



Editorial

The global lung health travel fellowship: The ongoing promotion of education and partnerships in global lung disease

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Received: 13 August 2023

Accepted: 20 August 2023

Published: 30 September 2023

DOI

10.25259/JPATS_18_2023

Quick Response Code:



The British Thoracic Society (BTS) and the Pan African Thoracic Society (PATS) joint initiative on the topic of lung health in Africa has been running since 2019. The initiative works toward the aim of exploring and developing the respective societies' work outside of their core regions, to improve lung health for all in a globalized world. One of the key principles of this collaboration was to facilitate mutual learning; recognizing how much different parties can learn from each other.^[1] In light of these principles, a reciprocal educational program was established. In 2022, the first recipients of the travel fellowship attended the BTS winter meeting and clinical placements based in the United Kingdom (UK). The recipients greatly valued their experience and agreed that improving lung health for all required ongoing partnership, mutual support, and shared goals.^[2]

Nurses, allied health professionals, and trainee doctors, around the UK were encouraged to apply for three reciprocal opportunities in Africa in the summer of 2023. We were lucky enough to be the first UK recipients to attend the reciprocal educational placement. Charlotte and Krishna, both trainee respiratory doctors, were offered placements at the Kenya National Hospital, with Dr. Wanjiku Kagima in Nairobi, Kenya. Victoria, a Clinical Respiratory Physiologist and Ph.D. Student was offered a placement at Lagos University Teaching Hospital (LUTH), Nigeria, with Dr. Uju Ozoh. We were all placed in government health-care settings but were fortunate enough to also see private health-care services. We saw a stark difference in resources available between both settings.

In our placements, we were able to attend outpatient clinics, respiratory/intensive care unit ward rounds, and bronchoscopy procedures (in Kenya) led by consultants and residents. Many of the respiratory conditions we saw were similar to those presenting in a UK population. However, a stand-out clinical presentation seen on these ward rounds was the burden of post-tuberculosis (TB) lung disease presenting as chronic obstructive pulmonary disease, cavitory lung disease, pulmonary hypertension, and chronic hypoxia.

In Kenya, Charlotte and Krishna attended the Respiratory Society of Kenya (ReSOK) respiratory symposium which provided an excellent update on a range of respiratory topics. It was attended by a wide range of clinicians including pharmacists, internists, and family physicians. In Lagos, Victoria attended internal teaching seminars and public asthma education sessions. The asthma education sessions, delivered by the LUTH Respiratory Physiologist, aimed to educate patients and the public on good asthma control and the importance of good inhaler technique. Alongside

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Figure 1: The British Thoracic Society-Pan African Thoracic Society (PATS) global lung health group and fellowship recipients at the PATS conference.



Figure 2: The travel fellowship recipients with Dr. Kagima at the Pan African Thoracic Society conference.

specialty registrars, Victoria gave lectures on lung function and multi-channel sleep studies during internal teaching seminars.

Across all of our placements, the challenges faced by local staff were fully evident. One key challenge is the availability, or lack thereof, of medications. Inhalers are often unavailable or prohibitively expensive, meaning that patients often must manage their asthma with steroid and salbutamol tablets. Another challenge faced is the lack of availability and access to diagnostic tools. Spirometry was available in the hospitals, we attended, however, access to spirometry across much of Africa is still limited. Complex diagnostic tests such as body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO) measurement are scarcely available, requiring experienced, trained physiologists, and come at a much higher price.

Coming from the UK, where access to healthcare is free for all, this opportunity gave us a better understanding of the interplay between healthcare, and personal and state finances in a different setting. We observed first-hand how financial

constraints can affect patients' access to healthcare and their long-term health outcomes. We observed the impact in some cases on the treatment patients receive and how their access to long-term medications recommended by their physician has required self-funding. We also enjoyed the opportunity to reflect on how clinicians are planning to develop their respiratory services, and facilitating training and education while managing clinician and resource availability.

A highlight of the Global Lung Health Group fellowship was attending the PATS and ReSOK conference in Mombasa. This was a fantastic 4-day conference in a beautiful setting with pediatric respiratory, adult respiratory, and thoracic surgery tracks each day. It was heartening to see some of the issues that we have noted during our placements being discussed on a global scale.

There was an insightful session on access to inhaled medication in Africa with discussions on the current availability of medications, how this affected the ability of clinicians to provide guideline-directed care, and the plan to improve access in the future. It was inspiring to hear discussions on post-tuberculosis (post-TB) lung disease in both children and adults. During the conference, we also saw groundbreaking research presented, providing evidence of how low-cost interventions such as pulmonary rehabilitation are already being used to improve patient outcomes in post-TB lung disease.

We were all impressed by how the clinicians are researching to answer the clinical questions affecting their communities. There is clearly a drive to answer the questions that clinicians are facing every day including health inequalities, the cost-effectiveness of interventions, and how healthcare can be delivered in areas with mixed access and needs.

There were many opportunities to network with clinicians, and other health-care professionals from across Africa and around the world. There is a lot of collaborative work happening across the continent and we believe that this is something that we can learn from and apply in the UK. There was a real sense of community and everybody was exceptionally friendly. We all left the conference feeling inspired, with a desire to continue to promote global health and hopefully have the opportunity to work with the people we meet again.

[Figures 1 and 2] show the travel fellowship recipients with the British Thoracic Society - Pan African Thoracic Society global lung health group and with Dr Kagima at the conference in Mombasa.

In conclusion, this was an invaluable opportunity. We gained fantastic exposure to a wide range of respiratory conditions and we have all left with a better understanding of some of the challenges facing respiratory medicine on a global scale. We have made connections that will last throughout our

careers and left our placements feeling like we were part of a global health-care community.

We recommend continuing to offer this opportunity to trainees, nurses, and allied health professionals to encourage reciprocal learning. Two weeks was enough time to develop an idea of the health-care setting, though longer placements would provide more opportunities for education, mentorship, and the development of partnerships. We are looking forward to seeing the PATS delegates at the Winter BTS conference in 2023 and are delighted to have been offered this opportunity.

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How to cite this article: Carter C, Oyenuga VO, Sivakumaran K. The global lung health travel fellowship: The ongoing promotion of education and partnerships in global lung disease. *J Pan Afr Thorac Soc* 2023;4:110-2.