

The Health Partnership Scheme

Strengthening human resources for health is central to combating health crises. The Tropical Health and Education Trust (THET) has been awarded the contract to manage a new initiative designed to further support the development of health services in Africa and Asia

What is the Health Partnership Scheme?

Funded by UKaid, the UK Government's Department for International Development (DFID), the 4-year Health Partnership Scheme (HPS) will address the critical shortages of health workers in low-income countries, aiming to reach the world's poorest people through its focus on under-served and rural areas (see figure overleaf).

The HPS will build on the existing UKaid and Department of Health-funded International Health Links Funding Scheme to deliver an expanded programme that will harness the expertise of UK health professionals and so improve health outcomes by transferring skills and supporting skill development in low-income countries, as well as through promoting UK involvement in volunteering.

Grants will be awarded in three areas:

- Multi-Country Partnership grants – large, transformational projects for effectively leveraging the expertise of UK health partners in areas of health system strengthening. Multi-Country Partnerships must include institutions/organisations from four or more eligible countries including the UK. Limited in number.
- Paired Institutional Partnership grants – partnership projects improving health outcomes with eligibility covering a broad thematic and geographical spread.
- Long-term volunteering grants – for the placement of UK volunteers who will support the delivery of projects for 6 months or more.

THET will be significantly expanding its real-world and on-line support for participants, through workshops, communities of practice, coaching, and guidance in project management and monitoring, as well as fostering new partnerships.

The scope of partnerships that THET has been able to support to date has been very diverse, including working with a range of health practitioners (including doctors, nurses, environmental health specialists, and health managers) at both primary and secondary care levels. Capacity has been built where those delivering healthcare have been unable to respond to a local need without further external support. The Health Partnership Scheme will amplify the successes to date of such partnership work, as well as address some of the lessons learnt from past activity.

This article has been compiled by Maggie Collins of The Tropical Health and Education Trust (THET). For more information email Maggie@thet.org:

Childhood cancer in Ghana

The health partnership between the Korle Bu Teaching Hospital (KBTH), Accra, Ghana and the Royal Hospital for Sick Children (RHSC), Edinburgh, UK

By Dr Vanita Sharma, Head of Programmes, AfrOx (Africa Oxford Cancer Foundation)

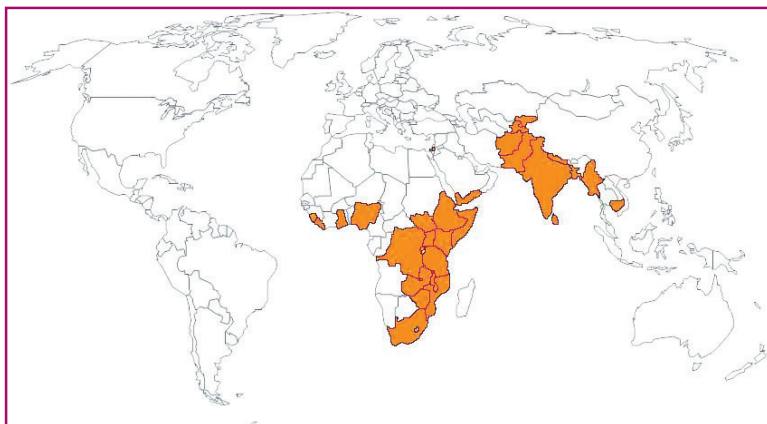
I am the programme manager for the health link between the Korle Bu Teaching Hospital (KBTH), Accra, Ghana and the Royal Hospital for Sick Children (RHSC), Edinburgh, UK. The aim of the link is to help improve the treatment of childhood cancer in Ghana.

Cancer is often perceived as a disease of affluent societies, but this is not true. Ghana is a low-income country in sub-Saharan Africa with a population of around 23 million, of which around 40% are aged 15 years and under. For these demographics, doctors would expect to see 750 to 1300 diagnoses of childhood cancer a year based on 80 to 150 cases per million children – not dissimilar to rates in developed regions. However, children in Ghana are diagnosed with fewer leukaemias and more lymphomas and solid tumours, such as Wilms tumour (kidney cancer), retinoblastoma (eye cancer), and Burkitts lymphoma (cancer of the lymph system), than children in high-income countries.

Around 75% to 80% of children survive cancer in developed regions, but the same is not true for children in Ghana. Outcomes in Ghana are currently very poor,



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DFID and Devolved Administration priority countries: Afghanistan; Bangladesh; Burma; Cambodia; Democratic Republic of Congo; Ethiopia; Ghana; India; Kenya; Kyrgyzstan; Lesotho; Liberia; Malawi; Mozambique; Nepal; Nigeria; Occupied Palestinian Territories; Pakistan; Rwanda; Sierra Leone; Somalia; South Africa; South Sudan; Tajikistan; Tanzania; Uganda; Yemen; Zambia; and Zimbabwe.

despite the fact that procedures and drugs for treating child cancer have been known to doctors for decades.

The solution

Many child cancers are relatively inexpensive and simple to treat even within the health infrastructure of a low-income country such as Ghana. Most of the drugs required are now generic and relatively cheap, and there are established protocols for treating child cancer in resource-poor settings. In fact, it is possible to achieve survival rates of 50–60% with affordable treatment for the most common child cancers in Ghana accounting for two-thirds of all cases.

A solution to the problem of child cancer in low- and middle-income countries lies in the development of twinning partnerships between hospitals, medics, and parent support groups, linking high-income countries with resource-poor countries.

The Ghana–Edinburgh childhood cancer health link

The Korle Bu Teaching Hospital is one of two teaching hospitals providing tertiary healthcare within Ghana, the other being the Komfo Ankoye Teaching Hospital in Kumasi. The hospital has a large paediatric department with six dedicated beds and has been treating children with cancer for a number of years. It diagnoses approximately 150 to 200 children a year. Dr Lorna Renner, a paediatric oncologist who completed 4 years of training at the Royal Hospital for Sick Children, Edinburgh, heads up a dedicated paediatric oncology team. She is supported by Dr Cathy Segbefia, who has recently returned from 4 years of training in paediatric oncology in Toronto, Canada. They are committed to increasing survival rates for children with cancer across Ghana by developing expertise at the two specialist teaching hospitals and creating satellite centres around Ghana.

After Dr Lorna Renner completed her training at RHSC, she maintained an informal link with the staff, who provided regular advice by phone and by email about complex patients at KBTH. In 2010, Dr Renner wanted to formalise this partnership and approached

Professor Tim Eden, the founding trustee of World Child Cancer and paediatric advisor to AfrOx (Africa Oxford Cancer Foundation), to find out whether our two charities could help. The two charities agreed to support Dr Renner and the staff at RHSC to establish a formal twinning partnership between the two units that would help improve diagnosis, treatment and care for children with cancer in Ghana, while building capacity in paediatric oncology staff and facilities within the health infrastructure.

In March 2010, THET awarded the Ghana–Edinburgh Link a small grant of £GBP3000, which funded an initial needs-assessment visit to Ghana. The team included Prof Tim Eden, Dr Emma Johnson, a data manager from RHSC, and myself. We held discussions with the staff at the unit at KBTH, the Ghana Health Service, and Ministry of Health to decide on the

goals and objectives of the link. We were also delighted that the Chief Executive of KBTH was extremely supportive of the project and agreed to set up a separate account for the funding we would provide and guaranteed that he would ensure that no overheads were deducted from this. As a result of this visit a formal Health Link was set up. AfrOx and World Child Cancer negotiated an MOU (memorandum of understanding) to define the goals and responsibilities of each of the partners and to define the scope of the programme.

The staff at RHSC agreed to provide training support and it was decided that there would be two training workshops per year at KBTH – one led by the Edinburgh team and one led by the Ghana team – and that ongoing mentoring and advice would continue to be provided by email and telephone. AfrOx and World Child Cancer agreed to support the link by helping to raise funding, support efforts to ensure local sustainability, and provide programme management and monitoring and evaluation for the partnership.

In September 2010, the Ghana–Edinburgh link was awarded a 2-year grant from THET for £GBP15 000 a year and we have just completed the first year of our programme. World Child Cancer has provided matched-funding so the first phase of our 2-year programme is fully funded.

We have just completed the first year of the programme, which has witnessed several success and challenges as detailed below.

Training healthworkers

Two workshops were held, training over 100 doctors and nurses in total. The first workshop in November 2010 was led by the Edinburgh team, including two doctors, a nurse, and a play therapist. This focused on training staff from the paediatric oncology unit from Korle Bu and some staff from the second oncology centre from Kumasi. In April 2011, a second workshop was led by Dr Lorna Renner and brought together doctors and nurses from other hospitals in Ghana to raise the aware-

ness of paediatric oncology, with an emphasis on the importance of the early awareness and referral, and with the long-term aim of establishing a foundation for setting up satellite centres where patients will be able to get some shared care. This will mean that patients would eventually not have to travel to Accra for all their treatment – some treatment could be delivered locally, which would cut down the expense of travel and thus reduce abandonment.

Setting up a data registry

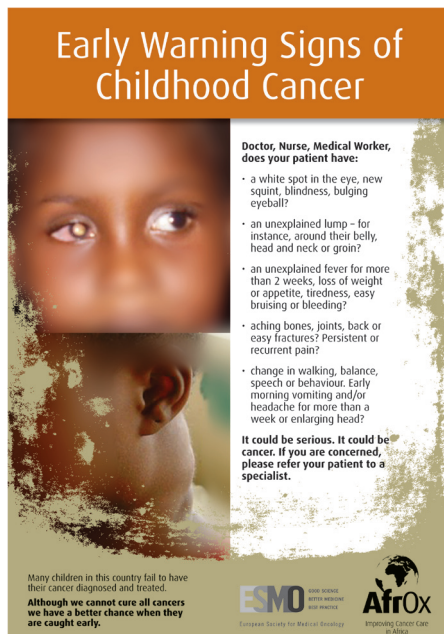
To ensure better monitoring, we have helped support the creation of a cancer registry for the unit, using a resource designed by St Jude's Cancer Hospital, the Paediatric Oncology Networked Database (POND), an online free database that can be accessed to add general demographic data on patients and data on the cancer type, stage, and treatment (see <https://www.pond4kids.org/pond/home>). We also funded two computers through our THET grant that will be used to maintain the registry. We supported a volunteer, Dr Meaghann Weaver, a paediatrician from the US, to travel to Ghana for 3 weeks in April 2011 to train the local data clerks on how to use POND and set up a structure for data collection and input. All new patient data are now being added to POND and the team has also set up an Excel spreadsheet on past cases from the paediatric oncology unit that includes data on all patients seen in the department from 2005 onwards. Internet access was initially a problem and presented a barrier to using the POND system as the internet service at the hospital did not always work, but we managed to get around this by investing in wireless internet using USB sticks which were faster and more reliable.

Supporting national policy development and advocacy

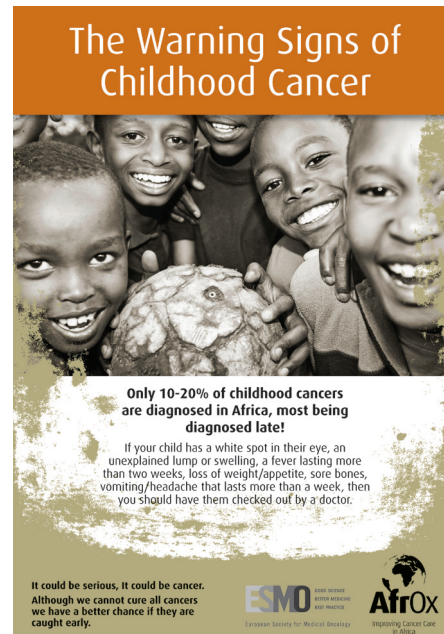
AfrOx has been providing advisory support to the Ministry of Health in Ghana on drafting a new Ghanaian National Cancer plan. Dr Lorna Renner is part of the national cancer plan-drafting committee and has had a leading role in designing the chapter on childhood cancer. AfrOx was invited to provide editorial support and feedback comments and Professor Tim Eden contributed by giving advice on the childhood cancer chapter.

Online training

One challenge that arose in year 1 was maintaining contact between the two units between the training visits. We thus set up an internet link between the two units, using www.medicineafrica.com. The staff at RHSC



Raising awareness amongst healthworkers and the general public. Following a request from GHAPACC (Ghana Parents Association of Children with Cancer), AfrOx designed these two posters to raise the awareness of childhood cancer in Africa. They can be downloaded from www.afrox.org/cancerposters.



are now providing monthly online tutorials to a team of six nurses at KBTH.

Sustainability funding

We have all been working closely to help support efforts for local sustainability funding. One key success has been that a local foundation, CanCare Foundation has agreed to raise funding in Ghana to support the project; this goes towards subsidising the cost of treatment for families that cannot afford it. World Child Cancer has also provided fundraising skills training to GHAPACC (see figure above) who run regular events to raise money to support the unit.

Conclusion

It has been a successful first year of the project. We have focused on establishing solid foundations: building a strong partnership between staff at the two units; setting up the child cancer tumour registry; developing a training programme for health professionals; and developing of the awareness campaign. We hope to build on this foundation in year 2 to strengthen the capacity at KBTH to improve childhood cancer treatment in Ghana.

The Tropical Health & Education Trust (THET) is a UK-based international development organisation with over 20 years of experience in strengthening human resources for health in low-income countries through partnerships that harness the expertise and experience of UK health professionals. It is a London-based organisation that also has country offices in Zambia and Somaliland. THET is a UK-registered charity.