

PUSS O'BRIEN SPEECH TO THE UK HEALTH LINKS CONFERENCE

4 NOVEMBER 2010

Good morning and thank you for asking me to come and address the UK Health Links Conference this morning.

The UK Government knows the importance of links activities – the difference that the involvement of a UK health professional can make in the developing world, and the benefits that come back to the NHS. The link between the Countess of Chester hospital, just down the road from my constituency, and the Kisiizi Hospital in Uganda is a good example to consider. Countess of Chester volunteers are working with their counterparts in Uganda to improve radiological services, medicine management, and nurse development and education. Alongside the volunteering efforts, the link will provide radiological equipment to improve diagnosis. The generosity and skills of UK health workers are making a tangible difference to the health outcomes of people over four thousand miles away. And those involved gain a richer understanding of their profession and improve their skills and knowledge, helping to drive improvements within the NHS.

This link and so many others work because of the dedication and commitment of individuals. I am sometimes asked what we mean when we talk about the 'Big Society'. Well, the spirit to volunteer time and the energy shown over and over again by those involved with links is a perfect example – British altruism at its best.

Links activities are able to achieve some things that the Government cannot. Your ability to forge strong personal relationships and deliver real improvements on the back of them is both remarkable and very effective. But even if we cannot directly offer that personal touch, we can support you to pursue links and to develop further the wide range of activity already underway across the UK.

You might recall that the Prime Minister announced his intention to launch a new, bigger and more comprehensive links scheme – the Health Partnership Scheme – that would build on current experience and expand opportunities for links and volunteering activities. Work on developing this Scheme has been on-going through the summer and I'd like to take a brief moment to thank all those in this room who have contributed to this work.

I am delighted, therefore, to announce, that we have completed the design phase of the Scheme, and that we are launching – today – the procurement process to find a managing agent for the new Health Partnership Scheme.

The Partnership Scheme is a commitment set out in the *One World Conservatism* paper prepared before the general election and makes a reality of the Coalition Agreement to make support for health services a priority. To be clear, it is not more of the same. It will learn from current good practice, but it will be both deeper and broader in its scope and vision. It will have a budget of up to £5m a year starting next April – more than triple the current DFID allocation for links activity.

We have consulted with the Department of Health, the Devolved Administrations, and with many of you – THET, the Royal Colleges, the NHS, and others – to make sure we get the design of the new Scheme right. We want the Scheme – with its larger budget – to transform the way we support links, to mark the point when links become more ambitious and fulfil their substantial potential.

We have decided that a single managing agent will be found to oversee the whole of the Scheme, absorbing current activities and building a more joined up and comprehensive approach. For

simplicity, from now on we will group all DFID support for links activity under the Health Partnership Scheme umbrella.

The Scheme will have four strands of activity:

First, Multi-country partnerships: these will be focused on the UK Government's priority themes and countries, and will be larger in scale and intent than anything we have seen before from this country. To give an idea of the scale of ambition, we could see a programme emerge to fund a four-year, multi-million pound programme to tackle maternal mortality across the whole of East and Central Africa, from Ethiopia to Tanzania, Kenya to the Democratic Republic of Congo. These will be the flagship programmes, the links that show what is possible if you aim high.

But I recognise that activities don't need to be large to be effective. So we will also support, second, Paired-institutional partnerships: typically these will be partnerships between a pair of departments, hospitals, councils or other health care groups. The directly paired partnerships will be able to focus on a much broader range of themes – for example mental health or blindness – and will be funded across a broad range of low income countries beyond DFID priority countries. We are particularly keen that these partnerships give opportunities to maximise the potential of the individual contacts, the personal approaches, which help to create and sustain some of the most effective links.

That is why we are also keen to create opportunities for the long-term volunteering as the third strand of activity and this Scheme will find a way to do that. To date, links have been able to fund short overseas engagements – perhaps a couple of weeks. We want to make sure that longer volunteering placements of six months and more connected to links activity can be supported. And we are looking at ways of protecting the pension contributions of UK public health sector workers who volunteer – something we know can act as a barrier.

Fourth, what we are calling Healthbay: a brokerage service to help match demand from developing countries with support in the UK and elsewhere, building on the International Health Links Centre currently managed by the Liverpool School of Tropical Medicine.

We will work with old partners and new to ensure a smooth and seamless growth to Links activities over the coming years, without causing disruption to existing activity. The Scheme is about taking current practice and making it more ambitious, not replacing it. We will ensure continuity in current Links programmes and we are delighted with the tremendous progress that THET has made already in fostering a links culture so far.

I am launching the procurement process today so that we can have a managing agent for the Partnership Scheme in place before the next financial year, so activity can start under the new Scheme as soon as possible. I hope that many of you in the room will consider getting involved – either as individual organisations or as part of a consortium.

Before closing, I want to say something about the broader development funding picture. As many of you will know, DFID did remarkably well out of the recent spending review. The fact that this Government has retained the promise to spend 0.7 per cent of Gross National Income on Overseas

Development Assistance – despite the intensely challenging financial circumstances – is something I think we can all be proud of.

But we cannot ignore the broader picture. Against a backdrop of necessary cuts in public expenditure, we have to make sure that every penny we spend gets the maximum benefit and that we can demonstrate that we are delivering real results. The Partnership Scheme will have to play its part in this too; the links activities that it funds will need to show how they make a difference in the developing world – that they are saving and changing lives. That they are innovative and effective, and make good use of public funds.

I know this will not be hard: there are examples from across the developing world:

From Sierra Leone where the partnership between the Kambia district and Gloucestershire and Cheltenham is aiming for a 50 per cent increase in the number of births attended by skilled health care workers

To Malawi where the Queen Elisabeth Central Hospital is working with the NHS Tayside Health Board to reduce the 50 per cent mortality rate for children with burns and scalds.

But we all need to be rigorous about evidence, more careful about defining what we aim to achieve through specific partnerships and about collecting the data or the results needed to show what the outcomes of our efforts are.

I think we all recognise as well that there are legitimate questions being asked by the UK public about why we are increasing development aid whilst cutting domestic expenditure. I don't think I need to try and convince anybody in this room of the paramount importance of working in the developing world, of the lives that would be lost or ruined if the UK cut and ran simply because times are tough.

One option would be for DFID to try and run a publicity campaign to convince those who doubt of the merits of aid, but I don't think this is a good use of public funds, nor a particularly effective way of winning hearts and minds. Far more profound, far more telling, are the examples that all of you are able to relay. By telling your colleagues and friends about the work that you are able to do, the things you can achieve, the lives that you can improve or even save through your links activities, you are helping to make the wider case for why the UK invests in aid.

Because it is morally right and because it works.

This Government is convinced of the benefits of health links, convinced of the importance of the work you do. We are backing our belief in you with an increased investment – £5 million a year – into the new Health Partnership Fund. This increase in funding comes with challenges: to raise your level of ambition, to show us how you can do even more, to demonstrate the tangible impact of your work. I know that you will meet these challenges.

Thank you once again for inviting me to speak to you today. And, far more importantly, my warmest thanks for your efforts and your generosity and your time in supporting links activities across the world.