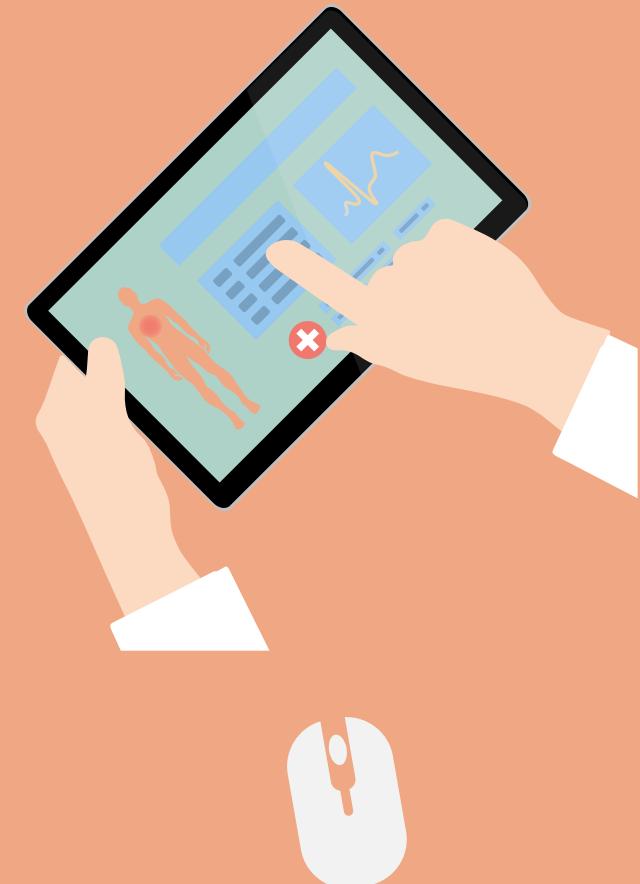




Operation Childlife

Transcending Borders: Changing Childrens' Lives and Sharing Healthcare Expertise



Dr. Jean Hughes, Non-Executive Director



Overview



01 Context & Background

- Ireland and Volunteering
- Medical Altruism

02 Operation Childlife

- What We do
- How we Add Value
- Activities

03 Our Stories

- How we have changed lives

04 Our Future

- Strategic Objectives



OCL At A Glance

Bringing lifesaving and transforming surgeries to children in the developing world, upskilling local professionals and enhancing healthcare systems and expertise.

01

On-Site Activities



Providing access to healthcare where the child is

Clinical visits to low and middle income countries to conduct complex surgeries and bridge gaps in medical expertise

02

Low-Cost, High Impact



Transparent Funding

Low levels of funding fully invested in missions. April 2022, half-time administrator hired. Monetary funding hugely subsidised by volunteer time and expertise, pro bono.

03

Education, Mentoring & Support



Working in partnership to build expertise

Working with the local healthcare professionals to train and upskill on an ongoing and mutually beneficial basis and enhancing the capacity of the whole health system

04

Global Collaborations



Global Health Issues / Global Health Solutions

We work in partnership with a number of organisations to bring varied and aligned expertise and support to our work

05

Scholarships & Research



Informing the area of medical altruism and global health

We want to encourage altruism in our future doctors and to add to the research body in the area of global health



Who Are We?



Mr John Collins
Chair
Businessman



Prof Martin Corbally
**Founder & Programme
Director**
Chair in Surgery, RCSI Bahrain;



Prof J Mark Ryan
**Deputy
Programme
Director**
*Interventional Radiologist,
CHI*



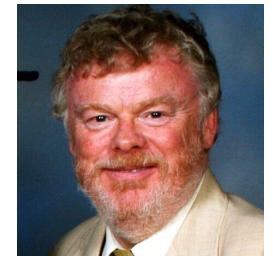
**Dr Brendan
O'Hare**
*Consultant Paediatrician
Anaesthetist &
Interventionist, CHI*



**Prof Paul
Oslizlok**
*Consultant Paediatric
Cardiologist, CHI*



**Prof Naji
Alamuddin**
*Consultant
Endocrinologist, RCSI
Bahrain*



**Dr Eamon
Tierney**
*Consultant Anaesthetist
& Interventionist*



**Prof Sameer
Otoom**
*President, RCSI Bahrain
Clinical Pharmacologist*



**Dr Jean
Hughes**
*Educator &
Strategist*



**Dr
Cormac
Kilty**
Entrepreneur



01 Ireland's Context & Background

Ireland's focus is on poverty reduction and delivering for the poorest and most vulnerable. We are prioritising gender equality, reducing humanitarian need, climate action and strengthening governance as key strategies for directing our development cooperation to the furthest behind first.

Ireland's Department of Foreign Affairs www.dfa.ie



Context: Ireland



Global Reputation

Ranked #1 in the Good Country Index 2022.

Long Tradition

Dating back to mediaeval times – Irish monasteries providing education and medical care to the sick and homeless.

Social Solidarity

19th Century, rural economy declined and there was a growth in social solidarity through volunteerism.

International Development Aid

World leader – commitment to reach UN target of .7% of GNP to official development assistance by 2030.

Culture of Volunteerism and Giving

Voluntary hospitals, community-run schools, numerous charitable organisations across all areas of society.
VSO – last 60 years, 80,000 volunteers, supported over 50m people

International
Reputation

History

Social
Solidarity

Cultural

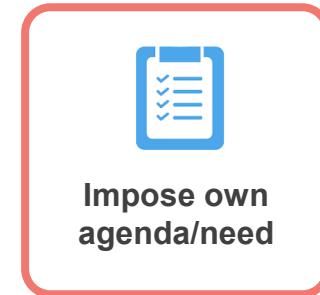
Priorities



Medical Altruism as Medical Tourism

"We are moving to a new era of global health in medicine, away from the **hero model** that disempowers communities by attempting to rescue them, and toward a **co-creative model** where global health problems are solved by adapting known solutions to new environments and sustainable capacity is created".

(Anderson & Wansom, 2009)



Impose own
agenda/need



Coming to
the Rescue



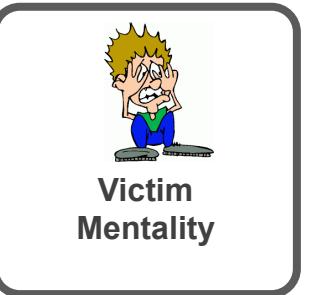
Presumptuous &
Disempowering



I know what
you need



What's left
behind?



Victim
Mentality

American Medical Association Journal of Ethics July 2009, Volume 11, Number 7: 506-510.
MEDICAL EDUCATION Beyond Medical Tourism: Authentic Engagement in Global Health Frank W. J. Anderson, MD, MPH, and Tanyaporn Wansom, MD, MPP

"Health systems (in developing countries) are on the brink of collapse due to the lack of skilled personnel..."
World Health Organization (2008).

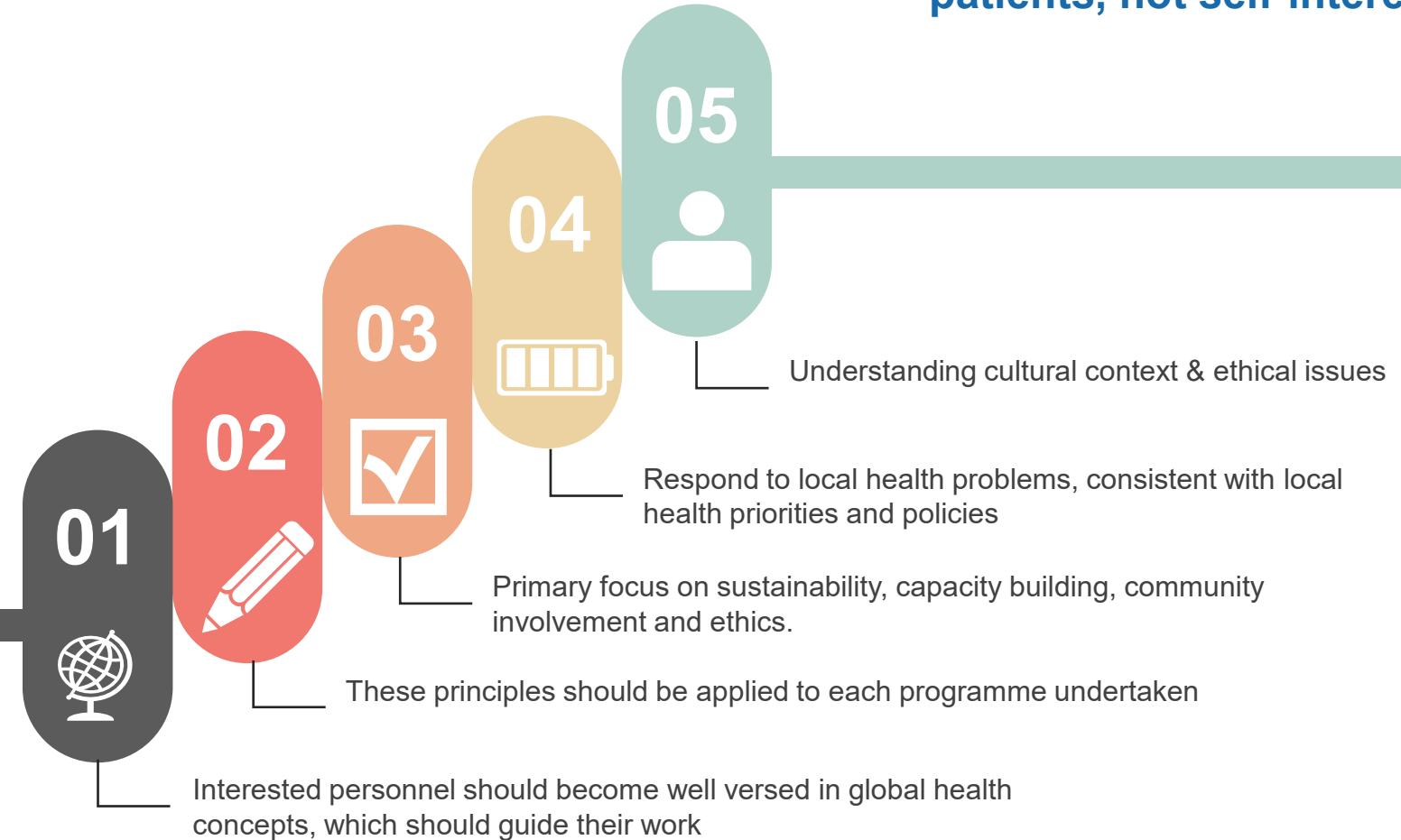


Medical Altruism

“Acting in the best interest of patients, not self-interest”

“How do local patients and clinicians feel, left with the limitations of their own health system until the next group comes, once the foreign students and health professionals disappear with their drugs and capacity?”

Anderson & Wansom, 2009



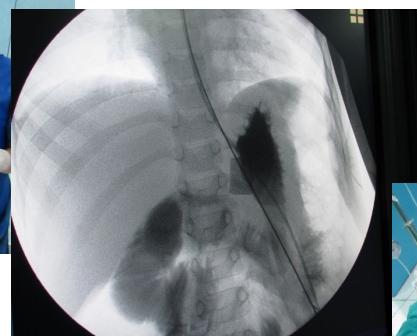
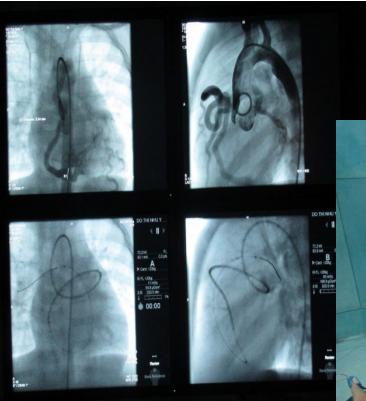
“It is impossible to adequately describe the opportunity we have been given to help our colleagues in Tanzania, Vietnam and Mongolia develop new skills and practices that will result in higher quality patient care. Each and every member of OCL is humbled to share in this privilege.”

Prof. Martin Corbally, OCL Programme Director



Medical Altruism - OCL

"As a junior interventional radiologist I was lucky to have mentors who were generous with their time, knowledge and expertise, so I now consider myself fortunate to be in a position to spread the word about IR. I know that some of the colleagues that I have worked with in Saigon have had their interest piqued by the IR cases that they have seen in Benh Vien Nhi Dong II".

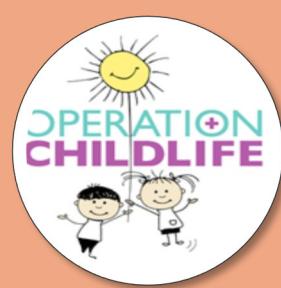


"The aim of OCL is always to do the cases with the local doctors so that they can ultimately learn to do the procedures themselves. They embraced interventional radiology from the outset and were keen to get scrubbed into cases".

"From the outset, the program emphasized training and education, which were considered to be of equal importance to the success of the program as the clinical work".

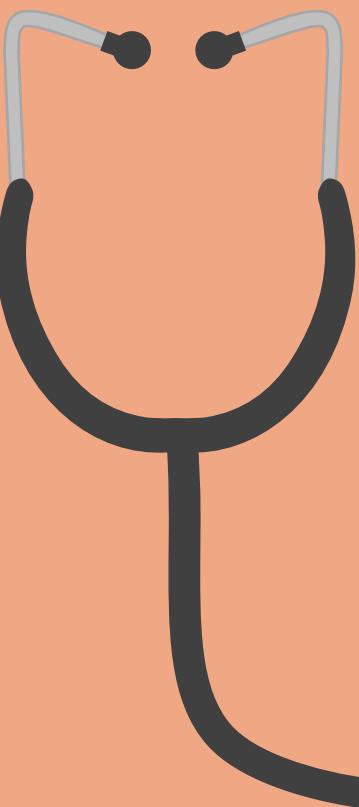
"The talent and enthusiasm of the medical graduates that I encounter in Saigon is on a par with any that I have encountered anywhere I have worked during my career".

Prof Mark Ryan



02 Operation Childlife

We only go where our presence is requested and a clear, long-term need has been mutually identified. As Operation Childlife volunteers, we are working at the edge of our personal and professional comfort zones because we are dealing with extremely complex patients, almost always under profoundly challenging circumstances.



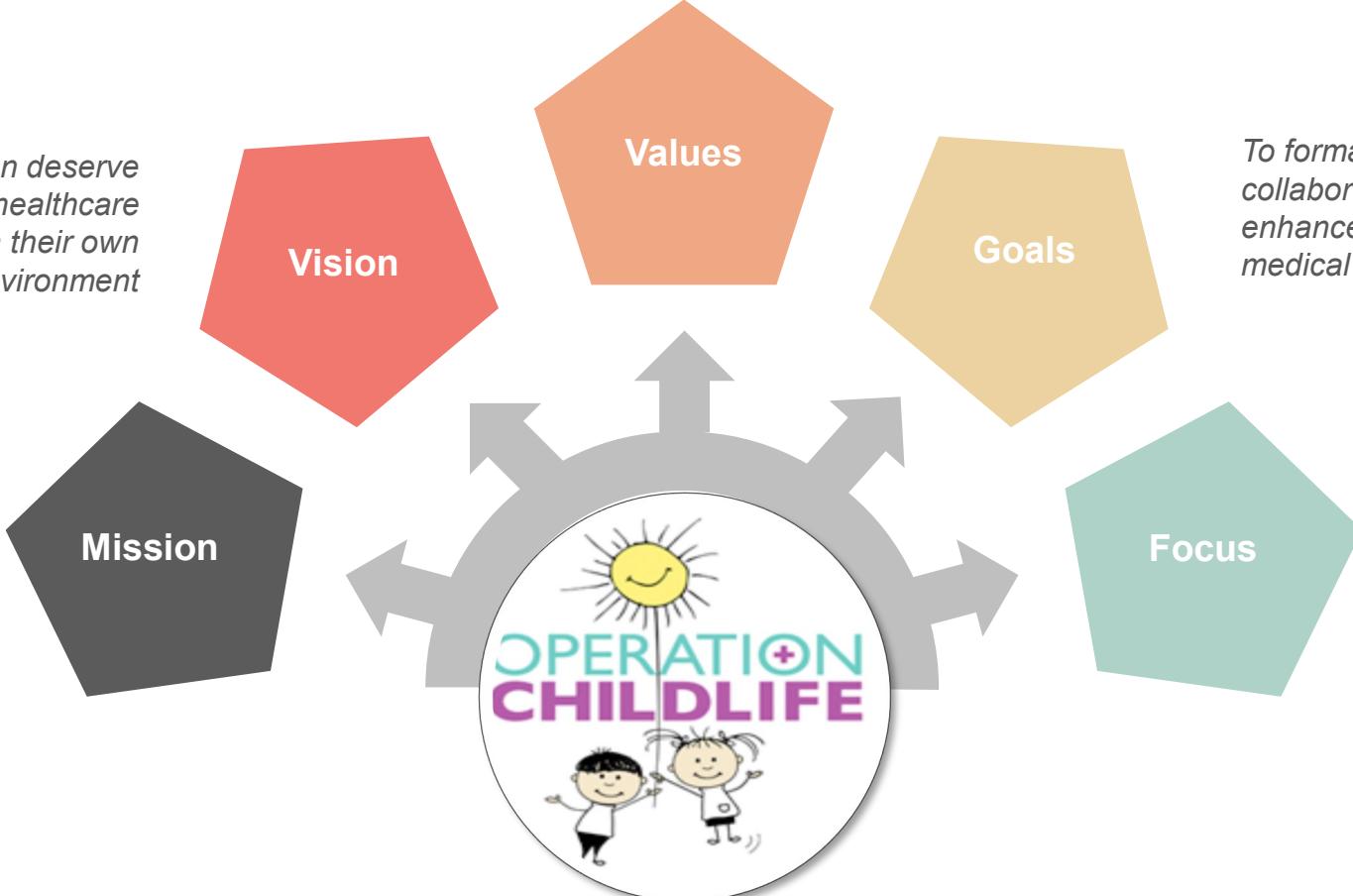


OCL ETHOS

Altruism – Respect – World-Class Standards

We believe that all children deserve compassionate and expert healthcare which should be delivered in their own environment

To provide nursing, medical and surgical care to children in low and middle income countries, to train local teams in all aspects of the care of sick children and to encourage altruism at undergraduate and post-graduate levels.



To formalize our activities, expand our collaborations, grow our impact and enhance the experience of patients, medical colleagues and students.

On-site clinical missions; Educational Programmes; Virtual, on-demand expert guidance and consultation; Global Collaboration; Research



OCL Evolution Timeline

2004

Initial approach by Christina
Noble Children's
Foundation (CNCF)
Complex Surgeries
Upskilling
Children's Hospital No.2,
Ho Chi Minh City

2010/2011

Cardiac Programme
opens in Vietnam
OCL incorporated in
Ireland

2020

Pandemic
Impetus to reflect
Formal Structures
Strategy Development
Partnerships
New Services

2007

Their Lives Matter
First visit to
Mumbili Hospital,
Dar es Salaam
Tanzania

By 2014/2015

Formal programmes
introduced
Training and Upskilling
in Ireland

2022

Mission, Vision & Values
Refresh
Visits resumed
Jordan and Mongolia
Added
Online Consultation
Service

Funding:

€15k- €20k p.a.

2014 €189k from Irish
Aid (mostly used for
training of doctors from
our partner countries in
Ireland)



Global Partners



Medical
University of
Bahrain



The
ATLANTIC
Philanthropies

3 Good Health & Wellbeing

4 Quality Education

10 Reduced Inequality



Sustainable Development Goals

SUSTAINABLE DEVELOPMENT GOALS

1 NO POVERTY	2 ZERO HUNGER	3 GOOD HEALTH AND WELL-BEING	4 QUALITY EDUCATION	5 GENDER EQUALITY	6 CLEAN WATER AND SANITATION
7 AFFORDABLE AND INCLUSIVE	8 DECENT WORK AND ECONOMIC GROWTH	9 INDUSTRY, INNOVATION AND INFRASTRUCTURE	10 REDUCED INEQUALITIES	11 SUSTAINABLE CITIES AND COMMUNITIES	12 RESPONSIBLE CONSUMPTION AND PRODUCTION
13 CLIMATE ACTION	14 LIFE BELOW WATER	15 LIFE ON LAND	16 PEACE, JUSTICE AND STRONG INSTITUTIONS	17 PARTNERSHIPS FOR THE GOALS	18 SUSTAINABLE DEVELOPMENT GOALS



How We Add Value

Impact

- Paediatric Consultant visit 1-4 time p.a. in last 15 years
- Paediatric Surgery
- Paediatric Surgery Oncology
- Paediatric Radiology
- Paediatric Infectious Disease
- Upskilling in hepatectomy, radical nephrectomy amongst others
- Survival rates improved from 20% to 65%

Vietnam

Tanzania

Mongolia

Jordan

Education & Research

Impact

New Programmes

- Open Heart Surgical
- First Interventional Radiology
- First cardiac catheterisation, cardiac intervention & paediatric cardiac ICU
- 3 Cardiac Surgeons trained
- Local teams greatly motivated & OCL programme regarded as a model of care intervention

01

03

Need

- 19th largest country in the world
- 30% of the 3.1m population live in poverty
- Congenital heart surgery not currently available
- Need for upskilling and training in cardiac, and oncology
- Establish policies and Codes of Practice
- To help mature the existing oncology programme

- Pre- and post-operative consultation & support
- PASS Paediatric Acute Surgical Scenarios)
- Student Observers
- Formal training programmes
- OCL Virtual
- OCL Travel Fellowships

05



Other Activities in Brief

Travel Fellowships
In partnership with RCSI
Unique opportunity for a 2-week placement on an OCL mission
OCL RCSI

PASS Course
Paediatric Acute Surgical Programme
OCL Dr Aixuan Holterman

Partners
Global Partnerships
OCL Numerous

International Training
Upskilling colleagues
Sustainability & capacity building
OCL CHI



OCL Virtual

01 Expertise

Case Consults

Bookable “second-opinion” sessions with OCL expert volunteers.

02 Information

Live Webinars

Live ‘Hot topic’ webinars tailored to local needs, leading to immediate, actionable takeaways.

03 Upskilling

PASS

Blends didactic lectures with case analysis, procedural skills training sessions and simulated clinical scenarios

04 Clinical Cases

Pre- and Post-Operative Support

Multi-disciplinary team review of cases in advance of visits and post-visit support to the local clinicians and healthcare staff, to maximise positive outcomes.

“Information and communication technologies (ICT) have great potential to address some of the challenges faced by both developed and developing countries in providing accessible, cost-effective, high-quality health care services. This is particularly beneficial for rural and underserved communities in developing countries – groups that traditionally suffer from lack of access to health care”.

WHO 2010 Report Telemedicine: Opportunities and Developments in Member States.



OCL Virtual is more than just a Covid-19 emergency measure – in the planning for several years, it has been designed to enhance the surgical capacity of our local partners through continuous and consistent interaction throughout the year between visits, and over the long term.



03 Our Stories

OCL are imparting excellence to the next generation of local experts in Tanzania and Vietnam. Their compassion and kindness are as inspiring and motivating as their professionalism and expertise.

Dr. Trish Scanlan, Paediatric Oncologist and Executive Director, We Are TLM



Vietnam

Context

- 20m gallons dioxins dropped during the Vietnam war – remain in the ecosystems in many areas
- Up to 30% of children under 5 stunted growth
- Up to 10% children under 5 mal-nourished

Children's Hospital 2

- 1,500 beds
- Up to 2000 inpatients per day
- 5000-6000 OPD visits per day
- 500 children p.a. died of congenital heart disease & lack of access to care

Children's Hospital 2, Ho Chi Minh City

150+ year history. Designated paediatric hospital since 1978.

Testimonial

“It’s very simple for me and my Operation Childlife colleagues. We go where we are needed. We go to Vietnam every year to save children’s lives...to support the work of Vietnamese paediatric surgeons...to make a meaningful difference.”

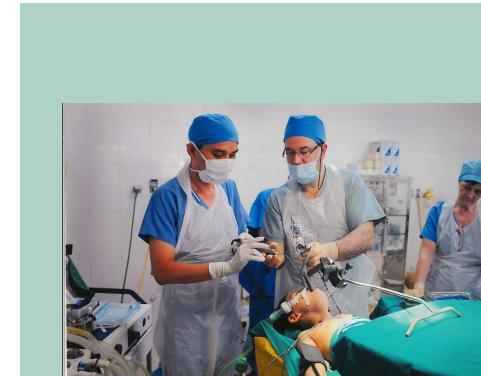
Professor Mark Redmond

Key Objectives

- Treat and upskill for complicated conditions
- Demonstrate safe surgical and nursing care in complex clinical areas
- Improve standards of care across a range of areas

Key Achievements

- Open-heart programme opened in 2010
- First interventional radiology programme
- First cardiac catheterisation & cardiac intervention, Paediatric ICU
- 45 patients treated per trip





BAO's Story

Swallowing caustic liquids is very common as they are stored in reused plastic bottles

Bao did very well and resumed oral feeding.
Relatively simple procedure but had a life-changing impact on Bao.

A boy who swallowed a caustic liquid, causing complete occlusion of the esophagus
Hadn't swallowed anything (including own saliva) in some time
Fed by a gastronomy tube

OCL: Used a C-arm to perform a rendezvous, approaching transorally from above and retrogradely via the feeding gastronomy, to recannulize his esophagus and balloon dilate the occlusion
Left the procedure such that the local team could continue to dilate from above over a period of many months.

Other cases:

Two children with malignant liver tumours were embolized.

Embolization procedure to treat a complex vascular malformation in the liver causing liver dysfunction and cardiac difficulties.

The first cases of paediatric transcatheter embolization procedures done in Vietnam.





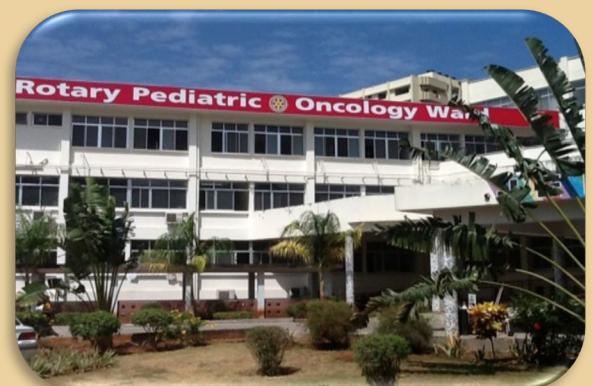
Tanzania

Context

- 55 million people
- Only sub-Saharan country to pledge free cancer treatment for all

Muhimbili Hospital

- First children's cancer ward of its kind in East Africa
- Estimated 2500 new paediatric cancer cases every year



Muhimbili National Hospital

A National Referral Hospital, Research Center and University teaching hospital with 1,500 bed capacity and attending to 2,000 outpatients daily

Testimonial

"OCL is an incredible organisation run by wonderfully compassionate professionals who give generously of their time and expertise to save some of the most vulnerable lives in the world."

Dr Trish Scanlan, Paediatric Oncologist and Executive Director, We Are TLM



Key Objectives

- Provide services in a range of paediatric clinical areas
- Increase oncological surgery survival rates of children
- Increase staff self-sufficiency
- Specialist training



Key Achievements

- Survival rates increased from 20% to 65%
- Upskilling of 20+ local surgeons
- 200+ cases
- Consistency of team from visit to visit and in-between

Successful separation of conjoined twins at Muhimbili National Hospital, by OCL team, led by Prof Martin Corbally, 2018



Kleopatra

Kleopatra diagnosed with an inoperable, life threatening tumour

Age 3
Diagnosis: Hepatoblastoma (a malignant tumour of childhood)
Imaging: Large inoperable liver tumour
Survival in absence of surgery – Zero
Chemotherapy started

Kleopatra was discharged, fit and well

OCL: Agreed to attempt resection with no guarantee of success
Following a difficult operation an extended left hepatectomy was successfully performed, no complications





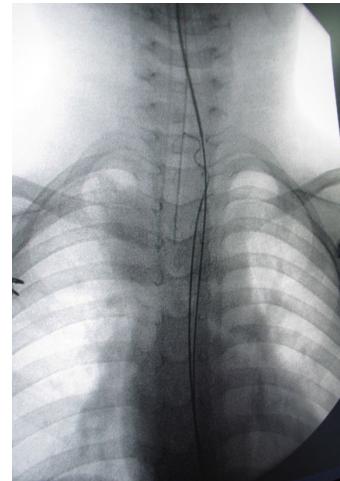
The Story of Interventional Radiology

"Happenstance meeting with a colleague recently returned from Vietnam (at CNCF invitation). Looking to identify clinical areas of medicine and surgery where they could help to develop tertiary services to international standards".



"My colleague asked if I would be interested in supporting the program with interventional radiology input. Needless to say, I jumped at the opportunity".

"I spent months assembling my travelling IR equipment, equipment that I was not at all sure that I would get to use! I had expected this to be a fact-finding mission but my biggest fear was that I would be of limited use to the group and end up being a "hanger-on." The CH2 Hospital had a paediatric cardiology suite and a C-arm, so from an imaging point of view I knew if cases could be identified, then at least I would have somewhere to do procedures. I needn't have worried. When I arrived in Saigon I went to clinic with the hospital chief of surgery and with my colleague from OCL. We identified some cases where I could assist, and within 24 hours I was doing my first cases."



"OCL always believed that simply going to Saigon to do challenging cases would never in itself be useful in helping to develop tertiary services".



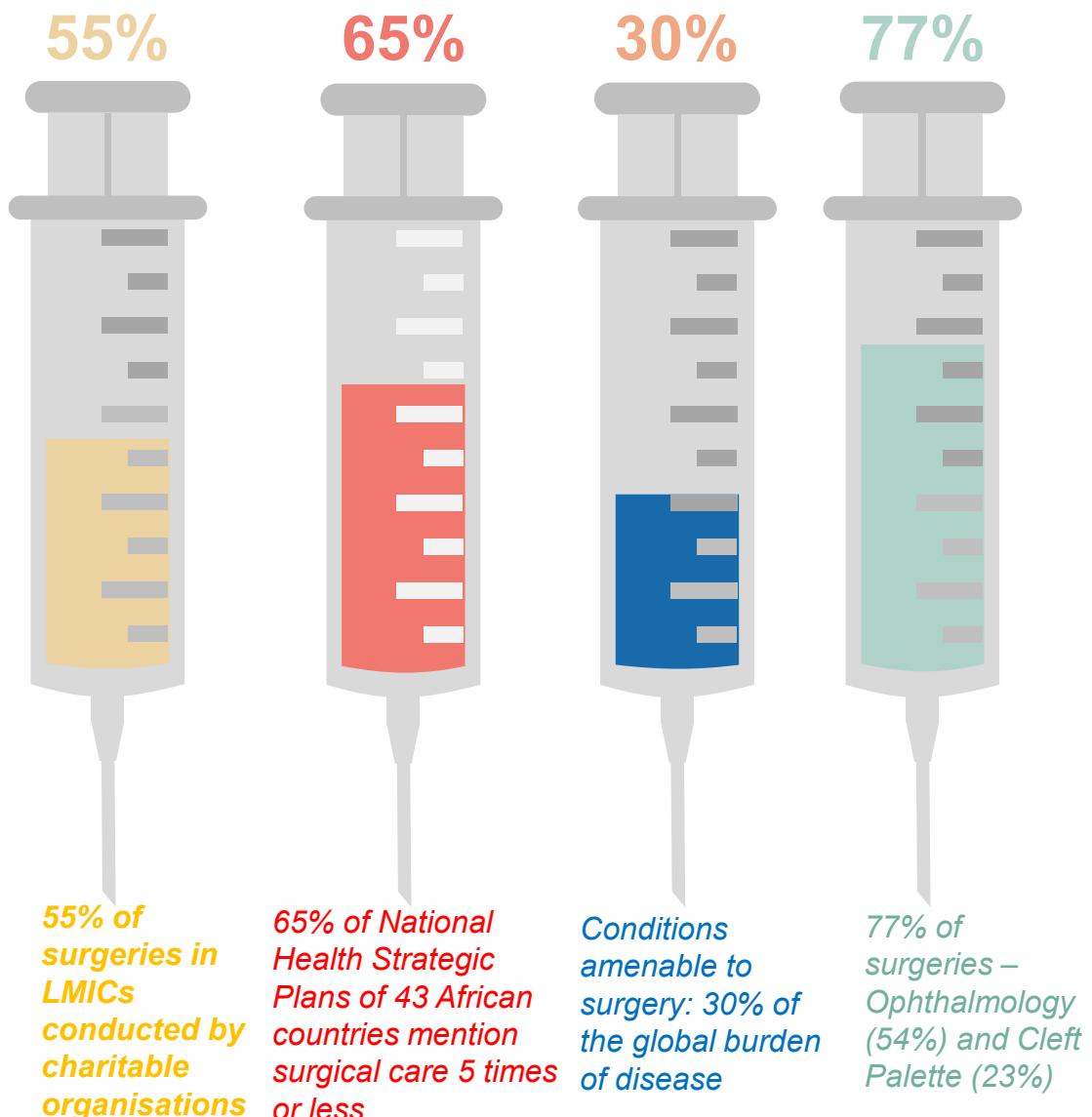
"The workload over the years has been diverse and challenging and always gives a great sense of fulfilment and, indeed, repeatedly reminds me why I chose medicine as a career in the first place. I feel that I have performed some of the most rewarding cases of my career in Saigon".

**Story:
Prof Mark Ryan**

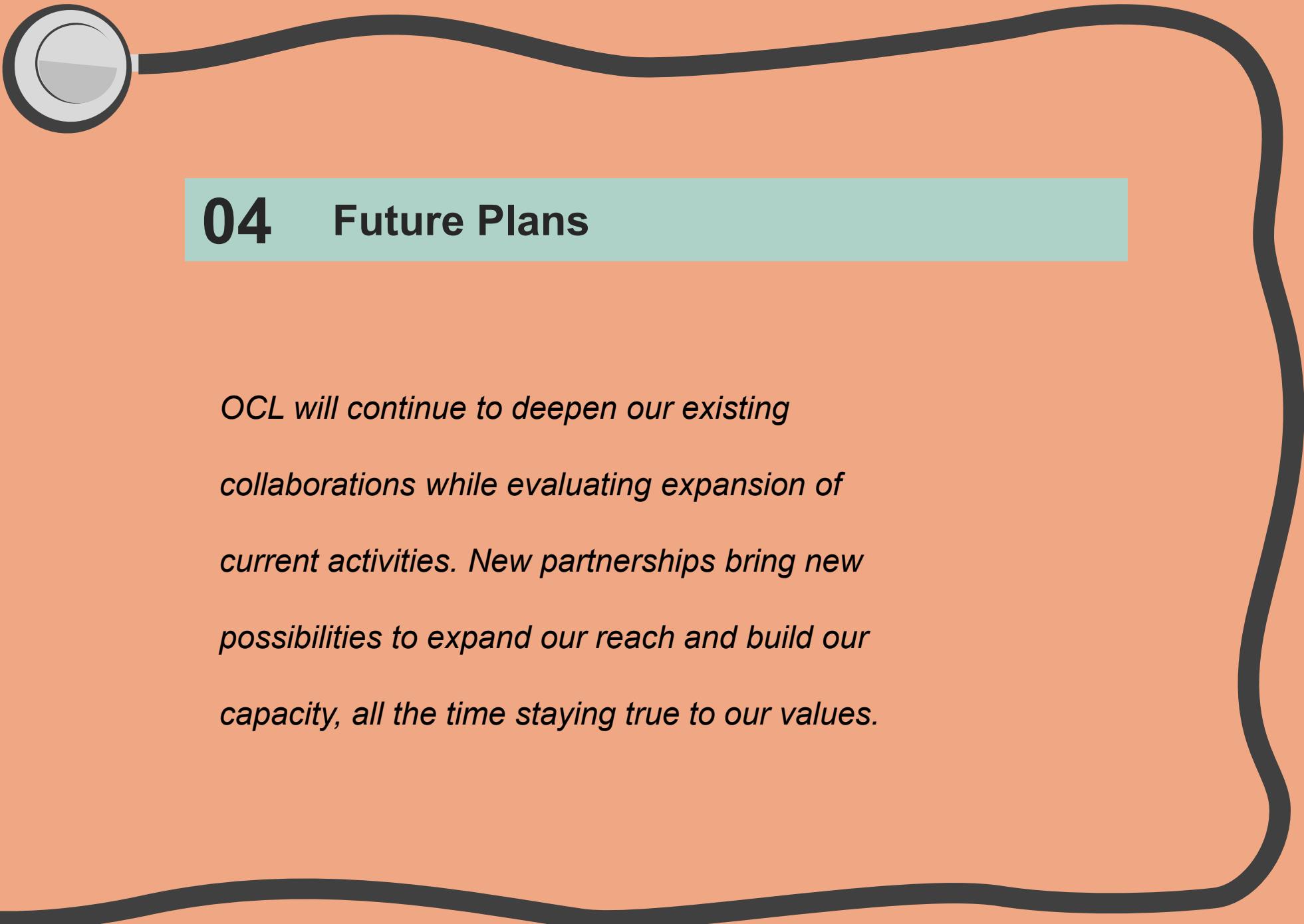
**Established the
first ever
Interventional
Radiology
Programme in
Children's
Hospital 2**

Surgical Funding & Aligning in LMICs

- Funding flows are poorly understood and not easily tracked
- Majority of funding comes from charitable organisations
- Funding is often narrowly focussed
- Does not generally reflect local needs or capacity building
- Neglect of surgery despite evidence of its cost-effectiveness in low resource settings
- Funding is poorly aligned with the burden of surgical conditions
- Main Focus – Vertical Programmes Ophthalmology and Cleft Care
- Very low focus on local capacity building (2014 – 3% of all USAID was for health system strengthening and very little of that for surgical services)



Gutnik et.al. BMJ. 2015



04 Future Plans

OCL will continue to deepen our existing collaborations while evaluating expansion of current activities. New partnerships bring new possibilities to expand our reach and build our capacity, all the time staying true to our values.



A wide-angle photograph showing several medical professionals in green surgical scrubs and caps working together in an operating room. They are focused on a patient whose head is visible at the bottom of the frame, connected to various medical equipment.

Our Focus

On-Site Clinical Missions

Educational Programmes

Virtual, On-Demand expert guidance and consultation

Global Collaboration

Research

Operation Childlife

Bringing lifesaving and transforming surgeries to children in the developing world and enhancing healthcare systems and expertise.

Strategy 2022-2025

Our Mission

To provide optimal surgical, anaesthetic, medical and nursing care to infants and children of low and middle income countries.

Our Vision

We believe that all children deserve compassionate and expert healthcare which should be delivered in their own environment.

Our Values

Altruism – Respect - World-class Standards



Education Targets

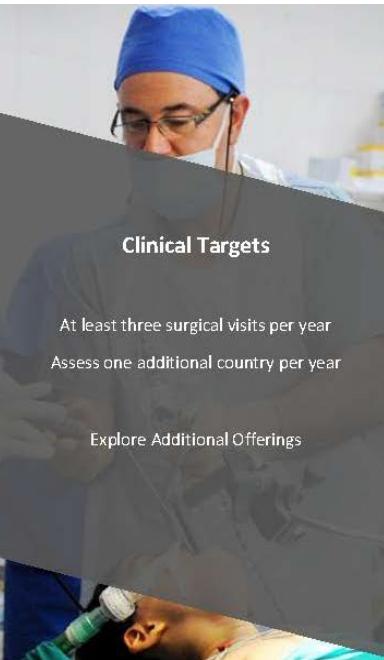
Two PASS Tutor Training Programmes per year

PASS Programme delivered with each visit

Regular Webinars

Focussed training of local healthcare professionals during each visit

Two Travel/Research Scholarships per year



Clinical Targets

At least three surgical visits per year

Assess one additional country per year

Explore Additional Offerings



Other Targets

1-2 New Partnerships evaluated each year

5-10 New Volunteers per year

€50k Funds Raised per year

Strategy



Strategic Objectives

Educational

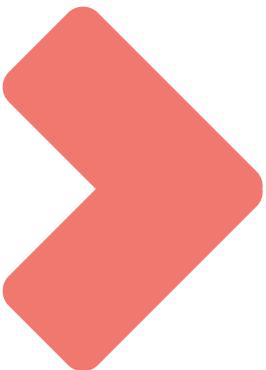
- Two PASS Tutor Training Programmes p.a.
- PASS Programme delivered each visit
- Regular Webinars
- Two Travel/Research Scholarships p.a.

Clinical

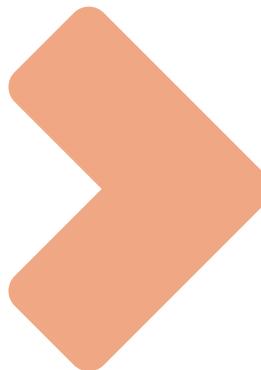
- At least 3 missions p.a. adding increasing value each time
- Assess one additional country p.a. (on request)
- Explore additional offerings

Organisational

- New partnerships to be evaluated p.a.
- 5-10 new volunteers to be recruited p.a
- .
- €50k funds raised pa.
- Continue to formalise structure



NEW BOARD



NEW ROLES



NEW SUPPORT

NEW IDEAS



Continuous Reflection

We constantly check that we are staying true to our values

01

Is our intervention in keeping with local needs?

02

Have we developed a sustainable programme?

03

Have we developed local capacity?

04

Have we monitored progress and guided complexity escalation?

05

Have we followed up and are we aware of complications?



Thank You

Today I have had the honour and privilege of telling the story of Operation Childlife. As someone who is not a medic I am in awe of my colleagues every day, not just their expertise but their dedication, commitment, passion and selflessness. I have never met such a humble group of experts and I myself am truly humbled to have been trusted to tell their story.

In memory of Monica Hughes R.I.P (24th Jan 1935 – 14th Sept 2022)