

Title: How do we ensure overseas partners benefit?

Presenter: Ben Simms | CEO, THET

'International development is a key part of Scotland's global contribution within the international community. It encompasses our core values, historical and contemporary, of fairness and equality. It is about Scotland acting as a good global citizen. We are the inheritors of that tradition; it is who we are today; and it is who we want our next generation to be.'

Dr Alasdair Allan MSP
Minister for International Development and Europe



Please allow me to thank the Royal College for inviting me to speak and to congratulate the College generally, and Mike McKirdy and Stuart Ferguson specifically, for the energy you are bringing to the health partnership movement.

“What a confident and authentic record Scotland has in Africa”, declared the founder of the charity I work for, Professor Sir Eldryd Parry, when he spoke here in June. And how he celebrates the growth of Scotland’s distinctive, confident and growing voice in global health!

Although Scotland’s history of involvement in Africa is indeed substantial, the drive to engage in global health activities has never been stronger than it is today.

“We should continue to aim higher”, Dr Alasdair Allan urges in the introduction to *Global Citizenship: Scotland’s International development strategy*.

“We must grasp the opportunity”, argue Stuart and Mike in *Global Citizenship in the Scottish Health Service*.

This conference is surely in part a celebration of what has been done, and in part an expression of our determination to do even more.

I fervently believe that we all benefit from Scotland’s voice. Our partners in developing countries but also those across the UK. Scotland has the potential to move forward with the health partnership approach at a speed England can only envy. This is the advantage a small nation has, a point made by Dr Allan.

Part of the “disproportionately positive impact” that Scotland can have.

Innovative, flexible, driven by strong values and by the learning it has acquired from the administration of its own international development strategy these past many years.



THET is pleased to have been at the centre of this: to have contributed thinking to the *Global Citizenship* report, to have awarded grants to 13 projects across the Scottish health community these past six years, and to have made important contributions to the development of the Scottish Global Health Collaborative.

I would like to thank my Glasgow-based colleague Laura MacPherson in particular, for the work she has done in this respect.

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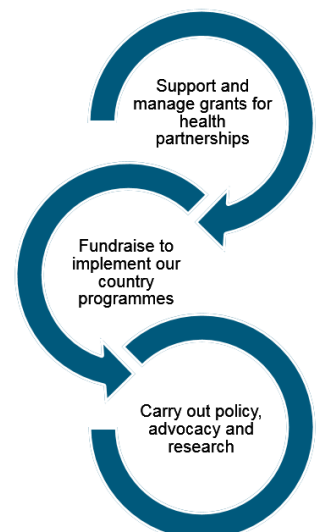
THET is first and foremost a charity. A charity that believes the world is profoundly flawed. How is it possible that in the world today, amidst so much wealth, 5 billion people will not access the healthcare they need? That 1 in 7 people will never meet a qualified health worker in their lives? That although this figure is reducing and people are increasingly able to find help – as an excellent article in *The Economist* highlighted last week – there is still a huge unmet need for training and educating health workers globally. I believe we should not lose sight of this when describing our motivation to engage in this work.

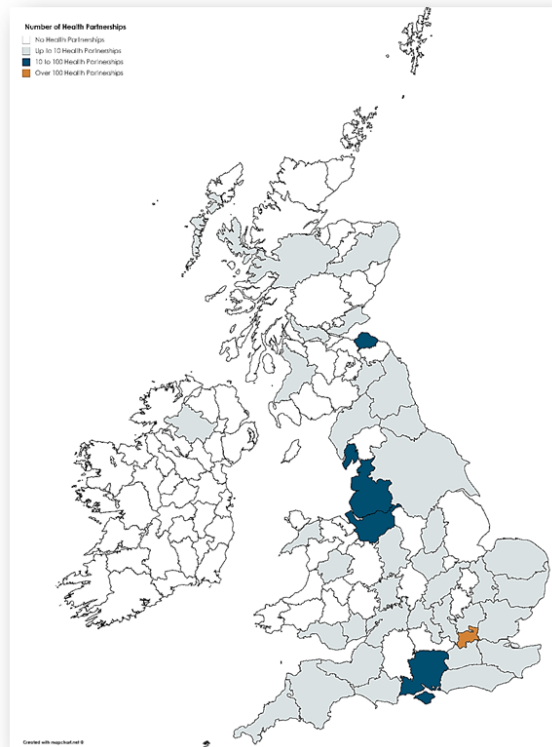
It is vital in other words, that our efforts bring clear benefit to our partners overseas.

For those who are less aware, very briefly; THET sets about our vision of a world where everyone has access to healthcare in three ways:

- We award grants to others in partnership with organisations such as DFID and Johnson and Johnson
- We fundraise to implement our own country programmes
- And we carry out policy, research and advocacy.

Our Role





Health partnerships...

- formed between **UK health workers** and their counterparts in **low and middle income countries (LMICs)**
- partners **co-develop** programmes that address **organisational and national priorities**
- projects are **mutually beneficial**.

Underpinning all our work is the health partnership approach.

While our passion is to work for the benefit of our partners in developing countries, at our core THET believes that the world is changing, and fast, and that overseas development assistance is changing to reflect this.

The days when all knowledge and expertise resided in the global north have passed. New actors are entering the 'development space', such as those in this room. And there is fresh realisation that long-term relationships across borders will be sustained by identifying and addressing together the common problems – of a shortage of health workers for example or the transmission of disease - rather than by competition.

In other words, traditional 'top down' charitable approaches to aid are being replaced with more honest, transactional exchanges, which identify the mutual benefits to both parties.

We have much to gain from engaging in this work. And there is a growing body of evidence to support this, not least the evidence generated by Lord Crisp and the All Party Parliamentary Group on Global Health of which he is co-chair.



At the heart of the health partnership approach then, is a recognition of the benefit Scottish staff derive from engaging in this work, either on a voluntary or paid basis.

This theme is perhaps best expressed in this infographic [slide].

This shows some of the areas in terms of improved clinical skills, managerial knowledge, interpersonal skills and innovation that THET has documented in recent years, particularly in our on-line series of articles in *Globalization and Health*.

This realisation has led to new enthusiasm from bodies such as Health Education England who are now looking to significantly scale-up providing opportunities for trainees to spend time overseas.



Over the past seven years THET has been the managing agent for the DFID Health Partnership Scheme. This is the £30 million scheme that ended in June, and has seen us award over 180 grants to partners across the UK health community.

I hope you agree we can show some spectacular results [on slide].

What this slide doesn't demonstrate clearly enough is that in 2011, when Andrew Mitchell approved the scheme, we set a target of 13,000 health workers to be trained by 2015. By 2015, we had improved on this target threefold, training almost 39,000 health workers. And then, with a two year extension of funding awarded by DFID, this increased to 84,000.

A spectacular acceleration in the scale of results being achieved as a result of sustained funding.

Scottish institutions have been at the heart of this contribution, spending £2.5 million or 12.5% of the funding – a disproportionately high percentage of grant funds, which is of course pleasing.

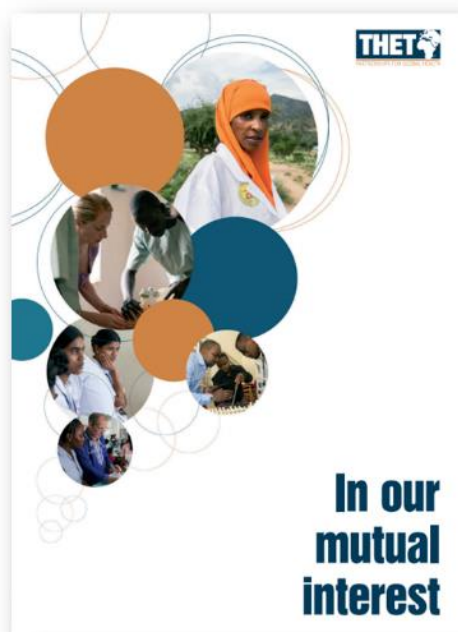
Although we can point to some clear successes, it's important to note that in many respects, this scheme has been experimental. My colleague Andrew Jones, who has led on the management of this scheme at THET throughout this period, describes the scheme as having been “a laboratory”, “largely unproven” when we started.

THET has been learning alongside our partners, and a lot of the learning speaks directly to the topic I have been asked to address: How do we ensure overseas partners continue to benefit

from this growing appetite amongst academics and health professionals to derive benefit from overseas work?

In our mutual interest #IOMI

'This report points to the huge benefit that can be derived by both the UK and our partner and governments overseas when the right balance is struck between our organisational and national interest, and the interest of people living in some of the world's poorest countries'



THET has poured our learning from the HPS, and from our work more widely, in to our 2016 report, *In Our Mutual Interest*, copies of which are available today.

The report, which Lord Crisp helped shape alongside others, examines the opportunities and challenges associated with the health partnership approach.

In particular it explores how to strike the right balance, between the interests of overseas institutions and national health services, and the interests of UK partners; between our own organisational or national interest, and the benefit given to host institutions and countries.

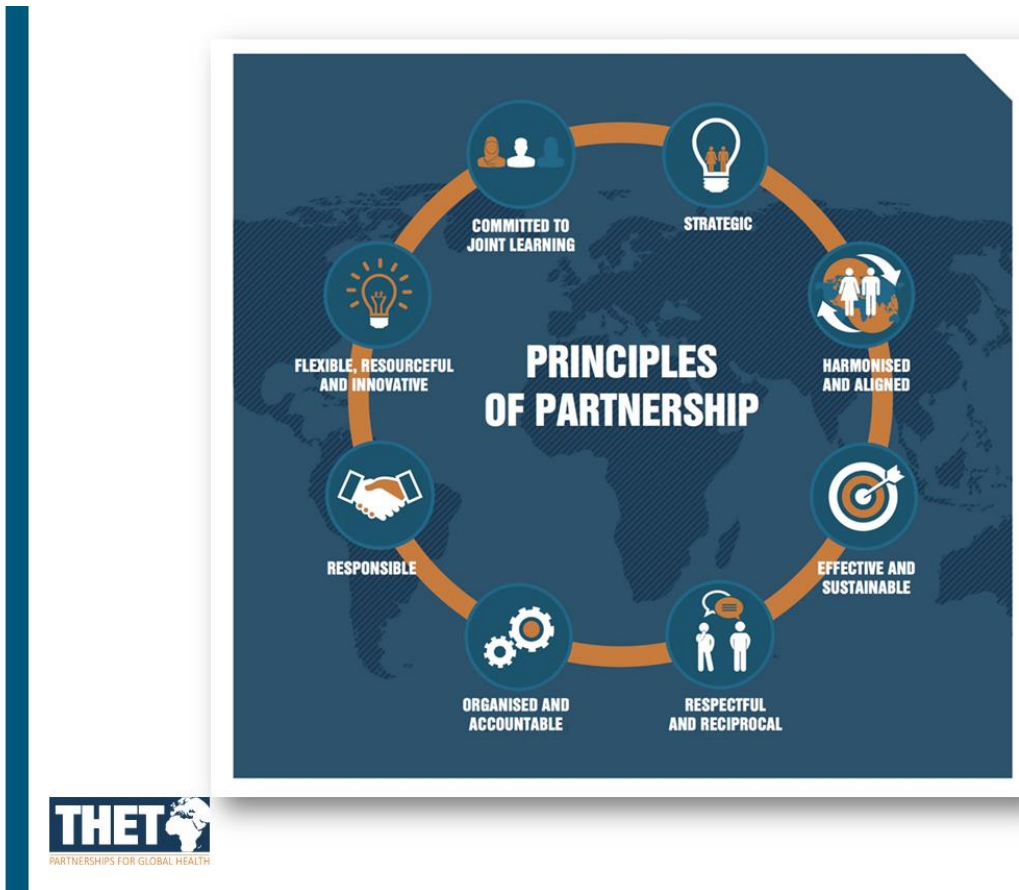
Let me give you a flavour of what is in the report by quoting an observation from one African partner, which gives insight to the danger we face if we fail to strike the right balance

“The biggest challenge was that the core aim for the project was not set by us, but imposed on us by our UK partner... and we were somehow going to have to make it happen... This came to haunt us, especially when it came to evaluating the impact of the project.”

And here too, an observation made in the – broadly, very positive – external evaluation of the Health Partnership Scheme commissioned by DFID, also last year:

“Most of the time, links are institution to institution and the benefit is to institutions and individuals. It is not always the interests of the Ministry of Health that is being met.”

It should not surprise us, but it's important to acknowledge: not everything associated with the health partnership approach is well executed.



It was as a result of this learning that THET embarked on the development of its Principles of Partnership, also detailed in our *In Our Mutual Interest* report.

These are hallmarks of good practice for health partnerships and the way they manage projects, such as working consistently with local and national plans, planning and implementing projects together with a clear commitment to joint learning.

There are eight principles in total.

For me, the two principles which stand out are those which talk about harmonisation and alignment with the needs and policies of the Southern partner, and the need for partnerships to be respectful and reciprocal. These two, in particular, reverse some of the bad practice which we have experienced in international development in the past, which includes the tendency to 'impose' solutions to problems rather than investing in the agency of individuals and institutions in those countries, working with them to identify their own solutions.

I am pleased to say that these Principles of Partnership are gaining increased traction. Over 50 institutions have declared their support for them, including many of the institutions in this room. A self-assessment tool is now available on the THET website for partners to use. Government bodies such as Public Health England are including these principles in their guidelines. And we have received warm appreciation from some of our private sector partners, notably Johnson and Johnson – high praise indeed, given Johnson and Johnson's very distinguished contribution and understanding of the challenges of improving health globally.

Perhaps most significantly, DFID has now encouraged THET to integrate these principles in our funding criteria.

I do hope some of you will join me and my colleagues Graeme Chisholm and Laura to explore these in greater depth at one of the workshops later.



Partners: The University of Edinburgh and Makerere University
Project: Development of Nurse Leadership for Palliative Care in Uganda



Partners: Greater Glasgow and Clyde Health Board and Korle-Bu Teaching Hospital
Project: Accra Burn Centre Project (ABC Project)



Partners: The Royal College of Surgeons of Edinburgh and University of Medicine, New Yangon General Hospital
Project: Developing Surgical Capacity in Myanmar

The successful implementation of these principles perhaps best illustrated by three of our partners in Scotland who received funding from the Health Partnership Scheme. Each of which highlights how they have brought one of the principles to life in ways that maximise benefits for their overseas partners

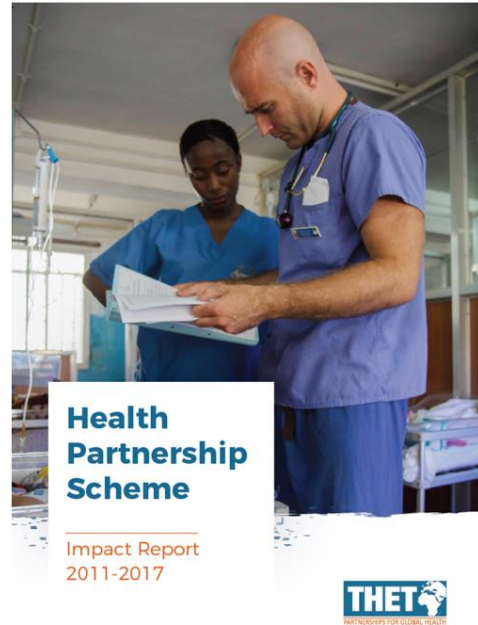
I would like to praise in particular, the University of Edinburgh for its work across four African countries, developing nurse leadership for palliative care. Here, the objective was to mainstream palliative care provision in to national government health plans. Last time I looked the project had evidence of having a measurable impact on 400 health institutions across those countries. A brilliant example in other words, of a project that is harmonised and aligned to national priorities.

In a very different example, I would also like to praise the work of NHS Highlands and their partnerships in Ghana and Zambia, focused on developing mental health literacy and improved patient safety. What is particularly striking – and this is documented on our website – is the thoughtful approach taken to the development of a needs assessment. Not a dusty document, produced with good intentions and then forgotten. But a living document undergoing constant revision. A good example of respectful and reciprocal planning, and joint learning.

And finally, the work of NHS Greater Glasgow and Clyde Board with Korle Bu Hospital in Accra. This focused on the severe shortage of trained burns nurses in Ghana. By partnering directly with the burns department they were able to ensure that there was no duplication of effort with other international partners.

Impact Report #CelebratingHPS

'... an unprecedented investment in this model, allowing for a more strategic and concerted approach.'



So, that is what THET has direct experience of, and we draw three conclusions:

Across the UK, we are increasingly operating with a common vision, of how we define health partnerships and of how partnerships bring mutual benefits to the health service here in Scotland as well as those overseas. This is changing how we undertake aid and development activities.

We are doing good work: the training of over 84,000 health workers across Africa and Asia is testament to that.

THET celebrated these achievements in the Impact Report we published last month and again, copies of which are also available here. I urge you to use this report as a tool for advocating the merits of this approach, and perhaps even more so, the potential of this approach.

And thirdly, those of us engaged in the health partnership movement have learnt – are learning - a great deal. The Principles of Partnership distil this learning at a project or programme level, in ways which enable us to strike an effective balance between our own organisational or national interest, and the benefit given to host institutions and countries.

But it is also clear to me that this approach needs constant vigilance, if we are to ensure we continue to benefit our partners overseas. And if I may, I'd like to make one observation which moves away from THET's direct experience at the level of project or programme to say that, as we develop a more system-wide approach to our partnerships with health services in developing countries, we need to be vigilant.

Part of this it seems to me, requires us to be honest about when we are doing 'development', using ODA funds, and when for example, we are providing brilliant training opportunities for young people or plugging gaps in our own recruitment efforts. All these activities need to be carefully scrutinized to see whether they truly bring benefit to our partners in developing countries, and if they don't, let's be honest about that and use our own funds to pay our hosts for the opportunities they give us when sending our citizens to visit their hard-pressed countries and institutions.

Careful scrutiny will enable us to strike the right balance.

Open call for applications...

- Key facts:
 - Focus of the extension is on sustainability, scale-up and access
 - *Grants under this Call are limited to **five countries**: Ghana, Burma/Myanmar, Tanzania, Uganda or Zambia.*
 - *Two tiers of funding:*
 - A – £15,000-£50,000
 - B – £50,000-£120,000
- Deadline: Midnight on the 1st October 2017
- All details can be found on our website: www.thet.org

So, this is not a straightforward approach. But our eyes at this conference are quite rightly, firmly set on the potential.

For our part, THET is very pleased to have been able to announce that DFID has awarded an extension of the Health Partnership Scheme.

You will see from this slide that the call is limited to 5 countries and existing health partnerships and is a modest £2.1 million.

I am hoping for strong Scottish submissions – to beat that 12.5% share you achieved under the Health Partnership Scheme!

We hope that the success of this scheme, and its predecessor, will give the UK government the confidence to invest further in this approach, with Scotland at the forefront!

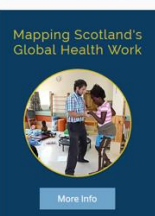
An emerging and distinctive Scottish contribution

'When a health service worker steps outside their normal environment it frequently leads to better cultural sensitivity and an openness to doing things differently'

Dr Catherine Calderwood, Chief Medical Officer for Scotland



In 2016/17 the SGHC has set itself three core objectives:



GLOBAL CITIZENSHIP
in the Scottish Health Service
The value of international volunteering



It seems to me – and to the College - and to all of us involved in the Scottish Global Health Collaborative - that we have just scratched the surface. A small fraction of health staff are engaged to-date. Think of the good that could be achieved, in our mutual interest, if we were to successfully overcome the barriers to further engagement, as outlined in *Global Citizenship* and see proper and appropriate funding for this.

And of course it looks like it is going to happen.

I cannot think of a more logical place for this this model to be scaled up than in Scotland, and in so doing, Scotland will set an example to the UK and beyond.

Concluding his talk last June, Eldryd Parry reflected:

“My talk this morning is based on my personal engagement with Africa which began through two Scottish professors of medicine who had worked together in the 1930s. **And so to tread again the road of those early pioneers.** That road will be long and there will be disappointments and difficulties, but how significant for Scottish Universities and the Scottish Health Service to be active in development... for our colleagues overseas and... for the morale and experience of the staff.”

The reward of our efforts will be seen both in the benefit we see for our partners overseas, as they strive to provide healthcare to their communities, and in our won development as a Scottish and UK health community.

Thank you for listening.