

The Global Health Strategy 2018 - 2023

The Global Health Strategy at SUH - Status:

The Leader Group (LG) processed Case No. 416/12 Strategy for Partnerships with Institutions in Developing Countries. The strategy was revised in Case No. 342/13. There is now a need for revision of this strategy. For an overview of completed activities and projects in the previous strategy period, see "Attachments" at the end of this document.

The period has also been characterized by significant focus on the development of the new hospital (SUH 2023), first the design of the building and now increasingly organization and development processes (OD) for the building's content (SUH2023OD). Clinical and organizational processes will be affected by international developments and global health challenges. The distinction between global health, internationalisation, globalisation, and the development of health services in Norway is becoming less clear. This opens for a shift in the way SUH meets its own challenges where active involvement globally have the potential of great value for the company's development.

Revised strategy - background

Against this background, it is necessary to revise the institution's strategy aimed at international processes and global health. A new strategy must reflect emerging global health challenges and trends.

Some examples are:

- Knowledge that a global health commitment adds value to one's own health services, especially related to getting a greater effect of measures in a collaborative perspective, creating a positive culture of change, improving quality, and strengthening sustainability.
 - (ref.: «Improving health at home and abroad. How overseas volunteering from the NHS benefits the UK and the world". All Parliamentary Group of Global Health. www.appg-globalhealth.org.uk)
- Recognition in Norway and globally that global health must be integrated into national, regional, and institutional plans and activities.
 - (ref.: «If not now, when? Time for the European Union to define a global health strategy. Lancet. Vol 5 2017, Global Health and its changing landscape and Winkler et al. Tidsskriftet DNLf. 09 aug.17. DOI.10.4045/tidsskr.17.0489).
- Norway have committed to global health goals, including those of HelseOmsorg21.
 - (https://www.forskningsradet.no/prognnett-helseomsorg21/Om_HelseOmsorg21/1253985487322 og <https://www.regjeringen.no/no/aktuelt/unga-prioriteringer/id2440541/>)
- Research and development of global health challenges promotes innovation that also respond to one's own health service challenges (e.g., Safer Births, telemedicine, effective therapies, patient treatment plans, patient flow, vaccines, prioritization mechanisms, leadership, and organizational development).
 - (ref.: MSH, GRIP HEALTH, EviPnet Europe, AMREF, Compass.org, IHI, CHESAI, The Lancet Global Health Commission on High Quality Health Systems in the SDG era, and more)

- Development of diagnostics, treatment and management of global clinical challenges that also is relevant to our own institution, takes place in global healthcare environments and institutions with global networks.
 - (e.g., Ebola, Zika, Tuberculosis, Malaria, Emergency surgery, antibiotic resistance, bioterrorism, migration and more)
- Stavanger is an international city with extensive global commitment and expertise. This is also reflected among the employees at SUH.
- Recognition that such objectives are achieved through enhanced international cooperation, guidelines, involvement, exchange of personnel, equipment, data, and expertise.
 - (ref.: THET network and more).

Method of strategy development - workshop and LG input

This strategy has been developed by a working group headed by the Research Director: Svein Skeie and includes input from LG (ref. LG case in the attachments) and are based on the workshop conducted in autumn 2017 with stakeholders at the hospital who are involved, or have an interest in being involved, in the further work (see workshop minutes).

Objectives

The main objective of the strategy is to help the institution develop its role as a player in a global context to better fulfil the objectives set out in the commissioned documents: Helse2035 and HelseOmsorg21.

Secondary objectives:

- Influence the organization's ability to be up-to-date and implement evidence-based hospital operations and even contribute to evidence.
- Contribute to, and benefit from, innovation in a global context.
- Contribute to competence building and to gaining experience from international processes around global challenges and the management of these.
- Highlight the company role in an international context as part of the hospital's identity.
- Be a corrective to the adjustment of expectations and objectives among employees, departments, and clinics in a larger, global perspective.
- Be a cultural and community-building element in the institution.
- Contribute to strategic social responsibility in the company.

The global value perspective:

Central to such an objective is the fundamental idea that all actors, nationally, regionally and globally, bear a common responsibility for ensuring that health services are available, at the right time and with good quality. In this context, the identity and value of the institution are linked to the identity and value of people and institutions locally, regionally and globally. The existence of the institutions is therefore linked to the existence of other people and institutions. The African value statement "I am because you are – my dignity is inextricably linked to your dignity", or Ubuntu, encapsulates such a perspective.

Method and valuation

The objectives are achieved through interactions, use and transfer of competence, as well as contributions to system change.

The strategy seeks to achieve the objectives in a perspective based on mutual and accountable relations in three stages.

1. Establish relations and commitment to the individuals, in order to establish trust and characterize opportunities for cooperation.
2. Mutual transfer of competence leads to activities that play a role in change processes.
3. Change and improvement of systems of both parties.

Experience with change processes, especially where culture, value platforms and influential mechanisms differ from ours, indicates that the sequence in which the relations are build is relevant.

The base of values, and the values stressed under way and at the end of projects, will guide how such a strategy is to be measured and evaluated. The indicators can be oriented towards the objectives set by the strategy, as in the draft table below.

Objective/Indicator area	Input	Process and Output	Outcome
Relations	<ul style="list-style-type: none"> • Resources established and spent on global health activities 	<ul style="list-style-type: none"> • Description and number of collaborative meetings/ activities 	<ul style="list-style-type: none"> • Number of established formal collaborators/ departments at SUH • Number of established formal partners/ departments at the partner institution
Transfer of knowledge/ competence	<ul style="list-style-type: none"> • Number recruited or affiliated with formal Global Health competence. • Number of professionals associated with teaching in all projects. • Number of course participants 	<ul style="list-style-type: none"> • Teaching / simulation • Lecture internally / externally • Publications • Education • Method development • Decision support tools / management tools in the collaborative relation 	<ul style="list-style-type: none"> • Quantitative and qualitative description of the result achieved. • Input / Output • Outcome <ul style="list-style-type: none"> ○ mortality, morbidity, know-do gap, other institutional indicators
System change	<ul style="list-style-type: none"> • Active MoU • Organization and management competence • Reporting templates - targeted 	<ul style="list-style-type: none"> • Number of projects established. • Ownership in organization 	<ul style="list-style-type: none"> • Degree of system change implemented.

Plan for implementation

1. Establish a Global Health unit/secretariat under the Research Department. Handled within current and future budget.
2. Actively use established networks and partners nationally with experience from international work.

3. The commitment shall maintain the highest possible academic level also in relation to Global Health as an interdisciplinary subject.
4. Avoid fragmentation of projects by focusing on:
 - a. Get strategic partners globally, with broad organisational and long-term involvement.
 - b. Open for involvement with a broader network of partners around a few key challenge areas.
5. Broad involvement of employees and departments in the institution around each project. This is to ensure quality in implementation and to seek the greatest possible effect as described earlier. Experience indicates that there is a need for expertise in several key areas of hospital operations (technical operations, management, clinical support functions) even though the projects by themselves may seem limited (e.g., antibiotic resistance). Broad involvement can also help to increase the integration of global health into the hospital's other strategies and activities and help develop the hospital's identity and global profile. There are 4 main areas that stand out:
 - a. Clinic and patient care (including clinical support functions)
 - b. Research and education
 - c. Medical technical equipment
 - d. Management, OD and administration
6. All projects must be endorsed by the SUH management at level 2. As project owner, the manager is responsible for ensuring the development of the Project Directive in cooperation with involved partners internationally, maintaining relationships, ensuring implementation, and carrying out evaluations. The manager is also responsible for reviewing the updated checklist for global involvement at all times and ensuring that HSE requirements, activities related to brief and debrief, and emergency preparedness plans are met (see attachments).
7. All projects follow globally recognised guidelines for partnerships. (<http://www.thet.org/pops/principles-of-partnership>). Emphasis is placed on:
 - a. Ensure processes that address issues related to ethics and contextualised interaction (adjustment of expectations, cultural understanding, roles, and personalities).
 - b. Research projects must comply with national and international guidelines for ethical clearance, research, and publication.
 - c. Collaboration agreements (Memorandum of Understanding (MoU)) will be developed with sub-agreements at project level.
8. All relationships should be based on equality and mutual benefit.

Selection of partner institution and individuals according to the following criteria:

Country	Must choose safe countries and should focus on countries "we know" with clear needs. Based on mapping of internal competence/experience at SUH.
Institution	Should consider institutions that SUH (or national partners) already know something about and that have the opportunity for building local capacity. Again, based on mapping of internal competence/experience at SUH.
Subject	Must meet local and global needs. Must have the potential to achieve objectives and to contribute to change/improvement aimed at specific challenges at partner institutions and SUH.
Individual	Must be able to understand (and adapt) to local needs and culture and take synergy effects "home" to SUH.

Project implementation checklist: Reviewed before project start by project manager.

Elements	Responsibility	Status
Countries with established collaborations with SUH	Global Health Secretariat (GHS)	
Institutions with established collaborations with SUH	GHS	
Project adherence to SUH	GHS	
Project adherence to collaborative partner institutions of SUH	GHS	
Implemented Needs Assessment according to subject?	GHS/Employee	
Collaborative partners in Norway?	Employee/GHS	
Plan of Progress established	Employee/GHS	
Benchmarks established	Employee/GHS	
Plan for Reporting established	Employee/GHS	
Profits/gains evident to both countries?	Employee/GHS	
Travel advice by the Norwegian Ministry of Foreign Affairs	Employee	
Travel advice by the Norwegian Institute of Public Health	Employee	
Insurance, including liability insurance for exercise of the profession	Employee/giver	
Employee status during stay abroad	Employee/giver	Follow up on HSE, economy, risk assessments, preparedness, briefs and debriefs
Competence of culture ensured	Employee/GHS	
Ethical considerations	Employee/GHS	
Risk assessment of project	Project leader/GHS	
Financing established	GHS/Employer	
Risk assessment	GHS	Travel advice by the Norwegian Ministry of Foreign Affairs, local contacts

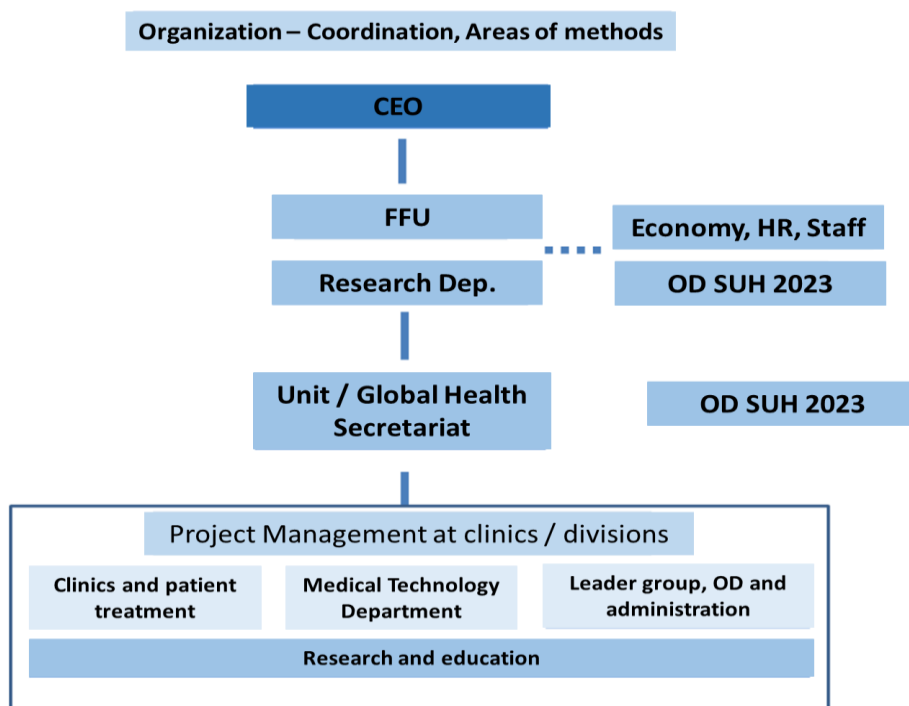
Priority partner institutions with involvement as of today and under evaluation, based on disciplines:

Partner institution	Disciplines	Involved departments	Partners
1. Haydom Hospital, Tanzania	Safer Births	Department of Obstetrics and Gynaecology, Research Department	SAFER, Laerdal Global Health, University of

	Antibiotic Resistance	Department of Medical Microbiology, Department of Infectious Disease, Medical Technology Department	Stavanger and Sørlandet Hospital
	Orthopaedics and surgery	Orthopaedic Department and Medical Technology Department	
	Radiology advisory	Medical Technology Department	
	Organization and Development	CEO with staff and SUH2023OD	
2. Aira Hospital, Ethiopia	Maternal health. Completed support for master's program at VID Specialized University	Further involvement must be evaluated according to the principles of this strategy	VID Specialized University and University of Stavanger
3. Mnazi Moja Hospital, Zanzibar	Paediatrics relay	Department of Paediatric and Adolescent Medicine	Administration by Haukeland University Hospital
4. Institution South America or Asia		Must be evaluated according to the principles of this strategy	

Organization and mandate Global Health unit

The organization of global health activity and coordination of projects of the institution will look like this:



- Project groups are established with each partner organisation or discipline area (if the project links several partners together around a discipline or challenge).
- A project manager coordinates broad involvement in the company around the project.
- The project may involve a combination of activities related to clinic and patient care, medical technical equipment and management, OD and administration components.
- Common to all projects should be that they include a research component with participation from all partner institutions involved.
- The project groups are responsible for developing a project directive with a description of objectives, activities, plan for competence transfer and relationship building and dissemination of results.
- The project groups are themselves responsible for securing funding for proposed activities in the group.
- The project teams are supported by the unit/secretariat for Global Health.

Mandate for the Global Health Unit:

All activities are coordinated to and by a unit/secretariat located in the Research Department. It is crucial that the unit recruits or in a network draws on expertise in global health and global health administration (application writing, etc.) that ensures quality in this work. The unit is responsible for the development of strategic relationships across the institution and the development of Global Health competence in the institution. It will follow up overall strategies and objectives, recruitment of and support to project groups and evaluation of goal attainment. It will also support activities related to mapping funding opportunities, networking, grant application writing and strategy and method development. The unit shall have an advisory function to quality assure projects. This includes a mandate to assess quality, content and the directive's contribution to the enterprise's goal attainment for global health.

Financing

It is intended that funding of projects prepared in the project groups will as far as possible be covered by external funding. This means that each group, in cooperation with the Global Health Unit, must seek to develop protocols and project applications with the greatest possible relevance to external sources of funding. These will change over time and require adaptability, quality, networking, and innovation.

Attempts will also be made to cover overarching internal processes and activities by external funds where possible. Nevertheless, it is likely that activities such as strategy development, initial relationship building with partners, application writing, participation in networks and internal competence building on global health will also have to be covered by internal funds. Activities aimed at internal culture building, development of the company's identity and contribution to global social responsibility will also be covered by internal funds.

Funding needs must be presented as a separate budget case when relevant and adhere to this strategy. A budget proposal will include a financing plan for the establishment of a unit (infrastructure/investment) and implementation of strategy (operations).

Management of SUH personnel involved in international activity

It will be important to ensure that a strategy describing international cooperation also addresses requirements for the handling of personnel involved. In this work, a risk assessment must be carried out and a description must be provided aimed at preparations prior to activity abroad (vaccinations, information on safety, guidance on matters related to one's own welfare and residence, insurance, etc.) and follow-up afterwards (infection control, mental health and other conditions). It is natural for

the Global Health unit to involve the Department of Human Resources, the Occupational Health Service and Infection Control in this work.

Activities

In order to develop the strategy, the activities are proposed to be divided into 3 phases:

- Phase I: Development of strategy through workshop and involvement in the institution, including risk analysis of personnel management. (Done.)
- Phase II: Final approval of strategy in LG and establishment of unit/secretariat (2nd quarter 2018)
- Phase III: Implementation of strategy

Attachments:

Appendix 1: LG case autumn 2017

Appendix 2: Summary of completed activities and projects in the period 2013 – 2017

- Development of guidelines for ultrasound in pregnancy at Muhimbili National Hospital (MNH) at the Women's and Children Clinic (separate reports available). This project provided MNH with expertise in the use of ultrasound, a new ultrasound scanner, data collection to an article (by Marit Tjessheim, head of department) and a master's degree (Kari Utne). The project has been led by Inger Økland (Research Department).
- Safer Births is an innovation project (with significant support from The Research Council of Norway) that through research, development, simulation-based education and implementation seeks to reduce neonatal mortality globally. Safer Births is research-based in SUH and professionally led by Hege Ersdal (SUH/SAFER) in collaboration with Laerdal Global Health. There is international cooperation between several actors in Tanzania, Norway, and the United States. The project involves about 100 people, including 11 PhD students (including Jørgen Linde, D-position SUH) and has a total budget of approximately NOK 100 million.
- Support for PhD candidate Estomih Mduma at HLH Global Health and Research Institute (Haydom Hospital, Tanzania) regulated by cooperation agreement between Haydom Hospital, the Research Department at SUH and SAFER. Part of the Safer Births project.
- Facilitation of fieldwork to Iva Francois for master's thesis on HIV / AIDS in Ngaoundere, Cameroon through Dean Thomas Drønen School of Mission, Stavanger.
- Signed collaboration agreement with Helse Bergen on cooperation for recruitment of paediatricians to partner hospitals in Tanzania. The project is led by Stener Kvinnsland and Jon Dahl, Helse Bergen and Henning Garsjø SUH.
- Under development: Competence transfer between Haydom Hospital and SUH for mutual strengthening of measures aimed at antibiotic resistance. Led by Iren Löhr and Lars Kåre Kleppe.
- Under development: Competence transfer between professional environments at SUH and professional environments at Haydom Hospital by facilitating electronic meetings autumn and

winter 2017 / 18. Those involved from SUH are Orthopaedics (Knut Harboe), Paediatrics (Siren Rettedal), Gynaecology and Obstetrics (Erik Andreas Thorkildsen) and Infection / Microbiology (Lars Kåre Kleppe / Iren Löhr). The lectures are organized by the Research Department. The transfer of rehabilitated laptops from HVIKT to Haydom is part of this project.

- Under development: Facilitation for master's degree student Anna Rosa Rudin from the School of Mission and Theology in Stavanger for data collection on the importance of sociocultural environments for reproductive health, with relevance to similar environments in Stavanger. In cooperation with Aira Hospital in Ethiopia. Supervisor at UiS is Marianne Skjortnes. Åshild Berg, Håvard Sjøiland and Tone Hoel Lende are advisors from SUH.
- During this period, employees at SUH have engaged in several international projects on their own initiative. SUH took an active role in recruiting and coordinating expertise to combat the Ebola epidemic in West Africa.

Other important global health initiatives and processes of institution are:

- The newborn project IPISTOS (Immediate PARENT Infant Skin To Skin) that the Neonatal Department and Siren Rettedal are involved in.
- Continuation of Safer Births in the form of Train and Equip Midwives for Safer Births in Nepal and Tanzania" led by Laerdal Global Health with support from Innovation Norway. Haydom Hospital, in collaboration with SUH (SAFER Healthcare initiative) will be key players.
- Collaborating with Weill Cornell Medicine in their Neonatal Global Health Program.
- The SAFER Healthcare initiative is well underway and seeks to include more global partners.

Appendix 3: List of possible networks and funding sources

- North to North
 - University of Bergen
 - University of Stavanger
 - The College of Mission and Theology
 - Universitetsfondet for Rogaland AS
 - Norwegian Health Network for Development (Stener Kvinnsland)
 - Helse Bergen
 - Sørlandet Hospital
 - Advocacy groups and support networks
- South to south
 - Region dependent
 - Research networks
 - Health services networks
 - Education network s
- Global
 - NORAD

- Peace Corps
 - Horizon 2020
 - Norwegian Forum for Global Health Research (GLOBVAC)
 - Tropical Health and Education Trust med Health Partnership Schemes (www.thet.org)
 - Professional networks (developed by each method group)
 - Health Systems Research, Management, Administration and OD
 - IHI
 - Alliance for Health Policy and Systems Research
 - Advisory Group
 - European Health Management Association
 - Sustainable Development Solutions Network (FN)
 - .. and many more (see e.g., <http://www.globalhealth.no/network/>)
 - Clinic, patient care and medical technical equipment
 - TDR Global Competency Framework for Clinical Research
 - [The European & Developing Countries Clinical Trials Partnership \(EDCTP\)](#)
 - .. and many more
 - Centre for International Health (UiB)
 - .. and more
-
- Partner network (depending on partner)