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of Health



Department
for International
Development



Engaging in Global Health

The Framework for Voluntary Engagement in Global Health by the UK Health Sector

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Engaging in Global Health

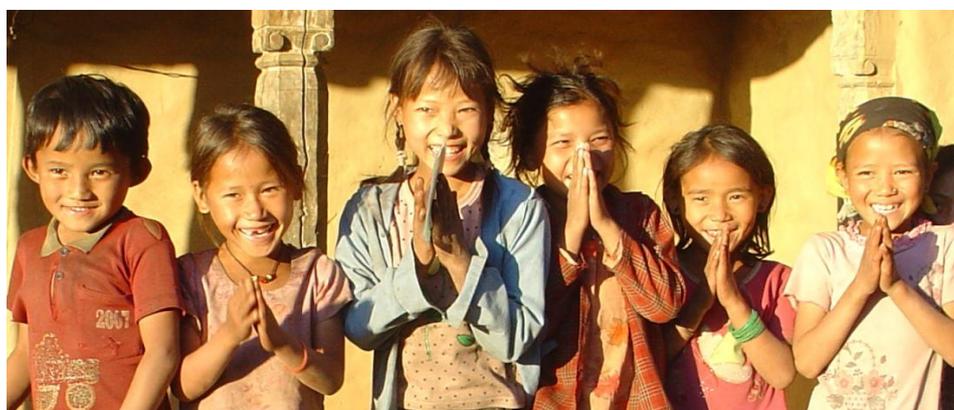
The Framework for Voluntary Engagement in Global Health by the UK Health Sector

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Title page photo: courtesy of Mike Guildford, PHASE Nepal (see case study in Section 4)

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Foreword

The UK health sector – and particularly the National Health Service - is widely recognised around the world for its values and vision as well as the high quality health services it provides in the UK every day. International demand for UK knowledge, skills and services is growing.

Many organisations and individuals in the UK health sector already offer their support on a voluntary basis to health systems in the world's poorest countries – in fact, there are already over 160 active partnerships with health institutions in developing countries. As this activity increases it is becoming increasingly important to ensure that these partnerships continue to be as efficient and effective as possible.

To that end, this framework focuses on how voluntary international development work can contribute to building and sustaining capacity in low- and middle-income countries. It also outlines the benefits and opportunities for UK employers, professional associations and individual volunteers from the UK health sector.

Since the previous framework was published in March 2010, we have learnt a great deal about voluntary engagement in global health. The Health Partnership Scheme, a DFID-funded initiative which supports partnerships with health institutions in low-income countries, is now well established and the All Party Parliamentary Group on Global Health has also published recommendation on how to strengthen international engagement. A network of representatives from health organisations in England and the Devolved Administrations has steered the development of this updated framework, in consultation with a wide range of stakeholders, and this approach will ensure that this learning is made widely available.

Experience from the last four years tells us that the future of voluntary international development work lies in it:

- being seen as the norm not the exception for every health worker's career;
- being valued and encouraged for the benefits it brings to all parties;
- encompassing the full range of professional disciplines in the UK health sector;
- reflecting the needs of developing countries. This includes an increasing focus on public health, primary care and community services - the priority areas for developing countries, as well as essential acute services;
- being fully supported by employers and professional associations, with robust human resources policies and training recognition;
- being carried out by well trained and supported international volunteers, sensitive to the culture and development context of the host country;

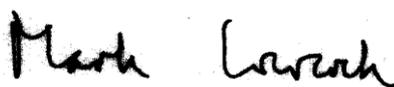
- being scaled up to strengthen the impact on health in developing countries.

Voluntary international development work is flourishing in parallel with a growing number of commercial partnerships by the UK health sector. This framework also supports positive transitions, such as those happening in China and India, where our relationship is changing from one focussed entirely on development partnerships to one including a greater number of commercial partnerships.

We encourage UK health workers and employers to take advantage of unprecedented opportunities to engage in global health. Your involvement is important. Further participation - whether as a volunteer or a supporter - in global health is always welcome. You can find out more about how you can take part in this fulfilling and rewarding work through the organisations referred to in this framework.



Una O'Brien
Permanent Secretary
Department of Health



Mark Lowcock
Permanent Secretary
Department for
International Development



Rob Webster
Chief Executive
NHS Confederation

Executive summary

The value of international volunteering is recognised by the host institutions in low and middle income countries, individual volunteers and UK health organisations alike.

Clinicians, health workers and managers as individual professionals gain a great deal from the range of opportunities to work and train overseas – these are both professionally and personally rewarding.

UK health services can benefit enormously from the knowledge and experience gained from work in low and middle income countries. For example, health organisations and individuals can gain from the awareness of tropical diseases and global health challenges that affect us all; the understanding of other cultures to improve the patient experience in the UK; the staff engagement and compassion that flow from health partnerships - leading to safer, higher quality care in the UK; the high value leadership development; and the innovation applied to local services.

A key set of principles underpin this framework - that activities are driven by the needs of low and middle income countries, aligned with national, district or local health plans, co-ordinated adequately, evidence-based and sustainable and developed in partnership.

There is a vital role for UK employers and professional associations to play in supporting effective engagement through their human resources policies and recognition of the training offered.

Despite government policy support and many examples of successful health partnership working by a wide range of leading organisations in the UK, there remains a lack of awareness among some NHS board members about the benefits and value of international health activities. There is also uncertainty about how organisations should respond to concerns about the risks and costs involved.

In order to address these concerns, the framework re-states the support for voluntary engagement in global health and aims to raise awareness of the further tools, approaches to handling risk, funding options and model policies that are available for organisations that wish to support their health staff as volunteers.

The review by the All Party Parliamentary Group on Global Health highlighted the need to support partnerships to improve the way they manage their international activities. The report called for clearer standards of good practice for international health partnerships in order to raise standards and accelerate the improvement and professionalism of volunteering activities.

This updated framework takes forward a number of the recommendations from the All Party Parliamentary Group on Global Health. The framework sets out proposed standards, drawn from the learning to date, in five main areas:

- Effectiveness: including the key principles for effective voluntary engagement in global health;
- Organisational commitment: including the vital role of UK employers and professional associations;
- Support for volunteers: including preparation and support for the whole volunteer journey;
- Health values and ethics: the importance of an ethical approach including the values that motivate those who volunteer;
- Monitoring, evaluation and learning: highlighting the need to assess impact, improve effectiveness and learn from best practice.

The ways in which organisations can strengthen their support for international volunteering are identified in the framework, drawing on the recent statement on volunteering by the Academy of Medical Royal Colleges¹.

It is recognised that all organisations are constantly developing their approach based on the learning and experience from voluntary engagement in global health. Hence, this document is provided as an enabling framework to support that progression, rather than a rigid structure to restrict engagement.

The framework includes signposts to a range of practical tools and support for volunteers and health partnerships.

The next steps in taking forward the action to support voluntary engagement in global health include:

- promoting the benefits of voluntary engagement in global health with Boards of NHS bodies, health workers and other organisations;
- developing further resources and support for volunteering programmes;
- continuing to learn the lessons from health partnerships of every kind, in order to improve the effectiveness of future programmes;
- demonstrating the value and benefits in order to secure future funding flows.

Through this work, we can play our part in improving health globally while developing leadership and other skills in the NHS and further building and sustaining our international networks.

A briefing on the framework for use by NHS Boards is attached at Annex A.

¹ <http://www.thet.org/hps/news/academy-support-for-volunteering>

1. Introduction

- 1.1 The importance to the UK of a close interest in global health is already widely recognised. There are mutually beneficial outcomes by working on global health, international development and trade for better health². Not only does the UK benefit from greater knowledge of global health - both its challenges and its solutions - but also the UK health sector has a significant contribution to make in building a better understanding of how to tackle health problems and to improve health for all, whether in the UK or in other countries.
- 1.2 There is a growing international demand for the knowledge, skills and services of UK health workers. In response, the UK health sector has been offering its support to health systems in low and middle income countries, with some health partnerships sustained over many decades.
- 1.3 In the past much of the charitable work overseas has been based on individual clinicians following their passions and making their own arrangements. Over time this is changing, with health sector involvement becoming more strategic and professional. By embedding international volunteering as a valued part of mainstream operational objectives and following the principles of effectiveness, UK health organisations, individuals and charities can strengthen the sustainability of their activities.
- 1.4 Health partnerships between UK health institutions and their counterparts in low and middle income countries³ offer a particular opportunity to contribute to global health improvements and also to benefit from the exchange of professional learning and experiences. The benefits to the UK – and to the UK health sector – of these partnerships are becoming increasingly clear and are highlighted in this framework. The recognition of these benefits has already led to over 160 partnerships between the UK and health institutions in low and middle income countries across Africa and Asia.
- 1.5 The value of volunteering is recognised by the health partners in low and middle income countries, individual volunteers and UK health organisations alike. A wide range of UK health workers as individual professionals can gain a great deal from a range of opportunities to work and train overseas – these can be professionally and personally rewarding. UK health organisations gain from more engaged and motivated staff – a key determinant of safe, high quality care in the UK – and the experiences are good value for money when compared with many other leadership development programmes.

² Health is Global: An outcomes framework for global health 2011 – 2015, Department of Health (2011)

³ For a definition of partnerships developed by WHO see <http://www.who.int/patientsafety/implementation/apps/definition/en/>

- 1.6 With the benefits and rewards come significant challenges. This framework is also about highlighting how to overcome the inevitable difficulties of working in some of the most remote and demanding environments on the planet.
- 1.7 The updated framework aims to bring greater clarity to how the UK health sector can contribute in a sustainable way to capacity building in low and middle income countries. There has been considerable learning from the successes – and failures – of working in partnership with low and middle income countries. This framework draws on the learning since the previous framework was published in March 2010 and aims to make it available for all those involved.
- 1.8 The particular features of this updated framework include: a greater understanding of the benefits of voluntary engagement in global health; the opportunity for enhanced learning and support for individual volunteers and health partnerships through the Health Partnership Scheme⁴; and a statement of good practice standards for effective engagement, building on the report from the All Party Parliamentary Group on Global Health⁵.
- 1.9 It is recognised that all organisations are constantly developing their approach based on the learning and experience from voluntary engagement in global health. Hence, this document is provided as an enabling framework to support that progression, rather than a rigid structure to restrict engagement.

⁴ <http://www.thet.org/hps/>

⁵ Improving Health at Home and Abroad, All Party Parliamentary Group on Global Health (July 2013)

2. The policy context for voluntary engagement in global health by the UK health sector

Global health: important for all of us

- 2.1 Globally, health is improving. Since 1990, with a significant contribution from UK development programmes, the number of children under five years of age dying from preventable causes has fallen from around 12 million each year to around 7 million. The number of girls and women dying during pregnancy and childbirth has fallen from 400,000 a year to under 275,000⁶.
- 2.2 Yet there is still much to be done. The poorest people in low and middle income countries suffer the most from ill health, and women suffer more than men. In sub-Saharan Africa, relative mortality risks are getting worse for women rather than better.⁶
- 2.3 Much of this suffering could be ended by using existing means to treat and prevent illness and to promote health, and by applying evidence of what works.
- 2.4 The UK government recognises the importance of addressing global health issues and its commitment to do so is set out in *Health is Global*⁷. As the global distribution of wealth shifts and the economic profiles of individual countries change, so too does the pattern of disease, the health burden and what is expected and required of health systems. Technological advances are rapidly expanding the ways in which we share knowledge and experience across country borders.
- 2.5 A wide range of health security threats transcend international boundaries. Examples include emerging epidemic and pandemic infections, and the health consequences of poverty, wars and conflicts, climate change, natural catastrophes and man-made disasters.
- 2.6 Evolving NHS practice means that not only are UK based health professionals challenged with pandemic diseases and health issues in returned travellers, migrants, refugees and asylum seekers, but also with innovative ways of delivering health services in low resource settings. In this way, voluntary engagement helps to deliver improved outcomes in the UK, supporting

⁶ Health Position Paper: Delivering health results, Department for International Development (June 2013)

⁷ Health is Global: An outcomes framework for global health 2011 – 2015, Department of Health (2011)

delivery of the Public Health Outcomes Framework and NHS Outcomes Framework.

- 2.7 Working together in partnership and learning from one another to improve health for everyone is a goal the UK health sector can aspire to. Now is the time for UK health workers and employers to take advantage of the opportunities to engage in global health.

Meeting health needs through international development

- 2.8 The eight Millennium Development Goals (MDGs) – which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 – formed a blueprint agreed to by all the world's countries and all the world's leading development institutions. They have galvanized unprecedented efforts to meet the needs of the world's poorest.
- 2.9 The health workforce crisis remains a critical constraint to progress in many lower and middle income countries. Without an adequately trained and appropriately distributed health workforce, countries cannot run effective health systems or meet the basic human right of access to essential healthcare.
- 2.10 Health related issues are prominent in the current MDG framework. As the new post 2015 Sustainable Development Goals emerge, an emphasis on how health relates to other areas of development and the need to address the social, economic and environmental determinants of health will be paramount. Positioning health in the context of sustainable development and ensuring that it retains its prominence at the centre of development raises important questions for the health community.
- 2.11 The Department for International Development (DFID) works to improve health outcomes in low and middle income countries. In its policy position paper⁸ DFID explains its public health approach, which combines investments that achieve targeted results with investments that strengthen broader health systems. This approach is rooted in the UK government's commitment to improve the health of the world's poorest people.
- 2.12 Working with other partners to support countries' national plans and priorities, the UK approach delivers gains that countries can sustain and build on. A set of key principles guides DFID support: (i) evidence-based decision making: decisions are based on the best available evidence of effectiveness; (ii) value for money: the UK is committed to maximise the value achieved with tax payers' money; (iii) delivering more effective aid: helping countries deliver high

⁸ Health Position Paper: Delivering health results, Department for International Development (June 2013)

quality health services accessible to the poorest and most marginalised people, and delivering sustainable results; and (iv) putting girls and women at the heart of DFID's work and not shying away from addressing sensitive issues such as unsafe abortion.

The voluntary contribution of the UK health sector to global health

- 2.13 The UK seeks to promote greater engagement across the UK-based health community to deliver results and unlock the best the UK can offer for development work. The *Health is Global*⁹ strategy sets out the UK's commitments across other government departments including the Department of Health, the Ministry of Defence, and the Foreign and Commonwealth Office.
- 2.14 In 2008 the commitment to supporting future voluntary engagement in global health was set out in the government response to Global Health Partnerships: the UK contribution to health in low and middle income countries¹⁰. This included recognition of the mutual benefit for the NHS and institutions in low and middle income countries in working together.
- 2.15 In order to take forward the commitment to UK health sector involvement, The Framework for NHS Involvement in International Development was published in March 2010¹¹ by the Department of Health. The framework aimed to bring greater clarity to how the NHS can contribute in a sustainable way to capacity building in low and middle income countries.
- 2.16 Much of the framework published in 2010 remains relevant. However, since that time, there has been significant progress and learning, and it is important to ensure that the lessons are made widely available to all those involved. In particular: the Health Partnership Scheme has been established; a further important report has been published by the All Party Parliamentary Group on Global Health; and there have been changes in the health sector architecture.

The Health Partnership Scheme

- 2.17 The Health Partnership Scheme (HPS) aims to improve health outcomes for poor people in DFID priority and other low income countries. The scheme harnesses UK health institutions and professionals in partnerships with counterparts in low and middle income countries, and supports health systems through health service skills transfer and capacity development. To

⁹ Health is Global: An outcomes framework for global health 2011 – 2015, Department of Health (2011)

¹⁰ Global Health Partnerships: The UK contribution to health in developing countries, the Government Response (HMG, 2008)

¹¹ The Framework for NHS Involvement in International Development, Department of Health (March 2010)

achieve this, the programme has two main components: first, a grants mechanism for projects proposed by partnerships and, second, activities to equip the health partnerships community to deliver effective projects.

- 2.18 The scheme is funded by DFID and managed by the specialist global health organisation, THET (Tropical Health and Education Trust).
- 2.19 Launched in 2011, the HPS works through structured voluntary partnerships between the NHS and UK institutions and counterparts overseas. These institutions may be hospitals, professional associations, universities or other training institutions whose primary focus is delivery of health services or the training of health workers.
- 2.20 To date, the HPS has enabled over 80 health partnerships to access the financial and technical support necessary to deliver increasingly diverse and effective projects to address issues such as maternal mortality and child health, mental health, nurse education and clinical practice development. Over six years, the HPS will enable over 1000 UK health workers to volunteer overseas in over 20 countries as part of strategic and long-term organisational arrangements, designed to respond to locally identified needs.

The report of the All Party Parliamentary Group on Global Health

- 2.21 The All Party Parliamentary Group on Global Health has taken a close interest in promoting international volunteering by UK health workers and published its report, *Improving Health at Home and Abroad* in July 2013¹². The key recommendations are to:
- Spread good practice, including consideration of a 'kite-mark' scheme to improve the impact and effectiveness of UK health partnerships and volunteer programmes;
 - Create a movement, including consideration of a network of regional health volunteering centres hosted by Health Education England within Local Education and Training Boards;
 - Sustain successful existing policies, by: reinforcing the value and legitimacy of NHS involvement in global health; renewing the HPS grants facility for a second phase beyond 2015; extending the pensions continuity scheme and making it more inclusive; and encouraging regulators and professional societies to recognise the skills gained in low income settings.
- 2.22 This updated framework takes forward a number of the key recommendations made by the All Party Parliamentary Group on Global Health.

The architecture for supporting voluntary engagement in global health

- 2.23 With the introduction of the Health and Social Care Act 2012, it has been important to adapt the supporting arrangements for voluntary engagement in

¹² *Improving Health at Home and Abroad*, All Party Parliamentary Group on Global Health (July 2013)

global health to reflect the new architecture for health in England, alongside continued developments in the devolved administrations and key national bodies.

2.24 The organisations in the NHS International Health Group, which has acted as the national forum for co-ordinating voluntary engagement in global health, include:

- Department of Health;
- Department for International Development;
- NHS England;
- Public Health England;
- Health Education England;
- NHS Leadership Academy;
- NHS Trust Development Authority;
- NHS Employers;
- Healthcare UK;
- Public Health Wales;
- Welsh Government;
- Scottish Government;
- Department of Health and Personal Social Services, Northern Ireland;
- Cross government project on international volunteering;
- THET (Tropical Health and Education Trust);
- other participants as appropriate.

2.25 In the UK, support for health organisations is provided through the HPS, operated by THET on behalf of DFID. To strengthen local engagement in the future, it is expected that further networks of support for volunteering will be established through Local Education and Training Boards of Health Education England.

2.26 In Wales, due to longstanding high level investment from Welsh Government, there are two main avenues of support for those involved in health links. These are firstly, the International Health Coordination Centre, an all-Wales NHS centre supporting all aspects of international health work hosted by Public Health Wales (www.internationalhealth.wales.nhs.uk), which developed from the Framework, Health Within and beyond Welsh Borders: An Enabling Framework for International Health.

2.27 Secondly, the Wales for Africa Health Links Network, an independent charity supporting health links working specifically in sub-Saharan Africa (<http://www.wales.nhs.uk/sites3/home.cfm?orgid=834>) which stems from the Welsh Government's 'Wales for Africa' programme. Thanks to this, Welsh Health Boards and Trusts undertake a wide-range of international work,

underpinned by support from the Welsh Government with guidance identified in a Welsh Health Circular (2006) 070, jointly endorsed by the Minister for Health and Social Services and the Chief Medical Officer. There is a positive picture for international health in Wales.

- 2.28 One example of a health partnership with wide-ranging community networks is the Partnerships Overseas Networking Trust (PONT) in Wales. A case study of their support for developing an integrated emergency response service in Mbale, Uganda is shown in Figure 1.
- 2.29 In Scotland, the Scottish Government provides funding to Scottish based non-governmental organisations for their work in countries specified in the Scottish Government's international development policy. This includes the Scotland Malawi Partnership (see case study below) and the £9 million International Development Fund. Further information can be found at <http://www.scotland.gov.uk/Topics/International/int-dev>
- 2.30 In Northern Ireland, the Northern Ireland Assembly's All Party Group on International Development aims to give leadership, raise awareness and give practical help to low and middle income countries. Further information, including the regular programme of International Development Awards, can be found at: <http://www.niassembly.gov.uk/Your-MLAs/All-Party-Groups/International-Development/>

Figure 1: Mbale, Uganda: Integrated Emergency Response Service



Mbale Integrated Emergency Response Service enables volunteer community health workers in Village Health Teams to call a motorcycle ambulance for transport of life threatening emergencies and mothers in labour.

Partnerships Overseas Networking Trust (PONT) www.pont-mbale.org.uk is a network of Community links in Wales including health, education, and technology / engineering / business. Supporting training of rural volunteers through a network of local development NGOs and District Government Health offices since 2005, PONT was catalytic in the formation of Mbale Coalition Against Poverty (CAP) to facilitate collaboration, training delivery and grant management.

PONT/Cwm Taf Health Board – Mbale CAP piloted the introduction of 3 e-Ranger motorcycle ambulances in 2010-12 in response to strong feedback from community volunteers, through partner organisations, of the need for emergency transport.

Primary and secondary care health, ambulance service staff and IT and engineering volunteers contribute to service development and training, monitoring and evaluation.

Journey logs demonstrate two thirds of patient transfers are maternity cases; existing government data show increased uptake of antenatal and immunisation services with improvements in government key health indicators.

Traditional Birth Attendants (TBAs) receive training to become Traditional Birth Referral Advisors, encouraging and supporting mothers to attend for health professional – assisted childbirth. Many volunteers are elected to local government by their communities in recognition of their service.

PONT is mainly funded by voluntary donations and fundraising. A THET grant has enabled the Mbale model for emergency transport to be introduced at a pilot level to communities in other regions of Uganda with Welsh community links. Rotary Club donations now provide over 30 motorcycle ambulances in Mbale, Tororo, Luwero and Gulu regions.

Figure 2: The Edinburgh Malawi Cancer Partnership

Under the Scottish Government funded 'Edinburgh Malawi Cancer Partnership' programme, NHS Lothian has been developing an integrated cancer and palliative care unit at the Queen Elizabeth Central Hospital in Blantyre. This is the only cancer unit in Malawi and the project is working to enhance facilities by developing effective data management systems to organise clinical care and to monitor information on workload and outcomes.

A multi-disciplinary team has been working to ensure that decisions on patient care are fully informed and a multi-professional approach to care delivery is developed so that the service can make more effective use of its workforce whilst maximising capacity and capability.

A huge success of the programme has been in skills-sharing and capacity development. Scottish experts in Information and Communication Technology, for instance, have worked closely with Malawian counterparts in the development of a hospital system for data capture, which includes information on patient flow, follow up and to give reports of the current caseloads. A training session on this system was held in March with both Edinburgh and Blantyre teams to great success.

Moreover, a partnership between the Queen Elizabeth Cancer Unit (in collaboration with the Ministry of Health of Malawi) and the Edinburgh Cancer Centre has recently been established to help facilitate improvements in cancer services. This partnership has included mutual visits in September 2013 and March 2014, as well as the sharing and development of nursing, clinical and consultant protocols.

Importantly, this project is also having a wider reach. Links are being made with other related Malawi initiatives, including: the ICT for Maternal Health and Cervical Cancer Projects in Nkhoma Hospital as well as with Palliative Care initiatives in Scotland.

3. The case for voluntary engagement in global health by the UK health sector

- 3.1 This section sets out the case for voluntary engagement in global health by considering the key concerns for NHS boards, the reasons for engagement and the evidence of benefits for patients, individuals and institutions.
- 3.2 Boards are naturally concerned with issues of risk and resources. These issues for boards are considered further in the standard for organisational commitment in section 4 and through the tools and practical support referred to in section 5.
- 3.3 There is a variety of reasons for the UK to invest resources, both human and financial, in improving health in low and middle income countries. First and foremost, better health is an end in itself and a basic human right, to which many do not have access.
- 3.4 Values are also very important to all those involved in the health sector. The same values that motivate health workers across the world are often what lead UK health workers to engage in global health. The NHS values, set out in the NHS Constitution, have been developed by patients, public and staff as a natural expression of what inspires passion in the NHS and they should underpin everything it does. The NHS values (particularly ‘compassion’, ‘improving lives’ and ‘everyone counts’) provide common ground for co-operation to achieve shared aspirations and are highly relevant for international work.
- 3.5 Health workers can gain a great deal from opportunities to work and train overseas. Working in complicated and challenging environments assists health workers consolidate and develop a range of skills - clinical, management, communication and teamwork, patient experience and dignity, policy as well as academic. Health workers also gain personal satisfaction and experience a growth of interest in global health.¹³

‘It changes people forever’ is the quote that we hear directly back from people. It can revitalise people and helps them realise just how fortunate we are to have the NHS’. Ian Cumming, Chief Executive, Health Education England)

¹³ Felicity AE Jones, Daniel PH Knights, Vita FE Sinclair and Paula Baraitser, ‘Do health partnerships with organisations in lower income countries benefit the UK partner? A review of the literature’, *Globalization and Health*, August 2013

Evidence of benefits for patients and institutions

- 3.6 Benefits can also be seen at the UK institutional and patient experience level as highlighted in a recent study which reviewed all available evidence – see Figure 3, *Transmission of health partnership opportunities into improvements in service delivery and patient experience*¹⁴

¹⁴ Ibid

Figure 3 Evidence of benefits for patients and institutions¹⁵**Transmission of health partnership opportunities into improvements in service delivery and patient experience****Clinical skills:**

Treating patients with pathologies that are uncommon in the UK can lead to improved understanding and better preparation to deal with these conditions. Organisations can develop strategies to manage these conditions effectively when they do arise leading to patients with these conditions receiving better care in the UK.

Managerial skills:

Working in a resource-poor setting can lead to innovation, the ability to cope in different environments and the prioritisation of limited resources. Organisations can become more able to suggest and implement innovative management policies which can lead to changes in protocol and financial savings leading to better use of resources.

Communication/ Teamwork:

Diverse teams of UK and overseas health workers working together provides experience in multi-cultural, multi-disciplinary team working which can lead to a more cohesive and motivated workforce and patients receiving integrated inter-departmental healthcare delivery.

Patient Experience and Dignity:

Working with patients and staff from a different culture can lead to a better understanding of cultural sensitivities of individuals from that region. Organisations can understand the needs of their patients and colleagues' better leading to patients and staff of all ethnicities feeling understood and supported within the NHS.

Service/policy development and implementation:

Opportunities to learn about a different healthcare system and to engage in policy work can lead to improved skills in service/policy development and implementation; new perspectives on decision-making; and effective strategy development; all of which can result in systemic improvements in service delivery.

Academic Skills:

Opportunities to engage in training and collaborative research can lead to improved educational, training and research skills, increases in number and quantity of training programmes and research within the organisation. This can lead to better trained staff and new discoveries through clinical research.

¹⁵ Felicity AE Jones, Daniel PH Knights, Vita FE Sinclair and Paula Baraitser, 'Do health partnerships with organisations in lower income countries benefit the UK partner? A review of the literature', *Globalization and Health*, August 2013

- 3.7 The WHO African Partnerships for Patient Safety are an example where the work on patient safety has been taken up by UK partners and has led to strengthened inter-disciplinary working on patient safety in the UK.

“As an academic health science centre, education is a key priority at our Trust. This unique venture between our Trust and a Rwandan hospital is a great opportunity to share best practice in order to improve patient safety and care.”

Mark Davies, Former CEO, Imperial College Hospital NHS Trust, UK

- 3.8 The All Party Parliamentary Group on Global Health report, *Improving Health at Home and Abroad*, highlights a number of reasons why voluntary engagement in global health is good for the UK health sector:

- Benefits to countries. When done well, voluntary engagement strengthens the capacity of health systems, institutions and professionals in the developing world;
- Innovation sharing. The NHS gains in the key domains of: service delivery; workforce development; health information; technology; financing; leadership; and governance. This brings greater confidence and motivation to challenge established practice and a renewed understanding of the need to steward NHS resources;
- Leadership development. Work on global health leads to a greater understanding of how to enact change, communicate across professional cultures and work as part of team; it builds competencies in redesigning pathways of care, service integration, commissioning and team work;
- International relationships. If well organised, engagement in global health can build international influence and reputation for the UK and NHS institutions, making a positive contribution to recruitment and retention of the best and brightest staff and helping to make positive connections with commercial activities for future sustainability.

“Work in other countries on global health is good for public health in the UK as well as being a good thing to do” (Duncan Selbie, Chief Executive, Public Health England)

Leadership development benefits

- 3.9 To deliver improvements in patient care, health systems need all individuals in each team to have increased leadership, project management and quality improvement skills and experience – which can be obtained from engaging in global health (Figure 4)¹⁶.

Figure 4 Benefits for leadership development

Leadership Development

“Those who volunteer internationally have greater understanding of how to enact change, communicate across professional cultures and work as part of a team. Working in resource-poor settings is particularly valuable in building soft leadership skills such as communication and self-knowledge.

The ingenuity and adaptability required for projects in host countries led to first-hand opportunities to develop these skills in ways that few courses could compete with. This fits with a growing appreciation for the value of real world challenges, as opposed to classroom learning, in the field of leadership development.

Clinical staff in particular return with new interests in redesigning pathways of care, service integration, commissioning and team work – all key competencies identified as priorities for improvement.” (*Improving Health at Home and Abroad*)

- 3.10 A case study, illustrating the leadership development benefits in practice, is shown in Figure 5.

¹⁶ All-Party Parliamentary Group on Global Health, ‘Improving Health at Home and Abroad: How Overseas Volunteering from the NHS benefits the UK and the World’, 2013

Figure 5 Case study: leadership development benefits

Global health fellowship scheme, Thames Valley and Wessex Leadership Academy



Leadership development is frequently cited as one of the most important benefits accrued from NHS staff working in resource-poor settings overseas. Time and time again, returning volunteers report increased confidence, a renewed vocation for the NHS and a more adaptable and open-minded approach to service delivery.

One area using international volunteering with the explicit intention of developing their workforce's leadership skills is the *Improving Global Health Fellowship Scheme*, run by the Thames Valley and Wessex Leadership Academy and funded partly by them and partly through the Health Partnership Scheme. This programme places NHS staff from all professional backgrounds with host institutions in a low or middle income country such as Cambodia, Kenya or South Africa, usually in a rural or community setting; for periods of 4–6 months. The Fellows work in partnership with local health teams on projects to increase the capability and capacity of the local system. They use Quality Improvement methodology, and use the NHS Healthcare Leadership Model (2013) to identify and focus their personal leadership development; they are supported by a UK based mentor and consolidate their learning through critical reflection, and self-assessment. The experience provides 'an unparalleled personal and leadership development experience to staff' and 'creates a cadre of skilled clinical leaders with quality improvement skills who can make a real difference to the NHS on their return'.

An independent evaluation of the scheme found that without exception returned Fellows reported outstanding personal development, often described in terms such as 'life changing'. The majority emerged with a greater appreciation of the value for clinicians of audit, teaching, management and quality improvement methods; and with an enthusiasm for leading service improvement in the NHS.

"The IGH experience helped me to see health issues in a broader manner and I now actively seek out other views." Leadership programme participant

The majority emerged with a greater appreciation of the value of audit, teaching, management and their significance for clinicians, and with an enthusiasm for leading service improvement in the NHS.

Innovation

- 3.11 UK employers are increasingly recognising the value of voluntary engagement in global health to their workforce and there is a growing interest in the role UK health workers can have in advancing health globally and bringing new knowledge, skills and ideas back to the UK.
- 3.12 While many of the solutions, often born of necessity, applied in low-resource settings are not appropriate for the UK context, there are many examples of those that are. A large number of low-to-high income country health innovations as a result of health partnerships has been compiled and classified across six key domains - service delivery, workforce development, health information, technology, financing, leadership and governance.¹⁷¹⁸
- 3.13 Monitor's recent review, *Closing the NHS Funding Gap*¹⁹, makes the case for shared innovation between the UK and low and middle income countries, with examples from India, Mexico and Ghana.
- 3.14 A case study, illustrating the innovation benefits in mental health services, is shown in Figure 6.

¹⁷ Syed et al., Developed-developing country partnerships: benefits to developed countries?, *Globalization and Health* 2012

¹⁸ http://www.globalizationandhealth.com/series/reverse_innovations

¹⁹ Closing the NHS funding gap: how to get better value health care for patients, (October 2013) Monitor

Figure 6 Case study: innovation benefits in mental health services²⁰



Heartsounds Uganda, Butabika - East London NHS Foundation Trust

In 2008 a group of mental health champions from the UK met their Ugandan counterparts in Uganda. The group included those with lived experience of mental health problems as well as staff champions of the user voice. The trip included the first user conference at Butabika Hospital in Uganda as well as regional visits and an event attended by the Minister of Health. In the subsequent two years Heartsounds Uganda, a user led, user run organisation grew out of the contact. The Butabika East London NHS Foundation Trust partnership fostered the organisation through training and learning opportunities and through web based liaison.

During 2012/2013 a pilot peer support programme, funded through the Health Partnership Scheme, was carried out in which those in recovery from mental illness supported those who were being discharged from hospital. The initial training involved the use of the Narrative Therapy inspired Tree of Life to track and celebrate the expertise of the lives of participants. The programme has led to a range of benefits including decreased perceptions of stigma, gaining work skills, recipients gaining support and understanding, plus changes to staff attitudes.

The main learning has been around fully trusting the capacity of those with lived experience of mental illness to decide on, lead and administer initiatives. The impact of training staff and service users together is also a learning for the UK in challenging narrow views of wellness. With the UK talking more and more about mental health staff 'coaching' people towards recovery, here is a dynamic example of that facilitative approach bearing fruit and benefiting people in the UK.

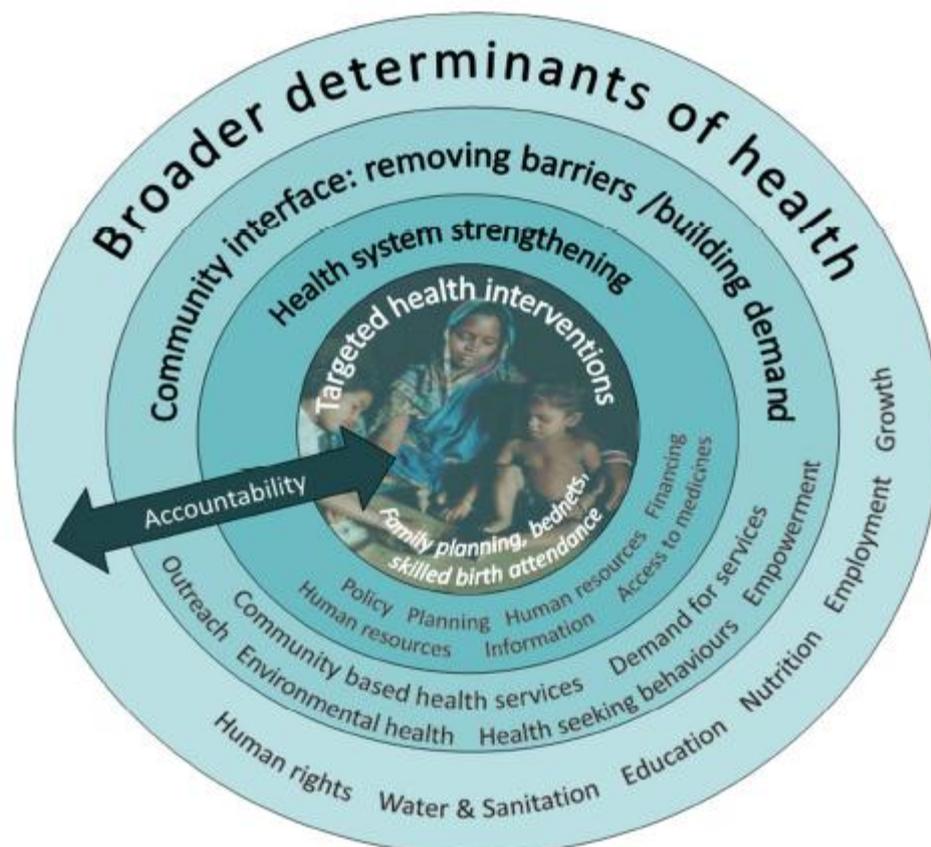
²⁰ Turning the World Upside Down website (<http://www.ttwud.org/>)

4. The scope and focus for effective health partnerships

Working within a comprehensive approach to health improvement

- 4.1 While the reasons behind preventable morbidity and mortality may be well known and the necessary interventions mostly well understood, a broad approach to addressing health challenges is necessary in order to make a significant impact on their causes and to ensure that actions taken are sustained into the future. Figure 7 below identifies the multiple levels at which health interventions need to operate in order to deliver results. These levels are interdependent and the boundaries around them are porous.

Figure 7 A comprehensive approach to delivering sustainable health results²¹



²¹ Health Position Paper: Delivering health results, Department for International Development (June 2013)

- 4.2 The majority of the UK health sector involvement in global health supports health system strengthening, particularly in relation to human resources for health. However, there are also examples of involvement in the community interface, particularly in Wales and there are examples of voluntary environmental health and public health initiatives.
- 4.3 To ensure that targeted services are effectively delivered and sustained over time, it is critically important that interventions are planned and delivered in ways that take into account the local context and help strengthen the national health system, putting low and middle income countries in the driving seat. WHO has defined the key health system building blocks as: 1) a set of effective, safe services; 2) a capable health workforce; 3) information systems that help map disease and measure health impact; 4) availability of medical products, vaccines and technologies to prevent and treat disease; 5) the funding needed to provide health services; and 6) the leadership and governance systems to ensure that resources are used to maximum effect.
- 4.4 By co-creating solutions, the UK's approach to supporting health outcomes in the poorest countries aims to help future-proof health systems to ensure that they are resilient and better equipped to address new and emerging challenges. These include emerging diseases and health problems (such as non-communicable diseases, mental illness and a greater focus on trauma), a changing environment (demographic change, urbanisation, climate change and food availability) and additional systems pressures (drug resistance, migration and disaster risk reduction).

The scope of international volunteering by UK health workers

- 4.5 When developing volunteering programmes, a range of considerations need to be taken into account including:
- the input of all the different health professions and all the different support functions required for health systems;
 - the potential for 'virtual volunteers' such as those who provide cover for colleagues abroad, support work in the UK, remote e-learning and videoconferencing, policy development in the UK and work for a variety of health agencies;
 - work for a range of time periods from a few weeks, if part of a long-term programme, to a period of two years and beyond;
 - volunteering at different ages and stages of a career, including during training, early in career, mid-career, end career and early retirement;
 - the widest range of health contributions - including the focus on primary care and public health. There is a growing need to consider how primary care in the UK can best contribute given that primary care is often the highest priority for low and middle income countries;
 - the use of appropriate models of health improvement that are suitable for low and middle income countries, respecting their needs and local circumstances and co-creating solutions;

- the focus on training and development;
 - the scope for thematic, multi-professional partnerships, such as the African Partnerships for Patient Safety supported by WHO²²
 - the participation of health workers through non-governmental organisations and charities.
- 4.6 This framework aims to encourage all these initiatives to take advantage of the learning from others and to build a sustainable future, based on the principles for effective voluntary engagement in global health.
- 4.7 Most volunteers from the UK volunteer for work in low and middle income countries through experienced intermediaries and non-governmental organisations who specialise in international development. These organisations help ensure that an individual is part of an organised development project and assist with practical and logistical issues. Further details about how volunteers can be effectively supported are set out in Sections 5 and 6.
- 4.8 There are many non-governmental organisations and charities, both faith-based and secular that enable health professionals to work in humanitarian aid or long-term development work. They aim to build capacity and raise awareness of issues of poverty, development and global interdependence. Examples include VSO (Voluntary Service Overseas), Oxfam, Save the Children, Care, Concern, Merlin, Médecins Sans Frontières, Red Cross and Skillshare . Each agency's website is a good place to learn more about the organisation, what it stands for and to identify opportunities for international volunteering.
- 4.9 An example in which General Practitioners from the UK are supporting the training and development of rural health workers as part of long-term primary care and public health programme in Nepal, is shown in Figure 8.

²² <http://www.who.int/entity/patientsafety/implementation/apps/en/index.html>

Figure 8: Primary care and public health capacity building in Nepal

UK GPs training health workers in Nepal



Practical Health Achieving Self Empowerment (PHASE) programmes in Nepal. From left to right: walking to an outreach centre; mother with her baby after visit to the health project; children queuing for de-worming tablets

PHASE Nepal, The Rotherham NHS Foundation Trust, District Health Office Gorkha and The Market Surgery, South Yorkshire, are supporting primary care services in remote areas of Nepal where health services are very hard to maintain. The main focus of public health interventions in this area is on maternal and child health.

It is recognised that a short-term, one-off visit on its own is unlikely to achieve any lasting benefit for the host country. PHASE Nepal addresses this issue by incorporating visits from UK GPs into a long-term development programme. Over 40 short term placements of British GPs have been completed since 2009.

Although better trained and supported than most government staff, PHASE health workers spend many months in isolation without professional feedback on their practice. They rely very much on their own judgement, in spite of having very little training. British GPs are uniquely placed to support primary care workers, as their skills and knowledge closely match the challenges that the health workers face. The GP's role is not just to supervise and train health workers in post, but also to be supportive mentors and relieve the sense of isolation, while raising both the workers' and the population's confidence in the service. GPs also give valuable feedback to PHASE about problems in the service delivery or set up.

GPs who volunteer with PHASE in Nepal receive detailed pre-departure briefing, written guidance about teaching topics and methods and information about common problems and their local management as well as a language guide and a description of the daily routines. They also get an opportunity to meet previous volunteers and to read reports from previous placements.

Recently retired British GP, Bob Rivett spent one week in Lho with PHASE health workers Srijana Pant, Laxmi Parajuli and Apsara Jirel and on his return reflected that *"this was one of the most enjoyable and rewarding experiences of my career"*.

- 4.10 A significant number of UK health workers originate from low and middle income countries. These diaspora tend to have a deep understanding of the culture, language, systems and social conditions of both the UK and their indigenous countries and are often key players in supporting the development network. Save the Children's document 'One Million More' describes how the African diaspora can help build health capacity in Africa. The UK government recognises that the positive economic, social and political connections that diaspora have with their countries of origin can be 'an engine of development'.
- 4.11 A number of global health collaborations exist through universities. One example is the Manchester Academic Health Science Centre, which already facilitates global health exchange programmes for health professionals, opportunities for collaborative research and shared educational courses. It aims to establish a centre for Global Women's health, and is also working with Health Education North West to further develop the Manchester Centre for Global Health Volunteering.
- 4.12 Most of the major UK health professional associations such as Royal Colleges and their faculties have strong linkages with the NHS and partners in low and middle income countries. Their work usually focuses on education and training. Their websites provide more detail. The International Forum of the Academy of Medical Royal Colleges is an independent body that brings together the representatives of the international departments of medical, nursing, midwifery and other health professionals' royal colleges and associations. The Forum aims to coordinate international activities of the colleges and faculties. OT Frontiers (<http://www.otfrontiers.co.uk/>) is a network for Occupational Therapists involved in global health and ADAPT is a network for Physiotherapists, recognised by the Chartered Society of Physiotherapy (<http://adapt.csp.org.uk/>).
- 4.13 A variety of funding routes are used to support engagement in global health. For example, a two year programme funded by Johnson and Johnson USA supported the establishment of local training in emergency obstetric and newborn care in Nigeria. The programme was carried out by The Centre for Maternal and Newborn Health at the Liverpool School of Tropical Medicine and the London-Nigeria Liaison group of the Royal College of Obstetricians and Gynaecologists. The corporate social responsibility programme of Johnson and Johnson has also supported the West African College of Surgeons UK Forum to engage a multidisciplinary team of NHS surgical and anaesthetic consultants, supported by both a Nurse and Theatre Nurse Practitioner, to carry out training in Nigeria, Liberia, Togo and Ghana, with current preparations for Ivory Coast in 2014.
- 4.14 A case study of education and training support sponsored by the Ecobank Foundation in West Africa (Ghana, Nigeria, Senegal and Sierra Leone) and provided through the Royal College of Physicians is shown in Figure 9.

Figure 9: Royal College of Physicians' training centres in West Africa

Regional training centres in West Africa, sponsored by the Ecobank Foundation



The Royal College of Physicians is working with the West Africa College of Physicians (WACP) on a new, Ecobank Foundation sponsored, project. This three year project, which will make use of the skills of volunteer specialists, will develop three high-quality regional training centres focussing on millennium development goal 6 (combat HIV/AIDS, malaria and other diseases). The partnership will support the development of strong clinical skills for the treatment and management of HIV, TB and malaria. UK volunteers will design and deliver a series of courses, alongside local teaching faculty, in Ghana, Nigeria, Senegal and Sierra Leone. The UK team will initially work with local staff to deliver the courses and will move towards a more supportive role in the latter stages of the project, to ensure sustainability and capacity of the WACP to continue the delivery of the training independently.

The project will also involve the delivery of courses on education methodology to doctors with teaching responsibilities. This partnership builds on the previous project with the WACP which supported infrastructural development and strategic planning for the WACP. It also promotes regional integration across West Africa as the WACP seeks to expand its reach into Francophone countries and UK volunteer physicians will form a crucial part of this.

4.15 Other ways that the UK health sector supports global health include:

- Medical training initiative: The Medical Training Initiative scheme provides one possible entry route for overseas doctors wishing to work in the NHS. The scheme enables suitably qualified overseas postgraduate medical specialists to undertake a fixed period of training in the UK, normally within the NHS. The MTI scheme was re-launched in January 2009 under the [points-based immigration rules](#) and the [scheme guidance](#) updated in July 2013. It is a temporary route, and seeks to promote circular migration so that participants in a particular scheme can return to their home country and apply the skills and knowledge developed during their

time in the UK. This ensures the continued exchange of medical expertise and experience can continue;

- The Zambia UK Health Workforce Alliance (<http://www.zuhwa.com/>) is an example of an initiative that promotes improved coordination and impact of joint Zambia-UK health initiatives by bringing together NHS Trusts to build capacity with the Zambian Ministry of Health. Its focus is on the systematic training, teaching and capacity building of Zambian midwives, nurses, doctors and medical equipment engineers. The Uganda UK Health Workforce Alliance has also been developing in a similar way;
- The Global Outbreak Alert and Response Network (GOARN) is a technical collaboration of existing institutions and networks (including the UK) that pools human and technical resources for the rapid identification, confirmation and response to outbreaks of international importance. The network, run by the World Health Organisation (WHO), provides an operational framework to link this expertise and skill to keep the international community constantly alert to the threat of outbreaks and ready to respond and health personnel in the UK may be asked to contribute in the response to incidents;
- The World Health Organisation (WHO): A number of NHS agencies and staff have links to the WHO Collaborating Centres that are based in the UK. In addition, a number of NHS organisations are participants in the WHO African Partnerships for Patient Safety Network²³;
- DFID offers opportunities for public health placements on international health during specialist training (http://www.fph.org.uk/national_treasures_placements). Currently DFID only offers such secondments to public health trainees.

Commercial partnerships

- 4.16 Healthcare UK is based within UK Trade & Investment (UKTI) and is jointly funded by NHS England, the Department of Health and UKTI. It works alongside the Department for Business, Innovation and Skills, the Foreign and Commonwealth Office and other government departments on issues relating to trade in healthcare products and services.
- 4.17 Healthcare UK targets opportunities by driving government-to-government engagement; supporting business-government interaction; running trade missions and events; sharing intelligence on opportunities; communicating the UK's strengths overseas; engaging directly with overseas purchasers and providers; providing hands-on advice and support to UK organisations to help them unlock opportunities ; and also supporting international healthcare-related philanthropic activities where relevant.
- 4.18 The regions and countries which are the focus of international development are the poorest in the world and therefore do not overlap with the countries

²³ <http://www.who.int/entity/patientsafety/implementation/apps/en/index.html>

identified through Healthcare UK as priorities for commercial opportunities. However, it is recognised that positive transitions are taking place, such as in China and India, where the focus is gradually changing from a focus on voluntary health partnerships to a greater number of commercial partnerships. So it will remain important for those involved in voluntary partnerships and those involved in commercial partnerships to continue to share information and approaches.

Health in a humanitarian crisis

- 4.19 DFID works to strengthen collaboration between humanitarian and development health partners, to ensure that short-term humanitarian interventions support longer-term development goals, and that these longer term development interventions build resilience to conflict and disasters.
- 4.20 Building resilience includes strengthening health systems and strengthening the community interface, enabling them to be the first to respond when disaster strikes. Understanding of how best to save lives in an emergency is always improving and DFID is investing in research and innovation to improve it further. It is evaluating evidence on the cost-effectiveness of resilience-building activities to inform future activities.
- 4.21 The UK government continues to reinforce its capacity to respond to health emergencies and humanitarian crises in countries overseas, improving accountability, impact and professionalism. Health teams should work closely with, and strengthen national and district systems and local communities to leave behind expanded and more resilient health systems after an emergency.
- 4.22 UK Med (www.uk-med.org) is a non-governmental organisation supported by DFID to establish the UK International Emergency Trauma Register which brings together surgeons, anaesthetists, emergency physicians/nurses and other supporting medical, nursing and paramedical personnel interested in responding to large scale emergencies overseas. A case study of the humanitarian work is shown in Figure 10.

Figure 10 Case study: health in a humanitarian crisis**The UK International Emergency Trauma team deployment to the Philippines**

The UKIETR team at the Australian Medical Team (AUSMAT) field hospital in Tacloban, courtesy of Mr. Steve Mannion (left); HMS Daring, courtesy of Royal Navy (centre); Nurse Deb Lau, Calderdale and Huddersfield NHS Foundation Trust working on a remote island in the South China Sea (right).

On 8 November 2013 Typhoon Haiyan devastated large areas of the Philippines.

On 10 November 2013, following the invitation for international assistance by the Philippines Department of Health, DFID activated the deployment of a UK International Emergency Trauma Register (UKIETR) team.

The UK International Emergency Trauma team

The first to deploy were two public health specialists from Public Health England who were embedded within the WHO team in the Philippines where they established disease surveillance and supported the local teams. These were followed by a team with a range of expert volunteers with experience in delivering emergency healthcare in disaster environments, and deployed from the UK on 13 November 2013. The team operated in collaboration with Save the Children/Merlin and DFID, and was composed of 3 emergency physicians; 2 orthopaedic surgeons; 1 plastic surgeon; 2 accident and emergency nurses; 1 theatre nurse; 2 anaesthetists; and 1 specialist physiotherapist.

Urgent health needs

A number of urgent health needs were targeted:

- Surgical needs in Tacloban were met through half the UKIETR team strengthening the Australian Medical Team (AUSMAT) team.
- An integrated humanitarian package of health, food, shelter and water and ongoing needs assessment was delivered in collaboration with the Royal Navy aboard HMS Daring, targeting the islands off Northern Cebu.

A second team of 2 emergency physicians, 2 emergency nurses, a GP and a paramedic took a phased handover from team 1 in week commencing 25 November 2013 and deployed with the Royal Navy on board HMS Illustrious to continue the integrated humanitarian package to remote islands

5. Standards of good practice for health partnerships

- 5.1 The review by the All Party Parliamentary Group on Global Health highlighted the need to support health partnerships to improve the way they manage their activities. Clearer standards of good practice for health partnerships would help to raise standards and accelerate the improvement and professionalism of such activities.
- 5.2 This section sets out proposed standards, drawn from the learning to date, in five main areas:
- Effectiveness: including the key principles for effective voluntary engagement in global health;
 - Organisational commitment: including the vital role of UK employers and professional associations;
 - Support for volunteers: including preparation and support for the whole volunteer journey;
 - Health values and ethics: the importance of an ethical approach and the values that motivate volunteers;
 - Monitoring, evaluation and learning: highlighting the need to assess impact, improve effectiveness and learn from best practice.
- 5.3 The proposed standards are a starting point for building a wider consensus on what represents good practice in health partnerships and volunteering. The learning from current activities will continue to inform the development of the good practice standards. Further views are invited.
- 5.4 At this early stage, it is not appropriate to consider a system of accreditation or to identify a particular body to act as the guardian of the standards. However, other alternatives will be considered including the potential for NHS Employers to host an online pledge system to demonstrate a UK organisation's commitment to meet the standards.
- 5.5 The standards of good practice are set out to include:
- The standard: a simple statement of good practice;
 - Hallmarks of good practice: the key actions or commitments that demonstrate high quality health partnerships and volunteering;
 - Sources of support: signposts to organisations or resources to enable a greater understanding of good practice;
 - The development of good practice: a narrative to explain the thinking behind the standard and how participants can work towards delivering good practice;

- Case study: to illustrate through real examples the meaning of the standard and to show that good practice is achievable.

5.6 It is recognised that many of the current successful health partnerships with organisations in low and middle income countries started with an individual clinical champion. They then progressed and developed to grow in scale, attracting more people and resources on the way. These individual 'start-ups' may not immediately demonstrate that they meet the standards of good practice. Some of them might end once the individual involved has moved on. However, this framework aims to encourage these individual efforts to work towards a sustainable future as they develop and progress.

Standard of good practice: Effectiveness

Standard

Health partnerships and volunteers work to improve the health and wellbeing of the world's poorest people by strengthening their health systems in ways that put low and middle income countries in the driving seat and have the most impact over the longer term. They work in line with the principles for effective voluntary engagement in global health.

Hallmarks of good practice

Global health activities demonstrate that they are consistent with the key principles for effective voluntary engagement in global health:

- ✓ Ownership: Led and driven by the needs of low and middle income countries and appropriate to their circumstances
- ✓ Alignment: In line with the host country's national, district and institution-level health plans
- ✓ Harmonisation: Coordinated with other development partners from the UK and elsewhere
- ✓ Evidence-based: In line with the latest knowledge about what works, with measurable outcomes and results, properly monitored and evaluated
- ✓ Sustainable: outcomes are achieved that countries can sustain and build on over the longer term
- ✓ Mutually accountable: Responsibility for the project is shared by all partners

Sources of support

DFID works to improve health outcomes in low and middle income countries

(www.dfid.gov.uk)

Bond is the UK membership body for organisations working in international development and supports those that do through funding, research and training

(www.bond.org.uk)

THET supports organisations working through international health partnerships

(www.thet.org)

NIDOS supports the international development sector in Scotland (www.nidos.org.uk)

Wales for Africa (<http://www.wales.nhs.uk/sites3/home.cfm?orgid=834>) and the International Health Coordination Centre (www.internationalhealth.wales.nhs.uk) support international development networks in Wales

Developing more effective health partnerships

- 5.7 When global health activities are poorly co-ordinated and follow only the interests of UK health professionals, it can disempower and further weaken health teams in host countries and their governments. Ministers of Health in low and middle income countries repeatedly describe their experience of enthusiastic and well-intentioned voluntary engagement that, in their view, do not solve their problems. But they are equally clear that when delivered effectively, it is hugely beneficial.

When I was appointed minister, I thought I was minister of health and responsible for the health of the country. Instead, I found I was the minister of health projects run by foreigners.’ Former Mozambique Minister of Health

- 5.8 The UK health sector must therefore ensure that it is contributing in a sustainable way to health systems in low and middle income countries. And this means ensuring that any support provided is in line with the principles of aid effectiveness set out above and is delivered in a genuine spirit of partnership, with humility. Long-term capacity building and structured training is particularly valued. To be effective, multiple short visits need to be part of a longer term structured programme so that the effect can be sustained.

Delivering more effective aid

- 5.9 Aid for health has risen dramatically in recent years and this has been accompanied by progress towards the health Millennium Development Goals. But at current rates of progress the MDGs for child and maternal mortality will not be reached by 2015. More effective aid can help deliver improved outcomes. The principles of aid coordination, harmonisation and alignment set out in the Paris, Accra, and most recently Busan High Level Forums are designed to guide the collective response to supporting partner countries to improve health.
- 5.10 Measures to strengthen the health workforce are most effective when decisions are made at country level, framed by a good national plan, and responding to local needs and contexts.
- 5.11 By working in partnership to support countries’ own plans, the UK health sector can put these principles into practice to strengthen health services and health outcomes. Progress in the health sector of low and middle income countries has been encouraging, with evidence of accelerated progress on health outcomes where implementation of aid effectiveness principles has been strong.

Targeting efforts to need

- 5.12 Focusing efforts and prioritising global health activities is crucial. This is as true for a small NHS Trust as it is for the Department for International Development. The UK’s efforts to improve global health focus on reaching the poorest people and supporting the poorest countries.

- 5.13 DFID has health programmes in a number of countries mainly in Africa and Asia, but also supports many more through its contributions to multilateral agencies, global funds and international financing institutions. The regions and countries which are the focus of DFID are the poorest in the world and therefore do not overlap with the countries identified through Healthcare UK as priorities for commercial opportunities.
- 5.14 DFID's 28 focus countries account for a third of the world's population and experience a disproportionate burden of disease, disability, and premature death. Over 48% of the global burden of disease and more than 68% of the global burden of all communicable diseases are found in DFID focus countries²⁴.
- 5.15 However, the contribution of the UK health sector is not limited to DFID's 28 priority countries and there is an expectation that other countries will also benefit from partnerships with the UK. DFID and the Department of Health have also agreed a Memorandum of Understanding with a number of countries where larger scale involvement is taking place, such as the Republic of South Africa.

Learning from health partnerships

- 5.16 The learning from health partnerships to date highlights that the following conditions facilitate health partnerships to achieve their objectives:
- the partners have done a thorough, multi-stakeholder, needs assessment and have invested time in building up an equal, honest relationship between the partners. These factors combine to facilitate strong, jointly designed objectives, which are agreed on not only by all members of the health partnership but also senior staff at the low and middle income country institution, and district/ ministry of health stakeholders;
 - regular communication (not limited to email) between partners is possible;
 - the project addresses other aspects of health systems development such as: patient safety, leadership, equipment maintenance, future financing for training and supplies. The projects also address capacity gaps across levels of seniority;
 - there is equality between partners in terms of governance (steering committees). There is also an equal understanding between UK and low and middle income country partners of the importance of monitoring and evaluation and equal capacity and commitment to carry it out;
 - the teams have the skills and time to devote to project management, including financial management and logistics. Where project management capacity is lacking, some health partnerships have addressed this gap by partnering with non-governmental organisations which provide project

²⁴ Health Position Paper: Delivering health results, Department for International Development (June 2013)

management and fundraising support; or widening their volunteer teams to include multiple disciplines (administration, project management);

- the volunteers are available for both short and long-term (e.g. 6 months) visits;
- best practice from health partnerships is identified and disseminated at national level in the UK as well as the low and middle income country. Low and middle income country partners and key stakeholders also address how south-south learning can be facilitated through health partnerships²⁵²⁶.

Learning from the experience of aid organisations

5.17 DFID has been conducting a thorough review of the effectiveness of large aid organisations since 2011. Called the Multilateral Aid Review²⁷, it identifies valuable lessons for UK health sector involvement in international development. As a result of the review, DFID will place particular stress on strengthening seven key aspects of performance:

- Accountability for results: to demonstrate the specific contribution to development and humanitarian results;
- Value for money: through efficiency savings and by placing greater emphasis on value for money in making programming choices;
- Human resource management: to ensure staff with the right skills and experience are available for key roles at the right time;
- Transparency and accountability: including the publication of results and involvement of stakeholders in decision-making;
- Delivering for women and girls: going beyond formal policies to ensure they feed through into real impact on the ground;
- Working in fragile contexts: some organisations do not have a strong enough local presence in fragile states to be fully effective and/or do not have sufficient flexibility to adapt their procedures and instruments to local situations;
- Partnership behaviour: there is still considerable room for improvement in how the different parts of the international system work with each other. Many of the large organisations reviewed had made disappointing progress on building country ownership and alignment. Strengthened partnership behaviour is therefore also a priority.

²⁵ UK International Health Links Funding Scheme, Programme Completion Report, February 2013

²⁶ International Health Links Funding Scheme Evaluation, September 2012

²⁷ Multilateral Aid Review: Taking Forward the Findings of the UK Multilateral Aid Review March 2011 and Multilateral Aid Review Update 2013: Interim Report, DFID

- 5.18 UK health sector organisations need to take advantage of this experience from the wider aid system and ensure that future proposals and programmes build on the learning from the review of large aid organisations.
- 5.19 A case study of a long-term partnership with Somaliland is shown in Figure 11.

Figure 11: King's THET Somaliland partnership

King's THET Somaliland partnership



King's College Hospital's partnership with Somaliland started in July 2000 with a fact finding trip to Somaliland sponsored by the Tropical Health and Education Trust (THET). The Partnership expanded into supporting other health institutions, professional associations, regional health authorities and the Ministry of Health. Major grants from Comic Relief (2004), the European Commission (2009) and DFID (2007 and 2010) were secured and a Health Systems Strengthening Programme commenced in 2007.

In 2012, the Somaliland partnership was awarded an A+ annual review score and programme funding was extended to 2015.

With the inception of King's Health Partners in 2010, the programme now includes volunteers from the South London and Maudsley NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, King's College Hospital and King's College London. Since 2002 over 116 clinical volunteers (including doctors, nurses, midwives, psychologists, occupational therapists, hospital managers and researchers) have been to Somaliland on over 290 teaching trips. Educational support has included faculty development, clinical leadership, midwifery, nursing, pharmacy, surgery, obstetrics and gynaecology, general medicine, mental health and paediatrics.

The focus of support for the medical schools has moved from gap filling and clinical teaching, to an increasing focus on online teaching and mentoring of faculty via www.medicineafrica.com as the universities develop their own skill base.

Some key achievements:

- Graduation of the first locally-trained doctors, totalling 53 since 2007
- Delivering psychiatry training to approximately 200 medical students since 2008
- Providing external examiners for medical school finals at the two Somaliland medical schools
- Development of a Nurse Tutor Training course with the graduation of 27 new tutors
- A peer to peer learning project set up in 2010, matching medical students in London and in Somaliland to discuss global psychiatry topics
- The pharmacy group worked with Somaliland partners in 2005 to set up a Revolving Drug Fund, this remains one of the few reliable sources of medication in the country.

Standard of good practice: Organisational commitment**Standard**

UK employers of health workers and their professional bodies support effective voluntary engagement in global health through their employment policies, approach to professional development, Board endorsement and governance systems.

Hallmarks of good practice

Employers can demonstrate organisational commitment for voluntary engagement through:

- ✓ A clear business case
- ✓ A Memorandum of Understanding with the partner organisation
- ✓ A human resources policy for volunteering
- ✓ Formal recognition of volunteering for professional development
- ✓ Robust governance arrangements and risk assessment
- ✓ A system for advertising placements and opportunities for staff
- ✓ Clarity about insurance and professional indemnity
- ✓ Assigning charitable funds and training budgets to volunteering activities
- ✓ A systematic approach to support and capture learning and development
- ✓ A reporting structure within the organisation.

Professional bodies can demonstrate organisational commitment for voluntary engagement through:

- ✓ Formal recognition of volunteering for professional development
- ✓ Training programmes that enable an international component

Sources of support

NHS Employers is working with a range of partners to make available model policies and tools to support organisations that wish to demonstrate their organisational commitment for voluntary engagement, including the potential development of an online 'pledge' system (www.nhsemployers.org).

THET has regular contact with professional bodies to develop their support for voluntary engagement (www.thet.org)

NIDOS supports the international development sector in Scotland (www.nidos.org.uk)

Wales for Africa (<http://www.wales.nhs.uk/sites3/home.cfm?orgid=834>) and the

International Health Coordination Centre (www.internationalhealth.wales.nhs.uk)

support international development networks in Wales.

Developing strong organisational commitment

- 5.20 UK employers make a big difference to the long-term success and sustainability of voluntary engagement in global health. However, some Boards and senior colleagues have taken a lot of convincing that international volunteering is a legitimate activity for UK health organisations. This is partly due to a concern that it will detract from the focus on delivering services for patients in the UK and also due to concerns about risk and the financial implications.
- 5.21 Despite Government policy support and many examples of successful partnership working by a wide range of leading organisations in the UK, there remains a lack of awareness among some NHS board members and senior staff about the benefits and value of global health activities. There is also uncertainty about how organisations should respond to concerns about the risks and costs involved.
- 5.22 In order to address these concerns, this framework re-states the support for global health activities and aims to raise awareness of the further tools, approaches to handling risk, funding options and model policies that are available for organisations that wish to support their health staff as volunteers.
- 5.23 In relation to risk, the employer needs to be clear with the employee, and any third party funders, which party carries the liability for clinical negligence and any other liabilities associated with international work, as well as the standard health and general insurance of the employee while abroad. Evidence of relevant insurance must to be in place and available to the employer. Similarly the employer needs to make an assessment of any risks brought back to the UK by the volunteer. The assessment of health risks would normally be a matter for the NHS Trust Occupational Health Department.
- 5.24 In relation to financial issues, there are a range of third parties and charities, signposted in this document, who can be approached to fund the marginal cost of international work. The cost of the individual employee's time is a matter for negotiation between the employer and employee. Voluntary international work will not result in a profit to the UK employing organisation, in contrast to commercial work, for which Healthcare UK supports the NHS.
- 5.25 This framework highlights the benefits for UK employers and professional associations of supporting voluntary engagement in global health and the case for health partnerships. Employers and professional associations can benefit from the connections with their drive for: improved outcomes (through the Public Health Outcomes Framework and NHS Outcomes Framework); greater staff engagement, essential to improve the safety and quality of care; more compassionate care (as set out in the Francis Report and the Chief Nursing Officer's '6 Cs' of Care, Compassion, Competence, Communication, Courage and Commitment); and staff leadership development using the NHS Leadership Academy Healthcare Leadership Model (2013). The learning and professional development opportunities for staff are highlighted throughout this framework and enable staff to bring back the benefits to their workplace.

- 5.26 Whilst the focus here is on commitment by the UK organisation, organisational commitment in the host country is also critical to success. As highlighted in the standard for effectiveness, mutual accountability in a partnership is essential.
- 5.27 The areas identified for greater support have been drawn from a statement released by the Academy of Medical Royal Colleges, in agreement with the Department of Health, DFID, NHS Employers, the British Medical Association and the General Medical Council²⁸.
- 5.28 For the primary care work force - a large part of the NHS workforce – further work is needed to help overcome the barriers that GP practices, other primary care practitioners and their staff face. There is a recognised need to strengthen primary care globally; however the support for primary care volunteering does not yet reflect the particular structure and funding of primary care and clinical commissioning groups. The specific international programmes of the London Deanery and Wessex Global Health Network linked to the Wessex Deanery are examples of progress in this area.
- 5.29 The key areas in which UK organisations, including primary care practices, can strengthen their support for international volunteering by health staff (Figure 12) are in relation to:
- flexible working options for health workers in training and/or employment;
 - formal recognition of volunteering for professional development;
 - creating a supportive environment for volunteering activities;
 - monitoring, evaluation and research of international volunteering;
 - information, training and support for volunteers;
 - expenses and the loss of employment entitlements for volunteers.

²⁸ <http://www.thet.org/hps/news/academy-support-for-volunteering>

Figure 12**How organisations and primary care practices can strengthen their support for international volunteering by health workers**

Barriers remain for health professionals who would like to volunteer abroad and the statement below draws on the recent statement on volunteering by the Academy of Medical Royal Colleges²⁹.

(1) Flexible working options for health workers in training and/or employment

At present for hospital staff, the decision to grant time out to take part in international volunteering is mostly at the discretion of middle managers within the NHS. There are no model HR guidelines for managers to consult when considering requests. NHS Employers is considering how it could share good practice HR principles and example policies for international volunteering based on good practice and successful policies being used, for example, by NHS Wales and Addenbrookes Abroad.

(2) Formal recognition of volunteering for professional development

Currently, acceptance of the relevance of international volunteering for appraisal/revalidation is at the discretion of the assessing body/employer. Further work is needed to reach agreement with NHS Employers, the Royal Colleges and all other health regulatory bodies about appropriate and relevant evidence for appraisal / revalidation and how this could be presented. *Building a Caring Future Toolkit* (www.thet.org) could be adapted for this purpose as well as the NHS Leadership Academy *Healthcare Leadership Model* (2013).

(3) Creating a supportive environment for volunteering activities

Many health partnerships operate 'under the radar' of their NHS Trusts, fearful that their volunteering will be frowned upon or blocked. Currently, people are still unclear about the support for international volunteering at national level. This updated framework from the Department of Health, supported by NHS Employers, with added profile provided by the LETBs, is intended to create a more robust operating climate for health partnerships.

(4) Monitoring, evaluation and research of international volunteering

Most health partnerships do not have dedicated project management support. Further tools are needed to assist project managers who struggle to fulfil audit and evaluation requirements for their international work. Further investment in research is needed to analyse the impact and benefits of health partnerships.

(5) Information, training and support for volunteers

Although some well-established health partnerships provide high levels of support to their volunteers, there are many health professionals who receive little or no preparation before embarking on an international project. If, in the future, LETBs are in a position to provide a greater co-ordinating role for health partnerships, they may also be well placed to offer information, training, support for volunteers, advice on return to work and retraining.

(6) Expenses and the loss of employment entitlements for volunteers

In addition to the loss of regular income, volunteers frequently incur additional costs and can be further disadvantaged due to the loss of NHS employment entitlements that normally arise from continuous employment. In some leading examples, local education and training budgets are already used. Small grants as for example provided by Addenbrookes Abroad, clear support from NHS Employers on volunteer entitlements and the widening of pensions support would also go some way to alleviating these disparities.

- 5.30 For UK employers, the wider approach to volunteering can include local volunteering in the UK, military volunteering and global health volunteering.
- 5.31 A case study of organisational support through the Addenbrooke's Abroad programme is shown in Figure 13.

Figure 13: Case study: Addenbrooke's Abroad

Addenbrooke's Abroad



Addenbrooke's is one of just a few NHS Foundation Trusts to have a dedicated programme supporting global health activity through its charitable Trust, Addenbrooke's Abroad. Addenbrooke's Abroad has successfully developed its approach to voluntary engagement in global health, including:

- placing 200 volunteers in over 30 countries
- establishing long-term global health programmes with Botswana and El Salvador
- including a wide range of professions such as clinical, HR, management, engineering
- delivering major funded programmes in Botswana (14 teams in 2012)
- offering opportunities for students through the elective placement scheme – 29 students volunteered in resource-poor countries in 2013
- providing high level organisational commitment and supportive HR policies.

The Trust's Volunteer Release Scheme policy states that:

- doctors and dentists can use their professional study leave for overseas placements;
- all other staff may take 5 days of paid leave per placement;
- unpaid leave will be considered up to three months;
- longer term volunteering can be considered, such as an out of programme experience for junior doctors;
- staff may only use two weeks of their annual leave for volunteering so that they have adequate rest time from work.

"I would highly recommend volunteering to all CUH staff and students. You'll come back totally refreshed and extremely motivated." Lesley Wood, Perioperative Care Nurse Consultant.

Standard of good practice: Support for Volunteering

Standard

UK employers of health workers, professional bodies, volunteer programmes, host institutions and health workers provide support for international volunteering through adopting volunteer systems and processes that ensure maximum value for health workers, their UK employers and their host country institutions.

Hallmarks of good practice

UK employers, professional bodies, volunteer programmes, host institutions and health workers can demonstrate support for effective volunteering by providing:

- ✓ Effective health, safety and security procedures
- ✓ A clear and transparent volunteer selection process
- ✓ Pre departure preparation
- ✓ Appropriate support in the host country
- ✓ Support for continuing professional development
- ✓ Continued support on return

Sources of support

The Foreign and Commonwealth Office (FCO) provides current country specific travel advice. British Embassies and High Commissions provide support should emergencies occur and also provide information through websites and social media.

A range of professional associations have resources and advice to support volunteering programmes including the British Medical Association, the royal medical colleges, Royal College of Nursing, Royal College of Midwives, OT Frontiers (Occupational Therapists), ADAPT (Physiotherapists), VSO (Voluntary Service Overseas)

THET supports volunteering programmes and engages with the NHS to help develop effective support for volunteering (www.thet.org).

NIDOS supports the international development sector in Scotland (www.nidos.org.uk)

Wales for Africa (<http://www.wales.nhs.uk/sites3/home.cfm?orgid=834>) and the International Health Coordination Centre (www.internationalhealth.wales.nhs.uk) support international development networks in Wales

Developing support for volunteers

- 5.32 Health workers should be matched to a need in the host country established in conjunction with the host institution. The health worker's skill set and the role they will perform in the host institution should complement existing human resources in the host country and contribute towards building the capacity of the host country's health system.
- 5.33 In addition to clinical skills, consideration should also be given to the importance of UK health workers' softer skills such as flexibility, open-mindedness, resourcefulness and initiative. Softer skills contribute to successful engagement with the host institution and the development of skills in the host country can also contribute towards improvements in patient experience, communication, team working and service development in the UK health sector. These are set out and clearly described in the NHS Leadership Academy Healthcare Leadership Model (2013).
- 5.34 Thorough pre-departure preparation including clear guidance on each of the steps the health worker will make on their volunteer journey and the support package provided will help to manage the expectations of all. The rights and responsibilities of each stakeholder and the duty of care provided should also be made clear. Support should be provided in helping the health worker establish what training is required. Training could cover work-related topics, what to expect whilst volunteering and heightened awareness of security issues as well as induction in-country. Consideration should also be given to learning opportunities available to health workers.
- 5.35 Mentoring whether remotely or in person can provide effective support and professional advice to health workers when volunteering and can help evidence any new skills and competencies developed. Robust reporting by health workers on progress made against agreed objectives helps to establish the effectiveness of their engagement.
- 5.36 Given the increased security risks in low and middle income countries volunteer programmes should have in place emergency procedures, consider security training courses and ensure medical clearance and psychological preparation for volunteers prior to departure. Travel and health insurance, indemnity insurance and registration with the embassy on arrival in country and subscription to sources of useful information such as the Foreign and Commonwealth Office email alert is also recommended.
- 5.37 Debriefings help support health workers in reintegrating into the UK health sector and feedback given by health workers helps to improve volunteer programmes. Health workers returning to the UK are well placed to continue to contribute to global health.
- 5.38 A strong process to support volunteering helps to manage risk and is, therefore, important in providing assurance to UK employers, sponsors, professional associations and the volunteers themselves and their families.

- 5.39 Further details of how volunteering programmes can be effectively supported are referred to in Section 6 (Tools and practical support for partnerships and volunteers).
- 5.40 A case study of volunteer support within the Royal College of Paediatrics and Child Health Global Links exchange programme is shown in Figure 14.

Figure 14: Case study: Royal College of Paediatrics and Child Health Global Links exchange programme

Royal College of Paediatrics and Child Health Global Links exchange programme



The Royal College of Paediatrics and Child Health's Global Links exchange programme funded through the HPS facilitates UK volunteers to conduct quality improvement projects and training in child health care in Kenya, Uganda, Ghana, Nigeria and Sierra Leone. In addition, African doctors receive training in the UK for 6-12 months.

Global Links organises a two week training programme for both the UK volunteers and the African doctors. This programme aims to prepare them for work in the respective countries. One of the goals of the course is to address gaps in knowledge and skills of the volunteers relating to the clinical environment and the low-resource setting in low and middle income countries.

The pre-departure training course includes one day on emergency triage, assessment and treatment training, covering the main tropical paediatric presentations they are likely to encounter overseas (e.g. HIV, Malnutrition, TB) and a three day Child Health in Low-Resource Settings course to prepare volunteers for the scenarios and conditions they will face. The course also covers practical preparation, such as security training, capacity building and quality improvement, which will form a large part of their work overseas.

The Training of Trainers element of the course is highly appreciated by volunteers. The training enhances volunteers' understanding of teaching methodologies, planning interactive lessons, applying structure to teaching sessions and practicing their new skills in mini-teaching sessions.

Most importantly the two week preparation course serves to manage volunteers' expectations so these align with the partner hospitals in country. Returned volunteers are invited to talk about '*an average doctor's day*'. The sharing between the African doctors and UK volunteers is often cited as the most beneficial aspect of the training programme.

During the course various ethical issues naturally arise which include cases where expectations, low availability of resources, cultural practices and other issues complicate clinical decision making.

Standard of good practice: Health values and ethics**Standard**

Health workers must practice within the cultural context of the host environment. Working within the local context, volunteers should adhere to and display the values set out in the NHS Constitution and observe codes of practice set out by regulators in the UK and in host countries so that people can trust them with their health and wellbeing.

Hallmarks of good practice

Health workers can demonstrate health values and ethical behaviour through the following:

- ✓ Awareness and recognition of the cultures and customs of the host environment
- ✓ Demonstrating the values of the NHS Constitution in practice
- ✓ Compliance with the relevant professional codes for health workers
- ✓ Following the DFID principles for ethical practice in research and evaluation
- ✓ Developing knowledge, skills and practice in line with high professional standards
- ✓ Effective communication and working as part of a team
- ✓ Trustworthiness, honesty, humility and respect for others

Sources of support

DFID works to improve health outcomes in low and middle income countries

(www.dfid.gov.uk)

The NHS Constitution (www.gov.uk/government/publications/the-nhs-constitution-for-england) sets out rights and responsibilities for patients, public and staff. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this constitution in their decisions and actions.

The General Medical Council registers doctors for the practice of medicine in the UK. 'Our purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.' www.gmc-uk.org/index.asp

The Nursing and Midwifery Council: 'Our primary purpose is to protect patients and the public in the UK through effective and proportionate regulation of nurses and midwives.' www.nmc-uk.org/

Health and Care Professions Council: 'We are a regulator, and we were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their training, professional skills, behaviour and health.' www.hpc-uk.org/

Demonstrating health values and ethical behaviour

- 5.41 UK health workers must practice within the cultural context of the host environment and recognise the importance of respect for cultural sensitivities. Volunteers need to take account of differences in culture, local behaviour and norms, religious beliefs and practices, attitudes to sexual orientation, gender roles, disability, age and ethnicity and other social differences such as class. In this way, UK health organisations can also use voluntary engagement in global health as an opportunity to develop and raise awareness of their policies for equality, diversity and human rights.
- 5.42 Working in low and middle income countries may result in a conflict of values or regulation. It is important that volunteers and health partnerships work through any such conflicts in an open and constructive way. This highlights the importance of effective volunteer support and networks to ensure that the individual volunteer is able to work through such conflicts with access to support from others.
- 5.43 The same values that motivate health workers across the world are often what lead UK health workers to engage in global health. The NHS values, set out in the NHS Constitution and its public health supplement, have been developed by patients, public and staff as a natural expression of what inspires passion in the NHS and they should underpin everything it does (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>).
- 5.44 The NHS values (particularly ‘compassion’, ‘improving lives’ and ‘everyone counts’) provide common ground for co-operation to achieve shared aspirations and are highly relevant for international volunteering. The other values of ‘working together for patients’, ‘respect and dignity’ and ‘commitment to quality of care’ clearly apply to all settings.
- 5.45 Expectations of good practice are set out in the respective professional codes for doctors, nurses, midwives and allied health professionals. Health workers should follow the codes of practice set out by their UK regulators. For example, the duties of a doctor as set-out in *Good Medical Practice* should be observed whilst volunteering overseas. These mean making the care of patients their first concern: ensuring they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law. Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual.
- 5.46 UK health workers should make themselves aware of, and follow, the codes of practice of regulators in their host country.
- 5.47 In taking forward its commitment to supporting human resources for health, the UK adheres to the WHO Global Code of Practice on ethical international recruitment of health personnel to avoid weakening vulnerable health

systems.

(http://www.who.int/hrh/migration/code/WHO_global_code_of_practice_EN.pdf)

- 5.48** The principles for ethical practice in research and evaluation produced by DFID in July 2011 are directly relevant for the research, monitoring and evaluation components of health partnerships. Volunteers and partnerships will also find them useful more widely in order to raise awareness of the ethical issues raised by their work.
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67483/dfid-ethics-prcpls-rsrch-eval.pdf).
- 5.49** Some of the challenges associated with an ethical approach to monitoring, evaluation and learning are highlighted further in the next section

Standard of good practice: Monitoring, evaluation and learning

Standard

Health workers, institutions and volunteer programmes engaging in global health review and reflect on their results and share the learning with others in order to improve effectiveness.

Hallmarks of good practice

Health workers, institutions and volunteer programmes can demonstrate effective monitoring, evaluation and learning when engaging in global health through:

- ✓ Nurturing a culture of learning and reflection
- ✓ Effective planning
- ✓ Collaborative data collection and analysis
- ✓ A practical approach to learning
- ✓ Sharing results and learning widely
- ✓ Contributing to research about effective practice
- ✓ An ethical approach to research and evaluation.

Sources of support

Principles for ethical practice in research and evaluation were produced by DFID in July 2011 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67483/dfid-ethics-prcpls-rsrch-eval.pdf).

For a broader range of evaluation resources, see www.betterevaluation.org

THET has published a guide to monitoring and evaluation for global health work called, *What difference are we making?* This and other resources are available on the THET website thet.org/hps/resources.

Bond is the UK membership body for organisations working in international development and supports training in monitoring and evaluation (www.bond.org.uk)

WHO African Partnerships for Patient Safety has a widely used evaluation handbook (http://www.who.int/patientsafety/implementation/apps/Evaluation-Handbook_EN.pdf?ua=1)

NIDOS supports the international development sector in Scotland (www.nidos.org.uk)

Wales for Africa (<http://www.wales.nhs.uk/sites3/home.cfm?orgid=834>) and the

International Health Coordination Centre (www.internationalhealth.wales.nhs.uk) support international development networks in Wales

Developing robust monitoring, evaluation and learning

- 5.50 Monitoring, evaluation and learning (MEL) enables all stakeholders to assess impact, improve effectiveness and learn from best practice. Each element is important. Monitoring is a continuous process to measure the progress of projects against pre-defined objectives, and planned outputs and outcomes. Evaluation is a thorough review of a project or programme which may consider issues such as process, relevance, effectiveness, efficiency, impact and sustainability. Learning is what we do with the results.
- 5.51 It is important to recognise the continuum with research, with the related issues about research priorities, research capacity, ethical approval and publication of results.
- 5.52 Sharing learning more broadly beyond individual programmes could include consideration of areas including:
- Innovation – sharing practices seen in a country more widely in the NHS;
 - Commercial – how opportunities could be shared via Healthcare UK;
 - Development – sharing experience through DFID to scale up impact.
- 5.53 For the individual health worker, monitoring, evaluation and learning is important for improving work as you go; for informing your own planning and that of others; for personal accountability and job satisfaction; for strengthening accountability to stakeholders; for informing policy makers of the value of the intervention and demonstrating achievements. These objectives may highlight different monitoring, evaluation and learning requirements.
- 5.54 It is important to recognise the challenges of monitoring, evaluation and learning – the time and resource constraints, stakeholders' different views and motivations to engage, the complexity of collecting and interpreting data – and to take a realistic approach when agreeing responsibilities.
- 5.55 The starting point must be a clear set of expectations for the work. The objectives for individual health workers need to be set out in advance. This helps to set realistic expectations and acts as a basis for measuring results. Experience highlights the need to articulate what the work is expected to achieve, to measure only the most important and most useful elements of the work, so that resources are not spread too thinly. Those involved need to be prepared to consider unpredicted factors and challenges to their assumptions. Data collection must be planned from the start.
- 5.56 All stakeholders need to be involved in the planning and implementation of monitoring, evaluation and learning as far as possible; this will mean paying attention to the way that power and other relationships may undermine frank discussion. It is important to set aside time for stakeholder reflection and consider the best ways to share findings and encourage reflection and action in other organisations.

- 5.57 Monitoring, evaluation and learning is most effective when built into regular activities wherever possible, for efficient data collection and effective reflection. Making use of existing data collection and management systems helps to minimise work. Use a range of approaches, both quantitative and qualitative, to understand the views of different stakeholders and various aspects of your work.
- 5.58 The experience from existing health partnerships shows the need to recognise the importance of what individuals and organisations learn six months after return, not just during the visits; to ask volunteers to include tips for future volunteers; and to ask volunteers to share their experiences with others to inform future developments.
- 5.59 A case study of an evaluation report from a multi-country partnership, WHO African Partnerships for Patient Safety, is available at <http://www.who.int/patientsafety/implementation/apps/events/evaluation-briefing-apps.pdf?ua=1>. A case study of monitoring, evaluation and learning in a paired institutional partnership, the Sierra Leone – Gloucestershire partnership, is shown in Figure 15.

Figure 15: Case study: Sierra Leone – Gloucestershire partnership**Kambia Government Hospital, Sierra Leone and Gloucestershire Hospitals NHS Foundation Trust**

Sierra Leone has a severe shortage of skilled health workers for maternal and neonatal health. The partnership between the UK based Kambia Appeal, and the Kambia Government Hospital in north-west Sierra Leone aims to reduce mortality and morbidity rates within three years by providing training in maternal and neonatal health for newly recruited health workers, continued education for staff, and clinical tools and guidelines. The Kambia Appeal's current volunteering programme is funded by the HPS.

To gather reliable data for decision making, the partners integrated the monitoring, evaluation and learning initiatives into the programme design. Multiple approaches, gathering both quantitative and qualitative data, are used, including observations, auditing of records and focus group discussions to assess the implementation of knowledge and skills by health workers.

Why is reliable data so important? When asked this question, one of the partners stated “as a basis for taking appropriate action”, capturing the crux of monitoring and evaluation.

When carrying out focus groups, the partners felt they were not always provided with the complete picture. They experienced barriers to open discussion, including the language barrier and reluctance to critically reflect on experiences in the presence of outsiders. The partners tackle this by firstly, involving a local health worker, skilled at retrieving information from others, to conduct focus groups on the partners' behalf. Secondly, when a skilled local health worker is unavailable, the health workers are provided with the questions and are left alone to discuss among themselves. Afterwards the health workers present the findings of their discussions.

Partners learn from and act upon their monitoring and evaluation findings. The partners discovered the data on morbidity and mortality was often inconsistent. As a result, the partners developed a public health element focusing on capacity building of the Kambia District Health Management Team to record, collate and analyse public health data.

The partnership shares findings and learning through conferences, presentations and involvement in relevant local forums. The partners share learning through videos. A video about the volunteering journey includes statements and anecdotes about results and achievements, serving as a visual M&E tool, as well as details on the volunteers' experiences, supporting recruitment of future volunteers.

6. Tools and practical support for health partnerships and volunteers

- 6.1 A growing body of online tools and practical support is becoming available to help operationalise and improve voluntary engagement from the UK health sector.
- 6.2 Practical support and information for the volunteering process, for health partnerships and those working on human resources for health is accessible through THET (www.thet.org). The resource library includes:
- publications, including the International Health Links Manual, which provides guidance, shares experiences and offers examples of good practice from those directly involved in health partnerships;
 - medical equipment information and advice, including good practice guidance on the donation of medical equipment overseas (care is needed because many donations can be inappropriate, destabilise the development of local procurement systems or facilitate corruption);
 - evaluation reports of lessons learnt from work to date;
 - case studies of projects funded under the HPS and its predecessor, the International Health Links Funding Scheme;
 - good practice guidance, including a guide to monitoring and evaluation (M&E) specifically for health partners in low and middle income countries and in the UK, project planning and managing volunteer programmes;
 - practical guidance and resources for health partnerships, including risk management, professional indemnity, travel and insurance, visa applications and links to further reading;
 - an online discussion group used to communicate with health partnerships or individuals to ask questions, seek advice, offer opinions, announce events and share resources.
- 6.3 The advice on volunteer support includes:
- health, safety and security;
 - the volunteer selection process;
 - pre-departure preparation;
 - in-country support;
 - return to the UK.

- 6.4 The WHO African Partnerships for Patient Safety website also contains resources and links, including a partnership preparation package with model templates applicable to a wide range of international health partnerships³⁰.
- 6.5 The BMA has produced detailed guidance in *Broadening your horizons*, on the practicalities of taking time out of work and training.
- 6.6 Further development of resources and support are needed, including:
- continuing professional development: a CPD mechanism for international volunteering which will help UK health workers evidence overseas experience in appraisals once back in the UK is being developed by the NHS Overseas Volunteering Group. The group includes the Department of Health Workforce Division, THET, Health Education England and NHS Employers;
 - human resources policies: NHS Employers is planning to provide sample policies and advice on how a commitment to volunteering can be included in organisational policies. Once agreed, this will be posted on the NHS Employers website;
 - local co-ordination of volunteering: Health Education England is considering the development of local co-ordination centres for volunteering and access to mentors through Local Education and Training Boards;
 - business cases for voluntary engagement in global health: whilst this framework identifies key elements of the business case for voluntary engagement, this needs to be developed into a model business case that can be adapted and used by health sector organisations to support their volunteering programmes;
 - governance: further development is needed of model governance arrangements for risk management, reporting structures, professional indemnity and insurance;
 - contact for volunteers and partnerships: continuing development of the register of partnerships on the THET website and the HealthBay facility is taking place. Improvements will further enable those seeking a partnership to connect with UK partners, for UK volunteers to participate and for health partnerships to create a profile of their work. There is also scope to further develop global communities of interest to promote learning and development.

³⁰ <http://www.who.int/patientsafety/implementation/apps/resources/en/>
http://www.who.int/patientsafety/implementation/apps/resources/preparation_package_EN.pdf?ua=1

7. Taking forward action to support voluntary engagement in global health

- 7.1 There is clearly an extensive and expanding range of global health activities by the UK health sector. Not only are over 160 partnerships with institutions in low and middle income countries registered on the THET website, but in addition, informal volunteering by clinicians has continued and UK health workers are active participants in charities and non-governmental organisations.
- 7.2 With the growth in these initiatives has come an increased focus on how to ensure that they are effective and lead to sustainable improvements in outcomes for the world's poorest people. The HPS has reinforced these aims through the development of more robust criteria for the grant-giving process. Further evidence of results and learning has also been emerging through monitoring and evaluation.
- 7.3 Nonetheless, some significant barriers to progress remain. These include a low level of employer awareness of the benefits, a lack of recognition of training by professional bodies and limited access to sustainable funding.
- 7.4 The challenges for the future, therefore, include:
- raising awareness among UK health organisations, removing barriers to engagement and promoting good practice policies for volunteering;
 - expanding the pool of volunteers from a wider range of UK health workers in all professions and staff groups;
 - creating further postgraduate training programmes to widen access to the opportunities offered by voluntary engagement in global health and gaining recognition from training bodies for this work;
 - much better collaborative and co-ordinated inter-professional working between LETBs, medical and nursing Royal Colleges and allied health professional organisations e.g. College of Paramedics and Higher Education Institutions;
 - building on the vital funding from DFID for the HPS to create further sustainable funding streams.
- 7.5 The next steps for all those involved include:
- promoting the benefits of voluntary engagement in global health with boards of NHS bodies, health workers and other organisations;
 - taking forward the development of further practical resources and support for health partnerships and volunteering programmes;
 - continuing to learn the lessons from health partnerships of every kind, in order to improve the effectiveness of future programmes;

- demonstrating the value and benefits of voluntary engagement in global health in order to secure future funding flows and ensure the sustainability of future programmes.
- 7.6 All the partners involved in this framework are committed to working together on the action needed to further strengthen voluntary engagement in global health by the UK health sector.
- 7.7 The evidence gained from experience during the last four years has informed and reinvigorated the ambitions for the future of voluntary engagement. The ambitions for voluntary engagement in global health are that it will:
- be seen as the norm not the exception for every health worker's career;
 - be valued and encouraged for the benefits it brings to all parties;
 - include the full range of professional disciplines in the UK health sector;
 - reflect the needs of low and middle income countries. This includes an increasing focus on public health, primary care and community services - the priority areas for low and middle income countries, as well as essential acute services;
 - be fully supported by UK employers and professional associations, with robust human resources policies and training recognition;
 - be carried out by well trained and supported volunteers, sensitive to the culture of the host country;
 - be scaled up to strengthen the impact on health in low and middle income countries.
- 7.8 Now is the time for UK health workers and employers to take advantage of the opportunities to engage in global health. Your involvement is important. Further participation - whether as a volunteer or a supporter - in global health is always welcome. You can find out more about how you can take part in this fulfilling and rewarding work through the organisations referred to in this framework.

Annex A: Briefing for NHS Boards

Engaging in global health: Briefing for NHS Boards

Key messages

An updated national framework has been published to support voluntary engagement in global health. The framework:

- ✓ reaffirms national support for voluntary engagement in global health by UK organisations and health workers
- ✓ highlights examples of best practice
- ✓ sets standards for international partnerships
- ✓ signposts practical tools and resources for organisations and individuals to use

Benefits for the UK

Health organisations and individuals can gain from: the awareness of rarely seen tropical diseases and global health challenges that do not recognise national boundaries and can affect us all; the understanding of other cultures to improve the patient experience in the UK; the staff engagement and compassion that flow from health partnerships - leading to safer, higher quality care in the UK; the high value leadership development opportunities; and the innovation applied to local services in poor resource settings.

“Work in other countries on global health is good for public health in the UK as well as being a good thing to do” (Duncan Selbie, Chief Executive, Public Health England)

The vital role of UK employers

There is a vital role for NHS employers and professional associations to play in supporting effective engagement through their human resources policies and recognition of the training offered.

Despite government policy support and many examples of successful health partnerships by a wide range of leading organisations in the UK, some NHS board members remain sceptical about the benefits and uncertain how

to respond to concerns about the risks and costs.

In order to address Boards' concerns, the framework highlights tools and practical approaches to handling risk, funding options and model policies for organisations that wish to get the benefits from supporting their health staff as volunteers.



The ways in which organisations can strengthen their support for international volunteering and mitigate any risks are identified in the framework, drawing on the recent statement on volunteering by the Academy of Medical Royal Colleges.

“As an academic health science centre, education is a key priority at our Trust. This unique venture between our Trust and a Rwandan hospital is a great opportunity to share best practice in order to improve patient safety and care.”

Mark Davies, Former CEO, Imperial College Hospital NHS Trust, UK

Case study: Addenbrooke's Abroad



Addenbrooke's has successfully developed its approach to voluntary engagement in global health through its charitable Trust, Addenbrooke's Abroad:

- 200 volunteers in over 30 countries
- long-term global health programmes in Botswana and El Salvador
- a wide range of professions such as clinical, HR, management, engineering

- opportunities for students – 29 students volunteered in resource-poor countries in 2013
- high level organisational commitment and supportive HR policies.

Case study: leadership development



The *Improving Global Health Fellowship Scheme*, run by the Thames Valley and Wessex Leadership Academy places NHS staff from all professional backgrounds with host institutions in a low or middle income country such as Cambodia, Kenya or South Africa.

“It changes people forever’ is the quote that we hear directly back from people. It can revitalise people and helps them realise just how fortunate we are to have the NHS”. Ian Cumming, Chief Executive, Health Education England

National commitment

Monitor’s recent review, *Closing the NHS Funding Gap*, makes the case for shared innovation between the UK and low and middle income countries, with examples from India, Mexico and Ghana.

In their foreword to the framework, Una O’Brien, Permanent Secretary, Department of Health, Mark Lowcock, Permanent Secretary, Department for International Development and Rob Webster, Chief Executive, NHS Confederation say: *““Experience from the last four years tells us that the future of voluntary international development work lies in it:*

- *being seen as the norm not the exception for every health worker’s career;*
- *being valued and encouraged for the benefits it brings to all parties;*
- *encompassing the full range of professional disciplines in the UK health sector;*
- *reflecting the needs of developing countries. This includes an increasing focus on public health, primary care and community*

services - the priority areas for developing countries, as well as essential acute services;

- *being fully supported by UK employers and professional associations, with robust human resources policies and training recognition;*
- *being carried out by well trained and supported international volunteers, sensitive to the culture of the host country;*
- *being scaled up to strengthen the impact on health in developing countries.”*

Principles for engagement

A key set of principles underpin the framework - that activities are driven by the needs of low and middle income countries, aligned with their health plans, co-ordinated, evidence-based, sustainable and developed in partnership.

Five standards of good practice are set out in the framework covering:

- Effectiveness
- Organisational commitment
- Support for volunteers
- Health values and ethics
- Monitoring, evaluation and learning.

What do Board members think?

Rory Shaw has been Medical Director of a number of NHS Trusts and Foundation Trusts for over 15 years as well as a Chair and non-executive director of health organisations. He is now Medical Director of Healthcare UK, supporting NHS international development. He says, *“In my experience, Boards are naturally concerned about risk and money. By taking up the support on offer, Boards can not only manage the risks but also secure the benefits for their patients and their organisation.”*