



## Health workers for all - CASE STUDY

**BELGIUM**

**Memisa 'HOSPITAL FOR HOSPITAL'  
twinning programme**

## **MEMISA – BELGIE**

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## **European HW4All project**

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### ***WHO Code\* correspondence:***

**Article 5.3. Member States should recognize the value both to their health systems and to health personnel themselves of professional exchanges between countries and of opportunities to work and train abroad. Member States in both source and destination countries should encourage and support health personnel to utilize work experience gained abroad for the benefit of their home country.**

*\* WHO Global Code of Practice on the International Recruitment of Health Personnel*

## **1) National and international context**

This programme started ten years ago as a way of bringing health workers from different Belgian hospitals into close contact with colleagues in similar situations (e.g. working in a rural district hospital) in the South, in order to stimulate solidarity. This was done in the context of the WHO Code of Practice, especially Article 5, in which Member States are invited 'to promote international cooperation ... recognize the value both to their health system and to health personnel themselves of professional exchanges between countries'.

## **2) Description**

Through a better understanding of the reality of the PHC structural programme within different rural health districts in Congo (and later on also Burundi), and within the structural Memisa health programmes of the Northern and Southern partners, a mutual awareness was gradually established regarding the different challenges that had to be faced (including the lack of sufficient and motivated medical personnel, especially in public health care in remote rural regions). In general, in the rural health districts which are supported by Memisa, only two medical doctors are responsible for the health care of 100,000-150,000 people. In order to assure, nevertheless, good medical care, much accent is put on the formative supervision of the first-line care given by trained nurses and midwives in the 10-15 peripheral health centres. Up to 90 percent of all medical complaints, as well as natural births are handled at this level, severe cases are referred to the level of the general hospital.

Participating hospitals in the North signed a partnership contract with Memisa, committing themselves for at least five years to follow and support the evolution of medical care within 'their' partner health districts (through 'immersion' – missions in the field, regular reports on the evolution of the different indicators, correspondence etc.). They were also invited to inform and sensitize their 'stakeholders' (medical personnel in the Northern hospital, management staff, patients, visitors, suppliers, etc.) about the situation faced by their partner hospital and health district in the South, about the medical personnel involved and about the challenges of medical care worldwide.

This initiative was a real eye-opener for the working groups and respective hospitals in the North involved, dealing with elements such as: the 'privileged' situation in the North, for example, easy access to and even sometimes 'overconsumption' of medical care; the involvement of Southern colleagues in ensuring every day – in spite of the lack of means and sufficient HR – primary health care for the population under very difficult (sometimes even dangerous) circumstances; the possibility of having direct personal exchanges concerning this challenge; as an excellent form of teambuilding within the medical and paramedical

staff and a form of genuine and practical engagement and involvement; as a sign of corporate responsibility from Northern hospitals towards the challenges of global medical care and a way to inform other stakeholder groups on another reality with the same perspective; and ensuring quality care everywhere through motivated personnel.

For the partners in the South, the HRH initiative meant a real boost because their colleagues in the North showed greater interest in their work, endeavours and the challenges they faced. Solidarity grew gradually but concretely. This was realized through exchanges on medical subjects, training during and after immersion missions (e.g. on preventive medical care, hygiene, new medical techniques, transmission of articles and recent medical literature, etc.), financial support to the Memisa structural multi-annual medical programme within the different health districts, and in some cases initiatives that went well beyond the perspectives of the structural programme (such as the installation of additional solar-energy systems (for lighting, conservation of vaccines, the procurement of additional medical equipment, specific missions, etc.)). Memisa's added value consisted in the establishment of direct links between medical personnel in the North and the South, the contact with management teams from various hospitals and the organization of information sessions on the objectives of the support of the working groups here in the North. This was done, for example, through the production of didactic materials (leaflets, photos, videos, etc.), through regular updates and reports on the evolution of medical care in 'their' health district, and through the organization of immersion missions in the field. For Memisa, the feedback from the participating work-groups was also very useful in updating its approach to the health district, with our policy paying specific attention to the recruitment of medical personnel within our programmes as well as ways to improve job satisfaction in the field (and in that way, retention in the job).

### **3) Results: lessons to be learned**

The fact that during the ten years that this programme has been running, eighteen hospitals and hospital groups in Belgium joined the HRH initiative and that every hospital has renewed their agreement at the end of their first five-year contract suggests some success. The HRH project reflects a symbiosis between an NGO programme and specific grass-root initiatives, with different groups actively requesting participation at a particular time. These are all indicators that these kinds of initiatives respond to a growing and felt need to link health professionals in the North and the South to promote professional and personal exchanges and grasp the broader picture, thus responding to the need for greater numbers and more motivated medical personnel to ensure good medical care everywhere on this planet!!

#### **4) Individual stories**

Johan Swinnen, Former Belgian Ambassador to Congo, Kinshasa: 'You [volunteers from different Northern hospitals visiting their partner hospitals in Congo] are symbols of the voluntary spirit and desire for genuine involvement, prepared to assist a population that needs a better quality of life and also better medical care. You are the ambassadors of our Belgian hospitals. You come here with the aim of giving but also receiving, by coming into contact with this Congolese reality'.

After visiting the Pawa district in the Province of Orientale in DRC, Virginie Groulard and Nicole Bairole, nurses from CHC in Liege, stated: 'In Pawa, the nurses are totally different but at the same time identical to us. We had the opportunity to meet them during our mission, which our hospital asked us to undertake. We were in the bush in this part of northeast Congo as part of the Hospital for Hospital project promoted by Memisa. On our arrival we were given a very warm welcome from the local population and medical staff which made an impression on us. The welcome reassured us, because we were away from our usual environment. The medical and other personnel had to explain to us how the hospital functioned, without even water or electricity. The interaction between us seemed to work well and, above all, they had plenty of ideas and projects in mind and, in that way, promises for a better future!!'

Some of the teams from the Belgian hospitals who visited their twin health districts in the South were so motivated after their immersion mission that they took the initiative to provide supplementary support in addition to the structural medical aid provided within the Memisa programme. Thanks to fundraising activities among colleagues, relatives, etc., a number of hospitals received solar panels, water tanks and other additional equipment. Above all, the human factor, the solidarity in the challenge to provide good medical care everywhere, is the most motivating factor.