INTERNATIONAL HEALTH LINKS CONFERENCE

THET- 20 Years of Links- What Next?

Friday 6th June 2008

Alexander Fleming Building, Imperial College, South Kensington Campus,

London SW7 2AZ

About the Tropical Health and Education Trust (THET)

THET is committed to improving access to and quality of health services in developing countries. We believe the most effective way of doing this is to work in partnership with those delivering and running health care, helping to strengthen and extend existing services.

We help forge long term Links between health institutions in developing countries and their counterparts in the UK. Partners identify priorities for strengthening their health services. We respond by linking them with a health institution in the UK that has the knowledge and skills to help them to address these priorities. Once the Link has been established we continue to provide advice and support, such as accessing funding, evaluation and networking, and we connect Links with Government strategy.

In some countries our work extends even further. In Ethiopia, Ghana, Malawi, Somaliland and Uganda we work with partners to find new ways of meeting health needs - helping modify ways of working, extending existing services or developing ways of delivering health services. Most, but not all, of these initiatives develop from Links. Guided by our partners, we often focus on meeting the needs of people who have least access to services, for example those in rural areas or those affected by neglected health conditions.

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LIST OF ABBREVIATIONS

A&E	Accident & Emergency
CME	Continuing medical education
COOPI	Cooperazione Internazionale
CPD	Continuing professional development
DELPHE	Development Partnerships in Higher Education
DFID	Department for International Development
DH	Department of Health
DOTS	Directly observed treatment, short course
GAVO	Gwent Association of Voluntary Organisations
GDP	Gross Domestic Product
ICN	International Council of Nurses
IOHS	Integrated Occupational Health Services
KTSP	King's THET Somaliland Partnership
NHIVNA	National HIV Nurses Association
NHS	National Health Service
NGO	Non-governmental organisation
PCT	Primary Care Trust
RCN	Royal College of Nursing
RCT	Rhondda Cynon Taff Council
SCF	Save the Children UK
SLAM	South London and Maudsley NHS Foundation Trust
SpR	Specialist Registrar
SWAp	Sector-wide approach
THET	Tropical Health and Education Trust

UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States dollars
UTH	University Teaching Hospital
WHO	World Health Organisation

International Links Conference Report

Foreword by Chairman of THET

This is a report of The Tropical Health and Education Trust's (THET's) main conference in 2008 for international Health Links between UK health institutions and counterparts in developing countries.

The timing could not be better. The UK Government has responded positively to Lord (Nigel) Crisp's Report on Global Health Partnerships, in which he championed the potential of Health Links and recommended a more supportive policy framework. But we await implementation. The number of Health Links is growing fast: THET's "Health Links Overview" circulated to the conference shows that over half of the 85 Links on the database were formed in the last three years. The movement is poised to make a more ambitious contribution to international development, and to the personal and professional development of UK health workers.

At this critical juncture, the conference heard wise and experienced voices from Africa, from Links participants, THET veterans and the UK Departments of Health and International Development; and held workshops to share experience and learn from each other. In the world of international health links, good practice is developing fast and continuously.

This meticulous record by Brede Eschliman, whom THET has been lucky to welcome as an intern from Yale, is a significant archive of lessons and reflections about international Health Links, but also has a summary and user-friendly map of contents to make for easy navigation. I am delighted to commend this as a rich resource for all those interested in Health Links and in the improvement of health services in developing countries.

Warm thanks are due to Brede, to our speakers and participants in the conference, to THET's staff team, to Imperial College, London, our hosts, and to the Departments of Health and International Development for their financial support.

Professor Stephen Tomlinson,

Chairman, THET. July 2008.

FINDINGS AND RECOMMENDATIONS

The International Health Links Conference was held in the year of THET's 20th anniversary in recognition of the contributions Links have made to international healthcare development in the past twenty years and in anticipation of future Links work. The aim of the conference was to gather together committed Links partners in an effort to evaluate Links practices, share strategies, and plan for the future of Health Links.

Health Links act as a means of strengthening healthcare in developing countries by fostering mutually beneficial partnerships between health professionals and institutions in developing countries and their counterparts in the UK. These long-term partnerships support healthcare development and counter the drain of professionals from developing countries. Those who attended the conference agreed upon the value of International Health Links and discussed ways of ensuring that Links remain effective. Over the course of the day, delegates and speakers agreed upon multiple recommendations for Links strategy. These include:

- Respond to the needs of overseas partners rather than following current aid fashions.
- Emphasize the mutually beneficial nature of Links, especially when seeking funding from UK institutions.
- Start Links between individuals, but move quickly to the institutional level, as this will increase longevity.
- Establish contact with the appropriate institutions in order to gain support for Links. This includes ministries of finance, ministries of health, deans of medical schools, regional health boards, and local sources of support such as DFID and the chairman of the operating trust.
- Always look to what comes next for Links rather than being satisfied with what has already been accomplished.
- Define clearly what the needs and objectives are from the start of the Link, possibly through a memorandum of understanding agreed upon by all parties involved.
- Place Links into the broader context of a nation's health development by ensuring that Link strategy fits into national health strategy.
- Maintain the flexibility of Links so that they can respond to the changing needs of partners.
- Include plans for monitoring and evaluation in initial Link agreements.

CONFERENCE REPORT SUMMARY

- **Conference Programme**: A list of the day's events, including speakers, workshops, and panel discussion

- **The Role of International Health Links in Global Health**: Stewart Tyson of DFID gave an update on the government's consideration of International Health Links post-Crisp Report, including the roles of DFID and the Department of Health in supporting Links work. He placed the future of Links within the broader context of international health development and analysed lessons learned about creating effective Links that support development. Following the presentation, Dr. Tyson and Nick Banatvala of the Department of Health answered questions from the audience.

- **International Health Links in Wales**: Biku Ghosh, Chairman of the Wales for Africa Health Links Group, presented on the history of International Health Links in Wales. He gave examples of specific Welsh Links and explained the role of the Wales for Africa Health Links Group in facilitating those Links. Additionally, he explained the Wales Assembly's relationship with the Wales for Africa Health Links Group and its level of support for Links. He answered questions following the presentation.

- **Building, sustaining and extending Links- the experience in Zambia and Somaliland:** Meg Price from the Brighton and Sussex University Hospitals NHS Trust and Medical School/ Lusaka, Zambia Link presented first on the history of the Lusaka/Brighton Link, which was established in 2006. She covered the initiation of the Link, the process of agreeing upon aims and setting up steering committees, the establishment of a memorandum of understanding, forging appropriate contacts, and the challenges and limitations of the Link. Andy Leather of the Kings College Hospital NHS Foundation Trust/ Somaliland Link followed with a presentation on the KTSP/ Somaliland Link. He discussed the evolution of the Link from an individual connection to a complex partnership with many stakeholders, healthcare challenges in post-conflict countries, and the various initiatives that have resulted from the Link. Both Dr. Price and Dr. Leather answered questions following their presentations.

- **Welcome Back and Feedback from Morning Workshops- 10 top tips for Links on key issues:** Andrew Purkis, Chief Executive of THET, presented the PowerPoint summaries of each of the four morning workshops. The workshops included Doing a Joint Needs Assessment, Funding a Link Sustainably, Putting Learning into Practice, and Monitoring and Evaluation.

- **The contributions that International Health Links can make to countries' strategic plans:** Edward Addai, Director Policy, Planning, Monitoring and Evaluation, Ministry of Health, Ghana, explained the context of healthcare in Ghana, positioned Links in the national health response, suggested new areas for Links, shared experiences with Links in Ghana, and suggested some conditions for successful Links.

- **Looking Back and Looking Forward- The Future of Links:** Eldryd Parry, Founder and Trustee of THET, discussed the trends of healthcare development work in the later 20th century and shared the history of Links within this context. He also challenged Links partners to continue to work for progress and consider how their Links might achieve greater goals.

- **Questions and Discussion:** Edward Addai, Eldryd Parry, and Francis Omaswa, former Executive Director of the Global Health Workforce Alliance and Director General for Health Services in the Ministry of Health in Uganda, were the panelists for the discussion session. The addressed such issues as the medical brain drain, budget support, and South-South Links.

- **Remarks:** Dave Beguley, Alma Mata representative, presented on the work of Alma Mata and the potential for junior doctors and medical students to participate in Links.

- **Appendix A, Conference Evaluation:** Summarises the responses given on conference evaluation sheets.

- **Appendix B, List of Delegates:** Gives names of delegates and their affiliated organisations

- **Appendix C, Speaker Biographies:** Lists speaker biographies that were included in delegates' packs.

INTERNATIONAL HEALTH LINKS CONFERENCE PROGRAMME

THET- 20 Years of Links- What Next?

Friday 6th June 2008

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09.15 Registration and Refreshments

10.00 ***Welcome***

Professor **Steve Tomlinson**, Chairman Board of THET Trustees and Chairman for morning conference session

10.05 ***The Role of International Health Links in Global Health***

Stewart Tyson, Department for International Development and **Nick Banatvala**, Department of Health

10.40 ***International Health Links in Wales***

Biku Ghosh, Chairman of Wales for Africa Health Links group

11.00 Coffee

11.30 ***Building, sustaining, and extending Links- the experience in Zambia and Somaliland***

Dr. Meg Price, Brighton and Sussex University Hospitals NHS Trust and Medical School/Lusaka, Zambia Link and **Andy Leather**, Kings College Hospitals NHS Foundation Trust/ Somaliland Link

12.15 Workshops:

1. ***Doing a Joint Needs Assessment***

   Facilitator: **Professor John MacDermot** (THET)

   Presenters: **Nick Bass**, East London Foundation Trust/ Butabika, Uganda Link and **Morag Reynolds** and **Ruth de Plessis**, Sefton PCT West Hararghe, Ethiopia Link

2. ***Funding a Link Sustainably***

Facilitators: **Maia Gedde** and **Thea Lacey** (THET)

Presenters: **Richard Kerr Wilson**, Gloucestershire NHS Foundation Trust/ Kambia, Sierra Leone and **Melanie Newport**, Brighton University Hospitals NHS Trust/ Medical School/Lusaka Link

3. ***Putting learning into practice- setting individual objectives for personal learning through International Health Links***

Facilitator: **Kemi Tesfazghi** (THET)

Presenters: **Rebecca Syed**, South London and Maudsley NHS Foundation Trust/Somaliland Link and **Rhian Smith**, Glan Clwyd Hospital/Hossana, Ethiopia Link

4. ***Monitoring and Evaluation- road testing the toolkit***

Facilitator: **Karen Peachey** (THET)

Presenters: **Mya Gordon** and **Caroline Potts**; Independent Consultants

1.15 Lunch

2.15 ***Welcome Back***

Andrew Purkis, Chief Executive of THET and Chairman for afternoon conference session

2.20 ***Feedback from morning workshops- 10 top tips for Links on key issues!***

2.35 ***The contribution that International Health Links can make to countries' strategic plans***

Dr. Edward Addai, Director Policy, Planning, Monitoring and Evaluation, Ministry of Health, Ghana

3.10 ***Looking Back and Looking Forward- The Future for Links***

Professor Eldryd Parry, Founder and Trustee of THET

3.35 ***Questions and discussion***

Panelists: **Edward Addai**, **Francis Omaswa**, and **Eldryd Parry**

Including short contribution from **Dave Beguley** of Alma Mata

3.55 ***Closing Remarks***

4.00 ***THET 20th Anniversary Reception***

4.30 ***Depart***

MORNING CONFERENCE SESSION

Welcome

Professor Steve Tomlinson, Chairman Board of THET Trustees and Chairman for morning conference session

Professor Tomlinson welcomed all participants to the conference and thanked the speakers, Imperial College staff and faculty, and the staff of THET, particularly Penny Humphris, for their work in organizing the conference. He introduced the goals of the conference as finding new strategies and ways ahead to achieve improvement in healthcare for those in most desperate need.

The Role of International Health Links in Global Health

Stewart Tyson, Department for International Development and **Nick Banatvala**, Department of Health.

Dr. Tyson gave the presentation.

Dr. Tyson established that government support for International Health Links after Lord Crisp's Report is progressing. The following initiatives are underway:

- Establishment of a Links Challenge Fund. This £1.25 million pa fund supported by DFID and DH should be up and running by the end of the year.

- A rapid evaluation of existing Links is near completion.

- Terms of reference for a UK Links Centre are under development: This Centre will serve a signposting function, helping to meet the needs of institutions in developing countries by identifying and facilitating health partnerships with UK counterparts. A tender will issue within the next 2 months to run the centre.

- Pension contributions for volunteers: Ministers aim to encourage longer term volunteering placements overseas by having DFID and the Department of Health put together a funding package to sustain pension contributions of those who volunteer within the NHS framework.

- Ministers are positive and hopeful for the future of Links.

•A cross DFID/DH budget is being established to finance support for International Health Links.

Links are a modest complement to wider development efforts. However, if done well, they can have an important long-term impact. It is necessary to understand the same development principles and challenges that donors face in order to build sustainable Links. Increasing experience is leading to a body of continually evolving best practice, and this needs to be documented.

Global aid for health has increased from US$ 6 billion in 2000 to approximately US$17 billion in 2008, and the annual UK health aid spent will reach £1 bn (US$2) in 2009. However, the country context must be kept in mind:

• There is minimal health expenditure in many countries, often as low as £5-10 per capita annually.

•Much aid remains 'off-plan', not supporting the priorities and goals that overseas governments view as priorities, and 'off-budget', much is not integrated into a country's budget strategy. For instance, a very high proportion of aid to Rwanda may be earmarked for AIDS treatment, where HIV levels are moderate, yet child health is a major concern and receives far less aid.

•Aid flows are often volatile and unpredictable, and much aid may support activities that are not sustainable.

•The aid architecture is complex and fragmented.

• Many aid organisations work through parallel systems rather than coordinating their work through the government for effective capacity-building and developing effective systems that are able to address all major health challenges.

•The transaction costs for governments are high. Ministries of health have difficulty keeping track of the multitude of aid organizations operating in their countries. There is a current culture of 'Health Initiativitis', in which 20,000 (the most extreme case) aid organizations may operate in single country with little or no coordination.

The initiation of a Link is important to its success. The following must be kept in mind when initiating a Link:

•Links must be driven by demand, not by the objectives of aid organisations or NHS Trusts. In the past, countries learned that they could select which offers of technical assistance to accept and which to reject. They should similarly have the ability to refuse Links that would be ineffective.

•UK partners can start by asking the simple question 'How can we help'.

•The value of South-South Links must be appreciated.

- In any Link, the individuals who participate should have knowledge of the country with which they are working and must keep the context of the country in mind while pursuing the goals of the Link.

- Partners should aim to establish a long term relationship.

While many Links participants assume the importance of forging a relationship with ministries of health, it is the ministry of finance that holds the power over budgets. Of course, it is also important to maintain positive relationships with departmental heads, the heads of training institutions, district offices, hospital directors, and institutions and governmental departments within the UK. It is important to get all of these actors on the same page to agree upon the appropriateness and objectives of a Link.

The harmonisation and alignment of a Link are crucial to that Link's success. It is useful to formulate a memorandum of understanding with contributions from all parties involved. Links should be focused, with a detailed, costed plan clearly stating obligations on both sides and goals. Transparency will avoid the duplication of Links and will allow collaboration between groups to work towards a common goal. It will also allow governments to ensure that the activities of a Link are 'on plan' and in line with national priorities.

In order to successfully monitor a Link, partners must demonstrate the value of that Link by gathering evidence beyond anecdote. They should establish baselines and targets; national data systems may be useful in accomplishing this. Also important to monitoring is the sharing of lessons of best practice with other Links. THET's guide to setting up Links is a good resource for establishing best practice.

Careful attention must be paid to the transaction costs of Links. Potentially dangerous costs include:

- Officials spend much of their time (sometimes as much as one-third) meeting with visitors from aid organizations. They sometimes find it necessary to limit the days they will receive visitors so that they have time to perform their other duties.

- Aid organizations themselves face transaction costs in reporting obligations to justify the use of funds to donors.

- A lack of standardization in training materials.

- Duplication and overlap of Links.

- Ineffective pre-service training leads to an overreliance on in service training, which removes staff from service delivery repeatedly as different organisations push their specific interest.

An example of a poor Link is one in which 24 staff from various professions and specialties made 4 country visits. The Link partners made no agreement as to the nature of the partnership, deciding instead to 'build trust and friendship first'.

Nobody asked the managers of the southern institution the basic question 'How can we best be of help?'

On the other hand, an example of a successful Link is one that supported the teaching of psychiatry to pre service programmes in the College of medicine and the national mental hospital. The Link was in response to a request from the Chief Psychiatrist of the country. The Royal College of Psychiatrists approved the Link as part of SpR training, with a 5 week training rotation planned for the next 5 years. The Link dovetailed on a Norwegian project already in place in the region. The UK partners developed locally relevant materials and short training courses.

Questions

(questions and answers paraphrased)

How does the Crisp Report define 'global health' versus 'international health'?

Dr. Banatvala: There is no difference

Dr. Tyson: International refers to a relationship between 2 distinct countries, whereas global refers to the interactions of the entire world as a unit.

Will DFID establish stronger guidelines allowing Link participants to get time away to participate in Links more easily?

Dr. Banatvala: There is political commitment within the Department of Health for such guidelines, but it is not a priority. There is a danger in establishing an edict that attempts to give orders to NHS Trusts. Instead, there should be an informal encouragement of NHS Trusts' Chief Executives while Links are in the limelight post-Crisp Report. Links partners should emphasize the importance of effective Links and admit which Links are not effective in order to gain the trust of Chief Executives and Boards. Additionally, medical schools need to come together to institutionalize links.

Dr. Tyson: Royal Colleges are beginning to recognize Links as part of their training programmes, allowing partners to participate without penalty.

Professor Tomlinson: Links partners should know what the benefits of Links are and be able to name them when asked by the chairman of trustees or chief executive of the institution in order to gain support.

Comment: Institutionalizing Links is complicated, but it is useful to establish a system of rotation.

Comment: To clarify, the arrangement with the Royal Colleges is such that Links work is not counted towards CCT but is counted as experience.

Dr. Banatvala: At some point, individuals must decide if a Link is really something they want to do regardless of the level of institutional support.

Can Links contribute significantly rather than modestly to international development, and if not, how can they change to do so?

Dr Tyson: "Modest" is in the context of the World Bank, USAID, and other major organizations. Seventy percent of money spent on health development is from domestic sources, and Links are small relative to that. However, they play an important role and can complement the implementation of national plans. Links are not needed in areas where there is already a lot of investment, but in areas such as health management, which currently lacks support, links can make a huge difference.

Dr. Banatvala: The civil society sector can be more important than Governments in acting as part of the global health network to create the conditions that will improve health.

International Health Links in Wales

Biku Ghosh, Chairman of Wales for Africa Health Links group

Dr. Ghosh shared that in 2006, there were two important developments for International Health Links in Wales, the founding of Wales for Africa: A Framework for Welsh Assembly Government Action on International Sustainable Development and the Welsh Health Circular WHC (2006) 070.

Wales for Africa programme was established in October 2006 with a focus on sub-Saharan Africa with a commitment to contribute towards the delivery of the Millennium Development Goals (MDGs) and towards the response to disasters and emergencies overseas. The key goals of the programme are to encourage public sector placements and twinning, advertise international sustainable development volunteering to the Welsh public and public sector staff, and develop disaster preparedness. The context is one of mutuality and the realisation of the benefits of Links both to overseas partners and to citizens of Wales.

The second development of 2006 was the Welsh Health Circular WHC (2006) 070 entitled 'NHS Health Links with sub-Saharan Africa and other Developing health Systems'. Key statements of the circular directed Chief Executives and HR directors of all NHS organisations in Wales to commit to overseas Links and support the MDGs within the stated goals of their NHS organisation and to amend Continuing Professional Development policies to allow visits, secondments, exchanges and management of projects as one of the options allowed NHS employees and to encourage those working in the NHS to consider link experience as one of their CPD options with funding and study leave, just as it would be for attending at a conference or on a course. Again, the context was a mutual understanding of shared benefits.

The Wales for Africa Health Links group formed following a successful Wales for Africa Health Links conference in June 2007. The goals of the Wales for Africa Health Links group are:

- To facilitate a co-ordinated and effective approach to promote and support the development of NHS Links in Wales.
- To provide a point of contact for those seeking to 'interface' with the International Health Links community in Wales.
- To support good practice in the monitoring and evaluation of Links.
- To contribute to the development of appropriate standards against which organisational engagement with the global health agenda could be measured.

- To share experiences with and contribute to a UK wide approach in development of NHS Links with sub-Saharan Africa in order to help those countries reach the Millennium Development Goals.

The Dolen Cymru Wales-Lesotho Link established in 1985 was the first country-to-country twinning in Wales. This included a generic Link involving many aspects of contemporary life in Wales and Lesotho, as well as Health Links providing the following: mental health training, twinning of Cardiff and Vale NHS with Maseru, paediatric and adult HIV work, qualitative analysis, secondment of health personnel and training, student exchanges and the provision of medical equipment

The RCT-Mbale Coalition against Poverty Community Link was formed with the Partnerships Overseas Networking Trust (PONT) in an effort to assist capacity building at the community level. This involved multi-sectoral partnerships between Wales and Uganda and a networking government with NGO partners. There is an emphasis on primary healthcare capacity building through the training of community health volunteers. This Link includes built-in governance with CPD, monitoring and evaluation, review processes, and the sharing of best practice. Linking experience of primary care sectors and the wider community in Wales and Uganda by PONT is exemplary and can be a learning point for other Links. DFID recently highlighted the RCT-Mbale Coalition against Poverty Community Link as an example of good practice.

The Southern Ethiopia/ Gwent Health Link emphasises the importance of training non-doctors in rural Ethiopia, where there are very few doctors. This Link initiated a CME programme for health officers in 2002, the first of its kind in the country with over 200 health officers trained plus 300 students trained in emergency skills. It has also provided CME for medical laboratory technicians since 2003 with over 120 trained and CME since 2006 with over 120 midwives trained. A training the trainers programme began in 2006. These programmes resulted in the development of a national task force for the education of non-doctors which is highly acclaimed by the WHO. This Link is also developing 3 exemplar health centres serving a population of 300,00. The Link provides on-site skills training, the provision of essential and emergency equipment, and systematic evaluation. The work of the Link has resulted in establishing a memorandum of understanding with the local community in sharing responsibilities.

The Abertawa Bro Morgannwg (Swansea) University NHS Trust Links includes the Royal Victoria Medical School, Hospital, Gambia, with a series of student exchanges and audit practices, the University of Ibadan, Nigeria, with e-learning and evaluation, and the Children's and Maternity Hospitals in Freetown, Sierra Leone.

So far, 22 Wales Links have been established: 1 country twinning, 7 trust Links from 4 Welsh trusts, 11 university Links with 2 universities (Cardiff and Swansea), 2 local health boards (RCT-Mbale and Powys-Kenya), and a Hay on Wye GP Link with Timbuktu/Mali. These Links are integrated with existing health care systems and national programmes in primary and secondary care. They build on local

capacity through training and skills, learn from research, share experience and best practice, and undergo evaluation. They are focused on the MDGs with an aim of improving primary care at the community level. Recently, an UN pilot Wales for Africa Gold Star community project began. The aim of this project was to build community partnerships between Wales and Africa for linking, learning, and developing a more just and sustainable world for future generations. The project focuses on the MDGs, social cohesion, child welfare, fair trade, and climate change. By May 2008, 8 community Links had been established, 11 sectoral Links were in progress, and 19 more were interested in starting.

Wales for Africa Health Links has wide experience in International Health Linking, a working model of Health Links cooperating and learning from each other, primary care and community linking experience, and explicit Wales Assembly support. The financial support of the Wales Assembly is limited at only £50,000 per year, but the Assembly does provide infrastructure support. If financial support from DFID were available in the future, Health Link activities in Wales would expand further.

As a guiding principle for any International Health Link, Dr. Ghosh gave a quote from Aneurin Bevan at the 10th anniversary of the NHS, repeated by Eldryd Parry in a speech given at the Wales for Africa Group Health Links Conference in 2007:

"Many people have died and many have suffered, not because the knowledge was not there, but because they did not have access to it. To all the suffering that attends illness there was always added the bitterness that, if the poor could have had access to the knowledge available, they might have been saved or at least might have been helped."

Questions

(questions and answers paraphrased)

What message would you like to give to NHS and DFID to translate Wales' experience to England?

Dr. Ghosh: Ultimately, links don't just help overseas partners; they help partners in our country and the NHS as well. All NHS organisations should consider developing International Health Links, and these should receive explicit support from the Department of Health.

Why are Links not part of trust performance assessment? If trusts are expected to report on Links, won't they be more likely to establish them?

Dr. Banatvala: We have shared the government's response to the Crisp Report with strategic health authorities and have sought meetings but have not actually

met yet. Maybe an individual would be hired to monitor the performance of a trust with regards to links, but there would be a danger of forced performance.

Building, sustaining and extending Links- the experience in Zambia and Somaliland

Dr. Meg Price, Brighton and Sussex University Hospitals NHS Trust and Medical School/Lusaka, Zambia Link and **Andy Leather**, Kings College Hospitals NHS Foundation Trust/ Somaliland Link

The Lusaka/Brighton Link

Dr. Price began by telling how the Lusaka/Brighton Link was established in 2006 between the University Teaching Hospital (UTH) and Medical School in Lusaka, Zambia and the Brighton and Sussex University Trust (BSUH) and Brighton and Sussex Universities and Medical School in Brighton, UK. The initial steps to forming this Link began when Eldryd Parry, representing THET, gave an open lecture in Brighton hosted by Melanie Newport, senior lecturer in infectious diseases. Following the lecture, those interested listed their e-mails, and a core group formed representing a wide field of services from the hospital and medical school. This steering group, which initially canvassed views on possible Links, would later become a more formal committee.

The discussion of possible Link choices began with the realization that a number of people at Brighton had experience in Southern Africa. Peter Mwaba, now Managing Director at UTH, and Melanie Newport knew each other personally, and both were enthusiastic about a joint project. The direct air travel available between the institutions made visits easy and allowed partners to avoid lengthy and dangerous road journeys. There was a good match between the institutions. UTH is a teaching hospital and tertiary referral centre responsible for training doctors and nurses, and Brighton had a new medical school as well as a nursing and pharmacy school. UTH faces high attrition rates, leaving the hospital understaffed as doctors and nurses transfer to the better-paying private sector.

The aims of the Link, as agreed by both sides, were:

- To provide educational and clinical support for healthcare workers at UTH in order to help them provide a high standard of care in Lusaka
- To broaden the clinical experience of healthcare staff based in Brighton
- To arrange short term visits to deliver defined courses, educational objectives, or clinical services
- To host return visits for healthcare workers for a defined period to enable them to undertake appropriate CPD

- To share educational materials, in particular making use of e-learning when possible

- To provide necessary equipment

The roles of the steering committee were:

1. To raise awareness of the project
2. To raise funds
3. To oversee the use of funds
4. To select appropriate visits
5. To audit effectiveness
6. To communicate with outside bodies, such as governments and charities like THET.

The structure of the committee included seats for Chair, Vice Chair, treasurer, secretary, fundraising coordinator, publicity coordinator, audit coordinator, nursing representative, public health representative, Brighton Ethnic Minority Group representative, junior doctor representative, and medical student representative. Project leaders on the committee came from such varied specialties as examiners/medical educators, HIV, paediatrics, ophthalmology, anaesthetics, oncology, and radiology. The committee met every 2 months, and the formal agenda and minutes of the meeting were recorded and sent to partners in Lusaka. Twice a year, committee meetings were open to a wider audience in order to provide knowledge of the project and gain support amongst a wider community.

A memorandum of understanding was agreed upon at a March 2007 meeting in Brighton. Participants in the formation of the memorandum included the Chief Executive and Medical Director in Brighton, the Managing Director of UTH, and a representative from the Zambian Ministry of Health. This memorandum formally recognized the THET model of Links, endorsed existing activities, and proposed a list of future activities. There was a review of the memorandum in Lusaka in May 2008 attended by the Managing Director, Assistant Dean of the medical school, heads of surgery and paediatrics from Lusaka as well as the Chair of the Brighton committee and the senior nurse conducting the HIV/AIDS course. Those gathered reviewed the progress of the Link and set priorities.

The Lusaka/Brighton Link has seen many successes, among which are the following:

- Involvement of the Ministry of Health in Zambia and support from senior management in Brighton

- A nurse from Brighton led courses on HIV, and the second and third courses were taught by Zambian nurses themselves. The course was effective because it was interactive and was presented to small groups.

• A presentation by two Zambian nurses to the NHIVNA (National HIV Nurses Association) Conference in London June 2007.

• External examiners provided for medical finals, followed by a request for examiners for nursing finals as well.

• Student electives named a trip to Lusaka the "best clinical teaching received".

• Support for the radiology department with visits in both directions.

• Research Methods and Appraisal course taught for postgraduate doctors.

• Gail Louw from Brighton working with THET on methods of Link evaluation.

• Help provided towards securing funding for an immunisation training programme.

• Advice given on organization of A&E.

• Replacement of theatre gowns in Lusaka through funds raised by junior doctors and medical students.

Current priorities of the Lusaka/Brighton Link include establishing a steering committee at UTH, strengthening Links between the nursing schools, holding courses in resuscitation and basic life support, anaesthetic support, and oncology support (a local oncologist has been established). The funding of the Link has come from payroll giving, fund raising events organized by junior doctors and medical students, a seed corn grant from THET, a DELPHE grant for the HIV project, and a student grant from Brighton University.

In addition to its successes, the Link faces some issues and limitations:

•The difficulty of establishing a reciprocal committee due to the overstretched clinicians and managers in Lusaka

• The lack of funds for the salary of a paid coordinator in Lusaka to help run the project efficiently

• Restrictions of time and money, and the need to be realistic about what can be accomplished given these restrictions

•The difference in the two cultures' approach to time; balancing Brighton's tendency to plan far in advance with Lusaka's tendency to plan closer to the event

• Concerns around payroll giving and where to hold funds.

An unexpected bonus of the Link has been meeting a wide range of colleagues from different disciplines within the Brighton institutions as well as colleagues in Lusaka.

The KTSP/ Somaliland Link: moving from a Link to a strategic programme at the national level

A Comparison of Two Approaches to Capacity Building: Zambia and Somaliland

This programme initiated with a Link between a member of Diaspora and an individual in Somaliland. It became a complex partnership involving the Somaliland Medical Association, Amoud University, Hargeisa University, Somaliland Nursing & Midwifery Association, IOHS, Edna Adan Hospital, Burao Nursing School, Boroma Nursing School, KTSP Health Officer Team, KTSP Pharmacy Group, KTSP Medical Education teams, KTSP Nursing/ Midwifery Group, and KTSP Mental Health group, as well as Diaspora groups such as NOMAD, the Ministry of Health and Labour, Regional Health Boards, Health Professionals Council, local NGOs such as GAVO, WHO, COOPI, the Ministry of Education, the Ministry of Finance, UNICEF, Somali Health Professionals Group in UK, SLAM, VIVO, RCN, ICN, and the Kenyan Nursing Association.

Post-conflict countries face limitations in the health sector, including a total absence of central government funding for health, a disintegrated system of health care with too few doctors, and a void in the teaching and training of health professionals dating back to the pre-conflict era. In addition, Somaliland faces poor health indicators, as evidenced by the 2005 world health report:

	Life expectancy in 2005 (male/ female)	Under-5 mortality in 2003 (per 1000)	Maternal health mortality per 100,000 in 2000	Total health expenditure in 2001 (% of GDP)	% of 1- year olds with 3 doses of diphtheria, tetanus, and pertussis 2003
Somaliland	43/45	225	1100	2.6	40
Uganda	47/50	140	880	7.3	80
UK	76/81	6	11	7.5	91

2000 to 2005 was a time of learning and building trust and relationships for the Link. Partners made visits to various hospitals, responded to some requests, joined ward rounds and taught anaesthetic skills, out patient care, surgical skills, and seminars. They also began to work with the regional health board on capacity-building initiatives such as management and strengthening the connection between the main government hospital and maternity hospitals. Finally, they set up a pharmacy and worked with the main government hospital on developing the dispensary and stock control systems.

2005 was a year of reflection, questioning the activities of the Link, responding to feedback from Somaliland, and thinking of ways to create a more sustainable health system across the country.

Health worker ratios per 1000:

	Physicians	Nurses	Midwives
Somaliland	0.03	0.08	0/006
Ethiopia	0.03	0.21	0.01
Uganda	0.08	0.61	0.12
UK	2.3	12.12	0.63

2006 marked the beginning of a scaling-up to a strategic contribution at the national level. The Link began to focus on health systems strengthening by developing the human and institutional capacity necessary in order to rebuild the national healthcare system in Somaliland. There were meetings with the ministry and president and conversations with DFID, UNICEF, and others in order to bring all the stakeholders together. The focus changed from the implementation of activities to the delivery of outcomes, and there was a greater emphasis on health-training institutions. Four outcomes were divided among consortium partners:

i. Established health training institutions with the technical capacity to deliver basic training for doctors, nurses and midwives (KCH/THET)
ii. Increased technical capacity of primary healthcare workers to deliver maternal and child healthcare services (SCF)
iii. Increased capacity of professional bodies and progress made towards appropriate regulatory framework (KCH/THET)
iv. Growing public awareness of changes in the health system (Health Unlimited)

The expected number of health workers to be trained by 2012 is: 30 nurse tutors, 504 nurses, 75 midwives, 62 community midwives, 134 doctors, 16 lab technicians, and 7 health officers.

KCH and THET cover 3 core elements:

- medical (developing standard curricula, medical education, faculty development, external examining, community health, medical internship programme, equipping libraries, and skills labs)
- nursing (curricula development, nurse tutor training, developing clinical skills of nurses and midwives, institution strengthening, and the provision of equipment and books)
- regulation (support for building the capacity of medical and nursing associations and helping move towards the establishment of systems of professional regulation)

One example of the support given is the Somaliland Internship Programme, which fostered mentorships in the public health sector.

2007-2009 is the time for laying a strong foundation. KCH recognizes the challenges ahead:

- Making the change from implementing activities to a contract for delivering outcomes.
- Ensuring that everyone involved, even those who only visit Somaliland for two weeks, understand the big picture.
- Managing multiple partners.
- The pressures of accountability.
- Being a national player.
- Coordinating and working with a consortium.
- A huge increase in management and administration duties.
- Building capacity in THET and KCH (including the establishment of the Kings International Development Unit)
- Finding objectivity behind the anecdote.

Questions

(questions and answers paraphrased)

How do you manage your leadership and succession plan?

Dr. Leather: There are a lot of people involved in the Link, and there is not just one leader. The Kings International Development Unit in particular has laid the foundation for succession.

Dr. Price: Personal Links are the start, but it is necessary to move on to institutional Links with support from the top in order to maintain longevity.

Where do the forces of negativity come from, and how do you deal with them? To Dr. Price: If another trust tried to establish a Link in Lusaka, how would you respond?

Dr. Price: Other people are already involved in Lusaka. There is an initial reluctance to admit that others are involved, but UTH has found the Brighton link particularly useful because it responds to their needs. The key is to keep talking to the overseas partners and make sure that the link fits in with their goals.

Dr. Leather: It has been hard to find negativity. The Chief Executive and Chairman were interested from a very early stage, and the Chairman became a THET trustee. It was a THET program from the beginning, and learning from THET's experience was useful. The security situation necessitates some convincing of volunteers to visit, but that also means that there are not too many programmes

already present and the bureaucracy is easy to navigate. One downside is putting career progression on hold to work on the Link, but it has been worth it.

Is it possible to use exchequer funding for the NHS to pay for salaried administrative support?

Dr. Leather: The King's international development unit has received £25,000 of such funds over the last three years for salaried administrative support. It can be argued that it provides personal and professional development of staff which is good for the NHS Trust and its patients.

Dr. Price: The Brighton/Lusaka Link has found difficulty obtaining funding for a salaried coordinator in Lusaka.

To Andy: Is scaling up possible without big funding, and how do you get big funding?

Dr. Leather: The reflection process of 2005-2006 was important, especially getting to know colleagues at DFID. It was a natural and easy process but an important one.

Dr. Tyson: In a fragile, post-conflict state such as Somaliland, DFID can not work through budget support because there is no stable and strong Government structure, so it has no other funding options but through programmes like the health System Strengthening programme put together by THET and Kings. The situation is different in countries like Uganda, where there is an established government and NGOs are already present.

The Lusaka hospital does not service a wide area, and there are problems with retention of medical professionals. Are there options for continuing professional development programs that would help the Zambian government incentivize health worker positions?

Dr. Price: The Link is in its early days. It has gathered people to support the endeavour, including the Zambian government. Link partners take small teams out to rural areas, so they have influence beyond UTH. Because there is little opportunity for financial incentives from the government, it is important to make UTH an exciting place to undergo ongoing training in order to maintain interest and compete with the higher salaries of the private sector.

Andrew Purkis: The king's/THET/Somaliland Link remains a fundamental source of technical assistance not-withstanding the collaboration with a wider range of NGOs and other players.

Dr. Leather: The program in Somaliland could expand because it was managed by THET. It is necessary to combine a strong medical link (Kings' role) with good project management and international development skills (THET's role). The link is the engine that draws people in.

AFTERNOON CONFERENCE SESSION

Welcome Back and Feedback from Morning Workshops- 10 top tips for Links on key issues

Andrew Purkis, Chief Executive of THET and Chairman for afternoon conference session

Dr. Purkis welcomed all to the afternoon session of the conference before announcing the launch of the raffle. Individuals may sell tickets on behalf of THET or on behalf of a particular Link, in which case fifty percent of the proceeds go directly to the Link and fifty percent to THET. The raffle will continue through November.

10 Top Tips from workshops:

Doing a Joint Needs Assessment:

Needs Assessment should be ongoing, not a one-off.

Preparation:

- Key areas suggested by overseas partners
- Review of capacity to respond within the UK trust/ institution
- Data and information collection before the visit
- Identify the right team for the visit
- Engage with any diaspora group within the UK

The visit:

- Prepare an itinerary
- Map local activity and relative input from other overseas agencies

- Keep the team focused with a daily de-briefing
- Consider structured interviews and questionnaires
- Manage expectations

After the visit:

- Ownership of the report
- Relate the needs assessment to the later 'scoping exercise'
- Keep clarity in both, as they will form the basis of the memorandum of understanding

Funding a Link Sustainably:

- Campaign for sustainable funding
- Publish your work with known and potential donors
- Be prepared to spend money to make money (e.g. pay for fundraisers and publicity)
- Develop clear aims and find specific project funding opportunities
- Work with overseas partners to access local funding
- Enthuse NHS staff and students to support your Link
-

Putting Learning into Practice:

- Talk and travel with people with previous experience
- Research and be aware of local context, cultural issues, healthcare structure and policy
- Capture learning and personal development for reflection for when you return
- Keep learning objectives flexible and evaluate over the course of the visit
- Include in personal learning enhanced teaching skills and improved ability to use basic skills
- Use learning to interact with diverse cultures in the UK
- Apply learning about tropical diseases
- Define clearly your personal learning objectives and articulate the benefits to the UK health institution

Monitoring and Evaluation:

- Build evaluation into initial aims and plans
- Plan outcomes and ways of monitoring them to track Links work
- Build on existing practice of overseas partners to monitor progress
- Collect and analyze only the data you need for monitoring and evaluation
- Follow up evaluation with a mutually agreed action plan

The contributions that International Health Links can make to countries' strategic plans

Dr. Edward Addai, Director Policy, Planning, Monitoring and Evaluation, Ministry of Health, Ghana

Dr. Addai's address covered the context of Ghana, including health system challenges; positioning Links in the national health response and suggesting potential areas for new Links; sharing experiences with Links in Ghana; and suggesting some conditions for success.

Ghana is a small country of some 23 million people. It is undergoing rapid urbanization, and fifty percent of the population is expected to live in urban areas by 2010. Population growth has outstripped infrastructure and social services development. Ghana also has a small economy, with a GDP of USD 460-500 per capita and health spending USD 22 per capita. It hopes to become a middle income country by 2015, and there is promise in the discovery of oil, gold, and cocoa. It is a young democracy, with an open media, vibrant Parliament, and increasingly empowered civil society. There is however a challenge in balancing short term, visible results with long term, sustainable development. The effects of globalisation have reached Ghana, with such negative consequences as food and energy crises and climate change. The globalisation of ideas and lifestyles sometimes disrupts traditional institutions and practices, and there is a free movement of people and goods without strong regulation.

The health system faces a high burden of disease. In addition to communicable diseases, Ghana faces high pregnancy related morbidity and mortality, malnutrition and rising obesity, increasing rates of non-communicable diseases such as mental health conditions, and road traffic accidents. However, within the African region, life expectancy in Ghana is higher than expected on the basis of its GDP per capita (according to a WHO study in 2006).

The risk factors in Ghana are changing. Environmental sanitation is worsening. Risk factors that can be changed are likewise worsening, including cigarette-smoking, alcohol consumption, rates of obesity and diabetes, and behavioural factors. Health-promoting factors such as exercise, eating fruits and vegetables, and resting are not popular. Also deleterious are funereal practices and road traffic accidents. Although still in its early phase, a 'nutrition transition' of decreasing malnutrition and increasing obesity is under way.

Ghana is doing well in several areas of health compared to other African countries. For example, Ghana's prevalence of adult tobacco-smoking is among the lowest in African countries. In the area of child survival interventions, the average number of DTP3 and measles immunisations has increased over the last two decades. DHS data confirm substantial progress in childhood immunisations. Other childhood survival interventions are also in place, such as ORT, anti-malarial drugs, and Vitamin A, and on average, their coverage is relatively high. However, skilled attendance at delivery continues to lag behind, with very little progress since 1988. In general, there was improvement in treatment-seeking for ARI between the 1988

and 2003 surveys, but the progress was modest. In the area of TB control, Ghana has achieved the DOTS target of treatment success rates of seventy percent or over and DOTS detection rates of fifty percent or over.

Ghana faced several health system challenges:

- An over-focus on the delivery of medical technology with little attention to behavioural, nutritional, and environmental interventions
- Brain drain and huge gaps in access to services and in staffing of frontline health facilities make reliable, quality services difficult to attain, particularly in rural and peri-urban areas
- A shortage of appropriate equipment, consumable supplies and some essential drugs
- Weak regulation of the public and private sectors
- Inadequate financing of the health sector (though the introduction of the National Health Insurance Scheme presents new opportunities)

Ghana's response to these challenges has been the following:

- A new health policy and five year Program of Work to guide investments and actions of stakeholders
- The expansion of training institutions and an increase in the salary of health workers to ensure adequate numbers of health workers
- The introduction of a national health insurance scheme
- A focus on scaling up investments towards achieving the Millennium Development Goals
- The promotion of health literacy and the adoption of healthy lifestyles through a regenerative health and nutrition program
- Committed leaders and staff to help focus on what matters

Ghana faces limitations in that inadequate resources limit both the scope and the scale of their efforts.

Scope of efforts:

- Major gaps in district-level surgery and psychiatry
- Middle level training
- Medical rehabilitation

Scale of efforts:

- Rural and peri-urban areas lose out
- Lack of maternal and newborn care
- Rehabilitating the backlog of deteriorating health infrastructures and the need to construct new ones
- Replacement of obsolete equipment
- Staffing and equipping training institutions with post-graduate placements, internet, books, and other teaching materials

Links present opportunities to fill gaps in service training and service delivery, though service delivery should always include a component of capacity building. Links can fill resource gaps and sometimes financing gaps (though these should never be stand-alone) and encourage cultural and knowledge exchanges, including new systems of service provision and management. However, Links also have the potential to be disruptive. This may occur when the 'Links equation' of coordinating international opportunities with national priorities is not respected. The Links model should not serve as an aid instrument but rather as a true partnership. They should start as an individual initiative but move quickly to the institutional level to ensure sustainability. Finally Links should be dynamic, evolving over time and mutually beneficial.

Ghana has developed a system of coordinating Links:

- Set up a Links desk to be a facilitator, not a gatekeeper, for Links
- Developed with THET a Code of Practice for Links
- Conducting a survey leading to a database of Links
- Consolidating existing Links, such as Bolgatanga NTC and Kintampo Medical Assistant Psychiatry training, and looking at forging new ones, including University of Cape Coast Medical Assistant Training, Pantang Medical hospital, and scaling up middle level training

The lessons on conditions of success that Ghana has to share are:

- Moving quickly from individual initiatives to institutional Links
- Focusing the Links on clearly defined objectives; balancing short term objectives with long term sustainability
- Integrating activities into the programme of work and results package of countries and institutions
- A genuine commitment to dialogue and working together with mutual respect
- Creating a forum for information-sharing and joint learning, though it must be facilitated

Looking Back and Looking Forward- The Future of Links

Professor Eldryd Parry, Founder and Trustee of THET

Professor Parry remarked that most people involved with International Health Links want to look forward in anticipation of the goals that still must be reached; however, as he was charged with looking back on the history of Links, he would discuss the history of progress. The philosophy at THET has been from the beginning to respond to requests from overseas partners in an intellectual manner, without paying heed to passing aid fashions and the easy money they bring.

The 1960s were an era of development and African independence. Many medical schools were founded in Anglophone Africa, and the London-based Inter-University Council for Higher Overseas Education was instrumental in forging Links with these new schools. The newly independent countries were proud of these medical schools and universities; however, in the 1970s the government cut the budget before closing it in 1980. This was due to both a lack of funding and a lack of vision. The development and funding decisions that followed were thus made by people with no first-hand experience in Africa.

The 1970s were the decade of healthcare delivery. Under the direction of Hafdan Mahler, the WHO led the way with the Alma Ata Declaration in September of 1978. This enshrined primary healthcare as the means of achieving the *Health for All by the Year 2000* target, which, though a noble target, was also a failed one. The delivery of health services through primary care became fragmented into individually-funded programmes focusing on single diseases or functions. These programmes neglected training institutions, which donors saw as white elephants consuming inordinate amounts of money and irrelevant to countries' needs.

The 1980s was a decade of diseases. Various government agencies adopted particular diseases, then HIV appeared. This was a difficult time for Africa as brutal leaders reigned. It was also a decade of dictation from the International Financial Institutions and big donors. Neoliberal doctrines enforced structural adjustment programmes (SAP) without thought of whether their economic orthodoxy could be implemented without damaging essential health and education services or societal structures. A francophone study concluded that SAPs, along with economic globalisation, were responsible for the breakdown of southern social and cultural structures. The decade became known as the 'lost decade for development', and some argued that reduced government spending on prevention led to the resurgence of malaria. THET was founded in 1988 in the midst of this climate.

The 1990s and beyond were a time of big donors. Large foundations were established, and aid to Africa became more professional. Massive popular campaigns such as Jubilee 2000 drove the goal of removing the bottom billion from poverty. To mark the millennium, 147 heads of state formulated the UN Millennium Development Goals (MDGs), which were a meeting of dictation and donors. It appears that it will be impossible to achieve the specific targets of the MDGs due to an inadequate delivery system, and the WHO has made the delivery of primary health care its primary focus.

THET recognized an urgent need for professionally-based organisations to support the training of healthcare workers, support medical schools, help the staff of hospitals, and reach areas of health and health education not reached by other agencies. It began with a major grant from the Wellcome Trust that allowed for the distribution of standard text books to medical schools. Activities soon expanded to include courses in surgical skills, laboratory skills training, and support of psychiatric services and student community work. Work began to support Community interventions through students at the Jimma Institute of Health Sciences in Ethiopia, in addition to academic staff support. This became the first major THET Link. It was realised that Links had the potential to develop whole institutions, reach the educational needs of those ignored in conventional development thinking, enable UK partners to give back, and enlarge and motivate NHS staff.

THET work continued to expand, and the International Health Consortium (of professional associations) was formed to catalyse interest in overseas activity amongst specialist associations. A THET handbook was developed, and more hospitals and professionals began contacting THET with an interest in starting overseas partnerships. Nigel Crisp likewise became interested in Links' potential for international development and worked with THET to develop Links within the context of the NHS.

The future of Links is promising. Nigel Crisp advocated for the formation of a Links Centre for International Partnerships for Health, the Global health Workforce Alliance has emphasized the need to train more health workers, and the Wellcome Trust has awarded substantial amounts for staff development through research in East Africa. Many other organisations throughout the UK have scaled up their international health development efforts.

THET is expected to a driving force for Links in the years ahead. The role of THET is that of catalyst and helper, not primary actor. It enables healthcare professionals to share skills and attain goals agreed upon with overseas partners. THET will continue to uphold certain fundamental principles, including the necessity

of responding to overseas partners rather than dictating, planning for the long term while maintaining flexibility, and thinking laterally to enlarge the scope of Links.

Looking ahead, Links partners should be aware of the new developments and changes in international health thinking, engage constructively with professional associations, and look for ways to involve younger generations in Link work. They must 'give up their small ambitions' and consider what the next steps of their Links will be. Finally, they must commit to a vision shared with overseas partners.

Questions and Discussion

Panel members: **Dr. Edward Addai**, **Professor Francis Omaswa**, and **Professor Eldryd Parry**

Questions (paraphrased):

How can the medical brain drain be reversed, especially if training focuses on middle level health workers and nurses?

To Dr. Addai and Dr. Omaswa: What will it take for your countries to provide sectoral and budget support for Links? Can Links receive the same treatment as part of the national budget that pooled technical assistance has received?

Responses (paraphrased):

Prof. Omaswa: As Executive Director of GHWA, Prof. Omaswa set up a task force to look into Health Worker Migration, including brain drain, and concluded that while it could not be stopped, it could be managed. It is important to recognize the rights of the countries and populations who train health workers, the rights of the workers who migrate, and the rights and responsibilities of the receiving countries. There should be a global effort to train more health workers, and countries should work together to train health workers and reduce vacancies. This can be accomplished by weakening push factors by improving working conditions. Links have the potential to address brain drain.

Dr. Addai: It is necessary to study what the push and pull factors are in order to combat them. For example, increasing the salaries of Ghanaian doctors will remove or weaken a pull factor of the private sector. Another way to address falling numbers is to train more health professionals. A third issue is that investment in healthcare development takes time, since doctors must go through years of training and education. This is why it is crucial to support middle level health professionals to address immediate needs such as malaria. Access to post-graduate training will also remove pull factors.

As to the budget and technical assistance, it is possible with technical assistance to analyse where the funding gaps are and fill them. The issue is fiscal space; fixed costs such as salaries take up 90-95% of Ghana's health budget, and it is difficult to be innovative with the 5-10% of the budget that is more flexible. There are not enough resources to devote to effective technical assistance- it is likely to be preferable to spend such money providing vaccines or bed nets and building hospitals. Links must be protected because they work at the margins to foster innovation where the government cannot afford to pay for technical assistance.

Prof. Omaswa: Links serve as a mechanism for two purposes: building capacity and human resources. Links should not be viewed as technical assistance but rather as institutions working together with partner institutions towards a common goal. Links should be part of the budget of northern countries, not a stand-alone to be purchased by southern countries, like some technical assistance is. Links can operate similarly to northern hospitals, which may share services and expertise.

Is the healthcare being practised in the north relevant to the health needs of the south? What would it take to foster South-South links?

Professor Parry: Where resources are scarce, basic clinical skills are important. They are fundamental everywhere, and are the first lesson taught. It important to coordinate the services provided with the technical level and needs of a country; for example, it would not be useful to send an elbow surgeon on a link. This further proves why it is necessary to know exactly what the goals of a visit are beforehand, to be sensitive to what resources are available, and to make training relevant to local needs (otherwise, teach laterally).

Dr. Omaswa: South-south cooperation is a good idea; a Uganda-Ghana Link to share incentivising methods was recently considered.

Dr. Addai: It is crucial that the consultation team prepares carefully for the Link. In reference to south-south Links, Ghana recently went to Ethiopia to learn about health extension workers. It may be a good strategy to offer those from other countries into their university programmes and realize that they have something to offer.

Remarks from **Dave Beguley**, junior doctor and Alma Mata Representative:

Mr. Beguley explained that Alma Mata is an online resource that provides information about global health. It was funded in 2005 by a working group of medical students and has since expanded. Activities include lectures, career fairs,

international conferences, development of career pathways within NHS to highlight global health, continued training and discussions about global health. The purpose of the organisation is to act as an umbrella or middleman for global health and encourage the sharing of ideas and information. Alma Mata advocates for global health opportunities in medical careers, including flexibility for overseas experience and acknowledgement that it is useful training. There is frustration with the current global health climate of acknowledging global health as beneficial while maintaining the inflexibility of training programs. There is great opportunity for the participation of junior doctors and medical students with Links, as this will increase longevity.

Thanks and Closing Remarks

Andrew Purkis

Andrew Purkis extended thanks to everyone who participated in the conference, especially to the panel. Thanks were also given to Imperial College staff, DFID and the Department of Health for their financial support, everyone who travelled to come to the conference, and THET staff, especially Penny Humphris, Susana Edjang, and Aisha Latif. The winner of the quiz prize was Ewan Hunter, and the winner of the Fair Trade prize for Links Suggestions was James Matheson. All were invited to partake in a reception celebrating THET's twentieth anniversary.

APPENDIX A: CONFERENCE EVALUATION

The conference was received very well by those who attended. Thirty five people, out of the approximately 125 people who attended the conference, filled out evaluation forms, for a response rate of 28%. Every person who filled out a conference evaluation form responded affirmatively when asked if the conference was useful, and many listed areas that they found particularly useful. Those who commented on particularly useful areas mentioned the insight provided by Dr. Addai and requested similar presentations from representatives of partner countries in the future. The majority of respondents also mentioned the value of networking. As delegates explained, 'hearing about other Links puts things in perspective' and 'the conference was a great opportunity for meeting and networking'.

The respondents had similarly high praise for the workshops they attended. 73% named the material of their workshops as 'very relevant', and an additional 15% named them as having 'some relevance'. Those who participated in the workshop on funding Links sustainably especially appreciated hearing the common frustrations of other groups and learning innovative fundraising ideas. Many delegates requested that more time be allocated for workshops and that they have the ability to attend more than one workshop at the next conference.

Conference attendees also offered some opinions as to what could change for future conferences. These suggestions included providing contact information such as email addresses for speakers and fellow delegates, presenting more information on Links in regions outside of Africa, and minimizing travel expenses by hosting the conference outside of London or starting it later in the day.

APPENDIX B: LIST OF DELEGATES

Surname	First Name	Title	Organisation
Abbott	Gian		Contess of Chester Hospital NHS Foundation Trust
Abdi Mohamed	Yasin		Barts and the London NHS Trust
Acres	John		Public Health Development
Alcarnley	Liz		East Kent Hospital NHS Trust - Health for All
Alemu	Ermias		South West London and St George's Mental Health Trust
Ameh	Charles		Liverpool Associates in Reproductive Health
Awab	Idrees	Dr	Hashim Welfare Hospital
Banatvala	Nick		Department of Health
Bankhead	Kate		KTSP
Bard	Ellie		Health Partnership Nepal
Bass	Nick		East London Foundation Trust – Butabika
Bekoe	Obed		Hampshire Partnership NHS Trust
Bishara	Delia		East London Foundation Trust – Butabika
Borkhatria	Bhavnita		Association of Surgeons of GB and Ireland
Brockie	Steve		Johnson and Johnson
Butterfield	Catherine		International Development Assistant
Carrington	Liz		The Chartered Society of Physiotherapy
Chikwe	Ihekweazu		Health Protection Agency
Coker	Rachael		Somaliland Programme Assistant- THET
Conlon	Rosie		Opt In
Cripps	Louise		Accountant- THET
Dorward	Jienchi		MEDSIN
Doyle	Mike		Leeds Partnership Trust
du Plessis	Ruth		Sefton Primary Care Trust
Duffy-Brogan	Monique		Countess of Chester Hospital NHS Foundation Trust
Dyer	Joanna		CIHD
Edjang	Susana		Health Links Manager- THET
Elkin	Lucy		International Development Officer- THET
Elliot	Andy		Birmingham Children's Hospital

Eschliman	Brede		THET
Finlay	Edith		Glaucoma in Africa
Foster	Matthew		Royal College of Physicians
Gedde	Maia		Programme Coordinator- THET
Ghosh	Biku		Chair, Wales for Africa Health Links Group
Godbolt	Shane		PHI
Goldstein	Amanda		Birmingham - Malawi Link
Gordon	Mya		Development Consultant- THET
Grant	Liz		University of Edinburgh/NHS Lothian Health Board
Grearson	Ruth		VSO
Griffith	Michael		Cardiff University
Gupta	Arun	Dr	UML Trust/Alma Mata
Hall	Phil		United Bristol Healthcare NHS Trust
Hartley	Sue		Peterborough and Stamford Hospitals NHS Foundation Trust
Heine	Hilary		TALC
Hodgson	Sarah		St Georges, University of London
Hollebon	Andy		Ashford and St Peter's Hospitals NHS Trust
Howard	Anne		North to North Health Partnership
Hoyle	Sarah		Countess of Chester Hospital NHS Foundation Trust
Humphris	Penny		Health Strategy Advisor- THET
Hunter	Ewan	Dr	Newcastle General Hospital
Hutter	Nicolet		Department for International Development
Jagusiewicz	Eve		Universities UK
Kerr-Willson	Richard		Gloucestershire NHS Foundation Trust - Sierra Leone
Lacey	Thea		Fundraiser- THET
Lane	Bob		Honorary Surgical Advisor
Latif	Aisha		Health Links Administrator- THET
Laycock	John		Imperial College London
Leather	Andy		Kings College Hospitals NHS Foundation Trust – Somaliland
Lissauer	Tom		Honorary Child Health Adviser- THET

Lodge	Mark		International Network of Cancer Treatment and Research
Loukes	Jonathan		Health Partnership Nepal
Louw	Gail		Brighton and Sussex Medical School
Macaulay	Ileene		Countess of Chester Hospital NHS Foundation Trust
MacDermot	John		Academic Links Facilitator- THET
Matheson	James		Health Partnership Nepal
Mewburn	Judy		
Miller	Mark		
Morgan	Anna		Wales Centre for Health
Morley	David	Prof.	Teaching Aids at Low Cost (TALC)
Muir	Kirsty		Royal College of Surgeons
Mundle	Claire		
Newman	Jean		PHI
Newmarch	Gail		Cambridge
Newport	Melanie		Brighton and Sussex Medical School
Okyere	Daniel		Hampshire Partnership NHS Trust
Ollerhead	Liz		Berkshire West Primary Care Trust
Owen	Michael		Ni-Co
Pakenham-Walsh	Neil		Global Health Information Network
Panton	Janice		Montserrat Government UK Office
Park	Gillian		Imperial College London
Parry	Eldryd		Founder- THET
Peachey	Karen		International Director- THET
Perera	Adriana		Health For All
Petrie	Sarah	Dr	Department for International Development
Phillips	Robyn	Dr	Gwent Healthcare Link
Phillips	Julie		KTSP
Pickersgill	Frances		Nursing Standard
Potts	Caroline		Research and Development Manager- THET
Price	Meg		Brighton University Hospitals Trust – Zambia
Purkis	Andrew		Chief Executive- THET
Rashid	Haroon	Dr	Albion Health Centre

Rennie	John		
Reynolds	Morag		Sefton PCT – Ethiopia
Roberts	Mark		Hampshire Partnership NHS Trust
Roberts	Sian		Liverpool School of Tropical Medicine
Robson	Denis		Johnson and Johnson
Ross	Oliver		Southampton General Hospital
Royce	Catherine		Drugs for Neglected Diseases Initiative
Santangelo	Diana		Hampshire Partnership NHS Trust
Shilliday	Heather		Countess of Chester Hospital NHS Foundation Trust
Sian	Goddard		Health Partnership Nepal
Silverman	Mike		Leicester University
Sloan	John		Countess of Chester Hospital NHS Foundation Trust
Smith	Rhian		Conwy and Denbighshire NHS Trust
Stanley	Emma		PHI
Syed	Rebecca		South London and Maudsley NHS Foundation Trust – Somaliland
Taylor	Cath	Dr	Health Links Coordinator, PONT Mbale
Tesfazghi	Kemi		Programme Coordinator- THET
Thiagarajah	Jay		Health Partnership Nepal
Thompson	Mary	Dr	Croydon Primary Care Trust
Tomlinson	Steve		Chairman of Board of Trustees- THET
Tucker	Jessi		Health Partnership Nepal
Tyson	Stewart		Department for International Development
Venn	Sally		National Public Health Service - SE Wales
Walker	Richard	Dr	Northumbria Healthcare NHS Foundation Trust
Walsh	Zorina		St Mary's Hospital, Isle of Wight
Whiteside	Paul		
Whittaker	Matthew		East London NHS Foundation Trust
Wilderspin	Hilary		Project Manager
Wiltshire	Liz		VSO
Youngs	Robin		Gloucestershire Royal Hospital
Zondervan	Marcia		Vision2020

APPENDIX C: SPEAKER BIOGRAPHIES

Dr. Edward Addai

Dr. Edward Addai is a public health practitioner with an interest in health systems development. He is currently the Director of Policy, Planning, Monitoring and Evaluation at the Ministry of Health in Ghana. He also has experience at the District and International level. His key interest is in making health systems work for disease control and health improvement

Nick Banatvala

Nick Banatvala is currently the Head of Global Affairs in the UK Department of Health. Before this, he headed up the DFID's work on Global Health Partnerships and Initiatives. He worked on a range of health programmes in Pakistan, Afghanistan and the Middle East with DFID before this. Nick has also worked for Merlin, the UK-based specialist health NGO. Nick's background is in paediatrics and infectious diseases before undertaking public health training and epidemiological research in the UK and the US. Nick has also been an NHS Consultant in public health.

Dr Nick Bass

Nick Bass is a Consultant Psychiatrist and Honorary Senior Lecturer and Director of Postgraduate Medical Education at the East London NHS Foundation Trust. He has a long-standing interest in transcultural psychiatry and international development. Following discussions in 2003, he founded East London/East Africa (Butabika, Uganda) multi-professional training exchange Link with essential support from THET. This was the first specific mental health link of its kind and so far appears to have succeeded beyond all expectations. He has a major role in training and education as well as clinical, research and service development roles which underpin the link and the wider international development support programme. The core ethos from the outset has been to work with partners in developing an appropriate and sustainable training programme which meets their needs and not just imposing UK partners' own ideas of best practice.

Ruth du Plessis

Ruth du Plessis is a qualified nurse and health visitor. She currently works as a Health Visitor in area of deprivation in Sefton, Merseyside. Ruth visits families who have young children, offering support and advice on all aspects of health. Ruth has spent just over three years nursing in South Africa working in the Masoyi tribal area. Initially Ruth worked in government run health clinics before joining a charity running a Palliative Home Based Care project for people with AIDS. Ruth also helped to train Home Based Care Volunteers and Auxiliary Nurses.

Maia Gedde

Maia Gedde originally studied Biology but after working on the GM Science Review she decided to change direction and went on to do a Masters in Development Studies. She joined THET in 2004 initially to write the Links Manual and stayed on as a Programme Coordinator. She is currently complementing her work at THET with further studies in Public Health.

Biku Ghosh

Biku Ghosh is the Founder and Coordinator of the Southern Ethiopia Gwent Health Link. He introduced CME for the non-doctor frontline health professionals and the 'Training the Trainees programme' in Ethiopia, the first of its kind in the country. He was a contributor to the WHO 2005 inaugural consensus meeting on the Global Initiative for Emergency and Essential Surgical Care (GIEESC). He currently serves as Chairman of the Wales for Africa Health Links Group.

Mya Gordon

Mya Gordon is a development consultant with over ten years experience in programme management and monitoring and evaluation for international development agencies. Her overseas experience includes work in Uganda, Zimbabwe and Southern Sudan.

Richard Kerr-Wilson

Richard Kerr-Wilson has worked as a consultant obstetrician and gynaecologist in Gloucestershire since 1985. In 1992, he was invited to visit the government hospital in Kambia, northwest Sierra Leone, to see if he could provide any support. He has been going there for short visits ever since. As a result of this connection, he participated in the formation of a charity in the UK and a link with the local hospital. This has led to an exchange of medical, nursing and midwifery personnel, with a concentration on trying to break down the three barriers to improving maternal mortality by making educational videos, improving transport and training personnel.

Thea Lacey

Thea Lacey joined THET at the beginning of March 2008 as a full time fundraiser. She previously held fundraising roles at a UK health charity and a small, child-focused international charity. She has over five years experience of the charity sector including positions at Christian Aid, the Big Lottery Fund and Amnesty International. She has a postgraduate degree in Violence, Conflict and Development from SOAS and is currently working towards a diploma in Public Health and Health Promotion.

Andy Leather

Andy Leather has been a Consultant Surgeon at King's College Hospital since 1996 and has held various positions in the hospital including Surgical Tutor, Deputy Director of Postgraduate Medical Education and Lead Clinician for general surgery. He became Clinical Director of Surgery in 2005. He has worked with THET for 10 years and in 2000 started the King's THET Somaliland Partnership (KTSP). Andy founded the International Development Unit at King's in 2006. The King's IDU provides both administrative

support and an academic base for work in Somaliland and for other links between King's and less developed countries.

Professor John MacDermot

John MacDermot is a physician who spent most of his academic career at Imperial College, London. He was Head of Undergraduate Medicine there until he joined THET in October 2006, and will apply his previous experience to develop, support and evaluate educational links between UK medical and nursing schools and those overseas. He has a longstanding interest in the design and development of medical courses and in the particular problems faced by new medical schools.

Melanie Newport:

Melanie Newport is a Reader and Honorary Consultant in Infectious Diseases and International Health at Brighton and Sussex Medical School. She trained in medicine at St Mary's Hospital Medical School and has pursued a career in infection and global health that stemmed not only from her clinical interests, but also from a love of travelling. After a broad training in adult and paediatric infectious diseases, she undertook research studies towards a PhD in Infectious Diseases which was awarded in 1996. Melanie then headed off to The Gambia for three years to develop a programme of research into the genetics of susceptibility to infection, focusing particularly on tuberculosis. She continued this research at Cambridge University before moving to Brighton in 2004. In addition to teaching infectious diseases and directing the Clinical Elective programme at BSMS, Melanie is committed to training and capacity building through collaborative research projects based in various African countries as well as through the Lusaka-Brighton Link.

Dr. Francis Omaswa

Francis Omaswa was Executive Director of the Global Health Workforce Alliance (GHWA) that was officially launched in May 2006. Before joining GHWA in June 2005, he was the Director General for Health Services in the Ministry of Health in Uganda for a period of seven years during which time he was responsible for coordinating major reforms in the health sector in Uganda, which included the introduction of the Swaps and decentralization. Prior to that, he was the Chief Surgeon, Health of the Quality Assurance program and Director of the Uganda Health Institute, in the Ministry of Health and Makerere University in Uganda. He has a keen interest in cost-effective approaches for increasing access of the poor to quality health care and spent five years in a remote mission hospital testing various models and innovations for this between 1982-1987.

At the global level he was closely involved in the establishment of the Global Stop TB Partnership and was Vice-Chairman of its Coordinating Board. He was one of the architects of the Global Fund to Fight AIDS, TB and Malaria and served as Chair of the Portfolio and Procurement Committee of its Board. He as been a member of the steering committee of the High Level Forum on health-related MDGs. Dr. Omaswa is a graduate of Makerere Medical School, Kampala, Uganda, a Fellow of the Royal College of Surgeons of Edinburgh, founding President of the College of Surgeons of East, Central and Southern

Africa and is a Senior Associate at the Johns Hopkins Bloomberg School of Public Health. As a public health services manager, he has several qualifications in health services management and education.

Professor Eldryd Parry

Eldryd Parry trained as a specialist physician and was seconded from the Royal Postgraduate Medical School, Hammersmith Hospital to University College Hospital, Ibadan, Nigeria in 1960. Subsequently, till 1985, he held academic posts in Addis Ababa (Ethiopia), Zaria, Ilorin (Nigeria), where he was Foundation Dean of a new community-oriented medical school, and Kumasi (Ghana) as Dean and Professor of Medicine. He is now a Visiting Professor (and honorary fellow) at the London School of Hygiene and Tropical Medicine and an honorary fellow of the College of Medicine, University of Wales and the Ghana College of Physicians and Surgeons. Eldryd founded THET in 1988.

Karen Peachey

Karen Peachey has fifteen years international development experience, involving work from community based initiatives through to international policy development. International experience includes five years based in Kenya and fieldwork in over 20 countries in Sub-Saharan Africa, Asia and Eastern Europe.

Caroline Potts

Caroline Potts is the Research and Development Manager for Northumbria Healthcare NHS Foundation Trust and also an active member of the Link with the Kilimanjaro Christian Medical Centre in Tanzania. Her interests include the monitoring and evaluation of Health Links, and in 2006 she completed an evaluation of the Link as part of her Masters degree. She is also working with Mya Gordon on developing the THET Monitoring and Evaluation toolkit.

Dr. Meg Price

Dr. Meg Price is the Consultant Dermatologist for Brighton and Sussex University Hospitals and Honorary lecturer at Brighton University. From 2003 to 2004 she served as president of the British Association of Dermatologists. She was the advisor to the All Party Parliamentary Group on Skin and chair of the Skin Tumour group for the Sussex Cancer Network. Her day to day work is the care of adults with dermatological problems. Currently she chairs the steering committee forging a link based on the THET model between her Trust and Medical School in the UK and the Teaching Hospital and Medical School in Lusaka, Zambia.

Andrew Purkis

Andrew Purkis spent seven years as Chief Executive of the Diana, Princess of Wales Memorial Fund. Before that he was a fast stream civil servant, held senior posts in other influential voluntary organisations and was the Archbishop of Canterbury's special adviser on matters outside the Church. He has been chair of three charities and is now a Board Member of the Charity Commission. Andrew works at THET from Tuesday to Thursday.

Morag Reynolds

Morag Reynolds has worked in primary care for over 20 years and currently works within the public health department in Sefton PCT as their development lead for primary care. She is a nurse by profession and has had a long standing interest in international development and global health issues. Morag is the Health Links coordinator for the Link with West Hararghe and lead for the development of the partnership within Sefton PCT.

Rhian Smith

Rhian Smith graduated from the UWCM in 1999 and has worked in the area of neonatal care for the past 7 years. She is also an instructor on the Newborn Life Support Course run by the Resuscitation Council (UK). She has been involved with the Ethiopia Link group at Glan Clywd Hospital (North Wales) for 18 months and travelled to Hossana in Ethiopia with the group in November 2007. During her time there she was involved with teaching and clinical care.

Rebecca Syed

After graduating from Oxford University clinical school with a BA and achieving full medical registration, Rebecca Syed sought experience in Australia where she was a Registrar in the first early intervention centre. She also conducted a qualitative study of depressive prodrome in adolescents as a Fellow of the University of Melbourne. After returning to the UK she completed her pre-membership training at the Royal Free. An interest in low and middle income countries (and a diplomatic husband) took her to Colombia where she was an honorary professor and was awarded a Masters degree in Clinical Epidemiology. She conducted a survey of trials from low and middle income countries and was elected onto the international editorial board for the Colombian Journal of Psychiatry.

She is now based at South London and Maudsley NHS trust and has continued her interest in international collaboration. She has led the Kings THET Somaliland Partnership (KTSP) mental health group. She was recently awarded a Fellowship for the interdisciplinary postgraduate training in mental health policy and economics research and has had some experience at the department of health with Louis Appleby, the national director of mental health. She also has strong links with the Cochrane schizophrenia group and has led a systematic review group.

Kemi Tesfazghi

Kemi Tesfazghi joined THET as the Programme Coordinator for West Africa in April 2008. Prior to joining THET, she held positions at the World Health Organization, London School of Hygiene and Tropical Medicine (LSHTM) and the British Red Cross Society. She has worked on a variety of public health and development issues ranging from capacity building, disease management, to humanitarian relief. Kemi has a Masters in Public Health from LSHTM.

Professor Stephen Tomlinson

Professor Stephen Tomlinson graduated in medicine in 1968 from Sheffield. In 1985 he became Professor of Medicine at the Manchester Royal Infirmary, and was Dean of the Medical School and Faculty of Medicine, Dentistry and Nursing from 1993-99. He was President of the Association of Physicians of Great Britain and Ireland in 2002-03.

He became Vice-Chancellor of UWCM in August 2001 and from 1 August 2004, following a merger, he became Provost of the Wales College of Medicine, Biology, Life & Health Sciences and Deputy Vice-Chancellor, Cardiff University. In October 2006 he became Provost of Cardiff University and in 2007 was awarded the CBE for services to Medicine in the New Years Honours List.

Stewart Tyson

Stewart Tyson is the head of the health professional group at the UK Department for International Development. He has worked in international health development for the past 25 years including periods with ODA/DFID, UNICEF, the European Commission, Save the Children UK and the Government of Vanuatu. He has extensive experience across the international health agenda including reproductive health, child health and immunization, district health services, HIV/AIDS, safe motherhood, communicable diseases and sector wide working. He is particularly interested in broad based efforts to strengthen national health systems.