

# Twinning: the future for sustainable collaboration

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## Introduction

The health inequality between rich and poor countries must be the world's primary health issue, with developing countries carrying 90% of the global burden of disease. Despite this, developing countries have wholly inadequate health resources available and a specific set of problems to manage, making the delivery of even a basic standard of health service impossible [1] (Table 1).

The need for outside help from developed countries is clear. Traditionally, this has taken the form either of financial aid or of relatively few medical personnel working in developing countries for short periods. In addition, initiatives such as the Overseas Doctors Training Scheme have offered the opportunity to train medical staff in the UK for specified periods. Although laudable, these methods often do not produce sustainable benefit. A more effective and durable way of improving the standards of care in developing countries is through a direct collaboration between individuals, departments, hospitals or institutions.

In urology, this 'twinning' concept is supported by BAUS through its UROLINK subcommittee, and already several centres in the UK have established links with departments overseas.

## Twinning

Twinning can be defined as the establishment of a formal link between a specific department/institution in the UK and a corresponding department/institution in the developing world, to facilitate an accurate assessment of need and consequently to ensure effective mutual collaboration at all levels.

The term mutual is extremely important; historically, support has been primarily and often solely for the benefit of the recipients in poorer countries. However, to ensure that collaboration is maintained it must be recognized that the department in the developed world will obtain some benefit, and this must be built into the planning of any twinning initiative. Equally important is that the department overseas maintains ownership of the collaboration, and defines the purpose and pattern of the

collaboration rather than simply receiving assistance passively.

## Why twinning?

Twinning offers advantages over traditional collaboration by establishing regular personal contact between individuals that underpins the link between the respective centres. It ensures that realistic goals can be discussed, and that changes that occur can be closely monitored and adjustments made when appropriate. Twinning also ensures that a long-term approach can be adopted, with the individual steps taken slowly.

Previously, many collaborations have sought a 'quick fix', involving short visits with few planned goals. This frequently results in few lasting changes and simply amounts to an opportunity for 'medical tourism'. Twinning ensures that changes made are relevant to the local health service environment, and not simply an inappropriate adoption of policies and clinical management practices from the UK centre. It is crucial that such links are not only built on mutual trust but also mutual benefit. Historically, most developing world initiatives centred on the ability to provide 'aid' for less fortunate people. Although this aim is laudable, in most cases this one-way collaboration is rarely sustainable, and in the end may benefit neither party. Twinning must be built around mutual trust and the establishment of goals and targets for both centres. Some of the potential benefits that can accrue from twinning are:

- sustainable collaboration;
- ability to target resources;
- training opportunities for both parties;
- regular personal contact;
- trouble-shooting;
- mutual research opportunities;
- potential involvement of other specialities.

To this could be added the less tangible rewards derived from the opportunity provided, from both sides, to experience directly different peoples, cultures and medical systems, and to learn and benefit from these differences (Fig. 1).

**Table 1** Health and social problems common to developing countries

<i>Problem</i>	<i>Details</i>
Health Service	Insufficiently trained medical staff Inadequate equipment and drugs Poorly paid and demotivated staff General under-funding Poor transport infrastructure Lack of rehabilitation facilities and buildings Poor sanitation Low priority for research Lack of water supplies
Diseases	Diseases Malaria, HIV, diarrhoeal diseases, skin/eye infections Respiratory infection Intestinal worms Schistosomiasis Sexually transmitted diseases Trauma and accidents
Social and cultural	General poor economic status High illiteracy Poor personal hygiene Reduced acceptance of family planning Reliance on traditional therapies Sexual inequalities

### Establishing the link

The Tropical Health and Education Trust, established in 1988, provides advice for those wishing to set up and maintain links with developing countries, and helps to manage several of these links. The Trust has a very practical and realistic approach to twinning, based on many years of experience and an overall philosophy of preparing those who are being trained in the most appropriate and effective way for the tasks that they will be called upon to do, relevant to the needs of the local community [2].

### Choosing a link

Choosing an appropriate department/institution with which to establish a link largely depends on the aims and motivations of the individuals concerned. Realistically, the institution overseas will need to conform to basic standards of existing resources and infrastructure to ensure that change is achievable, and to facilitate mutual benefit. There must be potential for structured and supervised training, and most importantly, there must be willingness to make a success of the collaboration from both sides. In the UK, individuals interested in establishing a link with a department overseas can obtain advice about suitable centres from UROLINK.



**Fig. 1.** A poster promoting health education (East Africa).

### Assessment of need

An initial assessment of needs should be carried out with the members of staff from both institutions. Objectives in terms of research, service provision, management of resources, supply of learning materials and proposed visits need to be discussed and prioritized between leaders of the institution overseas and link members from the UK. This ensures that the expectations of both groups are similar. It is important that people do not promise to do things that are over-ambitious and that they are unlikely to deliver. Any link should initially be small, with limited goals that are achievable. This will give both partners confidence and provide the foundation upon which additional components can be established. This is an approach that many people find particularly difficult to adopt, as the needs are often so great, but it is essential if a link is to develop effectively.

Each link will develop at its own pace, with different components which need to be clearly defined in relation to the needs previously identified with people from both institutions. Each group must have an equal input, in the knowledge that an imposition of Western priorities

is inappropriate and likely to alienate the partners in the developing countries.

## Funding

Sufficient funding for twinning ventures, particularly in the early stages, is crucial for their success. Setting up the link will involve one or more visits to the institution for at least a week, and in the first year further visits may be necessary. Visits from developing countries will need to budget for an allowance for the overseas collaborator in addition to travel and accommodation expenses. An initial influx of urological equipment is often necessary, which although often obtainable through UROLINK, is expensive to transport. Once established, visits in both directions, principally for training purposes and assessing goals and targets, are fundamental to sustaining the collaboration. The link will be strengthened by including nursing staff and other disciplines. This will increase the costs involved, but will also broaden the appeal. Funding will also be needed for relevant complementary journals and other learning materials.

Although a degree of self-funding is essential, external sources must be sought at least initially to prime the initiative. Yamanouchi has recently agreed a GB£3000 per year grant (for 3 years initially), aimed specifically to assist with establishing worthy twinning ventures. In addition, other funding sources are available, although it is suggested that contact is made with UROLINK, who can advise further on the precise nature of possible grants. Once the collaboration is established, funding must be available from a sustainable source. As soon as the department involved feels that they have ownership of the link, raising money within the hospital becomes much easier. Our Zanzibar/Taunton link is funded largely through fund-raising activities and donations, small and large, made by generous local individuals, organizations and commercial companies, which are all paid into a dedicated twinning account.

## Maintaining the link

*Communication.* For any twinning venture to be durable the key is communication. This should be by formal visits both to and from the developing country concerned, and by communication between visits. The latter can be difficult because postal, telephone and computer links are often unreliable, but regular contact is essential, particularly in the period after a visit. Ideally letters should be written regularly to assess the progress of the partners, and to provide them with relevant articles and other support. This helps to maintain the momentum and strengthen relationships.

*Visiting.* Twinning is not designed to make an overseas institution dependent upon visits, although visits are a means to enable the institution to recognize its weaknesses and to identify methods to overcome them. Visits between hospitals or departments are a very effective tool, but alone and without proper planning, can achieve little. When both groups have agreed who should visit and in which direction, clear objectives need to be set out for the visit:

- What is the purpose of the visit? This must be fully discussed by both parties before departure.
- How will the objectives be met?
- Who will be involved from both sides?
- The choice of visitor is relevant; cultural awareness and sensitivity, the ability to live simply, professional credibility, interpersonal skills and motivation are all very important when planning visits. Every visitor must be fully and adequately briefed.
- How long is the visit? Shorter than one week is not acceptable as climatic, medical and cultural adjustments take time; an ideal visit would last for  $\geq 2$  weeks.

These issues should be agreed in advance, so that there is adequate preparation and so that each group has similar expectations.

The visit should then be followed by a report, which highlights:

- what was achieved in relation to the goals set for the visit;
- what was not achieved and why;
- unforeseen benefits/problems;
- plans/recommendations for the future.

The report should be circulated to the relevant parties so that lessons can be learnt and clear plans devised for the future.

Importantly, there may be clinical surprises encountered during visits to developing countries, and it is therefore essential that people do not give the impression that they are shocked by what they see. Usually the local health workers are all too aware of the shortcomings of their health service. They do not need reminding about this and, while guidance may be needed to strengthen their work, this must be given in a generous and understanding fashion.

When medical staff visit this country the hosts should be aware that they may never have left their home country before and so a visit to the UK is a new experience. Thus the first few days need to be taken slowly and much support and guidance provided. It is advisable for people to travel to the UK in pairs to support each other. In general, to achieve lasting benefit, it is suggested that such visits should last 4–6 weeks.

Weekends in Britain can be lonely for visitors, or they can be absorbingly interesting if the receiving team is able to plan visits to historic places, or perhaps even a football match! However, on a short first visit overseas it is inadvisable for UK visitors to plan safaris; this widens the gap between collaborators, rather than nurturing close relationships.

The most effective links have groups or committees at both centres. These groups should meet fairly regularly to discuss progress, highlight difficulties encountered and plan for the future. Minutes of these meetings must be sent to the partner so that the other group is aware of the priorities and expectations. These groups may be difficult to establish initially, but should nevertheless be encouraged so that the link is not over-dependent on one person, and so that the groups can ensure that plans are followed up. Involving management at both centres ensures that the link is institutionalized, helps staff to secure leave, and provides the support needed for the link to be sustainable.

When starting a link it may be tempting to try too hard to make immediate progress; this may not necessarily be the best approach as it can quickly develop into a one-sided relationship. If a link is considered to be controlled by the UK partners, it will achieve far less than if it is genuinely 'owned' by both groups. Achieving mutual ownership and trust is a slow process, which needs effort to make the twinning effective and sustainable.

### Potential problems

It is impossible to foresee all the potential problems, but some can be avoided:

- differing expectations – try to agree clearly defined goals and expectations at the beginning;
- communication – persist but do not force it;
- key people can become sick or leave the institution; do not rely on one person;
- assess people carefully; people who express a wish to become involved are sometimes interested not as part of a long-term development, but as an opportunity for a 'free trip';
- granting of visas for visitors to the UK may be difficult; plan well in advance.

### Twinning in practice

The twinning link between Taunton and Somerset Hospital and Mnazi Moja Hospital, Zanzibar (Fig. 2), has been built up over the last 8 years and is an example of how such an initiative can benefit both parties. During this period the Department of Urology in Zanzibar, under the leadership of M. Jiddawi, has developed from small



Fig. 2. Mnazi Moja Hospital, Zanzibar.



Fig. 3. A urology specialist registrar (John Probert) undergoing supervised training by Mr Mohammed Jiddawi, Zanzibar.

beginnings to become a busy, organized and well-equipped unit, where a full range of both open and camera-assisted endoscopic urology is practised in new purpose-built urology theatres. The department in Taunton has benefited by the provision of training opportunities both for consultants and five recent Specialist Registrars, all of whom have spent periods of time at Mnazi Moja. These trainees were exposed in particular to many supervised open operations, to a large range of varied and interesting urological pathologies, and experienced a different medical and social culture (Fig. 3). In addition, the Taunton and Zanzibar departments have also been involved with joint research and audit projects. We are now expanding the link to involve theatre and ward nursing staff, and have sent two such nurses from Taunton to Zanzibar to meet their counterparts in Mnazi Moja, to discuss the potential for

collaboration. We are also planning to assess the value of an association between the corresponding departments of General Surgery and Pathology.

## Research

One clear advantage from twinning is the opportunity to undertake collaborative research in one or both of the institutions involved. Although research is clearly essential for health development, <10% of the annual worldwide expenditure on health research is allocated to addressing the problems facing developing countries [1]. Tanzania and Zanzibar have a relatively mature health-research system, with the research institutions joining a health forum to identify research priorities and to devise an effective framework for research. It is often assumed that the flow of knowledge is in the direction of the developed world, but developing countries can learn and benefit greatly from research, particularly from studies into infectious diseases and alternative treatments, provided they are involved in the planning. The lack of advanced technology and sophisticated equipment may limit the quality and scope of some research, but much knowledge can be acquired through careful observations and innovative ideas which do not need extensive funds. A formal twinning link facilitates the research process, resulting in a mutual exchange of ideas, which is clearly a more satisfying process than a one-way transfer of knowledge and resources.

## Equipment

The donation of equipment may be an important component of any twinning venture. However, historically large amounts of money have been spent buying and transporting expensive equipment to developing countries, only to discover that it is inappropriate, or that the recipients either do not have the necessary expertise to use the equipment or are unable to repair it when it fails. Consequently the donation of equipment must be appropriately researched and targeted, with training provided either before or on receipt of the donation. One of the present authors (R.M.) visited a Leprosarium in Papua New Guinea, to be shown a large room with

two CT scanners and a variety of other complex radiological and surgical equipment. The equipment had been donated by foreign aid some years before and had never been used, because of inadequate training of local technicians and difficulties with electrical supply. Outside was a newly donated tractor that had not been driven for many months, as they did not have the correct supply of tractor tyres to replace punctures. It is crucial that equipment needs are fully discussed with the proposed recipients and that visits are made to the foreign institution after receipt of the equipment, to assess its usefulness and to provide additional training if necessary. This process is facilitated within the context of a functioning twinning collaboration.

## Conclusions

Twinning between an overseas institution or unit and its UK counterpart offers significant advantages over traditional collaboration between developed and developing countries. Partners must be carefully chosen and the nature of the link planned in detail for the mutual benefit of both parties. It is essential that links are built into the existing health service and training programmes of the local institutions, to ensure that they are relatively inexpensive and more importantly, that their benefits are sustainable for the future.

## References

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