

East of England Global Health Conference: Connecting Academia and Clinical Practice

Wednesday 14th March, 2018

The inaugural East of England Global Health Conference brought together a host of clinicians, researchers, academics, as well as those from the public and third sectors: over 140 delegates in total. The focus was on sharing learning from global health activities in the era of the sustainable development goals, specifically looking at global health partnerships and co-development with regards to research and academia between partner countries/institutions.

There were three afternoon panel discussions:

- 1 Academia and Global Health
- 2 Healthcare Professionals in Global Health Partnerships
- 3 Best Practice and Funding Environment for Global Health Partnerships

This report is a summary of the important points that arose from each panel and during discussion.

1. Academia and global health

Panel introduction

The session provided different insights from across the academic community as to how global health collaborations can be pursued academically. Each academic gave a brief overview of their area of research and its significance to the global health agenda, and a chaired panel session then explored how these areas could complement each other in multidisciplinary research programmes which may be based around a given country, population, or clinical problem.

Panellists: Lucie Byrne Davis, John Clarkson, Peter Hutchinson, Carmel McEniery, David Dunne (Chair)

Key areas of discussion

- Creating sustainable collaborations for answering research questions depends on partnerships at the organisational level rather than resting on a few individuals in order to thrive long term, otherwise risk faltering once key individuals leave. Having said that, strategic contacts to set up collaborations are critical.
- To set up successful collaborations open communication is important, where all parties participate in formulating goals.
- Funding. It is important to have mechanisms in place to have adequate funds at the ready, mechanisms which will facilitate successful applications for funds.

- The tensions that exist with being an academic, including the pressure to bring in substantial research grants when project funding is comparably small as well as the sentiment of feeling monitored.
- A need for a multidisciplinary and holistic approach.
- Moving from research in LMICs to research with LMIC partners, recognising the expertise of those in LMICs.
- Being aware of the challenge of differences in vocabulary and semantics across disciplines and countries. Working with colleagues from diverse cultural backgrounds may be problematic, important to seek to understand the differences in culture. The need to move from translation to having a common research language.

2. Healthcare professionals in global health partnerships

Panel introduction

The second session explored the many and varied opportunities for all healthcare professionals, clinical and non-clinical, to engage with global health partnerships. The importance of multidisciplinary working in global health partnerships was discussed as well as the mutual benefits arising for all parties.

Panellists: Alistair Bolt, Sarah Cavanagh, Sharon Stone, Sue Broster (Chair)

- The panellists all recounted their experiences volunteering abroad: Alistair Bolt in Sierra Leone, Sarah Cavanagh in Beira (Mozambique), Sharon Stone in El Salvador.
- All panellists commented on the huge range of benefits health professionals who engage in global health bring back to their regular work place and the NHS (eg new ideas and knowledge, varied experiences, improved clinical practice, renewed drive in career, meta skills, cultural competence etc.)
- Considering the difficulties medical personnel often encounter when seeking to engage with global work abroad. Especially regarding permission to leave; most panellists mentioned how they used their annual leave. Could be disruptive from point of view of employers, expensive if for long periods.
- How can this challenge be overcome? Question of how to effectively advocate for health professionals to be supported to participate in global health activity.
The need to improve the effectiveness of lobbying, question of how to do this.
The need to convince employers and Trusts to formulate procedures for releasing staff which also enable them to return to work without serious repercussion.
The need for a better NHS policy from to allow professionals to work abroad.
Quantifying the benefits to UK/NHS would be a great help for the cause.
The problem of inequalities in the leniency of regulations for different professionals eg clinicians compared to nurses.
- Considering when is the optimal time in a person's career for going abroad.
- Difficulties encountered in the field include the issue of transferring qualifications between different countries. Also the problem of obtaining informed consent when the local languages are many, it is difficult to find translators, and this creates barriers that can't be easily overcome.

3. Best practice and funding environment for global health partnerships

Panel introduction

The last session considered current concepts around safe, ethical, and effective practice in global health partnerships from both a clinical and academic perspective. It also provided insight into the funding landscape that supports these complementary efforts, and explored how best to integrate these two arms of global health improvement.

Panellists: Rowan Burnstein, Ged Byrne, Ben Simms, Tony Jewell (Chair)

Key areas of discussion

Key points regarding best practice included:

- Having multiple partners engaged.
- The importance of evaluating, of asking questions, considering what has been done well and assessing effectiveness.
- Ben Simms highlighted the need to influence and challenge policy makers and public discourse but also to encourage academics engage with health partnerships schemes.
- How academic and clinical healthcare improvement can be integrated through global health partnerships. Partnerships which also have broader research focuses.
- The importance of effective communication, with regard to research study results and between entities in a partnership.
- The need for in-country expertise and local knowledge.
- Situating global health activities within the broader context of development and development goals, looking beyond health groups.
- Reciprocity: Medical professionals on both sides of the arrangement benefit from the learning opportunities as well as the experiences and knowledge that can be brought back to home institutions.
- Recognising that working abroad has many benefits, what is learnt globally helps with delivering care better locally.

Key points regarding funding environment:

- The importance of encouraging active involvement in global health work and funding for these partnerships.
- Funding. A handful of Trusts encourage doctors to go abroad due to recognising that they also stand to gain.
- Finding new partners is fundamental. It is also important to get support from NGOs and have a system of support or Online portal for NHS volunteer that are working abroad.
- A final remark was made that money to participate in these endeavours was in the system but needed to be used better.

Summary of the Panels and Evening Session

Overall, there was an overwhelming sentiment of support throughout the conference for individuals to go abroad and engage in global health work in low- and middle income countries. Common themes that arose among the panels and during the evening session included:

- Forming mutually sustainable collaborations
- Emphasis on being proactive forming these collaborative partnerships rather than leaving it to chance
- Discussion about funding, and a need for cross-disciplinary teams. The discussion of funding included where to find the money to encourage medical to go abroad as well as advocating to trusts and employers to allow medical personnel to take time away from the home institution to work abroad.
- The benefits from their involvement are many and varied. Framing this to convince employers is ongoing.
- Moving from research and global health work *in* LMICs to research *with* LMIC partners, recognising the expertise of those in LMICs.

Additionally, in these partnerships between two countries/entities it is important that over time, research questions and protocols of practice develop locally rather than remain dependent on the other partner(s). Doing so would require not only an effective intermediary but also patience between both parties to understand differences in semantics and regulation throughout the development and execution of proceedings. As Prof Sir Eldryd Parry mentioned in his keynote speech, don't go with your set ideas; be ready to change. It is important to be responsive rather than prescriptive.

Any queries or comments please be in touch with Cambridge Global Health Partnerships on cghp@act4addenrookes.org.uk

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