

# Global Health

EDITED BY



**Cheka R Spencer, MSc,  
AFHEA, FRCS (ORL-HNS),**

Consultant ENT Surgeon (Rhinology and Facial Plastics), The Royal Free London; Member of the ENT UK Global Health Committee.

E: [drchekaspencer@doctors.org.uk](mailto:drchekaspencer@doctors.org.uk)

Twitter: @ChekaSpencer  
@ENTUKGlobal

INTERVIEWEE



**Robin Youngs, MD FRCS,**

Consultant ENT Surgeon, West Suffolk Hospital, UK; Emeritus Editor, The Journal of Laryngology and Otolology; Trustee, Britain Nepal Otolology Service; Trustee, Mandalay School for the Deaf Charity.

**“It is only through shouting loudly and being ferocious advocates for our causes that we will achieve the recognition that is needed”**

IN CONVERSATION WITH

## Robin Youngs

First chairman of ENT UK Global Health Committee

Members of ENT UK (The British Association of Otolaryngologists and Head and Neck Surgeons) have a long tradition of humanitarian work in countries in Africa and Asia (see article with Professor Davis Howard in previous issue for example). The ENT UK Global Health Committee was many years in the making but was formally established in 2016 under the presidencies of Professor Anthony Narula and Professor Brian Bingham. In this article, I interview **Robin Youngs** who served as its first chairman.

### You were the chairman of the global health committee – what was your vision/objectives for the group?

It was a great privilege to be asked to establish the ENT UK Global Health Committee and I have enjoyed working with a group of enthusiastic and like-minded colleagues. I was aware that there were a number of global health initiatives being supported by UK ENT surgeons and audiologists but that these were often occurring in isolation with no contact or interaction between those involved. My first objective was to create a ‘community’ of ENT and audiology global health professionals. I am a member of the British Society of Audiology and approached their board with a proposal for a global health partnership. Fortunately, this proposal was enthusiastically received and eventually resulted in the establishment of the ENT UK/BSA Annual Global Health Conference. The first conference, held in London in 2018, was a huge success with keynote addresses by Shelly Chadha from the World Health Organisation (WHO) and Jim Fitzpatrick MP, the Chair of the All Parliamentary Group on Deafness.

### Why is it so important?

A major objective of creating an ENT/audiology global health community was to improve advocacy of the important issues that people all over the world have to face;

issues such as deafness, head and neck cancer, long-term tracheostomy and airway problems in children. Despite deafness being the world’s most prevalent disability and the fourth leading cause of years lived with disability (YLD) it remains a poorly resourced and understood issue on the global stage. It is only through shouting loudly and being ferocious advocates for our causes that we will achieve the recognition that is needed. Shelly Chadha at WHO has worked hard to advance the cause of global deafness and has achieved much, including the creation of the World Hearing Forum and the forthcoming World Report on Hearing. The recognition by The Department for International Development (DFID) of disability as a global issue has been a major step forward. Coming



A child being fitted with hearing aids at The Yangon School for the Deaf, Myanmar.



Robin Youngs undertaking ear surgery in Nepal, assisted by Odette Ferrao.



Urmila Gurung undertaking ear surgery in Nepalgunj.

out of the Global Disability Summit held in London in 2018 has been the Global Partnership for Assistive Technology (ATscale) which seeks to investigate the market for provision of assistive technology including hearing aids in order to improve provision on a global scale. It was excellent to have a delegation from DFID and ATscale attend and address our most recent Global Health Conference. It is exactly this kind of engagement outside of our specialist areas that it is so important to achieve.

**When did you first get involved in global ENT surgery? Why? Where?**

In 1991 Neil Weir published an article in the *JLO* entitled ‘Ear surgery camps in Nepal and the work of the Britain Nepal Otology Service (BRINOS)’. The article was inspirational with Neil concluding by stating: “Any consultant surgeon or inexperienced senior registrar who wishes to join a team for 12 days of hard but immensely rewarding work where anything can happen from regular power cuts to cockroaches in your bedroom should contact the BRINOS office.” I was a newly-appointed consultant looking for challenges and I jumped at the opportunity. The first ear camp that I joined in March 1993 was in Birgunj, on the Nepal/India border. The camp was indeed eventful in many ways but sparked my interest. Since then I have attended 16 ear camps in Nepal for BRINOS, mostly as team leader. Being part of the BRINOS community and

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witnessing the development of both primary and surgical ear care in Nepal has been a high point of my career.

**What are your current activities?**

I remain a member of the ENT UK Global Health Committee, representing ENT UK at the WHO. I have been closely involved with the annual ENTUK/British Society of Audiology Annual Conference. I am committed to BRINOS and work with the other charity trustees to develop a strategy for primary ear care with our Nepali partners. In addition, I have worked in Myanmar. This work started in 2002 and initially centred around the development of a long-term partnership between British and Myanmar surgeons. This was at a time when Myanmar was closed to the world but, through contacts in the UK, we were able to engage with ENT colleagues in Yangon. I had set up the Cambridge University FESS Course and practical surgical training has been at the core of our UK/Myanmar partnership. A group of us have conducted numerous surgical training courses in both Yangon and Mandalay. Receiving a fellowship award from the Myanmar Society of ORL-HNS was a great honour. More recently I have been closely involved with the Mandalay School for the Deaf Charity, which supports Schools for the Deaf in Myanmar. This has involved working very closely with Teachers of the Deaf and audiologists, which has been fascinating and I have learnt a lot from them. I have developed an interest in academic global health, having studied Global Health Policy at The London School of Hygiene and Tropical Medicine (LSHTM). In Nepal I have led research into the quality of life of those with deafness in low income countries and the effect of reconstructive surgery. One of my main aims is to have more awareness of ENT global health matters on the global health stage and I engage with other organisations such as The International Centre for Evidence in Disability at LSHTM,

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The Tropical Health and Education Trust, the Global Surgical Frontiers Conference and the Oxford Global Surgery Group.

**With all of your lifelong experience, what would you say has been the greatest challenge(s)?**

I suppose that the main challenge is finding the time to do all that one would wish to. I think that working as a full-time NHS consultant limits the commitment that one can have to global health work and I have lasting admiration for people such as Mike Smith in Nepal that have given much more than I have. I hope that part-time work and eventual scaling down of clinical practice will allow me to become more involved with global health work on the organisational, strategic and research fronts.

**Likewise, what makes it so rewarding?**

Global health initiatives are all about partnerships and it is seeing these develop and flourish over the course of a 30-year consultant career that has been most rewarding. Helping individual patients is, of course, hugely rewarding, but the bigger picture is more important. It is a great privilege to have the friendship and mutual respect of those who I have worked closely with in the UK, but particularly in Nepal and Myanmar.

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