

The Framework for NHS Involvement in International Development



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Foreword

The National Health Service (NHS) provides high quality health services to patients every day. International demand for knowledge, skills and services developed in the NHS is growing.

Organisations and individuals in the NHS already offer their support to health systems in developing countries. What we are seeking now is to create a more systematic approach to these activities and to encourage the development of more effective international development partnerships.

As part of that approach, The Framework for NHS Involvement in International Development aims to bring greater clarity to how the NHS can contribute in a sustainable way to capacity building in developing countries.

Clinicians and managers can gain a great deal from opportunities to work and train overseas – it can be professionally and personally rewarding. The NHS can also learn from good practice and new ways of working that we can benefit from, e.g. use of telemedicine.

A key set of principles underpin the Framework - that activities are driven by the needs of developing countries, aligned with national, district or local health plans, co-ordinated adequately, and are evidence-based and sustainable.

While the Framework focuses on NHS involvement in international development, it is just as relevant to individuals, volunteers and other partners in the wider health sector in the UK.

A network of representatives of the NHS Strategic Health Authorities in England and the Devolved Administrations have steered this work, in consultation with a wide range of organisations, partners and individuals.

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.

Sir David Nicholson KCB CBE
NHS Chief Executive (England)

1 Introduction

The Framework for NHS Involvement in International Development has been developed to provide greater clarity on how NHS agencies and individuals can best maximise their potential to contribute in a sustainable and appropriate way to capacity building in developing countries. It builds on the Department of Health's 2003 [International Humanitarian and Health Work Toolkit to Support Good Practice](#).

The framework's development is the result of the commitment set out in [Global Health Partnerships: The UK contribution to health in developing countries: the Government Response \(March 2008\)](#), which was led by the [Department of Health](#) and the [Department for International Development](#).

The framework has been developed in collaboration with a range of individuals, organisations and professional bodies. Its preparation was led by the new Strategic Health Authority International Health Group. The framework describes current policy and practice. It is being made available as an online resource so that it can be easily revised to take account of new developments.

Although the framework does focus on NHS involvement in International Development, it is equally relevant to individuals, volunteers and other partners in the wider health sector in the UK.

The Framework covers five areas. They are:

- the UK policy context;
- the key principles for effective involvement in international development;
- the benefits of NHS involvement in international development;
- the architecture for NHS activity to support developing countries;
- good practice for organisations, individuals and employers.

2 The UK policy context

The UK government recognises the importance of addressing global health issues and its commitment to do so is set out in:

- [Health is Global: a UK Government strategy 2008 – 13](#) (HMG, 2008);
- [Eliminating World Poverty: Building our Common Future](#) (HMG, 2009);
- [Department of Health: International Objectives and Ways of Working](#) (DH, 2009);
- [UK Government's Institutional Strategy for working with WHO](#) (HMG, 2009);
- [Working together for better health](#) (DFID, June 2007); and
- [Global Health Partnerships: The UK contribution to health in developing countries, the Government Response](#) (HMG, 2008).

[Health is global: a UK Government strategy 2008-13](#) highlights the NHS as a key partner in improving health globally and the opportunities for the NHS to learn from what is going on in other parts of the world. The strategy describes the importance of “creative, joined up partnerships” that transcend narrow institutional boundaries. The [Department of Health's International Objectives and Ways of Working paper](#) describes a number of examples where the UK has **learnt from other countries' policies and experience** and that as a result this has improved the health, well-being and health services in the UK. Working to strengthen health systems throughout the world is crucial if we are to protect the health of our population. For example, our ability to prevent and manage a pandemic is greatly diminished if there are inadequate health systems in other parts of the world.

The UK along with 188 other countries signed up to the [Millennium Development Goals](#) in 2000. Three of the eight goals are directly related to health: the reduction of child mortality; improving maternal health; and combating HIV/AIDS, malaria and tuberculosis. The NHS can play its part in helping the world achieve these goals and 2015 target. The Department for International Development's 2007 [Health Strategy, Working together for better health](#) says: “The evidence is unequivocal. Investing in people's health drives back poverty.” The Government is clear that the UK health sector with its rich set of skills is uniquely placed to make a real impact in international development.

The **government response** to [Global Health Partnerships: the UK contribution to health in developing countries](#) is also clear that there is ‘**mutual benefit**’ for the NHS and developing countries in working together. In the case of the UK, this includes personal and professional development for NHS staff and for some NHS Trusts or Boards an international profile that helps the recruitment and retention of staff.

The Department of Health's most recent initiative in England, NHS Global, will provide additional support to NHS organisations in to help them increase the effectiveness and reach of their work overseas. The Department of Health will shortly consult on an operating model for

NHS Global, and subject to the outcome of this consultation, expects to launch NHS Global in the summer.

The NHS Staff Council has agreed as part of the terms and conditions for most NHS workers in England and Wales ([Agenda for Change](#)), to highlight the need for employers to provide staff access to employment break schemes. This gives employers and employees a framework for career breaks for those that want to do voluntary work or training overseas.

While the Government recognises the benefits of the NHS working internationally, it is voluntary both for individuals and organisations and implementation is largely a matter for local agreement – in keeping with wider NHS health policy in general. Nevertheless, as local organisations understand better the opportunities and benefits of international engagement, there is likely to be greater NHS involvement in international development.

3 The key principles for effective involvement in international development

The principle of providing aid effectively ('aid effectiveness') has been highlighted in international agreements such as the [Paris Declaration of 2005](#) and the [Accra Agenda for Action of 2008](#) and is reinforced in the government's 2009 strategy, [Eliminating World Poverty: Building our Common Future](#).

When aid is poorly coordinated – and it often is – it can disempower and further weaken developing countries and their governments. Time and money is soaked up in transaction costs and this can lead to fragmented, contradictory and unsustainable outcomes. Ministers of Health in developing countries repeatedly describe their experience of enthusiastic and well-intentioned development interventions that, in their view, contribute to rather than solve problems. But they are equally clear: development when delivered effectively is hugely beneficial.

'When I was appointed minister, I thought I was the minister of health and responsible for the health of the country. Instead, I found I was the minister for health projects run by foreigners.'

Former Mozambique Minister of Health

The NHS must therefore ensure that it is contributing to the delivery of effective international development assistance. And this means ensuring that any aid provided is:

- Led and driven by the needs of developing countries, not by the enthusiasm and interests of UK participants. Interventions should be based on written agreements owned by the developing country partner and avoid 'supply-side driving' (**the principle of ownership**);
- Aligned with the government in question's health plans as well as those at district and hospital level (**the principle of alignment**). This ensures that ownership is encouraged, not by-passed or undermined;
- Adequately co-coordinated – with initiatives from other development partners (UK and others) working as one (**the principle of harmonisation**);
- **Evidence-based** and subject to proper monitoring and evaluation. It is imperative to identify and (wherever possible) measure actual outcomes or **results**, because so much well intentioned activity in the past has either done harm or failed to achieve its stated aims;
- **Sustainable**. This means that initiatives should be supported by long-term commitment from all parties involved. If the initiative is only undertaken by an individual, however motivated,

with little institutional buy-in, the activities are likely to fall by the wayside when the individual moves on; and

- **Mutually accountable.** This means that responsibility for the project or programme is shared.

The Department for International Development’s Health Resource Centre report, [‘Evaluation of links between north and south healthcare organisations’](#), 2008, found that there was considerable variation in the effectiveness of links between UK and developing country partners. Whilst there were a number of successful links, benefiting, and valued by, both southern and northern partners, there were some that had failed to establish or make significant impact. Key findings from the evaluation included the importance of the principles above and for partners on both sides to be flexible with an iterative approach to the link’s development. Long-term capacity building and structured training was particularly valued. Multiple ‘one off’ visits were not found to be helpful.

Focusing efforts and prioritising international development activities is crucial. This is as true for a small NHS Trust as it is for the Department for International Development. The Department for International Development has a set of priority countries that it focuses on.

The Department for International Development Priority countries in Africa are:	
Democratic Republic of Congo	Rwanda
Ethiopia	Sierra Leone
Ghana	Sudan
Kenya	Tanzania
Malawi	Uganda
Mozambique	Zambia
Nigeria	Zimbabwe

The Department for International Development Priority countries in Asia are:	
Afghanistan	Nepal
Bangladesh	Pakistan
Cambodia	Vietnam
India	Yemen

Many NHS agencies may therefore wish to take a lead from the Department for International Development and focus their efforts in these countries. Others however may wish to work in other countries – for example because staff have a particular link there or their local community has specific links with a particular country. In other cases, a Trust or Health board may decide to invest in developing capacity to respond to humanitarian emergencies, the global response to outbreaks, or providing technical assistance to the international agencies leading and coordinating the response.

Leeds to Lahore health link: principles in action



Impressive results have been achieved both in Beeston, Leeds and Jia Bagga in Lahore, Pakistan. Smoking in the presence of children has been dramatically reduced and there has been a reduction of children experiencing second-hand smoke in their homes. The programme consists of school-based activities, training community workers, community events and developing educational resources. Interim reports at six months demonstrated that the number of smoke-free homes in Jia Bagga, Pakistan had nearly doubled from 35% at baseline to 67%.

By sharing learning from both projects, in Leeds and Lahore, the next step will be to develop a guide for mosque Imams on Smoke Free Homes. This will be tested in Leeds and Lahore, with the aim of making it a resource for the whole of the UK.

The project in Pakistan is a joint initiative between NHS Leeds and the Institute of Public Health in Lahore. In 2009, it was presented to the Pakistan Ministry of Health and the World Health Organisation in Islamabad. As a result the work will now be formally included in Pakistan's National Tobacco Control Programme. The next stage is to scale up the work to an area covering three million people.

4 The benefits of NHS involvement in international development

NHS engagement in global health can offer benefits to the NHS organisation, the local community as well as individuals directly involved in the work. In all cases, activities must be seen to benefit the developing country.

4.1 Benefits to NHS organisations and their local community

The organisational benefits from involvement in international development are well described in the literature. The Tropical Health Education Trust ([THET](#)) website has some good examples. Broadly, benefits include:

- 1 provision of a **better return on investment in training**: staff return with a wide range of skills and a better ability to work in challenging environments and in teams for a minimal cost to the organisation;
- 2 **enhanced leadership and professional skills** for NHS clinicians and managers;
- 3 **enhanced reputation** of the organisation among the public, staff and the media as a result of well directed international development activities. This can make the organisation more attractive when being considered for service contracts, education and research grants and in recruiting staff;
- 4 staff engagement and motivation which leads to greater staff satisfaction and **improves retention and productivity**;
- 5 greater understanding and sensitivity to the needs of individual patients (especially where they come from a country where the NHS organisation is focusing its development activities). This in turn can lead to an **improved patient experience**;
- 6 greater organisational cohesion, innovation and corporate social responsibility which can embed key NHS values set out in the NHS Constitution and potentially lead to **higher sustainable organisational performance and cultural competence**;
- 7 higher levels of cultural competence that can lead to the **development of culturally appropriate services** for NHS patients which play a key part in reducing health inequalities;
- 8 **refreshed staff**: employees have the opportunity to return from international activity or career breaks with new perspectives and with a richer quality of experience;
- 9 **education** and **research** opportunities which can benefit patients in both communities;
- 10 greater **understanding of social and ethnic diversity** which can lead to more effective practice in ethnically diverse local communities; and
- 11 greater **understanding of global health issues** e.g. pandemics, and knowledge of diseases not routinely seen in the UK.

Somerset - Zanzibar link: benefits to the NHS



The Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust have joined forces to develop health and education links with the Ministry of Health and Social Care in Zanzibar. The Somerset-Zanzibar link aims to develop a whole system link with the island's health care system in secondary care and mental health, aiming to extend this into primary care as progress is made.

A team of midwives, nurses and doctors from Musgrove Park Hospital in Taunton have spent time in Zanzibar training 56 doctors and midwives, implementing simple "skills drills" known to save lives of mothers who have massive bleeding after birth, eclampsia or obstructed labour.

Sandra Reading, Head of Midwifery at Musgrove, was part of the team that led the training. She said, 'This was a really educational experience for me. I was encouraged by the way staff in Zanzibar were so enthusiastic about the training, and how impressed they were with the teamwork of the Musgrove trainers. As well as being able to make a difference for mothers and babies in Zanzibar, I know that I have learnt a lot that will help me in my job in Somerset'.

Nurse Sally Moran is also the project manager for the Zanzibar Link. She said, 'The health needs in Zanzibar are frightening. One in six children die before the age of seven and the average life expectancy is just 47. In the five days we were there we were able to not only offer practical life saving training, but make crucial links with other health professionals to see what else needs to be done'.

Chief Executive Jo Cubbon said, 'This is a great project and the good work that our staff can do is clear to see and inspirational. But we also gain a great deal from this partnership. The more we understand how different cultures and health systems work the more we can benefit as individuals and a hospital. I hope many more of our staff can undergo the Zanzibar experience'.

4.2 Benefits to NHS staff

Individual health professionals – clinicians and managers can gain a great deal from opportunities to work and train overseas. A Voluntary Service Overseas (VSO) survey concluded the 80% of returned management professionals believed they gained expertise that they would not have been able to get in the UK.

‘NHS employees are characterised by a powerful sense of vocation and a desire to improve the health and wellbeing of communities. The opportunity to provide support to healthcare systems and communities in developing countries helps reinforce these values, offers rich scope for professional development and the satisfaction of a meaningful personal contribution. The NHS employer usually welcomes back a highly motivated member of staff who has grown personally and professionally, to deliver better services for patients in the UK. In this sense, there is a strong business case for NHS employers.’

NHS Confederation

Working in complicated and challenging environments assists healthcare professionals consolidate and develop a range of hard and soft skills such as clinical, managerial, leadership cultural and educational skills (see Figure 1), which are beneficial to and transferable to the NHS.

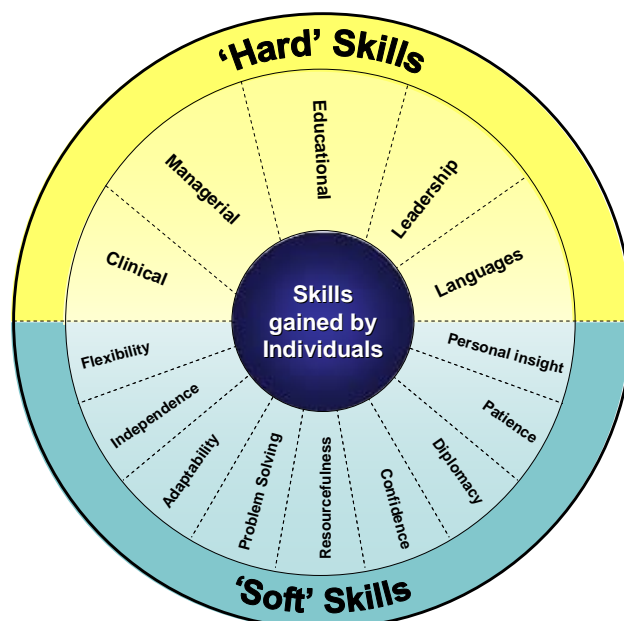


Figure 1: Skills gained by individual health workers

Tribal Newchurch adaptation of Lord Darzi's Next Stage Review (2009)

4.3 Benefits to overseas healthcare systems

There is an increasing body of knowledge and experience, which demonstrates that appropriate and well-executed activities carried out by competent individuals aligned within a

wider strategic context set by developing countries themselves, can add value to healthcare in developing countries.

In '[Global Health Partnerships: The UK contribution to health in developing countries](#)', Lord Crisp set out what people from low and middle-income countries told him they needed from the UK. While developing countries want – and need – more funding for health, they also want to draw on UK experience and expertise in health, work together with mutual respect and benefit. The report identified three main areas:

- **recruitment, retention, education and training** for health workers, managers and administrators;
- **strengthening public health, health systems and institutions** –covering all aspects of health from public health to health services, including their operational management and delivery; and
- making **knowledge, research evidence and best practice** accessible to health workers, policy makers and the public alike.

Dr Luis Sambo, the World Health Organisation's Regional Director for Africa, set out his prescription for what was needed from the UK as follows:

- building capacity on strengthening health systems- for the NHS this includes provision of experts on organisation and management of hospitals;
- development of human resources for health technical and expert support to help human resource planning, evaluation, revision and scaling up of training, support effective utilisation and retention of health workers;
- support to the World Health Organisation inter-country technical support teams through provision of health system experts to assist in policy development, strategic planning, health service management and development of human resources for health; and
- knowledge management.

'The most pressing needs in developing countries are for balanced and integrated health systems with a particular emphasis on public health and primary care, not hospitals and tertiary care, although these have their place.'

Dr Luis Sambo, World Health Organisation Regional Director for Africa

5 The architecture for NHS activity to support developing countries

Many NHS organisations and individuals already work in partnership with developing countries and international development agencies on a wide range of issues. Activities include clinical assistance, education, training and mentoring, organisational development, advocacy, fundraising, and donation of equipment, textbooks for organisations or individuals overseas.

Much of this is done through individuals volunteering, working through networks: diaspora, formal links between NHS and developing country institutions, non-governmental agencies, or research networks. Personal motivation is most often the key driver for practical engagement in international work, which in turn comes from personal conviction, a desire to test and improve personal and professional competencies, stretching beyond 'usual' boundaries and risks or from an affinity with a particular developing country.

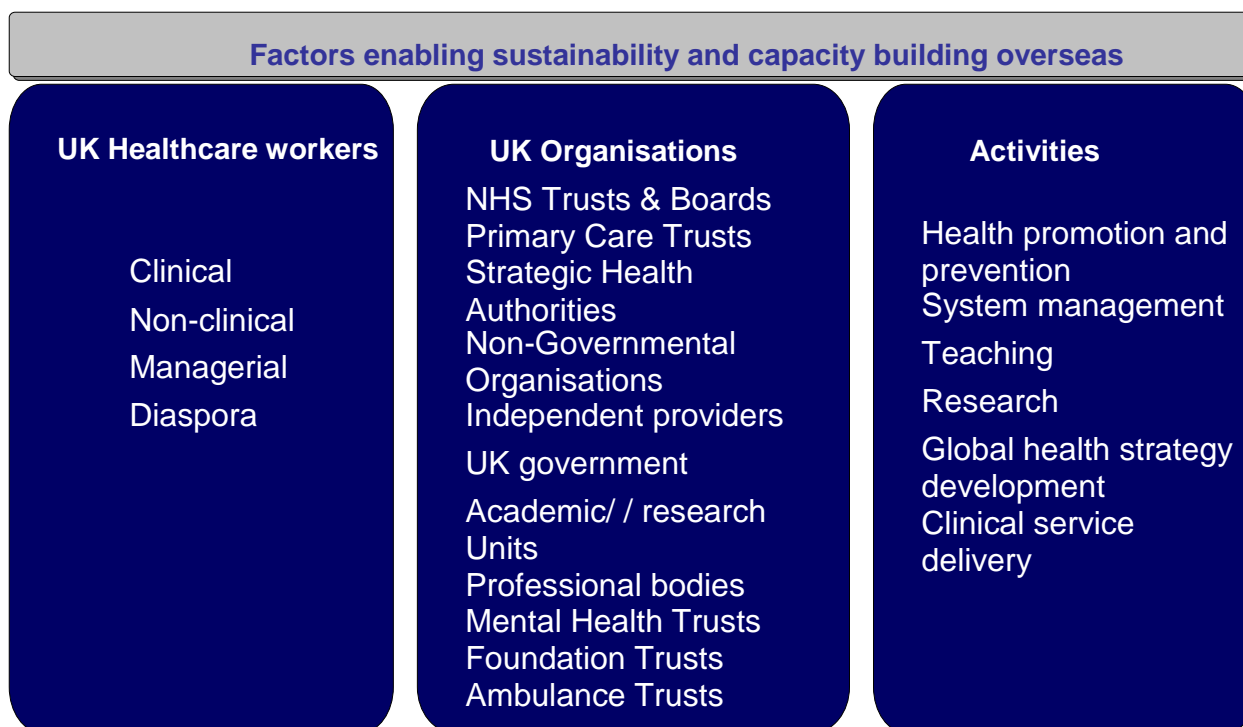


Figure 2: Elements for sustainable capacity building in developing countries through UK partnership

5.1 Strategic Health Authority coordinators

Strategic thinking and capacity building for the way the NHS engages in international development is led by a new Strategic Health Authority International Health Group. Each Strategic Health Authority in England and each of the devolved administrations have identified

a representative on to this group that is supported by the Department of Health and the Department for International Development. It works closely with devolved administrations, who already have effective arrangements in place for international development. The names of current coordinators that form the Strategic Health Authority International Health Group are available from the [International Health Links Centre](#) which is described below.

The key areas that the Strategic Health Authority International Health Group focus on are:

- raising awareness in the NHS, other sectors and developing countries about the role of NHS involvement in international development;
- promoting effective NHS involvement in international development based on the principles outlined in Section 2;
- continued assessment of best practice in international development, to ensure that NHS involvement remains relevant and appropriate for developing countries;
- continued assessment of best practice in health care, particularly for developing countries, to ensure that NHS involvement is effective in meeting the particular health needs of local populations in developing countries;
- working in partnership with the wide range of agencies involved in health care in developing countries to ensure that NHS efforts are aligned with those of others;
- developing further practical insights and guidance to ensure that NHS staff are trained and equipped to be effective and productive in developing countries; and
- promoting good governance of international health links, based on a strong business case and effective risk management.

5.2 Institutional partnerships and links

Links between developed and developing countries can promote genuine understanding and respect for each other's society and culture. International networks such as BUILD (Building Understanding through International Links for Development) involve people in global, community-based partnerships addressing community priorities, e.g. health improvement, regeneration and education. The Department for International Development has invested £10m on promoting partnerships between schools in the UK and developing countries.

There are currently over 100 recognisable, long-term health links between NHS bodies and developing countries. The International Health Links Centre and International Health Links Funding Scheme help coordinate and support the development of links, between NHS trusts or health boards in acute, mental health, primary care and ambulance trusts, and the Department of Health's arms length bodies. One way that some of these links have enhanced their capacity and sustainability is by joining forces with medical schools, universities and non-governmental organisations.

The NGO THET, which co manages the International Health Links Funding Scheme (see Section 5.2.2) has for over 20 years promoted health links between the UK and developing countries. Over this period THET has built up considerable experience in developing, managing and evaluating such links.

Links can be initiated by either partner and there are two new UK government supported mechanisms in place to support their development, although devolved administrations also have their own initiatives highlighted at the end of Section 5:

- The International Health Links Centre; and
- The International Health Links Funding Scheme.

'Health links are about people working together to exchange knowledge, share ideas and friendship to improve health care. They enable the reciprocal transfer of knowledge and skills between two or more partner institutions, following an agreed joint agenda. A health partner in a developing country (hospital, health training institution, professional organisation or primary care centre) identifies areas to strengthen capacity in their organisation, based on the key health priorities they are addressing. To acquire these skills, they link with a health organisation in the UK, which can assist by transferring skills and expertise through training and development of the developing countries partner's staff. The latter benefits from bespoke training and development for staff. Evaluations suggest that both partners can benefit from enhanced leadership skills, more outward looking staff, as well as improved confidence, morale and service provision.'

Pia MacRae

Chief Executive of THET, the agency that co manages the International Health Links Funding Scheme

5.2.1 International Health Links Centre

The [International Health Links Centre](#) (IHLC) is a 'one stop shop' resource centre. It was set up in 2009 and is based at the Liverpool School of Tropical Medicine. It is funded by the Department for International Development. The main activities of the International Health Links Centre are:

- provision of a searchable international database of institutions and individuals currently seeking links, involved in links and/or offering relevant expertise;
- provision of an online discussion forum;
- provision of a database of developing country health and human resource plans (national and/or institutional); blueprints for agreement documents; reports on international health links;
- evaluations of international health links;
- promotion and sharing of best practice guidance and resources (including peer learning);

- signposting partners to potential funding sources (including the International Health Links Funding Scheme) and partners that can help in the evaluation of projects and programmes; and
- hosting the online facility for the Framework for NHS Involvement in International Development.

5.2.2 International Health Links Funding Scheme

The [International Health Links Funding Scheme](#) was set up in September 2009 and is jointly managed by THET and the British Council. Its funding comes from the Department for International Development and the Department of Health. It provides grants to support new and existing links between UK healthcare organisations and those in developing countries. Grants support:

- scoping and developing a new link between the NHS and partners in developing countries: grants of up to £3,000 are available for this;
- expansion existing links (up to £15,000 over two years); and
- larger capacity building programmes (up to £60,000 over three years).

Funds are targeted at the Department for International Development's [priority countries](#) (Section 2). Applicants must be able to demonstrate that their plans are in line with the principles of effective aid described earlier. More detailed guidance on making an application are provided on the International Health Links Funding Scheme website.

The Scheme also aims to improve the effectiveness of links through support, training and advice to strengthen the quality of links. There is also an emphasis on evaluation and learning to assess the contribution made by health links (in the UK and in developing countries) and to develop good practice.

5.2.3 NHS Global

NHS Global will work closely with the Centre, the Fund and the Strategic Health Authority International Group to promote best practice and strategic co-ordination among NHS bodies in England involved in international development. Further information on NHS Global will be made available over the coming months.

5.3 Opportunities for volunteering

Lack of healthcare workers, including managers, administrators and technical staff is a major challenge for developing countries. Voluntary Service Overseas ([VSO](#)) highlight the ability of volunteers to make a real difference. VSO say in their 2003 paper, '[The role of volunteers in international development](#),' that volunteering is a means of enabling sustainable change and is a key mechanism for the practical delivery of international development activities.

Most volunteers from the UK volunteer for work in developing 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. Volunteering in developing countries is either unremunerated or remunerated at local levels, which usually covers accommodation and subsistence. Non-governmental organisations placing volunteers should have quality assured processes to ensure the placements are well suited to both the volunteer and the local agency and community they are working with. This includes training and orientation.

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 [Oxfam](#), [Save the Children](#), [Care, Concern](#), [Merlin](#), [Médecins Sans Frontières](#), [Red Cross](#), [VSO](#) and [Skillshare](#) . The agency's website is a good place to learn more about the organisation, what it stands for and to identify opportunities for overseas volunteering – some employ interns in their UK offices. A number of non-governmental organisations hold open days and workshops and some run training courses to introduce potential volunteers on the principles and practice of aid and development. [RedR UK](#) is a charity that specialises in training personnel for humanitarian programmes. A number of non-governmental organisations receive funding from the Department for International Development.

Obstetrics and gynaecology in West Timor, Indonesia



Sonia Barnfield is an ST7 Obstetrics and Gynaecology trainee who spent 12 months in Indonesia. Her Out of Programme Experience was facilitated through a fellowship from the Royal College of Obstetricians and Gynaecologists and VSO. Sonia's role consisted of clinical service provision, staff training and implementing a clinical governance infrastructure. Sonia describes the benefits of her year overseas, "I found the experience to be immense – both personally and professionally. Other than the huge clinical experience, I feel I gained many other skills (such as risk management, guideline formulation and resource allocation) which will

help me enormously in my career in the UK.” Sonia strongly believes in sustainability through capacity building. The staff she trained now perform emergency caesarean sections which has hugely improved the service they offer to the local community.

5.3 Diaspora

Many people working in the UK for the NHS originate from developing 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 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’. In 2008, the Department for International Development assigned £3 million to the [VSO Diaspora Volunteers Programme](#) to support this.

5.4 Working with universities

A number of NHS agencies work with universities. One example is the partnership between NHS organisations in South West London who work with Kingston University and St George’s, University of London and partners in Ghana. The network facilitates exchange programmes for health professionals, opportunities for collaborative research and shared educational courses.

Health Innovation and Education Clusters are partnerships between NHS organisations, the higher education sector, industry and other public and private sector organisations. Their purpose is to enable high quality patient care and services by quickly bringing the benefits of research and innovation directly to patients, and by strengthening the co-ordination of education and training so that it has the breadth and depth to support excellence. There may be opportunities to form partnerships with developing countries through Health Innovation and Education Clusters.

Scotland Malawi connections

The **University Of Edinburgh** is working with the Malawi College of Medicine to modernise the College’s medical teaching programme. The project focuses on the use of e-learning, specifically the sharing and building of electronic teaching resources and IT systems. This project also links effectively with a project being taken forward by University of St Andrews.

The **University of St Andrews** are working to develop a revised curriculum as well as developing the academic information and IT infrastructure within the College of Medicine. By working closely with the University of Edinburgh these two projects have ensured that students in the College of Medicine are able to access the range of electronic learning resources being developed to support their education and professional development. This successful collaboration has ensured maximum benefit for the College of Medicine in Malawi.

5.5 The Royal Colleges and associated groups

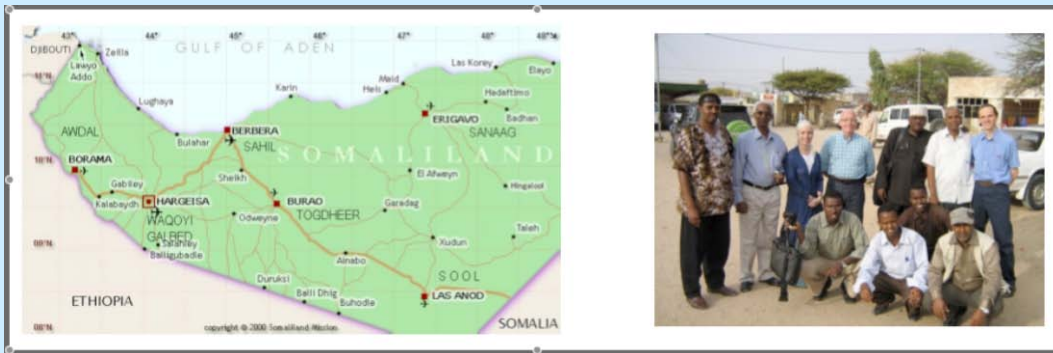
Most of the major health professional associations such as Royal Colleges and their faculties have strong linkages with the NHS and partners in developing countries. Their work usually focuses on education and training. Their websites provide more detail. The International Forum of the Academy of Medical 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.

5.6 Other ways for the NHS and its staff to support international development

- **Medical training initiative (MTI)**: The NHS supports individuals from developing countries to gain skills in the UK through the Medical Training Initiative. The Medical Training Initiative accommodates overseas post-graduate medical specialists to undertake a fixed period of training in the UK for up to two years, normally within the NHS. 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 is an example of an initiative that brings 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 Global Outbreak Alert and Response Network (GOARN)** is a technical collaboration of existing institutions and networks (including the Health Protection Agency) that pools human and technical resources for the rapid identification, confirmation and response to outbreaks of international importance. The network 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)**: WHO and its regional offices do at times take UK healthcare staff on secondment, particularly when they are accompanied with their salary. Examples of secondments to WHO have included placements with the South East Asia Regional Office to support their response to pandemic influenza, the Pan American Health Organisation on disaster management, and WHO headquarters in Geneva on tuberculosis and H1N1 influenza. A number of NHS agencies and staff have links to the WHO Collaborative Centres that are based in the UK, details of which can be found on <http://www.who.int/collaboratingcentres/enww>
- The Department for International Development and the Department of Health also offer opportunities for NHS staff from time to time to work on international development, again most commonly when accompanied by a salary. Most frequently this has been during specialist training. Currently DFID only offers such secondments to public health trainees.

- A number of NHS staff work with consultancy groups such as [HLSP](#). Again details of the opportunities offered by such consultancy groups can be found through their websites.
- The Scottish Government provides funding to Scottish based NGOs for their work in specific countries specified in Scottish Government's international development policy. Further information can be found online at www.scotland.gov.uk/Topics/Government/International-Relations/internationaldevelopment .
- The Welsh Assembly Government is supporting activities in Wales that contribute to international sustainable development through its [Wales for Africa](#) programme. This includes 22 links between healthcare institutions in Wales and developing country partners This has been reinforced through guidance to NHS organisations in Wales which is set out in [Welsh Health Circular WHC \(2006\) 070](#) and an NHS grant scheme to promote mutually beneficial health links.

A long-term partnership with Somaliland



In 2000, two doctors based at Kings College Hospital secured a grant to take an assessment visit to Somaliland. Ten years on it has resulted in a long-term partnership between King's Health Partners Academic Health Sciences Centre and THET.

The link initially supported the work of the Edna Adan Maternity Hospital in Hargeisa, the capital of Somaliland, but was soon requested to help other institutions, including the city's main government hospital. By 2006, the link was supporting work with two medical schools, four nursing schools, the medical and nursing / midwifery professional associations, and three hospitals.

A programme of work was developed to strengthen the capacity of training institutions such as nursing and medical schools, as well as capacity building of healthcare workers. Support has been given on curriculum design, teacher training and examinations. Work has also been done to support the professional associations with standards and accreditation. There have also been specific strands of work in areas such as mental health, midwifery and laboratory and pathology skills training for technicians.

The medical education programme led to the 2007 graduation of the first locally trained doctors in the history of Somaliland - a landmark moment for the health sector. Since 2007, thirty-one more medical students have graduated and are now working in the public health system, ensuring daily cover on several wards at hospitals that previously had no full time doctors.

The Kings-THET-Somaliland-Partnership also established a Revolving Drug Fund - the first of its kind in Somaliland, which provides free or affordable prices to the poorest sections of society who cannot afford to pay; it helped fund a blood bank as well as the deliver the first ambulance to Hargeisa Group Hospital, the main public hospital in the city, which played a crucial role in transporting patients during a 2007 cholera epidemic.

6 Good practice for organisations, employers and individuals

The key to good practice is strong coordination and strategic alignment between:

- the developing country (government agencies, local communities and health workers);
- UK organisations who employ, educate, enable and coordinate UK health workers; and
- the individual UK health workers themselves.

The International Health Links Centre and International Health Links Funding Scheme aim to promote best practice when setting up, running, and evaluating links, based on the principles for effective aid set out in Section 2. THET have produced [the International health links manual](#) and [Toolkit on Monitoring and Evaluation for Health Links](#). NHS Employers provide guides on volunteering to help Trusts support volunteers and highlight good. In Scotland the government has developed guidelines that support good practice for organisations, employers and individuals involved in international development work.

The activity of organisations, employers and individuals should:

- be consistent with the principles for effective involvement in international development set out in Section 2;
- be consistent with relevant Department for International Development/ Department of Health/devolved administrations policy for organisations and NHS employers;
- be appropriate and sensitive to the needs and culture of the partner country;
- use needs assessments, service models, research and training approaches that are in keeping with the priorities, resources and culture of the developing countries;
- draw on evidence-based best practice for the specific activities proposed, with careful recognition of the local needs and circumstances of the developing countries;
- recognise that a range of disciplines and professional approaches are often needed;
- recognise that any support provided needs to be in the context of the wider health system – primary and secondary care; prevention, diagnosis and treatment and rehabilitation;
- enable local capacity-building wherever possible and add value rather than substitute for work that could be done by national partners;
- have clear accountability with the governing body of the UK enabling organisation. Plans should be agreed in writing with the developing country partner and include clear intended outcomes, cost and resourcing details, timescales, processes to generate and test innovation, risk management, monitoring details and evaluation;
- use personnel who are recognised/validated and supported by the appropriate professional body, academic institution and/or their UK host employer;
- ensure that personnel act in accordance with their professional code of conduct/practice; and

- ensure that personnel have country-specific orientation training relevant to their level of experience of working in developing countries.

One of the keys to successful international development for NHS agencies is planning ahead. This means ensuring that the particular NHS board has considered the implications of its international development activity, including funding the health link, managing participating staff and ensuring good governance and risk management. In the case of providing operational or technical support to international agencies it is important that there are clear agreements between staff likely to be involved in advance of deployment. For example, if a member of staff is on an aid agency's register to assist in an emergency it is important that the exact terms and conditions and attunements are determined in advance. There will be little opportunity at the time of the emergency itself.

6.1 Funding international development activities

Defining and getting the best balance of organisational support and individual volunteerism is critical to success. Staff are often unpaid for some or all of the time spent on links or other international development activities and may take time out of their annual leave. There may be the costs of temporarily replacing the member of staff. Visits to participating countries for all the links partners will entail the costs of travel, visas/passports, living allowances, insurance, immunisations etc. Funds may also be needed for the purchase and transportation of training materials and other equipment.

In the 1st Edition Links Manual Supplement on funding links (March 2007), THET estimated that the infrastructure costs to run a link, over and above resources of time and expertise given voluntarily, amount to around £30,000 a year. For more information on funding health links refer to the [International Health Links Manual](#). While local fundraising can help create awareness and engagement among local communities it can be very time consuming and resource intensive. The support of the organisation from the constituents of the link will give them more credibility and good leverage when approaching higher profile donors.

Organisations can give support by:

- providing time and space to coordinate/attend fundraising activities;
- participation of senior members of the NHS board in fundraising activities to raise the profile of links, giving added credibility;
- disseminating information on known relevant governmental, charitable and international sources of finance available for health links;
- supporting applications for grants from significant/high profile funders, including support in writing applications or business cases; and
- allowing the resources of fundraising or other departments to be harnessed for the link to highlight the achievements of links in bulletins and inform staff, supporters and the general public of upcoming events and activities.

Grants

Grants for international development are available through grant-giving charitable foundations or specific government schemes. In terms of government schemes, the Department of Health

and Department for International Development are currently providing £1.25 million a year to the International Health Links Funding Scheme, (see Section 5.1.2).

Charitable funds

Charitable funds are gifts that have been donated and accepted on the basis that they will be applied for charitable purposes. They are distinct from the exchequer funds of NHS bodies and may be restricted (meaning subject to covenants imposed by donors) or unrestricted. If links are officially registered as NHS charities under the charitable arm of the sponsoring NHS body, the charity will be in a position to receive and 'hold in trust' public donations made for the specific purposes of the link.

A number of NHS organisations and their links programmes have successfully adopted this approach as a means to securing core funding for links. The Charity Commission in agreement with the Department of Health has taken a flexible view regarding the remit of NHS charitable trusts in England. This allows the charitable trust to have purposes (e.g. a health link) wider than NHS services defined in the NHS Act 2006. For more information on how to set up an NHS charity and the associated legal framework refer to [NHS Charities Guidance](#).

Payroll giving

Payroll giving is an agreement by staff to deduct a small regular charitable donation directly from their pay. Payments are subject to tax relief so it is a very cost effective method of giving funds.

Where payroll giving is considered, NHS boards are encouraged to:

- engage with staff (including unions) finance and payroll departments to determine if payroll giving is a viable option for links financing; and
- where possible, match the donations given by employees from their charitable funds.

Organisations that encourage payroll giving by their staff are recognised and can be rewarded with a Payroll Giving Quality Mark Award, which is funded by the Government and issued by the Institute of Fundraising. For more information about how to set up payroll giving, go to www.hmrc.gov.uk/businesses/giving/payroll-giving.htm.

NHS exchequer funding

A number of NHS Trusts and NHS boards have been concerned about the extent to which exchequer funding can be used to support overseas activity, even where there is a demonstrable benefit to the UK health care system.

Where NHS bodies are operating under powers contained in Section 9 of the [International Development Act 2002](#), NHS Trusts and NHS Boards are entitled to use exchequer funds to further international development (subject to a reasonableness test that ensures that use of these funds will not undermine their main public functions) as long as they have the consent of the Secretary of State. The Department of Health is currently formalising the process by which NHS trusts will be able to gain approval for setting up international healthcare links under the terms of the Act.

NHS bodies also have the ability as employers to spend money on staff training and development activities. Therefore, as long as the NHS Trust can prove that staff involvement in an overseas link is having a positive impact on their training and development, it is legitimate for training budgets to support such activities.

6.2 Managing participating staff

The diverse variety of NHS staff skill offers the potential for a wide range of different contributions to developing countries. The staff groups in the NHS include:

- Ambulance staff;
- NHS infrastructure support, for example, finance, estates, human resources and information technology;
- Allied Health Professions, for example occupational therapists and physiotherapists;
- Medical and dental staff;
- Nursing, midwifery and health visiting staff;
- Scientific, therapeutic and technical staff; and
- Healthcare scientists.

Developing countries value the expertise of a wide range of health staff, clinical and non-clinical including doctors, nurses, dentists, allied health professionals, managers, scientists and the full range of support functions. To be of most use to developing countries there should be a sustained commitment, not a series of short, disconnected visits by ever changing personnel.

All NHS and other organisations employing health staff should review their human resource policies to ensure that employees and trainees are equitably supported to have career breaks or flexibility in following core training pathways to pursue personal and professional development by working overseas, in accordance with Agenda for Change (please refer to the employment break section of the [Agenda for Change handbook](#)). In addition, organisations should include information about international health work in their staff handbook.

Decisions on whether staff are granted study/professional leave for health links activities should be outlined in these policies. Managers need to be able to manage the practicalities of breaks in service and training, to be aware of pension implications and how to indemnify liability for employees.

Breaks in service and training

Several sources have emphasised that longer-term support to developing countries was more valued and likely to have longer-term impact than multiple short-term visits. NHS staff might want to spend longer periods of time overseas, taking sabbaticals or career breaks in order to participate in international development activity. This approach to career planning can provide recognised benefits to staff and to employing organisations.

Policies for staff accessing career break schemes in England and Wales will vary by organisation and individual circumstances, as well as by employment terms and conditions. Under [Agenda for Change](#) staff should not feel compelled to resign from their NHS post in order to pursue opportunities to work in the areas of international health. However, policies should be flexible enough to allow staff to:

- return to the same job as far as is reasonable and practicable if they take a break which is up to one year; and
- return to as 'similar a job as possible' if the break is longer than one year.

In Scotland "Supporting the Work-life Balance" Partnership Information Network (PIN) policy enables NHS Scotland staff to undertake volunteer placements under the career break policy. The Health Department Letter (HDL) 2006 (8) "Voluntary Services Overseas (VSO) and NHS Scotland Partnership" outlined a two year pilot for employers to encourage staff to Volunteer with VSO and provided appropriate funding. Following the pilot employers were encouraged to continue with these arrangements. A model contract was provided as part of the HDL and this will be reviewed as part of the wider Secondment (PIN) Policy Review, due to be published in Summer 2010. More information can be found at:

www.staffgovernance.scot.nhs.uk/partnership/partnership-information-network/

Gloucestershire - Sierra Leone link: supporting staff



The Kambia Appeal, formerly The Kambia Hospital Appeal, is a UK-registered charity, based in Cheltenham, which has supported the medical district of Kambia in Sierra Leone since 1992. Over the years, they have helped to supply medicines, equipment and training for medical personnel.

The relationship between Kambia and Gloucestershire has been further strengthened by a new formal agreement with the Gloucestershire Hospitals NHS Foundation Trust to provide up to four weeks of special leave a year to enable health workers from the county to work in Kambia. The Link is chaired by David Holmes, who has been to Kambia on four occasions and is well aware of the needs and aspirations of the Hospital Community. The Link has been recognised and encouraged by The Tropical Health and Education Trust and will provide a framework for providing training for hospital staff in Kambia by hospital staff from Gloucestershire in vital areas such as neonatal resuscitation and operating theatre procedures.

Trust Chief Executive Frank Harsent is enthusiastic about the Link, 'When we see the huge gap between healthcare facilities and staff in Gloucestershire and those in Kambia it makes you realise how privileged we are. I can see how a relatively small contribution from GHNHST can make an enormous difference to the abilities of the Kambia staff to save the lives of women and children and am proud for the Trust to be associated with it'.

Pensions

The following information relates to members of the NHS Pension Scheme (England and Wales). Members of the Schemes in the Isle of Man, Scotland and Northern Ireland should contact their Scheme administrators for advice. Individuals should always seek definitive advice from NHS Pensions on the rules relating to their exact circumstances before leaving the UK. Further information is available from [NHS Pensions](#).

- From 1 October 2008, the regulations allow active contributors to the NHS pension scheme to elect to pay contributions for the first six months of a leave of absence (with the employer obliged to continue paying contributions as long as the employee pays theirs). Thereafter, the member can pay both their own and the employers contribution for a further period of up to 18 months. Contributions must be made continuously and once stopped they cannot restart.
- Individuals who leave on a career break for more than two years should obtain advice from NHS Pensions on which section of the Scheme they will rejoin on their return.
- Where a member has resigned to take up a post abroad, it may be possible to maintain membership of the NHS Pension Scheme through a Direction under section 7(2) of the Superannuation (Miscellaneous Provisions) Act 1967. Advice on how to benefit from this may be obtained from NHS Pensions.
- The UK Government has created a £13 million fund to contribute towards the pensions of UK public servants (including devolved administrations) while they volunteer with a [British Volunteer Agencies' Liaison Group \(BVALG\)](#) member (currently [United Nations Association International Service](#), [Student Partnership Worldwide](#), [Skillshare International](#), [Progressio](#) and [VSO](#)). The fund will buy added pension benefits (or equivalent) for any current public servant who returns to a pensionable UK public service job after an overseas volunteer assignment starting between April 2008 and March 2011 and lasting between seven and 24 months. VSO acts as the agent for itself and other BVALG members. The pension benefit money provided by central Government passes directly to the relevant pension scheme at the moment eligibility is confirmed. However individuals receive their pension payment after they have returned to service in the public service for at least six months. For more information go to www.vso.org.uk/partnerships/public-sector/pensions.

Employee liability indemnification

The NHS board must ensure that the welfare and reputation of their staff - and in turn the reputation of the NHS Trust, are reasonably protected while staff are working abroad. Clinical staff working for the NHS are insured or professionally indemnified for the duties in their contracts. However, NHS insurance does not cover those undertaking voluntary work and working overseas. Organisations supporting international activity should ensure that their staff take out separate indemnity insurance or appropriate defence body cover. UK-based clinical defence bodies such as the Medical Defence Union, the Medical Protection Society and Medical Dental Defence Union of Scotland can provide advice on the overseas cover they offer. They are also able to recommend defence unions operating abroad.

6.3 Good Governance and Risk Management

Links that are still in the conceptual or preliminary phases need a business case that justifies a link on both business and humanitarian/clinical grounds to get the support of their NHS Trust board. Boards can consider registering health links as charities, with board members taking on charity trustee roles on a trust sub-committee that oversees links activity. This is one way to keep links activity effective, accountable and sustainable. The governing body for a link should ensure that:

- the aims and objective of the link are known and that those responsible for taking forward the link's work are also known and held to account;
- the link's strategy reflects and complements organisational and wider NHS policy on global health;
- links activity is planned, monitored and evaluated in order to ensure the link is of high quality and able to have maximum impact;
- there is transparency over sources of funding, and how that funding is disbursed to support links activity;
- staff time spent on links activity is transparent; and
- regular reports (at least annually) are made to the NHS Trust board and Charities Commission if appropriate, thus enabling links activity to stand up to public scrutiny.

Engaging in international development activities exposes individuals and organisations to different risks than those experienced when working in the UK. It is important to understand, assess and mitigate against the risks identified. Due diligence and duty of care must be demonstrated in running any sort of international activity, including undertaking risk assessments and risk management planning. This is a matter of good governance for the board.

Guidance on risk management for health links is available from a range of sources including the [International Health Links Centre](#) and the [International Health Links Funding Scheme](#).

Trade unions can also play a vital role in building relations between workforces and as a means of exchanging best practice and sharing relevant experiences. Given their values and commitment to international solidarity, UK health unions have contributed to a better understanding of and greater participation in international development. Unions should use their international connections to reinforce projects and policy work undertaken by the NHS, ensuring that trade union partners in developing countries 'buy into' those projects. Finally UK health unions should be encouraged to support the development of sister unions in developing countries helping them to play a full and positive role in the development of their own health services.

6.4 Guidance for individuals:

All professionals volunteering overseas should check their individual speciality continuing professional development requirements to ensure that these continue to be updated and met. In addition to the information below, individuals are encouraged to refer to additional detail that is in the 2003 [International Humanitarian and Health Work Toolkit to Support Good Practice](#).

6.4.1 Volunteering

Most non-governmental organisations or agencies taking volunteers have core minimum requirements. The basic requirements may vary depending on the skill area, role, length and country but they often include the following:

- have a minimum of two or three years experience in your professional field in a skill area where roles are available. Most countries also need an official qualification (usually a degree) to secure a work permit; and
- Diploma of Tropical Medicine and Hygiene (DTM&H), Diploma in International Health Care (DICHC), Diploma in Humanitarian Assistance (DHA) or Diploma in Tropical Nursing (DTN) usually from either [Liverpool School of Tropical Medicine](#) or the [London School of Hygiene and Tropical Medicine](#).

Some of the softer skills needed to be effective in an overseas environment include:

- self-assurance, as most placements involve training others;
- flexibility and adaptability, so that you can identify the approaches that best suit your colleagues' particular situation;
- a flair for solving problems, as unexpected challenges are common in low-resource environments;
- the ability to work in a team, so that you can ensure the change you bring is championed locally after you leave;
- sensitivity to the needs of others, so that you can understand the most effective ways to achieve change;
- a desire to learn and help others learn, so that you and your colleagues can devise the strongest solutions together; and
- a positive and realistic commitment to volunteering.

6.4.2 Specific guidance for individual professions

Doctors

There are a number of supported opportunities that enable doctors to go overseas at different stages of their career:

- There are numerous resources for **elective** students available through individual universities. In addition there are a number of books on the subject. One particularly useful resource from the British Medical Association (BMA) is the [BMA Ethics and medical electives in resource-poor countries - a toolkit](#). This tool kit sets out the ethical issues a medical student should take into account before planning an elective in a resource-poor country.
- [‘The Gold Guide’](#) has a section on out of programme training which outlines options for **specialist trainees** wishing to take time out of their training to go overseas for research or clinical/ public health work. Trainees with National Training Numbers (NTN) undertaking posts outside of their specialty programme must have prospective approval from the

Postgraduate Medical Education and Training Board (PMETB) if the post is to count towards their Certificate of Completion of Training (CCT). Further information on this process is available [here](#). PMETB in turn require a formal letter from the individual's Deanery confirming their support, a letter of support from the relevant Royal College or Faculty representative and a statement detailing the purpose and structure of the post including confirmation that the post is subject to quality management in line with PMETB requirements.

- The BMA has guidance detailing how doctors can apply for time out in developing countries: [Broadening your horizons: a guide to taking time out and work and train in developing countries](#). The document outlines national policies as well as examples of best practice for all parties in the application process. Of key importance are the sections on notice periods, how to keep in touch and how to return to NHS careers, which are all areas where doctors have reported problems. The BMA has also developed template application forms for doctors that deaneries and employers are welcome to utilise.
- The **International group on junior doctors training** is a group chaired by the Department of Health Director of Medical Education with representation from those involved in junior doctor education including the medical Royal Colleges and the Deaneries. They recognise the educational legitimacy of overseas work for obtaining a different training experience or for undertaking research and meet to discuss international training and how this might be facilitated. The importance of meeting the recommendations of Global Health Partnerships: the UK contribution to health in developing countries and the standards of content and supervision expected by the Royal Colleges and the medical regulators is recognised. The Group is currently exploring the value from establishing a register of recognised training institutions in priority countries and will work with colleges, regulators, deaneries and trainees on this. Academic research fellowships abroad will also be developed.

Nurses and midwives

As with other professions, there are a number of opportunities for nursing staff but opportunities for newly registered professionals are extremely rare. Again, individual employing agencies such as VSO and the [Royal College of Nursing](#) and the [Royal College of Midwives](#) provide specific information. All nurses registered with the [Nursing & Midwifery Council](#) (NMC) are bound by the NMC Code of Professional Conduct regardless of where in the world s/he may be practising.

Most countries have a nursing qualification equivalent of the Registered Nurse (Adult). Nurses employed overseas where there are no national nurse registration authorities are employed by virtue of their effective Nursing and Midwifery Council registration and should maintain it. UK nurses working overseas in countries where there is a system for registration are also advised to maintain effective NMC registration in order to be able to renew their careers on returning to the UK as smoothly as possible.

Further advice and guidance is available to nursing staff through the [Royal College of Nursing International Department](#). Specific guidance for midwives has been issued by the Department of Health in 'International Midwifery: spreading good practice in safe motherhood' published in 1998 and available on request from the Department of Health.

Case study: Stephen Flanagan, Registered nurse, South Sudan



Stephen Flanagan spent 9 months in Sudan with Médecins Sans Frontières. During this time, he worked as an outreach and emergency response nurse in remote regions of South Sudan. The role was multifaceted, involving training of local staff, clinic management, outbreak surveillance and vaccination programme implementation.

Stephen prepared for his time overseas by doing the Diploma in Tropical Nursing at the London School of Hygiene and Tropical Medicine. “It really is a fantastic course and I relocated from Liverpool in order to do it.”

He talks of the importance of not setting fixed expectations on a role overseas, “Although in my role as a nurse, one would expect to be doing very clinical, hands-on work, this was not always the case. I may have been administering intravenous antibiotics in the operating theatre at one moment and then negotiating security issues the next.”

Physiotherapists

The [Chartered Society of Physiotherapists](#) (CSP) encourages its members to work overseas through recognised development agencies. They maintain an active international section that promotes work overseas. The CSP recognised models of working overseas include:

- short term lecturing through professional links;
- working with a non governmental organisation for a local or regular salary
- volunteering;
- short term consultancy to assess a project for a non governmental organisation or a government;
- collaboration with a developing country partner’s organisation through a link; and
- relocating overseas after retirement to run rehabilitation projects.

The CSP acknowledge the fact that clinical experience overseas may not be valued on return to the UK. The [chartered physiotherapists in international health and development](#) are a special interest group of CSP that provides mentoring and arrangements for continuing professional development for members working overseas.

Occupational Therapists

The [British Association of Occupational Therapists](#) is a founder member association of the [World Federation of Occupational Therapists](#), which facilitates the movement of occupational therapists around the world. They maintain an online network to enable this. The British Association of Occupational Therapists have an active international section that highlight overseas work carried out by members and assist members to work overseas. This includes financial support for two members annually.

6.5 Guidance on Humanitarian emergencies

The Department for International Development is the lead Government department for responding to humanitarian emergencies, through the [Conflict and Humanitarian and Security Division](#). The Department of Health provides specific guidance to the NHS on opportunities to respond to humanitarian emergencies on a case-by-case basis through liaison with the Department for International Development. Advice is posted on the Department of Health website in accordance with the commitment made in [Global Health Partnerships: The UK contribution to health in developing countries, the Government Response](#) (March 2008). The aim of these actions is to allow strategic coordination of NHS assistance, building on the experience that in the immediate emergency situation, very well directed and co-ordinated assistance is essential. Enthusiastic but misguided involvement can be detrimental to relief efforts.

International agencies and non-governmental organisations such as [Merlin](#), [Médecins Sans Frontières](#) and United Nations bodies that specialise in deploying health professionals, try to ensure that those deployed are trained and experienced in working in emergency environments. This includes security, technical and language requirements. Non-governmental organisations usually have a register of trained individuals who are available at short notice. A number of NHS professionals are registered to respond to humanitarian crises with non-governmental organisations. A number of these individuals have local agreements with NHS Trusts / NHS Boards and other organisations for release in such circumstances.

PONT Mbale Coalition Against Poverty



The link between Rhondda Cynon Taf in Wales and the Mbale Region, Uganda includes work in primary health care, ambulance services and hospital services.

Primary Health Care:

A long term inter-sectoral collaboration between indigenous NGO groups is working strategically with communities, government healthcare providers and international partners to deliver improvements in health at community level. A Community Health Network of trained volunteers in Village Health Teams is integrated with government health centres, to deliver MDGs 4, 5 & 6 for Mbale region. Suitable volunteers may progress through three community health worker training levels and thence to candidate for government health worker training. 560 volunteers each reaching up to 100 families have trained to various levels to date. Their contribution to improved uptake of immunisation, nutrition, home hygiene, latrines, births attended by skilled health personnel, malaria prevention and treatment, and improved HIV awareness and uptake of Voluntary Counselling and Testing is evident through local evaluations and improvements in government health statistics.



Ambulance link:

Integrated Emergency Response Service: a multidisciplinary collaboration headed by the team from Welsh Ambulance Services aims to provide lifesaving skills and timely access to skilled health care through an emergency transport service for rural communities throughout Mbale region. Basic Lifesaving skills training of 60 health workers, police and community volunteers delivered in 2009 is the first step in this ambitious project which will especially address MDG5 (Maternal Mortality)