RCPCH Global:
Our humanitarian programme and mission
to improve global child health
Podcast transcript

Sebastian Taylor 00:05
Welcome to the RCPCH podcast where we examine the issues that matter to paediatricians and the communities they serve. My name is Sebastian Taylor, I lead the team that supports our global humanitarian outreach programmes. We've started a new series of podcasts where we sit down with college senior leaders and fellow members to bring you four episodes that take a deep dive into our college strategy between 2021 and 2024.

For this episode, we're talking with Dr. Sue Broster, who is our Global Office. Dr. Broster is a Consultant in Neonatal Intensive Care with acute neonatal transfer service for the East of England, and Deputy Medical Director at Cambridge University Hospitals NHS Foundation Trust. Welcome, Dr. Broster. Welcome Sue.

Dr Sue Broster
Nice to talk to you, Seb.

Sebastian Taylor
So we're going to talk about the global work of the college, in practice on the ground and in principle through our work with policy. But I want to see whether we could start just by looking at what got you interested in global child health in the first place.

Dr Sue Broster 01:21
So thanks, Seb. So just briefly, really just by way of introduction, to sort of think, set the scene for the conversation about the work that college is doing and members might be interested in. So I actually started off training to be a lawyer rather than a medic, and realised really quite early on in my career path that law wasn't going to be for me. And prior

to law, I had initially thought about medicine, and began to think, again, that maybe this was an area I wanted to work in. So I took a period of time out of training and had a period of reflection and actually supported a vaccination programme overseas from a non-clinical perspective. And two things really came out of that, one that I was really committed to studying medicine, which I actually went on to do. And the second was really developing an interest in global health and the importance of equality of health care for everybody. And that was really the sort of pivot point for me. And the vaccination project is just one example of that.

And we've seen that crop up, I think with the pandemic and access to vaccination right across the global health community and the challenges around that. I remained sort of really committed and interested in global health and spent some time working overseas during my training in South Africa. And then, really, for the last 15 years or so I've been more involved, I guess from you might call it more a strategic focus rather than necessarily directly based at facility level, although I think there's value in or and all those different aspects. And I wouldn't say that one is more or less relevant than the other but, and being really more involved in sort of partnership working over that time period, first with Cambridge global health in Botswana, then more recently with the work that the RCPCH has been doing in Myanmar and started working alongside a number of clinicians in that programme in 2016, before being appointed to the global Officer role in 2020. So a fairly sort of diverse approach. But I think that pivot point was working in the vaccination programme way, way, way back in the 1990s. And really realising the impact that the importance of equity of access to health care right across in the global arena.

Sebastian Taylor 03:32
That's an interesting trajectory into global health. I couldn't agree more about the vaccination, the vaccination observation, as you know, I do some work on the polio programme. And one of the things there is that we see systematically about a fifth of children who are eligible for vaccination not being reached. And it's that question of getting that last mile and achieving a degree of equity, which I think is, you know, at the heart of what we do.

I also like the combination of law and medicine, I think it's absolutely vital in understanding the broader context in which we're trying to operate. Talking of the broader context, you clearly we've been through some turbulent times, what would you say the global child health picture looks like at this point?

Dr Sue Broster 04:22
So, I mean, I think it's particularly challenging at the moment. I think the pandemic has been really disruptive in the health care arena, not just in the UK, but sort of on an international level. I think it has impacted both in terms of the money that's available to support Global Health programmes. I think it's the way that countries and organisations have been able to organise themselves because it's been difficult to travel and navigate some of the programmes that work with the restrictions on movement.

And then an absolute focus to one disease, which by its very nature has been extremely important. But and, you know, underneath that there are many other diseases which impact, you know, particularly my area, say, for newborn health that, you know, on unsupported and where the attention is taken away from that we see some of the real challenges where changes that we were making there, we're seeing a positive impact working in partnership with organisations and clinicians and health care providers overseas, where we've seen that take a step back because of the change in focus to COVID. And the resources being put towards COVID, rather than to other areas where that expertise is still needed.

Sebastian Taylor 05:46
Yeah, yeah, I think that's right. And certainly, the global financing picture is looking pretty bleak for a whole variety of reasons right now. And we know that that's created changes in the way the UK is providing aid funding as well. It's an interesting picture, looking at the longer term that people I think, are a little bit puzzled as to whether what we're looking at after about 1990 is a very positive picture, or really a very negative one. And I think one thing that I conclude is that it's actually a bit of both I know, that's a slightly imperfect answer to any question, but on the one hand, you've had, you know, reductions in child mortality of over 55% in the aggregate. But on the other hand, you have 15,000 children dying of avoidable causes, largely primarily in Sub Saharan Africa and South Asia every day.

And I looked at the calculations out to 2030. And they said on current trends, about 48 million children would die unnecessarily over that decade. So whilst progress has been made, it seems to me there is still quite a lot to be done. And one of the challenges I think that we have found, working through the programmes in the college, and I've also seen more broadly, is this question about whether the route to better family health, the route to better health for mothers and newborns and children lies in changing the social determinants of health. In other words, the poverty and the nutrition and the environment, circumstances in which people live. Or whether it's a matter of health care and clinical

intervention. And again, I think the answer is a bit of both. But I'd be interested, because it has a very strong bearing on the way in which we've tried to develop the programmatic work that the college leads on, I'd be interested in your thoughts about how that how you see that evolution of our programme model going forward.

Dr Sue Broster 07:50
I'd agree with you, I think it is a bit of both. And I think if we only focus on one part of that, I don't think we'll make the progress we need to. I also think that we can make perhaps being realistic some, some greater gains in the very short term by focusing on some of the clinical aspects where we know there is real engagement already with some of our healthcare partners, Ministry of Health, equivalent paediatric organisations and clinician. So there is an opportunity to really start to change the dial there. I still think we shouldn't shy away from some of those more tricky issues, that perhaps they're going to take a significantly greater time to resolve. And there may only be small and incremental steps there. Because ultimately, they are the areas where if we could really change things there, we will have a greater impact in the very longer term.

And that, to me, is why I think that having an advocacy role within the college is as important as the direct clinical care. So I think we, in the same way, we're framing this conversation around both the what we can do at a clinical level and in social determinants, I think the advocacy plays to both, but may well be more influential in the latter. And I think that's really a place that the college does that extremely well in many areas. And I think we're really seeing our membership start to say, is there something that we should be doing more loudly more vociferously in a really constructive way through advocacy for a range of issues in the global health arena as much as we're doing it in a number of other areas like child protection, safeguarding, etc, which the college has got an extremely strong and positive reputation for doing.

Sebastian Taylor 09:30
Yeah, yeah, I think that's right. I wanted to come back to the question of advocacy and what kinds of themes we pursue and what kinds of themes we want to pursue. Thinking a little more about the way in which the college designs and then manages the programmes that runs they have, I think it's fair to say I mean, I you know, I have a I have a dog in the race in the sense that I am professionally involved in those programmes.

But then, equally I think they have shown quite an interesting process of evolution. I think we've come from a relatively small scale model of bilateral partnership between one

hospital in the UK and a hospital in in another part of the world or between a small group of clinicians who are particularly interested in one another. And we've expanded that I think from those bilateral relationships to ones where we're trying to leverage impact at a bigger scale, nationally or sub nationally in the countries where we work.

Thinking about the broader context in which people's health happens and then the clinical dimension of this, I think you're right. One of the things that we have done is to focus on where the college has its greatest leverage, and that is the concentration of extremely high levels of professional competence and skill in perinatal, neonatal and paediatric care. But also to extend our partnership working with other organisations who are fitted to the primary level and to the community level. And a couple of examples come to mind in in Myanmar. As you know, since the military coup, we've been working on a humanitarian footing with one of the ethnic health organisations in the country. But we've also been working in partnership with other NGOs, international and local NGOs, whose specialisation is in community health, and in broad family health promotion. And that I think helps us to expand the relevance of what we're doing in the hospital setting, because we're also looking at the inflow from communities in this region.

But I'd be interested again, in your reflection on that question of advocacy, because that's a more grounded version. Of course, here in the UK, there are many more things that we can speak about, and which I believe members would like us to speak about. So perhaps you could reflect on that.

Dr Sue Broster 12:04
Yeah, so maybe if I sort of reflect on both the description of the maturing of the programmes, perhaps first, and then come back to the advocacy, if I may. So I think there's something really interesting and to look at in the development of the RCPCH programmes, as you say, starting with potentially bilateral partnerships, and now moving on to really thinking about how we dock in to work with other agencies where that's appropriate.

I think that's one of the strengths of the RCPCH is that we don't see ourselves as working in isolation from other parties, be there in country or be that with other agencies who are working in country or indeed other organisations. And there's a number of other Royal Colleges who I know that we've worked with, over the last few years. And I think that's a strength that we can recognise where our expertise is, but also then tie into the expertise of others. I also think the other really refreshing thing is the maturing of the programmes of work. So in Rwanda, but also thinking about some of the work that's going on in

Lebanon, where actually, the interventions that happen in the new maternal and newborn period, may well have consequences in the medium and longer term. And we have a responsibility, I think, as a college if we're investing in the maternal and newborn period to make sure that that same opportunity for those children is available to them as they grow and get older and the programmes of work that we might want to support, working with local organisations to do that.

I think the maturing of those programmes and the growth of those programmes is actually one of the really unique things about the work that the college does. I think advocacy is important in those particular areas, although it's also important in others. I think, as paediatricians we naturally have extremely strong views, and want to advocate for Child Health. And I think that's one of the things that, when you talk to most paediatricians, many members in the college, that's exactly what they say. And certainly when I'm out talking to people, that's exactly what I hear.

And we've got a really good track record of doing this, as I said it in many, many other areas. I think, where I see the three opportunities and in advocacy, these are areas that I really think we want to engage more with our members on. They're areas, as we're starting to mature it, around thinking about what we want to explore further, where that ties into programmatic work. So we've just talked a little bit around what does that look like in terms of maternal and newborn programme. So there will be other programmes of work, some of the work that we want to do around learning disabilities and assessing the development of children, where there will be a role for us to really advocate for what does that look like both here and necessarily in some of our programmes that we're working in.

Then for me, there's the responsibility in the relationship that we have, in terms of working with our partners. That might be through training, education, opportunities for people to cross borders to work in different healthcare settings. How do we really advocate for that and make that something that workable, straight forward and responsive to what people need. And then because I think we have an obligation to work with our partners, I think that's one of the things that you know that we have a long-term relationship with them. And that's beyond necessarily just providing direct clinical care. And that's what makes a true partnership, isn't it that working together.

And then the third thing, I think, is some of the reactive, more immediate response to when things are changing. So that might be some of the events that we've seen unfold in Myanmar, some of the events we've seen unfold in Ukraine, it might be to do with the

reduction in funding that was available for global health. There are a number of arenas where we in the global health arena, but actually as the RCPCH, where you may want to have a strong voice. And because we are an organisation that is well respected, we have the opportunity to really change the conversation around that. And that, is something that we should think about. How we really capitalise on that moving forward in the interest of children, right across the globe, not just based in the UK.

Sebastian Taylor 16:04
I think that makes perfect sense. So that question of respect, I think is a very important one, it's certainly something which I've seen in the college having worked in, in other types of international agencies, the college does command a very significant amount of respect on the basis of its status and the capabilities of its membership. And that gets us a long way into some of those advocacy discussions that you've talked about, which other organisations can struggle with. I think there's a real gift there that the college has in its foundations.

I want to just reflect on a couple of those questions about rooting the advocacy in what we do and what we know. One of the things I found particularly rewarding in the way in which our work has evolved, it is this expansion from working with child health to working with family health. And thinking particularly as you know, as you've always advocated, thinking perinatally, thinking about the mothers and the babies in a simultaneous fashion and understanding some of those interesting institutional difficulties in bringing those two things together. And then of course, beyond that, thinking about whether we have a role and what that role would be in advocating for sexual and reproductive rights, because of course, they lie behind adolescent pregnancy and the complications that come from that.

And then on the other side, the partnership work, I think there is a lot of talk these days about health being global. And I'm not entirely sure that's always borne out, by the way in which institutions approach the question. I do think in this question of exchange that you talk about, there is a real potential to make this properly global in the sense that we have colleagues in Rwanda or colleagues in Sierra Leone, or colleagues in other parts of the world, who come to work with us in in the UK and learn about the NHS. And of course, we have volunteers within the membership of the college and more widely who go out and work with us in in other parts of the world. And I think that exchange is absolutely central to building a better and genuinely global understanding of what is what is going on. And I think it also has the potential to feed into advocacy around what the UKs own workforce strategy should look like, on an equitable basis, making sure that if we are working with

colleagues from other parts of the world, we are also investing in those parts of the world to make sure that we're on a on a fair platform.

So those I think, are absolutely key aspects of what we're doing. And it reflects a little bit, I guess, on the experiences that you've had, but also how--what it does do for clinicians working in the UK, how does it change them?

Dr Sue Broster 18:51
So, I think this is an area that we often don't talk about enough. So in my own mind, I've sort of divided it into three areas where I think there's real gain for clinicians in a really positive sense because of that exchange of ideas and working with partners, different clinicians in different healthcare settings.

I think there's a clinical framing, I think there's a professional framing and then I think there's a personal framing for that. You know, I think it expands your knowledge, and your skills, and understanding of a different infrastructure, different ways of working. It opens your mind to some of the thinking about challenges in a very different way. Some of the most skilled neonatologist I've ever worked with, I can't believe we're gonna say this in a podcast in the college, but some of the most skilled men and women I've ever worked have been the neonatologist, for example, in Myanmar. Their knowledge, their expertise was phenomenal. And as a neonatologist working in the UK I can honestly say I learned a huge amount. I am a better clinician working in a tertiary NICU in the UK because of what I learned in working with them, because they thought about things in a different way, they had different pressures, different resource issues, different case mix, and it really broadened my knowledge base coming back to the UK to work here. So I think there's something around the sort of core skills and that shared exposure.

I think from a professional perspective, working with a very diverse group of clinicians, and that's not just necessarily medics, but a very diverse group of clinicians in a very different cultural environment, I think that is really helpful in extending and being more thoughtful in the way you interact with staff right across the professional workplace when you come back to the UK. We often don't talk about that, but I think it is really important. It makes you much more sensitive, perhaps and thoughtful, and hopefully inclusive in the way that you approach some of the opportunities and challenges that we face in the NHS. And I think that I found that to be to be invaluable. And some of the political sensitivities around some of the conversations and what you've learned from navigating those in a different environment. I don't think we can underestimate that.

And then personally, I think, the resilience, the flexibility, thinking outside the box, ability to get on with lots of different people, to be able to work in uncertainty. To be honest, those I would say, are all core skills to working in the NHS today which has many pressures. And having those being comfortable working in environment like that can really strengthen what it feels like to work in the NHS today. So a combination of all of those things I think you gain working in the global health arena.

This is something that I think is not for everybody. Everyone is not able or available to work overseas. And I don't think that you have to work overseas to be really interested and committed to working in the global health arena. I think that's something that I'd really want to emphasise to our members, that there are many other ways to get involved with global health that don't require you to be based or work for a period of time overseas. For some people that's absolutely what they want to do. And they get a huge amount from that in partnership working. But for others, there are other areas for supporting fellows, visiting fellows from overseas, developing and providing technical expertise to the development of the programmes, getting involved in global health advocacy.

There's a range of different roles within global health where that skill and experience and expertise of the membership is incredibly valuable, not just for those who have the capacity, interest or time to be able to work overseas. It's much broader than that.

Sebastian Taylor 22:34
I think that's right. And certainly, the question of how you balance pressures in your home base and, and your desires to get involved around the world. I think that I think that's a key one that we I hope can help with I remember, talking to one or two returning volunteers, I think they were coming back from Sierra Leone, which is a fairly resource, scarce environment. And one of them said, one of the things that they learned--perhaps the most important thing--was that they had learned to do more with less. And to me, you know, given fiscal crisis, and so on and so forth, I think the NHS probably couldn't wish for a better strapline than that. I think it does bring in those parsimonious skills, what can you do, as you say, operating in circumstances of uncertainty. The other thing that we found was, it was a fairly informal process of measurement.

But what we saw in terms of soft skills, and leadership, and the willingness to step up and take a leadership role, those things all seemed to increase over a period of working overseas with us. I think there are very distinct benefits that come back into the NHS from

this. I've certainly heard that anecdotally, as well. So then, one of the questions that comes up periodically is how we choose where we work. We talked a little while back about the value of those long-term partnerships. I think that to some extent, explains why we are where we are right now. But of course, as you said, there are those incidental events would come up to which we need to be able to react and then engage. And the question is, how do we do that. Ukraine is probably the best example in some respects. But I think we would agree that it's not the only one by any stretch of the imagination. And so the question is, how do we think through where to engage, in what form to engage, how to respond to multiple crises, which may be emerging simultaneously? I'd be interested in your thoughts on that?

Dr Sue Broster 24:47
There's two things for me about that. One is that once we step into a partnership that there's a commitment, that it's a long-term commitment. And that even if events change, for example, the events that have happened in Myanmar over the last year or so, that it doesn't change the nature of the partnership. It might change the way we work, it might change the approach we need to take, it might change in some of the ways we have to think about working together to deliver the programme. And it's likely to be different from what we've started with. But the commitment that I think the college makes in building these relationships, I think is really important.

And I think we are a friend in all these environments, both when things are straightforward, and it's easy to work, but equally is important that we remain committed to those, I think when things are difficult, and I think that's a true test of a true partnership in both ways. And I think that's something that the college is actually very invested in and does very well. And it's different in other organisations, I think, but here the college does that well.

So the second thing is how do we decide where we're going to work? And I think there's, there's a number of factors there? I think it has to be somewhere that people want to work with us. So, it has to not be about what suits us and what matters to us in global health. Although, of course, we've all got views on that. But it has to be where somebody, a paediatric organisation or a government thinks that we can add value working together. But I think that has to be the starting point. Where do we work, where people want us to work, and where there's a good strategic fit between global health, the RCPCH, and either the government or the equivalent paediatric organisation. And I think one of the real strengths of the RCPCH global team has been that relationship with people like the

Rwanda Paediatric society, like the Myanmar Paediatric society, they are really important and actually integral to us being successful in working together.

So I think that we need to be somewhere where there is an ambition to work together, where there is an organisation who wants and is keen to work with us, and where there is a sort of strategic fit and ambition. And then for me, the other thing is that it chimes with the membership, but it's relevant to the membership. That there are a number of countries where I know we're starting to think about undertaking some work, whether we have a significant number of members who are based there, or have started their training in those in those countries. And I think that's also really important that what we do reflects our membership, not just necessarily, you know, some of the some of the individuals who might get in touch with us, but it so it's a combination of factors, I think that we need to take into play.

And I think it also ties in with the programmes of work. So where do we have experience? So, you know, building on experience that we've gained in maternal newborn child health, that's quite an area where we've really got some expertise and experience. Now, how do we build that out, perhaps to the next step, we're doing some work in Lebanon, we've talked about doing some work in Rwanda around childhood development. You know, building that expertise, I'd say that comes back to the strategic fit in other areas where that piece of work is something that really resonates with an area that they want to work in.

So it's a number of different factors coming together that need to be weighed up quite carefully. And also thinking about the resource that we've got. So you know, doing 20 things, and doing them badly, actually, is no help to anybody, you know, doing five things, and doing them really well is actually really important. So being really thoughtful about the resource that we've got within the college and equally the resource that other agencies have got to be able to support them.

Sebastian Taylor 28:50
Yeah, I couldn't agree more. Well, so just in the concluding stage of discussion, as you know, we have long term commitments and programme operations in Rwanda. In Nepal, we're continuing to work in Myanmar on a on a couple of footings and, and of course, we have a large new programme on Child Disability in Lebanon and the broader Middle East. around that, I just thought we might finish with a few thoughts from you about where where we might want to start looking next in terms of the development of our global work.

Dr Sue Broster 29:29
Oh, gosh. So a nice easy question to finish. The two things for me, there's how do we build the programmes to work? The capacity building is actually critical. How do we start to be able to take a step back and work with our partners on other areas of development, so within those within those programmes?

So I think that's the strength of a programme is when it can be delivered locally independent of the teams from the RCPCH, where the capacity building has allowed those teams that develop the maturity in the way that they are able to work that they don't. They're wanting a different experience and expertise to work alongside them. And equally for us, actually, I think, you know, we also need to be thoughtful about that. So I think it's unclear at the moment. And I think we have to be patient, thorough, respectful, and have a degree of humility, when we start to work in Pakistan and India, to really understand what the opportunities and the challenges are there.

They are two very large, very populous countries. And I think that is got to be a key focus for us over the next few years. As you know, I really think we want to develop a more organised framework for our advocacy where we can start to really have a powerful voice and what in child health overseas and in the UK, beyond the very effective advocacy that has already done around child protection. And a number of other areas that the global health arena is one where there are a number of agencies who we could both align with, but also independently of them be able to start to have a stronger voice in things that really matter to all members, that matter to children, that matter to families, right across the global health agenda.

And I think we've got an opportunity there to really do something different over the next few years in that particular area of work. Which is slightly different, perhaps from the direct clinical programmatic work, but I think it's something that we need to balance both aspects to get the best opportunities available for children, young people, and arguably actually, for me, as you know, for mums, right across the global health agenda.

Sebastian Taylor 32:08
Dr. C, Rasta, global officer, thank you very much for being willing to have this chat. My hope is that it'll be of interest to members and to others who are thinking about global child health in general, and also particular ways in which they might want to get involved in for

more information, I am told that you can access the www.RCPCH/global web page. And that will tell you a little bit more about what we're doing. But equally, I think we are generally around and available for people to get in touch with us and tell us what they would like to do.

Dr Sue Broster 32:49
Yeah, no, thank you very much, Seb. And as always, it's always good to talk to you, but absolutely, I'd echo that. But if, if people are interested, please get in touch. You know, drop us an email. I'd be delighted to explore things and really take on board the views of the membership as we develop the programmes moving forward.

Sebastian Taylor 33:06
Great. Thanks very much.