

Stories of People, Partnership and Place



The stories presented here were submitted following a call for submissions as part of the NHS Scotland Global Citizenship conference 2020. The NHS Scotland Global Citizenship Programme is pleased to showcase these stories and welcomes views on any future presentations of this sort. The stories belong to their owners as do the photographs, names and contact details. There is no ownership or endorsement by others and the intellectual property remains with the owners. All information contained in this document, including images, has been published with the written consent of the contributors. To find out more about these projects and other health partnership work, including associated funding sources and delivery partners, please see the Health Partnership Map on the Scottish Global Health website available from www.scottishglobalhealth.org

With thanks to Mhairi for her time and support.

Foreword

In the past three years I have had the privilege of leading the NHS Scotland Global Citizenship Programme as chair of the Advisory Board. Over that time the programme has developed considerably; new partnerships have been established, our global health community continues to grow, and global citizenship has become part of NHS core business.

This continued commitment from Health Boards and staff was clearly evident at our annual conference. Held virtually at the end of 2020, this event brought together over 200 delegates from across the NHS and broader global health community in Scotland.

Delegates were invited to submit a short story detailing the global health work they support. These have been collated into this inspiring storybook.

These stories of global citizenship are a testament of what can be achieved through collaboration and partnership working. Our NHS staff and partners commitment, dedication and passion is evident in all of the stories presented in this storybook.

Included in the book are also the stories of those who were recognised at the Scottish Health Award Global Citizenship category 2020 and I urge others to put forward their projects for national recognition in future years.

The NHS Scotland Global Citizenship Programme turns three years old this year and to celebrate, I am delighted to see this storybook published in acknowledgment and celebration of the global health contribution of NHS staff and partner organisations. I hope these global citizenship examples inspire you to get involved in global citizenship here in Scotland or overseas.



A handwritten signature in black ink, which appears to read 'John Brown'.

Professor John Brown CBE

Chair of NHS Greater Glasgow and Clyde
and Chair of NHS Scotland Global Citizenship
Programme

Contents

NHS Lothian	Fistula Repair Surgery in Uganda	06
	Healthcare Volunteers Overseas – Bhutan	07
	Edinburgh – Ghana Childrens’ Cancer Twinning Project	08
	Data coding for OXCGRT COVID policy tracker	09
	NHS Lothian Remote Area Medical volunteering in Guyana, South America	10
NHS Tayside	Global Citizens Tayside	11
	Zambia Anaesthesia Development Program	12
NHS Greater Glasgow & Clyde	The Gambian Hospitals Equipment Donation	13
	The Canniesburn Plastic Surgery Unit and The Specialist Plastic Surgery and Burn Unit of Korle Bu Hospital, Accra Ghana	14
NHS Lanarkshire	Basic Surgical Skills Course	15
	Giving IT equipment a second life in Malawi	16
NHS Ayrshire and Arran	Primary healthcare and medications to asylum seekers and refugees	17
	CALMED Programme (Collaborative Action in Lowering Maternity Encountered Deaths)	18
NHS Highland	Cambodian Eye Doctor Training Programme	19
NHS Borders	Mercy Ships palliative care education in Ghana and Uganda	20
Healthcare Improvement Scotland	Antibiotic stewardship in Ghana	21
NHS National Services Scotland	A coordinated response to the COVID crisis in India	22

Health Board Collaborations	The Rokadiya Fellowship	23
	Medical Aid for Palestinians	24
	Schistosomiasis in Scottish Travellers	25
	The Malawi Burns Trust and ReBaS project	26
	Cervical Screening in Malawi	27
Friends	RCPE Medical Training Initiative	28
	Palliative Care Partnerships in Nepal	29
	Palliative care training in Gaza	30
	SPiCT (Supportive & Palliative Care Indicators Tool) International	31
	The Jubilee Hope Programme	32
	Project ECHO (Extension of Community Health Outcomes)	33
	Gastroschisis Case Note Review at Mercy James Centre in Blantyre, Malawi	34
	Let's Talk About Mouth Cancer	35
	EMMS International	36
	Friends of Chitambo (FoCH)	37
How to get Involved		38
Contact Us		39

Fistula Repair Surgery in Uganda



NHS Lothian, Mhairi Collie with Uganda Childbirth Injury Fund

Email: mhairi.collie@nhslothian.scot.nhs.uk

Website: www.ucif.co.uk

In many low and middle income (LMIC) countries, women often deliver their babies at home, without medical help. If she develops obstruction in labour she may have no one to help her or to get her to a hospital for an emergency caesarean section. This can mean she does not survive the childbirth, or that she is left with injuries – the prolonged pressure of the baby's head can wear a hole between the vagina and the bladder or the rectum – a fistula. This will never heal, so she will be incontinent for life unless she can find a specialist to perform a surgical repair – not a straightforward operation, and one which requires a particular specialist training to learn. Women with this condition are often abandoned by their husband and give up all hope of being cured.

I am passionate about helping fistula sufferers, having become aware of the life-shattering consequences of fistula, and the transformation of the lives of those patients after successful surgery. I have been visiting Africa regularly since 1999 to treat fistula, attending surgical camps 2 or 3 times per year. Our charity "Uganda Childbirth Injury Fund" was set up to fund this work in a transparent and ethical way. I am proud and happy that we now have a team of surgeons and nurses from the UK, Norway, the US and Uganda all working together to do as much work as we can in terms of operations and most importantly to train local surgeons and nurses in the specialised techniques required. There is a wonderful exchange of surgical, medical and nursing skills between the local and international doctors and nurses and much impetus to develop and improve the services available for fistula patients.



Healthcare Volunteers Overseas – Bhutan

NHS Lothian, Susan Kidd

Email: susan.kidd@nhslothian.scot.nhs.uk

Bhutan February 2020; it was my privilege, through 'Healthcare Volunteers Overseas', to be in Thimphu, to teach, train and mentor the tremendous paediatric staff in training. Buddhism is woven through every aspect of life; robed monks do daily rounds, including NICU, ER, blessing patients, visitors and staff. The fascinating traditional Buddhist hospital is funded on a par with conventional medicine for the delivery of NHS-style, free healthcare for all. It is normal to converse on the ward, in the street and in taxis about the interconnectedness of all human beings, and the impermanence and constantly changing nature of all aspects of life. COVID crept in; 'lockdown' imposed as I left. For me, I learned of the pertinence and wise appreciation of: interconnectedness (including WhatsApp!), interdependence, and how impermanence is hugely important as we (personally, at organisation level, and politically) respond to COVID.



Edinburgh – Ghana Childrens' Cancer Twinning Project



NHS Lothian, Dr Emma Johnson

Email: emma.johnson@nhslothian.scot.nhs.uk

Along with our charity, World Child Cancer, I have lead the Edinburgh-Ghana childrens' cancer twinning project for the last 10 years. We have delivered regular online teaching to nurses, doctors, pharmacists and other healthcare workers since the project began, but more so this year. The most successful has been a paediatric palliative care teaching module for nurses throughout Ghana, using Zoom. The interactive role play sessions were very useful and informative for us as well as for our Ghanaian colleagues; as usual we learnt just as much from them as we could teach! A sad topic but much laughter and useful dialogue between us – it was morale-boosting for us all.

This January, a haematologist and biomedical scientist were able to visit Edinburgh in person to learn immunophenotyping to enable them to classify leukaemias more accurately and to develop a much improved diagnostic service back in Ghana.



Data coding for OXCGRT COVID policy tracker



NHS Lothian, Ellen Sugrue

Email: ellen.sugrue@nhslothian.scot.nhs.uk

In February 2020 at the start of the COVID-19 Pandemic I paused my full-time masters in infectious diseases and international health and joined the NHS as a clinical member of staff. I am a current clinical fellow in NHS Lothian, Edinburgh. I am committed to data governance and data quality and so when I heard about the Oxford COVID Government response tracker, the world's largest tracker of non-pharmaceutical intervention run by the University of Oxford, I knew this would be a meaningful way to contribute to global health data. I joined the team as a data contributor and now help to complete regional policy reports.

Our team collects information on common policy responses, scores the stringency of such measures, and aggregates these into a Stringency Index and a risk of openness index from countries all over the world with contributors from over 30 countries. I collect data for several countries including Senegal, CAR and Burundi.

Using this information, we track what lockdown measures work in what settings. We collate publicly available information on several indicators of government response. The first seven indicators (S1-S7), taking policies such as school closures, travel bans, etc. are recorded on an ordinal scale; the remainder are financial indicators such as fiscal or monetary measures. Our baseline measure of variation in governments' responses is the COVID-19 Government Response Stringency Index. This data has been used to inform policy makers and media throughout the world with reliable information on various international responses and their impact on cases.



NHS Lothian Remote Area Medical volunteering in Guyana, South America



Jacqui Doran, NHS Lothian Remote Area Medical volunteer

Email: jacqui.doran@nhslothian.scot.nhs.uk

“Our overseas and partnership volunteers have created a Whatsapp group. This way we keep in touch, share Covid updates and information about current in-country travel restrictions. We discuss actions and tasks that we can work on whilst travel restrictions are in place, as well as fundraising ideas, local dengue outbreak locations, clinic document redesign and volunteer recruitment ideas. It keeps us cohesive as a team and disseminates information to everyone”.



Global Citizens Tayside

NHS Tayside, Lesley.crichton@nhs.scot

Twitter: [@globaltayside](https://twitter.com/globaltayside)

Facebook: [Global Citizens Tayside](https://www.facebook.com/globalcitizensTayside)

In Tayside, we have formed a small group of interested people; Global Citizens Tayside. We have decided that our core objective is sharing and supporting, so have investigated different ways of doing this.

As well as disseminating information by email, we have set up social media accounts, a blog, and have recently organised to have a regular Global Citizenship “slot” at our local Grand Rounds meetings, which take place virtually since the pandemic. The advantage of these virtual meetings is that they are accessible to a wider group of people, including from overseas. We hope that having a diverse range of platforms will enable lots of different people to hear about the fantastic global citizenship work that is already happening in the area, and that traditionally under-represented groups such as students, nurses, other allied health professionals, and other essential members of NHS staff such as porters, support staff and cleaners etc will see that they too can get involved.



Zambia Anaesthesia Development Program



NHS Tayside, Lesley.Crichton@nhs.scot

Twitter: [@globalanaes](https://twitter.com/globalanaes)

Facebook: [GADP](https://www.facebook.com/GADP)

The Zambia Anaesthesia Development Programme (ZADP) is a partnership between Zambian and international anaesthetists, working together to develop anaesthesia training in Zambia. For almost a decade we have had a rolling presence of teaching fellows (usually anaesthesia trainees) in Zambia, along with shorter visits, and by remote support for teaching, training and development. The Covid pandemic meant that all international volunteers had to return home, and the hands-on support we were able to provide was significantly reduced. We quickly discovered that out of necessity, we were able to move our teaching sessions to an online platform, and that, when faced with no alternative, trainees in Zambia were able to access these even with limited hardware, and the constant challenges of power cuts. We were even able to run high-stakes exams with remote support; the OSCEs and vivas were run with some remote examiners and were surprisingly successful and effective. We are now planning remote teaching fellow roles and research into the effectiveness of such support. More information can be found at: <https://gadppartnerships.com/covid-19-response/>



The Gambian Hospitals Equipment Donation

NHS GG&C, Maimuna Drammeh

Email: m_drammeh@hotmail.com

Receiving a set of medical equipment to help support a hospital in the Gambia during the Covid-19 pandemic was phenomenal. The medical physics team across NHS GG&C were exemplary in coordinating efforts. In order to make it possible for the equipment to be successfully delivered to The Gambia, it required the collaborative efforts of working partnerships that included logistics provided by "Project Gambia", the medical physics team and the invaluable team at Scottish Global Health Citizenship. I was liaising with them under one umbrella, what better way of having effective and efficient partnership, an indication of a great way of highlighting the extraordinary work done by NHS staff through volunteering. There is no doubt that the hospital in The Gambia would make best use of the equipment in the delivery of good quality care to its community. In collaboration with the hospitals, Ministry of Health of The Gambia, and a local charity called Class of 93 Kabafita, we have set up a task force to monitor and provide feedback on use of the equipment.



The Canniesburn Plastic Surgery Unit and The Specialist Plastic Surgery and Burn Unit of Korle Bu Hospital, Accra Ghana



Mr S Watson and Dr M Basler on behalf of the Canniesburn Plastic Surgery Unit, with thanks to Resurge Africa.

Email: michael.basler@ggc.scot.nhs.uk

Dr Mike Basler reflects on the challenges and rewards of building long-term international partnerships for healthcare training and education:

Link formation is a long process. Trust needs to be established. Small goals can lead to larger achievements. It is important to recognise the organisational, cultural and political pressures on both sides. Any change that impoverishes health care workers or the local service as well as an individual's status never work. Bureaucracy occurs on both sides of any development project. Grant applications can seem like a Gordian knot and developmental priorities can skew the aims and sap the energy from projects. If funding can be found independently it makes things easier. Both sides need to obtain something practical out of the link to promote respect as well as permanence in difficult times.

Be aware that other donors and charitable organisations may suddenly appear as co-workers on your project as developmental partners seek to maximize funding. This can cause difficulties. Where charitable work is occurring, people can take offence easily. Take advantage of serendipity. IT can be your enemy and your friend. Clear IT goals are needed and these need to consider developmental infrastructure. Any medical material donations need to be compatible with local systems. Most of all surround yourself with like-minded and flexible individuals who do not take things too seriously. As one of the local health care workers stated "Entropy is Normal."



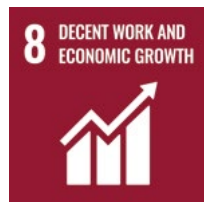
Basic Surgical Skills Course

Stuart Fergusson/David Sedgwick

NHS Lanarkshire/Kigali, Rwanda

The 'Basic Surgical Skills' course has been a mandatory part of UK surgical training for 25 years and it is now also mandatory in many African contexts. Since 2014, this course has been delivered in Rwanda through a partnership between the Royal College of Surgeons of Edinburgh and the Rwanda Surgical Society.

This partnership originated with a friendship between Mr David Sedgwick (formerly of the Belford Hospital, Fort William) and Dr Georges Ntakiyiruta. From this beginning, a pool of skilled Rwandan faculty has been developed, such that the course has been delivered to more than 90 Rwandan and Congolese surgeons.¹



¹ Fergusson SJ, Sedgwick DM, Ntakiyiruta G, Ntirenganya F. The Basic Surgical Skills course in sub-Saharan Africa: an observational study of effectiveness. World Journal of Surgery. 2017 Oct 20:1-7.

Giving IT equipment a second life in Malawi

NHS Lanarkshire, Kate James

Email: katejames1000@gmail.com

Email: zmcpcharity.com

NHS Lanarkshire have developed a process that gives IT hardware a second life whilst enhancing the educational experiences of pupils in Malawi. NHS Lanarkshire have arranged for laptops to undergo 'secure wiping' in-house, and then be sent to the Turing Trust (turingtrust.co.uk) in Edinburgh, who ship the technology to Malawi.

Malawian organisation CYD have trained up repair and maintenance staff to look after equipment which is then leased at an affordable price to schools. Padziwe, a Malawian start-up company, have digitized the entire secondary curriculum in videos, diagrams and animations which can be loaded onto computers. Pupils are benefiting from the structure, quality of the lessons and the clear explanations of concepts, as well as being able to learn at their own speed.



Primary healthcare and medications to asylum seekers and refugees



Sarah Kelly, Ailsa Stewart & Rebecca Smith, previous employees of NHS Ayrshire and Arran, currently working in Samos, Greece

Email: sarahmkelly93@gmail.com

Sarah Kelly reflects on her experiences working in the refugee camps in Greece, and the changes that Covid brought to their practice:

“For the past two months we have been volunteering as doctors with Med’EqualiTeam, an NGO-based on the Greek island of Samos which provides free primary healthcare and medications to asylum seekers and refugees. Created in 2018, its aim is to fill the gap in access to healthcare for this vulnerable population who otherwise face several financial, social and logistical barriers.

In the middle of September the clinic had to be dramatically adapted as the first positive cases of COVID-19 were confirmed within the refugee camp and a forced lockdown for all camp residents was imposed. As a result the clinic started to work from inside the camp; a concept that before had seemed impossible but was absolutely necessary in order to provide accessible healthcare to the refugees on Samos. The clinic has undergone several modifications in its new location but is currently running smoothly and nearly at full capacity again.”



CALMED Programme (Collaborative Action in Lowering Maternity Encountered Deaths)



NHS Ayrshire & Arran, Dr Santanu Acharya,
santanu.acharya@aapct.scot.nhs.uk

www.calmedrotary.org/about-calmed-rotary

With the Global Grants Programme run by Rotary International, six UK obstetricians visited India for a two-week period to pass on skills and best practice from the UK to train medical and allied professionals who practice in remote tribal areas. We travelled to Bhuj and the results are very promising towards achieving the WHO Sustainable Development Goals. The intention is to teach the health professionals to become 'Master Trainers' who could then go on to cascade their knowledge, skills and enthusiasm to others, improving emergency care around childbirth. The Meghalaya project is being set up as a distanced, e-learning course in 2021 due to the pandemic. Our collaborators are FIGO, GLOWM, LAERDAL, MEF and NHM. I was bestowed with the prestigious Paul Harris Fellowship by Rotary club Kilmarnock for this work.



Cambodian Eye Doctor Training Programme

NHS Highland, Andrew Pyott, Consultant Ophthalmologist

Email: Andrew.pyott@nhs.scot

Between 1996–2000 I was involved in an eye doctor training programme in rural Cambodia. I had not returned until this year, just before lockdown. It was an official visit to re-evaluate the current training. My students are now professors, and the hospital where I had worked has been completely rebuilt! The visit to Indonesia (part of Dundee-Makassar link) only happened via Zoom. A group of us participated in an online webinar on the response to the pandemic. I anticipated 60-70 delegates, there were over 950! Indonesia had already put in place the necessary arrangements for exams that we were only beginning to discuss in the UK.

In October NHS Highland appointed Rosie Brennan to a Global Citizenship post. She will work in Lewis, Orkney and Inverness, and will have ten weeks paid leave to further develop projects in Tanzania. NHS Highland now has electric cars for use when we travel to peripheral clinics.



Mercy Ships palliative care education in Ghana and Uganda



Janice Logan, PATCH Practice Development Nurse

Email: janice.logan@borders.scot.nhs.uk

The COVID pandemic has impacted on the ability to provide palliative and end of life education in low and middle income countries. Building on creative ways of education provision, novel platforms have been utilised to bring together mentors from NHS Scotland, Cairdeas International Palliative Care Trust and other areas of the world. Connections made between the mentors helped develop new ways of working to reach out to healthcare practitioners in Africa by way of the Mercy Ships Foundation. Recognition that not all students can attend planned online classes means recordings are made to allow everyone to view at a suitable time with the opportunity for new learners to revisit if required. This alongside meetings between mentor and mentee enables reflection on learning and connections between theory and practice.

The range of network communication methods available helped overcome network connection challenges and contribute to a meaningful experience for everyone involved.



Antibiotic stewardship in Ghana

Healthcare Improvement Scotland, Jacqueline Sneddon

Email: jacqueline.sneddon@nhs.scot

Healthcare Improvement Scotland's Scottish Antimicrobial Prescribing Group undertook a project in Ghana, establishing local antibiotic stewardship programmes in two hospitals. This work highlights the need for a global response to a global issue. Through sharing expertise between the two countries, we aimed to increase knowledge and confidence amongst clinical staff to understand local antibiotic use and support improvements in practice.

A finalist in the 'Antibiotic Guardian 2020 Shared Learning Awards', the programme saw 60 healthcare practitioners from a variety of disciplines participating in interactive training to improve behaviours around use of antibiotics for the benefit of the patients. The arrival of the COVID-19 pandemic shortly after this programme concluded underlines what the work in Ghana brought to the fore: that crises such as these do not respect country borders and necessitate sharing of experience and expertise between nations, tailored for the local context. This project is funded through the Commonwealth Partnerships for Antimicrobial Stewardship Scheme, which is funded by the UK Department of Health and Social Care through the Fleming Fund for the benefit of the UK and partner country health sectors. The Scheme is managed by the Tropical Health and Education Trust, with support from the Commonwealth Pharmacists Association.



A coordinated response to the COVID crisis in India



NHS National Services Scotland - Kate Henderson (National Procurement) and Willie McGhee (Health Facilities Scotland)

NHS Scotland supported a four nations effort to supply critical healthcare items to India as the country continues its challenging fight against COVID-19.

Following an initial offer which included PPE, turbine ventilators and consumables, the Indian Embassy has accepted 100 Oxygen Concentrators, 40 Continuous Positive Airway Pressure (CPAP) ventilators and associated consumables.

These units were urgently required by the Indian Government with the healthcare system under extreme pressure. The devices can be used in hospitals, ICU wards or other locations and are ideally suited to treat COVID-19 patients when there are constraints on medical gas infrastructure supply.

NHS National Services Scotland's (NSS) National Procurement and Health Facilities Scotland worked with the Scottish Government and the UK Government to coordinate the supply and transportation of these valuable donations.

Willie McGhee, Project Manager in Health Facilities Scotland who manages NSS's home Oxygen Programme, says, "The oxygen concentrators have come from a contingency supply which had been prepared in readiness for a pandemic of this nature. In Scotland, because of our planning and preparedness, NHS Scotland's oxygen concentrator supply remains at a good level across all boards enabling us to be in a good position nationally to give generously to support other countries at this important time."



The Rokadiya Fellowship

**Alice Hamilton (NHS Grampian),
Susan Khader, Duncan F Campbell (NHS Lothian)**

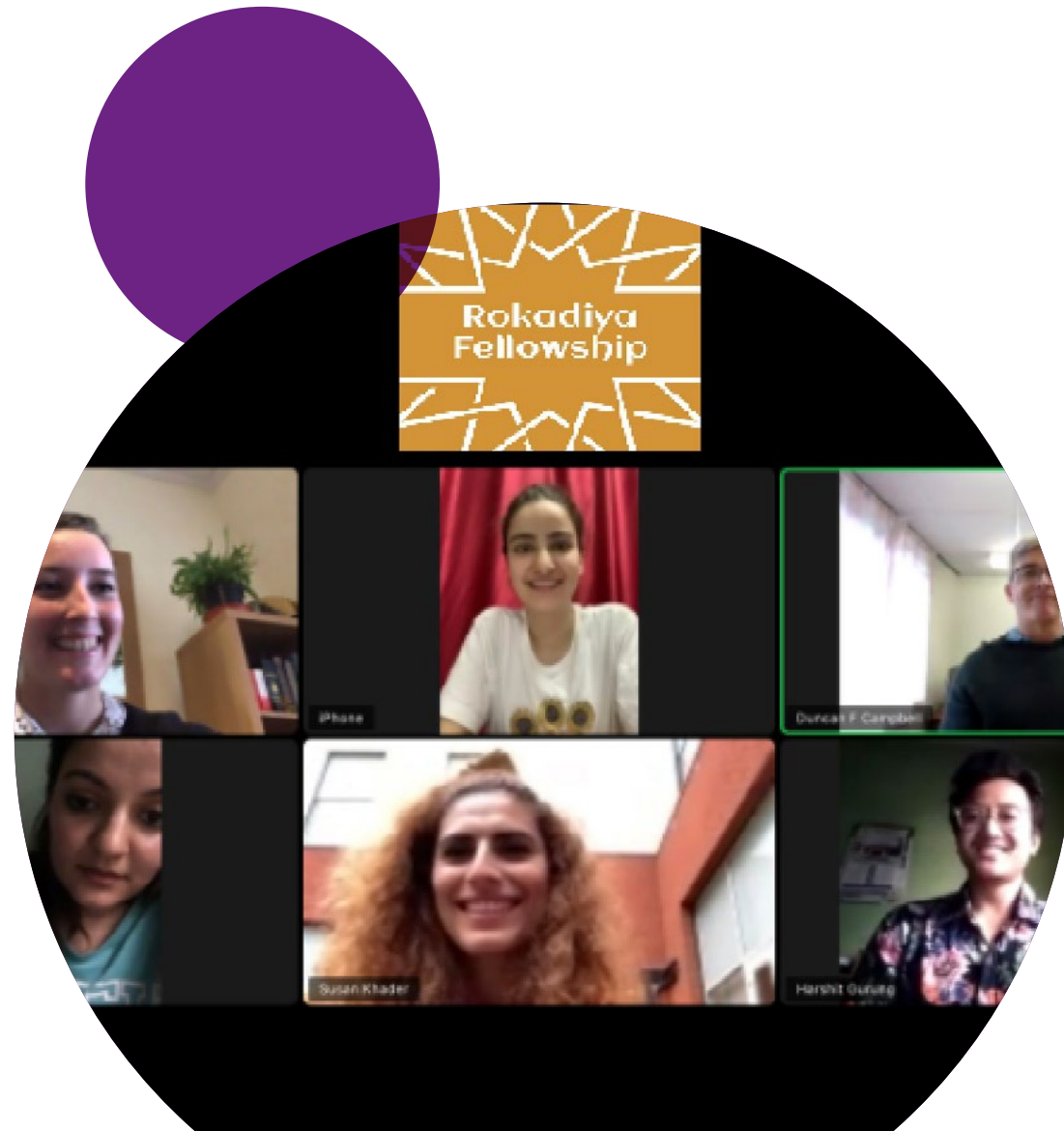
Email: alice.r.hamilton@gmail.com

Website: www.rokadiyafellowship.com

Facebook: www.facebook.com/rokadiyafellowship

Instagram: www.instagram.com/rokadiya.fellowship

The Rokadiya Fellowship, founded in 2019, is a not-for-profit organisation run by NHS employees to fund and support healthcare professionals from across the globe to visit the UK for clinical observation placements. Our aim is to improve healthcare worldwide and create lasting friendships whilst doing so. Three successful applicants from Nepal and Palestine due to travel to Scotland early this year were postponed due to Covid-19. Instead, we hosted an online meeting with our fellows discussing their work and hopes for the future. We plan to host online webinars led by the Rokadiya Fellowship team and fellows to discuss current issues in their countries, to learn from each other and spread global awareness. We look forward to welcoming the fellows when it is safe to do so and support their experience in their chosen specialities of oral and maxillofacial surgery, public health related to women's reproductive health and oral pathology.



Medical Aid for Palestinians

**Jane Macaskill, Consultant Breast Surgeon,
NHS Tayside**

Email: Jane.Macaskill@nhs.scot

I am honoured to participate in a multidisciplinary group of UK-based breast cancer specialists volunteering with Medical Aid for Palestinians over the last few years to enable our partners there to develop and provide integrated care for patients with breast cancer.

Our multidisciplinary team have continued to support our Palestinian colleagues during the COVID-19 crisis via Whatsapp groups to discuss complex clinical cases and online meetings for case discussions twice a month via videoconferencing. More about the project can be found at the following link:

www.map.org.uk/news/archive/post/1164-watch-deemaas-story-how-the-gaza-blockade-still-denies-women-with-breast-cancer-the-care-they-deserve



Schistosomiasis in Scottish Travellers

Dr. Claire Alexander on behalf of the Schistosomiasis National Advice, Investigation and Liaison Group

Email: Claire.Alexander@ggc.scot.nhs.uk

Schistosomiasis is the most frequently reported parasitic disease in Scottish travellers. Strong partnerships between Malawi, Uganda and Scotland ensure a steady flow of university and school groups to these regions. Most Scottish travellers are asymptomatic, however long-term complications may develop years later from cumulative pathology. Diagnosing and treating infected individuals early on prevents potential lengthy and costly investigations at a later stage. The Schistosomiasis National Advice, Investigation and Liaison (SNAIL) Group was established within Scotland in 2016, consisting of representation from Infectious Diseases, Health Protection, Clinical Parasitology, schools, universities, Public Health Scotland, Primary Care and NES. The group has raised awareness of the disease by hosting public engagement events including the craft activity “Stitch a Schisto”, and through generating information leaflets and educational webinars for schools and healthcare professionals. In addition, the group are exploring best practice in screening, diagnosis and management to improve clinical guidance.



The Malawi Burns Trust and ReBaS project

Email: malawiburns@gmail.com

The first Burn Unit in Malawi was established in 1993, through a health partnership between the Department of Plastic Surgery and Burns at Ninewells Hospital and the Department of Surgery at the Queen Elizabeth Central Hospital, Blantyre. The late Professor J H James was Director of the Burn Unit in Blantyre between 1996 and 2001 and collaboratively set up the Malawi Burns Trust in 2003. In recent years there have been structural improvements such as the burn unit refurbishment and construction of a high dependency unit, creation of a dedicated physiotherapy room, with regular, continued equipment donations; staff professional development in the form of burn unit and district hospital burn management training courses, two surgical registrars each undertaking a year of plastic surgery and burns training at Canniesburn Plastic Surgery Unit (one of whom is now a Consultant in Malawi), two physiotherapists undertaking placements at Canniesburn Plastic Surgery Unit, and physiotherapy subsequently becoming embedded into the clinical care pathway for patients in the burn unit. Within this, a successful six-year paediatric burn prevention project (ReBaS) funded through the THET health partnership scheme, documented a reduction in incidence and mortality of paediatric burn admissions to the unit. As we look to the future, we are reviewing our vision and aims, highlighting our priorities, and continuing to work together through the Malawi Burns Trust. Our international health partnership includes a collaboration of staff from NHS Tayside, NHS Greater Glasgow and Clyde and NHS Ayrshire and Arran.



Cervical Screening in Malawi

Heather Cubie, ex-NHS Lothian and University of Edinburgh

Email: Heather.Cubie@ed.ac.uk

Christine Campbell, Usher Institute, University of Edinburgh

Email: Christine.Campbell@ed.ac.uk

We have been involved in a programme to reduce the burden of cervical cancer in Malawi since 2013, with Scottish Government grants (2013–2016 and 2018–2023), based on screening by visual inspection with acetic acid (VIA) and NHS Tayside's experience of thermal ablation treatment.

It started in Nkhoma CCAP hospital [Central Malawi], but now runs in seven hubs across all three regions which will have more than 30 spokes and outreach clinics in hard to access areas. It has been humbling to see our Malawian colleagues deliver the same day screen and treat programme, with huge commitment and enthusiasm, especially during this year of Covid when they have kept screening going, seeing >19,500 women for their first ever screen between April and December 2020.

We are immensely proud of their achievement, their professional approach and their influence on the Ministry of Health, which hopefully will result in a sustainable national screening programme.



RCPE Medical Training Initiative

Ninette Premdas, Fellowships and International Manager, Royal College of Physicians of Edinburgh

Email: n.premdas@rcpe.ac.uk

Royal College of Physicians of Edinburgh

The Medical Training Initiative is a collaborative project inviting overseas doctors into training posts within the NHS, so that they can benefit from specialised training before returning to their home countries. Some other royal colleges also offer similar schemes supported by the Academy of Medical Royal Colleges. Trainees from low and middle income countries have been placed across NHS Scotland health boards, receiving fantastic teaching from experienced consultants, improving global healthcare and filling staffing gaps to the benefit of UK trainees and the NHS.

Feedback from trainees and NHS colleagues has been encouragingly positive:

“Spending a year in another country really made me reflect on the way I practice medicine.... I am a much better physician having seen different patients, different pathologies and a different style of medicine.”

The Royal College of Physicians of Edinburgh (RCPE) are proud to have facilitated the training of the only specialist in Diabetes and Endocrinology in Malawi, and continue to support their other international trainees once they have returned home. RCPE are also working to establish a long-term reciprocal partnership between NHS Grampian and an international partner.



Palliative Care Partnerships in Nepal



THE UNIVERSITY
of EDINBURGH



Macmillan Reader in Palliative Care, Primary Palliative Care Research Group, Usher Institute, The University of Edinburgh

Dr Kirsty Boyd

Email: Kirsty.Boyd@ed.ac.uk

Increasing life expectancy means more people need but lack palliative care. Burdens of advanced illness include uncontrolled symptoms, inability to work, travel and costs of healthcare. Women shoulder caring responsibilities depriving them of education and employment. Palliative care, integrated with chronic disease management, reduces suffering and poverty. The 2017 Nepal National Strategy for Palliative Care is committed to universal palliative care coverage.

The University of Edinburgh Primary Palliative Care Research Group and Global Health Academy have established collaborations with palliative care services. Dr Kirsty Boyd, Reader in Palliative Care, visited Nepal in November 2019 meeting colleagues in Kathmandu and two rural hospitals.

Green Pastures Hospital, Pokhara, delivers palliative care and rural health worker training. With support from Edinburgh-based charity EMMS International, a 10-bed palliative care unit opens shortly. Clinical academic partnerships with Edinburgh support their planned evaluation of innovative primary palliative care models for implementation throughout rural Nepal.



Palliative care training in Gaza

Dr Mhoira E F Leng, FRCP

Email: dr@mhoira.net

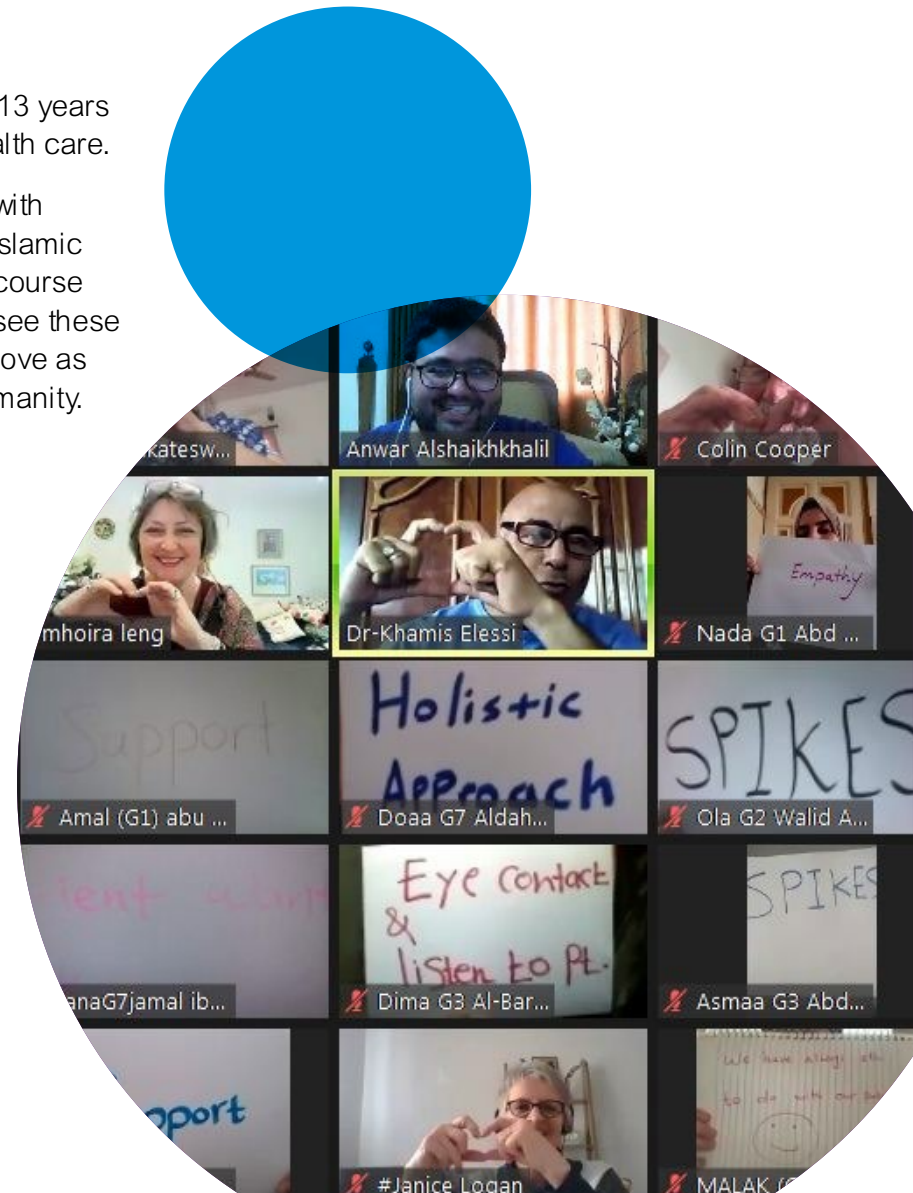
Website: www.cairdeas.org.uk

As we have all been experiencing lockdown let's imagine colleagues and friends in Gaza: after 13 years of restricted movement and now facing a COVID-19 outbreak alongside urgent shortages in health care.

A partnership between the University of Edinburgh, Cairdeas International Palliative Care Trust with faculty from across Scotland and further afield has supported palliative care training within the Islamic University of Gaza medical school for five years. This year we successfully delivered the whole course online mostly using case-based scenarios in tutorial Zoom breakout rooms. What a privilege to see these young people engage at a values level. As they spoke about compassion, humanity, kindness, love as well as core skills such as communication we sense again our mutual learning and common humanity. As one student said...palliative care represents 'humanity until infinity'.



THE UNIVERSITY of EDINBURGH
Global Health Academy



SPICT (Supportive & Palliative Care Indicators Tool) International



THE UNIVERSITY
of EDINBURGH



**Macmillan Reader in Palliative Care, Primary Palliative Care Research Group,
Usher Institute, The University of Edinburgh**

Dr Kirsty Boyd

Email: Kirsty.Boyd@ed.ac.uk

The 2017 Lancet Commission highlighted the burden of advanced illness in low- and middle-income countries (LMIC) and lack of universal health coverage including palliative care. Palliative care should be integrated with chronic disease management but health workers need to identify people with deteriorating health from diverse illnesses, assess holistic needs and plan care with them. The SPICT, developed by academic clinicians from the University of Edinburgh, supports this. SPICT is recommended by NHS Scotland, and is used across the UK and internationally. SPICT translations and guidance are open access at: www.spict.org.uk.

With colleagues in Nepal, India and Africa, we developed SPICT for low-income settings, SPICT-LIS, to support palliative care delivery and training alongside the WHPCA International Palliative Care Toolkit. The SPICT website has collated resources for use during COVID-19. We are currently supporting colleagues in South Africa with consensus-based research to develop SPICT-SA suited to middle-income countries and settings.



The Jubilee Hope Programme

Morag R Naysmith

Email: moruth65@gmail.com

Working in Mwanza and on Tanzanian islands of Lake Victoria, Tanzania with The Vine Trust.

In September 2019, as a pharmacist volunteer with the Jubilee Hope Programme on Lake Victoria, myself and the multidisciplinary team of nurse dispensers, doctors and a clinical officer identified quality improvement issues regarding drug prescribing and dispensing. I returned in early 2020 for five weeks to work with them on these issues, and together we improved the quality of patient care for the people living on the islands. We prepared standardised treatment guidelines simplifying prescribing for volunteer doctors. Medicine labels were designed and pre-printed using Swahili words and pictograms, and we devised systems for pre-packing medicines. More efficient dispensing allowed more time to counsel patients and increase capacity.

These changes brought the programme in line with WHO good dispensing practices. The Pharmacy Team has kept in touch via Whatsapp. I continue to support the team from Scotland and we look forward to working together in Tanzania again. During lockdown I qualified as an English teacher, and we are now enjoying online lessons together which will enhance working with programme volunteers and their own education.



Project ECHO (Extension of Community Health Outcomes)

Kirsty Bateson,

Email: k.bateson@highlandhospice.org.uk

Project ECHO Development Officer, Highland Hospice

We are one of 14 ECHO (Extension of Community Health Outcomes) superhubs around the world

who enable primary and secondary health and social care practitioners to access specialist knowledge and non-hierarchical learning to find answers to their most complex cases across both palliative and non palliative disciplines. The ECHO methodology is a ready made tele-mentoring vehicle which is underpinned by shared values across our global community to move knowledge rather than people in an 'all teach all learn' environment. The Scottish ECHO Superhub is an extension of the global network founded by Dr Sanjeev Arora who originally developed this online methodology to reduce deaths from Hepatitis C in New Mexico. As well as our Scotland wide work we currently deliver an ECHO network in Rehabilitation from our Inverness hub which reaches doctors in India.



Gastroschisis Case Note Review at Mercy James Centre in Blantyre, Malawi



**Samuel Connor Donnelly, University of Dundee,
Medical Student & BMSc International Health Graduate**

Email: sydonnelly@dundee.ac.uk

Malawi has a neonatal mortality rate of 22 per 1000 live births, compared to 3 in the UK. This statistic was, and still is, particularly sobering to me and led me to focus my research* on gastroschisis; a rare congenital disease of neonates that is characterised by an abdominal wall defect, resulting in the intestines protruding outside of the body. Gastroschisis has been shown to have a mortality rate of >95% in SSA countries, and therefore represents one of the greatest disparities in outcomes for surgically correctable congenital diseases. The study carried out in 2020 has opened up the discussion surrounding the involvement of platelet levels in the management of gastroschisis, allowing this platform to be built on and improved in future studies. Something which will hopefully in time help to bridge the gap of inequality seen in the management of gastroschisis between high-income countries and low-income countries.

*A retrospective case-note review of gastroschisis cases at Mercy James Centre, Queen Elizabeth Central Hospital to ascertain whether total parenteral nutrition has a beneficial effect on platelet levels and patient outcomes, in Blantyre, Malawi.



Let's Talk About Mouth Cancer

Susan Khader

Email: skhader123@hotmail.com

Website: www.ltamc.org

'Let's Talk About Mouth Cancer' SC045100 (LTAMC) is a Scottish-based charity with mainly NHS staff volunteers. The charity aims to improve early detection of oral cancer by promoting mouth self-examination (MSE) and providing training for health professionals. A lack of all-encompassing facilities in Palestine means many cancer patients are referred to neighboring territories for management, risking delay and ultimately reducing prognosis. With support from LTAMC, a collaboration in Palestine has formed as one approach taken to support the early detection of mouth cancer. With the help of Palestinian volunteers, educational events for health care staff and students were delivered across three cities alongside the Palestinian Ministry of Health-Oral and Dental Health Unit in Ramallah, Al-Quds University in Abu Dis, Jerusalem, and the Arab American University in Jenin. We hope to build upon our collaboration and provide support in efforts to improve the prognosis of mouth cancer patients.



EMMS International

EMMSInternational
Health for Today, Hope for Tomorrow

Cathy Ratcliff, CEO & Director of International Programmes

Email: cathy.ratcliff@emms.org

Website: www.emms.org

Facebook: www.facebook.com/emmsinternational

Twitter: www.twitter.com/emmsintl

In EMMS we live out our motto Every Life Matters and advance global citizenship through working with doctors and nurses in hard-to-reach settings, developing long-term personal relations, managing projects to the standards of UK Aid, and funding women studying for health careers. In Nepal, for example, our palliative care programme has three phases, with partner INF Nepal. Phases 1 and 2 trained a specialist palliative care nurse, produced research on needs and post-earthquake care, developed Nepal-specific tools, and built a beautiful new unit. We work with the Nepalese Association of Palliative Care to inform government policy. Now we're on the cusp of our third and most ambitious phase: a specialist training and research hub, a demonstration district model, four rural pilot sites, and research to inform replication by the Nepali government. Contact Cathy Ratcliff or check www.emms.org for details.



Friends of Chitambo (FoCH)

Dr. J Vallis, Chair, on behalf of FoCH Board and Scottish Government Small Grant Steering Group

Email: jvallis@hotmail.com

Website: www.friendsfchitambo.org.uk

Friends of Chitambo SCIO is a Scottish registered, Zambian/Diaspora-led, organisation rooted at Chitambo Hospital, Central Province, Zambia, over several generations and 20 years of global health working. We support community driven health projects including nurse training scholarships, ambulance maintenance and emergency care projects. These are funded by general fundraising and three two-year rounds of Scottish Government Small Grant funding (£60,000/2 year project).

In response to the Covid-19 pandemic, Friends of Chitambo are launching an appeal to raise money to provide Chitambo hospital with a new oxygen generator. This will save lives by creating a constant supply of oxygen as well as allowing income generation through selling oxygen to hospitals within the region. Chitambo Hospital is currently only equipped with two oxygen cylinders and one regulator, so it is hoped this appeal will greatly increase their capacity to treat unwell patients.

We have continued our charitable work, despite the pandemic, including:

- Providing PPE (masks, cleaning agents and hand sanitiser), sourced from within Zambia
- Supporting three underprivileged scholarship student nurses with additional funds during lockdown
- Delivering a planned Knowledge Broker training programme online, to 21 medical librarians in 9 African countries, in support of frontline emergency care decisions-making
- Initiating a clinical enquiry service pilot project and mobile triage app
- Planning a second round of trauma/first aid training for 50 Chitambo participants (clinicians/community members) (February/March 2021)



How to get Involved

If these stories have inspired you to become involved in global citizenship please contact the Global Citizenship Lead Champion in your Territorial or Special Health Board. If you are unsure who this is please contact the Scottish Global Health Coordination Unit at ScottishGHCU@gov.scot

Please also visit our website www.scottishglobalhealth.org for further information about the NHS Scotland Global Citizenship Programme.



Contact Us

The Scottish Global Health Co-ordination Unit

St Andrews House
Ground Floor Rear
Regent Road Edinburgh
EH1 3DG

ScottishGHCU@gov.scot

[@ScottishGHCU](https://twitter.com/ScottishGHCU)

www.scottishglobalhealth.org



