

## **SECTION 3. Appendices**

**This section includes extra documents which complement issues raised within the Manual.**

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## Appendix 1. About THET

THET was established in 1988 by Professor Eldryd Parry, who spent much of his career helping to set up medical schools in Africa. After his return to the UK he was concerned with the paradigm shift in overseas aid which meant that support to health training schools was no longer a priority. But how could countries expect to deliver basic health services without adequate human resources?

THET's start was modest – putting standard text books into medical schools. But soon requests came in to help develop the skills and experience of young graduates and to support neglected subjects such as epilepsy, diabetes and mental health.

THET drew on expertise from within the UK to support these requests, running surgical skills courses for young medical officers in Ethiopia and supporting psychiatric training in Kampala, laboratory skills training in northern Ghana, and students' community work in Malawi. THET's underpinning philosophy has always been to respond to requests.

Then in 1998 the first major THET Link was started. The Chief Executive of Nottingham City Hospital visited Jimma, Ethiopia, with THET to see what more Nottingham could do. It was evident that this model of a Link would develop whole organisations and would be broader than only concentrating on one disease. The focus of the Link would be the goals of health workers and UK staff could work towards supporting colleagues at Jimma.

With funding from the Lottery in 2000 four new Links across Malawi, Ghana and Ethiopia were developed and supported. This enabled THET to pull together good practice in Links, through working closely with them and understanding their opportunities and constraints.

Since 2005 THET and Links have become more ambitious. There are now 100 Links making a wider impact than ever. THET exists to help them make a strategic difference and get the support they need to do this. This Manual is part of THET's efforts to help Links learn from the experience of others and achieve the maximum impact.

[www.thet.org.uk](http://www.thet.org.uk)

## Appendix 2. The NHS

The NHS was established in 1948 as a free and comprehensive health care service available to all. The NHS is the largest employer in the UK and Europe, employing approximately 1.3 million staff. It provides an enormous range of services to over 57 million people and in 2008 the annual budget was over £100 billion. The NHS is undergoing constant reform to improve quality and standards of care offered and enable greater patient choice.

The structure of the NHS differs in each of the administrations within the UK (England, Wales, Scotland and Northern Ireland) so if you are linking with an organisation in one of these countries you will need to find out how the structure differs in those countries. THET can help you with this.

In England, the **Department of Health**, a Government department, is responsible for improving the health and well-being of everyone in England. It provides strategic direction for health and social care services, secures resources from Parliament funded through general taxation, develops policies, sets national standards and invests in the service.

The whole of England is split into 10 **Strategic Health Authorities** (SHAs). These organisations were set up in 2002 to develop plans for integrating national priorities into local health delivery plans, to improve health and health services in their local area and to make sure their local organisations are performing well.

**Primary Care Trusts** are at the centre of the NHS and receive funding from the Department of Health to assess the health needs of local people, planning and buying (commissioning) the health care that is needed. They negotiate contracts with NHS and Foundation Trusts and other non-NHS providers for the provision of care. They also contract with doctors, dentists, pharmacists and optometrists for the provision of primary care services - the services provided by people you normally see when you first have a health problem. They are responsible for getting health and social care systems working together for the benefit of patients. There are about 150 Primary Care Trusts in England managed by Boards and accountable to the SHAs.

The provision of services within the NHS is undertaken by two different types of trusts which employ a large part of the NHS workforce. **NHS Trusts and Foundation Trusts:**

- **NHS Trusts** are run by Boards of Directors and are accountable to the SHA and provide a range of NHS services. Some NHS Trusts provide acute and planned care based in hospitals and outpatient clinics, some provide mental health care and some provide ambulance services.
- **Foundation Trusts** are a relatively new type of NHS organisation run by local managers, staff and members of the public. Foundation Trusts have been given much more financial and operational freedom than other NHS Trusts and have come to represent the government's commitment to de-centralising the control of public services. These Trusts remain within the NHS and its performance inspection system but are licensed and regulated by a separate independent body called a Monitor.

Some Trusts are regional or national centres for specialised care. Others are attached to universities and help to train health professionals. Some Trusts, called Care Trusts, work in both health and social care and usually provide mental health services. All Trusts receive the majority of their income from contracts with Primary Care Trusts for the provision of health service.

## Appendix 3. Other organisations supporting Links

The UK Government is about to fund a 'one-stop-shop' information centre for Health Links. This is to be based at the Liverpool School for Tropical Medicine.

There are also a number of specialist Link organisations which can support and network Links working to support particular areas. These are detailed in first table below.

In the USA, Canada and Europe other umbrella organisations exist which support health partnership and Links. These are detailed in the second table. This information is most useful for DC partners interested in linking with non-UK organisations.

THET believes that Health Links should be ready to collaborate with, and learn from, twinning bodies in subject areas such as science and technology, education, community and local government Links.

BUILD ([www.build-online.org.uk](http://www.build-online.org.uk)) is the UK umbrella body for twinning and linking across different subject boundaries within which THET is the health sector leader. The Africa Unit at the Association of Commonwealth Universities ([www.acu.ac.uk](http://www.acu.ac.uk)) is the key organisation providing support to higher education and further education partnerships, while UKCDS ([www.ukcds.org.uk](http://www.ukcds.org.uk)) offer support for science based research (although the establishment of Links is not its main remit).

### Organisation providing specialist support to Health Links

SPECIALITY	ORGANISATION	SUPPORT PROVIDED
Palliative care	Hospice Information <a href="http://www.hospiceinformation.info">www.hospiceinformation.info</a>	<b>Supports</b> members and other organisations as they strive to grow and improve end of life care throughout the UK and across the world.  Help the Hospices international programme supports the development of hospice and palliative care worldwide, particularly in developing countries. They believe that everyone living with life-limiting illness has the right to quality, affordable care.
Ophthalmology	Vision 2020 Links Programme <a href="http://www.vision2020uk.org.uk">www.vision2020uk.org.uk</a>	<b>Identifies</b> overseas partner based on priority need and matches with suitable UK organisations.  <b>Facilitates</b> the needs assessment process - team visits to overseas organisations and return visit of teams from partner Links to the UK.  <b>Facilitates</b> development of a detailed three year activity plan and development of the Memorandum of Understanding and development of steering group.  <b>Supports</b> the ongoing Link; and provides advice on fundraising, monitoring and evaluation.
Urology	Urolink <a href="http://www.urolink.org">www.urolink.org</a>	<b>Urological overseas Links for the promotion of urological care and education Worldwide.</b>  <b>UROLINK</b> represents the British Association of Urological Surgeons in the developing world.  <b>Promotes</b> the provision of appropriate urological expertise and education worldwide.  <b>Encourages</b> the development of training opportunities and provides advice to overseas trainees.  <b>Coordinates</b> the development of Links as defined by BAUS Council with both national and international urological associations in the 'developed' world, for example with Europe and North America.

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### Appendix 3. Other organisations supporting Links

SPECIALITY	ORGANISATION	SUPPORT PROVIDED
Medical libraries	Partnerships for Health Information (PHI) www.partnershipsinfo.org.uk	Facilitates partnerships between health libraries in the UK and those in developing countries.  Builds the capacity of librarians and other health information professionals to develop innovative information services.  Works collaboratively with others to increase the flow of timely, reliable and appropriate health information.
Telemedicine	Swinfen Charitable Trust www.swinfencharitabletrust.org	The Swinfen Charitable Trust was set up by Lord and Lady Swinfen in 1998, with the aim of assisting poor, sick and disabled people in the developing world.  The Trust's policy is to do this by establishing telemedicine Links between hospital-based practitioners in the developing world and expert medical and surgical specialists who generously give free advice via the internet.

#### Organisation providing specialist support to Health Links

COUNTRY	ORGANISATION	SUPPORT PROVIDED
USA	Center for International Health www.centerforinternationalhealth.org	This is a consortium of health care organisations which contributes to health systems strengthening in developing countries through international health partnerships between members of the consortium and organisations in developing countries.
	Hope for a Healthier Humanity www.hopeforahealthierhumanity.org	Provides education and training to medical, dental, and nursing students in Latin America and the Caribbean by facilitating partnerships between their own staff as well as those from medical, dental, and nursing schools in the U.S., and counterparts in Latin America and the Caribbean.
Canada	Canadian Coalition for Global Health Research www.ccghr.ca	Its goals are to mobilise greater Canadian investment and involvement in global health research, nurture partnerships between Canadians and health researchers in low- and middle-income countries, and use research to take action in global health.
Norway	FK Norway www.fredskorpset.no/en	FK's mission is to improve the economic, social, and political situation of developing countries by fostering cooperation between individuals and organisations in Norway and their counterparts in developing countries.
Europe	Alliance ESTHER (Europe) www.esther.eu	A Europe-wide network of governments aiming to build capacity for HIV/AIDS treatment in developing countries by following the twinning methods used by the French organisation ESTHER. Each country has designated a specific organisation or agency to manage its ESTHER activities.

## Appendix 4. Sample paper to the Board

*(Draft Paper to an NHS Board to support an international health Link)*

\_\_*[insert name]*\_\_ NHS Trust

### **A Proposal to establish/strengthen an Overseas Health Link with \_\_*[insert name]*\_\_**

#### **Introduction**

*This paper sets out a proposal to establish/strengthen an international health Link between (insert UK organisation) and (insert overseas partner). It sets out the mutual benefits of a Link and seeks Board approval to proceed with/further develop an organisational Link*

#### **Background**

UK Government attention to global health has recently increased with the publication of 'Health is Global: Proposals for a UK government-wide strategy' by the Department of Health (2007) and 'Global Health Partnerships' in which Lord Crisp outlines the principles and rationale for NHS involvement in international partnerships, and emphasises the benefits for those in the UK. He emphasises that most organisations will be able to fund this activity up to the limit where they believe there is mutual benefit in learning, staff development and the exchange of skills as well as benefits to their reputation. He suggested that the Health Care Commission (HCC) should be asked to include the contribution to international development in its annual assessment process. A response to the report was published in March 2008 and includes a commitment to finance a UK Centre for international health partnerships, a grant scheme for Links worth £1.25m per year for three years and an independent evaluation of Health Links that will influence the priorities for the grants scheme.

Many NHS organisations have already set up Links and joined partnerships with projects in developing countries. The process of developing Links is supported by the Tropical Health and Education Trust (THET). THET is a UK based charity, funded by the Department of International Development and supported by the Department of Health, and aims to strengthen health services of the poorest countries, especially in sub-Saharan Africa, through developing Links between hospitals and services and UK health care organisations. The aim is to build long-term capacity through training and support for front-line health workers.

There are already over 80 Links between NHS and overseas organisations, many of which are making a real difference to the health and health services of some of the poorest countries. Links have been made between Trusts of many different varieties including mental health and partnership trusts, PCTs, Foundation Trusts and NHS Trusts in conjunction with their local Medical School/University. There are many different ways of organising and funding Links, including King's College Hospital Foundation Trust which has established an international office, Links funded to support the professional and personal development of UK health staff and many Links which are established as charities and raise funds to support their work.

#### **Some examples are:**

- Birmingham Children's Trust which is supporting training of paediatric staff in the Queen Elizabeth Hospital, Blantyre, Malawi
- East London Mental Health Trust has established a Link with Butabika Hospital in Uganda supporting training in substance misuse, child and adolescent health and the psychological consequences of trauma. Much work is focused on training clinical officers, school graduates who have basic clinical medicine training.

#### **Establishing an International Health Link**

It is proposed to establish/strengthen a Link between (*insert NHS organisation*) and (*insert overseas partner*) in (*insert country*). The population in xx is xx million and the average life expectancy is xx years with an under 5 mortality rate of xx per 1000. (*insert other, relevant detailed info*). The Ministry of Health in xxx is supportive of a Link with xxx because xxxx. Although a more formal needs assessment would be undertaken at an early stage in the development of a Link, the expressed hope by the overseas partner is for the expansion and improvement of xxxxx services and xxx. A successful Link requires long term collaboration and mutual knowledge and agreement of both what is required and what is possible to deliver.

#### **Benefits to (NHS organisation) and its staff**

Establishing an international Link will bring the following benefits for the Trust and its staff by:

- Providing personal, professional and leadership development opportunities (regarded by many as better than attending traditional training courses);

- Learning new administrative and management skills;
- Giving staff a new perspective on their UK work having worked in a resource poor environment;
- Imparting a sense of contributing to sustainable development in a situation where it is possible to make a real difference;
- Acquiring skills in managing disorders and presentations rarely seen in the native UK population but potentially increasing in the diverse community that now comprises the population served;
- Building resilience and confidence in tackling new challenges;
- Providing a tool for recruitment and retention, motivation and refreshment of staff;
- Bringing staff together to work for a common cause;
- Enhancing the national and international reputation of the Trust and fulfilling a moral and corporate social responsibility in the light of the NHS history of recruiting health professionals from overseas;
- Learning about and understanding other cultures - this knowledge is often of great value in furthering understanding of other cultures in the UK context, especially given the expansion of a global workforce in the NHS and serving the refugee or expatriate communities under the Trust's care;
- Contributing towards the achievement of the equality and diversity agenda.

### **Costs**

Costs would include that of employees' time and supporting visits in both directions - UK staff to Link project or vice versa. Within other well-established Link projects, time has been taken as study or special leave supplemented by annual leave. THET advises that the major cost lies in supporting exchange visits, and is £15,000 - £20,000 per annum. Most Link projects support this by money raised through payroll giving, grants, local travel awards and fundraising activities.

### **Next Steps**

The next steps in proceeding with the Link are: *(some or all of these may be relevant)*

- To identify a coordinator for the Link and form a Link Committee consisting of *\_[insert who will be on the Committee and consider asking for a Board level Director or non exec director to be a member]\_*
- To conduct an initial visit to xxx to meet partners, get a sense of the place, conduct a risk assessment, understand the partner's needs and agree objectives for the Link in terms of providing strategic support to build capacity for the long term;
- To establish fundraising activities to support the Link;
- To identify staff in the Trust who are interested in contributing to the development of *\_[insert]\_* services in *\_[insert]\_*
- To agree human resources policies in relation to the activities of the Link
- Agree governance and reporting procedures with the Trust

### **Conclusion**

We believe that there is a strong case for the development of such Links and this has been accepted as part of government policy moving forward. Links should take place with the backing of organisations, rather than individual efforts, in order to ensure sustainability and accountability. The potential for mutual benefit is substantial, and we hope that our Trust will consider our proposal to investigate the possibility more fully. We would be happy to meet to discuss this further, and to present in more detail issues outlined above, as well as details of the work of other Trusts, already engaged in Links.

The Trust Board is requested to:

- Give formal recognition to the Link and staff involvement in it, on the basis that this will be of benefit to both the Trust and overseas partner and their staff;
- Develop a policy to support staff undertaking work overseas (for example special paid leave, funding immunisation costs);
- Supporting reciprocal training visits (for example by providing accommodation for overseas visitors);
- Support fundraising initiatives within the Trust
- *\_[insert any other requests to the Board]\_*

**Names of authors**

**Date**

## Appendix 5. The health context

You will need an understanding of the health economy in the country you are linking in. How is health provision structured? What expertise and resources are available? How is health funded? Where are the main challenges? The following tables highlight some issues you will need to be aware of.

Link participants should also understand the political climate of their partners country, governmental structure, availability of resources, local culture and any specific local challenges.

### UK KEY TERMS

**Health Sector Wide Approach (SWAp):** a coordinated donor approach whereby funding from different donors is pooled to promote increased health sector coordination, stronger national leadership and ownership, and strengthened countrywide management and delivery systems. SWAp is a government approach which provides the Ministry of Health with the leadership and only funds activities in the national health sector plan. Donor funds are pooled and earmarked for high priority activities, such as essential health packages (e.g. Uganda, Tanzania). It replaces traditional project-centred approaches to funding.

**Health Systems Strengthening:** any strategy for strengthening health systems needs a basic shared perception of what a health system is, what it is striving to achieve, and how to tell if it is moving in the desired direction. Source: *World Health Organisation (WHO), 2007*

**International Health Architecture:** the network of international organisations and internationally agreed arrangements designed to improve health and aid modalities This will include bilateral donor organisations e.g. (USAID, GTZ, DFID, JICA), multilateral organisations (UN, WHO, EU) and NGOs (Save the Children, etc).

**Vertical Health Programme:** a programme aimed at countering specific diseases often promoted by donor and aid agencies. These have come under scrutiny in recent years because they do little to strengthen health systems as a whole. The general move now is towards health system strengthening.

### UK FIND OUT MORE

**Find out the following from your DC partners:**

- **What are the priorities?** Look at the key health policy documents for your partner's country. Is there an Essential Health care Package? Health Sector Strategic Plan? What are the national challenges and priorities? This will help you to better understand the needs that your partner identifies and ensure that the work is aligned to national priorities (remember the Paris Declaration on page 33). Perhaps your Link can help deliver training that has already been identified on Implementation Plans.
- **What is the health aid architecture?** Who are the main donors, what they are addressing and how? If funding is through a SWAp, local districts will have more authority to determine their needs. Can you help feed into this?
- **Is health care decentralised with authority devolved to the districts?** What powers does the Ministry of Health have and what do District Headquarters do? This will determine who the key people you need to speak to are.
- **Is health care free of charge or do people have to pay a user fee?** Are drugs free or charged? This will determine how early people present to health facilities and how busy they are.
- **What are the key cadres of health workers?** Many countries have mid-level cadres of health workers, such as Clinical Officers and Medical Assistants, which often carry out the work of doctors in rural areas. They take less time to train than doctors and, in many cases, retention levels in rural areas are better.
- **Who are the patients?** The socio-economic situation of patients will often determine the issues which are presented.

## Appendix 5. The health context

Note that this section will not be an accurate representation of all countries and makes some broad generalisations

### A context comparison...

	DEVELOPING COUNTRIES	UK
<b>Doctors: Patient Ratio</b>	1 : 48,000 (Malawi)	1:450
<b>Nurses: Patient Ratio</b>	1 : 4500 (Ethiopia)	1:80
<b>Public Health Services</b>	<p>Structural Adjustment Programmes (SAPs) imposed in the 1980s by the World Bank and International Monetary Fund meant that many countries had to cut back on public services, including health and education services, to pay off their debts.</p> <p>The consequences? Patients being charged for services, hospital cut backs, fewer health workers trained and rising ill health. With the realisation that there is a close association between health and poverty, public health services are now back on the agenda and many countries are beginning to provide free health care. Following the Gleneagles G8 summit in 2005 the writing off of debt has meant that some countries, such as Zambia, no longer charge user fees in health facilities. Many challenges still exist including severe shortages of health workers and resources.</p> <p>Many countries currently have an active NGO sector providing additional health services. For example the Christian Health Association of Malawi (CHAM) is the umbrella organisation for Christian owned health facilities and provides 37% of the health services in the country.</p>	<p>There is a publicly funded health system in the UK, referred to as the National Health Service (NHS), which was established in 1948. The NHS provides the majority of health services in the UK and is the largest employer in Europe.</p> <p>The NHS holds a vast range of expertise and providers range from GP practices to teaching hospitals and specialist Trusts providing referral services. A DC organisation linking with an NHS facility will need to think about which type of NHS institution matches their requirements most closely. Refer to Appendix 2 for an overview of the NHS.</p>
<b>Funding of Health Services</b>	<p>Government budgets are small and health spending is often topped up through bilateral donor (e.g. DFID, JICA, GTZ) budget support. Revenues from taxation are small due to a large informal economy. This makes it difficult for the governments to plan and budget in the long term.</p> <p>Some countries have developed Health Sector Wide Approaches (SWAp) which coordinate all donor funding for health and decentralise power within countries.</p> <p>Many countries still charge user fees for health facilities although the trend is towards free services, especially for mothers and children. Many countries are exploring different options such as health insurance and public-private partnerships.</p>	<p>The UK is a welfare state and has a publicly funded (through taxation) health care system which is free at the point of delivery, although private service providers also exist.</p>

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**A context comparison...**

	<b>DEVELOPING COUNTRIES</b>	<b>UK</b>
<b>Human resources for health</b>	<p>There is a critical shortage of human resources in health. This has been caused by a combination of:</p> <ul style="list-style-type: none"> <li>• Brain drain to developed countries,</li> <li>• Low output of trained health workers,</li> <li>• Loss from the systems due to negative work environment, low salaries, death, etc</li> <li>• Recruitment into NGOs and other development partners.</li> </ul> <p>Expat doctors, primarily from Cuba, Egypt, Europe and America often fill gaps where there is a shortage of local doctors. This can create language and cultural problems and create problems for long-term sustainability.</p> <p>Emergency plans are being made to increase training output and build the capacity of the human resource base (see p16 on 2006 WHO Report). These need to be backed by international reinforcement. But retention, motivation and professional development of staff are still some of the key challenges. Links may be able to play a role in this.</p>	<p>In the past health worker output from UK training schools has not been sufficient to match demand (although now output is greater than demand). This resulted in recruitment drives for health workers from overseas and many health workers from Africa and Asia migrated to work in the UK, to the detriment of their own countries.</p> <p>In 2004 these recruitment drives were stopped. The UK has increased the training capacity of its medical and nursing schools. Tougher immigration rules are having a deterrent effect. Links are a way of putting something back.</p> <p>Global ethical recruitment code on its way <a href="http://www.who.int/workforcealliance/about/taskforces/migration/en/index.html">www.who.int/workforcealliance/about/taskforces/migration/en/index.html</a></p>
<b>Clinical training</b>	<p>Some countries may only have one medical school with a small yearly output of doctors.</p> <p>Due to the extreme shortage of doctors and their unwillingness to stay in rural areas, many countries have been training midlevel health professionals (e.g. health officers in Ethiopia) to fill this gap. These health professionals are trained in basic medical sciences, public health and clinical medicine and are usually responsible for delivering health care in rural health centres and hospitals.</p> <p>Nurses also play a very important role in the delivery of services. However a common challenge is bridging the gap between theory and practice.</p>	<p>Training of health professionals takes place within universities that work closely with teaching hospitals.</p> <p>All health worker training schools, be it for nurses, doctors, midwives or dentists, are incorporated within universities. All matters relating to admissions, the curriculum, learning resources, teaching quality assurance, student welfare and examinations are the responsibility of the university. Some of the teaching however, particularly the clinical elements of the course, is devolved to NHS Trusts. Each university is linked with one or more large teaching hospitals, but students also receive instruction at district general hospitals, mental health trusts, and in GP practices.</p>
<b>Health priorities</b>	<p>High burden of chronic, communicable diseases and trauma-related deaths and disabilities. Many preventable illnesses are not being addressed due to shortages of health workers and weak systems.</p> <p>Some development approaches, such as vertical health programmes focusing solely on issues such as HIV, have inadvertently weakened health systems.</p>	<p>High burden of chronic diseases and an ageing population. Focus on patient-centred approaches.</p>

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A context comparison...

	DEVELOPING COUNTRIES	UK
Private health care	<p>The crisis of public health provision has resulted in the emergence and expansion of private health services. These may be local private providers or international providers and offer both generalist and specialist services. There is very little regulation in the private sector causing concern over the quality of some services provided by individually run private clinics.</p> <p>Private hospitals tend to be well resourced and often have good facilities and levels of care but high costs inhibit the majority of the population to access these services. If a Link request is made from a private provider consider whether they provide free services to children or patients who cannot afford care and whether the work of the Link would benefit this group of people.</p>	<p>Private hospitals exist in the UK for those who are willing to pay for their treatment, but it represents less than 10% of the UK health care and is used largely to top-up services. Generally speaking Links are with NHS organisations and there is little interaction with private health care providers.</p>
Traditional health care	<p>In many African, Asian, and South American countries traditional medicine is widely used and helps to meet some of the primary care needs. In Africa up to 80% of people use traditional medicine. Some collaboration may occur between traditional healers and western medicine practitioners, particularly in primary care. For example in some countries, traditional birth attendants rather than midwives will assist in the majority of births.</p>	<p>In the UK adaptations of traditional medicine are termed 'complementary' or 'alternative' medicine. Many stem from traditional Chinese medicine or alternative therapies. The NHS sometimes includes certain alternative approaches, such as acupuncture, in its provision, but most services of this kind are sought and paid for on an individual basis and are not involved in Links.</p>
Find out more	<p><b>World Health Organisation (WHO)</b> is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. If you are contributing to the development of protocols or guidance you should refer to WHO samples.</p> <p><a href="http://www.who.int">www.who.int</a></p> <p><b>The Ministry of Health</b> of your partner's country will have key documents which you will need know about.</p>	<p><a href="http://www.nhs.uk">www.nhs.uk</a> gives you access to the NHS portal where you can find out about different hospitals, the services they offer and the key consultants working there.</p> <p><a href="http://www.ucas.ac.uk">www.ucas.ac.uk</a> you can search under medicine, nursing, midwifery and the different allied health professions to find a list of all universities in the UK offering health courses</p> <p>The British Medical Association (BMA) <a href="http://www.bma.org.uk">www.bma.org.uk</a></p> <p>The Medical Royal Colleges, the Royal College of Nursing and the Royal College of Midwifery</p>

## Appendix 6. Template Memorandum of Understanding (MoU) for a Link

Many Health Links choose to sign a Memorandum of Understanding (MoU), either at the start of the Link or to formalise the work of an existing Link. Developing an MoU can be an important way to ensure that both partners agree on the broad purpose of the Link, as well as setting out how the two sides will work together. An MoU can encourage a greater feeling of ownership by both partners – provided that the process of developing and drafting the MoU is a true collaboration, rather than being driven from the UK.

Some Links choose to write a brief one-page MoU, while others prepare a more formal and lengthy document. The following relatively short example is based on a range of MoUs developed by real Links. *It is intended to serve as an example only* – please ensure that any MoU you sign has been adapted to fit with your specific needs and that it also meets the laws and regulations of any relevant bodies operating in the countries involved.

<b>MEMORANDUM OF UNDERSTANDING</b> <b>Between XXX and YYY</b> <b>Dated xxx</b>	<b>COMMENTS:</b>
<p><b>1) Introduction</b></p> <p>Organisation XX and Organisation YY hereby agree to develop a Health Link (known as 'the Link') between both organisations, with the aim of fostering cooperation and the exchange of knowledge and skills in the areas of: xx and xx</p> <p>Organisation XX and Organisation YY share the belief that exchanges of skills and experience are an important resource in:</p> <ul style="list-style-type: none"> <li>• Supporting improvements in health services and systems in developing countries,</li> <li>• Bringing personal and professional benefits to health workers in the UK and,</li> <li>• Enhancing solidarity between those from different countries.</li> </ul> <p>We acknowledge, therefore, a mutual interest in working to support health systems and in building the capacity of health workers in country xx.</p> <p>We share a commitment to the following <b>key principles. We will:</b></p> <ul style="list-style-type: none"> <li>• Respond to priorities identified by Organisation XX (the 'southern' partner), in dialogue with Organisation YY.</li> <li>• Ensure that the Link focuses on areas where there is a demonstrable health care need, or need for health system strengthening.</li> <li>• Ensure that the activities of the Link are in alignment with national and local healthcare priorities and plans in country xx.</li> </ul> <p>The agreement to form a Link has the full support of the Board at Organisations XX and YY (following meetings on xx).</p>	<p><i>Example areas of knowledge and skills e.g. education, clinical practice, training, working practices, technologies, health system strengthening, research.</i></p> <p><i>As well as Board support, some MoUs also mention relationships with DFID, Royal Colleges, THET or other supporting organisations here.</i></p>
<p><b>2) Purpose of the Link</b></p> <p>The Link will encompass:</p> <ul style="list-style-type: none"> <li>• xx</li> <li>• xx</li> <li>• xx</li> </ul>	<p><i>This should describe the main purpose or broad aims of the link</i></p>

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## Appendix 6. Template Memorandum of Understanding (MoU) for a Health Link

<p><b>3) Alignment</b></p> <p>In line with the 2005 Paris Declaration on Aid Effectiveness, we acknowledge the importance of ensuring that the Link is in alignment with the health care priorities and plans of the Ministry of Health in country xx, and with local health plans for region xx.</p> <p>We will therefore make every effort to ensure that all activities of the Link are in line with current health care plans.</p> <p>This has been discussed with the Ministry of Health in country XX (during meetings on xx dates).</p>	<p><i>Reference could be made here to specific local or national health plans eg a national xx-year health plan, or Basic Health Package, where available.</i></p> <p><i>This section could also discuss how updates will be provided to the Ministry or other official bodies, if these have been requested.</i></p>
<p><b>4) Coordination, roles and responsibilities</b></p> <p>Each organisation will establish a (describe group eg Steering Group, Link Committee) to coordinate the work of the Link. The group will meet (frequency), and will comprise the following people:</p> <p>For Organisation XX [ ]                      For Organisation YY [ ]</p> <p>The key <b>roles and responsibilities</b> for the (Steering Group/Link Committee) will be:</p> <ul style="list-style-type: none"> <li>• xx</li> <li>• xx</li> </ul> <p><b>Key contacts:</b> In addition, we nominate the following staff as Link Coordinators, who will be the normal initial contact points for information or action points for this Link:</p> <p>For Organisation XX [ ]                      For Organisation YY [ ]</p> <p>The specific <b>roles and responsibilities</b> of the Link co-ordinators will be:</p> <ul style="list-style-type: none"> <li>• xx</li> <li>• xx</li> </ul> <p><b>Ways of working together:</b> In carrying out the roles and responsibilities described in this section, each side agrees to work with consideration for the other and to foster mutual respect.</p>	<p><i>Roles and responsibilities can include, for example, communications with partners, fundraising, and publicity as well as development/review of plans.</i></p> <p><i>Having named contacts can be a useful way to make clear who is the first 'point of call' - but see Chapter 2.3 on communication, for suggestions on broadening communications as a way to avoid bottlenecks.</i></p> <p><i>Specific issues of importance to your particular Link relationship could be mentioned here. To give one example, you might like to agree to arrange visits so that they are convenient for both sides and do not coincide with the 'no visit' periods of the host organisation, where these exist.</i></p>
<p><b>5) Communications</b></p> <p>Our preferred methods of communication are: xx</p> <p>All communications regarding the activities of the Link will normally be copied to: xx</p>	<p><i>Specify here if email, phone, fax or post is preferred. This can help prevent the communication difficulties that can arise when, for example, one side relies heavily on email, while the other side - with less reliable ICT - prefers phone or post, and checks email only rarely.</i></p> <p><i>It can be useful to copy communications about the Link to several people; this can help prevent delays when, for example, one person is away or has email difficulties. Unanswered emails and letters can quickly lead to frustrations.</i></p>

Continued on following page...

## Appendix 6. Template Memorandum of Understanding (MoU) for a Link

### 6) Planning, development and activities

We are committed to the principle of responding to the priorities identified by Organisation XX (*the southern partner*), in dialogue with Organisation YY.

We acknowledge that planning is most effective when there is input from a range of people from both Link partners - and from other stakeholders.

#### *(For a new Link)*

Before specific activities begin, the priority needs will be identified and agreed. Both sides will work together to agree overall outcomes and to prepare a detailed (*costed?*) plan of activities (*for xx years?*), including estimates of the required resources (including staff time).

The process for development and review of these plans will be: xx

#### *(For an MoU formalizing an existing Link:)*

This MoU recognizes and encompasses the existing activities taking place between the organisations, including:

- xx
- xx

In addition, Organisation XX has identified the need for xx and xx. As a result, new outcomes that will be established under the Link include:

- xx
- xx

These will be delivered through the following outputs and activities:

- xx
- xx

The process for development and review of these plans will be: xx

*For guidance on planning, and programme design, please refer to the following THET resources:*

- *Chapter 2.2 of this Manual.*
- *The Monitoring and Evaluation Toolkit (see p89).*

#### **For both new and existing Links**

*Will detailed activity plans be developed? Will they be costed? How many years will these plans cover?*

*You might like to have an activity plan attached to the MoU as an Appendix.*

*Describe the role of Link Committees, panels or others involved in developing and reviewing plans here - or refer to Section 4*

### 7) Monitoring and evaluation

We are committed to tracking our progress regularly, to learning from our experiences, and to sharing this information with each other - and with other organisations that might benefit.

#### **Monitoring**

Regular monitoring of the Link's activities will be carried out in the following ways:

- xx
- xx

#### **Evaluation**

Specific activities and visits will be evaluated (when? How often?) and each partner will provide feedback to the other.

*For both monitoring and evaluation, consider -*

- *What data will need to be collected?*
- *How will it be collected?*
- *How often?*
- *How this will analysed and reviewed.*

*For each item it will be helpful to agree who will carry out the work, and when and to check that this is realistic.*

*For detailed guidance please refer to THET's forthcoming Monitoring and Evaluation Toolkit.*

*Continued on following page...*

**Appendix 6.**  
**Template Memorandum**  
**of Understanding (MoU)**  
**for a Link**

<p><b>8) Entry into effect, amendment and termination</b></p> <p>This MoU shall come into effect from the date of signature by the heads of the two organisations involved. This MoU shall continue in effect, with modification by mutual agreement, until it is terminated by either party.</p>	
<p><b>9) Duration and review</b></p> <p>We shall review the operation of this MoU in (xx months or years) after its signature. At that time, we will consider how well the MoU is working and review progress; we will consider whether the MoU should be extended - and if so, what further deliverables should be identified.</p>	
<p><b>10) Additional sections</b></p> <p>Other sections that you might like consider adding to your MoU include:</p> <ul style="list-style-type: none"> <li>• Settlement of disputes</li> <li>• Confidentiality</li> <li>• Auditing - including frequency, and who will cover the cost of this</li> <li>• Visits - including agreement over appropriate timings for visits, and who will cover the costs</li> <li>• Financing - eg, estimating total costs per year and detailing how this might be met - perhaps with a disclaimer for the UK side in the event that they are unable to raise sufficient funds</li> </ul>	
<p><b>11) Signatures</b></p> <p>This MoU is signed by</p> <p>For Organisation XX: [name, signature, date]</p> <p>For Organisation YY: [name, signature, date]</p>	

# Appendix 7: Links report template

## VISION 2020 Links Programme Report Template

DATE OF VISIT:						
LEAD:						
LINK PARTNERS: AFRICA:				UK:		
Brief description of the Link						
Link project's overall objectives						
Activities undertaken during the visit (training etc):						
Activity	Date	Lead person	Who and how many took part	Outcome	Assessment	Follow-up
Were any barriers or problems encountered and if so how were they overcome?						
What benefits did the project bring to individuals and the communities overseas?						
What professional benefits did the team members gain?						
What future activities are planned?						
Activity	Date	Lead person	Who will take part	Outcome	Assessment	

## Appendix 7: Links report template

### REPORT TEMPLATE EXAMPLE

Links Programme Report Example						
Activity carried out	Date	Lead person, UK & Africa	Who and how many took part	Outcome	Assessment	Follow-up

### PLANNED FUTURE ACTIVITIES

Links Programme Report					
Activity (includes follow-up from previous visits)	Proposed Date	Lead person, UK & Africa	Who and how many are expected to take part	Expected outcome	Assessment

# Appendix 8. Resources in health information

## Contributed by Partnerships for Health Information (PHI)

There is a plethora of resources and this list is highly selective. It is worth bearing in mind that the most valuable resource when searching for health information is often a person, who may be a health care professional or a health information specialist/librarian, so first make sure you are linked into a network of people interested in health information.

### People

HIFA2015 (Health care Information for All by 2015) is a campaign and knowledge network with more than 2000 members from 135 countries Worldwide. Members include health workers, publishers, librarians, information technologists, researchers, social scientists, journalists, policy-makers and others who all work together towards the HIFA2015 goal - *By 2015, every person worldwide will have access to an informed health care provider.*

HIFA2015's lively discussion forums are demonstrably assisting collaboration and knowledge sharing. Olayinka Ayankogbe, Medical Lecturer, Nigeria wrote on 13 Jan 09:

*"...Via HIFA2015, I have been able to talk to leading and top officials of governments, funding agencies, NGOs, leading academics from over 10 countries including the US, Canada, UK, Australia and leading information experts from India! The HIFA2015 network is simply wonderful. I have made contacts with top brass in WHO... I have become an international and global contributor to health Issues...Please join this network! Especially if you are a doctor in information-starved Africa!"*

For more information and to sign up go to [www.hifa2015.org](http://www.hifa2015.org)

### Books

A good source of tried and trusted textbooks is **Teaching Aids at Low Cost (TALC)** whose core objective is to provide free and low cost health care books and accessories to educate people across the World. TALC offers many essential texts in a wide range of areas including tropical medicine, HIV/AIDS, nursing, surgery and child health. [www.talcuk.org](http://www.talcuk.org)

TALC also distributes large quantities of high quality and relevant electronic health information free to health care workers in developing countries through its eTALC CD-ROM service suitable for those with computer, but no internet access. Resources include journals, books, newsletters and interactive educational content, donated by a variety of NGOs, publishers and individuals involved in health and development in developing countries. Some of the organisations who regularly contribute material to e-TALC include the World Health Organisation, the British Medical Journal and the Lancet.

Past issues of e-TALC are available on the website [www.talcuk.org/etalc/past-issues.htm](http://www.talcuk.org/etalc/past-issues.htm)

### Journals

**HINARI Access to Research Initiative**, a WHO programme, is the premier electronic-journal resource available to developing countries. The HINARI Programme was set up by WHO together with major publishers and enables many developing countries to gain access to one of the world's largest collections of biomedical and health literature. Over 6200 journal titles are now available to health organisations in 108 countries, benefiting many thousands of health workers and researchers, and in turn, contributing to improved world health. [www.who.int/hinari](http://www.who.int/hinari)

**Tropical Doctor** is a journal aimed specifically at developing countries and includes information on the prevention, management and treatment of prevalent diseases in tropical and developing countries. Contributions tend to be practical rather than academic and span a wide range of subjects.

### Databases

**PubMed:** MEDLINE is the premier database covering medicine and health journal literature, which is produced by the National Library of Medicine (NLM) in the U.S. PubMed is its free search interface and is used by HINARI to provide access to MEDLINE [www.ncbi.nlm.nih.gov/pubmed/](http://www.ncbi.nlm.nih.gov/pubmed/)

**Cochrane:** This database offers free access to the abstracts and, where available, the plain language summaries of all Cochrane systematic reviews. Links to the full-text versions are available on each page. [www.cochrane.org/reviews](http://www.cochrane.org/reviews)

## Appendix 8. Resources in health information

### Websites

**Essential Health Links** provides a gateway to more than 700 selected websites of interest to health and information professionals and researchers, publishers, and NGOs in developing countries. The gateway is hosted by the non-profit organisation SateLife/Academy for Educational Development (USA).

The Essential Health Links gateway [www.healthnet.org/essential-Links](http://www.healthnet.org/essential-Links) provides a general overview of what textbooks and teaching aids are accessible via the Internet. It contains 3 main sections including; General Resources (e.g. search engines, research networks, disease classifications, evidence based medicine, full-text E-books, image collections, WHO sites and useful email lists); Subject Index (e.g. HIV/AIDS, Public Health and Tropical Medicine and Infectious Diseases etc.); plus Library and Publishing Support (e.g. Internet Skills and Publishing Tools).

**And finally** don't forget to talk with, and involve local librarians at both ends of the partnership in helping you. Librarians and libraries make a vital contribution to health and health care.

## Appendix 9. Sample donor mapping exercise

### Elements of a donor mapping exercise (sample)

Constituency	Potential donor	Method of approach	Pros	Cons	Anticipated outcome?
Your institution	Trust Board	Will they consider supporting the work of the link financially?			
	Charitable Fund	<ul style="list-style-type: none"> <li>• Are there resources within the institution (eg hospital's charitable fund) that can be used to support the Link?</li> <li>• If not, can the charitable fund (ie charity number) be used as a vehicle for fundraising?</li> </ul>			
Your community	Colleagues/staff	<ul style="list-style-type: none"> <li>• Payroll giving</li> <li>• Involvement in events</li> </ul>	Reliable, steady source of income. Potentially a lot of participants!	Initially admin-heavy in set up	
	Patients, local residents etc.	<ul style="list-style-type: none"> <li>• Involve in events</li> <li>• Communicate news of Link via newsletter etc</li> </ul>	Possibly biggest single constituency. Lots of small donations can add up! Generally, individuals have most loyalty to local causes.	Some events can be time consuming and may involve considerable up-front costs	
	Events	<ul style="list-style-type: none"> <li>• Many different possibilities</li> </ul>	Opportunity to inform people of work while having fun.	As above	
Grant-making bodies	Charitable trusts and foundations	<ul style="list-style-type: none"> <li>• Appeal writing</li> </ul>	Can be high value source of income for discrete projects.	<ul style="list-style-type: none"> <li>• Takes time for return (trustees meetings can be monthly, quarterly or annually)</li> <li>• Usually only small unrestricted grants (up to £1k)</li> <li>• Usually have strict criteria about what they will/will not fund</li> <li>• Often prefer grantee to have charitable status</li> <li>• Admin-heavy activity (research, appeal-writing, follow up etc)</li> </ul>	
	Health Link specific grants			Work involved in preparation of application	
	Education stream grants				