



Letter to the Editor

Global partnerships: The role of BTS-PATS in promoting global health

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Dear Editor,

The focus of Global Health is to achieve better health outcomes for vulnerable populations and communities around the world by helping to eliminate health disparities through research, education, and collaborative intervention.^[1] Global health partnerships have long been recognized as an anchor in assisting national authorities to strengthen their health systems, achieve universal health coverage, improve their capacity to respond to health emergencies, and better apply a one-health approach to global challenges.^[1-3] They involve governments, civil society, international organizations, the private sector, and affected communities under an umbrella framework. The goal is to achieve health improvement that no organization could achieve alone. The World Health Organization is presently engaged in such partnerships and initiatives, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria and the Global Vaccine Alliance, established to streamline, and support efforts in the health sector.^[2]

In 2019, the British thoracic society (BTS) and the Pan African thoracic society (PATS) launched a joint initiative around lung health in Africa and one component of this was reciprocal education placements for Society members. These were due to commence in November 2020, but the COVID-19 pandemic delayed these for two years. However, in May 2022, there was a call by the BTS, in collaboration with the PATS, for PATS members to apply for three fully funded placements in the UK. There was the option for these to focus on either pediatric respiratory medicine, asthma/chronic obstructive pulmonary disease, complex lung disease, lung cancer, or general respiratory/pleural disease. A highlight of the package was to also attend the prestigious BTS winter conference. Among many who applied, we were lucky to have qualified and chosen as beneficiaries of this fellowship. We were attached to the famous Royal Brompton and Harefield Hospital (RBH), London, known for respiratory and cardiac expertise, under the supervision of Professor Andy Bush [Figure 1]. The pediatric pulmonology section of RBH consists of a pediatric intensive care unit (PICU), pediatric ward, sleep, and physiology laboratory and outpatient clinics which operate daily.

We enjoyed the placement and opportunities it contained. As observers, part of our weekly routine included:

- Consultant led ward rounds and respiratory multidisciplinary ward rounds
- Pediatric respiratory medicine multidisciplinary seminars and respiratory radiology meetings

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- Cystic fibrosis (CF) hybrid meetings and face to face clinics, difficult asthma meetings, and allergy and respiratory outpatient clinics and seminars. We also attended the primary ciliary dyskinesia regional clinic, clinical governance meetings, sleep laboratory meetings, and clinics for sleep disorders
- We participated in managing obstructive sleep apnea in children helping set up BiPAP machines and other non-invasive ventilation devices, including for children in PICU
- We observed bronchoscopy procedures for various pediatric pulmonology indications
- We observed cardiopulmonary exercise testing, breathing exercises for asthma, contrast chest computed tomography scan, nitrogen breath washout test for lung clearance index, allergy skin prick test, spirometry, exhaled nitric oxide, and real time bedside point of care chest ultrasound.

It was interesting to note that asthma assessments included remote monitoring of inhaled drug use.

One of our key gains was a greater understanding of the beauty of multidisciplinary care. We observed the route to development and implementation of definite patient care plans for ongoing care and follow-up. We experienced the beauty, benefit, and efficiency of multidisciplinary care of respiratory patients epitomized by the strong interactions between the pediatric pulmonologists and other healthcare workers such as sleep physiologists, respiratory physiologists, physiotherapists, specialist (asthma, CF) nurses, dietitians, audiologists, and alongside others. We noted the amazing process of joint multidisciplinary discussions of CF patients, highlighting their problems, and troubleshooting actions before every clinic appointment.

We were also exposed to international networking opportunities with other doctors from the United Kingdom, Spain, Italy, and Cyprus who were also attending the hospital at the same time.

Attending the BTS Winter Meeting was a major aspect of the scholarship grant and the meeting exposed us to both state of the art quality research outputs and ones we could also relate to from low- and middle-income countries (LMICs). The most interesting was the symposium hosted by PATS/BTS and chaired by Prof Mortimer and Prof Masekela, which examined lung disease from the African perspective and it was clear from that symposium that more indigenous African researchers are needed to fill a lot of research output gaps.^[4]

The Social Interaction was valuable and we had the opportunity to meet great clinicians and researchers in pediatric pulmonology and interact with the leadership of the BTS including the chief executive, and administrators of the BTS. There was an opportunity to interact with a variety of respiratory staff from different backgrounds.



Figure 1: Authors at Royal Brompton and Harefield Hospital.

In conclusion, with the exposure and wealth of knowledge acquired during the placement, we agree that achieving “Lung Health for All” requires partnership, mutual support, and shared goals. This placement exposed us to tertiary and best practices in pediatric pulmonology. It also raised research questions in pediatric pulmonology in Africa and provided us with the knowledge and exposure to use in mentoring our junior colleagues and engaging in research on asthma, lung function, and other respiratory diseases. We, the first beneficiaries of this laudable collaboration, wish to state that the placement was quite impactful and is going to positively impact global lung health if sustained. For those in the LMICs, exposures like this will improve partnerships among different healthcare workers and will provide the utmost benefit to healthcare.

We recommend that posting outside tertiary centers will also be a great gain for recipients and that other healthcare workers apart from doctors should be built into the program to form a formidable team. The placement would benefit from being longer, perhaps up to 3 months. There is also a need to expose clinicians from high-income countries to reciprocal short observerships as an exchange program. CME certification, research collaboration, and equipment support to LMIC partners will go a long way to ensure long-term sustainability of immediate gains. We remain grateful to PATS and BTS for this life-changing experience.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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British thoracic society.

Conflicts of interest

Dr Adaeze C. Ayuk is on the editorial Board of the journal.

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