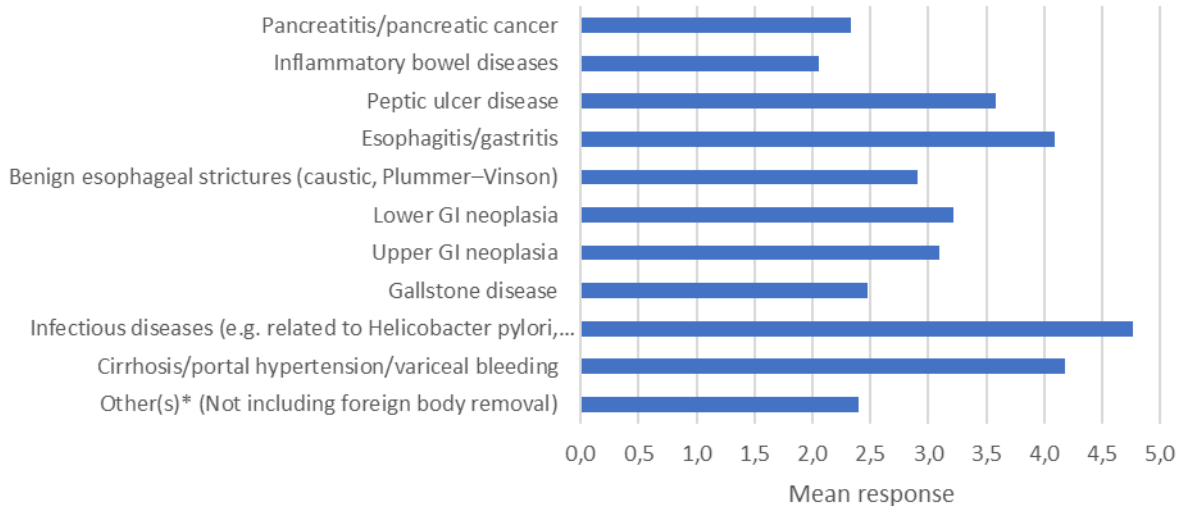
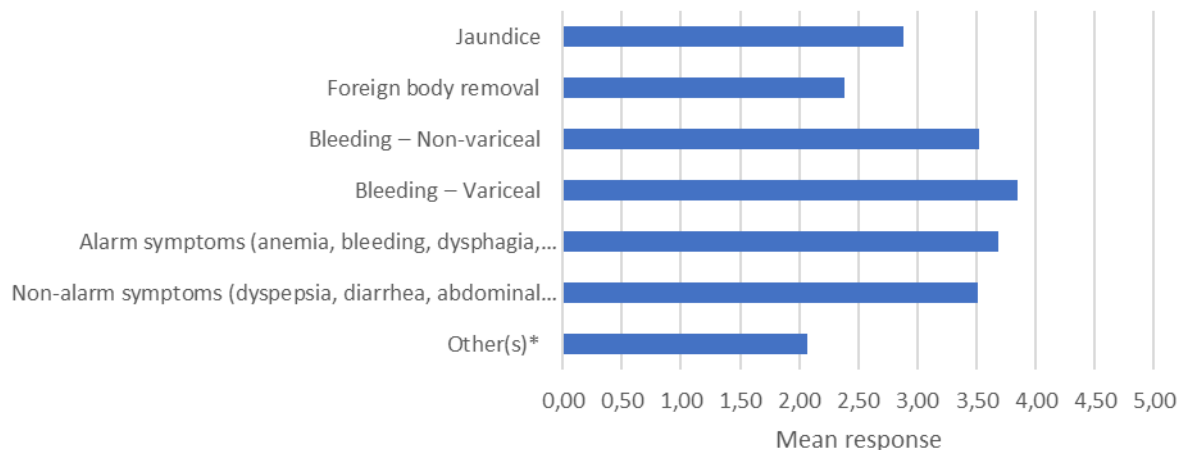


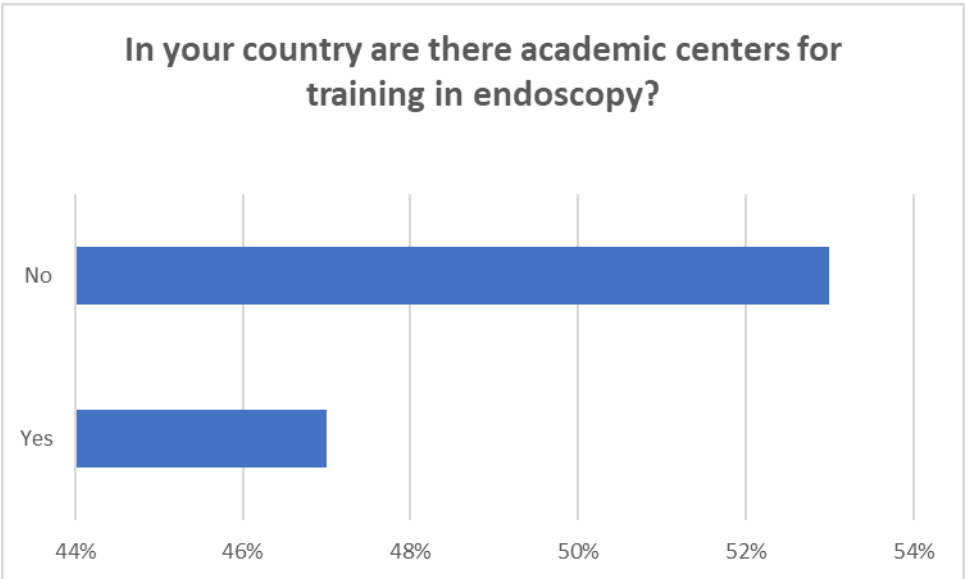
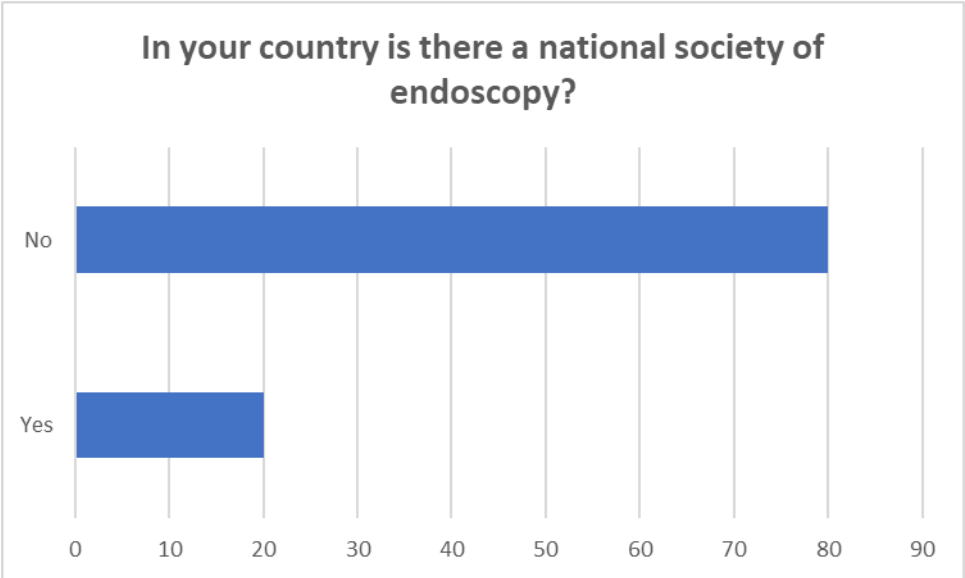
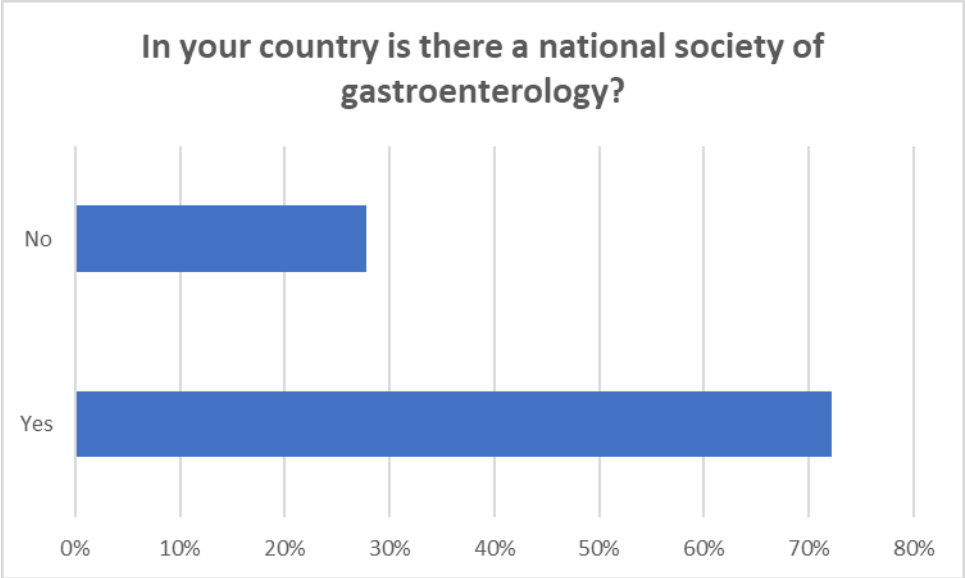
Appendix e1 International Affairs Working Group Africa survey results

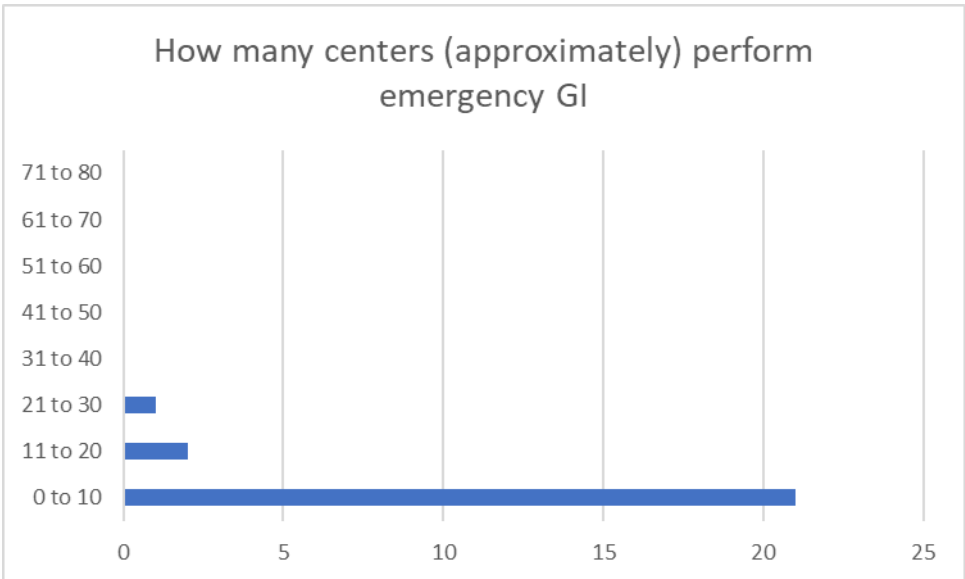
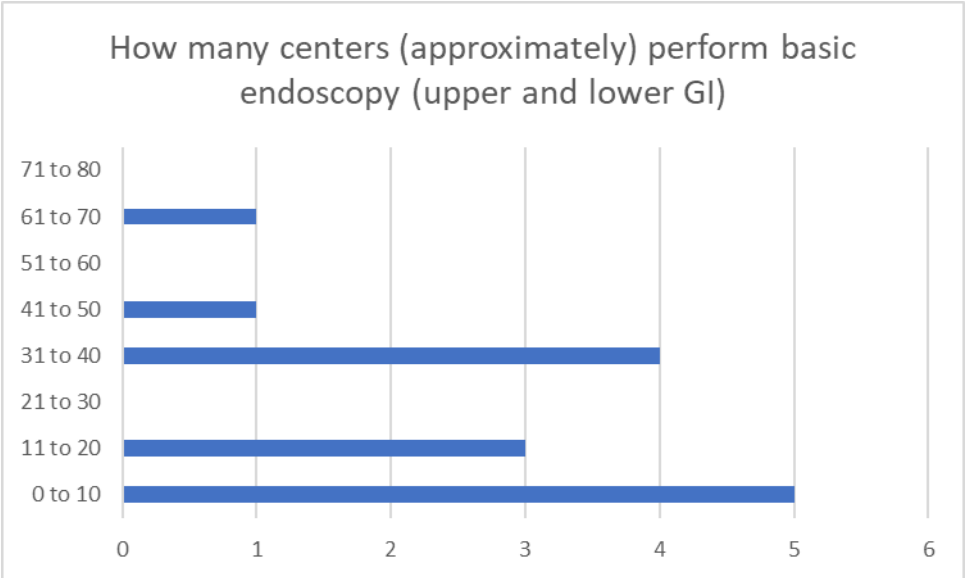
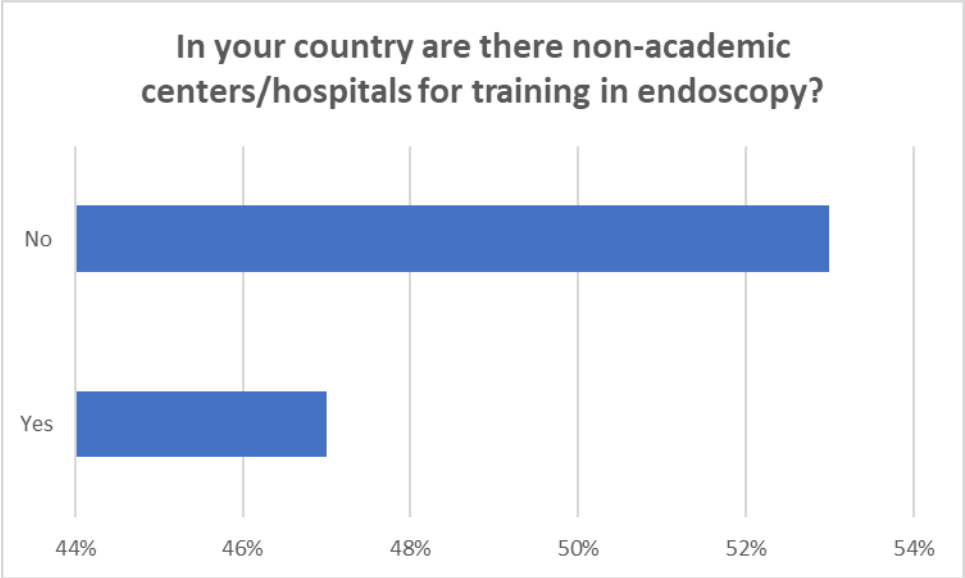
What is your estimate of the prevalence, in your country, of the diseases where GI endoscopy has a role? Score from 1 = No prevalence to 5 = Extremely prevalent.

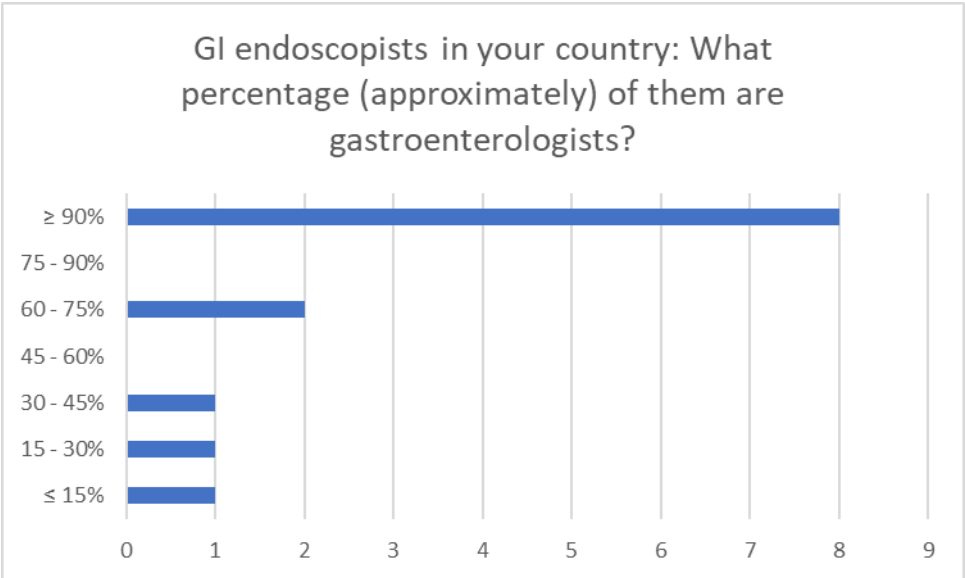
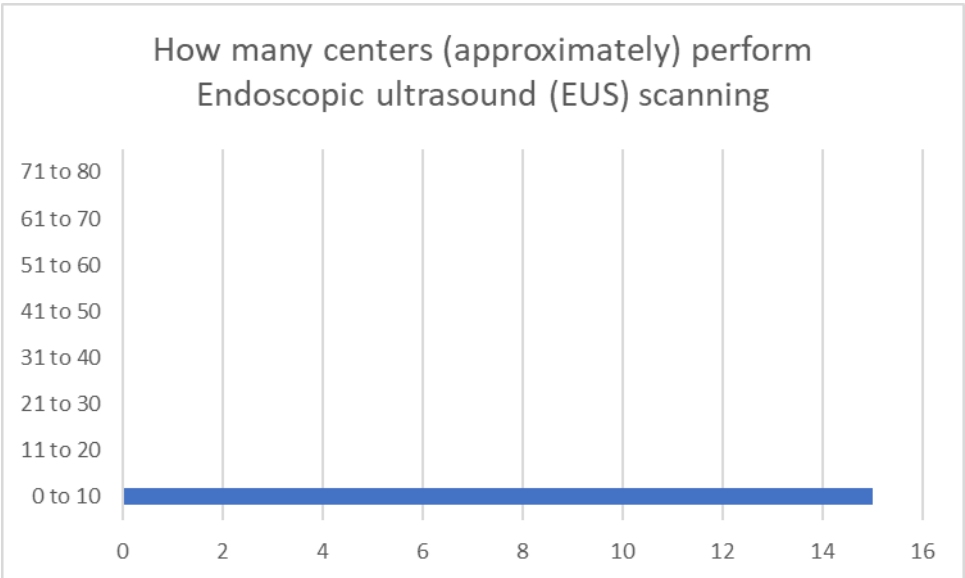
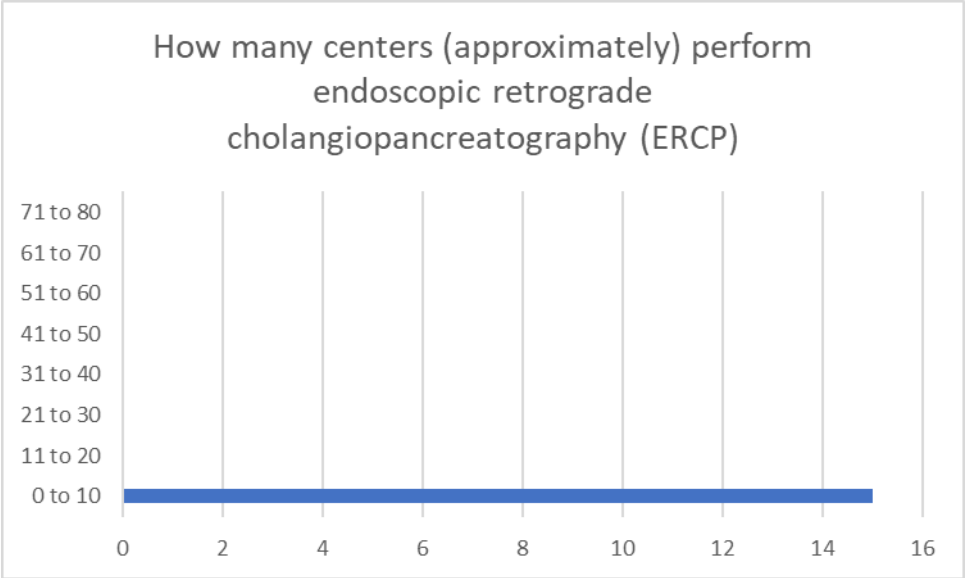


In your country, how frequent are these indications for endoscopy? Score your estimate from 1 = Not at all frequent to 5 = Extremely frequent.

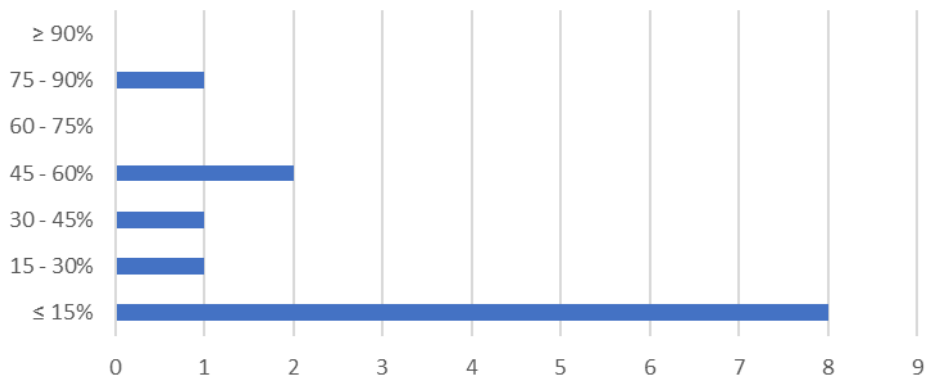




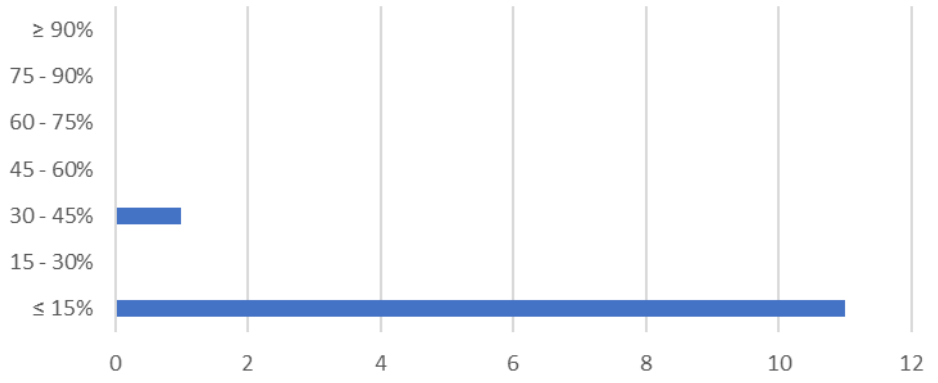




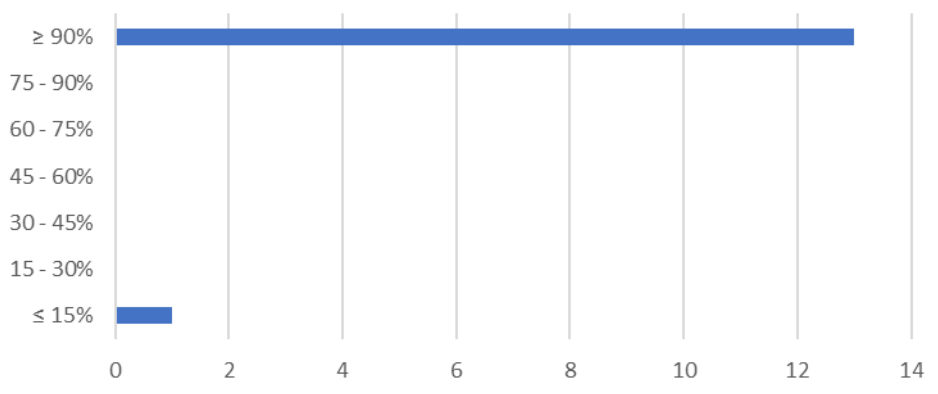
GI endoscopists in your country: What percentage (approximately) of them are non-gastroenterologist physicians?



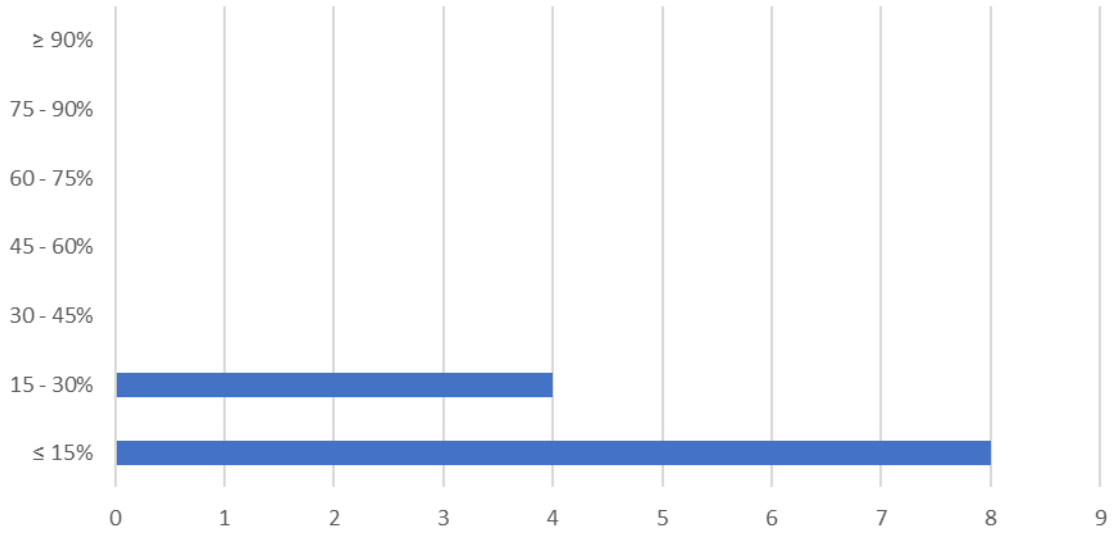
GI endoscopists in your country: What percentage (approximately) of them are nurses / technicians?



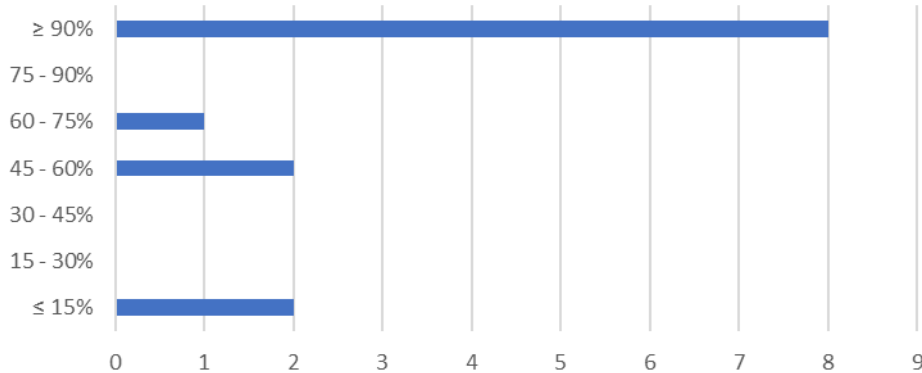
GI endoscopists in your country: what percentage (approximately) of them perform diagnostic procedures?



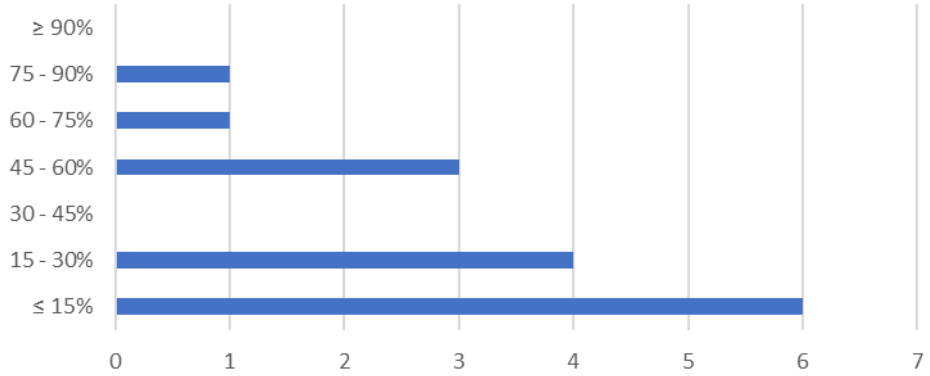
GI endoscopists in your country: what percentage (approximately) of them perform therapeutic procedures (endoscopic mucosal resection (EMR), ERCP, dilation, stenting)?



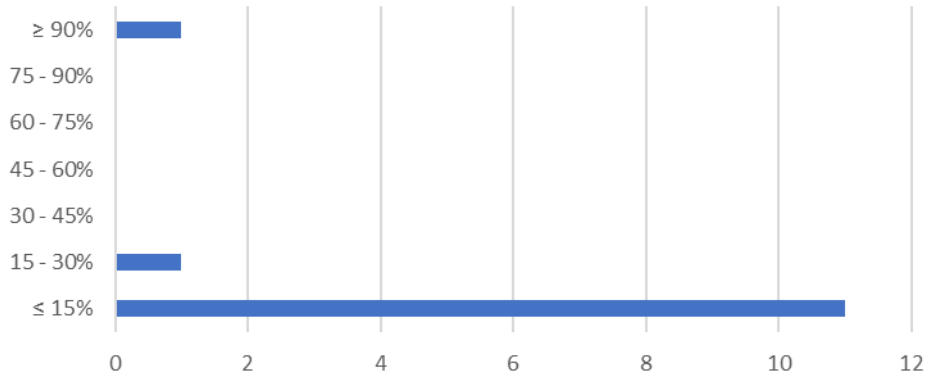
GI endoscopists in your country: what percentage (approximately) of them have received training in basic endoscopy only?



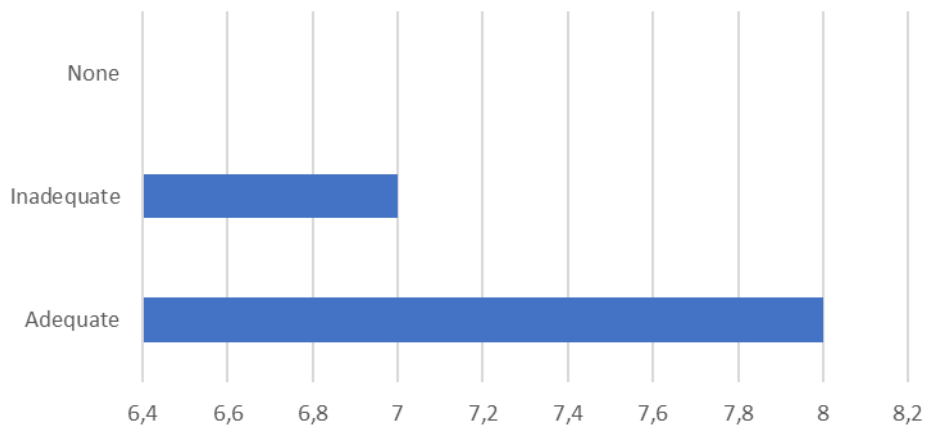
GI endoscopists in your country: what percentage (approximately) of them have received training in advanced endoscopy?

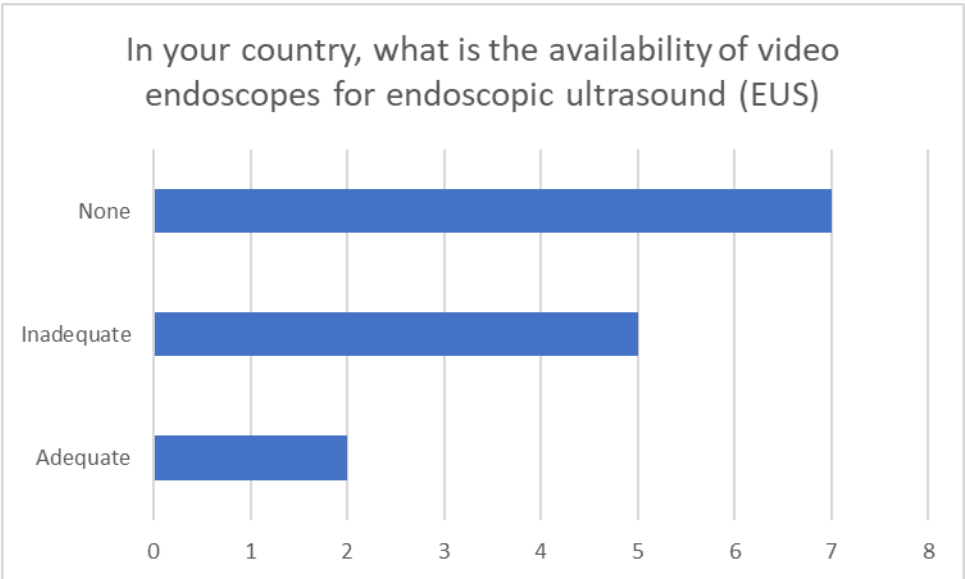
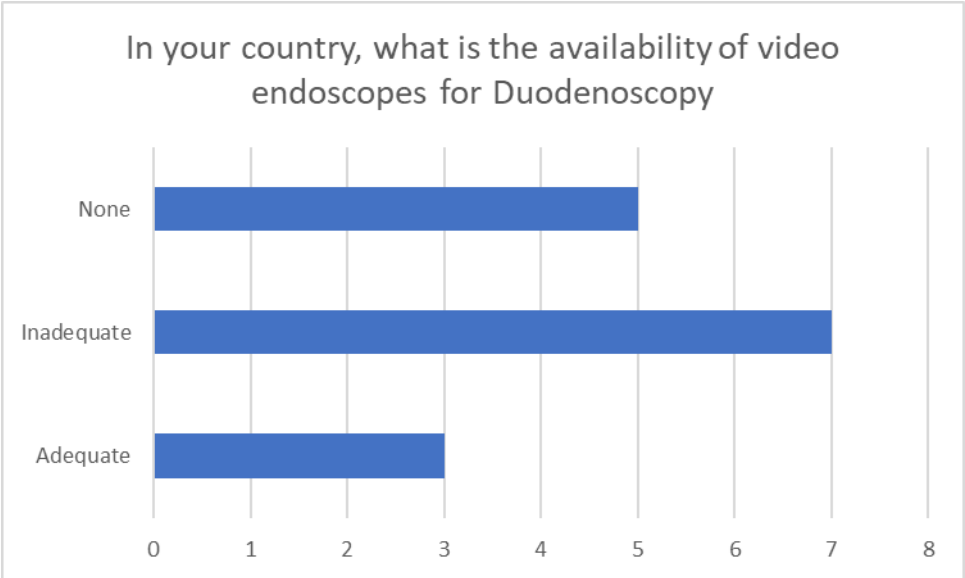
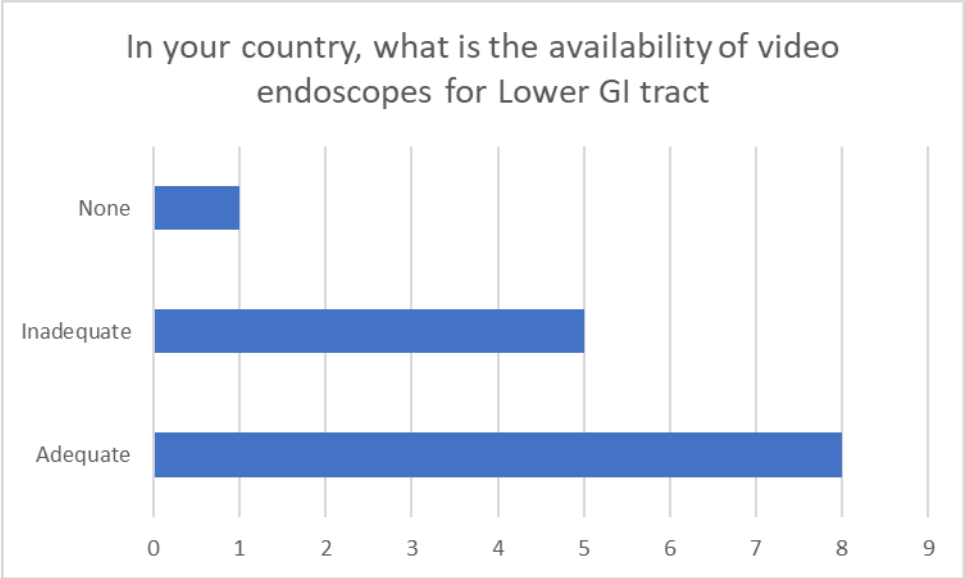


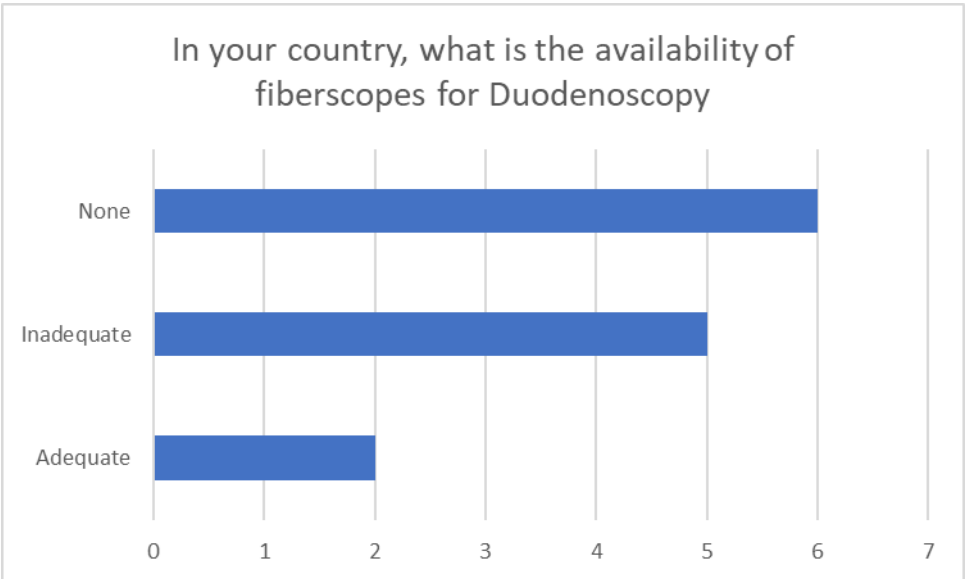
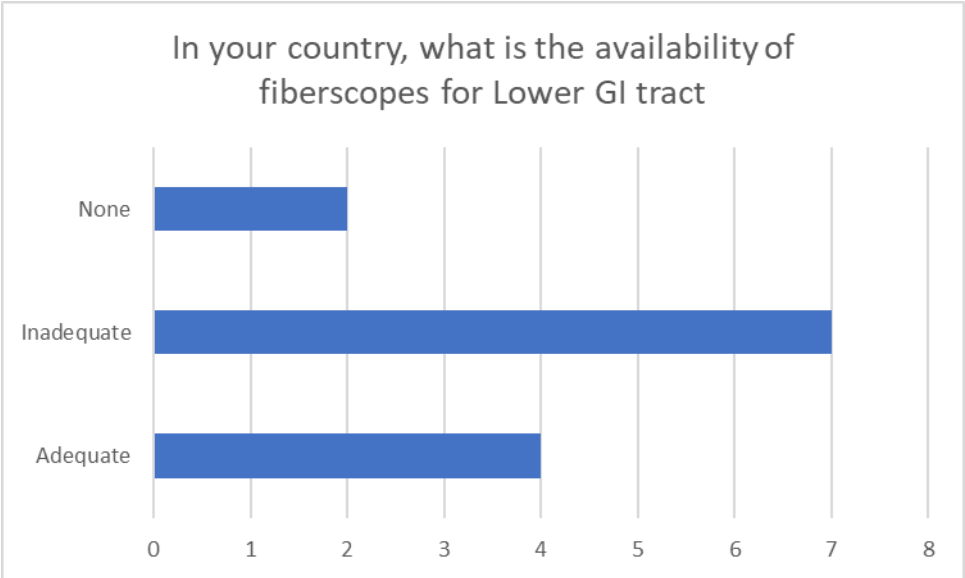
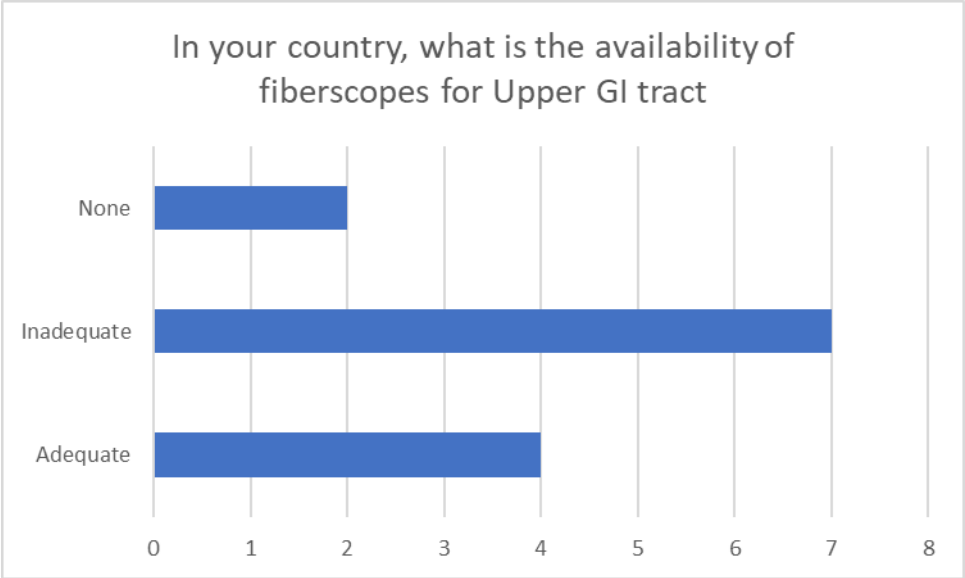
GI endoscopists in your country: what percentage (approximately) of them have received no training?

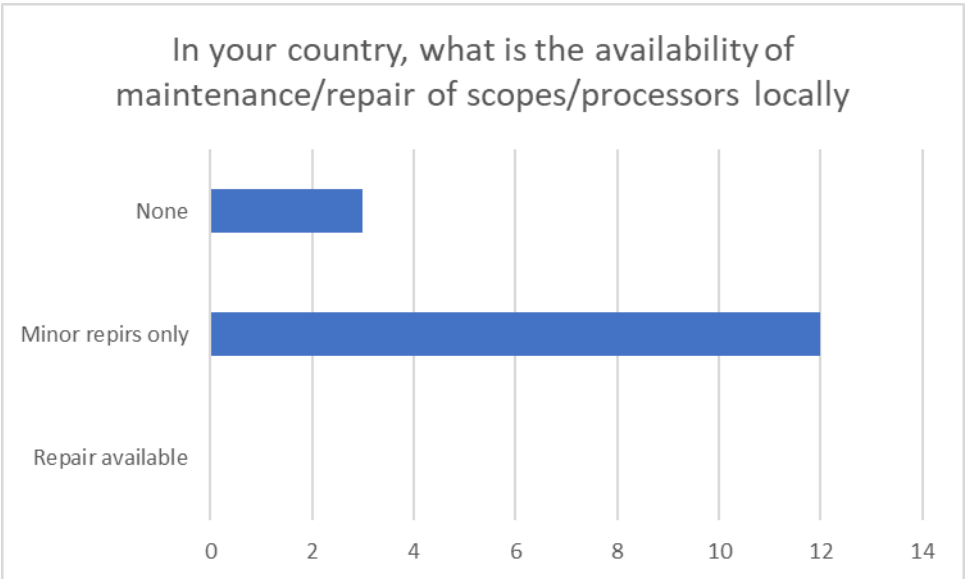
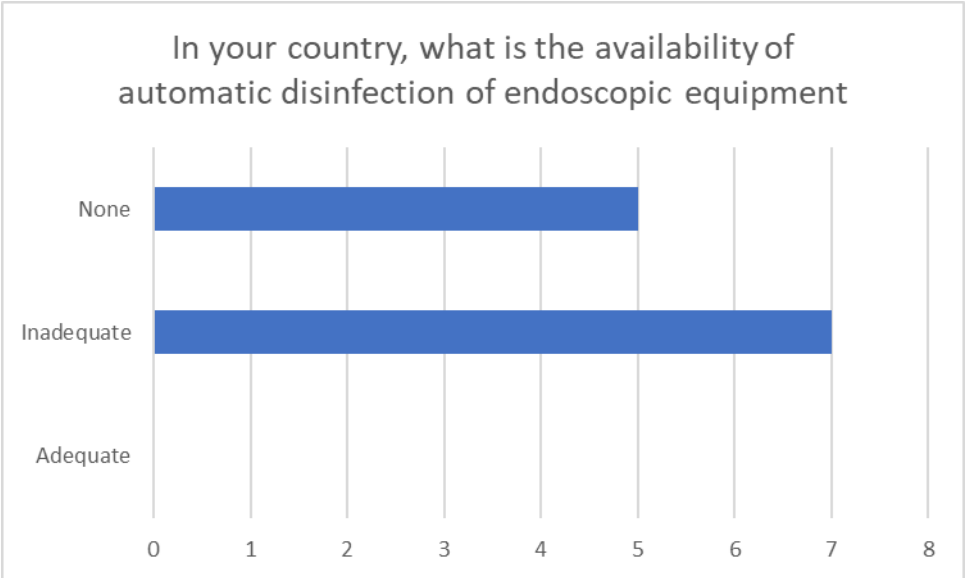
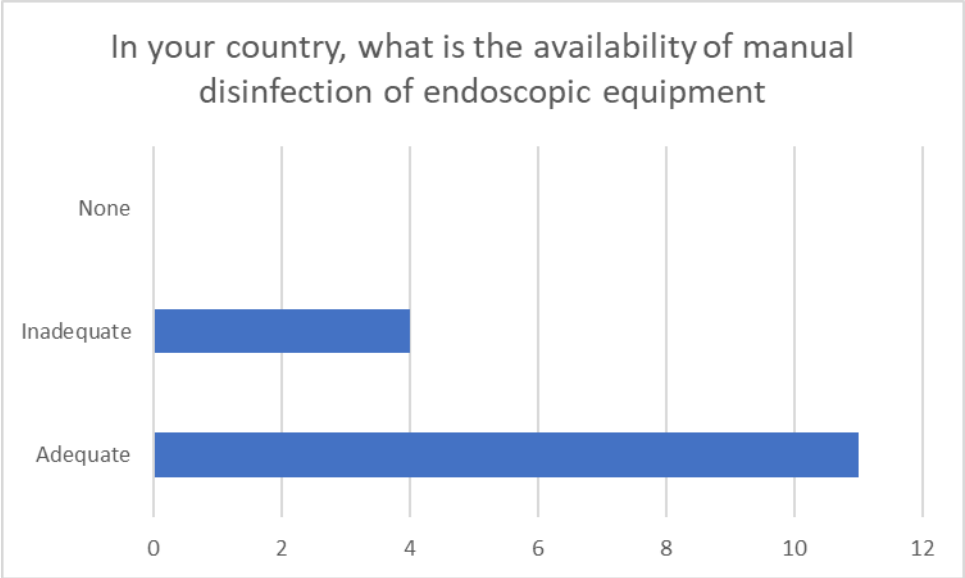


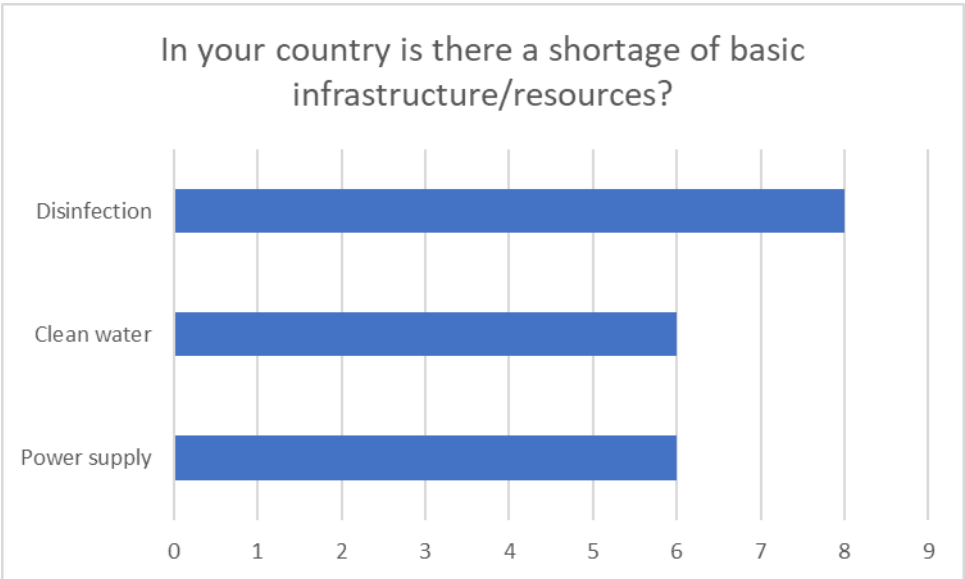
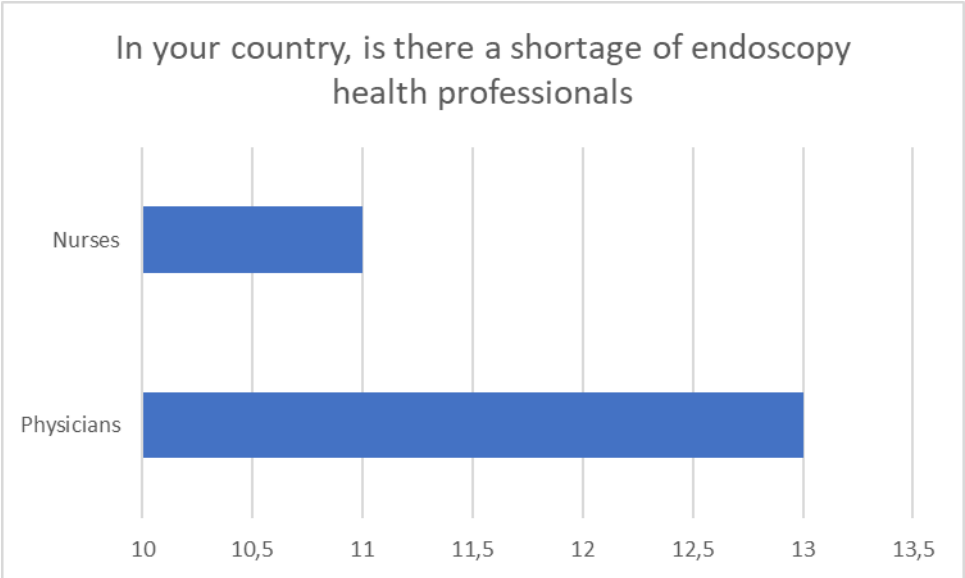
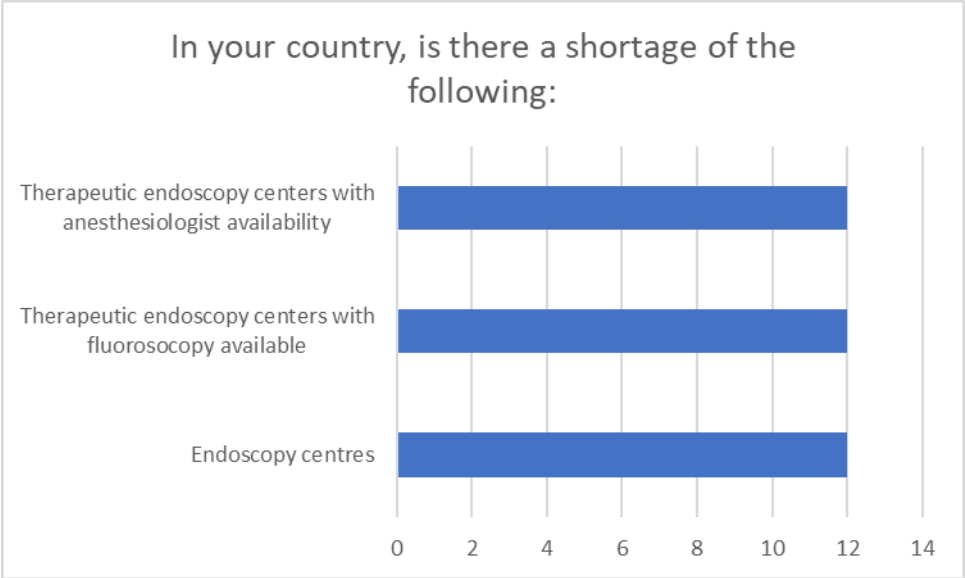
In your country, what is the availability of video endoscopes for Upper GI tract

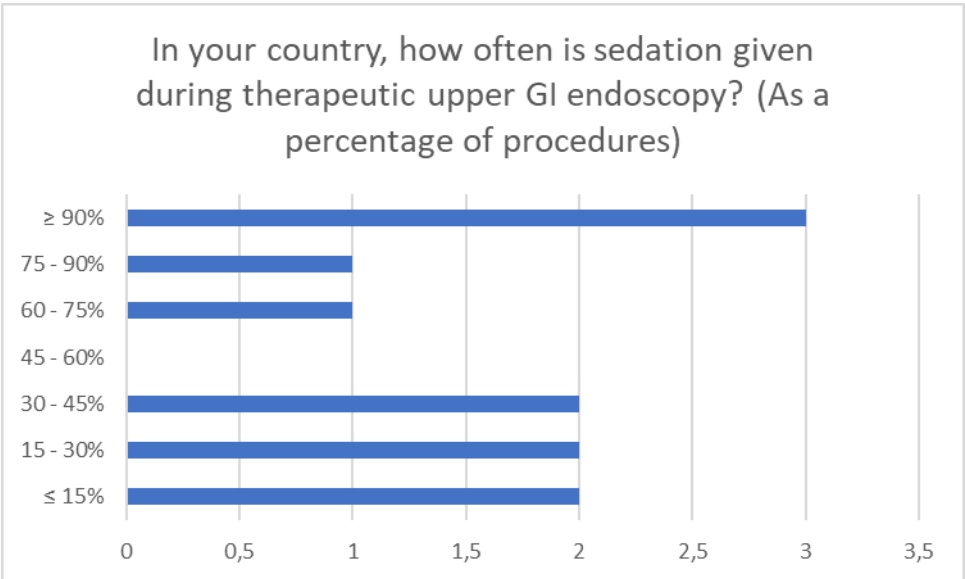
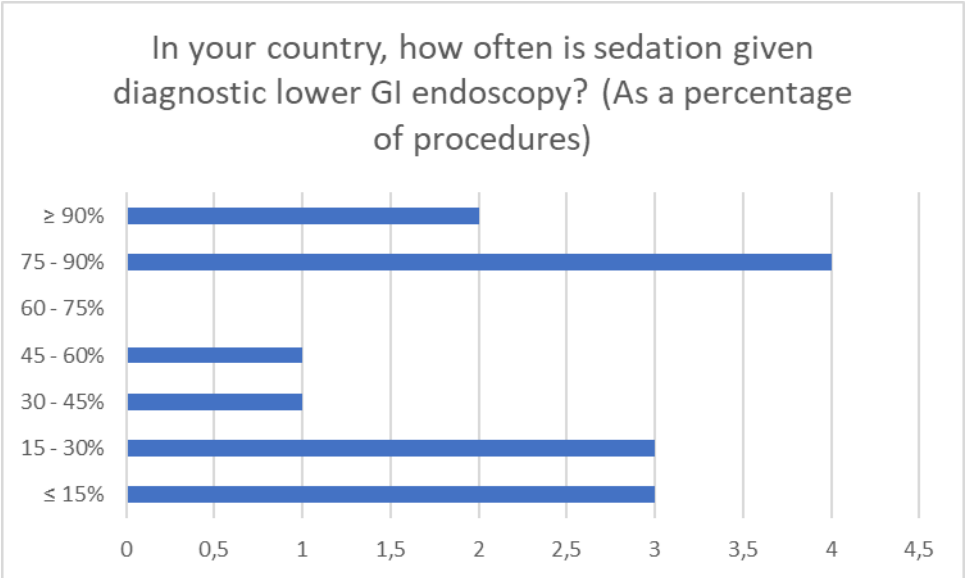
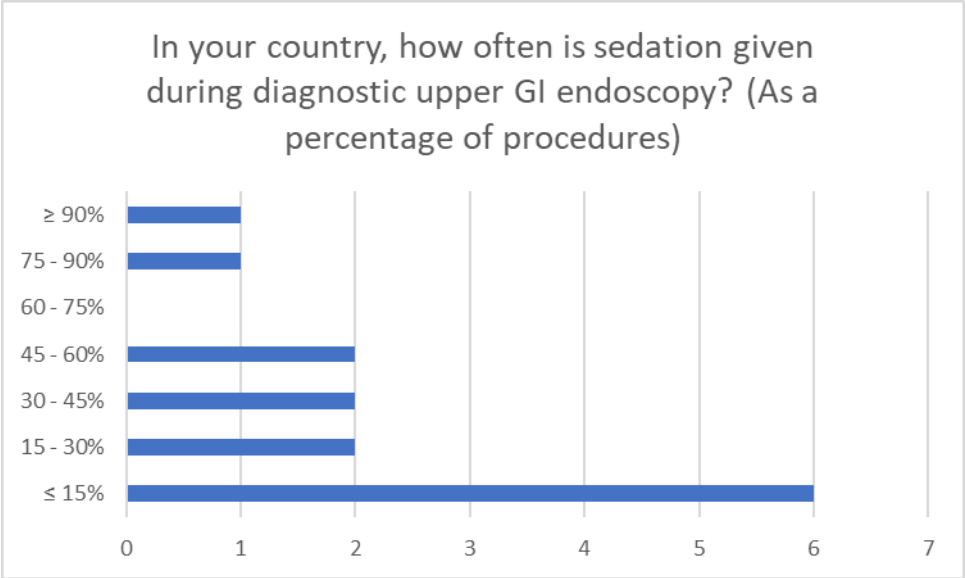


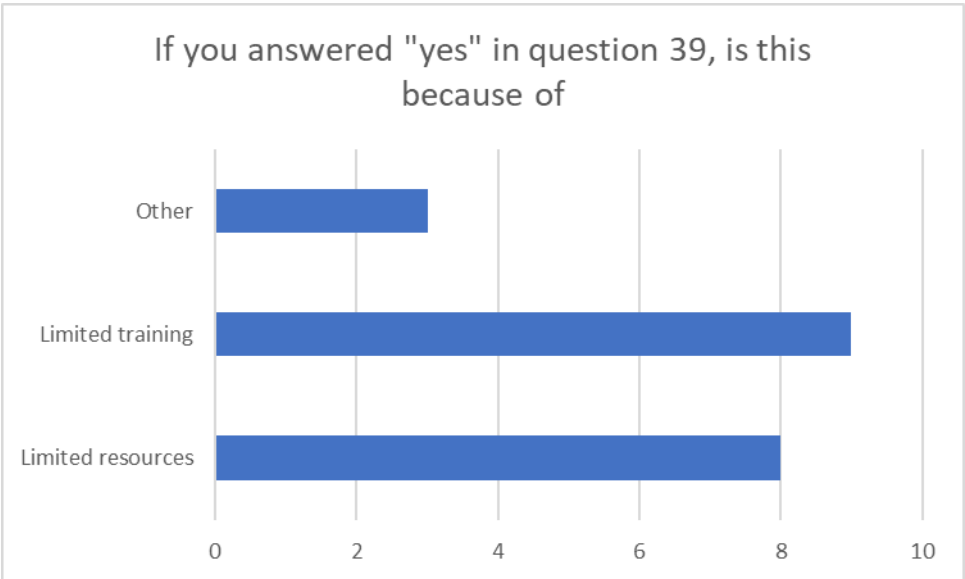
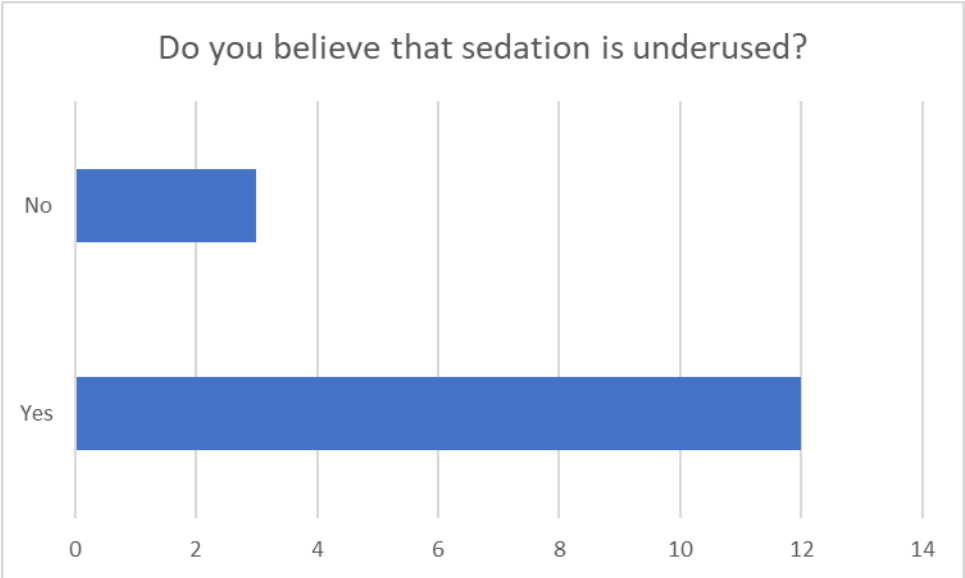
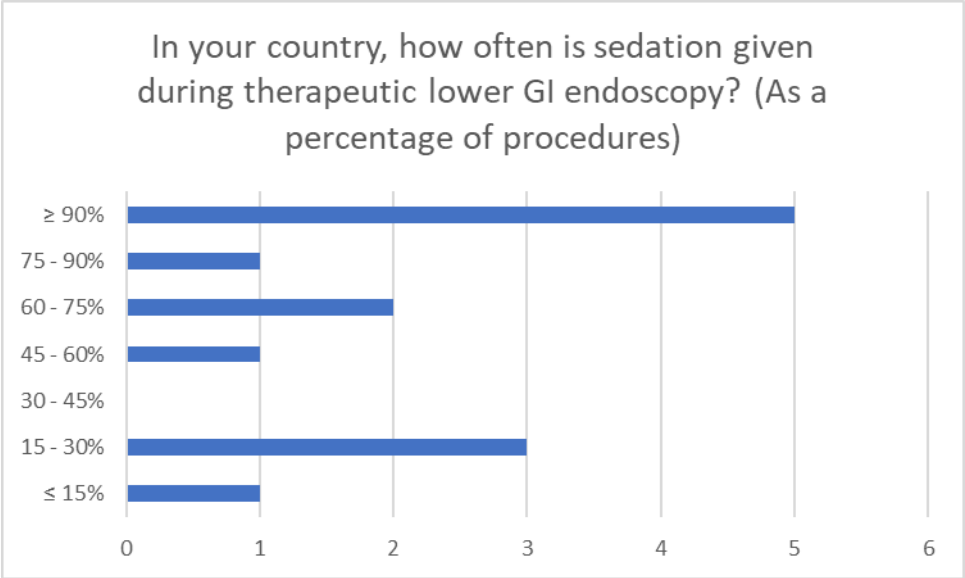


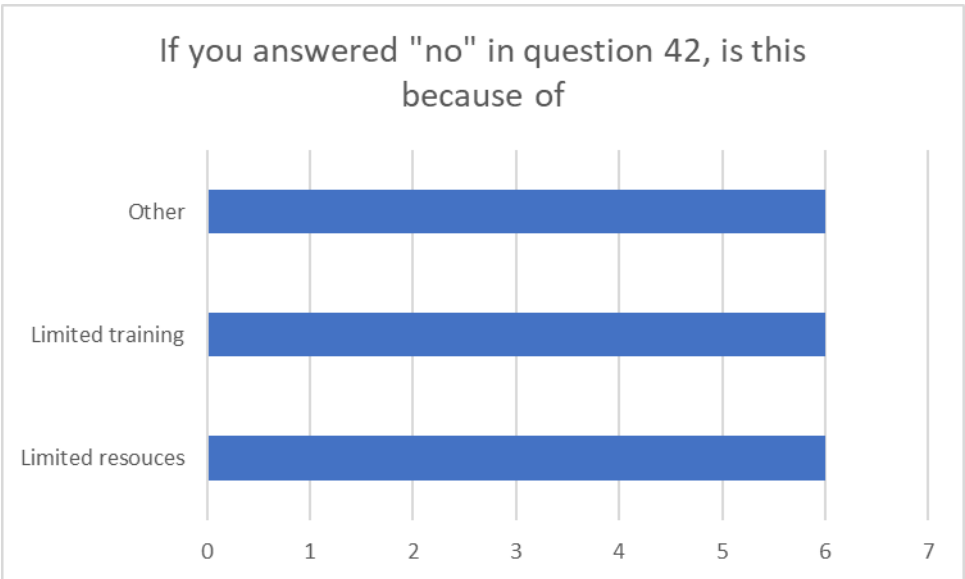
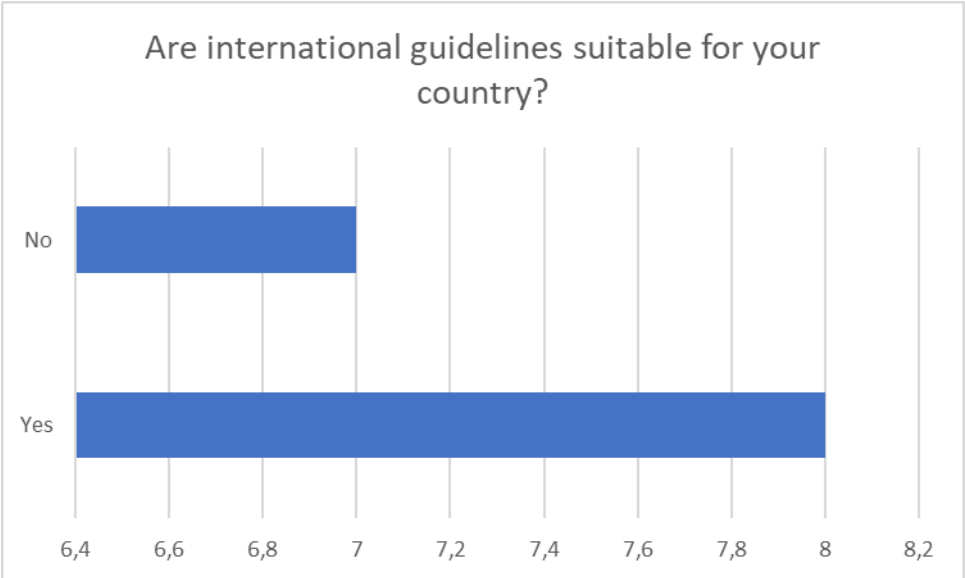
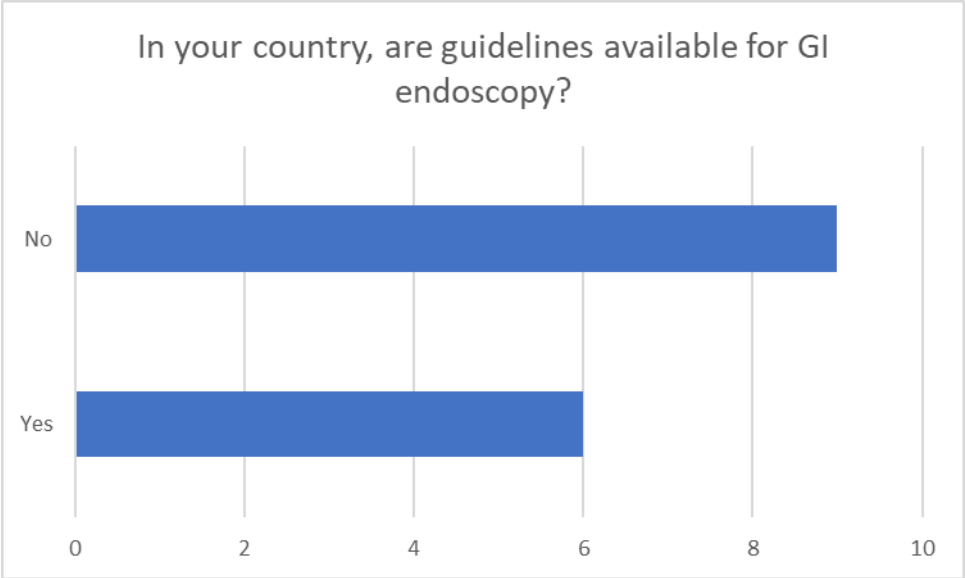












Appendix e2 WEO/ESGE training centers

Primary aim

- To improve the level of GI endoscopy in areas of Africa where such services are insufficient or lacking.
- To utilize resources of the WEO and ESGE societies to perform educational interventions and otherwise facilitate development in order to reduce discrepancies in GI health services between our countries.

Center characteristics and requirements

A WEO/ESGE training center will serve as a regional hub for training endoscopists and developing endoscopy practice in its region. WEO and ESGE will assist the process in various ways. Conversely, the center must be capable of serving this role, and must comply with certain principles of operation to be potential candidate centers. An overview of the development of the training center is shown in ► **Table e3**.

Characteristics

- The center should be located in a country or geographical area that is underserved in terms of endoscopy and endoscopy training.
- The center should be a well established center of endoscopy according to local needs and facilities. The number of procedures/rooms/doctors may vary by region, and no fixed type of procedures or volume of endoscopy is required. However, the aim of establishing the center is to enhance the level of endoscopy, increasing the volume as well as the quality and organization of the activities. Thus, plans or at least prospects of development are important.
- The endoscopy practice must be founded on sound principles of patient safety, proper clinical and technical competence, adequate instrument handling, and appropriate cleaning and disinfection procedures.
- Minimum levels of infrastructure (electricity, clean water, etc.) and endoscopic technology (video endoscope, electro-surgical unit, fluoroscopy for ERCP, etc.) are required.
- The endoscopists should have solid endoscopic competence, as well as experience in training and education. Nurses/cleaning staff must also be trained specifically for the tasks of the endoscopy unit.
- Good communication to the departments of surgery and radiology is necessary to handle unforeseen complications and to instigate therapy when endoscopic alternatives are not available.
- Safety (i. e. communicable diseases), easy access by air, sufficient communications, and adequate practical accommodation for visiting faculty are required.
- The center should be in a strategic location with connections to surrounding endoscopy facilities for regional training purposes.

Requirements

- The center must assign a minimum of one contact person relative to the training center status. This person must be readily available by email and phone as needed for the center purposes.
- The center must be dedicated to quality endoscopy, quality improvement, and training activities.
- The center must be able to document its endoscopic activity on a regular basis (number/type of procedures).
- The center must organize at least one annual training course, with/without external faculty support.
- The center must accept regional endoscopy trainees on a regular basis.
- The center will undertake continual activity and faculty enhancement, with reassessment by WEO/ESGE every 3 years.

Appendix e3

► **Table e3** The development of the training center.

Training recipients	Doctors
	Nurses
	Technicians
Training scope	Endoscopy (basic and/or advanced)
	Disinfection/hygiene
	Sedation
	Quality thinking
	Training (the trainers)
	Research
	Other
Support modalities	Industry – endoscopes and accessories
	Facilitation of affordable material
	Visiting faculty
	Courses
	Teaching material
	E-learning/web-based training
Course model	Hands-on in patients
	Didactic lectures
	Local faculty involvement
	Nurse/technician involvement
	Local policy makers/hospital directors involvement
Financing	Dedicated industry support (i. e. project specific)
	Counter-support from government sources/hospital
	Other
Center obligations	Clinical activities
	Teaching
	Auditing / Reporting
	Maintenance
	Other
Collaboration options	WEO/ESGE
	Other International Societies (i. e. WGO, ASGE)
	National societies
	Governmental bodies
	Other local/national initiatives
Further investigation	Eligible centers/locations
	Facilities
	People
	Ambience
	Transportation
	Safety
	Limiting factors
	Top priority modalities
	Industry interest – modalities for collaboration/support

ASGE, American Society for Gastrointestinal Endoscopy; ESGE, European Society of Gastrointestinal Endoscopy; WEO, World Endoscopy Organization; WGO, World Gastroenterology Organisation.