# SECTION 1.
# Overview of International Health Links.

**Chapter 1.1 An introduction to Links, the philosophy on which they are based and the political context within which Links work.**

**Chapter 1.2 Who benefits from Links, how the work of Links contributes to Health System strengthening and what types of work Links have been engaged in.**

# 1.1 An introduction to Links

**In this Chapter:**

- What is a Link?
- A short history of Links
- Underpinning principles of Links
- Different models of Links

**An International Health Link (a Link) is a partnership between a UK and a Developing Country (DC) health organisation. This Chapter helps you to gain an understanding of what Links are, what their purpose is and the principles on which they are based.**

# 1.1 An introduction to Links



### What is a Link?

Links are all about **people working together to share ideas, knowledge and friendship** to improve health care. By doing this within an organisational agreement, Links have the potential to be strategic and long term, better able to inspire change. Some established Links have shown that they are able to bring about important improvements in health care.

A Link[2] is a formalised voluntary partnership between counterpart health organisations[3] in the UK and a Developing Country (DC). The primary purpose of Links is to build the capacity of the DC organisation, but there are also important secondary benefits for the UK health sector. The activities that Links support can be very broad and range from training and capacity-building for staff, providing practical skills, continuing professional development, supporting improvements within DC organisations, facilitating research, and curriculum development etc.

**Who gains?** A well-managed Link can bring about important changes for both the DC and the UK organisation. DCs can build capacity and motivate their staff by drawing on the UK partner's expertise and technical assistance, according to their own priorities.

The UK organisation also has a great deal to gain; it has the opportunity to develop its staff, it gives them ideas for service improvements and exposes them to international health issues. It is also an opportunity for both organisations to engage in joint research.

In an ideal Link, both organisations will benefit greatly in different ways. The main currency of the Link is the professional expertise and human resources available within both organisations.

**How does it work?** After initial set-up and joint planning, the work of a Link typically involves some of the following activities:

- Reciprocal visits to deliver agreed training
- Support through mentoring, equipment and training materials
- Technical assistance on the development of services
- Monitoring and evaluating the work to plan future activities and scale up support

### A short history of Links

**The wider political agenda**

While THET has been supporting and working with Health Links for over ten years, it is only since 2004 that Health Links have been on the wider political agenda.

The Commission for Africa (2004) and the Gleneagles G8 Summit (2005) put health and health care in Africa at the centre of their agenda. The WHO report, *Human Resources for Health* (2006) took a lead in highlighting the severe shortage of human resources for health in developing countries, bringing to the fore many of the issues that had confronted those working in the health sector in developing countries.

DC Governments are increasingly seeing Links as an opportunity to tap in to the expertise available within the UK. Many doctors from DCs have completed some part of their medical training in the UK and look to the UK for guidance and support. THET has developed codes of conduct and Memoranda of Understanding (MoU) with the MoH of Uganda and Ghana, among others. The many diaspora communities in UK also make an important contribution to supporting the development of their own countries and this can be enhanced by Health Links.

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[2]Links may be of different scales and sizes and many develop from smaller partnerships and personal collaborations. Health Links are one of many types of organisational Links between UK and DCs. An increasing number of communities, schools, faith-based organisations, local authorities, youth groups and others in the UK have established partnerships with counterparts in DCs. Health Links may fit in within a wider community Link. Such Links often involve the diaspora in the UK from the countries with which they are linked thus adding to greater social cohesion. Different kinds of Links come together in the UK under the umbrella of the organisation BUILD. (www.build-online.org.uk)

[3]The partners involved at the UK end may be NHS Trusts, Foundation Trusts, Primary Care Trusts (PCTs), GP practices, Universities, professional bodies, clinical networks, etc. At the DC end, partners may be hospitals, health centres, District Health Offices, training schools, universities, professional bodies, etc. If necessary, Links may also be formed between more than two partner organisations.

### DID YOU KNOW?

There is a direct relationship between the ratio of health workers to population and the survival of women during childbirth and children in infancy. As the number of health workers declines, survival declines proportionately. If donor funds are to have any impact and the Millennium Development Goals are to be achieved, the right number of health workers with the right skills need to be in place.

The 2006 WHO report stated that 57 countries, most of them in Africa and Asia, faced a severe workforce crisis, with Sub-Saharan Africa facing the greatest challenges. Africa has 11% of the world's population, 24% of the global disease burden and only 3% of the health workers to deal with it. Even within countries inequalities exist, with rural areas finding it harder to attract health workers than the urban centres.

*Working together for Health, WHO report 2006*

### 2005

THET published the first *Links Manual* which raised awareness around what health partnerships could offer. THET's role in supporting Links was further encouraged with a staff secondment from the Department of Health (2005-2007) and funding from the Department of Health and Department for International Development.

It was becoming increasingly clear that it was not possible to deliver the Millennium Development Goals – the bedrock of international development policy aims – without a significant increase in capacity, skills and training in the developing countries; all areas in which Links can play an important role.

### 2006

Since 2006 the devolved Governments of Scotland and Wales have also been increasingly supportive of international health. The Wales for Africa Group, which receives funding from the Welsh Assembly Government, has been supporting Links since 2006 and strongly believes that sharing skills, experiences and resources helps communities in Africa and Wales. The Scottish Government includes support for Links as part of its agreements with African Governments including Malawi and Zambia to help improve health care.

### 2007/2008

The UK Government responded positively to the Crisp Report (2007) which looked at how UK health expertise could be used to help improve health in developing countries. It championed the role of International Health Links and of THET. The Government agreed to support the development of Links via a new grants scheme and information centre relating to Links. It agreed to pay pension contributions to those doing health work overseas for extended periods of time. Links were also featured favourably in the Government's wider Global Health Strategy, "Health is Global" (September 2008).

### FIND OUT MORE

- *About THET – Appendix 1*
- *Our Common Interest,* report published by the Commission for Africa (2005)
- *Working together for Health, WHO report 2006,* available from www.who.int
- *Global Health Partnerships,* Lord Crisp (2007) Significant reference to THET is made
- *Government response to the Crisp report* (2008)
- *Health is Global: A UK Government Strategy 2008-13*, Department of Health (2008)

### KEY TERMS

**Millennium Development Goals (MDGs):** are a set of goals to be achieved by 2015 that respond to the world's main development challenges. The MDGs are drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations and signed by 147 heads of state and governments during the UN Millennium Summit in September 2000.

### Underpinning principles of Links

THET advocates a set of principles to underpin the work of Links, which may differentiate them from other types of twinning arrangements or aid initiatives. The underpinning principles are:

- The primary focus of Links is on **capacity-building** and staff development through targeted training. While occasionally Links may provide additional support, such as equipment, books or direct service delivery, this is not their primary remit.
- Links specifically **respond to the requests** (explored through careful dialogue) and work towards the goals of the organisation in the DC within a partnership.
- Links are **organisationally supported**, or formalised through a network, enabling them to be interprofessional, plan for the long term, work more effectively and be less vulnerable to staff turnover. While individuals play an important role, a Link is a collective effort.
- Links are **interprofessional** and usually interdisciplinary, and able to draw on a range of expertise from the UK partner organisations. This allows the Link to be flexible and respond to changing priorities of the DC Link partner.
- Links are **long term.** 'Strengthening health systems' is a long term goal and change is often slow. Links take time to develop, are based on trust and understanding and should be an enduring collaboration between partners, not limited to short term gains.
- The work of Links is **aligned** with national strategies and organisational priorities and does not aim to create parallel systems or services.
- Links are a **means to an end** (strengthening already established health systems), rather than an end in themselves. The added value of a Link should regularly be reviewed through evaluation.

**REMEMBER**

**The UK partner must start with the question: What are your priorities and *what do you want us to do?* And, having explored this in a careful dialogue, draw on expertise from across their organisation to be able to respond to this need.**

### Different models of Links

There is no pre-defined model for a Link, as each one may differ slightly. What they are trying to achieve and who is engaged may also vary from Link to Link.

A simple Link will be a **partner-to-partner relationship.** These usually work best if they are between similar organisations. The partners may be health care providers such as hospitals, primary health care providers, health training schools or networks of professionals.

In some cases the Link may be more complex: a core Link drawing on support from other organisations or a recognised **tripartite relationship.** Whether the partners are a single organisation or a more complex coalition, Links should arise through a specific need or request from the DC, and be matched to a UK organisation with a similar outlook.

**CHAPTER CHECKLIST**

- ✔ **Links are partnerships between UK and DC organisations with the primary aims of sharing knowledge and information to improve health services.**
- ✔ **Links have recently gained momentum and increasing government support.**
- ✔ **To be effective a Link must be well planned and be underpinned by a number of key principles including a focus on building capacity, being responsive and multidisciplinary.**

**DID YOU KNOW?**

**Partnerships and International Development**

Health Links are one element of international development partnerships; others include school twinning arrangements, higher education and science/technology partnerships. They are generally set up in recognition that there are mutual benefits to both sides of the Link or partnership.

The history of international development has not always been characterised by such balance. Indeed, many of the terms traditionally used to describe relations between two parties reinforce the imbalance – 'donors' and 'recipients', for example. 'Aid' suggests a one-way relationship, and is now normally used only in the context of humanitarian or emergency assistance. 'Official development assistance' is standard terminology; 'economic co-operation' is also used.

International development as we understand it really began in the late 1950s, as the colonial powers provided financial and technical support to their former colonies as they gained independence. Much of this was used to maintain the organisations set up during the colonial period – schools, hospitals and roads. This 'capital aid' was part of a package which included technical assistance, and in the 1960s and 1970s favoured the provision of personnel from the UK (judges, doctors, teachers etc.) as local capacity was being developed.

While there was some effort made in the 1970s and 1980s to ensure that ODA supported the development of livelihoods and a better quality of life for ordinary people (see, for example, the 1973 Government White Paper 'More Help for the Poorest'), international relations – including aid and trade – were largely driven by the dynamics of the Cold War. The over-riding consideration for donors was not about recipient Government efforts to reduce poverty, but on which side of the ideological divide they stood.

This largely changed with the fall of the Berlin Wall. European countries in the former Eastern Bloc were told that they would be welcome in the European Union, but only on condition that they carried out political and economic reforms which would lead to them becoming more open and pluralistic societies. In the early 1990s, these considerations were increasingly applied also to relationships with developing countries, with support increasingly dependent on their record on issues like governance, human rights and social inclusion.

At the same time, there was an increasing recognition that development assistance should support policies and programmes developed in-country, rather than seek to drive them. The late 1990s saw the development of 'Poverty Reduction Strategy Papers' produced (in theory, and increasingly in practice) in developing countries. The willingness of the international community to support country-driven programmes has been accompanied – at least for those developing countries judged to have sound policies – by a continuing shift away from project assistance towards sector-wide approaches and general budget support.

In September 2000, 147 Heads of Government signed up to the Millennium Development Goals in New York. They were aspirational and non-ideological, with a strong focus on basic health and primary education outcomes. But it has become increasingly clear, as highlighted in the 2005 Commission for Africa Report, 'Our Common Interest', that it will not be possible to deliver those outcomes by 2015 without a significant increase in capacity, skills and training.

Links can play an important role in the development of organisational capacity and the building of health and education systems in developing countries; and at the same time, as everyone involved in a Link will attest, the learning is very much of mutual benefit. Health Links are a manifestation of true partnership – a partnership from which everyone gains and in the process makes the world, in however small a way, a better place.

*Photograph (right): Hannah Maule-ffinch, Uganda*

**Links can play an important role in the development of organisational capacity and the building of health and education systems in developing countries.**

# 1.2 Why Link?

**In this Chapter:**

- **Who benefits?**
- **What can Links do?**
- **Examples of how Links can work**

**This Chapter looks at who benefits from Links, what support Links have given and asks whether Links really have an impact.**

**The primary objective of the Link should be to improve health services for the poorest people in developing countries, but both UK and DC organisations involved in Links often report significant benefits.**

# 1.2 Why Link?



**Who benefits?**

*"You are making an apparent difference in our health care delivery at the referral hospital. Thank you all members of the Southern Ethiopia Gwent Health Link"*

**Dr Yifru, Hawassa** University, Health Sciences College, Ethiopia

If a Link is well planned and managed, it can bring about important changes for the individuals involved in the Link, the organisations within which they work, and ultimately the patients that they serve. Many Links report significant benefits and improvements in services. At the moment much of this is based on anecdotal reports, but as Links start to integrate more rigorous evaluation into their work, the evidence base will become stronger and more clearly documented.

The following table is based on one piece of research carried out by King's College Hospital which looked at the benefits to the UK organisation of being involved in a Link.

*Personal, professional and organisational rationale for Links (UK persepective)*

| Main benefits for the NHS | Disadvantages for the NHS |
|---|---|
| **Personal**<br>• Personal satisfaction/ inspiration<br>• Learning about different cultures<br>• Appreciation of NHS/sense of perspective | • Risk of exhaustion, stress, from overseas Link activity<br>• Neglect of family while engaged in Link work on top of normal demands<br>• Some annual leave used up if no study leave allowed. Higher risk of accident or security problem in some cases |
| **Professional**<br>• Understanding of patients from relevant part of the world<br>• Hones clinical skills, and refreshes basic skills without dependence on high-tech machinery<br>• Familiarisation with pathologies that are less common in UK (but may grow there) | • Problems of arranging cover and imposing on others when absent on Link business |
| **Non-Clinical professional skills**<br>• Improved teaching skills<br>• Development of resourcefulness<br>• Greater awareness of how to avoid waste and work with few resources<br>• Team skills enhanced by interdisciplinary team effort | |
| **Organisational**<br>• Link can enhance reputation<br>• Good for job satisfaction, retention and motivation of committed staff<br>• Good for recruitment of committed NHS staff | • Finding alternative cover when people are away on Link business<br>• Opportunity costs; time and resources expended on Links are not available at the same time for other expressions of Corporate Responsibility or organisational improvement<br>• Need to manage security risks |
| **Universities**<br>• Can assist global cachet<br>• Good framework for student electives<br>• Helps recruit committed students | • Distraction from financial imperatives of the Research Assessment Exercise |

### What can Links do?

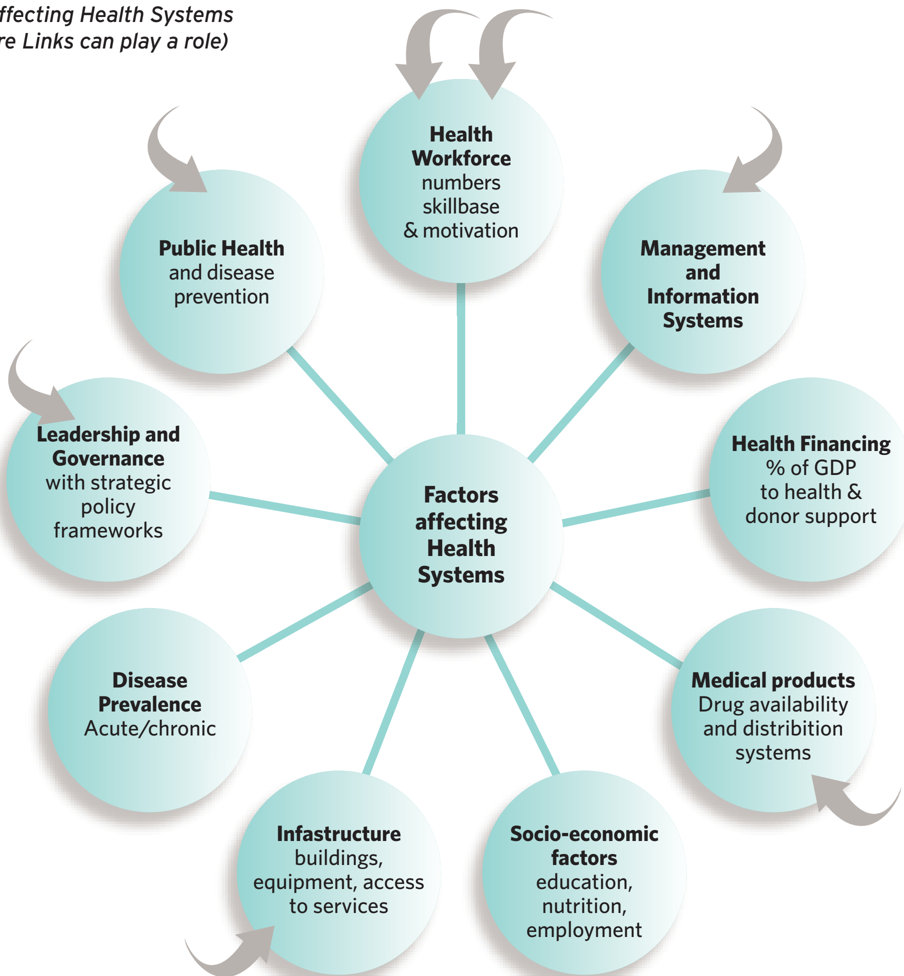
**Can Links contribute to health system strengthening in DCs?**

The effectiveness of any health system is determined by the interaction of many influencing factors and Links can contribute to some of these influential factors. If the Link is well planned and responds to specific needs, this contribution will be important but is likely to be modest.

The resources available to most Links are very small when compared to the large budgets available to other global initiatives and international partnerships such as GAVI, PEPFAR and UNICEF. The range of expertise available in a UK organisation will be wide, but the time available to contribute will be limited for most people.

The following diagram illustrates some of the factors which are at play in determining how well a health system functions; the arrows illustrate some of the areas where Links have shown they can play a role.

*Factors affecting Health Systems (and where Links can play a role)*



UK Link partners need to be aware of the many different factors at play. There is sometimes an idealistic notion among those new to international work that there is a quick and easy solution and the Link alone will be able to turn things around.

This is unlikely to happen and may result in a loss of enthusiasm when change is slow to happen. The Link can provide an important contribution but this will most often be the case when the other factors at play are also conducive to this change. On the other hand, persistence and sound development of the Link can pay off to the point that, in some cases, the Link eventually becomes a vehicle for more extensive programmes of work backed by funding agencies.

**REMEMBER!**

Change is about evolution not revolution. There is sometimes an unrealistic notion amongst those new to international work that there is a quick and easy solution. In reality change is slow to happen. See the case study on p30.

**Examples of what Links can support**

Links have been involved in an extremely broad range of issues. Much of the work of Links falls under the category of capacity-building: developing the skills of health workers, organisational structures, resources and enthusiasm of overseas colleagues to improve health services. This section gives some examples of some of the things that Links have been asked to support.

**FIND OUT MORE**

For examples of what Links have supported refer to the examples on THET's website.

**CHAPTER CHECKLIST**

- If well planned, Links are able to bring about important benefits to both UK and DC partners. It is important for Links to thoroughly document these impacts.
- While the contribution that Links can make to improving health services is only modest, the partnership nature of the work makes it valuable.
- Links are able to support a variety of different areas, many of which come under the broad heading of capacity-building. Links should always respond to the expressed needs of the DC partner.

*Potential areas that Links can support*

*Photograph (right): Lihee Avidan, Malawi*

**Change is about evolution not revolution. Links are long-term partnerships.**