Our Approach

Health Partnerships Can Do Better

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Human Rights in Health Sector Development: Since 1958 we develop international cooperation. Realizing the right to health and well-being for all.

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plan:g
Partnership
for Global Health

plan:g Health Partnerships

Health For All: Declaration of Alma-Ata (1978):

plan:g seeks to build upon the successes of anti-leprosy work for the benefit of primary health care (PHC). Access to PHC is a universal human right. Our actions are rooted in an understanding of solidarity with all humankind. With a geographic focus on East Africa and the neighbouring Arab States region, plan:g works at all levels of the health sector in resource-poor regions. Its partners range from a health centres to policymakers on a ministerial level.

Setting healthy priorities

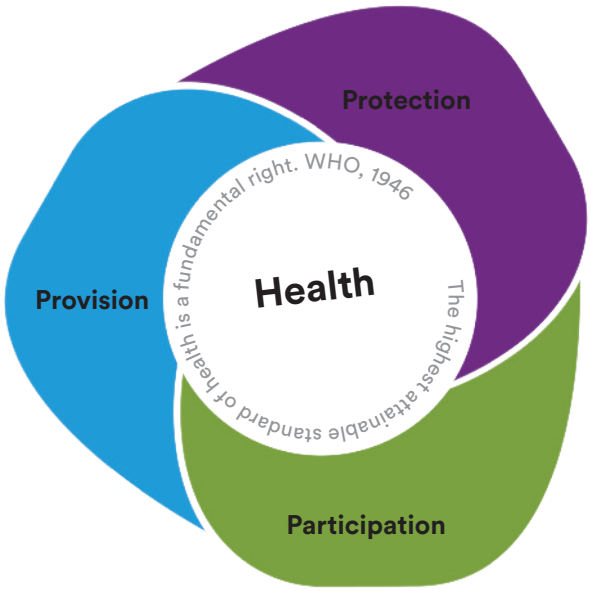

Figure 1: plan:g's Rights Based Approach to Health – Participation, Protection and Provision aimed at Sustainabilty

At first sight, hospitals in developing or threshold countries appear to mainly lack provisions: there are few beds, no X-ray machines, no gloves, no syringes, inadequate medicines and so on. However, the mere **provision** of goods improves primary health care only for a limited period of time. Once the medicines run out, or international donors cease their support, the situation for the patients will deteriorate again.

Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime?

Today, the unsustainability of material support is widely acknowledged. We experienced that in many cases the mere provision of education remains flawed, too: It assumes that an outsider knows more about "fishing" than locals. Spending time and money on a fishing course when the villagers don't have the right to fish in the lake makes little sense. Creating an economic dependency on a single product (fish) might make the community more vulnerable to shocks (depletion of the fishing reserve). Teaching a few can create social unrest in the community. That is why plan:g focusses on building partnership, and on capacity development.

Capacity development starts with neither the provision of goods nor the provision of education. Rather, ist starts with facilitating participation on a personal, organisational and social level. This involves (1) training people skills, (2) organisational development, (3) sector cooperation and (4) social policy. Participation allows for protection, and for avoiding unnecessary harm that might come with mere provision.

Working with medical institutions

plan:g works for the poorest of the poor. We do so irrespectively of color, religion, creed, sex, sexual orientation, gender identity, national origin, ancestry, age or genetic information. As a faith based organisation, we respect religion and are concious about it.

plan:g has a holistic approach to primary health care. We emphasise the mutually interdependent relationship between administrative, nursing and medical aspects in successful health care. Figure 1 symbolises the three fundamental functional aspects of a health care institution and its surroundings that offer health services. Medical services are important. But without management and good care, they remain void.

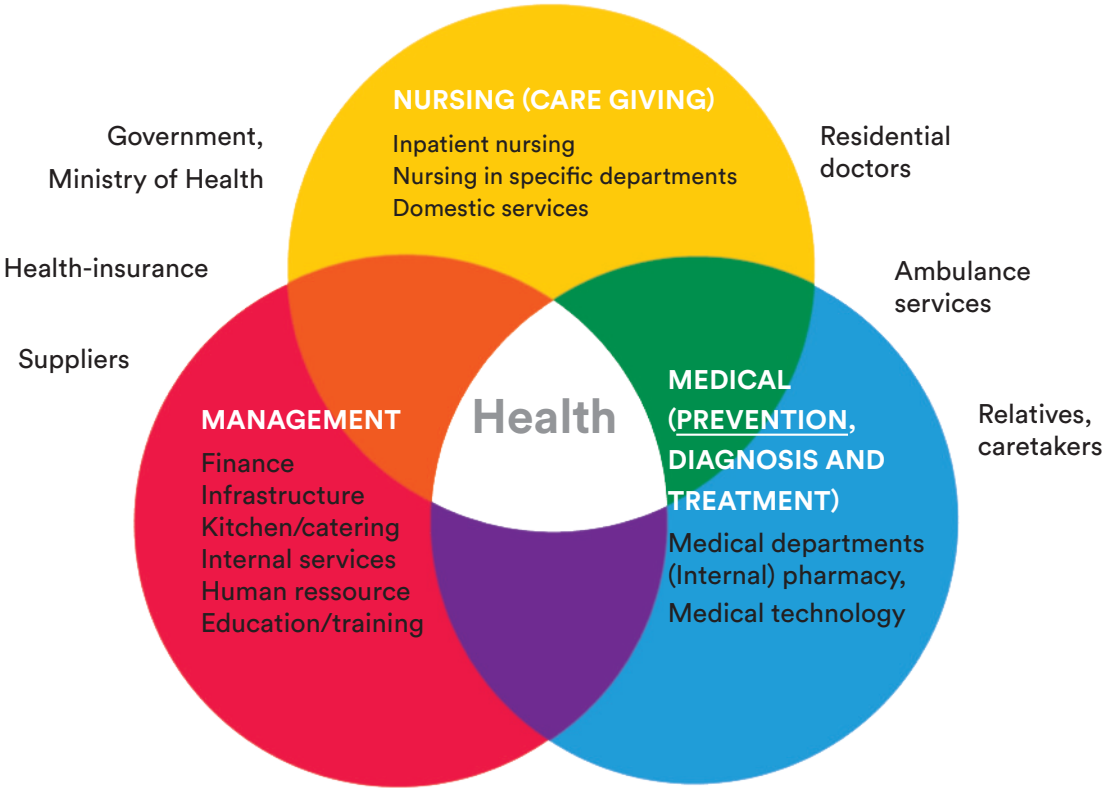

Figure 2: Key Functional elements of a health care institution

Irrespective of the size and type of hospital, all three aspects illustrated above need to be covered: Without hygienic bandaging, the operated hand will get infected. In order for doctors to receive regular payment, there has to be a functional accounting system. To ensure treatment and check-ups, patients need to be registered and discharged. Various materials – ranging from electricity to wastewater and utensils – need to be at the right place at the right time.In the case of a small health centre, this might be in the form of a single nurse. For a large hospital, administration alone will employ several people.

Because we learn best from the experiences of others, plan:g facilitates knowledge transfer between health care institutions around the world. Such partnerships can range from exchange programmes for individuals to longterm institutional partnerships between hospitals or other health care institutions.

Whom to match?

As the health system is most advanced in developed countries, they are seen as role models. However, hospitals in Europe or in the Arab Gulf have become increasingly complex and expensive operations, relying heavily on high-end technology. The challenges they face differ starkly from the ones in a sub-Saharan African setting, in India or in most Arab states.[1]

Experience shows that cooperation is more effective when both partners share common ground. Health care institutions and professionals that face similar challenges in terms of resource constraints and public health needs are better equipped to exchange knowledge and good practices reaching from operation to advocacy.[2]
While South–South cooperation is the first choice for most partnerships, there are still good reasons for exchanging knowledge with the health sector in resource-rich countries. Research collaborations and state-of-the-art practices that target specific issues can be highly effective and sustainable when integrated well with local policy goals.

plan:g facilitates such collaborations between health care institutions. To allow successful knowledge exchange, we develop tools that assist in finding the right partners:

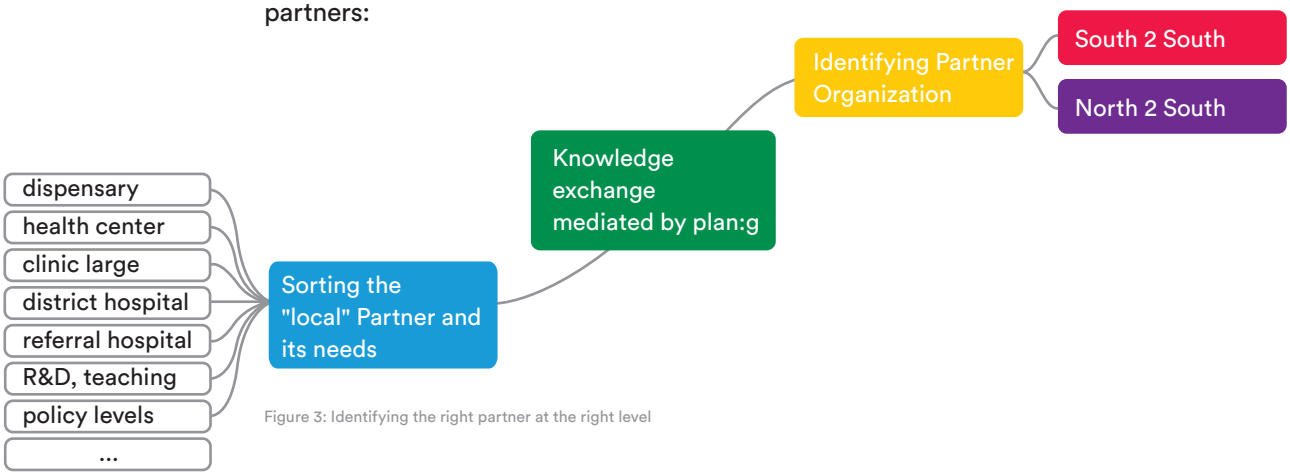

Figure 3: Identifying the right partner at the right level

Institutions seeking to expand their capacities are first classified in terms of their operational complexity. Depending on the service scope, the most adequate level for cooperation can then quickly be identified: a dispensary in rural Tanzania will likely be run by a single nurse, therefore the right level for a partnership will be a general physician and not an entire hospital. In a second step, plan:g matches institutions based on the specific challenge at hand:
Who can provide the right answers to specific challenges in leprosy case finding in rural arid areas? Or in crowded slums? Which institution can share insights on effective patient registration management with a hospital on the rapidly growing outskirts of an Arab capital? What are good experiences in diabetes prevention in specific settings? plan:g then acts as the catalyst and mediator in such cooperations.

1 Modi, R. (editor). South–South Cooperation: Africa on the Centre Stage. New York: Palgrave Macmillan (2011)
2 South–South cooperation is identified as a key means to achieving the 2030 development agenda (UNGA 2015, FAO 2016)

Public health and the urgency of evidence

Figure 4: Discarded medical machinery: useless, and a threat to public health. plan:g

The fact that insufficiently tested medicines can have unintended negative effects on the patient is widely acknowledged. Less known and possibly more controversially, the same is also true for well-intended interventions in the health sector.

- Donated medical equipment: while appearing like a sensible thing to do, this can have a serious negative impact. According to a WHO report only about 10–30% of donated equipment is functional on reaching its destination. The rest ends up as – often toxic – waste, becoming a threat rather than an improvement to public health.[3]
- Dependency on foreign donations: this can hamper institutional development in partner countries. Such institutions become so heavily dependent on donations that they completely cease to function when the funds dry up.[4]
- Inexperience of local doctors: in order to become proficient at their job, young doctors need practice. Where expatriate doctors and volunteers do the work, local professionals are unable to gain the necessary experience.[5]

Therefore, rather than saving the lives of say 20 people in an international medical intervention, weakening local health care institutions could potentially put a far greater number of people at risk. To avoid such unintended negative effects, plan:g stresses the importance of evidence-based interventions. Similar to new medication, projects need to be carefully vetted and tested – ideally using control groups.

3 The World Health Report 2000: Guidelines for Health Care Equipment Donations (WHO 2000)

4 Swanson, R. C. & Thacker, B. J. "Systems Thinking in Short-term Health Missions: A Conceptual Introduction and Consideration of Implications for Practice." Christian Journal for Global Health (2015)

5 James Pfeiffer. „International NGOs and primary health care in Mozambique: the need for a new model of collaboration." Social Science & Medizine, 56, 725-738 (2003)

Until today there is a lack of research into public health in resourcepoor countries. Too little is known of what works and what doesn't work.[6] In order to counter this lack of evidence, plan:g has a threefold approach: firstly, we document the expected results and key characteristics (such as efficiancy, relevance, quality of partner structur) of our each project prior to it's start; secondly we seek to base our interventions on existing research; thirdly, we seek to create evidence by ensuring external evaluation of our own activities; fourth, since mistakes are the best teachers, we publicise not only our success stories but also our failures in our early reporting.

How we work

We understand that health sector challanges do change at ever increasing speed.

Planetary Health
„One Health"

Figure 5: plan:g relates to the concepts of Planetary Health and One Health

All of plan:g's cooperations are based on a strong sense of participation. We seek to truly empower health care institutions and to break the continuum of colonial relationships between institutions in the south and the north. Inspired by the "theory of change", we insist on the transparent distribution of power dynamics in order to define common goals with oir partners. The readiness of local partners to take the lead in such a participatory process is thus prerequisite to any cooperation with plan:g.

We are looking for questions to answer, not for proposals to fund. Engaging in dialogue, we then seek to jointly develop transformative projects that are reviewed in a standardised process according to six parameters: relevance, quality, design, impact, partner and finance. Let's join hands making a difference.

[6] Sykes, K. J. "Short-term Medical Service Trips: A Systematic Review of the Evidence." American Journal of Public Health (2014)

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