

## Partnership: an Effective Approach to Public Health

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### Abstract

In contemporary public health, there is a need for people to work together. The notion of partnerships between agencies, professionals, communities and individual is fundamental to policy of multidisciplinary public health. This paper examined the ways concept and nature of partnerships was embedded within public health policy. It considered the forms they had with a continuum of degrees of collaboration from isolation to integration. Issues related to the importance of partnership working for public health to achieve its objectives were discussed. The different contributions coming together to maximize resources for health improvement and address health inequalities were also highlighted. It acknowledged potentials pitfalls and identifies opportunities for partnership working. The paper identified who are the partners in public health, based its discussions on local, national and international activities. Towards an effective partnership in public health, the stakeholders in public health should ensure that all categories of partnership are judiciously applied and uphold their joint agreement. Fund should be adequately provided and effective administration and supervision of public health programmes should be focused.

**Keywords:** public health, collaboration, partnership, joined-up governance, strategic, interagency.

### Introduction

An effective public health in the 21<sup>st</sup> centuries is a shared responsibility towards the realization of its goals and objectives. It has expanded into a far wider area as it recognizes that factors in people's social, economic and physical environment with profound impact on their health. This can create deep of inequalities. This involves wider range of people than ever before from many different disciplines and professions working partnership with the lay public and across agency and organizational boundaries.

There is a growing need for a diverse public health force with an expanded range of expertise and skills focusing tremendously on health improvement and inequalities reduction, tackling challenges of renewal and sustainability in our communities on health. Thus, recent government policy on public health has a more multidisciplinary and multi-sectoral approach to public health with an emphasis on collaboration between agencies and individual (Abbot, Peter, Kessel and Killoran, 2006).

Partnership as a pragmatic endeavour is concerned with an incremental response to getting things done. Partnerships in public health are an interrelationship between public health policy and practice. It involves the campaigners for public health actions to work with trade unions, charitable organizations and philanthropists, persuade politicians, local and state authorities to make environmental improvement. The public health workforce for partnership includes those who have a role in health improvement and inequalities reduction e.g. teachers, local business leaders, social workers, transport engineers, housing officers and other local government staff across the public, private and voluntary sectors, as well as medical doctors, nurses and health care professions. These includes those working with individual within a group and communities e.g. environmental health officers, health visitors as well as those who use research information, public health science or health promotion knowledge and skills in the public health field; public health consultants and specialists who work at a strategic or senior management level or at a senior level of scientific expertise e. g. public health epidemiologists and statisticians.

These experts have the ability to manage, change and formulate strategy, to lead public health programmes and to work across organizational boundaries.

While public health made rapid strides in the Western world, its progress has been in a snail speed in developing countries such as Nigeria where the main health problems continue to be those faced by Western world over one and half centuries ago. Considering health and developing world, large numbers of the world's people, perhaps more than half, have no access at maximal level to health care services, and for many of the rest, the health care they receive does not answer the problems they have (WHO, 2005). The global conscience was stirred leading to a new awaking that the health gap between rich and poor within countries and between countries should be narrowed and ultimately eliminated. It is conceded that the neglected world's population too have an equal claim to health care, protect from childhood killer diseases, primary health care for mothers and children, treatment for those ills that mankind has long ago learnt to control and cure permanently (Davis, 2005). Against this background, this paper focuses on ambition to provide an effective approach towards the attainment of level of health that will permit all people to lead socially and economically productive life. This could be

achieved through an effective partnership.

### **Concept of Partnership**

Partnership is an umbrella term used interchangeably with words such as interagency, joint-working, inter-professional and collaboration, all of which can have more specific meanings. It is renewed as an arrangement where parties involved agree to cooperate to advance their mutual interests. Thus, it is a way of coordinating activity whether between individuals or organizations. Since humans are social beings, partnership between individuals, businesses, interest based-organizations, schools and government should remain common phenomenon in relation to public health issues. In a common usage, partnership conjures a picture of some formal or informal relationship. Partnerships are formal structures of relationships among individuals or groups, all of which are banded together for a common purpose or interest. (Haunter, 2007). It is commitment to a common cause (frequently purpose change) that characterizes this partnership, whether the partners are organizations or individuals or voluntary confederation of independent agencies or community assembly developing multipurpose and long term alliance. People are also informal in partnership but characterized by common purpose. However, experience has shown that partnership is an advantage provided in form of organizational governance whose flexibility, responsiveness, and adaptability are ideally suited to the demand of contemporary society, with collaborative activities reflecting local circumstances, needs and agreed joint objectives; remain appropriate to the expertise and level of trust of local partners (Bull and Hammer, 2008).

### **Nature of Public Health**

Public health in its present form is a combination of scientific disciplines, skills and strategies that are directly to the maintenance and improvement of the health of the people (Ruger and Yach, 2005). Specifically, it is strictly reflecting the science and art of preventing various diseases, promoting health, and prolongs life through organized efforts of the society. Thus, it features or characteristics can be described as multidisciplinary, multi-sectoral, and evidence-based and equity oriented (Ling, 2009).

The nature of public health clearly relates the approaches to public health where action needed to coordinate the work of health, local government and other voluntary and private agencies should be implemented. Towards the realization of these elements in public health, the following approaches could be employed using partnership (Secretary of State for Health, 2004):

- Cooperation based on agreement between different individuals and organization;
- Incentives such as funding;
- More flexibility over resource allocation on area with health action zones;
- Local government resources;

This also demands essential elements such as collective responsibility; partnership with the population served; prime role of the local, state and nation on protecting and promoting the population health; emphasis on protection; recognizing underlying socio-economic determinants of health and diseases; identify and dealing with proximal risk factors and multidisciplinary basis for action(Ling, 2009).

### **Partnerships' Dimension in Public Health**

The *collaborative dimension* explains the different degrees of partnership in reality. This can be analyzed using a framework which distinguishes between isolation, encounter, communication, collaboration and integration (Lancaster and Stead, 2006). Each of these elements represents points on a collaborative continuum ranging from weak to strong. Isolation approach involves no interagency activity because individuals work in isolation from each other.

Encounter as an element of collaborative dimension involves some interagency and inter-professional contact but this is informal, ad-hoc and marginal to the goals of the separate organization. Where relationships are characterized by communication as the first step in providing the foundation for partnership, they involve finding more frequent interactions and a willingness to share information about mutual roles, responsibilities and availability. There are needs to be able to demonstrate how such activity will help achieve the respective goals or fulfill individual work roles. For instance, public health professionals can achieve their own objectives by having access or working with others such as young people to promote sexual health. In particular, these networks should focus on sharing expertise, information, knowledge and skills for community in provision of public health (Abbott, Peter, Kessel and Killoran, 2006).

In collaboration, separate agencies recognize that joint-working is central to their main stream activities in the local, state and national health programmes. This implies a trusting relationship in which organizations are seen to be reliable partners. Integration as an element in the collaborative dimension of partnership in public health, involves a situation where the degree of collaboration is so high that the separate organizations no longer see their separate identity as significant and may be willing to contemplate the creation of a unitary organization. However, integration is strictly an alternative to collaboration.

### **Types of Partnership in Public Health**

Importantly, the categorization of partnership within the context of public health includes strategic or coordinating, facilitative and implementing partnerships (Stewart, 2002). However, Stewart's categorization is useful as it highlights different functions of partnership and demonstrates necessary stages of its development; and in relation to the realization of goals and objectives of public health policy (Table 1).

**Table 1: Partnerships in Public Health**

<i>Types of partnership</i>	<i>Characteristics</i>	<i>Example</i>
Strategic or Coordinating.	Bring together key statutory and other agencies to set context and agreement for collaboration. Bring together local agencies and community representatives and establish the principles for collaborative working.	Local strategic partnership for immunization programme should involve Local Government Areas or communities (Non-Governmental Organizations (NGO's) and Primary Health Care workers)
Facilitative	Provide a repository of skills to pursue public health activities.	Public health network among public health partners
Implementation	Focus on improving health and providing the service to support health improvement. Enlightenment programmes (use of mass media and prints, house to house visits, and religion sectors).	Sure Start towards achieving the goals and objectives of public health through grassroots' mobilization

*Source: Adapted from Stewart (2002). Local action to counter health exclusion*

Collaborative working in the public health at any level may require the development of strategic partnerships where initial discussion take place about values and principles before facilitative and implementation partnerships can be developed. Furthermore, in practice using dimensional approach on public health, partnership can be described by four key dimensions namely their membership; the links between members, the scale and boundary of the partnership, and the under context which the partnership operates (Ling, 2009). For example, in public health, the context and purpose of partnership may be in form of harmful substance reduction initiative, a healthy school project or child health protection committees (Lancaster and Stead, 2006).

Similarly, the membership of the partners will be based on the availability of the partners focusing on young population dependence on local agency structure, local community profile, range of community and Non-Governmental Organizations (NGO's) and others. In practice, partnership in public health occurs at a number of levels which includes between individual for joint working; locality based such as community partnerships for healthy living, between key local agencies such as local government health sector, voluntary agencies using local strategic partnership; at the state and national levels e.g. State or National action on public health networking; and internationally, between government and international health agencies such as in UNESCO,WHO,USAID, RCS (Health Protection Agency, 2005; Health, 2007).

In understanding partnership in public health, it is important to note that, successful partnership requires the commitment and engagement of partners, agreement about purpose, with high level of trust, reciprocity and respect, favourable political and social conditions (finance, institutional arrangements and legal structure), satisfactory accountability arrangements, adequate leadership and management. Partnership in public health is more likely to achieve successful outcome if they include accessibility to improved health service delivery at the grass root level to users, the public achieving greater equity and improvement in an overall improvement in health status of the population (Dowling, Powell and Glendenning, 2004).

#### **Needs for Partnership in Public Health**

This can be seen to arise from the widely recognized fact that most advances in health are the result of improvements in people's economic and social status, better housing and education, higher income and so on. (McKenzie and Harpharm, 2006; Hunter, 2007). These improvements are not just the consequences of government intervention but derived from the actions of individuals, communities, organization and international circumstances. Collaboration, participation and equity are the key pillars of primary health care and also the main elements of health for all approaches promoted by the World Health Organization (WHO, 2003; Secretary of State for Health, 2006). The need for partnership also arises in part from the acknowledged limit of organizational individualism where agencies work in isolation from each other. e.g. identified such limits as repetition, omission, divergence and counter production.

Partnership as the key vehicle would enable the resources of government to be brought to bear on improving health, reducing health inequalities and improving healthy services in a coordinated and wholesome manner. The government's approach to health inequalities also emphasizes the need to tackle these by building partnerships at and between local, state and national levels (Bull and Hammer, 2008; Secretary of State for

Health, 2004). These policies have been pursued at a local level through primary health care system using partnership working as the main local approach for policy implementation, and also greater strategic coordination at the state and national levels.

### **The Partners in Public Health**

Contextually, partnership in public health can be in both formal and informal ways. Formal partnerships include organizational arrangement such as cross-representation and joint budgets. Formalization occurs at all levels (local, state, and national) with health policy gradually increasing institutional and organizational structures to support this (Dowling, 2004). Informal arrangements are those such as professionals work along side each other and local networking. These include important relationships among public health specialists, environmental health workers, nurses, physicians, and community health extension workers and so on, that operates within but independently of, organizational and institutional arrangements. Informal approaches also occur predominantly at senior management level and between professionals working in the community. However, experiences have shown that, partnerships in public health of the communities (local, state, national) and international levels are the pathways of the health of the poor people. The partners in public health include local, national and international partners (Stewart, 2002).

### **Local Partners in Public Health**

Local partnership in the public health is be seen to have a range of agencies involved, an organizational context, an individual context and range of purposes. Local partnerships attempt to draw together local agencies and professionals to avoid overlap, improve coordination and bring a range of approaches; professionalism, prospective and resources to bear on local health problems. Experience has shown that most public health workers and activists at the local level are more likely to develop or experience partnership. This may constitutes a wide range of formal and informal groupings at local level such as local actions on HIV and AIDS, harmful substance reduction, healthy school initiatives, child health protection committee, community safety groups, road safety corps, drug action team, tackling teenage pregnancy and guineaworm eradication. The nature and range of such groups will vary from area to area. Some have long history and developed from one specific reason and others and are highly informal, based on ad-hoc groupings of individual workers.

Community-based approaches to health, through local partnership should be emphasized and motivated towards the realization of objectives of the government policy on primary health care programmes at the local government level. More emphasis should be on partnerships between local communities and statutory agencies on various health programmes such as immunization, HIV/AIDS, teenage pregnancy, drug abuse and alcohol, child trafficking, reduction on harmful substances, and other primary health care enlightenment programmes. The emphasis is on the need for local regeneration activity which engages local communities (the natives) as citizens service users and neighbours (Ruger & Yach, 2005). Precisely, such partnerships focus on how to improve neighborhoods so that, no one should be seriously disadvantaged by where they live and to narrow the gap on jobless, crime, health, risks, housing and physical environment measures between the most deprived neighborhoods and rest of the nation.

Partnership with the communities would be achieved through both facilitation and implementation. However, these approaches are with many local constraints such as community engagement, imbalances in power, and problems of governance as new way of working challenges, traditional local authority, and health service model of bureaucracy, management and budget control. The contemporary issues facing local communities such as tackling health inequalities, promoting health, tacking social exclusion are multifaceted, and demand multiagency and multidisciplinary attentions through joined-up governance (Davis, 2005). Similarly, to counter drug and child trafficking, childhood killer diseases and health care for the aged has to be embodied in government policy documents. Saving life's programme for healthier nation should emphasis the important role of integration and partnership working across government to attack the breeding ground of poor health (social and poverty exclusion).

Creating partnerships with local authorities, health authorities and other agencies will tackle the root causes of ill-health in places where people lives. Most advances in health are the result of improvements in people's economic and social status, better education, housing and higher incomes and so on. These improvements are not just the consequences of government intervention alone but derive from the joint actions of individuals, communities, organization and international circumstances (Ruger & Yach 2005; Abbott, 2006).

### **National Partners in Public Health**

At the national level, joined-up government has been promoted in policy making and service delivery through cross departmental programmes and initiatives e.g. Child abuse and teenage pregnancy, female circumcision, drug and child trafficking, control of quack products and so on. Studies on public health inequalities policies revealed that cross- national approaches to partnership are becoming more common, important and are likely to continue to provide both an attempt at joined-up policy and to join-up the mechanism of central government (Davis, 2005; United Kingdom Public Health Authority, (UKPHA), 2006). Most countries have a Quarantine

and Epidemiology Department at the Ministry of Health which deals with seaport health, airport health and automobile parks, quarantine stations or hospital and vaccination or immunization. This is to guard against the import and export of diseases, thus keeping the indigenous population reservoir as small as possible and honestly notifying WHO of the latest situation in the country, irrespective of the local consequences. Regulations need to be supported by the epidemiological surveillance of disease.

Most of the private organizations form partnership for the promotion of public health work within national boundaries, but some have substantial international activities. Examples are Rockefeller Foundation, Wellcome Trust, Ford Foundation, and Sasakawa Foundation. Some large organizations based in developed countries are concerned with disaster relief. These rely on public donations and often have a high profile though the overall scale of their overseas programmes is relatively small. Some are missionary organizations, others secular focusing primarily on disaster relief, long-term public health development and specific diseases or disabilities. World Vision, Christian Aid, World Commonwealth Society for the Blind, European Leprosy Association and Save the Children Fund are all well-known examples of such organizations.

#### **International Partners in Public Health**

International collaboration is an expanding feature of public health. Experience has shown that public issues transcend national boundaries and action between countries is becoming important. Mobility between countries, international trade particularly in food stuffs and common health problems mean that countries can no longer be isolated in their approaches to public health. The needs for global responses to diseases control like HIV/AIDS, child trafficking, teenage pregnancy, raping (an increased transfer of other diseases through global travel) means promoting health by dealing with poverty and health issues in many developing and under-developing countries and require cooperation at an international level. (McMichael and Beagbhole, 2000; Ruger and Yach, 2005).

The international agencies responsible for the promotion of public health include multilateral governmental agencies such as WHO, UNICEF, UNFPA and other UN agencies. The World Bank and Regional groups of countries e. g. European Union can also assist in forming partnership in public health. Much of the foreign public health aid provided to developing countries is made available through bilateral government to government programmes involving industrialized countries as donors and developing countries as recipients. The pattern of aid is usually an important element of donor governments' oversea policies and is administered by an agency that is part of the Ministry of Foreign Affairs or equivalent and within the donor government. Examples of such international agencies include UK Department for International Development (DFID), Swedish International Development Agency (SIDA), United States Agency for International development (USAID) and Canada's CIDA. Bilateral donors frequently join-up with multilateral organizations especially when large schemes for public health are being envisaged. Most bilateral agencies' health policies now make direct reference to encouraging the development of primary health care programmes such as polio and malaria eradications and immunization programmes for children.

A number of non-governmental organizations are actively involved in international health (public) and development. These include multinational groups like the Christian Medical Commission, International Committee of Red Cross, the League of Red Cross societies, Save the Children Alliance, Red Crescent Associations, private foundations and charities. The International Council of the Red Cross and the League of Red Cross Societies (crescent) play an important role in providing relief in cases of natural disaster.

#### **Conclusion**

Partnership is an essential ingredient of public health for tackling the key determinants of health; as a shared responsibility, to avoid overlap and duplication; recognize the important role individuals, communities and various organizations play in promoting their own health. Clearly, the nature of public health and the need to address inequalities in health requires multisectoral action which, if it is effective requires some levels of coordination or partnership. The multisectoral approach requiring action by all those agencies and individuals which have an impact in health strengthens approaches to address health problems and inequalities.

Partnerships are also generally based on ideal of voluntarism and current policy emphasizing the development of formal and informal partnership. It involves policy changes in findings regulations, structures and ability to experiment with new organizational forms. Ultimately, the success of public health partnership depends on the flexibility for actors at all levels to develop within a policy framework that recognizes variation and flexibility and provide charity on purpose and accountability.

#### **Recommendations**

Towards making partnerships as an effective approach to public health, it is therefore recommended that:

1. All categories of partnership should be applied for effective public health.
2. Collaboration, participation and equity as key pillar of primary health care should be vigorously focused to improve public health.
3. There should be a creative approach of joined-up governance using community – based approach for

public health partnership with local authority, health authority and their agencies to tackle the root of ill health.

4. The partners in public health should be strictly upholding their agreement for common purposes.
5. Partnership in public health should maintain interrelationship between public health policy and practice.
6. Funds should be adequately provided by the partners at all levels towards the realization of their goals and objectives.

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