



THET National Conference for Health Links 2009

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***Cardiff University Campus, Humanities Building,
Column Drive, Cardiff, CF10 3EU***

Conference Report

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Executive Summary

The good, the bad – and the 'slightly uncomfortable'

New film underlines the 'irreversible' growth of Links – although concerns remain

Enthusiasm, friendships, pride in the past and determination to move forward were the keynotes of the THET Conference in Cardiff University. There was a warm welcome for a new promotional film that will help to spread the message. There was news of Government initiatives to set up a 'one-stop-shop' for Links in an International Health Links Centre at the Liverpool School of Tropical Medicine and special funding plans for Links with 12 selected low-income African countries with a commitment to the health sector. But there was realism about the questions, concerns and problems still to be faced in a Conference that ranged over the good, the bad – and the 'slightly uncomfortable'! Even so, the overall mood of the Conference was summed up in the resounding declaration of THET Chief Executive Andrew Purkis: 'We are not going back!'

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Summary

The good, the bad – and the ‘slightly uncomfortable’

New film underlines the ‘irreversible’ growth of Links – although concerns remain

Enthusiasm, friendships, pride in the past and determination to move forward were the keynotes of the THET Conference in Cardiff University. There was a warm welcome for a new promotional film that will help to spread the message. There was news of Government initiatives to set up a ‘one-stop-shop’ for Links in an International Health Links Centre at the Liverpool School of Tropical Medicine and special funding plans for Links with 12 selected low-income African countries with a commitment to the health sector. But there was realism about the questions, concerns and problems still to be faced in a Conference that ranged over the good, the bad – and the ‘slightly uncomfortable’! Even so, the overall mood of the Conference was summed up in the resounding declaration of THET Chief Executive Andrew Purkis: ‘We are not going back!’

The good

The ‘striking growth’ of international health Links is ‘irreversible’, Purkis told the Conference. There is increased interest in health in UK universities; an impressive burgeoning of commitment to global health among medical students in MEDSIN and the young doctors in Alma Mater; Government commitment to Health is Global; and widespread demand in developing countries for help to overcome the shortage of health workers.

There were positive changes in Government policy. The International Health Links Funding Scheme, forecast as £1.25 million per year for three years in the Government response to the Crisp Report, was a real step forward and opportunity for Links. The fund will be managed jointly by THET and the British Council. The new one-stop-shop Health Links Centre at the Liverpool School of Tropical Medicine was given a more circumspect welcome. ‘Let’s make the most of it,’ said Purkis.

Wales was recognised as a leading example. There was recurrent funding of £50,000 to support Links between NHS Wales and Sub-Saharan Africa; some 20 health Links with 13 countries in Africa; and the recently formed Wales Health Links Group. Study leave and secondment opportunities were now ‘relatively easy’ for some staff in NHS Wales to achieve.

The conference brainstormed a number of ways in which the DH could encourage more support for Links in its revised Framework for health sector involvement in international development. This was acknowledged by Dr Sudeep Chand (DH Public Health Adviser), who said a key message he was taking back from Conference was that the health sector needed to get better at ‘making the case’ for health Links. He said: ‘We really need to bring on that narrative.’

That narrative moved on hugely at Conference with the premiere of THET's first ever promotional film. The short film featured several successful Links that are taking place between Africa and the UK. It reported that 58 countries have a critical shortage of health workers and that one million more workers are needed in Africa alone. The film showed how the Links deserve to be seen as an instrument for international development and, importantly, that they benefit the UK as well as the developing world. THET Chair Professor Steve Tomlinson urged Links to use the film to encourage more NHS organisations to establish Links. He said the film would help them all in making the case for Links.

A success story – that earned its presenter a second round of applause when her 'inspirational' talk was mentioned in the thank you at the end of Conference – was Roda Ali's presentation straight from the front line on how the health service in Somaliland had improved its nurse tutor training scheme through its Link with THET and King's College Hospital, London.

The bad

Despite clear improvements in Government policy already noted, the international health Links movement has 'essentially' failed to persuade the UK Government that Links between health sector organisations need serious investment in an infrastructure of support. They are complex and (in developing countries) fragile bodies that benefit from face-to-face dialogue and advice, mentoring, and support at successive stages of a Link's development. Many volunteer organisations, that essentially support individuals rather than institutions, had been more successful at getting such infrastructure money from Government. Andrew Purkis urged: 'If you look at VSO with its £28 million DFID grant to place individual volunteers, we can see that we have, essentially, so far failed to persuade the UK Government.' There were problems still for NHS staff in persuading Health Trusts of the value of international Links to the UK, as well as to developing countries.

The 'slightly uncomfortable'

The new money committed in the International Health Links Funding Scheme was welcomed although the news that the larger grants were just for 12 low-income African countries that would be identified by DFID for their commitment to the health sector was questioned. There were concerns, too, about the one-stop-shop for health Links at the Liverpool School of Tropical Medicine. There was a feeling that the development of a one-stop-shop, with much information online, would not provide people who could talk to, advise and encourage Health Trusts and developing country counterparts to take part in Links.

THET International Director Karen Peachey said: 'I am slightly uncomfortable with it. In terms of information a website will be set up where people will be able to register to get information and guidelines on setting up a Link. But, the brokering and nurturing work done by THET, won't be provided by the Liverpool resource centre.'

THET is not for turning...

But Peachey – like the new THET film and Chief Executive Andrew Purkis – repeated the message that THET was not about to disappear. ‘I don’t want anyone to think that the Liverpool Centre in anyway replaces THET,’ she said: the two should work together. The success of the work of THET could be seen in the fact that the handful of Links that had existed at the start of the millennium now stood at 100; there was growing support for Links both within Government and the Health Service; and the salience of Links in public policy was much greater than it was three years ago. The striking growth of the Links movement in recent years was, indeed, irreversible. As Purkis declared: ‘We are not going back.’

Conference Reports

Andrew Purkis: THET and Links: Yesterday, today and tomorrow

Striking growth of Links is irreversible

Volunteers beat health professionals in getting funding

The international health link movement has 'essentially' failed to persuade the UK Government that Links deserve continuing investment in an infrastructure of support. This was the 'glass half-empty' scenario that THET Chief Executive Andrew Purkis presented to the Conference.

He referred to volunteer organisations being much more successful at getting money to fund the necessary infrastructure of management, training, support and good practice. 'If you look at VSO with its £28 million DFID grant to place individual volunteers, we can see that we have, essentially, so far failed to persuade the UK Government that this is so for Links, too, although our experience over many years demonstrates that it is.'

In the 'glass half-full' scenario, he said the striking growth of the Links movement in recent years was irreversible. He said: 'There is much increased interest in global health in our universities, there is an impressive burgeoning of commitment to global health among the medical students in MEDSIN and the young doctors in Alma Mater, there is Government commitment to Health is Global, there is widespread demand in developing countries for help to overcome the shortage of health workers. We are not going back.'

He urged delegates to make the most of the positive changes in Government policy, as well as the support of the devolved governments in Scotland and Wales. The International Health Links Funding Scheme, forecast as £1.25 million per year for three years in the Government response to the Crisp Report, was a real step forward and opportunity for Links.

He said: 'If we all make this fruitful, there are reasonable chances that this could grow in future, so we look forward to working with our colleagues in the British Council and with you to make it a thumping success. The sums of money on offer can make quite a difference to many Links, and can fertilise lesson-learning as well as individual Link achievements.'

'Let's also make the most of whatever Liverpool have to offer as the one-stop-shop information centre. And, building on our workshop discussions, let's help make the new DH Framework as friendly as possible to Links and to those who want to serve in developing countries as part of their personal and professional development and as an expression of global social responsibility and solidarity. It's a strategic and long term opportunity, so let's put our backs into it.'

'Let's make sure in our Links work that we get better at monitoring and evaluating what we do, because we need to be sure we are making a difference, and actual evidence of impact speaks to potential donors much louder than rhetoric and

anecdote. There are better tools now to help us do this. Let's be sure we don't make exaggerated claims, but solid ones, and let's encourage our overseas partners to do as much of the talking as possible. Let's pay attention to communicating and telling our stories, to our fellow professionals, to our health organisations, to our wider communities and to the policy makers.'

In almost every challenge, he said, there was a cleverly concealed opportunity. 'OK, THET will not be getting the direct support we had hitherto for brokering, facilitating, advising and developing Links. So, in so far as there are significant dimensions of such work that will not be taken on by the Liverpool Centre, we – THET and Links themselves – shall have to find other ways of doing the best we can to supply them.

'For THET, we shall have to be smarter in our information and advice, pointing people to existing resource materials rather than engaging personally if there isn't a person to do the engaging. We shall take the most important packages of work, such as possible training packages, or proposals for specific learning workshops and seminars, out into the market place for project funding.

'We shall see how – when THET's paid staff and honorary advisers cannot supply a Link requirement for mentoring, for extended advice, for support in presentations to the Board, for help with strategic planning or project development and the myriad requests to which we are accustomed – we can develop a network of experienced Link mentors and advisers from existing Links who are happy to help other, less experienced Links from time to time.

'Maybe we can work with health authorities on such approaches. It may be that some Links are willing to pay something for some specially tailored consultancy services that have previously been on tap for free. We shall work very hard with Links that are up for attempting a wider programme of work, to help develop some more flagship programmes, as well as expanding existing ones like the one in Somaliland.

'We want to help more Links make a bigger, effective impact on the massive problems of the developing world. And although the donor climate is going in the opposite direction from global warming, there are donors out there that will support carefully developed contributions to health systems strengthening led by developing countries. If we can find the risk capital and the development capital to grow such proposals properly – the opportunities can be found.

'Let me make one more glass half-full point. THET the charity has already lasted 20 years through many ups and downs, even when Links were far less prominent and numerous than they are today. Government contracts and particular grants come and go, but the commitment and passion of charities with a mission does not come and go.

'THET sees itself as the voice of the Links movement and of all those who believe that true health partnerships can change the world for the better, and that the skills of the health sector need to be fused with those of development experts and work together for the common good with a strong bias to the poor.

'There are surely many more individual health workers in the UK who would not mind supporting that movement. For the mass of the public, there are plenty of

international development NGOs better known than THET, but for a health professional or health worker of any sort there is a special reason to support this movement and this charity, because it exists to help people like them to share skills with their colleagues overseas to change life for the better.

'I will hazard a guess that the next THET national Links conference in Wales in three years' time will see a Links movement, and THET, that is even stronger and making a more substantial impact than ever. So I say the glass is half full.'

THET Film: Works of Links and THET

Premiere shows Links in action

New THET film shows Links can help the NHS, too

Good basic nursing care is the same the world over whether it is in the developed or developing world. The resources may be different but the nursing care is the same. Nikki Sarkar, deputy sister in Critical Care at Nottingham General Hospital, who recently took part in a THET Link with Jimma Hospital in Ethiopia, makes the point.

In a short, new promotional film about the work of the charity that premiered at Conference, she says: 'Nursing care doesn't change really. We might not have all the equipment and resources in Jimma that we have in Nottingham but you should be able to use good basic nursing care – no matter where you are.'

The Nottingham – Jimma Link, which started in 1994, is one of the many African health Links facilitated by THET to feature in the film. Berhanu Yohanis, head of ICU at Jimma Hospital, says: 'We get so many things from this Link. There is a visible improvement in every direction. When I go to the UK I learn and when I am here I see people are learning from our UK colleagues. There is an exchange.'

Interviewed on the DVD, produced to encourage NHS organisations to think about international Links, THET founder Professor Eldryd Parry says: 'We founded THET to work with our colleagues in medical training institutions in Africa: to go to their goals, not goals which were internationally dictated or politically expedient but to goals which they knew had to be reached.'

The film shows THET now works with more than 100 health Links across Africa and Asia. It estimates 58 countries have a critical shortage of health workers and that one million more workers are needed in Africa, alone. THET Trustee Baroness Lindsay Northover says: 'THET makes sure any Links that are set up are ones that fit in that developing country, that the developing country itself puts as a priority.'

Emphasising the importance of the Links, Dr Jacinto Amandua from the Ministry of Health in Uganda, says: 'The Links have helped improve the capacity of our hospitals. Those hospitals which are linked to a particular hospital in the UK have really increased their outputs in the areas in which they have collaborated.'

Dr Dolapo Afuwape, who runs the accident and emergency department at Ibadan hospital, Nigeria, tells how the Link with Swansea Medical School has helped narrow the gap between Nigeria and the UK. He says: 'There is much more of a team approach in the UK. After a Nigerian doctor has spent a couple of weeks in the UK,

they don't feel there is such a wide gap between himself and the man in the UK, therefore he can save more lives.'

A fairly new project featured in the film is the THET pioneering mental health outreach work to rural communities in south west Uganda. The five-year-old project now has 200 patients. Dr Elias Byaruhanga, principal psychiatric officer at Mbarara Hospital, says: 'Previously very few people were aware mental illness could be treated. We have worked with traditional healers and some of them have started referring patients. It has changed the lives of a lot of people.'

But the film shows advantages are not only one way. Dr Jackson Amone from the Ministry of Health in Uganda argues health Links are a two-way exchange of knowledge. 'These Links don't benefit only one side,' he says. 'When we send our health workers to the UK they learn but they also teach people in the UK how we practice medicine in a resource constrained environment.'

THET Chief Executive Dr Andrew Purkis agrees and says UK participants gain a rich experience from taking part in a Link. 'It enhances their resourcefulness, their leadership skills, their team working skills,' he says, adding significantly, 'It increases their knowledge of tropical diseases which are increasingly present in the UK as well.'

It was the severity of disease that struck Dr Pasco Hearn, a registrar who took part in a medical training programme between Uganda and the UK. He says: 'We don't get exposed to illnesses of this kind of severity in the UK. I think it makes us more thoughtful and pragmatic in our diagnosis of how we treat people.'

Denise Mabey, ophthalmologist at St Thomas' Hospital, London, compares her department's Link with ophthalmologists in Tanzania to an arranged marriage. She says: 'THET is the broker. It puts two partners in touch with each other. They think they will get on well together but it is up to you to make the marriage work.'

Dr David Curnock, consultant paediatrician in Nottingham, who has been involved in a long-term Link with Ethiopia to tackle a child mortality rate that sees more than half-a-million children die before they reach the age of five, backs this view up when he says: 'The value of the Link increases as friendships increase.'

The film includes reports from last year's THET conference that saw representatives from more than 100 health Links share thinking and experiences. Speakers included Dr Stewart Tyson, then from DFID, and Dr Nick Banatvala from the Department of Health, who both encourage NHS organisations to get involved.

Tyson says: 'One of the strengths of Links is that they are small, informal. They are not bogged down by a lot of the administrative requirements we have when we are channelling very large amounts of money.' Banatvala urges: 'Try to encourage in an informal way chief executives of NHS organisations to sign up to these Links and to recognise the advantages.'

THET Chair Professor Steve Tomlinson encouraged delegates to send a copy of the DVD to their Link Partners. He said: 'I think Links are always fascinated to see what other Links are going on.'

Plenary session: Latest Developments in Relation to Health Links Policy

Government initiatives to strengthen health Links

Delegates express concerns

Two significant Government initiatives – to strengthen the work of health Links – were announced at Conference. They are a new one-stop-shop for international health Links at the Liverpool School of Tropical Medicine and a new three year annual £1.25 million budget to fund health Links.

Both initiatives have been developed by DFID and DH in response to the 2007 Crisp Report that supported the work of international health Links. The one-stop-shop is designed to provide advice and guidance and the funding scheme is designed to support country-led Links, mainly with 12 selected low-income African countries with a commitment to the health sector.

John Gibb, DFID Health Services Team, said the decision to set up the new initiatives emerged jointly out of the Government's response to the Crisp Report and an independent review of Links projects, commissioned in 2007. He said: 'It was following the publication of that review that DFID and DH Ministers agreed to move ahead.'

Plans for the new schemes were drawn up, he said, after it had become increasingly clear that health systems strengthening was key to improved outcomes in developing countries and that country-led approaches were the bedrock for progress. The challenge for Links, he said, was to show how they fitted into the bigger picture and how their 'value-added' could be measured and assessed.

The International Health Links Centre at Liverpool will maintain a database of resources to guide the set up and management of Links. There would be a website where people could register for information and guidelines on Links. He described it as a 'global good' – key to improving coherent, strategic and sustainable partnerships between developing countries and different parts of the NHS.

He argued it would help Links to show how they fitted into the broader health system and how people benefited from them. He said: 'We see it as important in terms of evaluation and feeding back lessons learnt, so we can build an evidence base on which to assess progress.'

The new three year annual £1.25 million budget to fund health Links will be managed by THET and the British Council. It will be divided into three levels: small grants of up to £3,000 for 'brokering' events, medium grants of up to £15,000 over one or two years and large grants of up to £60,000 over three years. The medium and larger grants will only be available for Links with 12 selected low-income African countries, identified by DFID, with a commitment to the health sector.

Among the questions, concerns and problems raised in the discussion David Percy, who had previously been seconded from DH to THET for two years, asked where the 'human element' was in the new one-stop-shop at Liverpool. He said websites,

frameworks and guidelines were not enough to encourage health Boards to take up international work. 'There is a human element to this that requires people on the ground. Trusts need quite a lot of convincing firstly that Links are something other people are doing and, secondly, that they should get involved,' he asserted.

'I spent the two years I was with THET talking to Trust Boards, telling one Link about another Link, giving advice person to person, listening to people's troubles, talking about difficulties and where they might find advice and guidance. It is very much a more human thing than I've been hearing. We need people who know what to say to a Trust Board because they have spoken to multiple other Trust Boards.'

Craig Owen, Gold Star Communities, asked for clarity over when he should refer Links to THET or Liverpool. THET International Director Karen Peachey, while generally positive, admitted she was 'slightly uncomfortable' with possible gaps in the new arrangements.

She said: 'In terms of information a website will be set up where people will be able to register to get information and guidelines on setting up a Link. But, in terms of the nurturing and brokering work done by THET, that won't be provided. I don't want anyone to think the Centre in any way replaces THET.' The two would need to complement each other.

Gibb said the Liverpool Centre would be an active advocate of Links. He said: 'We would expect that to be part of Liverpool's task. They are not just going to sit there and wait for the phone to ring. They will have a job to do in going out and selling themselves. They are recruiting an additional team to do this work.'

THET Chair Professor Steve Tomlinson echoed Percy's concerns when he said it would be interesting to see who Liverpool recruited.

News that the medium and large grants would be available only to UK Links with just 12 African countries, selected by DFID as low income countries with a commitment to the health sector, was not welcomed by all delegates. The selected 12 would be announced when the paper work had been finalised, said Gibb.

Dr Geoff Lloyd, PONT, said it was a daft idea. 'What if our links are working in countries that are not included in the 12? We can't get any money unless it is one of the small grants.' Angela Gorman, Hope for Grace Kodindo, said: 'Let's hope DFID's definition of a country is the same as Sarah Palin, who during her election campaign referred to Africa as a country.' Other delegates were concerned what criteria had been used to select the 12 countries.

Gibb said: 'We had limited funding. We looked at running the scheme globally but the costs were too great. This isn't the sole source of funding for links. I'd rather see this as an additional contribution over three years of £1.25 million a year for Links that wasn't available before.'

Several delegates were concerned that by establishing a new Centre and a separate funding initiative there would be a lack of coherence. Gibb argued that built-in processes would ensure feedback and joint working between the two organisations. He said he saw the new Centre and Funding Scheme as two-sides of the same coin.

There would be an evaluation of both the new Centre and Funding Scheme in Year 2, said Gibb. THET Chair Prof Steve Tomlinson questioned if that might be a little early. Gibb said: 'We did think to do it in Year 3 initially but we decided it was too close to the end of the scheme and that we would run the risk of there being a gap between this and the next session of funding.'

'The review will look at how the scheme is bedding down. Are there any gaps? It will look at whether we were right to choose 12 countries and if we should continue that. It will look at how it is working and whether the budgets are enough or whether it is all committed within the first three months. This is a new departure for DFID. We will want to see how it is working or not.'

More information on the new Centre and funding schemes will be made available when contracts have been finalised.

Roda Ali: Nurse and nurse tutor training in Somaliland

Breakfast is an important part of nurse training

A cup of tea and a sandwich have been part of a rethink of how best to train nurse tutors in Somaliland, in the horn of Africa. 'When students come in from the regions,' said THET's Roda Ali, 'I won't be sure if they have had breakfast and I won't be sure if they will have lunch. I have to make sure this student has something to eat; a sandwich and a cup of tea makes such a difference.'

Doctors and nurses are scarce in Somaliland since it was devastated by civil war in 1988-1991. The harsh reality is that it has 82 doctors, 25 midwives and about 300 nurses to care for its 3.5 million population. But in its rush to provide more nurses it failed to train them properly.

Ali, who works for THET as head of nurse tutor training at the Institute of Health Sciences in Hargeisa, Somaliland, says the Somalilanders had been too quick to try to train nurses. When the first group of 40 nurses graduated from the government nursing school in 2006, it was evident there was a very poor level of competency among the newly qualified nurses.

In an inspirational and popular session, she said: 'We were in a rush to open the government school of nursing. We were in a rush to provide nurses. Something was wrong with our processes. We did not achieve the outcome we wanted so we decided to go back and ask why. We found that the quality and quantity of our nurse tutors was not sufficient and that we needed to revisit our nurse training strategy.'

The rethink saw the country establish its first ever nurse tutor training programme at the Institute of Health Sciences in Hargeisa. 'We had to get good nurse tutors if we were going to raise the standards of nurses and the quality of care,' said Ali. The new approach was supported by the King's/THET/Somaliland link established in 2000 and more recently funded by DFID.

Part of the current programme has been designed to provide qualified nurse tutors that could teach basic nursing. Over the long-term the nurse tutors would provide continuing professional development to nurses and midwives at various national health facilities.

'It wasn't easy but if you believe in something you will achieve it. You need friends and support and you need to understand the threats you face.' The threats facing the nurse training programme included: inadequate nursing knowledge; inadequate English and IT skills; poor study skills capabilities. There was also the problem of a shortage of nurse tutors; the issue that most students came from poor families; and an uncertainty over funding.

'You could worry about funding and ask whether you should stop or give up but that was not really an option for me,' she said. 'That would not leave my people or my country in a good place.' Instead the threats were addressed. Among the solutions were the development of a modular curriculum, foundation courses in English and IT; the incorporation of study skills into all sessions; and the provision of stationery. Plus breakfast for the students!

The introduction, too, of nominal tuition fees had been successful, said Ali, in making students feel they had contributed to their education process and as a result they were more likely to take ownership of the training. The money is used to support student expenses like notebooks, pens, uniforms and recreational trips.

Ali told the Conference the end result has been a highly motivated group of students who had mastered basic nursing skills and knowledge. In the long-term, she said, there was a hidden agenda, too, for the newly trained nurse tutors. 'They were going to be among the future leaders of our country. They were going to set the policy and strategy for our country.'

Feedback of key issues on new DH Framework

We must get better at telling the story!

DH wants Links to become the 'norm'

The health sector needs to get better at 'making the case' for international health Links with the developing world. This is one of the messages that Dr Sudeep Chand, Public Health Advisor to the Global Health Team at DH, is going to feed back into the revised DH Framework for health sector involvement in international development.

He said: 'In Wales now, because of the Wales for Africa programme, I understand the case is being made much more routinely than is the case for my colleagues in England. Whether it is leadership, management, innovation, equality or diversity – there are a whole variety of ways we can make the case. We really need to bring on that narrative.'

THET Chief Executive Andrew Purkis, too, commented on the Welsh example. He said: 'There is already a circular in Wales that to some extent lays an obligation on Chief Executives, as I understand it, of NHS Trusts in Wales to account for what their Trusts are doing to participate in Links. If they can do that in Wales they can do it in

England as well. There is something on which we can build that is really positive, where Wales has given the lead.'

He added that it was a sign of how far health Links had come that they were barely mentioned in the DH toolkit for humanitarian work in 2003. He said: 'We must make sure the 2009 version does mention Links and that it does justice to all of us who are involved or want to get involved in Links.'

Delegates then divided into workshops to discuss the new Framework, starting by addressing the following questions:

- What are the **biggest** obstacles to 1) participation in Links by different kinds of UK health professionals and workers, and 2) effective operation of Links, that could be assisted by different policies/attitudes in UK health sector organisations?
- What are the key points in a revised DH Framework of Guidance that could address these?
- What additional (if less important) points relevant to Links deserve attention in the Framework?

Obstacles recognised by the groups included:

- Resources
- Leave - personal/professional
- Issue of recognition for time out
- Lack of project management expertise in Trusts
- Lack of engagement at board level

The groups felt that the Framework should:

- indicate clear support for Links, and guide and encourage NHS trusts
- sell the benefits for staff to NHS managers and articulate positive benefits for individual/institution/country
- address sustainability of funding
- encourage Trusts to allow professional leave and provide paid/study leave
- encourage primary care Links
- give guidance on the varied structure of Links
- introduce students to international work/development

Other issues that delegates felt that the Framework should address included:

- How overseas partners can most usefully engage / the need for equal weight from partners in both countries
- Recognition of the importance of non-medical, non-nursing personnel and the difference they make e.g. biomedical engineers, allied health professionals, water engineers, managers etc
- Accreditation for CPD and recognition of training done overseas
- Advocacy
- Alignment and monitoring – the need to evaluate each link at regular intervals to aid future funding/value for money
- How access to UK placements could be made easier
- The possibility of mentors within Links
- Sustainability of funding
- How to form links between Links in the UK and how to involve Diaspora

- Retention of partners in partner country – health professionals should not stay in the UK
- Publicising achievement across and outside organisation
- The importance of cultural awareness between partners

In drawing together the feedback from the five simultaneous workshops into the new DH Framework, Dr Chand said there was a major need to build awareness of health Links; awareness of this type of work in the minds of the public; awareness of the opportunities that exist for health workers; and an awareness of the variety of links that exist.

Health sector organisations should recognise that Links are multidisciplinary and multi-professional – they are not just ‘consultants clubs’, he said. The distinction between study leave and professional leave for international work should not be, as at present, more difficult for non-medical health workers.

Delegates felt the Framework should recognise that UK Link partners are not limited to hospitals but can have a role in primary care and include PCTs and sometimes networks of GPs, environmental health organisations, etc. They should recognise that wider community twinnings could have an important health dimension that are not within strict ‘health sector’ tramlines.

The Framework should encourage those in charge of training UK health professionals and other health workers to integrate the potential learning and professional and skills development via participation in Links into their plans and policies.

It should point up connections between Link experience and key current NHS official priorities, including diversity and cultural awareness. It could spread awareness, too, of the Corporate Social Responsibility benefits of a Link, taking account of the presence of Diaspora in the staff and wider community of a health sector organisation.

And it was important, delegates urged, that the Framework should clarify the position on the use of Exchequer funds for Links and give guidance on how the charitable arm of NHS trusts can be used for Links purposes.

Other specific issues included the impact of the fresh processes for revalidation and licensing of doctors, as this could impact on those who served overseas for a prolonged spell when they returned and on retired doctors, who make a significant contribution to Links; and some continuing aspects of pension contributions not covered by the recent agreement relating to those who volunteer via VSO and other specified NGOs.

On an operational side, Chand said there had been agreement that Links needed to get better at evaluation. Better evaluation and monitoring would help Links know what they were actually achieving and underpin the case for wider institutional support from the UK health sector. ‘There was an acceptance that there is an enormous variation in evaluation and that evaluation is something that – across the board – really needs to be central. It is very important to us in making the case. It takes us back full circle to making the case.’

The first draft of the Framework will be available for consultation at the end of May. Dr Chand said: 'We want to institutionalise health Links so that they become the norm and not the exception. We hope this process will help us understand what the barriers are and how we might be able to resolve them.'

Dr Tony Jewell: Chief Medical Officer Wales

It is easier in Wales!

Links are not a patronising aid arrangement

Study leave and secondment opportunities for health practitioners wishing to work in Africa are 'relatively easy' to achieve for medical staff working in Wales. Chief Medical Officer in Wales Tony Jewell told the Conference that Wales was trying to enable rather than disable health Links.

Recurrent funding of £50,000 a year specifically to support Links between NHS Wales and Sub-Saharan Africa had been established four years ago as part of the Wales for Africa programme. There were now 20 health links with 13 countries in Africa working with the recently formed Wales Health Links Group.

He said: 'One good thing about NHS Wales is study leave entitlement to go to Africa and secondments would be relatively easy to achieve and we are moving towards a system that recognises international training by doctors. We are trying to make sure we enable rather than disable health Links.'

'Such links with developing countries can bring just as much to Wales and help us deal with some of our problems. It is a two-way relationship, not a patronising aid arrangement but a mature relationship where we in Wales learn from our colleagues abroad.' Wales, he said, had signed up to help deliver the Millennium Development Goals and the Welsh Assembly Government sponsored a number of UN Gold Star projects to promote community links for health and education.

Wales had a long tradition of international links that could be dated back to the 1900s when Cardiff was the busiest port in the world. Based on that legacy, he said, Wales had built many international links including the long-standing country to country link between Wales and Lesotho, Dolen Cymru. There were also community to community links, hospital links and university links.

The five main aims of Links between Wales and other countries were summarised as: providing direct help and support; putting something back; providing training and experience for health workers both in the Link country and in Wales; energising and motivating health workers in Wales; and building a country of global citizens.

Jewell referred to a new Link between Wales and an area of China, which has a population of 30 million, compared with the three million population of Wales. He said: 'They had an issue with primary health care. They had developed fancy hospitals but came to us to learn about primary health care.'

Wales itself, he said, had a comparatively poor health record linked to its valley communities and its industrial heritage. He said: 'It still colours our health policy in

our desire to reduce inequalities and our desire to confront the underlying determinants of health. In some respects we have sympathy with some Sub-Saharan African countries experiences of very poor health, not least because of HIV/AIDS.

'It was well known in the 19th century that clean water, good sewerage disposal, economic activity, housing and employment were big determinants of health. In many ways it is easy to make a difference but sadly many of those 19th century questions are still being asked in Sub Saharan Africa.'

Karen Peachey: THET's latest good practice materials

Are we at risk? Questions that must be answered

Are health colleagues from overseas insured to work in the UK? What are the liability issues? Is there a liability issue for the NHS Trust? What if somebody has a needle stick injury? What if someone has a road traffic accident? Have you thought through what you would do?

These are just some of the questions that Links ought to be asking themselves, said Karen Peachey, THET's International Director, in launching THET's first *Risk and Security Guidelines for UK Links*. 'It doesn't have all the answers,' she said, 'but it is absolutely vital you think through these issues. I would urge everyone to read this. Risks and security are an area where Links haven't been the strongest.'

The risk and security guidelines are one of three new manuals of good practice recently produced by THET. The other two look at how to run an international health link and monitoring and evaluation.

The *International Health Links Manual* is the second edition and 'such a step forward' from the earlier edition, said Peachey. 'This is 146 pages of practical advice and information on how to run a Link from start to finish. It introduces people to the key principles of Links. It stresses the need to build trust, develop friendships, taking the long-term and being driven by demand – not what you can supply.'

What Difference Are We Making? A Toolkit on Monitoring and Evaluation for Health Links, is the first publication of its kind produced by THET. 'It is very much a work in progress. I don't think we can claim it is perfect, despite all the work that went into it. Evaluation, as we have talked about before, is not the strongest element of Links. We all know we have to up our game on this,' said Peachey.

'We hope you will feedback to us. Tell us if it is a useful tool and if not, what you would like to see changed in the next edition. We have tried to strip away some of the language that puts people off evaluation and take a step by step approach.'

All three publications can be ordered or downloaded through the THET website.

Andrew Purkis: Where does THET come from?

Health Links need monkey glands!

THET was formed 20 years ago when Eldryd Parry quote 'retired' from a career building up medical education in sub-Saharan Africa, and decided that those on the frontline deserved and needed the support of the health sector in the UK, THET Chief Executive Andrew Purkis told the Conference.

From the very beginning, and based on his own long experience, he insisted on THET's core principle: we listen to the priorities expressed by developing country partners in careful dialogue; we do not prescribe our own solutions.

Gradually the organisation grew in response to ever wider opportunities and demand. Networks expanded, grants flowed in, paid staff as well as volunteers were deployed. The last three years had seen a continuing transformation, supported by joint funding from DFID and the DH of THET's work with Links. The handful of NHS Links that existed in the early years of the millennium had grown into 100 on THET's database today.

A significant number of Links are more strategic. Purkis said: 'In the last three years, there has been a huge gathering and sharing of good practice. There has been strong support for the Links movement in Wales, and in a different way in Scotland, too. And there has been a shift in the UK Government's policies, for which THET has lobbied long and hard, via the Crisp Report and through other channels.

'The Global Health agenda, led by DH, tends to be favourable in principle to Links. The horizontal health system strengthening agenda, led by DFID, also tends to be favourable in principle to Links. The present Government's response to the Crisp Report takes things forward. The salience of Links in public policy is a lot greater than it was three years ago. And it is cross-party.

Purkis added: 'I have heard a very senior Conservative say that we really want to give these partnerships monkey glands. I'm not quite sure exactly what he meant but I am very sure it is good news!'

Professor Steve Tomlinson: Enormous contribution

'Outstanding' THET Chief Executive Andrew Purkis, who has just retired after three-and-a-half years in post, was thanked for his work at the Conference. THET Chair Professor Steve Tomlinson said: 'I have known Andrew for the last two-and-a-half years and, if the glass is half-full, I think it is fair to say that it is a reflection of the enormous contribution he has made to the development of THET. He really is quite outstanding. When I saw his CV and the organisations he has been involved with I knew we had someone of the highest quality and, so it has proved to be.'

THET International Director Karen Peachey is acting as Chief Executive until a new appointment is made. Tomlinson said: 'I am delighted Karen has agreed to act in the role until we have a replacement.'

Workshops

Workshop 1: Risk and security issues for Links

Speaker: Catherine Novi

Let people know your plans. Have a working mobile with you. Respect curfews. Don't carry or show valuables – be wealth aware. Take local advice on safety. These were just some of the suggestions made in the workshop to help prevent people getting into difficulty when overseas. The key message was to expect the unexpected and to recognise that – when and if it happens – it can happen fast. Anything from being involved in a road accident, causing an accident, falling ill, to being caught up in political or civil unrest. The advice was to be prepared. Be prepared for long delays, changes of plans, poor roads etc. Prepare Link visitors through induction and debriefing sessions. The workshop heard there had been six incidents and yet only one Link had a policy in place and only four had a response and contact procedure. The new THET Risk and Security Guidelines for UK Links, that look at risk assessment and how to respond to incidents, are available on the THET website.

Workshop 2: Role of nurses, nursing and midwifery in Links

Speakers: Roda Ali, THET Somaliland and Marilyn Boggust, RCN

The involvement of female nurses and midwives in Links is an opportunity to promote the role of women in society and to focus on women's health. Links have moved on from being seen as 'Consultants Clubs' and nurses from being the 'handmaidens' of doctors. There were huge professional opportunities to be had by nurses involved in Links but they faced, too, issues over professional leave, accreditation, pensions, CV/portfolio, training, electives and terms and conditions. Androulla Ozcivi in RCN was recommended as a good contact. Tel: 020 7647 3597. Email: international.office@rcn.org.uk. The workshop discussion will help set the agenda for a RCN/THET workshop on nurses and Links scheduled for 17 July 2009.

Workshop 3: How can Links integrate research in their work?

Speaker: Steve Allen, Consultant Paediatrician, Swansea University

UK universities should encourage more opportunities for UK research students to work in developing countries, particularly in neglected areas like psychiatry. But it was recognised that there were issues about proper supervision. Questions included whether the EDULink network in West Africa could be adapted to support research skills and if research 'scholarships' for individuals could be integrated into Link activities. Concerns were raised that funded researchers might try to 'parachute in' to Links. If so, Links must not collude with them, they need to insist on Links principles – that they are led by the developing country partner! The quality of data

was a serious problem. There was a need to develop evidence of the impact of Links to support both the work of Links and the possibility of research. The Wellcome Trust funds capacity building of indigenous African research via a consortium of African and Northern institutions: could this be used to increase transactional research led by and focused on developing countries? To sum up: Links should encourage evidence-based practice by Links in developing basic services and training and they must include a 'process of reflection' in all their work. This was more realistic than 'blue skies' research that requires bigger critical mass and infrastructure.

Workshop 4: Developing a successful fundraising strategy

Speaker: Thea Lacy, THET

Make it fun – enjoyable for you and all involved. Be focused – make a business plan. Check out similar charities and see how they raise their money. Organise big events like charity challenges/walks etc and small events like fetes and car boots. Think about corporate opportunities (gift aid), approaching businesses, grants, associations like the Rotary Club and don't 'forget pennies' from heaven or payroll giving. Encourage your developing country Link partner to think of ways to raise money in their own country. Make it sustainable! One developing country Link bought a goat for various workers. They sold the meat and with the profit they bought more animals. With the profit they were able to pay for a new clinic themselves. And don't forget to try and involve your local Diaspora group.

Workshop 5: Evaluation of Links: Sharing the lessons

Speaker: Juliet Bedford, Consultant

There is no ABC of how to do an evaluation. There are plenty of toolkits and guidance but not a single, definitive way to go about it. Dr Juliet Bedford, just back from evaluating four health Links in Ethiopia for THET, told delegates to be as flexible as possible and to include as many people as possible. She advised Link groups to be aware of power relationships. She said: 'It's a question of ownership. If people feel *they* are being evaluated they may feel challenged. The more people you can get to *own* the evaluation the more effective it will be because people will engage with the process rather than feel challenged.' Accepting there were many ways of 'doing' evaluation, Bedford said she used face-to-face interviews and participatory observation the most. But she warned: 'It is the things that aren't said in an evaluation that we need to take into account.' Caroline Potts, joint author of the new THET manual on monitoring and evaluation, said Links should be clear about why they were doing the evaluation and who it was for. Order the manual online at the THET website.



THET National Conference for Health Links 2009 Thursday 2nd April, 2009

Cardiff University Campus, Humanities Building, Column Drive, Cardiff, CF10 3EU

Conference Programme

- 09.30 Registration
- 10.20 Delegates take their seats
- 10.30 **Welcome**
Professor Steve Tomlinson CBE, Chairman of THET Board of Trustees
- 10.35 **Speech**
Dr Tony Jewell, Chief Medical Officer, Wales
- 10.50 **Nurse and nurse tutor training as an aspect of Health Systems Strengthening via Links in Somaliland**
Roda Ali, THET Somaliland
- 11.15 **Questions and discussion**
- 11.30 Coffee
- 11.50 **Links' priorities for the revised Department of Health Framework for UK health sector involvement in international development**
Introduced by Dr Sudeep Chand, Public Health Advisor, Global Health Team, Department of Health and Andrew Purkis, Chief Executive, THET
- Workshops: Links' priorities for the revised Department of Health Framework**
- Group 1 – Room 0.31**
Group 2 – Room 0.36
Group 3 – Room 2.01
Group 4 – Room 0.45
Group 5 – Room 1.55
- 12.45 Lunch
- 13.30 **THET Film: Work of Links and THET**
World Premiere!

- 13.45 **Feedback of key messages from workshops on DH Framework**
Led by Dr Sudeep Chand, Public Health Advisor, Global Health Team,
Department of Health and Andrew Purkis, Chief Executive, THET
- 14.00 **Presentation on THET'S Latest Good Practice Materials**
Karen Peachey, THET
- 14.15 **Plenary session**
Report from DFID/DH with a discussion on **Latest Developments in Relation to Health Links Policy**, e.g. new Funding Scheme, International Health Links Centre
John Gibb, Health Services Team, DFID; Colette Dean, Development Partnerships, British Council and Karen Peachey, THET
- 15.00 Tea
- 15.20 **Workshops:**
1. **Risk and security issues for Links – Room 0.31**
 2. **Role of nurses, nursing and midwifery in Links – Room 0.36**
 3. **How can Links integrate research in their work? – Room 2.01**
 4. **Developing a Successful Fundraising Strategy – Room 0.45**
 5. **Evaluation of Links – sharing the lessons – Room 1.55**
- 16.30 **THET and Links – yesterday, today and tomorrow**
Andrew Purkis, Chief Executive, THET
- 16.45 **Closing Remarks**
Professor Steve Tomlinson CBE, Chairman of THET Board of Trustees
- 17.00 **Drinks Reception**
- 18.00 **Depart**

Speaker Biographies

Professor Steven Tomlinson CBE Chairman of THET Board of Trustees

Professor Tomlinson graduated in Medicine in 1968 from Sheffield. From 1993 to 1999 he was Dean of the Medical School and Faculty of Medicine, Dentistry and Nursing in Manchester. During this time he established a link with Kumasi in Ghana based upon exchanges of nurses, dieticians and chiropodists, helping to improve standards of care for people with diabetes. Professor Tomlinson became Chair of THET's Board of Trustees in 2007. He was Vice-Chancellor of the University of Wales College Of Medicine from August 2001 to August 2004. Following the merger of Cardiff University with the College of Medicine, he became Provost of Cardiff University. He has served on the Council's Wales Advisory Committee since moving to Cardiff from Manchester. In 2007, he was awarded the CBE for services to medicine.

Dr Tony Jewell Chief Medical Officer - Director of the Department for Public Health and Health Professions

Dr Tony Jewell took up his appointment as Chief Medical Officer for Wales in April 2006. The CMO provides independent professional advice and guidance to the First Minister and other Welsh Assembly Government ministers, and to officials in the National Assembly for Wales on health and healthcare matters.

Roda Ali Head of Nurse Tutor Training Course, Hargeisa, Somaliland

Roda joined THET in November 2007 as Head of Nurse Tutor Training course at the Institute of Health Sciences in Hargeisa, Somaliland. Roda is on secondment at the Institute where she is joint Deputy Director in addition to being responsible for the implementation of a nurse tutor training course. A native Somalilander with vast nursing and teaching experience Roda joined THET from WHO where she previously worked as Human Resources Capacity Building Officer in the HIV/AIDS Unit, Hargeisa office. Prior to this she worked as Deputy Director at the respected Edna Adan Maternity Hospital in Hargeisa, where she was instrumental in developing hospital policies and procedures and formulating teaching curricula.

Andrew Purkis Chief Executive, THET

Andrew 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.

Dr Sudeep Chand**Public Health Advisor, Global Health Team, Department of Health, and Project Manager for the Department of Health Framework for International Development**

Sudeep graduated from Imperial College in 2001 with a medical degree intercalated with management. He later specialised in psychiatry and public health, deputising as Director of Public Health at Kensington and Chelsea PCT, and leading on quality improvement and strategy development in primary care, acute trusts and local authorities. His international experience includes health systems development in northern Nigeria. He is also an honorary research fellow at the UCL Centre for International Health and Development, and has published on human resource and governance issues. He continues to work clinically in health protection in London.

Karen Peachey**International Director, THET**

Karen 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.

John Gibb**Department for International Development (DFID)**

John works on health issues in DFID's Policy and Research Division. He is the programme manager for the joint Department of Health/DFID support to health links. His other responsibilities include polio and neglected tropical diseases. He has worked on EC budget and policy issues and has extensive country programme experience from working on DFID programmes in West Africa, the Middle East, India and Sri Lanka.

Colette Dean**Project Manager, British Council**

Colette manages and develops government funded HE partnership programmes including Development Partnerships in Higher Education (DeHPHE), BRIDGE (British Degrees in Russia) and Higher Education Links at the British Council. Colette is currently responsible for the management, implementation and development of the DFID funded DeHPHE and her team are responsible for a wide portfolio of capacity building projects throughout sub-Saharan Africa and Asia. She has also recently been involved in the discussions and design of the successor programme to England-Africa Partnerships programme, Education Partnerships in Africa with DIUS.

THET National Conference for Health Links 2009

Delegates List

SPEAKERS

	First Name	Surname	Organisation
Professor	Steve	Tomlinson	Chairman of THET Board of Trustees
Dr	Tony	CBE Jewell	Chief Medical Officer for Wales
	Roda	Ali	THET Somaliland Public Health Advisor, Global Health Team,
Dr	Sudeep	Chand	Department of Health
	Andrew	Purkis	Chief Executive, THET
	Karen	Peachey	International Director, THET
	John	Gibb	Health Services Team, DFID
	Colette	Dean	Project Manager, Development Partnerships, British Council

DELEGATES

	First Name	Surname	Organisation
Dr	Sushma	Acquilla	Faculty of Public Health
	John	Acres	Wessex Deanery (NESC)
	Ahmedwall	Ahmed	NHS/PCT
Dr	Willie	Ako	University of Bristol
	Denise	Alexis	The Royal College of Nursing
	Stephen	Allen	Swansea University
	Jenny	Allen	Welsh Assembly Government
	Nick	Astbury	Norfolk and Norwich University's Hospital Trust
	Tessa	Astbury	Basic Needs
	Andy	Bacon	NHS Northwest
	Jean	Bailey	THET
Dr	Juliet	Bedford	Consultant
	Yvonne	Boatin	Bobuck International
	Marilyn	Boggust	Royal College of Nursing
	Natalia	Botero	Royal College of Physicians
	Reg	Bragnier	UH Bristol
	Natalie	Briggs	Vision Aid Overseas
	Eric	Broussine	University of The West of England University of Chester, Faculty of Health and Social Care
	Ann	Bryan	
Mr	Victor	Buckman	Bobuck International
	Jean	Caldwell	NI-CO
	Duncan	Cameron	North Wales NHS Trust
	Janet	Cameron	
	Ruyi	Chen	Nottingham Trent University
Ms	Victoria	Cheston	Guy's and St Thomas' NHS Foundation Trust
	Anthony	Chignell	St John
	Hannah	Clapham	Imperial College
	Murray	Cochrane	South West Strategic Health Authority

Dr	Edward	Cole	SLAA (Masanga Hospital Sierra Leone)
Dr	Karilyn	Collins	Thiheza Hospice Care / Paliative Care Works
Dr	Richard	Collins	VSPG Hereford / Muheza Link
	Fiona	Coyle	NI-CO
	Amy	Cudmore	THET
	John	Cunnington	Consultant
	Cathrin	Daniel	Dolen Cymru - Wales Lesotho Link
	Maureen	Davies	Dolen Cymru
	Chris	Dean	Results Education
	Jill	Donnelly	Hereford County Hospital
	Melrose	East	Southern Ethiopia Gwent Health Link
	Nick	Eastcott	Afrikids
	Lucy	Elkin	THET
	Stella	Elliott	Gambia - Swansea Vision 20/20 Link
Dr	M. Ayo	Eni-Olotu	Wessex Deanery (HISW)
	Jane	Fitzpatrick	University of The West of England
	Jane	Fletcher	NHS, South West Public Health Observatory
Ms	Theresa	Foroma	Nottingham Trent University
	Sheila	Gallagher	Central and North West London NHS Trust
	Hywel	George	Plastic Buddha Productions Ltd
	Biku	Ghosh	Southern Ethiopia Gwent Health Link
	Rachel	Giaccone	Brecon Birth Trust / Medics4TIMBUKTU
	Linda	Gibbs	Leeds Teaching Hospitals NHS Trust
	Amanda	Goldstein	Birmingham Children's Hospital
	Angela	Gorman	Hope for Grace Kodindo
	Michael	Griffith CBE	Glan Clwyd Hospital Group
	Win	Griffiths	ABM University NHS Trust
	Julie	Grigg	Medics4Timbuktu
	Ben	Halliday	Nottingham University Hospitals
Mr	Phil	Hall	University Hospitals Bristol NHS Foundation Trust
	Brenden	Healy	Dolen Cymru (UHW)
	Franco	Henwood	Maudsley International / King's College London
	Rebecca		
	Kate	Hirst	University of Birmingham
	David E	Holmes	Glos. Hosp. NHS Trust
	Sharon	Horder	THET
Dr	Peter	Hughes	Kings THET Somaliland Partnership
	Aliyu	Husaina	Tribal Newchurch
	Genevieve	Hutchinson	THET
	Nicolet	Hutter	DFID
	Caroline	Hyde-Price	Health Protection Agency
Mrs	F	Iscandri	Sierra Leone Breast Cancer Charity
	Vanessa	Jessop	MEDSIN UK
	Richard	Kerr-Wilson	Cheltenham General Hospital
Dr	Claire	Kidgell	Cardiff University School of Medicine
	Tami	Kramer	CNWI NHS Foundation Trust
	Thea	Lacey	THET
	Bob	Lane	THET
	Aisha	Latif	Butabika Link

	Andy	Leather	THET Trustee / King's International Development Unit
	Diane	Lewis	Wales / Somaliland
Dr	Tom	Lissauer	THET
Dr	Geoff	Lloyd	PONT
	Brenda	Longstaff	North Cumbria Health Care
Professor	John	MacDermot	THET
Mr	Cath	MacDermot	UCL
Dr	Iain	Maclennan	NHS Hampshire
Dr	Franz	Majoko	ABM University NHS Trust
	Maizura	Mansor	Cardiff University
	Travers	Merrill	SMIDOS Wales
Miss	Filson	Mohamed	University of Westminster
	Maria	Moore	NHS & Dolen Cymru/Lesotho-Wales
	Sally	Moran	Taunton and Somerset NHS Foundation Trust
	Elizabeth	Murphy	St Mary's Hospital
	Jean	Newman	PHI - Kenya Partnership Development Group
		Newson-	
Dr	Jane	Smith	Isle of White NHS PCT
	Victoria F	Nicol	Aberystwyth University
	Naa Akleh	Noi	Royal College of Physicians
	Rachel	North	Cardiff University
	Catherine	Novi	THET
	Paul	Ofori-Atta	Motec-Life-UK, West Herts NHS Link Ghana
	Patience	Ogie	Nottingham Trent University
	Sigrid	Ornetzeder	Project Support Officer
	Craig	Owen	
	Elsbeth	Pentland	Scotland Malawi Partnership
Dr	David	Percy	UK Zambia Health Workforce Alliance
	Gillian	Percy	
	Helen	Perry	ISIG
			Healthcare Inspectorate Wales / Southern Ethiopia
Dr	Robyn	Philips	Gwent Health Links
	JC	Phillips	King's International Development Unit
	David	Place	University Hospital of Wales
	Caroline	Potts	North Cumbria Health Care
Ms	Morag	Reynolds	NHS Sefton
	Alan	Ritchie	THET
	Denis	Robson	Johnson and Johnson Medical
	Anne	Russell	SHARE (Sheffield Health Action Resource for Ethiopia)
	Alastair	Sammon	Gloucestershire Hospitals NHSF Trust
	Luca	Saraceno	Cardiff University
	Jean	Shaw	
	Rhian	Smith	North Wales NHS Trust (Central)
	Julie	Storr	National Patient Safety Agency (NPSA)
Dr	Cathrin	Taylor	PONT
	Kathrin	Thomas	National Public Health Service for Wales

Michael	Till	Kambia Appeal, Cheltenham / Cheltenham & Gloucester Foundation Trust
Jon	Townley	Welsh Assembly Government
Glyn	Turner	MIFUMI
Sally	Venn	National Public Health Service for Wales
Jane	Villa	North Bristol NHS Trust
Claire	Walker	International Centre for Eye Health
Mr	Walters	Samburu Maasai Wales Aid
Mrs	Walters	Samburu Maasai Wales Aid
Fadumo	Warsame	Somali Community Advancement Organisation
Zaynab A	Warsame	Somali Community Advancement Organisation
Alison	Weightman	Cardiff University
Jono	West	International Health Partners
Pam	White	City University London
Lindsay	Wilson	Birmingham Children's Hospital
Frances	Wilson	University of Chester, Faculty of Health and Social Care
Lizzie	Wiltshire	VSO
Musa	Yousuf	Horn Health Concern

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