

# A Charter for International Health Partnerships in Wales



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When it comes  
to global health,  
there is no 'them'...  
only 'us'.

Global Health Council

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## Acknowledgements

The International Health Coordination Centre (IHCC) through the Task and Finish Group, Strengthening Our Links developed the Charter for International Health Partnerships in Wales. The document was edited by Lauren Ellis, IHCC Project Support Officer, Public Health Wales; Professor Mark A. Bellis, Director of Policy, Research and Development, Public Health Wales with group members Su Mably, Consultant in Public Health, Public Health Wales; Malcolm Ward, Principal Health Promotion Specialist, Public Health Wales; Chris Riley, Policy Advisor, Welsh Government; Tei Sheraton, Clinical Lead International Health and Consultant Anaesthetist, Aneurin Bevan University Health Board (ABUHB); Gill Richardson, Director of Public Health, ABUHB; Beth Houghton, Wales for Africa Health Links Network; Tony Jewell Chair of the Wales for Africa Health Links Network; Hannah Sheppard, International Development Hub.

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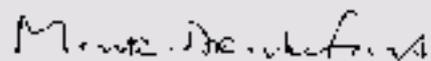
# Foreword

It is a mark of an open and engaged country that we in Wales are keen to work with people from other countries in the pursuit of sharing knowledge and improving health.



However, it is also important, particularly where people from the state sector are involved, that it be done well, to a high standard and with an eye to achieving a significant impact of benefit both to Wales and to partner countries. This is what I see as the value of this Charter.

I hope the Charter for International Health Partnerships in Wales will help consolidate and develop the reputation and the achievement of Wales in this field and will encourage organisations and individuals to sign up and continue to develop these mutually beneficial relationships around the world.

A handwritten signature in black ink, which appears to read "Mark Drakeford".

**Mark Drakeford AM, Minister for Health and Social Services**



Wales has a long and distinguished record in the field of international health with well established relationships and newly developing relationships around the world.



The Charter for International Health Partnerships represents a commitment from Welsh Government and Welsh Health Organisations to support the international health agenda in Wales. This is of growing importance in today's changing world, with ever increasing pressure on our health systems to provide the best health care possible for Welsh Citizens. Whilst there continue to be unacceptable global health inequalities between developing and developed countries, there are also significant inequities in life expectancy between Wales and other European Regions, and we are not alone in facing challenges such as increased financial pressures, an ageing population, emerging global health threats and the continuing burden of non-communicable diseases.

In the modern world, globalisation provides challenges for communicable disease control with recent examples of Ebola virus disease and avian flu highlighting the speed and distances that outbreaks can now travel in a very short time. Similarly, the impact of natural disasters, such as floods or famine and man-made catastrophes, require rapid and co-ordinated responses from the wider health

community. Wales has and does contribute to the international efforts to aid those countries and the people affected.

The Charter for International Health Partnerships recognises the legitimacy of international health engagement, with the aim of bringing knowledge and skills back to Wales to improve the health of Welsh Citizens along with sharing our best practice and working with a range of nations. By engaging in international initiatives we can learn from others and work to reduce inequalities whilst sharing our own experiences and strengths in Wales.

However, we have a duty to ensure our health professionals travelling for work purposes are properly insured, protected and prepared before travel to aid them in representing Wales to the best of their ability and are able to report back and share learning once they return.

I would like to thank those who have contributed to the development of this document. Your responses have helped to ensure that this important Charter most appropriately reflects the specific needs and aspirations in Wales and I would like to encourage health organisations in Wales to commit to the Charter.

A handwritten signature in black ink, appearing to read 'Tracey Cooper', written in a cursive style.

**Dr Tracey Cooper, Chief Executive,  
Public Health Wales**

# A Charter for International Health Partnerships in Wales

The Charter for International Health Partnerships in Wales, developed by the International Health Coordination Centre (IHCC), Public Health Wales, is based on Wales' history of accomplishment and learning in this area and outlines the four foundations of successful international health partnerships.

The signatories are Welsh health organisations committed to these foundations, which value and recognise the benefits to our overseas partners as well as the benefits to the NHS and patients in Wales.

The IHCC will act as the custodian of the Charter for International Health Partnerships. It is a live document and will be reviewed annually by the IHCC.

**Information and updates on the Charter will be provided on the IHCC website at [www.internationalhealth.wales.nhs.uk](http://www.internationalhealth.wales.nhs.uk).**

**The IHCC can be contacted at [international.health@wales.nhs.uk](mailto:international.health@wales.nhs.uk).**



# What is a Charter?

A Charter can clarify the direction of a specific movement, in this case international health partnerships, promoting equity and a clear structure for Welsh health organisations. It can guide action to achieve common goals, as set out in the Foundations of International Health and the subsequent guidance notes for implementing the Charter.

## Why is a Welsh Charter needed?

This Charter is intended to establish a standard level of partnership working that ensures that the broader principles and values of the NHS are reflected in our international health activity (see appendix). Wales' commitment to evidence-based practice, shared learning and partnership based on equality and the pursuit of mutual, tangible benefits extends to international activity.

## What benefits does it offer to Wales?

Wales has a long history of being part of international health partnerships, often leading the way in the UK, with staff working in and with countries around the world. In order to get the best for all concerned from these partnerships, be they in the developing or developed world, we need to ensure we have a coordinated, professional effort.

This Charter will benefit Wales by ensuring that engaging in international activity is carried out in a way that protects and enhances Wales' international reputation, and produces demonstrable gains both to Wales and its partners abroad. It will establish such working as a legitimate, recognised part of the way we operate in the modern world.

## Who is the Charter for?

This Charter is aimed at helping those working in international health partnerships in Welsh health organisations and beyond achieve the best possible for themselves and those they are working with.



## Who are the Signatories?

Signatories are Welsh health organisations working in international health partnerships that are committed to strengthening Wales' commitment to this work.

A full list of signatories can be found on the IHCC website, this will be updated as new signatories are received.

## What other Stakeholders are there?

Stakeholders are those who work in fields related to international health partnerships and are supportive of the work of the Charter, but for whom signing the Charter may not be appropriate.

A full list of stakeholders can be seen on the IHCC website and will be updated accordingly.

# Introduction

## The Welsh Context

The Welsh Government recognises the importance of being engaged in the international health agenda. This was cemented in 2012, when the Welsh Government Framework 'Health within and beyond Welsh borders: An enabling framework for international health engagement' was launched, building on and strengthening the 2006 commitment to the **Millennium Development Goals** (MDGs) and recognising the importance of engaging with nations outside of Wales. **Health Boards** and **Trusts** across Wales had already been encouraged, through the Welsh Health Circular (2006) 070, to join the global effort to work with sub-Saharan Africa and other developing health systems to improve health and quality of life. Since then, many Welsh health organisations and individuals have worked to support this agenda

Through the European Union (EU), the Welsh Government needs to acknowledge particular priorities. These will change, but currently include; life sciences, low carbon, energy and the environment, and advanced engineering and materials, through initiatives such as **Horizon 2020**. Much of the EU's agenda, especially tackling health inequalities and health impact assessments, complements the Welsh approach (Welsh Government, 2012).



The 2015 target date for the MDGs is drawing near, although some have been completed prior to this date. There is a large amount of variation in success within and between countries. In order to build on the momentum created by the MDGs in the Post-2015 agenda, the **Sustainable Development Goals** (SDGs) are being developed. These will serve as a driver for implementation and mainstreaming of sustainable development in the **United Nations** (UN) system as a whole. The SDGs will apply to all countries, while taking into account different national circumstances, capacities and levels of development and respecting national policies and priorities. Wales has a strong commitment to the sustainable development agenda, through initiatives such as One Wales: One Planet (2009), the Well-being of Future Generations Bill and the Sustainable Development Charter, which Welsh organisations are signing up to and which received international recognition at the UN High Level Political Forum on Sustainable Development (Sustain Wales 2014).

# The Global Context

Engaging in international health partnerships can potentially address many issues, including humanitarian responses, antimicrobial resistance and tourism. Here are some of them in more detail.

## Communicable and Non Communicable Diseases

The globalisation of disease is influenced both positively and negatively by economic, social and natural environmental factors, as well as technological advances (WHO 2004). The impact of the risk of infectious diseases should not be underestimated; increased mobility of people, trade goods and services means that a greater understanding of the potential risk is essential. Increasing collaboration in **global health** security will aid in protection from pandemics.

Non-communicable diseases (NCDs), such as diabetes and cardiovascular disease, are placing increasing pressures on health systems, especially in low and middle income countries, where 80% of deaths occur as a result of NCDs (WHO 2013). Working with global health initiatives, such as the reduction of salt used in food by multi-national companies, can benefit the local population through positive health outcomes such as reductions in blood pressure (WASH 2014).

## Migration and Health Workers

More than 214 million people are living outside their countries of origin (International Organization for Migration 2013). The migration of health professionals to richer countries leaves shortages and gaps in the health system, often in areas of the world where the need is most. This can result in ever greater health inequalities. Ethical recruitment of health workers is vital in controlling this.

## Mobility of Patients

As a member of the EU, Welsh residents have the right to cross-border care. This means patients are entitled to be treated for medical problems in some other European countries, and be reimbursed by their home country for any eligible costs. There is also an assured standard of care, which may not be met in non-EU member states.



## Advances in Technology

By working on a global scale, the use of partnerships and collaborations can aid in the development of advances in technology and learning from others. Advances in medical technology have meant the eradication of smallpox and the near eradication of polio. Technology, such as mobile phones, can be used to share learning in areas and target populations which would otherwise be difficult to reach.

In order to address the international health agenda, the Charter for International Health Partnerships has been developed.

## Strengthening Health Systems and Universal Health Coverage

In 2012 the UN signed a resolution on universal health coverage. Health is an important cross-cutting policy issue in the international agenda, and the resolution urges governments to move towards providing all people with access to affordable, quality health-care services. Our International Health Partnerships should work to strengthen health systems.

## Environmental Sustainability and Climate Change

Climate change is a relatively difficult challenge in terms of impact on human health, it is clear that if the world's ecosystem declines there will be impacts on human health already demonstrated through issues such as air pollution. By following environmentally sustainable practices, our impact on climate change can be reduced.

In order to help address the international health agenda, the Charter for International Health Partnerships has been developed.

# The Charter: Our Promise

We, the signatories of this Charter, agree to the principles of the Foundations of International Health Partnerships and will apply them within all of our international partnerships.

## In organising ourselves to support international engagement we will:

- ✓ Nominate a point of contact for international health partnerships to liaise with the IHCC and staff. Information will be signposted on the health organisations intranet. **(OR8)**
- ✓ Ensure our special leave policies are in line with Welsh Government guidance and made easily available to staff within our organisation. **(OR1)**
- ✓ Ensure international engagement is recognised as Continued Professional Development. **(OR2)**
- ✓ Grant special leave, through established procedures, on the condition that pre- and post assessments are completed by staff as part of their Continued Professional Development plan. **(OR1/OR2)**
- ✓ Work collaboratively and prudently to make best use of the available resources and reduce duplication by engaging in the Forum for International Health Partnerships. **(OR3)**

## In undertaking international engagement we will:

- ✓ Follow the NHS principle of improving lives and do no harm. **(RW1)**
- ✓ Base all of our partnerships on mutual respect. **(RW2)**
- ✓ Make formal arrangements, such as Memorandums of Understandings, at an institutional level. **(SG1)**
- ✓ Undertake risk assessment and risk management when health professionals travel internationally through work. This includes the provision of adequate travel insurance. **(RW3/SG2)**
- ✓ Carry out **needs assessments** for new and existing projects. **(GP2)**
- ✓ Aim to strengthen existing health systems and not offer replacement health care in our health partnerships. **(RW4)**
- ✓ Strive to ensure that carbon offsetting is applied to international travel. **(OR4)**
- ✓ Ensure **World Health Organization** (WHO) standards on medical donations are met when donating medical equipment and supplies to international partners. **(OR5)**
- ✓ Commit to carrying out evidence-based practice and not compromise the quality of work where evidence is lacking. **(GP1)**

### To support learning from our international engagement we will:

- ✓ Monitor the cost effectiveness and efficiency of international partnerships. **(SG3)**
- ✓ Undertake monitoring and evaluation of projects and submit project reports on an annual basis to determine the impact of the work, reflecting on the needs assessments and benefits to Wales. **(GP3)**
- ✓ Publish reports from those working with international partnerships within the organisation in a standardised format and share these reports with the IHCC. **(SG4/OR3)**

### In our normal working we will:

- ✓ Follow the **Department of Health** and WHO guidance regarding recruitment of international healthcare personnel. **(OR6)**
- ✓ Support coordinated international emergency humanitarian response procedures in conjunction with the **Department for International Development** (DfID) and promote these to staff. **(OR7)**
- ✓ Engage the whole organisation through **global citizenship** to legitimise the importance of international connections. **(GP4)**
- ✓ Consult **Diaspora** organisations when available. **(RW6)**
- ✓ Identify opportunities to collaborate internationally and draw in funding. **(RW5)**

*NB: The code at the end of each commitment refers to the relevant Foundation of International Health Partnerships and supporting guidance note.*

# The Foundations of International Health Partnerships

## 01

### Organisational Responsibilities (OR)

Strong organisational engagement and commitment are essential. This may include support for special leave, provision of resources to support the development of health partnerships and organisational processes reporting at an executive level on International Health Partnerships.

## 02

### Reciprocal Partnership Working (RW)

It is essential to have a collaborative relationship between two or more parties based on trust, equality, joint respect and understanding for the achievement of specified goals for mutual benefit.



Through our international health engagement we seek to promote the expertise of health professionals in Wales, sharing common principles with partners and learning new and better ways of working that we can bring back to the NHS in Wales. This strengthens our commitment to action based on sound evidence

and respectful collaboration, which promotes health equity within and between countries. The Foundations of International Health Partnerships are laid out to ensure a clear and consistent approach to international engagement. There are four Foundations of International Health Partnerships, each equally important.

## 03

### Good Practice (GP)

An evidence-based approach searching out positive results that should be celebrated, and an open culture willing to learn when things go wrong are essential.

## 04

### Sound Governance (SG)

Clearly agreed aims, objectives and areas of responsibility for all partners involved in the partnerships are essential.



# Guidance Notes for Implementing the Charter for International Health Partnerships

This information is provided to give more detail on achieving the Charter and Foundations of International Health Partnerships.

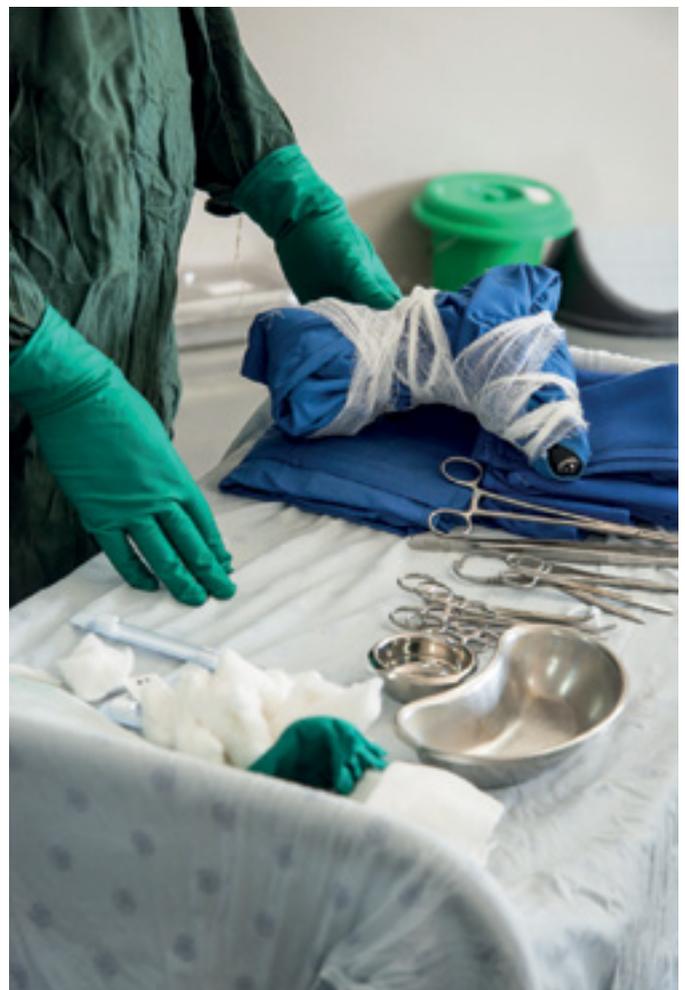
## Demonstrating Well-Managed Organisational Responsibilities

### OR1. Special Leave

In line with existing guidance outlined in the Welsh Health Circular (2006) 070 and the Welsh Government framework document 'Health within and beyond Welsh borders: An enabling framework for international health engagement' a policy commitment to support special leave for those involved in projects working between sub-Saharan Africa and other developing health systems has been made. Fair consideration will be given to those working in other geographical regions.

### OR2. Continued Professional Development (CPD)

Participation in international partnerships, which is approved by the organisation, is formally recognised as contributing to Continued Professional Development (CPD). Professional and leadership development of those involved in international health work is recognised. This is not limited to those travelling internationally around the health agenda, but also includes engagement at a distance through activities such as training and research.



As a condition of granting special leave, participants will complete pre and post assessments to determine how their professional role in Wales has developed as part of their CPD plan.

### **OR3. Mutual Learning and Sharing Lessons Learned**

Learning gained from involvement in international health partnerships should be shared within and beyond Welsh borders to increase awareness, reduce duplication and encourage collaborative working. This applies to all parties involved in the partnership. In common with NHS Wales, international health partnerships and those signed up to this Charter support an open culture when problems arise. Useful lessons can be learnt if things do go as planned, which can reduce the risk of others encountering similar issues.

An online forum will provide a platform for signatories and shareholders to ask questions and share learning. This will help to foster shared learning and will be hosted on the IHCC website.

Monthly reporting of international activity should be included in current reporting systems and fed to Chief Executives. An annual report on international activity will be included in current reporting mechanisms. This report must include feedback on outcomes, outputs and impact. This should then be sent to the IHCC.

### **OR4. Environmental Impact**

Not all international health partnerships involve overseas travel, but when it does take place every effort must be made to ensure interventions are both ecologically and practically sustainable. The signatories of this Charter will adopt equally sustainable practices in accordance with the sustainable development principles.

### **OR5. Meeting WHO Standards on Donations**

Acquisition of medical equipment and medical supplies can act as a barrier to effective medical treatment in **low income** countries. The WHO Guidelines must be followed regarding the donation of medical equipment and medical supplies to ensure any donation is carried out appropriately and safely.

Comprehensive guidance for the donation of medical equipment and medical supplies has been developed by The Tropical Health and Education Trust (THET).

### **OR6. Code of Practice for International Recruitment**

Health worker migration has been increasing worldwide in recent years, especially from lower income countries with already fragile health systems. The UK, through the Department of Health, is committed to ensuring ethical recruitment practices operate within the NHS through adherence to the Code of Practice (CoP) for International Recruitment. The CoP links to WHO guidance on recruitment. The CoP aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems. The IHCC will offer advice on country profiles where required.

### **OR7. International Emergency Humanitarian Response**

Emergency Humanitarian Disaster Responses are driven by the need to assist in times of crisis. Signatories and stakeholders will give fair consideration to working with DfID by engaging in organised UK-wide efforts to develop a coordinated needs-based response, facilitated by the UK International Trauma Register, hosted by UKMed (Humanitarian Emergency Response Review 2011) (see appendix). This opportunity will be promoted to staff.

### **OR8. International Health Lead**

A point of contact for international health partnerships to liaise with the IHCC and staff will be nominated. This could be in a voluntary role or paid. This will be supported by an online resource for staff.

# Demonstrating Reciprocal Partnership Working

## RW1. Improving Lives and Do No Harm

Diligence and duty of care will be applied when involved in a partnership, with the prudent use of resources based on the principle of doing no harm following the NHS Values and Standards of Behaviour Framework. The central purpose of international health partnerships is to improve the lives, health and wellbeing of those involved. Activity which does not fulfil these aspirations or goes against them must cease immediately.

To ensure the economic and social implications on health are considered, use of the social determinants of health model should be applied.

## RW2. Respect, Fairness and Equity

Mutual respect of partners will be fostered with all parties of the partnership on an equal footing. Partners should consider priorities and aspirations, taking them into account when designing and delivering the project or programme. Communication should be clear and regular through mutually agreed means. Where there is a breakdown in communication, reasonable steps should be taken to rebuild the relationship. No partner or individual involved in the partnership will be discriminated against or disadvantaged. Each partner will be treated with equal respect and importance.

## RW3. Managing Risk in Professional Travel

Organisations and international health partnerships have a responsibility to ensure the wellbeing of those travelling internationally for work purposes. Managing risk must comprise of documents including a risk assessment, basic country information including emergency contact details and basic language tips. Appropriate travel insurance must be organised for those who are travelling for work purposes as well as travel and accommodation arrangements.

It is the responsibility of the **health professional** not to engage in any risky behaviour when on international placements.

## RW4. Health Systems in Developing Countries

Partnerships with health systems in developing countries must not offer replacement health care; they should strive to build capacity within the existing health services through sustainable means, which must be implemented with support and consideration for existing in-country health systems.

Where the partnerships are time limited around specific goals, the goals must be clearly identified prior to the full initiation of the project. The benefits of the international health partnership must be intended to extend beyond the lifetime of the partnerships, with succession planning in place.

## RW5. Identify Opportunities

In order to ensure the best opportunities are capitalised in Wales, health organisations will horizon scan to look for opportunities to draw in funding and work collaboratively to increase the potential of successful bids.

## RW6. Diaspora

**Diaspora** organisations can provide Welsh organisations with a deep insight into their countries of origin, and help in the development of projects. Diasporas should be engaged to build insight into working with the partner country.



# Demonstrating Good Practice Arrangements

## GP1. Quality and Evidence Based Practice

Use of the best possible evidence, through **Evidence Based Practice**, must be applied in international health partnerships. Where there is no available evidence from the region or a comparable region, research may need to take place to inform projects or interventions. Quality of care must not be compromised by a lack of evidence. Evidence and learning gained should be shared.

## GP2. Needs Assessment

**Needs assessments** can help to determine the requirements, and also expectations of the project. Where projects and partnerships involve developing country health systems, needs assessment must be led by the requirements of the partner country in order to provide a robust foundation for a new partnership or project, especially where the country is low income. Needs assessments must be carried out for each new project developed within a partnership. Assets Based Needs Assessment or **Rapid Appraisal Methods** should be considered.

## GP3. Monitoring and Evaluation

Carrying out **monitoring and evaluation** must be integrated into each project and partnership. In developing country health systems the 'Wales Africa Effectiveness Framework' can be used by Welsh organisations that are working with partners in any low income settings. It is a collaborative piece of work between Wales Africa Community Links, Wales International Development Hub, Network of International Development Organisations in Scotland (NIDOS) and Bond (formally known as the British Network for Overseas Development), and enables organisations to review their work against principles of good practice in international development, using practical benchmarks that are consistent across the UK.



In other partnerships, monitoring and evaluation arrangements will be identified that follow recognised methodologies that are appropriate to the activities and acceptable to all parties.

## GP4. Engaging the Whole Organisation through Global Citizenship

All staff will be encouraged to understand the legitimacy of engaging in the international health agenda. This can be fulfilled in a number of ways, such as global citizenship training, investment in Fair Trade produce and collaborative working using online methods.

# Demonstrating Sound Governance Arrangements

Sound governance helps to ensure good practice is adhered to.

## **SG1. Formal Arrangements**

Where no other appropriate contract is in place a Memorandum of Understanding including agreed outcomes, methods, accountability arrangements and communication arrangements helps to demonstrate the clarity of these arrangements and manage expectations.

## **SG2. Risk in Partnerships**

Partnerships involve risks as well as benefits, making shared accountability and an assessment of the long-term sustainability of the project critical. This is especially the case where funding is limited, although it should not be disregarded in any project. Risk assessments allow for the identification of potential threats to the project and those on whom it impacts.

## **SG3. Cost Effectiveness and Efficiency**

Costs must be regularly evaluated and reviewed to ensure resources are being used effectively and efficiently. Where funds are not granted as part of the partnership arrangement, signatories may wish to identify monies from charitable funds or grant applications to support international activity. Where appropriate, funds may also be generated through organised fundraising initiatives, especially those that involve working directly with a charitable organisation.

## **SG4. Reporting Impact**

Reports on the **impact** of projects supported by the organisation must be carried out annually. Reports must include information on the outputs and outcomes of the project. Outputs are useful as they provide a quantifiable way to determine the impact of a project, such as number of people trained, whereas outcomes provide more qualitative results which help to determine what difference the project has made. These should include intended or unintended, and positive and negative outcomes. Added value can be gained from capitalising on existing relationships.



# What Does Success Look Like?

The following case studies have been chosen to demonstrate the wide variety of international partnerships in Wales.

## 01 A European Health Partnership Demonstrating the Use of Technology to advance healthcare

**Management of Mental Health Disorders through Advances in Technology and Services (Mastermind) and Integrated Care for Frail Older People through the implementation of technology (CareWell): Powys Teaching Health Board.**

Bruce Whitear, Director of Planning, Powys Teaching Health Board

**Here are two examples of EU funded projects which are being implemented in Powys Teaching Health Board.**

### **Collaborative working used to improve mental health services in Powys**

Powys Teaching Health Board (PTHB) is working as a pilot site for the Mastermind and CareWell projects. The collaboration developed through connections with a local Welsh organisation which had existing European links. Partnering within Welsh with organisations already connected with Europe enabled PTHB to become involved in a European project and has opened up opportunities for further projects as PTHB begun to establish networks of its own.

### **This is an example of how capitalising on European Funding can meet local needs**

The CareWell project focuses on integrated care for frail older people, with a specific emphasis around the use of IT to support the development of integrated care. The older people in question are those who have complex health and social care needs, are at high risk of hospital or care home admission and require a range of high-level

interventions due to their frailty and multiple chronic diseases. This is particularly relevant to the PTHB locality because it has the fastest growing older people population in Wales.

The Mastermind project has already been piloted across Europe, and will pump prime the implementation of e-Cognitive Behaviour Therapy (e-CBT) across PTHB. In due course PTHB can become an exemplar for Wales, based on an evaluated delivery model.

### **The structure of CareWell and Mastermind**

CareWell is structured through a project lead in the Basque Country who have sourced experienced project managers through consultancy in the EU arena to put together the proposal on behalf of the wider consortium, and also to project manage the project implementation, and interface with the EU for reporting purposes. The consortium consists of the following pilot sites; the Basque Country, Spain; Lower Silesia, Poland; Veneto and Puglia, Italy; and Powys, Wales. The project also involves partners who provide project management support and an evaluation partner. Mastermind



follows a similar model with a larger number of participating regions. It will also explore the implementation of language and culture specific e-CBT services for foreign citizens living in EU countries and will produce localised version of e-CBT (4 in total) for countries non represented in the consortium to prepare the roll-out of e-CBT in other areas of the EU.

Both CareWell and Mastermind funded through the same funding stream. The funding applies well to local needs, as many of the areas where Wales faces challenges are common across Europe; in this case the issues of an ageing population with multiple chronic conditions and resource challenges are common themes that all of the pilot site partners in the project consortium experience.

Both projects will follow robust evaluation procedures, with the view to share learning with other European regions once complete. Each project has an associated wider roll-out and dissemination plan included to contribute to longer term sustainability and sharing of learning across the EU.

### **Benefits to the Welsh population**

We hope the project will benefit the Welsh NHS as we learn from other health systems in a direct and operational level. Working within these partnering projects enables professionals to visit and share with other EU nations in a practical way and through the implementation of real-time service projects, providing a direct opportunity to put learning into practice. Involvement also strengthens Wales' position on the EU stage, where the NHS is still highly regarded, and we have much to offer in respect of developments and improvements we are making to service delivery.

## 02 An Indian Health Partnership Demonstrating Strengthening in-country Health Systems

Sally Venn, Primary Care Medical Advisor, Public Health Wales

**This is an example demonstrating how working with in-country systems can have tangible benefits to strengthen the level of care provided to those in need.**

Primary Health Care in India is relatively underdeveloped with a bias towards expensive, hospital based specialist care. In a country where the majority of healthcare costs are born by the user, a high cost specialist system disadvantages the poor. Those who are most in need of healthcare are least likely to be able to access it – a clear example of the 'Inverse Care Law'. Wales has a strong primary healthcare led system which is geared toward empowerment and prevention. In particular, Wales has a strong history of promoting social justice, including developing initiatives to address the Inverse care law.

### **Supporting and enhancing the local health system**

Primary Care Practitioners from Wales were formally invited to join the project as consultant experts to the Health Worker training programme with the aim of strengthening the programme and increasing the capacity of the organisation to deliver without outside support. The Practitioners have been supporting a Non-Government Organisation in India to develop a community health worker programme, focused on schools and reaching out into marginalised communities.

Health Workers have a threefold role around Prevention, Recognising illness and referring appropriately and Care and support for individuals suffering from acute or chronic illness.



Health workers are in a unique position to link patients into government services, where these exist and, as such, are strengthening the ability of local healthcare systems to reach the medical needs of the community. In particular, they are able to act as an advocate for individuals who are struggling to access the care that they are entitled to.

### **Monitoring and Evaluation**

One of their specific roles is to design robust mechanisms for ongoing monitoring and evaluation. Currently the mechanisms are:

- Appointment and training of mentors to the Health Workers.
- Monthly reports from Health workers and mentors.
- A programme of visiting health workers in the field to assess work and challenges.
- A more formal evaluation is currently under discussion, with plans to engage a local Indian university to support the organisation in this task.

Learning is shared through reports to individual donors and an internal board, along with internal and external newsletters and presentations at various meetings within the organisation.

### **Sustainable working**

The ultimate aim is for the NGO to run the programme without input from volunteers, so a 'train the trainer' model is being adopted. The Primary care practitioners have worked with the Partnerships Overseas Network Trust (PONT) and are drawing on this experience to incorporate key aspects of the healthcare system promoted by PONT.

### **Benefits to Wales and India**

This association between General Practitioners in Wales and Health Workers in India has provided many tangible benefits, both in Wales and India. This takes many forms, such as skill enhancement developed by Welsh practitioners, meaning a greater understanding of Primary Care is fed back into the Welsh health system and also the improved provision of care in India, increased education and the provision accessible and affordable care for those in need with around 60 trained Health Workers, 5 regional clinics and 2 mobile clinics in operation.

## 03 An African Link Demonstrating the Benefit of Institutional Engagement in Health Partnerships

Tei Sheraton, Chair of Trustees for Mothers of Africa, Clinical Lead International Health and Consultant Anaesthetist, Aneurin Bevan University Health Board

**This is an example of a small charity in Wales that has benefitted from partnering with institutions in Wales and beyond to strengthen health partnerships in sub-Saharan Africa.**

Mothers of Africa is a medical educational charity that was founded in Cardiff in 2005 by Professor Judith Hall (Head of Department, Anaesthetics, Intensive Care and Pain Medicine University Hospital of Wales) and is currently chaired by Dr Tei Sheraton (Consultant Anaesthetist, Aneurin Bevan University Health Board). The charity aims to help save the lives of mothers and newborn babies in Africa by supporting the education of people who provide medical care. This means that local people are empowered and that care for pregnant women is sustainable. As the Chinese proverb states "Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime".

Since the charity started in 2005 educational programs have been supported in Benin, Togo, Liberia, Ethiopia, Tanzania, and Zambia. Mothers of Africa recognise the benefits of partnering with other organisations that bring expertise, fundraising skills, resources and enthusiasm to these projects. Without these partnerships Mothers of Africa could not have hoped to achieve so much with so little. The partnerships are based on mutual trust and respect and Mothers of Africa believe these bring added value to all of those involved. Some of the partnerships that have supported the work over the years are described below to help provide a context for how institutional engagement through this charter will have a positive impact on the lives of people in Africa and in Wales.

**Driven by the needs of African partners**

Each of the Mothers of Africa projects is driven by the needs of the African partners as identified by them. In some countries such as Benin this has meant supporting colleagues through a mentoring process to become leaders in their chosen area of specialisation within that country. Special leave has been supported by Cardiff and Vale University Health Board. In other countries such as Liberia there has been support for the rejuvenation of nurse anaesthesia training through curriculum development and the introduction of critical care training for doctors and nurses as well as update courses. Aneurin Bevan University Health Board (ABUHB) has provided special leave for their employees to support this project and Welsh Government has provided funding for a sabbatical allowing a senior consultant anaesthetist to work in Liberia helping to train and mentor staff. In Zambia, the initiative has worked with partners to develop solar powered classrooms that enable health care workers to access high quality training materials in a sustainable environment. Cardiff University has been an essential partner in this work bringing engineering expertise to this successful project.

**Do not re-invent the wheel or duplicate**

Mothers of Africa aim to work in collaboration with other organisations who may be working in the same geographical area. In Ethiopia, Mothers of Africa partnered with the charity Gwent Link, who were supported by ABUHB and who had a long experience of working there. In Liberia close links exist with other organisations working in the same area (such as Swiss Agency for Development) accompanied by liaison with the WHO and Ministry of Health in Liberia.

Where existing training resources exist they are used, working with others, to develop or improve existing resources. Examples include a collaboration with Chinese University of Hong Kong (CUHK) and Liberia using a critical care training course developed for developing healthcare systems (BASIC DHS). Support has been provided by the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and Mothers for Africa has used training resources developed for resource poor settings, such as the SAFE obstetric anaesthesia course and e-safe DVD.

### **Aim to be Sustainable**

As part of all of the training provided, systems to evaluate that training is included to enable it to be improved in partnership with African colleagues. The programmes include training of trainers so that local people run the training themselves with support from the project if needed.

### **We recognise that International Health Links work brings benefits to the NHS and beyond**

Mothers of Africa, ABUHB and CUHK have run training courses in critical care in Wales to familiarise junior doctors in Wales with Intensive Care before they start working overseas. Funding raised from running these courses is used to support equivalent training in developing countries on the basis of a course for a course.

Last but by no means least Cardiff School of Art and Design (CSAD), Cardiff Metropolitan University has been an important institutional partner. They have fund raised extensively and travelled to Zambia to teach art and sewing skills. Empowerment and skills for women are essential if the charity is to achieve its aim.



# Definition of Key Terms

Term	Definition
<b>Assets Based Needs Assessment</b>	The asset approach values the capacity, skills, knowledge, connections and potential in a community. The more familiar 'deficit' approach focuses on the problems, needs and deficiencies in a community. It designs services to fill the gaps and fix the problems. As a result, a community can feel disempowered and dependent; people can become passive recipients of expensive services rather than active agents in their own and their families' lives. <a href="#">Source: IDeA</a>
<b>Code of Practice (CoP) for International Recruitment</b>	The CoP reflects the principles and benchmarks set out in the World Health Organization (WHO) Code of Practice, which promotes voluntary principles and practices in the ethical recruitment of international healthcare professionals within member states of the European community. <a href="#">Source: NHS Employers</a>
<b>Department for International Development (DfID)</b>	DfID leads the UK's work to end extreme poverty. They are working to end the need for aid by creating jobs, unlocking the potential of girls and women and helping to save lives when humanitarian emergencies hit. <a href="#">Source: GOV.UK</a>
<b>Department of Health</b>	The DH helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve. <a href="#">Source: GOV.UK</a>
<b>Diaspora</b>	A Diaspora is a group of people living outside their country of origin.
<b>Evaluation</b>	A thorough review of a project or programme which may consider issues such as process, relevance, effectiveness, efficiency, impact and sustainability. <a href="#">Source: THET</a>
<b>Evidence Based Practice</b>	This is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. <a href="#">Source: Sackett et al. 1996.</a>

Term	Definition
<b>Global Citizenship</b>	The idea that, as well as being a citizen of one's local community or nation, it is also possible to act as a citizen of the world. Global citizenship recognises that people in different countries are increasingly connected to each other through trade, communication and the exchange of information. <u>Source: WCIA.</u>
<b>Global health</b>	This refers to health issues where the determinants circumvent, undermine or are oblivious to the territorial boundaries of states, and are thus beyond the capacity of individual countries to address through domestic institutions. Global health is focused on people across the whole planet rather than the concerns of particular nations. Global health recognises that health is determined by problems, issues and concerns that transcend national boundaries. <u>Source: HM Government</u>
<b>Health Board</b>	The seven Local Health Boards (LHBs) in Wales now plan, secure and deliver healthcare services in their areas.
<b>Horizon 2020</b>	Horizon 2020 is the biggest EU Research and Innovation programme ever with nearly €80 billion of funding available over 7 years (2014 to 2020). It promises more breakthroughs, discoveries and world-firsts by taking great ideas from the lab to the market. <u>Source: European Commission</u>
<b>International health</b>	This relates to health practices, policies and systems in countries other than one's own and stresses more the differences between countries than their commonalities. <u>Source: HM Government</u>
<b>International Health Partnerships</b>	An international health partnership is one which is based in Wales in conjunction with partners based outside of Welsh borders. The partnership could include work which is taking or took place over a specific period of time or where there is no specified end date. It may be with a community, institution or organisation, it could involve but is not limited to work with research, information sharing, project based work or placements/exchanges.
<b>Low Income</b>	Low-income economies are defined as those with a GNI per capita of \$1,045 or less in 2013. <u>Source: The World Bank</u>
<b>Millennium Development Goals (MDGs)</b>	There are eight 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. The MDGs have galvanized unprecedented efforts to meet the needs of the world's poorest. <u>Source: UN</u>
<b>Monitoring</b>	A continuous process to measure progress of projects against pre-defined objectives, and planned outputs and outcomes. <u>Source: THET</u>

Term	Definition
<b>Needs Assessment</b>	The purpose of needs assessment in health care is to gather the information required to bring about change beneficial to the health of the population. It is generally, but not universally, accepted that this takes place within the context of finite resources. <u>Source: BMJ</u>
<b>NHS Trust</b>	There are currently 3 NHS Trusts in Wales with an All-Wales focus. These are the Welsh Ambulance Services Trust for emergency services, Velindre NHS Trust offering specialist services in cancer care and a range of national support services and Public Health Wales.
<b>Rapid Appraisal Methods</b>	Rapid Appraisal is an approach that draws on multiple evaluation methods and techniques to quickly, yet systematically, collect data when time in the field is limited. <u>Source: USAID</u>
<b>Sustainability</b>	The maintenance of something at a certain level or rate.
<b>Sustainable Development Goals (SDGs)</b>	The SDGs aim to help to drive the implementation of sustainable development and will build upon the MDGs and converge with the post 2015 development agenda. <u>Source: UN</u>
<b>United Nations (UN)</b>	The UN is an international organization founded in 1945 after the Second World War by 51 countries committed to maintaining international peace and security, developing friendly relations among nations and promoting social progress, better living standards and human rights. <u>Source: UN</u>
<b>Wales for Africa</b>	A focus for Welsh efforts to deliver the UN MDGs to halve global poverty by 2015. <u>Source: Welsh Government</u>
<b>Welsh Health Circular (2006) 070</b>	The Welsh Health Circular (2006) 070 entitled 'NHS Wales Health Links with Sub-Saharan Africa and other Developing Health Systems' encourages Chief Executives to ensure that each NHS organisation demonstrates its commitment to overseas links and its support of the MDGs within its stated goals.
<b>World Health Organization (WHO)</b>	WHO is the directing and coordinating authority for health within the UN system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. <u>Source: WHO</u>

## **NHS Values and Standards of Behaviour Framework**

- Putting quality and safety above all else: providing high value evidence based care for our patients at all times.
- Integrating improvement into everyday working and eliminating harm, variation and waste.
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.
- Working in true partnerships with partners and organisations and with our staff.
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

Source: NHS Wales (2014)

## **UK Trauma Register**

In order to find out more about the UK Trauma Register, please use the contact details below:

Helen Redmond

Email: [helen@uk-med.org](mailto:helen@uk-med.org)

Telephone: 01612750463

Website: [www.uk-med.org](http://www.uk-med.org)

## **To contact the IHCC please:**

### **Email:**

[International.health@Wales.NHS.UK](mailto:International.health@Wales.NHS.UK)

### **Write to:**

The International Health Coordination Centre,  
Public Health Wales, Policy Research and Development Division,  
Hadyn Ellis Building, Maindy Road, Cardiff, CF24 4HQ

### **Website:**

[www.internationalhealth.Wales.NHS.UK](http://www.internationalhealth.Wales.NHS.UK)

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