Making the Most of International Partnerships Seminar
jointly organised by the
Zambia Ministry of Health and the Zambia UK Health Workforce Alliance
5th October 2010, Lusaka, Zambia

SEMINAR REPORT

Background

Many Zambian health and health-related academic institutions have small or medium sized partnerships ('health partnerships') with individuals, departments, organisations or NGOs in Europe or North-America. Some Zambian institutions such as the University Teaching Hospital have multiple partnerships. Although such partnerships are designed to bring development benefits and learning to Zambian institutions and to their European and North American partners, they can also involve high transaction costs to both Zambian and the overseas partners.

Health partnerships come from a strong desire to help by the European or North-American partner. They are often based on individual initiatives and, in most cases, personal relationships. Some of these partnerships are also based on the acceptance of any help offered rather than on a careful analysis of health needs, benefits, costs and value for money. As a result, partnerships can often be donor driven and not always aligned to the strategic priorities of the Zambian Ministry of Health.

In order to address these issues around health partnerships, the seminar ***Making the Most of International Partnerships*** was held in **Lusaka on October 5th** with a view of bringing together Zambian, European and North American health partners.

The Zambia UK Health Workforce Alliance (The Alliance) is a growing network of Zambian-based and UK-based organisations that support health initiatives in Zambia. The Alliance works with MoH Zambia to support the expansion and development of the Zambian health workforce and the development of Zambian health systems. The Alliance does this by promoting and improving coordination among the initiatives supported by these organisations. Two recent Alliance seminars in the UK have explored the development priorities for the MoH Zambia and have successfully looked at how to gain maximum benefit for Zambia with the lowest possible cost to both partners. The seminar in Lusaka had similar aims.

Seminar Objectives

The primary objective of the seminar was to explore and identify best ways of working to gain maximum benefit from partnerships between Zambian and North American and European partners.

The anticipated outputs from the seminar were:

- A greater understanding of the number of Zambian health partnerships, areas of support, and depth of engagement;
- A greater understanding of the pressures [including financial pressures] on health systems in Zambia, Europe and North America and their potential impact on health partnerships;

- A greater understanding of the potential benefits and costs of partnerships for both partners:
- A greater understanding of ways in which systems and processes can maximise the benefits and minimise the costs of partnerships and how to get best value from the available resources; and
- A greater understanding by Zambian partners of how to work with North American and European partners more closely, more effectively, and more efficiently.

Seminar Programme

The seminar programme is attached as annex 1.

Seminar Participants

A total of 76 participants attended for part or all of the day. The majority of participants attended all the sessions. A participant list is attached as annex 2.

Participants included:

- Senior management officers from the different directorates at the Ministry of Health
- Senior managers from the General and Specialist Hospitals and health-related academic institutions, in the public and private sectors, who have partnerships or who are considering partnerships with European or North American partners
- Representatives of local civil society organisations, faith based organisations and local NGOs working in health (including the Churches Health Association of Zambia)
- Representatives of organisations that are part of the SWAp and other major international donors.
- European or North American representatives from health partnerships in Zambian health organisations who were in Lusaka at the time of the seminar.

Seminar Organisation

The seminar was facilitated by the Zambia-UK Health Workforce Alliance Secretariat and the SWAp Secretariat. Selected participants were asked to facilitate small group work and to give presentations. Support was also given by the Zambian offices of Sightsavers International and The Tropical Health and Education Trust [THET].

The Seminar was co-chaired by Dr Peter Mwaba, Permanent Secretary MoH Zambia, and Lord Crisp, independent member of the House of Lords, former Permanent Secretary DoH England and co-chair of the Alliance.

Seminar Outcomes

As laid out in the programme the chairs, speakers and participants:

- Gained insight into the current state of affairs in the health systems of the UK and Zambia;
- Gained insight as to how a major donor and implementing partner from North America engaged in partnerships in Zambia; and

- Heard about the costs and benefits of international health partnerships from the perspectives of the Zambian Ministry of Health and two Zambian organisations.

The group discussions, as well as the speakers, articulated the general lessons and remaining questions from existed partnerships. Discussions were open and honest and there was a general consensus on what were the benefits and costs of partnerships.

The outcome of these discussions concluded the following:

	Low cost, high output, efficient and effective partnerships are characterised by:	**High cost, low output, inefficient and ineffective partnerships are characterised by:**
Integration and awareness of local initiatives	Partnerships and their programmes of work are run with due attention to the activities of other partners and the Zambian development strategy.	Partnerships and their programmes of work run in parallel to other partners and with little or no reference to the Zambian development strategy.
Terms of reference/aims of the partnership	Partners have talked through how they will work together, agreed mutual aims and know what type of partnership they are in.	Partners are unclear about how they will work together; aims are unclear and not completely agreed. They are not clear about what type of partnership they are.
Risk management	Partnerships anticipate risks and difficulties and have project plans and governance arrangements that are effective when “things go wrong".	Partnerships “muddle along” and do not have the structures or processes to deal with problems.
Local leadership	The Zambian partners are in the driving seat. They are proactive in identifying and developing partnerships with institutions of their choice that focus on their priorities.	Zambian partners accept or are forced to accept donor driven/overseas partners priorities which can be at cross purposes to the development needs of their Zambian institution.
Project management	Overseas partners offer predictable, long term, well managed support which is adequately resourced.	Overseas partners offer intermittent, unpredictable support and project management is poor.
Financial management and accountability	Overseas partners are open about resourcing and decision making is shared. The majority of financial resources are spent in Zambia.	Overseas partners are secretive about financial resources and a majority is spent on the overseas partner. Decision making about resources is not shared.

Seminar Recommendations

The participants spent the last part of the seminar discussing the following *"what are three or four practical and feasible actions that will maximise the benefits and minimise the costs of international partnerships? One of these should give short term/immediate results"*

These conclusions of these discussions were the outcomes of the conference. They fell into two groups: actions for the Zambian Ministry of Health and actions for Zambian and international health partners.

Actions for the Zambian Ministry of Health [MoH]

1. **Mapping and analysis of existing and future international partnerships. All Zambian international partnerships should be mapped and a more in-depth study in a small number of selected institutions should seek a greater understanding of the benefits and costs to these, and by projection, to other institutions in Zambia.**

2. **Partnerships should be made public via a database. Data should be sufficient to allow others to understand the location, the partners involved, the type of partnership and the expected outcomes of the partnership. This database should encourage coordination and strategic alignment between partnerships. Ways should be found to include all international partnerships on this database.**

3. **The MoH should create a Partnership Office which promotes good practice in international partnerships in Zambia including strategic alignment, induction to Zambia, reduction of opportunity costs in MoH and elsewhere, and the provision of data to help partnerships work more effectively [e.g. health data, strategic plans, equipment standards, etc.].**

4. **The MoH should publish guidance on good practice in international partnerships this should be in the form of rules of engagement and/or a code of conduct. This would include governance and joint accountability in partnerships. This guidance should be made available to other countries including being published as "The Lusaka Agreement".**

Actions for Zambian and International Partners

1. **Partnerships should provide information to the MoH Partnership Database and keep this information up to date. They should use the information on the database to get to know others working in the same clinical or geographical area and align their activities with others and with the strategic development plans of MoH.**

2. **Partnerships should develop their project management and quality improvement skills including being outcome focused and agreeing open and robust governance and management systems.**

Annex 1 - PROGRAMME

09:30 **Opening remarks and introductions**

Dr Peter Mwaba and Lord Crisp

10:00 **SESSION ONE: Experiences from International Partnerships – the big picture**

Presentation 1	Zambian experience, issues and constraints *Dr C. Simoonga, Director of Planning and Development, Ministry of Health*	15 mins
Presentation 2	North American experience, issues and constraints 15min *Lindsay Crumbaugh, Deputy Country Director, Clinton Health Access Initiative*	15 mins
Presentation 3	UK experience, issues and constraints *Lord Crisp*	15 mins

11:30 **SESSION TWO: Experiences from International Partnerships – local examples**

Presentation 1	*Yoram Siame, Advocacy Specialists, Churches Health Association of Zambia*	15 mins
Presentation 2	*Dr W Chilengwe (Maj), Senior Medical Superintendent, Chainama College of Health Sciences and Hospital*	15 mins
Small group discussions	"What general lessons can we learn from these three examples and our own experience of overseas partnerships"	45 mins

14:00 **SESSION THREE: Working groups**

15:45 **Summary and farewell**

Dr Peter Mwaba and Lord Crisp

Annex 2 – PARTICIPANTS LIST

Name	Surname	Organisation	Job title
1. Karen	Campbell	Zambia Ministry of Health	Technical Advisor HRH
2. Dolors	Castello	Chainama Hills Hospital/College of Health Sciences	Technical Advisor
3. Kenneth	Chanda	Partnerships for Health Information	
4. Francisca	Chanda	Mental Health Association of Zambia	
5. Collins	Chansa	Directorate of Policy & Planning, Ministry of Health, Zambia	Chief Planner - Multilateral & Bilateral Cooperation
6. Levi	Chifwaila	Chitambo School of Nursing	Principal Tutor
7. Laston	Chikoya	University Teaching Hospital	Medical Director
8. W	Chilengwe	Chainama Hills Hospital/College of Health Sciences	Medical Superintendent
9. Kelvin	Chimbinde	ZANIS	
10. Bruce	Chooma	Zamcom/SSI	
11. Paul	Chungu	Mental Health Association of Zambia	Executive Director
12. Nigel	Crisp	Zambia UK Health Workforce Alliance	co-Chair
13. Sian	Crisp	Zambia UK Health Workforce Alliance	
14. Lindsay	Crumbaugh	Clinton Health Access Initiative	Deputy Country Director
15. Joseph	Daka	ZANIS	
16. Dorothy	DeLogie	St Francis Katete/Scotland Link	
17. Susana	Edjang	Zambia UK Health Workforce Alliance	
18. Karen	Edwards	Vision Aid Overseas - Zambia	Programme Director
19. Dermot	Gorman	NHS Lothian	
20. Mutinda	Hamoonga	Sightsavers International	Regional Government Relations Officer
21. Dick	Jonsson	Department of Economics, UNZA	Health Economist
22. Chaze	Kamuwanga	SON-UTH	
23. William	Kanweka	USAID/Zambia	Senior Health Advisor
24. Vittal	Katikireddi	NHS Lothian	
25. Fredick	Katukwenda	Zambia Ministry of Health	
26. John	Kinnear	Southend University Hospital/THET	Professor of Anaesthesia
27. Peter	Kyalo	CURE Hospital	CEO
28. Mohammed	Labib	RSCI/COSECSA	Head of Education and Scientific Committee
29. Adam	Largerstedt	Zambia Ministry of Health	Advisor to the PS
30. Priscilla	Likwasi	JICA	Health Specialist
31. Kennedy	Lishimpi	Cancer Diseases Hospital	
32. Francina	Makondo	UNZA Medical Library	
33. Victor	Makonka	Zambia Ministry of Health	
34. Patrick	Malisawa	Operating Theatre Nursing School	Nurse Tutor/Link participant
35. Euphrasia	Mapulanga	Churches Health Association of Zambia	Information and Publications Officer
36. Patricia	Mbewe	Hot FM	Journalist
37. Emily	Measures	THET	Programme Manager
38. Travers	Merrill	Wales in Zambia Consortium	
39. Mutale	Merrill	Wales in Zambia Consortium	
40. Augustine	Mkuka	DAZ	
41. F.B.	Mponela	University Teaching Hospital	
42. John	Mudenda	PRIME/Apex Medical University	
43. Francisca	Mukuka Chanda	Mental Health Assocation of Zambia	Development Officer

44. Universe	Mulenga	School of Theatre Nursing, UTH	Principal Tutor
45. Mulenga	Muleba	Crown Agents	
46. Martha	Muli	Solwezi School of Nursing	Nurse Tutor
47. Joseph	Musanje	Sightsavers International	Zambia Country Director
48. Layson	Msiwila	Centre for Health, Science and Social Research (CHESSORE)	
49. Mutinda	Musonda	Zambia Ministry of Health	
50. Itone	Muteba	Zambia Ministry of Health	
51. Christine	Mutungwa	UNICEF	
52. Chichi	Muzongwe	Zambia Ministry of Health	SWAp Secretariat
53. Peter	Mwaba	Zambia Ministry of Health	Permanent Secretary
54. Wesley	Mwambazi	Zambia Ministry of Health	
55. Prudencia	Mweemba	Department of Nursing Sciences, University of Zambia	Acting Assistant Dean (School of Medicine)
56. Jere	Mwila	Zambia Ministry of Health	Director of Human Resources
57. Thabale	Ngulube	Centre for Health, Science and Social Research (CHESSORE)	
58. Fordson	Nyirenda	Zambia Ministry of Health	
59. Catherine	Nyirenda	Times of Zambia	Journalist
60. Anthony	Okoth	Clinton Health Access Initiative	Country Director
61. David	Percy	Zambia UK Health Workforce Alliance/THET	
62. Martin A	Phiri	Zambia Ministry of Health	
63. Edward	Phiri	UTH Schools	
64. Moses	Phiri	KFZ	
65. Maurice	Shakwamba	VSO Zambia	Programme Manager
66. Yoram	Siame	Churches Health Association of Zambia	Advocacy Lead
67. Nora	Sichilongo	Zambia Ministry of Health	Principal Internal Auditor
68. Karen	Sichinga	Churches Health Association of Zambia	Executive Director
69. Christopher	Simoonga	Zambia Ministry of Health	Director of Planning and Development
70. Precious	Soko	THET - Zambia	Programme Coordinator
71. Angela	Spilsbury	DFID	Human Development Team Leader
72. Veronica	Sunkutu-Sichizya	University Teaching Hospital	Head of Radiology
73. Mary	Tembo	THET - Zambia	
74. Kennedy	Tembo	CSHF	
75. Dirk	van Wyk	MD	Medical Stores, Zambia
76. Henry P.	Zulu	UNZA Medical Library	