

# KIDNEY FOUNDATION OF FIJI

## Progress towards the establishment of renal dialysis service for Fiji

A joint Kidney Foundation of Fiji and Sydney – based Healthcare Fiji  
Association Inc. venture in Renal Care

(Is this official? If not, we probably should not include this)



**Report of the Kidney Foundation of Fiji - Team visit to St. Vincent's Hospital,  
Sydney**

**30<sup>th</sup> - 31<sup>st</sup> January 2004**

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## Summary

Since its inception in May 2003, The Kidney Foundation of Fiji has taken the necessary steps in doing its ground works leading to progress towards the possible establishment of Renal Dialysis and Renal Care Service For Fiji. It has forged strong bonds with HealthCare Fiji Association Inc. based in Sydney and who are equally important in the contribution and behind the scenes work for the above initiative.

The Kidney Foundation of Fiji - Medical Team pushed the Executive Governing Body through its regular planning and presentations that led to the decision for a team to undertake the tour to Sydney as a pre-requisite for the set up of proper Haemodialysis Programme. And the Foundation had opted not to pursue the USA donation of Haemodialysis Machines due to different voltage and cost factors. So a team was appointed to inspect the Dialysis machines from Australia, which have been kept in store for the Foundation, and to make whatever arrangements as necessary to have them brought to Fiji. These machines in Sydney had been held in store over a year on behalf of the KFOF at the expense of HealthCare Fiji Association Inc. of which Mr. Stan Whippy is the Chairman.

It is through Mr. Stan's own provider of dialysis that an invitation to the Physicians in Fiji was extended around the time the KFOF Team was due in Sydney. This therefore led to the KFOF meeting with Dr. Timothy Furlong of St. Vincent's Hospital – Representing the Australian Association of Nephrologist who indicated ways the Australia and New Zealand Society of Nephrologist may be able to establish links with the KFOF or the medical counterparts. Recommendations and Outcome from this meeting and the visit to Sydney are reported in order that the Foundation works up to its own decisions on the setting – up of the dialysis services for Fiji.

## Introduction

In keeping with the mission of the Foundation that is to:

*“make people’s lives better, by ensuring timely care to the renal patients and providing advice to the people through a public awareness campaign to lead a healthy life”,*

the idea of this foundation was mooted some three years ago amid concerns of lack of adequate facilities in Fiji for the patients having kidney ailments. The kidney patients were largely affected by diabetes. With Fiji having the third highest rate of diabetes per capita in the world (is this correct?) the problem is increasing. Peoples’ lifestyle has changed drastically over the last three decades and lack of awareness of the seriousness of this, coupled with aftercare of diabetes patients have caused blindness, renal failures and other complications. The complication of ESKD unfortunately is very expensive and given the constricted budget of the Fiji Government, no dialysis program is available to cater for these individuals. Patients through their individual arrangements have organized dialysis program either in Fiji (CAPD) or Australia and NZ (Hemodialysis and kidney transplant)

Whilst the ultimate treatment for renal failure is to have a transplant and which is very much cost - effective, it is recognized that dialysis facility was vital as a transit for securing kidney donor for transplant. The Government doesn’t have proper facilities to care for the kidney patients and just a few are fortunate enough to avail overseas treatment but this treatment in itself is very expensive and beyond the means of many patients. The kidney Foundation is therefore, actively undertaking research in the field and is involved in finding solution for Renal Care and Dialysis Service for Fiji.

Towards progress in this direction the Kidney Foundation’s planned visit to Sydney to explore issues related to the donated Haemodialysis machines, the KFOF team upon invitation took the opportunity in visiting Dr. Timothy Furlong’s Renal Care Unit at St. Vincent’s Hospital for the two days meetings on 30<sup>th</sup> and 31<sup>st</sup> January 2004. Details of the proceedings between St. Vincent’s Renal Unit staff, KFOF and the Health Care Fiji Association Inc. Sydney, are provided in this report.

Picture of Haemodialysis Machine in use at St.  
Vincent's Hospital – Renal Unit

## Background

The importance of having proper healthcare for patients suffering from renal disease cannot be over emphasized. In Fiji there were 247 chronic patients, who needed dialysis in 2002 and 100 new patients each year are currently seen with End Stage Kidney Disease and progressing to renal failure. The costs of treatment (hemodialysis) would be around F\$30,000 per person and that the Government doesn't have adequate funds to provide after care facility through a modern facility for chronic patients.

Under the pursuit of KFOF/HCFAL, two suppliers in Australia - Gambro and Baxter showed interest in putting up a facility in Fiji to provide a "one stop shop" facility for chronic renal patients on 'user pay' basis. Gambro proposal was received and reviewed during a presentation made to the KFOF and Government representatives last year. It gave a window of hope that at least some facility will be available at Fiji's doorstep while at the same time, the ultimate goal was for everyone to have access to this care. Funding and trained personnel were realized as the greatest risks for this project but from assessment it became evident that specialist medical professionals were available if such a facility got established. On funding the programme, KFOF looked up to donor organizations and like Foundations and was hopeful in approaching other donors specializing their donor activities in health care field would be interested to assist if KFOF charter and objectives were clearly articulated and expected outcomes and activities focused and implementable.

An Executive Subcommittee visited and has had preliminary meetings with the Ministry of Health Officials and that the Government officials have shown agreement that the establishment of a dialysis facility was a long - standing issue and welcomed the initiative by the KFOF. In the activities plan KFOF has since drawn up its priorities on functions of importance in the delivery of services it was establishing.

'The expected outcome of the Foundation is that the facility for renal care, (pre and post care) and Aged - care facilities are established and available for the people of Fiji and that these facilities could also be extended to other Pacific Island Countries in the longer term'. " Every moment is important and Life is precious" ( I am not sure about this bit? We probably should not extend as yet to include other PICs. Also, we should remain focused on renal dialysis rather than including aged care)

With the given background, KFOF continued to organize several exploratory and planning meetings. As per the activity calendar, the visit to St. Vincent's Hospital was formalized by the full Board meeting on 13th January at KPMG Board Room. The fifth Meeting of the Kidney Foundation of Fiji (KFOF) held on Wednesday 21 January 2004 in the Board Room of Quality Print Ltd, Walu Bay at 9am, with Mr. Dewan Chand Maharaj, Dr. B.P.Ram, Dr. Joji Malani Consultant Adviser and Head KFOF Medical Team, Dr Uzzal Kanti Dhar and Mr. Hector Hatch, Secretary. Also present was Mr. Stan Whippy Jnr. Following this and as Mr. Stan Whippy Snr. Chairman of HCFAInc, happened to be in Suva resulted in the caucus meeting on 24th January 04 with the following members: Ratu Joni Madraiwiwi (Patron), Mr. D.C. Maharaj (President), Dr. B.P.Ram, Dr. Uzzal K.Dhar, Mr. Bruce Sutton (Treasurer), Mr. Hector Hatch (Secretary) and Mr. Stan Whippy. This meeting's principle purpose was to discuss the

visit to Australia by the team from the KFOF. Mr. Stan's briefing provided adequate and timely information for the Team's preparation and expectations.

The meeting also felt that it was extremely important as a result, for the KFOF to gain official recognition of its existence as a reputable body that was keen to assist the Fiji Government and the citizens of Fiji generally in improving the medical services available to those who are suffering from Kidney disease or disorders. There was general discussion and agreement on a suggestion that in view of the technical complexity of medical matters which of necessity will have to be considered by the KFOF from time to time and particularly after the Sydney visit, that all such matters be first considered by the medical team and presented in writing to the full meeting of the KFOF in its guidance and consideration.

#### Photo

Dr. Timothy Furlong, Nephrologist St. Vincent's Hospital during day one meeting

## Section I - General features

### **Day 1 Meeting**

The team [Mr. Dewan Maharaj, Dr. B.P. Ram & Dr. U. K. Dhar} was well received at the airport from where we were taken for our meeting with Dr. Timothy Furlong at St. Vincent's Renal Care Unit. Mr. Stan Whippy (chairman) represented the Sydney based HCFA Inc. The meeting in fact lasted 2pm to 5pm instead of the half hour slot kept for the KFOF. In attendance also were Jenny Laurence, St. Vincent's dialysis Nurse Manager, Mr. Jammie Stokoe, CEO of Gambros, Mr. Abdon Ulloa, Biomedical Engineer – Sydney Dialysis Centre who pledged their support for the KFOF efforts.

### **St. Vincent's Renal Care Unit**

Dr. Timothy Furlong heads the Renal Unit at St. Vincent's Hospital that comprises only one ward with 14 Haemodialysis Machines. This caters for 48 patients per week. There are only two shifts per day.

View of the single 14 Bed Haemodialysis Ward, St. Vincent's Hospital

Photo



## **Day 2 Meeting**

This meeting with Dr. Timothy Furlong was equally well attended by Professor Robert Moulds, Mr. Dewan Maharaj, Dr. B.P. Ram & Dr. U. K. Dhar and Mrs. Sheila Dewan. Also the following members of HCFA Inc. were present: Mr. Stan Whippy, Shirley Heffernan (Secretary) and Terry Costello. The meeting lasted from 9 – 11am after which KFOF team went into an hour - long discussion with members of HCFA Inc.

Photo

Prof. Robert Moulds in day two meeting

## **Meeting with the Health Care Association Inc.**

The KFOF chairman expressed gratitude to the Health Care Fiji Association members for their hospitality and sacrifice in all arrangements relating to the successful meetings with Dr. Timothy Furlong. He assured the HCFA Inc. of speedy arrangements to have the Dialysis Machines transported to Fiji and looked up to the continuing efforts until the KFOF gets the Dialysis Service going. Issues on Government recognition and cooperation dominated the discussion apart from reviewing the plight of people with the affliction. (This is political and we should be careful of this)

## **Case Study on the plight of Fiji Citizens' Kidney Problem trap**

The team was met by several stories of Fiji Citizens in Australia who made it to dialysis facilities. Few were reported to be lucky to have assistance and were able to afford treatment in the costly City environment. Some have no assistance from anywhere and had to fend for themselves. A sad story was that of a lady who was not diagnosed by a referral Public Hospital and a Private facility where at both these Centres the doctors had kept assuring her she was normal. However, her case was diagnosed later in Sydney as a common kidney problem that was treatable surgically but due to non - intervention had now resulted in kidney failure. She had to sell all her property and inheritance rights to survive maybe not too long and said that no one wants to know her. ( I think that this is a sensitive issue and probably should not be kept in writing). It raises diagnostic problem and we may open ourselves to law suit. I think we should leave it out)

## **Fiji Community Support Gathering**

While in Sydney the KFOF team received surprising offers of support for the activities being undertaken both by HCFA Inc. and KFOF. Several new people through our acquaintance gave assurances to Mr. Stan Whippy and his members to actively join their efforts and pledged to increase the numbers of Fiji Community in events that the HCFA Inc. may organize. This drive is now also spread to the Fiji Doctors and technical people practicing in Australia, as a result of our team's visit.

## **Laboratory Back up and Technical Support**

An accredited Pathology laboratory is ensuring its full backing and support in the event dialysis facilities were established in Fiji. The laboratory as and when required can easily provide an extension for the set - up of similar facilities carrying out all sophisticated tests at much cheaper cost to the users than is currently being charged in Fiji. Being a large and competitive firm they are in a position to further reduce costs as they are now obtaining supplies straight from the source. As per preliminary negotiation the author has been assured of twinning arrangements towards this cause. This lab is among the larger providers of essential pathological services with very prominent staff members. ( I think we should also be inviting and involving our CWMH lab consultants in this decision for political reason. If on occasions, we need assistance, we may fall back on them. It may be better to involve Dr. Eka or one of her designates)

## Section II- Technical & Operational Details

### Dialysis Policy Options

Fiji Kidney Dialysis Service should be able to decide on its Policy after having an idea of the different countries' laid down ground rules and values.

Australia:	Before the Policy used to be	=	Dialysis if under 40 years.
	Currently the Policy is	=	Every Patient who will benefit.
USA:	Had a "Death Penalty Panel or Committee" deciding who gets and who does not get dialysed.		
Fiji:	"Make the patient comfortable"	=	Death to take its course.

### Cost Factor & Service Delivery Mechanism

A sense of proportion with countries already having dialysis programme. New Caledonia has a population of 200,000 while Fiji population is much larger 800,000. Like New Caledonia, even Federated States of Micronesia with much lesser size and population provides dialysis for its citizens.

Dr. Furlong strongly believes that the way forward and for Fiji the only viable option could be to cater for Tourists dialysis in order to support dialyzing Fiji patient at a much- subsidized rate - e.g. \$1000/Tourist treatment may be used to provide services for 2-3 treatments for Fiji patients.

### Number of Machines / Patients per day & No. of Shifts

An earnest recommendation from the Nurse Manager running St. Vincent's Dialysis programme felt that:

"If Fiji was to Start Haemodialysis, then the Minimum number of machines should be at least 12, catering for 4 patients per day with 2 – 3 shifts" – Jenny Laurence ( I think that she had her arithmetics wrong here. 12 machines should cater for 12 patients per shift. These patients are dialyzed for 3 hours each. So, 3 shifts mean 3 x 3 hour dialysis which is equivalent to a total of 9 hours on 12 machines per day. Therefore, we should be able to dialyse 36 patients per day. So we need probably 6 nurses to run the show)

### Expected Staffing

Nursing staff a good number could be about 12. However, the actual requirement for Fiji may be less and the numbers need to be worked out.

Fiji has doctors who have previous experience on CAPD and Hemodialysis although they will need refresher courses to bring them updated on the latest issues in ESKD managements.

### CAPD / Haemodialysis Ratio

Dr. Timothy Furlong's experience shows that the above ratio is 3 CAPD to 7 Haemodialysis. "However, CAPD may end up being more expensive." Dr. Furlong gave the following figures of **Australian costs: \$50,000 Hospital Haemodialysis / \$30,000 Home**

**Haemodialysis done by the trained patients themselves / \$40,000 CAPD annually per patient.**

## **Viability – Decisions / Only Option?**

It is important to get the backing and support of the Fiji Government. Not only that the KFOF will be conducting a major part of its responsibility but the responsibility can be shared on various issues. The government will be interested in policy guidelines, eg. who is accepted into the dialysis program, the promotion of dialysis for tourists. In addition, most kidney foundation would be interested to assist us once we have the backing and support of the government.

If there is no Government Backing for KFOF then the only option left is to set – up full Private Facility for Dialysis running on its own terms and conditions. ( I do not think that this will be a good thing to say because if we do not get government backing, then they may have some issues to say against us. We should always have them on our side. I suspect that in the final analysis, we would be financially independent with independent policies and administration, but with government support in terms of policies and annual contribution.

Possible practical issues:

- Preferred Partnership for Funding by Bilateral Aid Agencies – on the subject that donors be approached, then the Donor such as AUSAID would prefer a NGO to work with according to Dr. Timothy Furlong.
- Training Assistance available / duration: [Nurses & One Special Renal Nurse required] Nurse should be a Registered Nurse and will require 6 – 8 Weeks training at St. Vincent's. One Special Nurse could be trained as a trainer to reduce costs on training.
- Alternatively train the Patients themselves for Home Haemodialysis. St. Vincent's already successfully runs this programme to maintain down costs by up-to \$20,000 yearly from \$50,000 per patient.
- Surgeons' Hospital Attachment: AV Fistula training 2 – 3 Months attachment needed.
- Water quality Analysis – The water treatment plant unit is priced at \$100,000.
- Dialysis Membrane - These are Disposables costing \$20 each. Dialysis Fluids are readily available.

## **Australian Trained Personnel willing to Work & Help Fiji**

Abdon Ulloa, Biomedical Engineer Technician and Mr. Terry Cunningham, Registered nurse are willing to take break with their jobs and to come over and work here in the Dialysis Unit, provided the KFOF looked after them. Terry says he loves Fiji and is more than happy to stay and help with passing of expertise while Ulloa says he will guide on ways to set the project with less cost and to run it cheaper.

## **KFOF Panel of Overseas Based Experts**

This opportunity gave rise to meeting some very eminent expert in the area that KFOF is venturing in its cause. A team of overseas experts has expressed their support including Dr. Furlong and his Society and Unit Staff; Dr. Paul Roy, FRACP – Consultant Physician Paediatrics & Paed. Nephrology and Clinical Assoc. Professor University of Sydney. And other members from the Australia- New Zealand Society of Nephrologists are to be confirmed by Dr. Furlong.

## **ESKD Single most Preventable Factor**

According to Dr. Timothy Furlong **“The single most preventable factor from progressive Diabetes to End Stage Kidney Disease was to lower the Blood Pressure to 120/80 and down, then decreasing the blood sugars.”**

## **Kidney Transplant & Drugs**

**This issue was elaborately discussed with Dr. Furlong. Dr. Uzzal gave a detail of how “a small proportion of patients from Fiji with ESKD would arrange their Kidney Donor but the only bottleneck problem was the huge cost for Transplant surgery in Australia and New Zealand (approximate cost of \$150,000).” This is not correct. My patients have received their transplant at less than \$A75, 000.00. But this was expensive because the patients were dialyzed for a few weeks in Australia before transplant. We would be able to give patients CAPD here for a few weeks before sending them over. However, Dr. Furlong reiterated the fact “ that Kidney Transplant was the most cost effective treatment for ESKD, even for the patients with Diabetic Nephropathy. Kidney Transplant can save huge amount of money for the patients who are on dialysis.” To a question proposed by Dr. Uzzal: “that if the Fiji Team were to develop the necessary infrastructure under the guidance of Australia New Zealand and started to select patients following their Protocol for transplant surgery – would his Society of Nephrologists be in a position to send a Team for performing the transplants in Fiji?” Dr. Furlong welcomed the idea and said “The offer of support is there and more so the Society is prepared to train some Surgeon / Urologist in the field of Kidney Transplant and now that drugs like Azathioprine are readily available along with Prednisone, it would not be a problem for Fiji.”**

## **Workable Prevention Programme**

Emphasis is placed on Fiji to adopt a prevention programme that is workable. The KFOF will promote and support a prevention programme to reduce the incidence of ESKD. This will include participating in improving national diabetes care and control, BP control and establishment of a KFOF Educational and Training Center.

## **Nephrology Society Affiliation**

The Nephrology Society according to Dr. Timothy Furlong has already met and the group is seeking ways in which to collaborate with Fiji Counterparts and perhaps there was a possibility of getting KFOF affiliation approved to this astute Body of expertise. Dr. Furlong will push for this arrangement soon.

## **Technical Cooperation through Eastern Suburbs Hospital Group**

The following are the points recorded in Fiji's favour for continued assistance and forging stronger bonds of cooperation. Professor Moulds has been able to get Dr. Gavin Baker (Royal Melbourne – Nephrologist) to visit Fiji. However, Dr. Timothy Furlong says he is keen to organize more regular organized visits through the Eastern Suburbs Group of Hospitals as Sydney provides better access to Fiji's needs in terms of patient referrals and links.

Photo

**KFOF Team with HCFA Inc. members after the conclusion of meeting outside St. Vincent's Hospital**

## Section III - Programme Perspectives & Endeavours for the sake of Humanity

### **Politics & Political Conscience**

Political-Will needs to be bolstered and the way to do that would be to “Get the Idea into the **Politicians’ Conscience** first and it has been the same in Australia initially before Dialysis could be started.” In- fact it took Dr. Furlong a good 8 years struggle to fight for this service to be established in Australia for Aboriginal health.

### **Patient Lobby Group**

The observation was made that a strong patient lobby group present itself and work together for the same objectives and cause on the issue as mentioned by Professor Moulds and Dr. Furlong. This is a big plus point as in Australian politics for observing patient rights and dignity. The two experts noted the opposite happening in Fiji situation in terms of the patients’ needs.

### **Fiji Cultural Response to Renal Problems**

“In Fiji the patients accept their fate in Silence” “The renal cases instead of asking for establishing a system, individuals make their own arrangements to go abroad for self treatment”- Prof. Moulds. Dr. Furlong related past Australian outback experience: “when in Pain, take the Plane.”

### **Policy for Patient Selection**

It was felt that there would be some mechanism for patient selection. However, Prof. Moulds mentioned that it was in the medical fraternity’s good interest that they were not forced to make this decision. This responsibility should rest somewhere else and doctors to follow the guidelines.

### **Medical Advocacy & In-Fiji Support and Readiness of Physicians**

Prof. Moulds felt that as the government system was all too loaded, his Fellows and his personal support was there with all cooperation for a “Private Set – Up” for Dialysis Programme. “But not to be forced right into operating this service” all physicians were already overworked and most are looking after multiple tasks.

### **Inadequacy of Public Awareness on Diabetes**

Mr. Stan argued why Fiji did not have “Enough Public Awareness on at least Diabetes.” Prof. Moulds mentioned “50% of CWMH diabetic patients have HbA1c of over 10%.”

### **Fiji Community Health - Structural Problems & Absence of Structured Programme**

Prof. Moulds observed “ Fiji does not have any such Structured Programme and has Structural Problems for Community Health ( I am not sure what this sentence means?) I think that there are community programmes for diabetes prevention but it is not well promoted)

## **Epidemiological & Health Trends in Economic Age Groups**

It was noted that information regarding health & epidemiological trends in Fiji due to rapid transitions were not equally utilized in planning and preparedness cycles. ( I am not sure what this means?) Therefore as a result of population dynamics the economic age groups were entering the disease spectrum earlier placing greater burden on State expenditure that was inadequate to the demands for services as only 5% of GDP goes to Hospital/ Community Health Budget. (Again too long and not very clear? Can you rephrase it ?) Some effort by the KFOF would mean a positive contribution to plugging the gap on the escalating health costs by boosting the preventive aspects of say diabetes before renal failure etc. (I think that this whole paragraph needs to be rephrased?)

## **Government's Embarrassment**

"In places where consultation with Government is left out and someone else does something successfully, then a situation of embarrassing the people in power occurs. So a cooperative effort should be the way to go"- Dr. Furlong. However, in Fiji's handling of the issue, the Government officials have been involved right from the beginning and as pointed out, the KFOF chairman along with Mr. Jim Ah Koy and Dr. Ram had held consultative meeting with the then, Acting PSH – Dr. Lepani Waqatakirewa. The Chief Pharmacist has been the Ministry of Health representative on the Kidney Foundation deliberations. A Cabinet paper has been prepared by the MOH and needs to be seriously re - looked at before submission. We need to emphasise this paper because it may give us more power. The paper may be reworded to give the KFOF the power to run the dialysis program etc.

## **No Basis for Justification of Kidney Dialysis in Economic Terms**

Dr. Furlong gave his Professional views on perspectives of patient care and medical ethics-

" That in a Civilized Society – You Can't Justify Renal Dialysis in ECONOMIC Terms – it is an essential element of Service to Humanity for those afflicted on equal terms and conditions." This is alright for Australia which has a much bigger economic base. But for us

## **Japanese Govt.'s Exemplary Renal Dialysis Funds for Citizens traveling anywhere**

Dr. Furlong gave the example of what responsible Governments have done in terms of caring for their Citizens suffering from Renal Failure, for e.g. "The Japanese Government has set aside \$8,000,000 per year on Renal Dialysis for its citizens traveling anywhere in the world."

## **Placing Medical Care Advancement in Perspective / Aust. - Fiji Contrast**

The issue of State and Insurance support also was brought up and things perhaps must change to accommodate the changing needs and demands. In Fiji only about 10% of population is covered under Health Insurance. Mr. Maharaj mentioned that Insurance firms were willing to give details of Kidney Care expenditure for KFOF planning purposes. Mr. Maharaj made a plea that with important information as provided by Prof. Moulds "such advise from FSM and the Specialists to the Ministry Headquarters and the Government was necessary as a large portion of the economic age group was entering with these problems, dying earlier and are being



replaced rapidly by disease and it was important that something is done now.” In Fiji the public is hardly being informed in vast contrast to how it happens in Australia from Dr. Furlong’s presentation.

### **Australia / UK / New Zealand Versus USA Models**

Australia / UK / New Zealand follow the Public Hospital model while USA all such services are Private.

### **MOA to Drive Renal Dialysis in Fiji [KFOF – HealthCare Fiji in Sydney, Joint Venture]**

The outcome of the two NGO groups meeting noted that there was now time to move on with the KFOF project and perhaps the KFOF meeting will formalize work in this area through memorandum of agreements with all parties.

### **Issue of Insurance**

This issue will also need to be discussed further by the KFOF Caucus on medical team advice.

## List of Attachments

### **ST VINCENT'S HOSPITAL SYDNEY LIMITED**

TF/lc

5 January 2004

Dr G Rao  
Colonial War Memorial Hospital  
Waimanu Road  
Suva, Fiji

Dear Dr Rao,

I am writing to you on behalf of the Australian and New Zealand Society of Nephrology (ANZSN). The Society would like to establish links with physicians in Fiji and it has had discussions with Major General G Konrote, the High Commissioner and Mr. L Rokovada, the Permanent Secretary for Health about this. I have enclosed correspondence regarding our initiative.

I heard from Stan Ritova, a patient of mine, that you were coming to Australia in early 2004. Would you have time to visit St Vincent's Hospital? I would like to talk with you about ways in which we can collaborate.

I hope we can meet.

Yours sincerely

Timothy Furlong  
Consultant Nephrologist

## Letter in Response to Dr. Timothy Furlong by Dr. Joji Malani on behalf of Dr. G. Rao

22.1.04

Dr. Timothy Furlong  
Consultant Nephrologist  
ST Vincent Hospital Sydney Limited

Dear Dr. Furlong,

I write on behalf of Dr. Ganeshwar Rao who has asked me to respond to your letter on January 5th 2004. You had written on behalf of the Australia and New Zealand Society of Nephrology (ANZN) regarding establishment of links with physicians in Fiji. Dr. Rao has asked me to respond to your letter since I am the local physician participating in the establishment of the "Kidney Foundation of Fiji" (KFOF), which is a non-government organisation. I am a Senior Lecturer in medicine at the Fiji School of Medicine and also run a medical team at the Colonial War Memorial Hospital. I have been asked to coordinate and advise the KFOF on the medical aspect of the foundation.

The KFOF is recently undergoing a formal registration process with formalization of its directors and policies. The formulation of the KFOF has come about because of frustrations amongst the public regarding lack of medical provision to assist patients with endstage kidney disease. Although some of these patients are able to travel abroad for CAPD and kidney transplant, the majority deteriorate and die from uremic complications. The government for understandable financial reason is unable to fund a CAPD or Hemodialysis program. Over the past decades, there have been sporadic moves by various groups to help in the setting up of a dialysis program. From a recent survey, it is calculated that the country has 100 new cases of ESKD annually that require to undergo dialysis.

The KFOF is quite aware of the challenge and financial commitment required to undertake and start a program for ESKD. It also understands the lack of resources in Fiji and the prioritisation of finance in our health system. But it feels the need to create an opportunity to assist the 100 new cases of ESKD annually.

The purpose of this letter is to introduce myself, inform you about the establishment of the KFOF and also to inform you about a recent trip to ST Vincent Hospital by a group from the KFOF on the 30th and 31st of January. They include Dr. Bijend Ram (Coordinator and Vice President of the KFOF), Dr. Uzzal (Urologist), Professor Robert Moulds (Professor of Medicine, Fiji School of Medicine), Mr. Dewan Maharaj (President KFOF). Professor Moulds is taking my place on this trip since he will be in Sydney attending a meeting. Although the main purpose of the trip is to look at the donated dialysis machines, we may also take the opportunity to discuss broad issues regarding hemodialysis.

As you will see from my letter, we are at a budding stage in establishing a dialysis program in Fiji and therefore we will greatly appreciate your advice and participation. Since this is only an introductory letter, more detail of our program will be conveyed to you in the near future. My email address is: j.malani@fsm.ac.fj

Kind regards.

Yours Sincerely,

Dr. Joji Malani  
(Medical Coordinator, KFOF)

cc: Major General G. Konrote, Fiji High Commissioner, Canberra, Australia  
Dr. Lepani Waqatakirewa, CEO, Ministry of Health, Fiji Government  
Dr. Ganeshwar Rao, Head of Medicine, CWMH  
Professor Robert Moulds, Fiji School of Medicine  
Executive members, KFOF

## **The KFOF team's broadly assigned Sydney Visit objectives would be:**

### **Haemodialysis Programme Set up**

- To inspect the Dialysis machines which have been kept in store for Foundation and to make whatever arrangements as necessary to have them brought to Fiji. The machines are held in store on behalf of the KFOF at the expense of HealthCare Fiji Inc. Association of which Mr. Stan Whippy is the President;
- To seek the services of a competent person who will be introduced to the team by the Healthcare Fiji Association advising the team about the state of repair of the machines and of its technical capability. Mr. Whippy informed that the technician concerned is of Chilean origin who has already indicated willingness to provide his assistance;

### **KFOF Collaboration & Affiliations**

- To meet with Dr. Timothy Furlong {Eminent Nephrologist, St Vincent's Hospital} to discuss a number of matters including:
  - The type of machines appropriately in use and what will be best for Fiji;
  - With how the KFOF may be assisted in their commissioning in Fiji;
  - On ways the Australia and New Zealand Society of Nephrologist may be able to establish links with the KFOF or their medical counterparts;
  - On arrangements the KFOF may be assisted with training of personnel to set up and operate successful dialysis programme for Fiji and education of the public
  - Possible mechanism for KFOF Affiliation with ANZSN
  - Assistance & possibility of a visit to Fiji by Dr. Furlong in the near future;

### **Visiting Team / Itinerary & Arrangements**

- That the KFOF Team to make this initial visit would comprise Messrs. D.C. Maharaj, Dr. B.P. Ram, Dr. U.K. Dhar and Professor Robert Moulds from the Fiji School of Medicine who would join the team in Australia;
- The team will be met on arrival by a member of the Healthcare Fiji Association and then taken to a hotel which has been booked for them & later to St Vincent's Hospital;
- Dr. B.P. Ram was assigned for being the coordinator of the Medical Team and as such required to prepare a program of the visit and also present a detailed report to the KFOF upon return for discussion in due course;
- The members of the team would meet their own expenses for airfares, accommodation etc. for this visit but the idea is that they should be reimbursed when the KFOF is in a position to do so;

### **Donated Haemodialysis Machines - Comments:**

- It was important for the team to determine how best the dialysis machines could be transported to Fiji and whether it was possible to do so in one or more trips on an Air Pacific plane. If so, arrangements to do so could be made and the management of Air Pacific informed accordingly as indicated in the letter to Mr. Ah Koy by Mr. Barrack on the question of Air Pacific assisting the KFOF.

## **Guidelines to the Exploration for the Set –up of Haemodialysis Service in Fiji prepared by Dr. J. Malani**

(General questions regarding Hemodialysis, which may assist in the setting up of a dialysis service in Fiji)

### **1. General questions**

- a. What are the policy guidelines for accepting patients into the hemodialysis program
- b. What is the ratio of patient to a machine per week
- c. What determines whether patients join CAPD vs Hemodialysis
- d. The KFOF should request close links with the Australia-New Zealand Kidney Society for appropriate advice

### **2. Hemodialysis machine**

- a. What is the model of the donated machines?
- b. Are they still being used in Australia? This may assist in our initial training.
- c. Would spare parts be available should the need arise?
- d. What is the cost of a new model dialysis machine? We may need a few new machines as backup.
- e. What is the cost of a new dialysis membrane and accessories?
- f. Is it possible to get a breakdown about the cost of dialysis of one patient per week/ month/ annually in terms of manpower, dialysis (artificial kidney, tubing, etc)?
- g. Importance of water source?
- h. In a country where we get 100 new cases of ESKD annually, what would be a realistic number of machines to begin with?
- i. Would it be possible to have biomedical assistance in physically setting up the machines in Fiji and run course on its use?
- j. What are other major concerns in the setting up of a dialysis machines apart from concerns raised above?

### **3. AV fistula**

- a. What type of access is commonly used etc?
- b. How much does it cost?
- c. Surgical training to provide AV access
- d. How frequently does it block?

### **4. Manpower**

- a. What would be an ideal manpower requirement to run a hemodialysis service given a designated of dialysis machines e.g.10 dialysis machines? This should include dialysis nurses, doctors, labs, social worker etc.
- b. The KFOF will need assistance in manpower training. Would it be possible to receive assistance regarding manpower training in dialysis?
- c. What would be appropriate time required to undergo training?

### **5. Funding**

- a. How much does it cost to run a hemodialysis service? This can be given from an Australian standard. How can this costing be approximated to give an indication of the requirements needed for a limited dialysis machine service in Fiji?
- b. How does this costing compare with CAPD service and kidney transplant?

### **6. Problems**

- a. Given that money will be available, what are the major problems that may arise in the setting up of this service in Fiji?

## **Recommendations**

1. That the findings of the meeting be adopted by KFOF in its Plans for the set –up of proper Haemodialysis, Kidney Transplant and Preventable Programme
2. Accept the offer of assistance from Dr. Furlong, his Unit & the Society of Aust./NZ Nephrologist for full Technical Corporation. A formal MOA to come into effect between the parties through the KFOF Medical Team
3. Facilitate the expert attachment programme from Australian Eastern Suburb Hospitals/ Society of Nephrologist - at The Fiji School of Medicine as agreed between Dr. Furlong / Prof. Moulds in whichever possible ways
4. Move to formalize working relationships between KFOF, HCFA Inc. and all other key players involved with the establishment of Renal Care in Fiji
5. Arrange for the Shipment of Haemodialysis Machines from Sydney to Fiji

**Dr. B. P. Ram**

Kidney Foundation of Fiji – Coordinator

Report Prepared on Behalf of the KFOF Team

4th February 2004

## **Appendix**

### **Photos - Sydney visit**