

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

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,

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, pneumonia (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

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. p

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

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

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

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And then personally, I think, the resilience, the flexibility, thinking ou

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

more information, I am told that you can access the www.RCPCH/ that will tell you a little bit more about what we're doing. But equal

global web page. And