**Paper for the WFAHLN Trustees 5th December 2016**

**SUSTAINABLE HEALTH FOR A POPULATION THE SIZE OF WALES**

**A proposal for sustainable health developments to 3 million people in Africa.**

**1. Introduction**

In October this year we celebrated the 10th Anniversary of the Wales Africa programme which had been launched under the leadership of former FM Rhodri Morgan in 2006. The current FM of Wales the Rt. Hon Carwyn Jones AM led the celebration at the Senedd on the 3rd October 2016 and the film and document “Wales for Africa 10 years 2006-2016” highlights many of the achievements over the decade.

The First Minister notes in the document that:

***“The vision of the SDGs is that of a shared, sustainably developed world in which no one is left behind. The Welsh Government is committed to being part of the response to achieving this.***

***The report celebrates the unique contribution Wales has made to development outcomes over the past ten years. The programme has grown, its achievements have far outstripped its modest budget, and we are justifiably proud of its success. But we know we can do more.***

***Over the coming years we will be building on our achievements to continue supporting the fantastic work people and groups across Wales and from Africa are doing towards meeting the SDGs and ending poverty in all its forms everywhere by 2030”***

This paper, from the Wales for Africa Health Links Network (WFAHLN), sets out a way forward to scale up the work that our health links have been doing over the past 10 years by engaging more systematically with NHS Wales Boards and Trusts, furthering the role that Universities are playing so we continue to develop the distinctive Welsh approach to health partnerships with communities and institutions in Sub Saharan Africa. Our proposal for this development is that through these health links to defined communities and partners in Africa we should enable the development of sustainable health for a ‘**Population the Size of Wales’**. Such a programme will be supportive of the Future Generations Act duties of global citizenship.

**2. Background**

The Wales for Africa programme over the past 10 years has supported and encouraged many health links between areas and institutions in Wales, and “people and places” in Africa. If these links were to become more embedded in the Local Health Boards and Trusts of NHS Wales, Universities and supported by other parts of civil society in these geographical areas, we believe it could form a very strong “Welsh model” of sustainable international health development.

In recent years the Welsh Government has shown a deep commitment to addressing climate change by supporting the “Area the Size of Wales” campaign to plant or preserve an area the size of Wales with tree planting/preservation in various countries in the tropics. It is the lesson from this rallying call that we propose that this new initiative be referred to as Health for the Population the Size of Wales.

We are aware of the Scotland/Malawi partnership which in total receives recurrent funding of about £9m per year enabling the scheme to enable significant developments in Malawi. This investment compares favourably with the more modest Welsh Government investment even taking account of the differentpopulation sizes in the devolved nations. Wales has had a positive UK reputation acknowledged by partners such as the Tropical Health Education Trust (THET) but we know we can do better.

**3. Proposal**

There are 7 Local Health Boards’s (LHB) in Waleseach with a defined geographical area and population responsibility. If each LHB were to agree,in line with the Charter for International Health Partnerships, to commit to help provide improved health care to a twinned region in Africa (of about 500,000 people), then Wales could support the development of effective public health and integrated health services for 3 million people in Africa- **A POPULATION THE SIZE OF WALES**. The specialist Trusts in Wales could support this work by focusing on their areas of expertise such as prevention and public health, ambulance transfers, blood services and specialist cancer registration and care.

**3.1 Inputs (in Wales)**

**Local Health Boards (LHB)**- each of our 7 LHBs would need to select an administrative district or region of Sub Saharan Africa to develop sustainable health links. Knowledge of existing health links provides a good starting point for developing the partnerships as there is already good practice in LHBs and local partners in Africa. The LHB would encourage staff to volunteer for visits to their ‘twinned’ country or regions in Africa to establish the framework for a fully integrated health care network and commit to supporting this with regular bilateral training visits. This would involve the development of public health programmes,primary care and hospital based services, and would depend on volunteers going out with the “NHS Wales volunteering unpaid leave allowance” and in their own time. These links provide huge potential for personal/leadership development through schemes such as the International Learning Opportunities (ILO) and encouraged as Continuing Professional Development (CPD) by the LHB. The LHB would provide administrative and office support from their existing facilities to support the community based link, fund clinical sessions and tie this in with their Charter and link with the International Health Co-ordinating Centre hosted by Public Health Wales. It would be beneficial if each Health Board could work with an existing health link or charity to allow donations to be amplified by “Gift Aid” and employee schemes such as Pennies from Heaven. These arrangements would be governed by an explicit Memorandum of Understanding (MOU) for each LHB.

**Public Health Wales (PHW)-** could provide a specialist resource to all 7 LHB links by jointly assessing public health needs in the African populations and addressing the major preventable causes of disease in the partner regions. PHW is also the lead NHS organisation nationally for championing the Charter for International HealthPartnerships which all NHS Wales Trusts have signed, and developing the International Health Co-ordinating Centre (IHCC)function. Such national strategic leadership can develop further in providing skills development on Sustainable Development Goals (SDGs) and ensuring the integration of the principles of the Future Generations Act (FGA) with its duty of global citizenship. PHW is at present developing its strategic approach to International Health and this development is therefore timely.

**Ambulance Trust (WAST)**- an essential part of an integrated health care network is an effective emergency ambulance service to transfer patients from the home and primary care setting to the health centre or hospital facilities in life threatening emergencies identified by the primary care workers. This service is lacking in most parts of rural Africa especially for trauma, maternity and children with life threatening disease. The experience of WAST in helping to provide this in Uganda could be rolled out to support other regions and support the Wales Africa Health Links Networking.

**Velindre NHS Trust**. The Velindre NHS Trust has a specialist remit for cancer services and blood products/transfusion expertise. This specialist Trust already has links through the South Wales Sierra Leone Link which is an example of how a specialist Trust can share its expertise on cancer registration, treatment and research. This expertise can be shared across the Health Links Network with Velindre leading on cancer. In addition handling blood products safely is an issue that arises in health link institutions and these skills can be applied generally to all our links.

**3.2 Other non NHS partners**

**Universities -** are already involved with LHBs as part of their important role in education of doctors, nurses and other health workers. In addition we have health links embedded in Universities that involve medical education and training as well as service development and partnership in Gambia and Namibia**.** If universities in the twinned regions became involved, it would lead to great opportunities for Welsh and African students to regularly visit for a huge variety of undergraduate and postgraduate projects which would help both sides of the partnership. It would be especially helpful to link medical and nursing schools to help input into the teaching of future health care providers in our twinned regions. We have very positive experience through links such as Swansea Medical School and Gambia, Bangor University in Lesotho as well as the Cardiff University Phoenix project link with the University of Namibia.An essential part of improving health is the provision of clean water and safe sewage management. Engineers in the South Wales University have been providing skilled support to water and sewerage disposal in Uganda.

**Local Authorities (LA)**- formal twinning developments between the local council in each LHB district would encourage the whole community to become involved in the link. The Wales Council for Voluntary Action (WCVA) and the established community links can be brought into the process by building on existing relationships and the good governance standards achieved by ‘gold star’ links. LHB boundaries are coterminous with LA populations and the LHB footprint should enable LAs to work co-operatively with their health and University partners.

**Education -**if schools in the twinned regions were twinned with schools in Wales, this would allow health education to become embedded in the education system, and also lead to improvements in education within the twinned regions. There are already good examples such as with DolenCymru and the QuthingBetsi Lesotho links.

**Faith and other community groups -**involving these faith based and community links will help in setting up third sector links which are essential in providing resources, support and for example better nutrition for orphans and vulnerable children in our twinned region.

**3.3Third sector and donors**

Most Health Links are NGOs and some are also registered charities. They are characterised by being run by volunteers and are based on orchestrating local people to engage in the health link/twinning endeavours. Many links seek health grant funding to enable their African partners to implement a programme agreed locally to develop preventive services, ambulance transfers or direct patient care in health centres or hospitals**.**

Charitable donors such as the Rotary have been invaluable in helping to provide the capital expenses for existing links for example helping to purchase motorbike ambulances and setting up water projects. Well organised health links will, by working with organisations such as Hub Cymru Africa (HCA) and the UK based Tropical Health Education Trust (THET) be in a better position to win funds from UK agencies such as DFID and Comic Relief.

**3.4Outputs (in Africa).**

The partner regions in Africa would be encouraged to develop coalitions of all existing key providers, including councils, District Directors of Health, Universities and schools, and local NGOs. Such a coalition would help to ensure good governance locally, and help to deliver projects assessed as a local priority.

**Primary care services-** good cooperation between Government and NGO providers is essential in providing this in a resource poor setting, making use of all existing resources to ensure the provision of basic primary care to each village in the region.

**Ambulance services-** these are essential as back up for the Primary Care Workers to get patients to Hospital Care services in a life threatening emergency. Without them the confidence in Primary Care is lost within the community, yet sadly they are lacking in most parts of rural Africa.

**Hospital services-** improvements in hospital care are already happening through existing Welsh health links. These could be rolled out to encourage developments in all departments, especially Maternity and Child Health and Accident and Emergency care. Also with the growth in non communicable diseases (NCDs), cancers, diabetes, high blood pressure and heart disease are increasing in Sub Saharan Africa alongside the more familiar infectious diseases such as malaria, childhood pneumonia and dysentery.

**Schools -** the link between education and health is integral. Better health means improved school attendance and the growth in literacy and schools can be a springboard for launching health initiatives.

**Water -**identifying and improving disease ridden water sources are an essential part in improving the health of communities, and avoiding epidemics such as cholera. Safe drinking water and effective sewerage disposal are essential components of healthy populations.

**Universities -** links with medical and nursing schools have obvious and huge benefits to ensuring high quality training to the health providers of the future. There are a plethora of other projects that could be initiated by other university departments that directly lead to improvements in health and reduction in poverty.

**Vulnerable groups-** identifying and supporting these is essential in improving both the health and education of the most vulnerable sectors in African society and requires the robust involvement of the third sector on both sides of the partnership. Orphans for example arise in Sub Saharan Africa particularly from the consequences of war and the HIV/AIDS pandemic.

**4. Funding**

We propose that this model is developed with the support of the Welsh Government to enable public health programmes to develop, and sustainable integrated health systems to be built for three million people in Sub Saharan Africa –**for a Populationthe Size of Wales**. The NHS in Wales can be enabled to provide administrative and clinical leadership sessions to support this initiative. In addition the Welsh Government is asked to resource the WFAHLN to enable it to work with its health links, ensure that there are robust links with each LHB or Trusts, suitable governance and share best practice. The WFAHLN would also work in partnership with both the IHCC hosted by PHW and HCA hosted by WCIA to add synergy to the Health Charter commitments and draw on development support and funding managed by HCA. The WFAHLN Trustees will carry lead responsibility for working with specific Trusts/Boards to ensure that this project develops across Wales and we exploit opportunities for funding outside Wales such as through THET/DFID and UK charitable donors. The project aims to grow over a period of time with an investment target of a net contribution from the Welsh Government, NHS Wales and the Charitable sector amounting to £1 per head per year for enabling the sustainable health of a Population the Size of Wales in Sub Saharan Africa.

Traditional models of development have been mainly focussed on Government to Government Aid (UKAID), or international NGOs developing indigenous NGOs to deliver their programmes. Both of these models are valid, but depend on the employment of large numbers of paid staff on both sides.This Welsh model seeks to develop a “third way” of international development through community health partnerships. This releases the energy of thousands of volunteers on both sides of the partnership, and builds capacity, improves standards and provides good governance within existing services. We seek 3 years funding to enable the WFAHLN to work with NHS Wales organisations and staff, Universities and other partners to develop this distinctive Welsh model of health partnerships. By establishing health links with corporate engagement from NHS Wales bodies and our Universities the schemes will become embedded in best practice and be sustainable. The work will be in line with the duties on public bodies set out in the Future Generations Act and the expectations of the Charter for International health Partnerships.

The core costs in the UK are kept to a minimum by using existing facilities within the LHBs to provide administrative support and clinical leadership, working with the IHCC and harnessing the enthusiasm and energies of workers within the Welsh NHS and other institutions to travel to Africa to help set up and sustain the various projects.

5. ConclusionIn our linked regions within Africa, primary and hospital care would be supported by a veritable army of volunteers whose training and supervision is co-ordinated by the local NGO’s in line with local needs and government policies. The ambulance and hospital services would be provided by existing staff, who are given additional training and organisational roles.

Looking across Wales each LHB will be actively involved with administrative and clinical leadership support, working with named health links from the local area. Each NHS Trust will be able to account for its work in line with its specialist role covering all Wales. The scheme will be enabled by WFAHLN being proactive in ensuring Trustees take a lead for each NHS body and ensures that the health links have MOUs and work effectively with each Board/Trust. This work will be done in collaboration with the HCA and IHCC optimising the health grants, development training and the Charter for International Health Partnerships.

To do this we need new investment so we can step up the health links work to a higher level over the next 10 years promulgating a distinctive Welsh approach to health partnerships in line with the aspirations of the Future Generations Act duties.

When the framework and partnerships develop the model becomes sustainable even when initial programme funding is withdrawn. This has been demonstrated to be possible by some of our existing links such as PONT in Mbale Uganda. The Wales for Africa Health Links Network acts to ensure best practice is shared between links, that we learn from International and UK best practice and we work with the health sector in Wales effectively.

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