Twinning, Cities, and Health: Opportunities Being Missed?

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In Europe, the idea that communities should seek “twins” in other countries had a new lease of life after the 1939–1945 war. For smaller towns, one twin is usually enough. UK/France twinning is especially popular, but the activities are essentially social with annual exchanges of visitors or short school trips, for example. However, cities can be more ambitious both in the number of twinning arrangements that are set up and in their scope. The former port city of Bristol, in south-west England, has seven twinning or friendship arrangements, whereas in the middle of the country, the former manufacturing heartland of Birmingham has eight. As a center for wine importing, historically anyway, it would be natural for Bristol to have chosen Bordeaux (1947) and Oporto (1984) as suitable twins. Another is Germany’s Hannover (also 1947), but the others are in the developing world. The twinings with Beira in Mozambique, the port of Puerto Morazan in Nicaragua, Guangzhou in south-east China, and Tbilisi in Georgia involve far more than the usual social exchange programs.

The smaller twinning arrangements between towns and villages usually of similar socioeconomic standing tend to be self-funding, and even if a local government or other grant is available, it will not stretch far. With cities, however, financial backing and some form of infrastructure to support twinning activities is likely. In Manchester, for example, the city’s four friendship agreements are coordinated by the Economic and Urban Policy Group, a body which also handles Manchester’s involvement with the Eurocities and worldwide Metropolis projects. City level twinning activities with economically well-matched urban peers can leave the impression of being trade-centered. In the UK, as in many other countries, including the United States, neither hospitals nor universities are in the hands of local councils, and in any case it may be difficult to build a research or healthcare element into a twinning arrangement with a less well-off city. To single out Bristol’s activities in this area is not to imply that no other city is interested in such matters.

In Mozambique, 50% of the population lives in poverty. Earlier this year, Steve Day, assistant director of the Brandon Trust, which works with Bristol’s Southern African Resource Centre and the city’s twinning association, visited Beira and has reported back on what a local organization called ACRIDEME is doing for those with learning difficulties who live in the port’s neglected shanty areas.¹ Bristol’s link with Nicaragua includes a 2-year project on health education. “Niño a niño” aims to instill health education messages into older children who will then pass them on to younger ones. Separate fund-raising in Bristol supports a women’s organization (Amai Musananhi) and an HIV/AIDS project in South Africa. Plymouth, another port city in south-west England, has a friendship arrangement with Gdynia in

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Poland and, from the beginning, quite simple medical interests were explored (e.g., a subscription for a medical journal).

On a grander scale, with budgets in millions of euros, European Union programs addressed at newly independent countries in and around the region preparing for EU membership are making use of the twinning idea. One such was the Technical Assistance for the Commonwealth of Independent States (TACIS),² but there are similar ones for the western Balkans, the Mediterranean area, and for Central and Eastern Europe. Encouraging “exchange of information and technology transfer,” the initiatives are not health-specific but the twinning idea has also been made use of by WHO’s Centre for Urban Health in encouraging cycling.³ Inevitably, Europe-wide activities involving twinning are highly managed and bureaucratic and they tend to be aimed at lofty goals such as structural economic reform or the notion of EU citizenship⁴ and may, therefore, not appeal to every humbler grassroots twinner.

Twinning arrangements are worldwide and every pairing will need to determine its own level of activity. Small communities will continue with their essentially social twinning programs but, as we have seen, cities can take on health-related activities, albeit on a small scale. They could equally well be undertaken in the absence of any formal city twinning arrangement, of course. Nonetheless, it could be worthwhile for a medical school or large hospital in a city that has twin cities in the developing world or emerging nations of Europe to ask the twinning umbrella organization such as Manchester’s or the Bristol International Twinning Association what it can contribute.

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