomy (2)
  – Hepatico-jejunostomy (1)
Prof Ndaguatha in his opening remarks stated the University was extremely privileged to host such an international congress........ He hoped the knowledge and skills would help improve the level of HPB surgery at Kenyatta National Hospital.....

Academic Head of Surgery.
University of Nairobi Kenya

In its short history.... The Kenyan chapter has laid the foundation for solid HPB Surgery in Kenya...... ... train more surgeons in HPB surgery launch our website, organise HPB outreach in the East African region

Dr Miriti, Secretary K-EAHPBA chapter
With proper help, time, dedication, and, most importantly, good intentions and perseverance, health care providers can help build advanced surgical programs, such as renal transplantation, advanced laparoscopy, HPB surgery, and esophageal surgery, in a developing nation. It is important to keep in mind that the care of the patients of the host country should be no different than that in the U.S. It is advisable to provide care only for those cases with which the surgeon is comfortable, and it is also important to ensure that patients can be cared for by the local clinicians when a surgical team, .........., has departed the country. The work that we have accomplished in Kurdistan is a testament of the effective and meaningful effect that can be achieved through collaboration with major stakeholders.
• Travel with the support of a recognized health care outreach organization, such as the ACS Operation Giving Back Program, AHPBA, Operation Hope, or World Surgical Operation.

• Start with straightforward, low-risk cases initially to build confidence and trust among your hosts.

• Empower the local medical team, and get its members involved from the start. This effort will ensure the establishment of great relations with your counterpart health care community.

• Prepare to revisit the same destination multiple times to have a meaningful impact on capacity building.

• If possible, arrange for a host surgeon to visit your medical center, so he or she can see how surgery is practiced in the U.S.

• Help host surgeons become members of surgical societies.

• Plan at least a day for an academic symposium during your visit.

• Encourage host physicians to publish clinical papers.
E-AHPBA Strategic Partner Alliance

- An exclusive programme for selected partners
- An opportunity to collaborate with the E-AHPBA on its main activities
- Access to the E-AHPBA during an exciting phase of growth and development
- Improve teaching and training in the HPB sector
- Marketing via membership and E-AHPBA Congresses
- Collaborative activities identified during consultation phase

*Shaping the Future of HPB Healthcare*
## Partnership Levels

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Strategic</th>
<th>For companies who’s aims are to develop the HPB specialty, improve education and set the standards for the future.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2</td>
<td>Collaborative</td>
<td>For companies who wish to align themselves with the E-AHPBA and establish mutual support of each other’s aims.</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Associate</td>
<td>For companies who seek E-AHPBA support in promoting their brand and products.</td>
</tr>
</tbody>
</table>
E-AHPBA Strategic Partner Programme

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Shaping the Future of HPB Healthcare
SAVE THE DATE: 2-5 JUNE 2019

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