

## An invitation to Bolivia

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The Canadian Association of Gastroenterology (CAG) has been invited to become a supporter of a training institute located in La Paz, Bolivia. It is an opportunity which we should take on enthusiastically.

The World Gastroenterology Organization (Organisation Mondiale de Gastro-Entérologie) and the World Organization for Digestive Endoscopy (Organisation Mondiale d'Endoscopie Digestive), have established eight training centres worldwide. They are located in La Paz, Bolivia; Santiago, Chile; Rabat, Morocco; Soweto, South Africa; Cairo, Egypt; Karachi, Pakistan; Rome, Italy; and Bangkok, Thailand.

The Bolivian-Japanese Gastroenterology Institute in La Paz, Bolivia, was built in 1979 with funding provided by the Japanese government. It was recognized as a World Gastroenterology Organization – Organisation Mondiale d'Endoscopie Digestive training centre in 2003. The centre provides training in clinical medicine, diagnostic and therapeutic endoscopy for gastroenterologists from Argentina, Brazil, Peru, Paraguay and Uruguay. It serves as a focus for the growth of gastroenterology (GI) and hepatology expertise within the region.

The centre is located in downtown La Paz, Bolivia. Although it was built approximately 30 years ago, the innovation and vision of the original designers, both Japanese and Bolivian, is very impressive. The centre has an outpatient department, endoscopy rooms from which live procedures can be broadcast to the students, a lecture theater and administrative offices. The current director, Dr Guido Villa Gomez, follows in the tradition of unit directors being physicians with outstanding clinical, endoscopic, teaching and administrative abilities.

We have been asked to send lecturers to teach courses at the centre. At a minimum we should respond positively to the request for teachers, but should we do more than what has been asked? The arguments in favour of contributing more than a couple of lecturers once a year for a few days are convincing. Canada has an average GDP per capita of \$34,870. In contrast, Bolivia, the poorest country in South America, averages less than \$3,375 per capita. The infant mortality rate, an index of health system funding, is 10 times higher in Bolivia than in Canada. There is an urgent need for training, funds and

equipment, not just in Bolivia, but in many other South American countries.

Two centres in Canada have joined a newly developing program to ship surplus GI equipment. The GI unit in the Calgary Health Region in Alberta is in the process of finalizing arrangements to ship surplus endoscopy equipment to Uruguay and Bolivia. The GI group at the Capital District Health Authority in Halifax, Nova Scotia, is shipping expired, disposable endoscopy equipment using students from a local school as shippers. All of this equipment, which amounts to approximately \$562 to \$1,125 per month, not much by our standards, huge by Bolivia's, would have otherwise gone into the trash. It is likely that most centres across the country are disposing of expired material, which can potentially have another lease of life to the south. The CAG needs more centres to participate – the vision being that we will link Canadian endoscopy centres to partners in South America. The cost is minimal, the satisfaction significant.

A cynic might say that bake sale solutions will not solve the complex problems of developing countries. That may be true, but it is better to do something than nothing. However, we can make more significant contributions with a huge potential impact. Canadian training programs in clinical and basic research, clinical GI, hepatology and endoscopy are of a high standard. We can make a real difference by establishing training positions in Canadian programs for emerging leaders of GI in South America, but this is more difficult to achieve. The barriers to students coming into Canada are formidable and well established, but discussions are still underway.

We have also been asked to host a 'Train the Trainers' program in Canada. This program is designed to train teachers who will become educators in their home countries. The CAG is moving ahead with feasibility planning for the program to come to Canada in 2008.

There does not always need to be a profit and loss analysis when we are asked to help – sometimes we do things because it is simply the right thing to do. However, the pros and cons of an expanded role are worth summarizing for clarity. The downsides of increased engagement in South America are minor. Thus far, no CAG funds have been expended. We will need to make arrangements to fund the lecturers travelling to Bolivia

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and may also need to expend some funds to ship surplus equipment.

These expenses are minor compared with the benefits, which are very direct for the patients benefiting from the equipment. Also, our colleagues in South America and the students interacting with the Canadian lecturers will know that they are not entirely on their own as they struggle to deliver GI care in difficult situations.

Our South American peers, both physicians and nurses, have a lot to teach us. The experience of seeing health care delivery in a developing country does change our perspective on our own issues. There is also the personal satisfaction of

knowing that you can make a difference, even if it is in a small way, to the problems of emerging countries.

The invitation to engage with our South American colleagues represents an opportunity for us to give a little of the benefits which we enjoy. It is well worth pursuing and hopefully, the increased communication and contact will lead to a mutually beneficial, sustainable and ongoing relationship.

If you are interested in finding out more about how you can ship surplus equipment, contact the CAG office at 1-888-780-0007. Further updates on our emerging engagement with South America will be given at Canadian Digestive Diseases Week 2007 in Banff, Alberta.



*El Alto Plano – a plateau outside La Paz, Bolivia (un plateau près de La Paz, en Bolivie)*

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