

# RCPCH Global Health Report 2015-2016



**RCPCH**

Royal College of  
**Paediatrics and Child Health**

*Leading the way in Children's Health*



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## The emergence of truly global health presents great challenges, but also great opportunity.

Levels of newborn and child mortality remain unacceptably high in many countries – the ‘unfinished business’ of the Millennium Development Goals. We will continue to work on reducing child and, in particular, neonatal mortality but also look more broadly at improving the health of infants, children and young people across the spectrum.

Improved child survival should be accompanied by investment in early childhood development and support through the key transitions of adolescence, in order to counter the emerging burdens of obesity and chronic disease in developing regions.

Protecting the health and welfare of children is, we believe, the paramount concern of us all

– from the family household to the UN General Assembly. The Royal College of Paediatrics and Child Health plays a leading role in advancing the health of infants, children and young people around the world. We work innovatively in areas of most need, creating links between health institutions in rich and poor countries and building the capacity of health workers from clinicians to community nurse midwives, to strengthen health systems and improve child health.

The Sustainable Development Goals have set out an ambitious agenda for child health. We must work to ensure that action follows rhetoric. In the years to come, we will continue to lead research, advocacy and action towards our stated vision of a healthier future for children and young people across the world.



**Dr Bhanu Williams**  
RCPC Global Officer



**Dr Sebastian Taylor**  
RCPC Head of Global Operations

# STRATEGY

**RCPCH represents one of the most powerful concentrations of child health expertise in the world today. This is our greatest resource and the centrepiece of our global health work.**

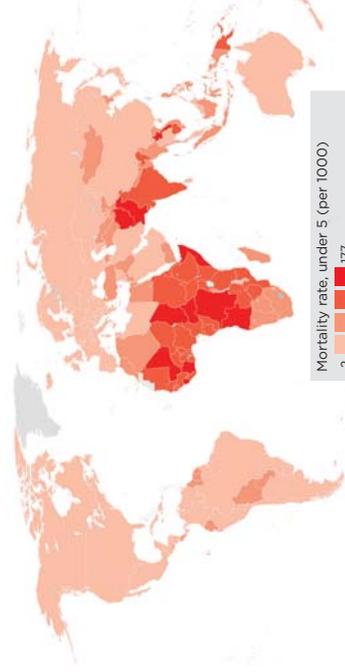
Over the coming five years, RCPCH's global strategy will focus on reducing neonatal and child mortality, and on supporting policies and programmes that maximise healthy development for infants, children and young people around the world. Our geographical focus will be on low-income countries, primarily in sub-Saharan Africa, South/southeast Asia, and the Middle East.

We will continue to design and operationalise field-based programmes which support health system strengthening, by building the capacity of health workers from senior clinicians to community nurse-midwives to recognise and act on the major threats to good health among infants, children and adolescents. Our work builds on RCPCH's role as a

leading proponent of Emergency Triage Assessment and Treatment (ETAT+), towards wider support to improving basic paediatric skills across the spectrum of health workers from teaching hospital to local clinic.

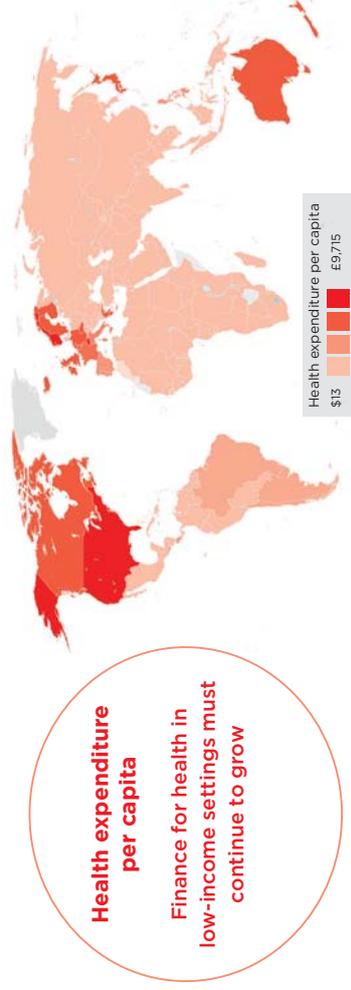
Our programme model is based on partnership – with government, multilateral agencies, and civil society. Our programmes will continue to build bridges linking clinicians from the UK, working on a volunteer basis, with their counterparts in resource-scarce health systems and settings.

We support our programmes with high-quality research evidencing simple, cost-effective ways to enhance child survival and growth. And we will continue to advocate, at home and internationally, for policies that recognise the rights of children and the need to protect them in humanitarian crises.



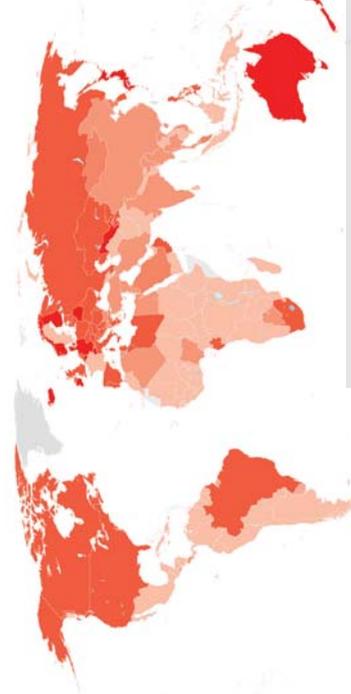
**Under-5 mortality rate (per 1000)**  
Newborn and child mortality remain a key concern in developing regions

Source: The World Bank Group, <http://data.worldbank.org>



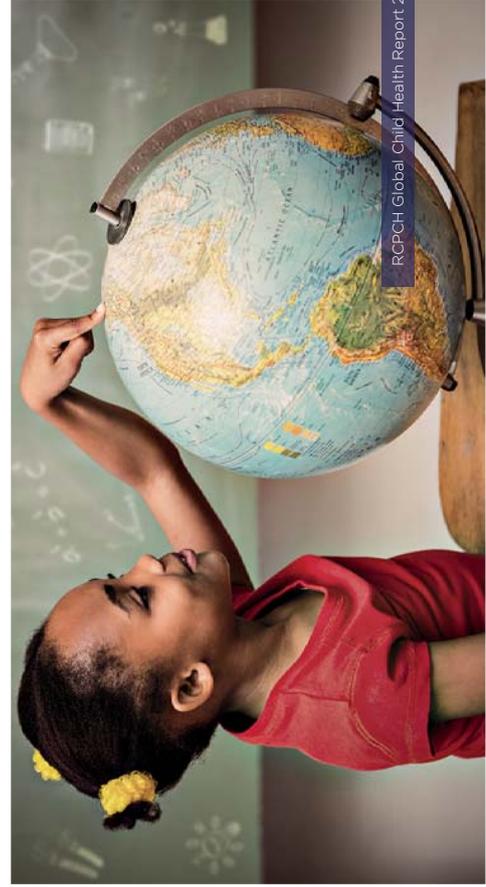
**Health expenditure per capita**  
Finance for health in low-income settings must continue to grow

Source: The World Bank Group, <http://data.worldbank.org>



**Health workforce (density of nurses and midwives)**  
Building the capacity of clinicians, nurses and midwives is the bedrock of health systems strengthening

Source: The World Bank Group, <http://data.worldbank.org>



# BUILDING HEALTH SYSTEMS

**Up to half of all newborn and child deaths occur in district-level health facilities.<sup>i, ii, iii</sup> Most deaths are due to a limited number of treatable conditions, and occur within the first 48 hours of admission.<sup>iv, v</sup>**

As community demand for healthcare in low-income countries grows, so does the need for quality services provided by trained health workers in and through properly-equipped hospitals and clinics. Too often, though, available care is weak. A primary problem is scarcity of health workers trained in basic but critically important knowledge and skills.<sup>vi</sup> Research shows that simple improvements in case management are key, including in assessment, treatment and monitoring. It is clear that one of the greatest opportunities to reduce children's morbidity and mortality lies in strengthening the quality of basic care and the implementation of simple but standardised clinical management protocols.<sup>vii</sup>

## Strengthening Emergency Care

RCPCH Global focuses on reducing neonatal and under-five mortality through improved quality of facility-based emergency care. We are a leading partner in the global roll-out of Emergency Triage Assessment and Treatment<sup>†</sup>, with major projects in Kenya, Rwanda, Sierra Leone and Uganda as well as an Emergency Paediatric Care Programme (EPCP) in Myanmar. These are based on WHO's ETAT model but extended and adapted to include newborn resuscitation and the integrated management of childhood illnesses (IMCI).

We and our partners understand that real life-saving improvements in low-income settings can – and indeed must – be made by maximising the value of existing human resources. Our approach is one of long-term technical partnership, building a common platform of clinical understanding and trust through sustained relationships of capacity-building, mentorship and support.<sup>viii, ix</sup> Increasingly, we are seeing the results in falling levels of facility-based mortality in areas where we work.



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# SUPPORTING GLOBAL LEARNING

**As the world becomes increasingly interconnected, health – including child health – becomes truly global. No longer do we see a world of two hemispheres – the rich and the poor. Instead, we see continuous exchange and interdependence.**

Since its establishment in 1996, RCPCH has nurtured international learning exchanges for clinicians based in the UK and from around the world. The Colleges' Visiting Fellows and MTI programmes support paediatricians from low- and middle-income countries to train with counterparts in some of the UK's leading centres of paediatric and child health.

In 2001 RCPCH launched a partnership with Voluntary Service Overseas (VSO), providing the opportunity to join a structured volunteer programme focussed on teaching and training paediatric colleagues in low-resource hospitals.

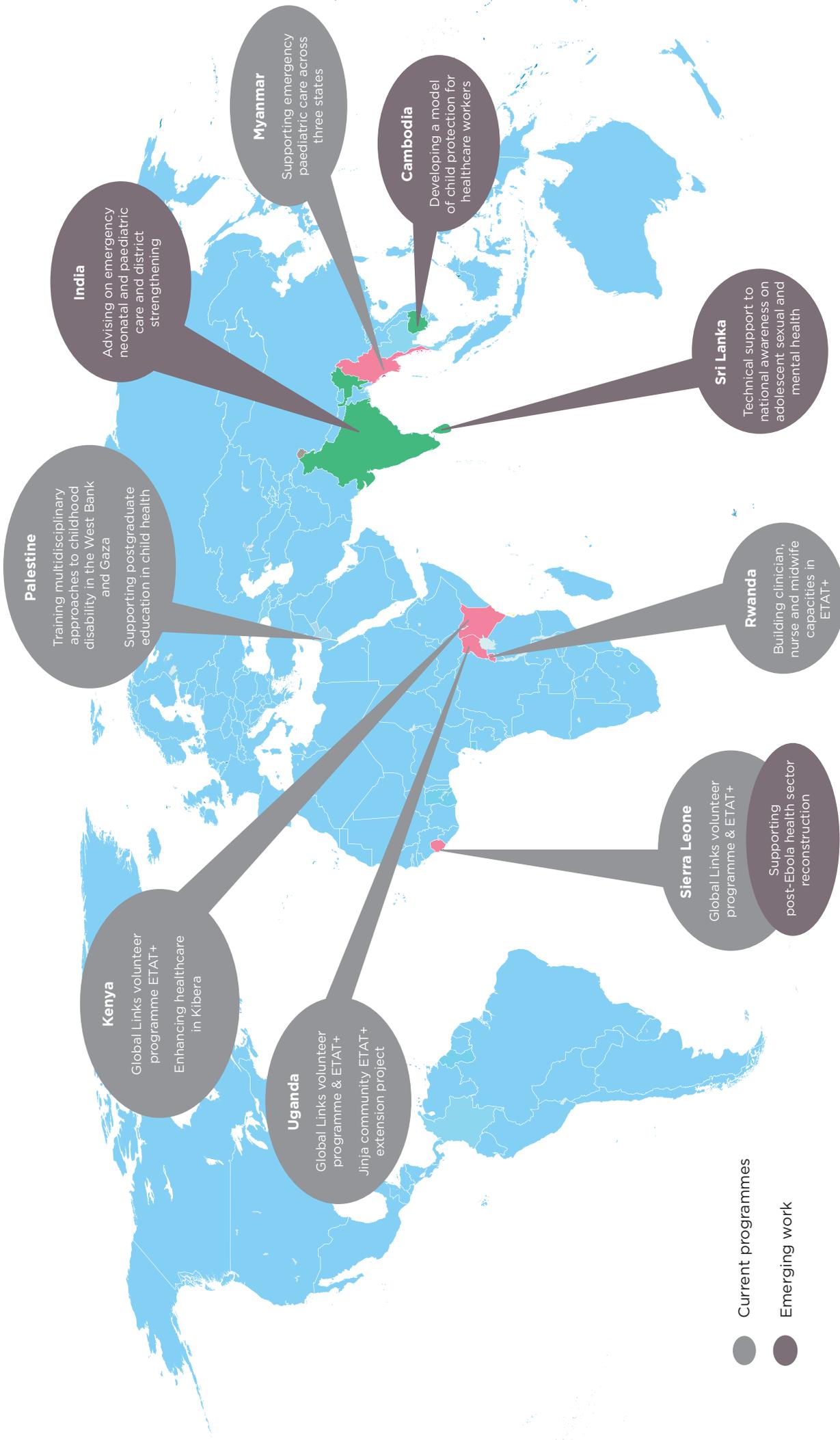
## Sharing skills to benefit all

Since 2012 the RCPCH 'Global Links' programme has placed over 60 trainees, consultants and retired consultants in 28 district and tertiary level hospitals in Kenya, Uganda, Sierra Leone, Ghana and Myanmar. Volunteers work alongside local health-care staff to role-model good clinical practice, offer much needed in-service continuing medical education and train in the use of clinical-audit and Quality Improvement methodologies.

Our model of partnership is based on long-term volunteering, ensuring a high level of value for money in programme funding terms. But it is also based on mutual learning – the increasingly compelling evidence that for every volunteer taking time out of the NHS to work with colleagues in low-income countries and clinics, the British health system receives back clinicians with sharpened clinical acumen and a renewed commitment to child health.<sup>x</sup>



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# PROMOTING CHILD DEVELOPMENT

**Achieving developmental milestones in the early stages of a child's life is vital to long-term health and well-being, to social inclusion and educational and economic productivity.**

Children – in particular in situations of crisis and vulnerability – are at risk of losing out perhaps more than any other group: on life chances, on development potential. Early disadvantage can result in lifelong disability, with catastrophic consequences for individual participation and household poverty.

RCPC has been working with partners in Palestine since 1996. In 2015 we launched a new project funded by UKAid and the Tropical Health Education Trust (THET), working with the Paediatric Society of Palestine, to train local health providers in multidisciplinary approaches to children with disabilities. RCPC has also worked with Juzoor for Health and Development to develop a unique Diploma in Child Health delivered in Palestine and subsequently developed into a Masters in Child Health (MACH) with Al Quds University.

## Addressing disability

RCPC is working with Hope and Homes for Children in Eastern Europe to research paediatric attitudes and practices with disabled children in Romania, Bulgaria and Moldova. We are developing approaches to enhance child protection in Cambodia and to enhancing support for adolescent sexual and mental health in Sri Lanka.

In a global context of protracted humanitarian crises, regional conflict and refugee displacement, RCPC continues to advocate with policy-makers in the UK and internationally, to ensure that the rights and interests of children are recognised and protected.

# EMERGING WORK

**RCPC has established a strong presence in East Africa, building emergency care skills for children in hospitals in Kenya, Uganda and Rwanda.**

Our regional partnerships – with government, Paediatric Associations, medical schools and university departments – provide the basis on which to extend a programme model with proven capacity to drive down infant and child deaths, for example expanding our reach to work with health centres in Kibera – one of the world's largest slum settlements.

We have expanded our work in West Africa – initially through a 'Global Links' volunteer programme in Sierra Leone. Following the 2014 Ebola outbreak in that country, we are developing a programme of work, in consultation with government and partners, to support reconstruction of the health sector. This new programme aims to harness the collective potential of multiple Medical Royal Colleges, to build and streamline the UK's overarching model of global health partnership.

With support from government, the Myanmar Paediatric Association and Unicef, we are expanding a one-state pilot into a 3-state intervention in Myanmar, with the potential to improve paediatric care for a significant part of the Burmese population.

We are engaged in the design and development of new programme, research and advocacy projects in a number of countries within our regional focus: from strengthening neonatal capacity in Ethiopia and enhancing basic paediatric care in Cambodia, to supporting better understanding of adolescent sexual and mental health in Sri Lanka and efforts in India to advance emergency maternal and newborn care. Alongside these international commitments, we will continue to build academic, teaching and research collaborations which promote and evidence best approaches to global child health.



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# ADVOCACY AND RESEARCH

## Advocacy

**RCPCH speaks with authority on issues affecting the health and welfare of infants, children and adolescents both in the UK and internationally. With partner Medical Royal Colleges, we constitute a powerful voice for health and medical care worldwide.**

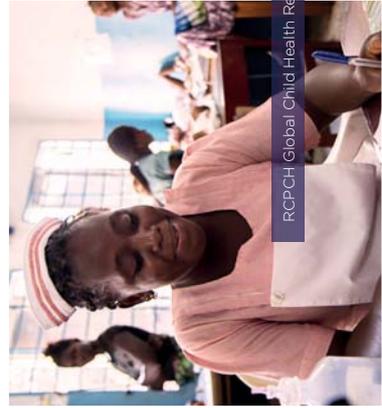
We will continue to speak out on issues of acute crisis – such as the plight of refugee families and unaccompanied children between the Middle East and Europe. But we will also advocate for research, evidence and action on long-term problems – nutrition, childhood obesity, adolescent mental health – that present grave risks to our common future.

## Research

**The Royal College of Paediatrics and Child Health has a mandate to lead and support the growth of child health research globally**

We have an exceptional network of academic and clinical practitioners with whom we are able to develop research protocols. We draw on latest peer-reviewed evidence in the design of our field programmes. And we are committed to the generation, through those programmes, of robust data supporting analysis of effectiveness and impact.

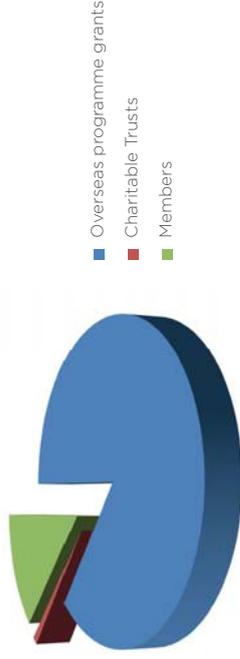
In the coming strategic period, we will build research partnerships, looking both at enhancing the quality of our intervention evidence – for example through development and innovative partner-based evaluation of care for the sick newborn – and at understanding better the factors influencing child health from neonatal survival to adolescent transition.



# FINANCE

## Funding

RCPCH global operations are funded by a range of donors including DFID (UKAid/THET), UNICEF and the Jersey Overseas Aid Commission (JOAC).



## Expenditure

Almost three-quarters of RCPCH Global expenditure was incurred in sub-Saharan Africa (primarily Sierra Leone, Kenya, Uganda and Rwanda). Expenditure in Southeast Asia and the Middle East is growing as we continue to develop our work in Myanmar and Palestine. UK-based activities include the Visiting Fellowships programme, research, advocacy and partnerships administration.



Source: 2014-2015 Management Accounts

Full statutory accounts are available from the college upon request

# THANK YOU

**RCPCH Global works with and through its members. It is their willingness to support a global role, and to commit to working overseas – almost invariably without remuneration, often in challenging contexts – that underpins our ability to operate global programmes.**

We owe a huge debt of thanks to all those College members who have worked with us and those who continue to support our work. That work would not be possible without the continuing commitment of our partners to child health; government leaders and ministries of health under whose aegis we operate; district health managers, hospital and health centre staff on whose knowledge and energy we depend; leaders in paediatric health whose influence paves the way for effective working; civil society partners whose work we support and who facilitate ours; donors who provide the financial lifeblood of our endeavours; and, finally, the families and children who seek the quality of care our partners aspire to provide.

**Our thanks go to:**

Academy of Medical Royal Colleges	Ola Daring Children's Hospital
Al Quds University	Paediatric Society Palestine (PSP)
British High Commission India	Public Health England
Department for International Development (DFID)	Royal College of Midwives (RCM)
Department of Paediatrics & Child Health, Makerere University	Royal College of Nursing (RCN)
Global Health Uganda (GHU)	Royal College of Obstetricians and Gynaecologists (RCOG)
Health Education England	Royal College of Physicians (RCP)
Hope and Homes for Children (HHC)	Royal College of Surgeons of England (RCS)
Islamic University Gaza	Rwandan Ministry of Health
Jersey Overseas Aid Commission (JOAC)	Rwanda Paediatric Association
Juzoor for Health and Development	Sierra Leone Ministry of Health and Sanitation
Indian High Commission (UK)	Sri Lankan College of Paediatricians
Kenyan Ministry of Health	Tropical Health and Education Trust (THET)
Kenya Paediatric Association (KPA)	UK Faculty of Public Health
King's-Sierra Leone Partnership	UK National Health Service (NHS)
Liverpool School of Tropical Medicine (LSTM)	Ugandan Ministry of Health
London School of Hygiene and Tropical Medicine (LSHTM)	UNICEF
Medial Aid for Palestinians (MAP)	UNWRA
Myanmar Paediatric Society (MPS)	Welbodi Partnership
Myanmar Ministry of Health	West African Colleges of Physicians and Surgeons
	WHO

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If you are interested in taking part in our programmes email: [global@rcpch.ac.uk](mailto:global@rcpch.ac.uk) or register with the Global Health Consultancy at [gchc@rcpch.ac.uk](mailto:gchc@rcpch.ac.uk)



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