# WALES'S HEALTH PARTNERSHIPS WITH AFRICA

## MAXIMISING POTENTIAL FOR MUTUAL BENEFIT

Prepared for Welsh Government by lead author Dr Kit Chalmers, on behalf of the Tropical Health and Education Trust and the Wales and Africa Health Links Network, March 2021.

Cysylltiadau Cymru o Blaid Affrica
Wales for Africa Health Links
Rhan o Hub Cymru Affrica/Part of Hub Cymru Africa

THET
PARTNERSHIPS FOR GLOBAL HEALTH

## GLOSSARY OF TERMS

| TERM | MEANING |
|---|---|
| ALBs | Arm's Length Bodies |
| AMR | Antimicrobial resistance |
| BAME | Black, Asian and Minority Ethnic |
| CPD | Continuing Professional Development |
| CSOs | Civil Society Organisations |
| DfID | The Department for International Development |
| DHSC | UK Department of Health and Social Care |
| FCDO | Foreign, Commonwealth and Development Office |
| GCRF | Global Challenges Research Fund |
| GNI | Gross National Income |
| HCA | Hub Cymru Africa |
| HEE | Health Education England |
| IHCC | International Health Coordination Centre |
| LMICs | Low- and Middle-Income Countries |
| MoU | Memorandum of Understanding |
| NIHR | National Institute for Health Research |
| ODA | Official Development Assistance |
| PHE | Public Health England |
| SCCF | Small Charities Challenge Fund |
| SDGs | (United Nations) Sustainable Development Goals |
| SSAP | The Sub-Sahara Advisory Panel |
| THET | The Tropical Health and Education Trust |
| WaAHLN | The Wales and Africa Health Links Network |
| WASH | Water, Sanitation and Hygiene |
| **NHS WALES-SPECIFIC ACRONYMS AND ABBREVIATIONS** | |
| BCUHB | Betsi Cadwaladr University Health Board |
| ABUBH | Aneurin Bevan University Health Board |
| Cardiff and Vale | Cardiff and Vale University Health Board |
| CTUHB | Cwm Taf University Health Board |
| Hywel Dda | Hywel Dda University Health Board |
| Powys | Powys Teaching Health Board |
| Swansea Bay | Swansea Bay University Health Board |
| PHW | Public Health Wales |
| Velindre | Velindre University NHS Trust (Cancer) |
| WAST | Welsh Ambulance Service Trust |
| HEIW | Health Education and Improvement Wales |
| NWIS | NHS Wales Informatics Service |
| NWSSP | NHS Wales Shared Service Partnership |

## 1. EXECUTIVE SUMMARY

Wales has a long history of positive engagement with low- and middle-income countries, and we are now at a moment of considerable opportunity. As we rebuild after a pandemic that has exposed global inequities and interconnections, the Welsh Government has commissioned this report, which considers activity between Wales and sub-Saharan Africa. It has a focus on Official Development Assistance (ODA) funding opportunities and an eye to maximising the benefits of global engagement to NHS Wales. A subsequent review will examine international health activity in other sectors and countries.

Engagement of stakeholders with this work was excellent and the enthusiasm of those involved in at all levels was clear. The prevailing UK political and economic climate, expressed in a £5bn cut to UK Aid commitments this year, has made analysis of funding opportunities difficult. However, it is clear that the need for global engagement has never been greater, and global health will undoubtedly remain a priority for future UK ODA spending. It is our hope that this report will help us prepare for that positive future.

The report's key findings include:

- The majority of Welsh organisations active in international health are small, and they have not accessed a proportionate amount of UK ODA.
- Wales has strengths which may leverage ODA funding: public health research, health protection, value-based healthcare, innovation, and genomic sequencing.
- International health-specific strategy and coordination is currently weak. Both structure and resources could usefully be strengthened.
- International work is not embedded in the core business of the NHS, including at the level of workforce planning, and loses potential benefits as a result.

The report makes recommendations for the Welsh Government, the NHS and civil society in relation to:

- Strategy, relating specifically to international health, developed and supported by strong intra- and inter-government relationships, and NHS commitment.
- Coordination, through a refreshed and resourced International Health Coordination Centre and the Wales and Africa Health Links Network, which sits in a unique position between the NHS and international development sector.
- Building capacity and sustainability of existing international health organisations, through development of funding structures and opportunities for collaboration.
- Developing opportunities for the NHS workforce by strengthening the global engagement of Health Education and Improvement Wales.

The combination of strategic and practical support will encourage growth, leading to new funding opportunities and, perhaps more importantly, greater opportunities for the NHS and its staff. Now, more than ever, NHS staff need to see their value recognised and their wellbeing promoted: well-supported involvement in international health work will make a valuable contribution to this.

As we emerge from the coronavirus pandemic, we observe an appetite in Wales to reflect, individually and nationally, on our place in the world. We hope that this report and its recommendations will contribute as the Welsh Government sets its post-pandemic direction, bringing mutual benefit at home and abroad.

## 2. INTRODUCTION AND BACKGROUND

Wales has a long history of positive engagement with low- and middle-income countries (LMICs) from both a community and a health perspective. The Dolen Cymru link between Wales and Lesotho was founded in 1985[1] and in 2006 the Welsh Assembly Government launched its flagship Wales for Africa programme[2] (now named Wales and Africa), aiming to concentrate limited resources in countries with the greatest need. The programme has supported hundreds of projects based on partnership working between groups and institutions in Wales and sub-Saharan Africa. Since 2015 these have focussed on advancing Wales's contribution to fulfilling the UN's Sustainable Development Goals (SDGs).[3] As Official Development Assistance spending is not a devolved issue, the Wales and Africa programme is funded directly from the Welsh Government budget, based on the benefits global links bring to the nation: new skills, cultural awareness and community engagement, to name but a few.

At the same time Wales led the way in encouraging global engagement in the NHS, in recognition of the benefits to individuals and the organisation. The Welsh Health Circular of October 2006 directed NHS Chief Executives to demonstrate commitment to links with LMIC health systems, including through adjustment of policies on professional development and leave.[4] The contribution of diaspora health care staff to the NHS was explicitly referenced, along with a perceived need to give back to the countries where they had trained. This aim was actioned through a contribution to the Wales and Africa programme from the health budget, which continues to this day. The commitment to international health work was strengthened by the "Health Within and Beyond Welsh Borders" framework[5] (2012) and the Charter for International Health Partnerships[6] (2013). These highlighted areas for action within Government, the NHS and beyond. Influenced in part by the Charter, NHS Scotland and England have since developed global health programmes, again clearly recognising the benefits to the NHS of staff engagement in this work.

In recent years Welsh Government has furthered its commitment to sustainable development with the Well-being of Future Generations Act[7] (2015) and to international engagement with the International Strategy[8] (2020). Despite these developments there is evidence that momentum has been lost and that the potential benefits of international health work are not being fully realised in the NHS. Engagement within Welsh NHS organisations is inconsistent and coordinating mechanisms set up in line with the 2012 framework have lost funding and focus. Newer bodies within and around the NHS have not become part of a broader supportive network. Established health links have not grown, some have faltered and few new ones have been created; those that continue are not accessing the level of funding needed to develop. Meanwhile, elsewhere in the

[1] Dolen (2021). About Dolen – Who We Are and What We Do.

[2] Welsh Government (2020). Wales and Africa.

[3] UNDP (2021). Sustainable Development Goals.

[4] Welsh Assembly Government (2006). Welsh Health Circular.

[5] Welsh Government (2012). Health within and beyond Welsh borders: An enabling framework for international health engagement.

[6] International Health Coordination Centre (2014). A Charter for International Health Partnerships in Wales.

[7] Future Generations Commissioner for Wales (2021). Well-being of Future Generations (Wales) Act 2015.

[8] Welsh Government (2020). International strategy for Wales.

UK global engagement is flourishing. Scotland has developed a Global Citizenship programme[9] while England looks to reap the benefits for its workforce in terms of education, recruitment and retention through Health Education England's (HEE) global engagement programme.[10]

Into this environment has landed the worst pandemic in over a century. For years, reports on international health have been prefaced with comments on the benefits of global engagement in managing the risk of emerging disease outbreaks. Sadly, there is no need to do so here: in 2020 the coronavirus pandemic made the global nature of health all too apparent. During a bruising year, the long-term effects of which are as yet incalculable, stark local and global inequalities have been highlighted. Health inequalities have been shown to be inextricably linked to wider social and economic differences and the value of thinking and acting globally has become self-evident. Wales is well-placed to respond to this.

The commissioning of this report, focusing on the activity and funding of health links operating between Wales and Africa, is evidence of the Welsh Government's appetite to further support and encourage international health work, to the benefit of health services in both Wales and its LMIC partners. A subsequent report, due to be completed in May 2021, will look at international health work more widely, in terms of both geography and engaged sectors. Wales's approach to international engagement focuses on "soft power", an exchange of cultural perspectives to which this work can strongly contribute. As we emerge from the pandemic and adjust to the post-Brexit environment, the time is ripe to refresh Wales's engagement on health with LMICs, and sub-Saharan Africa in particular, and to look beyond the "soft" benefits of global engagement to how this activity can underpin a globally and ethically engaged Wales, in which the health system is reaping the full benefits.

We hope the insights in this report, and its recommendations, prove useful in enabling the Welsh Government to fully realise the mutual benefit of global health engagement, as it clearly intends.

## 2.1 OBJECTIVES

This report seeks to understand and make recommendations on how Wales can draw additional funding for, and increase the impact of its international health activity with LMICs, particularly in sub-Saharan Africa. A subsequent report will look more widely at Wales's international health activity. Specific objectives here are:

- To present a clear picture of organisations active in this field and their funding sources, focussed on but not limited to Official Development Assistance (ODA).
- To identify opportunities for and barriers to accessing ODA funding for this work, along with an analysis of trends in UK ODA spending.
- To identify mechanisms by which organisations' capacity to access these and other funds can be maximised, including strategic stakeholders for the Wales and Africa Health Links Network (WaAHLN) to engage with in order to broaden networks.
- To present recommendations for the Welsh Government and other bodies which will allow the full potential of this work to be realised, for the benefit of NHS Wales and the country more widely, as well as partner countries.

[9] NHS Scotland (2021). NHS Scotland Global Citizenship Programme.

[10] Health Education England (2021). Global Engagement.

## 2.2 SCOPE

This work is limited to organisations based in Wales and engaging with LMICs, particularly in sub-Saharan Africa to align with the Wales and Africa programme. This includes formal Health Partnerships[11], which are predominantly NHS-based, and community organisations engaged wholly or partially in health activities. There is a focus on the benefits to NHS Wales, which is heavily involved, and its workforce. It does not include major non-governmental organisations (NGOs) with a presence in Wales.

Throughout this document "international health activity", "international health partnerships", etc., refer to work involving Welsh organisations and partners in LMICs, as per this scope.

## 2.3 METHODOLOGY

A combination of methods including desk-based research, consultation with a Steering Group, online surveys and semi-structured key stakeholder interviews were used to develop this report.

The steering group which guided this work comprised representatives of key organisations: the WaAHLN, the Tropical Health and Education Trust (THET) and Hub Cymru Africa (HCA) (Appendix 1). Steering group members and their wider organisations advised on contacts, networks and stakeholders. THET provided access to individuals across a range of UK institutions, as well as the expertise of its team in areas such as policy, grants and funding.

Active international health groups were identified through the mixed methods described, maximising the opportunity to identify a wide range of organisations, and allowing for input from the sector's experts where judgement was being exercised (see "Limitations" below). The 38 groups identified were individually invited to respond to an online survey to establish their current funding sources and opinions on expanding these, resulting in a high response rate of 53%.

ODA sources were investigated through the UK Government's Development Tracker[12], specifically looking at health projects funded through the Foreign, Commonwealth and Development Office (FCDO), UK Department of Health and Social Care (DHSC), relevant cross-departmental ODA funds, and UK Aid Direct.

Semi-structured interviews with key stakeholders created a space in which new ideas could emerge, and were supplemented by more informal communication with wider contacts. Key stakeholders were identified as either actively engaged in relevant international health work, known to have an interest but not currently active, or neither of these but with the potential to contribute.

A total of 42 individuals were invited and 30 (71%) interviews carried out. Stakeholders were representative of three groups: Government, Arm's Length Bodies (ALBs) and Civil Society Organisations (CSOs) (full list in Appendix 1). The information was analysed, coded and grouped into the four key themes identified:

[11] Health partnerships are a model for improving health and health services based on ideas of co-development between actors and institutions from different countries. The partnerships are long-term but not permanent and are based on ideas of reciprocal learning and mutual benefits.

[12] UK Foreign, Commonwealth and Development Office. (2021). Development Tracker.

- Attitudes to international health work.
- Features of organisations engaged in international health work.
- Features of supporting bodies and processes.
- Features of funds and application processes.

Further details are presented in the respective relevant sections.

### Limitations

Given the overlap between health and social/community issues, categorisation of groups as being engaged or not in international health work is not clear cut, and an element of judgement has been necessary. For the purposes of this report, groups were included if they discussed health-focussed work amongst their activities. This included those working on water, sanitation and hygiene (WASH) and sexual health, and those with individual projects clearly related to health. It did not include those whose focus is clearly elsewhere but who incorporate basic health education in their work.

In terms of stakeholder interviews, there was a relatively low response rate from ALBs: 62% compared with 86% for both government and CSO groups. Only six of a potential 13 (46%) NHS organisations were represented, possibly reflecting the significant pressure of the coronavirus pandemic on the NHS at the time of this research. Information about NHS activity is therefore less than complete.

Due to the short timeframe for completion of the work, it is likely that some small and individual links have been excluded, particularly those within the NHS.

## 3. INTERNATIONAL HEALTH ACTIVITY IN WALES

This section presents baseline information on groups currently engaged in relevant international health work, including funding sources, along with context from stakeholder interviews and other sources. To set the scene, it begins with information on perceptions of engagement in international health work.

### 3.1 ATTITUDES TO INTERNATIONAL HEALTH WORK

Stakeholders across all three groups (government, ALBs and CSOs) were overwhelmingly positive about Wales's international health work. Virtually all participants perceived benefits to some combination of individuals, communities and organisations (usually the NHS) and, through these, to Wales as a nation. In fact, the benefits "at home" were often perceived more clearly than those in LMICs. Eight referenced, positively, the increased emphasis on understanding partners' priorities, sustainability and bi-directional learning.

The pandemic was frequently mentioned. Two participants expressed concern about the appropriateness of focussing on international work given the impact of the coronavirus pandemic on the NHS and the economy. Others discussed the disruption to international work from, for example, loss of coordinating activities within the NHS or travel restrictions. However, more often the pandemic was discussed as an opportunity: a natural reset point from which we can "build back better", having reviewed what we are doing, why and how. Those from ALBs or CSOs particularly focussed on this, highlighting how the pandemic had increased awareness of the global nature of health, improved the use of technology and strengthened collaboration across the NHS, the UK or globally.

Stakeholders were selected because of their interest in international health and might be expected to have positive views on this. An Ipsos MORI survey of current or former UK healthcare workers sets these views in a wider context.[13] The survey received 400 responses, with 16 (4%) based in Wales. Although proportionate to the population size, results for Wales should be interpreted cautiously in view of this small absolute number. Welsh respondents seemed less engaged in international work than the wider cohort. Awareness of global health work was lower (60% in Wales vs 73% overall), as was personal engagement in global health activity at some point (46%, vs 62%). 100% of Welsh respondents believed UK aid to LMICs to be at least "fairly" important, but a greater proportion (33% vs 16%) felt that aid spending should decrease in the wake of the pandemic. Over 80% of the whole cohort responded positively to statements about bi-directional learning and reciprocity, for example that the sharing of knowledge and skills globally benefits us all, and that the NHS can be improved by learning from health systems overseas.

Taken together, these demonstrate both the enthusiasm of those currently active in international health work and the need for further work to engage the wider healthcare community.

[13] Online fieldwork and data tabulations were carried out by Ipsos MORI on behalf of THET (Tropical Health & Education Trust). All analysis, interpretation and reporting of the survey results was carried out by THET. The research surveyed a sample of 400 healthcare professionals based in the United Kingdom who chose to take part. The survey sample consisted of 200 GPs, 100 Specialists and 100 Nurses. Fieldwork took place between 30th October and 17th November 2020. Care should be taken when interpreting as some results are based on small sample sizes. Results are not representative of UK healthcare professional population as a whole.

## 3.2 ACTIVE ORGANISATIONS

Using the methods described in section 2.3, 38 organisations active in international health were identified (Appendix 2):

- 10 affiliated with the NHS.
- Two affiliated with universities.
- 26 CSOs.

The nature of these groups varies, including formal Health Partnerships, with a Memorandum of Understanding (MoU) linking health-based institutions (e.g., healthcare facilities, universities); established healthcare-related links, for example NHS staff working through CSOs based in Wales or the partner country; and community links of varying size, many of which are long-established. There is crossover between different areas of the sector, with some CSOs having close links with their local Health Boards or Universities.

Some additional activity within the NHS was mentioned in interviews:

- Through efforts to raise the profile of international work, Cwm Taf University Health Board (CTMUHB) found ongoing activities in Nepal and Vanuatu, which are yet to be formalised, linked to diaspora healthcare staff.
- The Welsh Ambulance Service Trust (WAST) are involved with a Cardiff University led project to develop an ambulance service in Indonesia. They have an MoU with PONT, having worked together on a "motorbike ambulance" project, and have given occasional input into other NHS-based links.
- Individuals at Bangor University School of Health Sciences have undertaken international work, primarily through staff joining other groups' projects based on their areas of clinical expertise.

Table 1 shows the size of identified organisations based on annual income, as categorised by the UK Civil Society Almanac.[14]

| SIZE | INCOME RANGE | ORGANISATIONS | |
|---|---|---|---|
| | | NUMBER | % |
| Micro | <£10,000 | 8 | 21% |
| Small | £10-£100,000 | 12 | 32% |
| Medium | £100,000-£1,000,000 | 11 | 29% |
| Large | >£1,000,000 | 1 | 3% |
| Unknown* | | 6 | 15% |

**Table 1: size of the 38 active Welsh international health organisations, by income.**

*Figures were not available for some NHS-based organisations whose funds are held by their Health Board's charity arm, or the few CSOs not registered as charities.

According to these figures, 53% of all organisations, and 63% of those whose income is known, are classed as 'small' or 'micro'. This impacts on organisations' access to grant funding, as discussed in section 3.7.

[14] NCVO (2019). UK Civil Society Almanac 2020: Data. Trends. Insights.

## 3.3 WELSH ORGANISATIONS IN RECEIPT OF OFFICIAL DEVELOPMENT ASSISTANCE

Within the scope of this report, only six Welsh organisations have been identified as receiving health-related ODA funds within the last five years (Table 2). Detail on the specific funds is provided in Section 5.

| SOURCE | RECIPIENT | AMOUNT |
|---|---|---|
| UK Aid Direct<br><br>(Small Charities Challenge fund) | Dolen Cymru | £100,000 |
| | Hub Cymru Africa | £120,000 |
| | Interburns | £50,000 |
| | Teams4U | £81,500 |
| Department for International Development (DfID) | Interburns | £500,000 |
| DfID, via Liberian Embassy | Life for African Mothers | £15,000 |
| THET grants | Brecon Molo Link | £20,000 |
| | Betsi Quthing Link | £87,000 |
| | Phoenix Project | £180,000 |
| Global Challenges Research Fund (GCRF) | Phoenix Project | £150,000 |
| Arts and Humanities Research Council | Phoenix Project | £140,000 |
| MRC Public Health Intervention Development Scheme | Phoenix Project | £170,000 |
| **TOTAL** | | **£1,463,500** |

**Table 2: ODA funding to Welsh international health organisations.**

There will be other academic projects which are not within this report's scope, but which are supported by ODA. For example, Swansea University is listed as implementing a DHSC/NIHR "Global Health Research Units and Groups" grant, and Bangor University is in receipt of a GCRF grant for nearly £5m for a project relating to self-harm prevention in South Asia. These types of projects will be covered in the subsequent, wider report on international health.

## 3.4 CURRENT FUNDING SOURCES

Clearly, it is unusual for Wales's international health organisations to access ODA. Most access smaller funds from a variety of sources, such as the Wales and Africa small grants scheme which, in its 2019 round, distributed £230,000 of funding in grants of up to £20,000 each. Hub Cymru Africa publishes details of many other open funds (including ODA) on its website, and regularly circulate these through its mailing list.

Key findings from the 20 responses to the funding survey are summarised here. Asked to report any funding source, the three most common are direct donations (e.g., via website) (18; 90%), the Wales and Africa grants programme (17; 85%) and income from fundraising activities (15; 75%). Eleven (55%) received grants from foundations or trusts, five (25%) ODA and three (15%) a THET grant. Other sources included the Royal College of GPs and donations from Microsoft, a Rotary Club and the British Council Wales.

Organisations were asked which of the above constituted their largest funding source. Responses are shown in Figure 1. The two largest funding sources were direct donations (7; 35%) and the Wales and Africa grants programme (4; 20%). Sources grouped as 'other' included THET grants, other national/international grants and mixed sources. A single organisation reported ODA as their largest funding source.

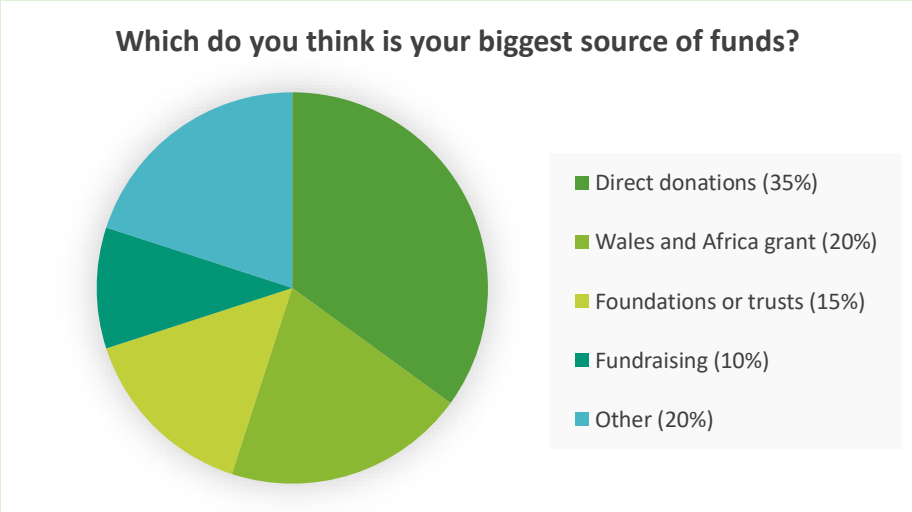



**Figure 1: Largest funding source for Welsh international health organisations.**

All but two agreed that they would like to access more funding. This is discussed further in section 5.3.

## 3.5 FUNDHOLDING FOR NHS HEALTH PARTNERSHIPS

Some NHS-based Health Partnerships are housed within their Health Board's charitable arm, allowing them to benefit from that organisation's charitable status, governance and accounting processes. This facilitates grant applications, which require evidence of these structures. However, not all Health Board charities consider international health work as falling within their scope, which is to benefit the population of their Health Board's area. This was discussed in stakeholder interviews as a barrier to accessing grant funding.

To further investigate, nine Health Board/Trust charitable bodies were contacted and six (66%) responded. Of these, four considered international health activity to fall within their scope because of the benefits to the Health Board. One believed that it was not within their scope and one had changed the aims and objectives of their charity to support an international health fund.

The reason for this discrepancy in interpretation of Welsh Health Boards' charitable aims is not clear. However, it seems out of keeping with the policies supporting NHS involvement in international work and probably hampers the efforts of some Health Partnerships to access funds.

## 3.6 ENGAGEMENT OF DIASPORA IN INTERNATIONAL HEALTH ACTIVITY

The UK and Wales are home to significant diaspora populations, in both the community and the NHS. Cardiff, for example, is home to one of the UK's oldest and largest Somaliland communities, founded by Somali sailors in the 19th century and now around 10,000-strong. The UK has been at the forefront of efforts to recruit health workers from overseas, contributing to a broader trend which has seen a 60% rise in the number of migrant doctors and nurses working in OECD countries over the last decade.[15] Figures for NHS Wales are not available,

[15] WHO (2021). Health workforce – Migration.

but in England today 16% of nurses and 36% of doctors were trained outside of the UK[16], and 8% were born in LMICs. In 2019, THET surveyed diaspora healthcare staff as part of their report "From Competition to Collaboration"[17], revealing that of 139 respondents 70% intended to return to their country of origin or heritage, and 94% felt that they had developed skills which would positively contribute there. Migration is the new reality for much sought-after health workers in an increasingly connected world.

Early, unpublished findings from an upcoming THET publication demonstrate untapped potential for involvement of diaspora health workers in UK global engagement, as well as unrealised opportunities for the NHS to learn from their experiences of other health systems and cultures. This resonates with findings from the stakeholder interviews carried out for this report, where there was unanimous recognition that diaspora engagement was important and could be improved in both the NHS and community. Potential perceived benefits included:

- Improved cultural awareness within health links.
- Breaking language barriers and building trust between partners.
- The contribution of in-country connections to successful projects. One participant described the involvement of friends and relatives in promoting data collection, which allowed a project to evidence impact.

However, participants also described barriers to diaspora involvement in international work:

- A sense of exclusion from a "too white" international development sector.
- Lack of community connections to professional groups or local funders (e.g., Rotaries).
- Difficulties with language impacting on grant applications.
- Knowledge of governance and charity registration systems.

While the sub-Sahara Advisory Panel (SSAP)[18] and Hub Cymru Africa advise and support with these issues, is clear that there is more work to be done. As a group bridging the NHS and community, with diaspora representation, there may be a role for the WaAHLN in facilitating professional connections. Other suggestions for and examples of facilitating diaspora involvement included:

- Promoting greater diversity and inclusion at all levels within the sector. Positive developments within the Welsh Government, WaAHLN and THET were referenced.
- Support for diaspora communities to engage in international work, for example through provision of a dedicated "support officer".
- Listening to the experiences of diaspora healthcare staff and actively engaging them in Health Boards' international work.

These suggestions chime with recommendations made by BOND, the UK network for organisations working in international development, on increasing diaspora engagement in the sector.[19] These include acknowledging their contribution to international development, developing communication strategies which listen to their

[16] UK Department of Health and Social Care (2021). Code of practice for the international recruitment of health and social care personnel in England.

[17] THET (2019). From Competition to Collaboration: Ethical leadership in an era of health worker mobility.

[18] Sub-Sahara Advisory Panel (2021). Sub-Sahara Advisory Panel – Home.

[19] BOND (2015). What Development Means to Diaspora Communities.

concerns then addressing these, and changing the narrative of international development to break down negative stereotypes of LMICs.

Greater effort is needed to engage diaspora in international health activity, and this will be beneficial. Within the NHS, some organisations have networks of BAME and diaspora staff which may help with this. The coronavirus pandemic has strengthened some wider diaspora networks: for example, a new group of diaspora doctors has come together, supported by the SSAP. Meanwhile, at a national level, the Welsh Government is developing a Race and Equality Action Plan with the aim of making cultural changes which support an anti-racist stance.[20] Systematic inclusion of diaspora people throughout society, including within international health work, will contribute to this aim.

## 3.7 INSIGHTS: FEATURES OF ORGANISATIONS ENGAGED IN INTERNATIONAL HEALTH

This was one of the four major themes discussed by stakeholders and some relevant details have been included in sections 3.1 and 3.6. Information which applies more broadly is presented here, along with further information from the funding survey.

### Size

One of the most commonly cited barriers to accessing funds, predominantly amongst CSOs, was a perception by organisations that they are "too small". Participants discussed the burdens of grant applications in terms of time, effort and skill, which are seen by many as prohibitive. Eight respondents discussed the need for more funding in order to develop, or "professionalise", as an organisation. Even successful ODA recipients described the process as an "uphill battle", a "struggle" and "onerous". In general, the picture is of a vicious cycle whereby small organisations do not have the capacity to apply for larger grants, which they need to develop capacity and credibility, and which would put them in a position to apply for larger grants.

Most Welsh organisations who had accessed ODA had done so through the Small Charities Challenge Fund, which is specifically aimed at relatively low capacity CSOs, yet found the process almost too much for them. All are medium size by income and have at least one whole time equivalent staff member. Smaller CSOs and NHS-based health links, operating entirely on volunteers, would be unlikely to manage an application for such funds. These organisations may do better with central provision of dedicated project management support, or by joining with an organisation which can provide this. One such link has been made as a direct result of this report's work, with a small diaspora organisation and large university-based group coming together to share skills and apply for a large THET grant.

### People

Organisations' members were seen as key to their success, with the need for "passion" in driving projects forward often mentioned. Wales is fortunate to have individuals with longstanding active engagement in international health and development. Their experience and leadership bring great benefits to other organisations, and the sector as a whole.

While passion is greatly valued, a reliance on individuals can also be a problem. Fifteen participants discussed this, eight in relation to the NHS. Here, despite commitment in principle to the Charter for International Health Partnerships (see section 4.1), organisational support for international work is widely perceived as dependent

[20] Welsh Government (2021). A Race Equality Action Plan – Cabinet Paper CAB (20-21)21.

on the enthusiasm of the individuals involved, particularly those with influence at Board level. When these individuals leave their organisation, the drive for global engagement can be suddenly lost and active groups stall. One described this as a “coalition of the willing”, with the need for stronger organisational supporting frameworks to allow these people to become “champions”, rather than they themselves forming the supporting structure. Within the NHS this is closely related to effective implementation of the Charter, which is discussed in more detail below.

Enthusiastic individuals, with the passion to inspire and engage others, will always be key to driving forward work in any given area. However, it is disappointing to hear the degree to which large NHS organisations still depend on this. Despite the many supportive policies and structures described in the next section, there is a sense that international health work is still viewed as a “nice extra” within the NHS, rather than something which should be nurtured and supported as a core element of its work. If Health Partnerships are to grow, and the NHS to realise the full benefits of their work, attention will need to be given to establishing supportive structures which survive the inevitable staff changes and competing pressures. This is discussed further in the next section.

## 4. STRUCTURES SUPPORTING WALES'S INTERNATIONAL HEALTH WORK

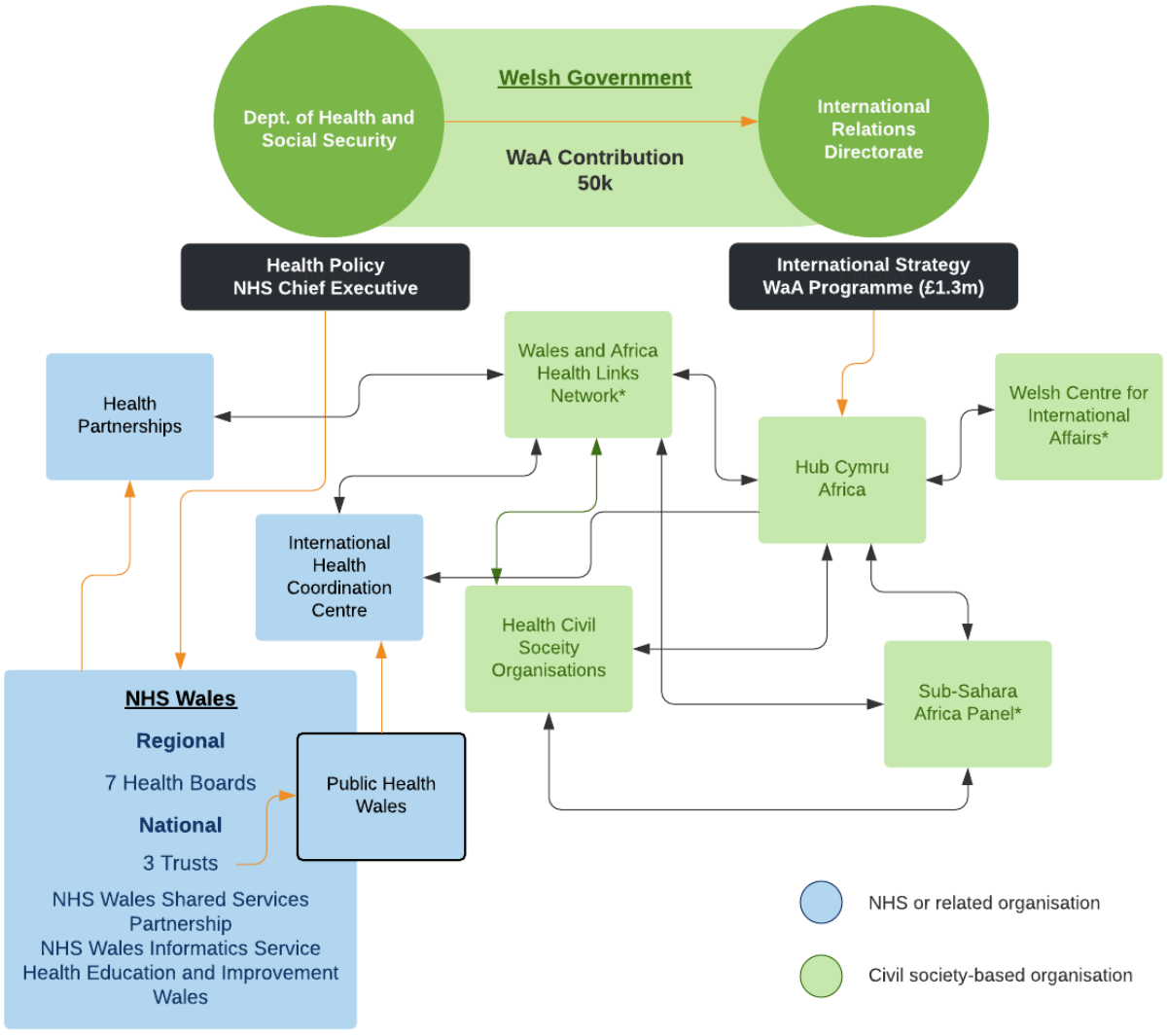
This section describes the bodies, policies and legislation which support Wales's international health work, along with comparator examples from elsewhere in the UK.

### 4.1 SUPPORTING POLICIES AND LEGISLATION

Wales's international health work is underpinned by a wealth of policies, summarised in Table 3, which demonstrate the Welsh Government's commitment to this work.

### 4.2 SUPPORTING ORGANISATIONS

The organisations key to Wales's current international health work and their inter-relationship is shown in Figure 2. Supporting organisations are discussed further in section 4.5.




*Hub Cymru Partners. Welsh Centre for International Affairs is host partner.

**Figure 2: Key organisations in Wales's current international health work.**

| DOCUMENT | DATE | KEY PROVISIONS |
|---|---|---|
| Welsh Health Circular WHC (2006) 070 [21] | 2006 | Required NHS Chief Executives to demonstrate commitment to international activity through:<br>• Recognition as continuing professional development (CPD).<br>• Dedicated leave allowance.<br>Contribution to Wales and Africa programme (£50,000) from health budget. |
| Health within and beyond Welsh borders: An enabling framework for international health engagement[22] | 2012 | Recognised the need for systematic support and coordination of international health engagement. Recommended:<br>• A cross-department International Health Strategy Group within Welsh Government (no longer extant).<br>• An International Health Coordination Centre (IHCC – see below). |
| Charter for International Health Partnerships[23] | 2013 | A good practice document for international partnership working within the NHS. Includes standards and guidance on:<br>• Organisational responsibility.<br>• Governance.<br>• Partnership working.<br>• Sharing good practice.<br>All NHS organisations, except the recently formed HEIW, and its leaders are signatories. |
| Well-being of Future Generations Act[24] | 2015 | Legislation requiring all public bodies to work together to set objectives for achieving seven wellbeing goals, based on the SDGs. One goal is becoming "A globally responsible Wales". |
| The International Strategy[25] | 2020 | Aims to deliver international collaboration and to project Wales as a globally responsible nation. The Wales and Africa Action Plan references aims to increase support by:<br>• Working across Welsh Government.<br>• Supporting implementation of the Charter.<br>• Building a strategic relationship with the Foreign, Commonwealth and Development Office (FCDO). |

**Table 3: Policies supporting Wales's international health work**

[21] Welsh Assembly Government (2006). Welsh Health Circular.

[22] Welsh Government (2012). Health within and beyond Welsh borders: An enabling framework for international health engagement.

[23] International Health Coordination Centre (2014). A Charter for International Health Partnerships in Wales.

[24] Future Generations Commissioner for Wales (2021). Well-being of Future Generations (Wales) Act 2015.

[25] Welsh Government (2020). International strategy for Wales.

## 4.3 OTHER BODIES WITH POTENTIAL TO CONTRIBUTE

- **Universities.** These have an array of existing international work (outwith the scope of this review), including health-related projects such as the Phoenix project, as well as research-focussed work. Links with the NHS and community-based international health groups do exist but are currently ad hoc, without a consistent mechanism for connection to the key organisations noted above.
- **The Bevan Commission.** An independent thinktank with a particular focus on innovation, including in technology, and value-based health and care. It encourages the translation of ideas into practice within the NHS, supporting staff with mentorship through 'Fellow', 'Exemplar' and other programmes. There is a strong interest in bi-directional sharing of good practice internationally and the potential for 'frugal innovation' through partnership with LMICs. This is a key area where the NHS can benefit from international health work and from its diaspora staff, as examined at a THET Innovation Round Table in 2019.[26] The report summarising this work includes a participant's comment, "Learning from LMICs does not come into the UK via passive diffusion: active and purposeful engagement by multiple stakeholders is needed." The Bevan Commission is well placed to be one such stakeholder, particularly recognising that a potential innovation is only useful if it is then implemented.
- **The National Centre for Population Health and Wellbeing Research.** A Welsh Government funded organisation which supports research on existing repositories of population health data. It brings together key personnel from PHW and the Universities of Bangor, Cardiff and Swansea, and grant funding is secured for specific projects. There is an interest in collaborating internationally, particularly in existing areas of activity, such as early years health and wellbeing.
- **The Life Sciences Hub.** Also funded by Welsh Government, this was set up to engage with industry, NHS Wales, universities and social care to bring about innovative solutions to healthcare problems. Digital developments and value-based healthcare are areas of current interest, and the collaborative approach encourages consortia bids for grant funding. There are links with UK government, for example the Department for International Trade (DIT).
- **Academi Wales.** The centre for excellence in leadership and management for public services in Wales, funded by Welsh Government. It provides supporting resources and training for leadership and organisational development, governance and continuous improvement. It has been host to the Wales and Africa International Learning Opportunities (ILO) programme, which is currently suspended.
- **THET.** A UK charity and company which focuses on building health system capacity in LMICs through health partnerships. It has an interest in relevant work in all four UK nations; in Wales it has an MoU with the WaAHLN and is an observer on its Board. It has links with the UK Government and the WHO, and seeks new programmatic funding through various routes including UK ODA and industry. In England it has partnered with Health Education England (HEE) to provide the Improving Global Health Fellowship programme[27], and delivers ODA-funded projects for the Department of Health and Social Care (DHSC) and Foreign, Commonwealth and Development Office (FCDO).

[26] THET (2020). Innovation: How the NHS Can Learn More from Africa And Asia.

[27] Health Education England (2021). Improving Global Health through Leadership Development programme.

## 4.4 OTHER UK MODELS

It is in the interests of all four UK nations that we look at and learn from each other's approaches to international health. To this end, Wales is represented in the UK and Ireland Global Health Co-ordination Units Network, an informal group which shares practice and experiences. The following are examples that Wales could consider in developing its international health activity.

### 4.4.1 SCOTLAND

Scotland is able to set its international development policy and funding in a way that Wales is not, through an agreement with the UK government brokered soon after devolution. In 2019 the Scottish Government contributed £17m to the UK ODA spend (0.1% of the total).[28] The Scottish Government's 2016 International Development Strategy is aimed at achieving the SDGs, based on partnership, collaboration and global citizenship. There is a focus on just a few partner countries to which Scotland has historic ties: Malawi, Zambia, Rwanda and Pakistan.

NHS Scotland remodelled its international work following a review by the Royal College of Physicians and Surgeons of Glasgow.[29] The Scottish Government and NHS Scotland endorsed its recommendations, launching the Scottish Global Citizenship Programme in 2018.[30] This is supported by:

- The NHS Scotland Global Citizenship Programme Board, overseeing implementation of the review's recommendations.
- The Executive Committee on Global Health, chaired by the Chief Medical Officer and with wide representation from relevant sectors.
- The Scottish Global Health Coordination Unit, acting as a focal point for coordinating activities.

Those involved have seen progress in Scotland's global health activity since this restructuring. The review itself raised awareness and uncovered existing activity. The programme aims to create the conditions that support global citizenship and volunteering in NHS Scotland through activity at strategic, national, Health Board and individual level. Each Health Board has a "Lead Champion", responsible for driving global engagement locally, and the Coordination Unit maintains registers of involved and interested staff. These have grown steadily since the programme started, and greater networking has led to new groups forming around specific areas of work. Champions meet regularly to share experience. The value to CPD is maximised by capturing volunteers' experiences, and collaboration between the NHS and academic institutions.

High-level integration through the Programme Board and Executive Committee allows trialling of projects which, if successful, can then be embedded within core policies and practices. As an example, there is a current trial of flexible contracts, with formalised arrangements for time to undertake global health work, to attract specialists to posts that are difficult to fill.[31]

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[28] The Welsh Government is recorded as having contributed £2m ODA in 2019. It is worth noting that although this may have been spent on charitable activities, predominantly through the Wales and Africa programme, this does not fulfil the definition of ODA. This is discussed in section 5.1.1.

[29] Royal College of Physicians and Surgeons of Glasgow (2017). Global Citizenship in the Scottish Health Service: The value of international volunteering.

[30] NHS Scotland (2021). NHS Scotland Global Citizenship Programme.

[31] Royal College of Ophthalmologists (2019). Scottish Government trials Global Citizenship posts.

### 4.4.2 ENGLAND

It is more difficult to separate purely 'English' structures from those associated with UK Government departments' international development activities, which tend to be channelled through the large English organisations they are more closely tied to. For example, the UK Department of Health and Social Care (DHSC) supports ODA-funded projects run through Public Health England (see ODA section below). However, two examples illustrate ways of developing and embedding international health work.

#### Health Education England: Global Engagement Directorate

The Global Engagement Directorate at HEE manages all international aspects of NHS England's workforce, including international recruitment and global placements for NHS staff.[32] It has built on pre-existing work, driven by clear recognition of the benefits to the NHS of a globally engaged workforce. Programmes include:

- An NHS International Volunteering Group, chaired by HEE, to facilitate and support overseas placements.
- Improving Global Health through Leadership Development (IGH): a multidisciplinary programme offering six-month placements working in a resource-poor setting. The aim is to increase capacity in the partner country, while building personal and leadership skills in the NHS staff involved.
- A Global Learners Programme, supporting ethical recruitment to the NHS from overseas with short-term 'earn, learn, return' positions, which it aims to fill on a cyclical basis.
- The International Postgraduate Medical Training Scheme. Overseas medical graduates take up supernumerary posts in the NHS, sponsored by their own country, and return home having completed competency-based training in a medical specialty.
- Prompted by pandemic-related travel restrictions, a new Virtual Volunteering programme, again in partnership with THET.[33] Volunteers work remotely to meet priority needs defined by national partners in a range of areas and countries. Some, but not all, are related to the COVID-19 response.

HEE partner with THET to implement international placements which provide clear system-strengthening in the partner country, aligned with local priorities, as well as strong support for the volunteer. There is a focus on gathering evidence of benefit to the volunteers and their NHS organisations, based on existing appraisal domains. Their own evidence base, along with other published work, supports the funding of this work, which comes from HEE's core budget.[34,35]

#### Northumbria International Health Links Networks

Northumbria Healthcare NHS Foundation Trust has a 22-year partnership with Kilimanjaro Christian Medical Centre in Tanzania, and a network within its region of over 30 other health links.[36] Like many such projects, the international work began with an enthusiastic individual and has since become embedded in the Trust's

[32] Health Education England (2021). Global Engagement.

[33] THET (2021). Volunteer with THET.

[34] Zamora, B. et al. (2019). "The value of international volunteers' experience to the NHS", *Globalization and Health*, 15, 31.

[35] Tyler, N. et al. (2018). "The benefits of international volunteering in a low-resource setting: development of a core outcome set", *Human Resources for Health*, 16, 69.

[36] Northumbria Healthcare NHS Foundation Trust (2019). International Health Links Networks.

ethos, for which it has won several awards. Prior to the coronavirus pandemic, around 60 visits took place per year, either to or from LMIC partner institutions.

This work is jointly funded by the Trust, as part of its Global Corporate Social Responsibility programme, and the Trust Charity, with both Boards approving a yearly business case. Approval of the budget, as well as wider institutional buy-in, is based on the benefits of involvement in international work. The initial sum of £15,000 per annum invested by the Trust has grown to reflect greater activity, especially the development of trainee programmes, mirrored by growth in fundraising by the many international volunteers involved. The benefits evidenced through these programmes, such as staff professional development, recruitment and retention, are considered a good return on investment. For example, Northumbria's global training programme attracts trainee doctors, who often then stay at the Trust as consultants.

Aspects of these three programmes which may be useful in Wales are:

- The strategy, integration and coordination of Scotland's Global Citizenship Programme, and the collaboration between NHS, academia and others this brings.
- Health Board "Champions" and registers of engaged staff.
- Overseas placements–in person or virtual–for healthcare staff.
- Use of global engagement, for example, through flexible contracts, to attract staff and support ethical recruitment from overseas.
- Systematic collection of evidence of the benefits to individuals and their organisations of international health work.
- Adoption of international health work as a core part of NHS work, with strong support at Board level within the NHS.
- Investment from the health budget to support the above work.

## 4.5 INSIGHTS: FEATURES OF SUPPORTING BODIES AND POLICIES

This was the theme most frequently discussed by stakeholders in all three groups. This section presents some of the key features of these supports, along with discussion around these including the views of stakeholders.

Knowledge of supporting policies was patchy; those who discussed these often felt they were useful, but that there was a gap between intentions and actual practice. There was significant appetite for a review of strategy within Welsh Government, to focus on intended outcomes and impact at home and overseas.

### The Welsh Government

There were many positive comments from CSOs about the support provided by the Welsh Government through the Wales and Africa programme. This sits with the Directorate for International Relations and Development, which provides the bulk of funding (£1.3m per annum) for Wales and Africa activities. These funds are spent on its grants scheme, the International Learning Opportunities programme (currently suspended due to the pandemic) and funding for HCA. The Department for Health and Social Services contributes £50,000 to the Wales and Africa budget: the figure identified in the 2006 Welsh Health Circular, intended then as recognition of the cost saving of employing staff trained overseas. This department also has responsibility for healthcare, including health policy, through its Health and Social Services Group.

### The NHS

This employs relevant professionals and supports their involvement via the Charter for International Health Partnerships. Health is a devolved issue and NHS Wales comprises seven Health Boards, responsible for planning and delivering both primary and secondary healthcare in their area; three Trusts, providing services across Wales; one Strategic Health Authority, Health Education and Improvement Wales (HEIW), responsible for workforce planning and development; and two bodies which provide support services to all organisations: NHS Wales Informatics Service (NWIS) and Shared Services Partnership.

In the stakeholder interviews, NHS structures were discussed mainly by those within ALB and Government groups. While many NHS organisations are supportive of international work and almost all have signed the Charter for International Health Partnerships, most participants believe that this work is not seen as "core business" and will not advance unless this changes. Interviewees spoke of a lack of time to devote to this work from executive level down: it is supported in theory, but in practice it is not seen as a priority and there are few supporting resources. There are often no clear channels of communication with staff about international work and organisations are unclear about how many staff are involved and in what way.

Three stakeholders described a project showing the potential benefits of dedicated resource. CTMUHB set a team of management trainees the project of raising the profile of international health work. Through events and communication, they uncovered existing work, built enthusiasm and engaged more staff, and increased Board support. But this project was temporary, and without their attention the profile of the international work is dropping again.

There was a strong perception that the NHS benefits from staff engagement in international work, with 18 discussing organisational and individual benefits. Improved leadership skills, greater flexibility and new ideas were frequently cited. However, many felt that the learning which benefits the NHS is not well captured, directed, or embedded into practice on return. Some suggested that tying international activity into existing quality improvement programmes could create focus and direction to improve this.

There is a growing body of evidence of benefit to the NHS, some of which examines the cost-effectiveness of investing in this activity. In 2017, Cambridge Global Health Partnerships conducted a Social Return on Investments analysis of one of its large partnerships.[37] It found that, within the UK, at least £3.30 of social value was created for every £1 invested. In 2019 HEE's MOVE project related outcomes recorded by volunteers, collected routinely on their return, with World Bank criteria to evaluate labour market programmes.[38] They found productivity gains from international volunteering of up to 37% for doctors and 62% for nurses.

[37] Cambridge Global Health Partnerships (2017). Social Return on Investment.

[38] Tyler, N. et al. (2018). "The benefits of international volunteering in a low-resource setting: development of a core outcome set", *Human Resources for Health*, 16. 69.

### The Charter for International Health Partnerships

Descriptions of structures within the NHS suggest that, eight years after its initial adoption, the Charter is not yet fully implemented. This is supported by the early findings of an evaluation of the Charter through stakeholder interviews, which was begun by the IHCC in 2019 and interrupted by the pandemic.[39] Themes identified included:

- A lack of dedicated resources and time: e.g., responsibility for international work not built into work plans.
- Limited evidence of regular monitoring and evaluation, making it difficult to demonstrate impact.
- Lack of communication strategy, with limited awareness of the work beyond board level.

These findings were echoed by stakeholders interviewed for the current work. In part these reflect the general pressures on the NHS, even prior to the pandemic, with priority understandably given to essential services. However, the Charter exists in recognition that systematic engagement in international work will benefit the NHS. This will not be realised without focus on the work.

### The International Health Coordination Centre

The International Health Coordination Centre (IHCC) was set up in response to 2012's "Health Within and Beyond Welsh Borders" and initially funded by Welsh Government with the aim of supporting and coordinating NHS international activity.[40] It no longer receives direct funding and is supported through the Public Health Wales budget. It hosts the Charter Implementation Group, with representatives from each Charter signatory (Health Board etc), and has recently been developing training in global citizenship. However, its wider networking and coordination functions have been lost.

The IHCC was discussed by nine participants, most of whom described disappointing levels of coordination. One said that "…essentially the IHCC doesn't exist": a somewhat extreme expression of a common view. Some recalled an active first couple of years after its creation, coinciding with the period during which it received funding from Welsh Government. In recent years Public Health Wales (PHW), which hosts the IHCC, has become a WHO Collaborating Centre for the European region, and some mentioned that interests and resources appear to have refocussed on this. The Charter Implementation Group is valued by those members interviewed, as the only clear forum to share experience and practice. However, even prior to the pandemic some interviewees report periods of inactivity depending on the priorities of PHW staff.

In support of these perceptions a new Implementation Toolkit for the Charter remains incomplete. Though this could be a symptom of inconsistent NHS engagement, the IHCC website does not support its role as a coordinator: there are links to the Charter and some relevant organisations, but the database of partnerships does not function and listed funding opportunities are out of date. Based on this and the stakeholder interviews, the IHCC does not currently function as a networking hub beyond the NHS. It was set up to "…act as a 'clearing house' for knowledge, support and resources relating to international health engagement" but it is no longer meeting these aims.

[39] Personal communication by the researchers, who supplied a summary of key points from data so far.

[40] International Health Coordination Centre (2021). Welcome to the International Health Coordination Centre.

### Coordination

Finally, twenty participants discussed a desire for better coordination of international health work. Various different aspects of this were mentioned, including leadership and direction to maximise impact, and better capture and sharing of learning. But most commonly "coordination" meant wider and stronger networks, practically connecting the different CSOs and individuals involved, along with NHS and academic institutions.

**Hub Cymru Africa** (HCA), funded by Welsh Government, was set up to support organisations involved in all areas of the Wales and Africa programme.[41] It was formed in 2015 as a partnership of four existing organisations: Fair Trade Wales, the Sub-Saharan Advisory Panel (SSAP), the Wales and Africa Health Links Network (WaAHLN), and the Welsh Centre for International Affairs (WCIA). In interviews HCA attracted praise for its training, events and overall support, for example, "I couldn't have done it without the Hub". Four, though, discussed the differences between international health work specifically and international development in general, with the former relying more on professional expertise and NHS connection, and with potential adverse outcomes if done badly. The HCA staff who support this work have great experience in international development but little health-specific expertise or NHS connections. While other HCA partners have dedicated staff with specific experience, WaAHLN does not, and this appears inequitable. This apparent gap is not filled by the IHCC, which has the connections but no funded supporting capacity.

**The WaAHLN** is a voluntary organisation of individuals involved in international health work.[42] Its aim is to support and advocate for international health partnerships. Many Trustees are healthcare professionals, and it forms a link between the NHS and community-based organisations. It receives some administrative and practical support from HCA. Twelve participants discussed the activities of the WaAHLN, particularly its future direction, and further opinions were gathered in an online survey. There was a strong desire for WaAHLN to build its networking function, better connecting active groups, the NHS and the wider international development sector. Some suggested that it maintain a register of interested individuals and groups, and work to include diaspora groups. Potential benefits of this were seen as identification of opportunities to collaborate, to share experience and learning, and to find funding sources. Given its diverse, expert membership, close NHS links and independence, the WaAHLN is well placed to contribute to setting direction and strategy for international health work.

Overall, there was a strong sense that if disparate efforts could be harnessed and focussed, the impact of even small resources would be much greater, and then the work could grow.

### Policies, legislation and strategy

Aside from the Charter, few participants spontaneously discussed the policies, listed in section 4.1, which support international health work. The Well-being of Future Generations Act was mentioned by six, who saw a strong connection between international health work and the Act's "global responsibility" goal, but four mentioned that in practice this seems to be a "missed opportunity". They do not see the NHS using this to set objectives or monitor progress in implementing the act, or do not see the Future Generations Commissioner clearly tying the two together. Doing so would appear a natural way of encouraging the transition of international work into the core business of the NHS.

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[41] Hub Cymru Africa (2021). Welcome to Hub Cymru Africa: Supporting partnerships in Wales and Africa.

[42] Wales and Africa Health Links Network (2021). Welcome to Wales and Africa Health Links Network.

In her 2020 report, the Future Generations Commissioner identified the "global responsibility" goal as the least understood and least implemented of the Act's seven goals.[43] The report mentions the International Strategy and the Wales and Africa programme as opportunities in this respect, and one of the "10 simple changes" to make progress towards this goal is: "Promote leadership opportunities to your staff to understand global contexts".[44] This refers specifically to the Wales and Africa International Leadership Opportunities programme, but could easily include other international opportunities.

Specifically asked about the Welsh Government International Strategy, many were unaware of this, perhaps reflecting its recency or the fact that it was published during the pandemic. Of those that were, some felt that its aims were not consistent with international development, even though there is an action plan dedicated to Wales and Africa.

Nonetheless, fifteen participants expressed a strong desire for clear strategy in relation to international health, at either government or NHS level, or both. A need for clear, coordinated aims and objectives for the work was seen as key to increasing scale and impact, and ensuring mutual benefit. Some spoke of the connection to ethical recruitment practices in the NHS. The work was described as "maturing", needing a strong framework in order to do this. Again, emergence from the pandemic was seen as a good time to review and refresh Wales's overall approach. These views highlight the relevance of looking at models elsewhere in the UK which are already developing these links.

## 4.6 SUMMARY

Wales supports many groups active in international health. The majority are small, and only a small proportion are NHS-based partnerships. There are strong policies supporting both national and NHS engagement in international work, an array of involved bodies, and others with skills or networks to offer but which are not yet involved. The work is led by a number of different groups, with no single point of contact for coordination. There are models elsewhere in the UK which Wales could look to for ideas, particularly in terms of structuring activity within the NHS.

[43] Future Generations Commissioner for Wales (2020). The Future Generations Report 2020: Executive Summary.

[44] Future Generations Commissioner for Wales (2021). A Globally Responsible Wales.

# 5. FUNDING

This section provides information about UK ODA funds, and current and potential sources of funding for active organisations. This baseline is related to particular strengths within Wales which could form the focus of ODA-supported projects.

## 5.1 OFFICIAL DEVELOPMENT ASSISTANCE

### 5.1.1 BACKGROUND

Official development assistance is government aid that promotes and specifically targets the economic development and welfare of developing countries.[45] The Development Assistance Committee of the Organisation for Economic Cooperation and development (OECD) draws up a list of countries eligible to receive ODA every three years, with the most recent produced in 2020. Eligibility is based on countries' per-capita income and includes all countries classed as low- or middle-income, except those which are members of the G8 or the European Union. ODA may be bilateral (spent on specific countries, regions or programmes) or multilateral (contributions to core funding for organisations such as the WHO and UN). Spending has been focused on priorities identified in the UK Government's 2015 Aid Strategy, but these priorities are changing.

#### Recent changes

Until recently, overall responsibility for international development and the major ODA spend was held by the Department for International Development (DfID), and the UK Government was committed, by law, to spending 0.7% of Gross National Income (GNI) as ODA. Over the course of 2020 this framework has seen significant changes, including the merger of DfID and the Foreign and Commonwealth Office, creating the Foreign, Commonwealth and Development Office (FCDO), and a reduction in ODA spending to 0.5% of GNI, in response to the economic crisis prompted by the coronavirus pandemic. Furthermore, in December the Foreign Secretary announced the development of a new strategic framework to replace the 2015 Aid Strategy[46]. This has yet to be published, but will focus ODA spending only in countries where the UK's development, security and economic interests align–for example, in sub-Saharan Africa–and on seven "global challenges". One of these is COVID and global health security.

#### ODA spending

The most recent finalised figures for ODA spend are for the calendar year 2019.[47] Of note:

- 57.6% of funding was bilateral, i.e., allocated to a specific country or region, lower than in 2018. In terms of countries, the top three recipients were Pakistan, Ethiopia and Afghanistan.
- Africa received the highest proportion of bilateral ODA (50.6%, similar to 2018), followed by Asia (41.8%).
- Health received the second highest funding by sector (14%), with multisector funds third (12.9%). Within this, multisector research/scientific institutions received the greatest funding.

[45] OECD (2020). Official Development Assistance (ODA).

[46] UK Foreign, Commonwealth and Development Office (2020). Letter from the Foreign Secretary regarding the future of the UK aid budget.

[47] Department of International Development (2019). Statistics on International Development.

There had been a trend over recent years toward more ODA spending by non-DfID/FCDO departments, although that is now being reversed. The departmental ODA allocations for 2021 are shown in Table 4.[48] The total is close to £10bn, with around 20% spent through non-FCDO departments. This represents a drop of around one third on the previous year's overall spending, and a similar drop in the proportion spent by non-FCDO departments. The overall figure may fall further, depending on GNI, and there are fears that ultimately the ODA budget may be cut by 50-70% compared with 2020.

| DEPARTMENT (UK GOVERNMENT) | 2021 ALLOCATION (£M) |
|---|---|
| Foreign, Commonwealth and Development Office | 8115 |
| Business Energy and Industrial Strategy | 706 |
| Conflict Stability and Security Fund | 337 |
| Digital, Culture, Media and Sport | 6 |
| Department for Environment Food and Rural Affairs | 92 |
| Department of Health and Social Care | 207 |
| HM Revenue and Customs | 4 |
| HM Treasury | 3 |
| Home Office | 470 |
| Office for National Statistics | 3 |
| Other (includes DfE, DWP, MoD, devolved administrations)[49] | 42 |

**Table 4: Departmental ODA allocations, 2021/22.**

### ODA and devolution

International development is not a devolved issue, and the UK government spends ODA on behalf of the devolved nations. As noted, Scotland has an agreement with the UK Government allowing it to allocate and spend ODA, for the benefit of partner countries, from its own budget. Wales has no such agreement, and its budget must be spent primarily for the benefit of the people of Wales. The Wales and Africa programme is therefore funded on the basis that this activity benefits Wales.

Non-FCDO departments secure ODA funds by planning projects which align with ODA spending priorities and proposing these to the FCDO Secretary of State, through their respective Secretary of State. The UK Government Department of Health and Social Care (DHSC) leads on international relations and global health for the whole of the UK, and follows this process for health-related projects. Public Health England (PHE) has substantial input and many of the DHSC's ODA funded projects relate to PHE's Global Health Strategy. This stems in part from PHE's current core functions and in part from historic activity. With PHE in the midst of major restructuring, their role in this may change.[50] England's Chief Medical Officer has oversight of the DHSC

[48] UK Parliament (2021). Development Update: Statement UIN HCWS735.

[49] ODA spend by Welsh Government is not separately projected for 2021, but in 2019 was £2m, or 0% of the total. As discussed, even this does not, in fact, meet the definition for ODA.

[50] UK Department of Health and Social Care (2020). Policy Paper: The future of public health: The National Institute for Health Protection and other public health functions.

ODA budget and is the UK's representative on the WHO Executive Board. ODA is also spent on health through the FCDO and multisector funds.

Wales is formally represented in this process at the following levels:

- The four nations' Chief Medical Officers, who meet regularly.
- The UK International Health Group
- PHE's Global Health Committee

### 5.1.2 ACCESSING ODA FUNDS

There are three basic routes by which organisations can access ODA funding:

- Applying to advertised grant funds. These will often be managed by third parties, for example the National Institute for Health Research (NIHR). Applicants' projects must meet the specific criteria of the grant 'call' and compete against others to receive funding. Section 4.1.3 gives details of current relevant funds.
- Bidding for contracts to supply services – such as the administration of grant funds, as above. These opportunities are advertised via the FCDO's Supply Partner Portal, as are grant funds themselves.[51]
- Developing projects which government departments will include in their ODA budgets, as described above. While usually done through UK Government departments, Welsh Government could also follow this process. Projects would need to align with UK priorities on ODA spending and global health, and success would depend on strong working relationships with the DHSC, the FCDO and the Secretary of State for Wales.

Monitoring available opportunities, developing bids and projects, and building the relationships required for success takes considerable time and effort. Organisations intending to pursue these opportunities will need to dedicate staff time to the task.

### 5.1.3 CURRENT HEALTH-RELATED ODA FUNDS

Due to the recent major changes described above, at the time of writing this report (March 2021) the majority of potential ODA funds for relevant health activity are coming to an end; very few are open for applications. With the UK Government's budget recently announced new funds will no doubt launch soon; meanwhile the information here represents the current baseline funding landscape. These changes reinforce the need to build wide and strong relationships with UK Government departments and healthcare organisations, in order to adapt and align with changing national priorities.

#### FCDO-administered funds

The FCDO's 'fund finder' was used to identify relevant funds.[52] This included those based on health or research (including WASH and innovation) and open to UK NGOs, including small organisations, and local government. Only three were found, with a further 11 excluded as falling outwith the scope of this review, or long closed. The relevant funds are:

[51] UK Foreign, Commonwealth and Development Office (2021). Procurement at FCDO.

[52] UK Foreign, Commonwealth and Development Office (2021). International development funding.

- **UK Aid Direct.**[53] This is specifically aimed at small- and medium-sized CSOs working to achieve the SDGs in certain eligible partner countries. Within this there are separate grant funds with more specific eligibility criteria. The only fund currently open is the Small Charities Challenge Fund (SCCF), to which some Welsh organisations have successfully applied. New applications to this fund close on March 25th, 2021.
- **UK Aid Match.**[54] This provides grants to UK based CSOs for poverty reduction projects, through match-funding donations to their organisations. There must be a realistic expectation of raising at least £100,000 in donations within a maximum of three months; at present this is likely to exclude many of the active Welsh health organisations identified. There are further criteria for eligibility of projects. This fund is not currently open for applications but has historically recurred.
- **Global Innovation Fund.**[55] This fund is continuously open to applications, and only a portion of its budget comes from ODA. It aims to encourage implementation and scale-up of innovations to improve the lives of those living on less than $5 a day. It is open to any organisation and health-related activities could be eligible, but it may be more relevant to the corporate sector.

The FCDO also supports many large health-related projects, implemented by major NGOs and companies. Examples, which indicate areas of interest and focus for UK ODA, include:

- Reducing transmission of and mortality from HIV/AIDS, tuberculosis and malaria.
- Supporting polio eradication.
- Women's sexual health, including family planning and contraceptive supplies.
- Development of primary health care services.
- Reducing deaths from and impact of neglected tropical diseases.
- Improving maternal and child health.
- Nutrition and WASH programmes.

These are often focused on specific countries, demonstrating the importance of in-country presence or connections in accessing opportunities to deliver projects.

### DHSC-administered funds

The FCDO's Development Tracker[56] lists 42 fund or programmes run from the DHSC's budget. Of these 18 relate purely to research, five to pharmaceutical development (including vaccines), and three to agriculture. Five are direct contributions to the work of existing centres. A number are administered by other organisations, such as the National Institute for Health Research (NIHR); THET is a provider for two. The funds and projects most relevant to this report are listed below. Note that, as many are closed or closing, these are presented to give an idea of the types of projects that have been supported by UK ODA.

[53] UK Aid Direct (2021). UK Aid Direct.

[54] UK Aid Match (2021). UK Aid Match.

[55] Global Innovation Fund (2021). Global Innovation Fund – Home.

[56] UK Foreign, Commonwealth and Development Office. (2021). Development Tracker.

- **The Fleming Fund.**[57] This is a £265 million programme which began in 2015 and is supporting countries across Africa and Asia to tackle antimicrobial resistance (AMR). Projects include practical/clinical and research projects, including some focussed on agriculture. There are fellowships for staff in laboratories and pharmacies, aimed at increasing their capacity in LMICs. THET's Commonwealth Partnerships for Antimicrobial Stewardship programme is one such project.[58] There are currently no opportunities open to applications and many active projects end this month, though some have been informed of short extensions to funding. Based on this and known future ODA priorities, it seems possible that this fund will recur.
- **International Health Regulations (IHR) Strengthening project**.[59] This project, funded with £16m over five years, is implemented by PHE and aimed at improving global health security through increasing compliance with the IHR. These form a legally binding framework in 196 countries, defining countries' rights and obligations in handling public health events with the potential to cross borders. Implementation of this project began in 2016 and ends this month.
- **Diagnostics, Prosthetics and Orthotics to Tackle Health Challenges in Developing Countries.**[60] An £8m fund over four years, supporting frugal innovation for healthcare technologies. These grants were aimed at groups developing this work in specific priority areas with the potential to revolutionise care pathways in LMICs. The programme is no longer open to application and delivery ends this month.
- **UK Public Health Rapid Support Team - Rapid investigation and response.**[61] This receives funding of £8m over five years, supporting a team of public health professionals who can be sent to assist LMICs in managing disease outbreaks. It is implemented by PHE and the London School of Health and Tropical Medicine, and includes training and maintaining a cohort of deployable staff. The current project ends this month but seems likely to recur, based on known ODA priorities, and can include staff from anywhere in the UK.

### Other departmental funds

The Department for Business, Energy and Industrial Strategy (BEIS) oversees the £1.5bn Global Challenges Research Fund (GCRF).[62] This aims to maximise the impact of research and innovation to improve lives and opportunity in LMICs. The research supported addresses the SDGs and is wide-ranging, but includes many projects relating to health. The fund is under threat and will almost certainly reduce as a result of cuts to the ODA budget.[63]

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[57] The Fleming Fund (2021). The Fleming Fund.

[58] THET (2021). Our Work: CwPAMS.

[59] UK Department of Health and Social Care (2021). Development Tracker: International Health Regulations (IHR) Strengthening Project.

[60] UK Department of Health and Social Care (2021). Development Tracker: Diagnostics, Prosthetics and Orthotics to Tackle Health Challenges in Developing Countries.

[61] London School of Hygiene & Tropical Medicine (2021). UK Public Health Rapid Support Team (UK-PHRST).

[62] UK Research and Innovation (2020). Global Challenges Research Fund.

[63] UK Research and Innovation (2021). UKRI Official Development Assistance letter 11 March 2021.

### Cross-departmental funds

The Prosperity Fund is £1.2bn portfolio of programmes over seven years, focussing mainly on middle-income countries such as China, India and Mexico.[64] It works primarily through influencing the business environment. It is beyond the scope of this report but is included here for completeness since one programme is Better Health, which is active in southeast Asia and South Africa. There is also some non-health related activity in sub-Saharan Africa. It will be examined further in the subsequent, wider report.

## 5.1.4 FUTURE TRENDS IN ODA FUNDING

Following the dramatic change in the scale and structure of UK ODA funds, outlined above, huge uncertainty remains around future spending. This will be greatly reduced, at least in the short term. Though there are pending legal challenges to the cut from 0.7% to 0.5% of GNI allocated to ODA, and the government has stated that this reduction is temporary, GNI itself is expected to take some years to return to pre-pandemic levels. As discussed, a new framework for ODA spending, with changed priorities and no clear commitment to focussing on poverty reduction, is in development. The FCDO has limited its engagement with the international development community, which remains largely in the dark about the future of its work.

However, there are predictions about the direction of travel:

- Health will remain a priority. This follows naturally from the pandemic and is explicit within the Secretary of State's December announcement. The detail of the second global challenge on which ODA will be focussed is: "Combat Covid-19 and support healthier and more resilient populations in developing countries. We will do this through major investments in global initiatives such as the GAVI vaccine alliance, core funding to the World Health Organisation, and by supporting fragile health systems in developing countries."
- There will be a focus on vaccines and on measures to control infectious disease outbreaks. This would be in line with prior funding through the UK Vaccine Network, on AMR and on public health strategies, given a new urgency by the pandemic.
- The relationship between the climate crisis and health is likely to be targeted, in part as the UK host, the UN Climate Change Conference, COP26, in November.
- Some country programmes are likely to close. This was suggested in the December announcement, which stated that there would be a focus on countries where the UK's key interests aligned. A greater proportion of funding would then become multilateral.
- The trend to "repatriate" spending to the FCDO from other UK government departments will likely continue. The FCDO is likely to spend more through countries' embassies, which are considered better able to prioritise and coordinate work.

At the same time, following the fracturing driven by Brexit and the coronavirus pandemic, the UK Government may well consider allocating funds in ways which support the UK union. This could give Wales a new advantage in seeking ODA for key projects.

[64] UK Government (2020). Guidance: Cross-Government Prosperity Fund.

### 5.1.5 ALIGNMENT OF WALES'S STRENGTHS WITH POTENTIAL ODA FUNDS

Based on all the above, Wales has a number of strengths which appear to align with potential health-related ODA spending and focus (Table 5).

| AREA | KEY STRENGTHS | KEY ORGANISATION(S) |
|---|---|---|
| Value-based healthcare | | Bevan Institute; Life Sciences Hub; Swansea University |
| Disease outbreaks and antimicrobial resistance | Genomic sequencing | Pathogen Genomics Unit (PHW); Genomics Partnership Wales |
| Innovation | Digital services | NWIS; Bevan Institute; Life Sciences Hub |
| Public Health Research | Health and wellbeing | PHW; NCPHWR; Health and Care Research Wales |
| Clinical Education | Blended/remote learning | HEIW; Health Boards; Universities |
| Health Protection | Pandemic preparedness and response; vaccination programmes; screening programmes | PHW |
| Existing country links | Somaliland, Lesotho, Uganda | Many, including Wales's diaspora populations, key CSOs and NHS-based links |

**Table 5: Alignment of Wales's healthcare strengths with potential ODA funding.**

Of these, the activity of PHW may be particularly important. Historically, PHE has played a large part in developing DHSC's global strategy and ODA programmes. However, in August 2020 the Secretary of State for health in England announced the replacement of PHE with a pan-UK National Institute for Health Protection, incorporating England's 'NHS' Test and Trace body.[65] Its leadership will change, and it remains unclear whether, or how, it will incorporate all of PHE's current functions. Meanwhile Wales's more coordinated response to the pandemic, led by PHW and delivered cost effectively through public bodies, has been noted nationally and internationally. There may be an emerging space into which PHW can step, in terms of directing and delivering global health priorities.

## 5.2 NON-ODA FUNDING FOR WELSH INTERNATIONAL HEALTH WORK

There are a number of other substantial, non-ODA funding sources which could be accessed by Welsh international health organisations:

- The Big Lottery Fund (depending on specific funding programmes open).
- Comic Relief (only open to medium-sized organisations active in certain countries).
- Other national/international funds, e.g., the Commonwealth Foundation, the EU, USAID.
- Large trusts and foundations, e.g., Wellcome Trust, The Bill and Melinda Gates Foundation.
- Corporate sponsorship.

[65] UK Department of Health and Social Care (2020). Policy paper: The future of public health.

For many of these there would be an advantage, or necessity, in joining other organisations to form a consortium to bid for funds. For example, now that we have left the EU a UK organisation could not "lead" a bid for EU funding, but it could still benefit by partnering with an organisation based in an eligible recipient country, or EU member state. Similarly, much Wellcome Trust funding is focussed on research: a CSO may have the in-country connections to plan or facilitate research, but not the capability to undertake it. In this case it could partner with a university active in the relevant area, with both benefiting from funding received and a greater impact in the partner country. Such partnerships could set smaller groups on a trajectory of developing capacity and credibility to manage larger funds.

## 5.3 INSIGHTS: FEATURES OF FUNDS AND APPLICATION PROCESSES

This was the fourth major theme discussed by stakeholders, predominantly in terms of barriers to accessing grant funding. It is worth noting that two of 20 respondents (10%) to the funding survey did not want to access additional funds. One of these was satisfied with their model and felt that applying for grants would not be good use of limited time. The other cited the "boom and bust" nature of grant funding and the risks to funding of long-term projects. Both of these organisations rely predominantly on direct donations.

### Grant criteria

The specific criteria of grant funds and their application processes were the most frequently discussed barriers to accessing funds. It was seen as sometimes difficult, or wrong, in terms of partner's identified priorities, to fit projects into the narrow aims of some funds. Larger funds were often perceived as being aimed at organisations which are not common in Wales, such as large university-affiliated NHS Trusts, where many staff have allocated time for academic and research activities, and the expertise this involves. This overlaps with the theme above, regarding the need for time and skill to successfully complete grant applications.

### Skills and experience

Both interviewees and survey respondents perceive the level of skill, understanding and time required for writing grant applications is a barrier. The funding survey's 20 respondents made 10 comments stating that training, guidance or support in completing application forms would facilitate success. In interviews some successful applicants mentioned employing someone specifically to complete the application form. One serially successful and one unsuccessful applicant noted the impact of failed applications: a small organisation which devotes much of its capacity to one large bid can be seriously discouraged if this fails, and deterred from applying again.

While this perhaps argues again for the benefit of joint bids in building experience and confidence, there were mixed opinions about the benefits of forming consortia. In both interviews and online survey positive views were predominant: 15 (83%) survey respondents who wanted to access more grant funding would consider this. They discussed the potential for synergies to be found between groups, and tasks allocated according to existing skillsets. Others were wary, seeing a potential to "shoehorn" various projects into a poorly fitting joint bid. One diaspora stakeholder had experienced being "used as a token" to allow a large organisation to fit grant criteria.

In terms of building skills, both HCA[66] and THET[67] have recently announced capacity-building programmes for CSOs. These will involve individual needs assessment of areas for development and tailored support, including online resources, workshops and mentoring.

### Geography and network

The need for networking in order to access grant funds was frequently mentioned, particularly by CSOs. There is wide perception that bids are more likely to be successful when "your face is known". Geography was discussed alongside this, as both a facilitator and a barrier. Within Wales, the relatively small community and many events facilitate networking, and key individuals within Welsh Government are seen as accessible. This is seen as being beneficial to the work as a whole, and as facilitating access to Welsh Government grant funding. There was much positivity about the Wales and Africa grants scheme: its relative simplicity, apparently "fair" distribution across the country, and flexibility (e.g., reallocation of funds for projects disrupted by the coronavirus pandemic).

However, the converse is true of access to larger funds from organisations based in England, including UK Government ODA. Here there is a generally a perception that Welsh organisations are excluded by virtue of distance and network, with grants awarded mainly to organisations based in the south east of England. Some suggested a lack of interest in supporting bids which were "nearly good enough" and could be improved with a little effort, in favour of awarding "the same faces" repeatedly. An exception to this view was presented by two successful ODA bidders, who felt that a deliberate attempt had been made to spread awards geographically and that support had been provided.

Data from the THET grant awards over many years set these perceptions in context. Location of successful applicants (total 317) is summarised in Figure 3 and shows significant regional spread. Organisations in Wales receive 3% of grants versus a 5% share of the UK population. It is true that the proportion awarded to organisations based in London and the Southeast, excluding professional associations such as medical Royal Colleges, is higher than that of their UK population share (26% vs 15%). However, the north west and south west of England also receive more grants than would be expected by population (10% grants vs 6% population and 7% vs 5% respectively). In terms of the size of recipient organisations, professional associations receive 31% of grants, and institutions in Oxford and Cambridge receive 7% versus a UK population share of around 2%. This seems to support the perception that larger organisations are more successful. While this could relate to the "bias" perceived by some stakeholders, it may simply reflect the greater experience and capacity of larger organisations which was equally recognised in stakeholder discussions.

So, in fact, this data supports the idea that smaller organisations may benefit from partnering with larger institutions to access larger funds. Where this is direct ODA funding, recipients are monitored and "graded" by the awarding body; high grades are credentials which make the success of future bids more likely. Smaller organisations can therefore strengthen their position for future independent bids through initial consortia approaches.

[66] Hub Cymru Africa (2021). Springboard by Hub Cymru Africa.

[67] THET (2021). Health Partnership Capacity Development Programme.

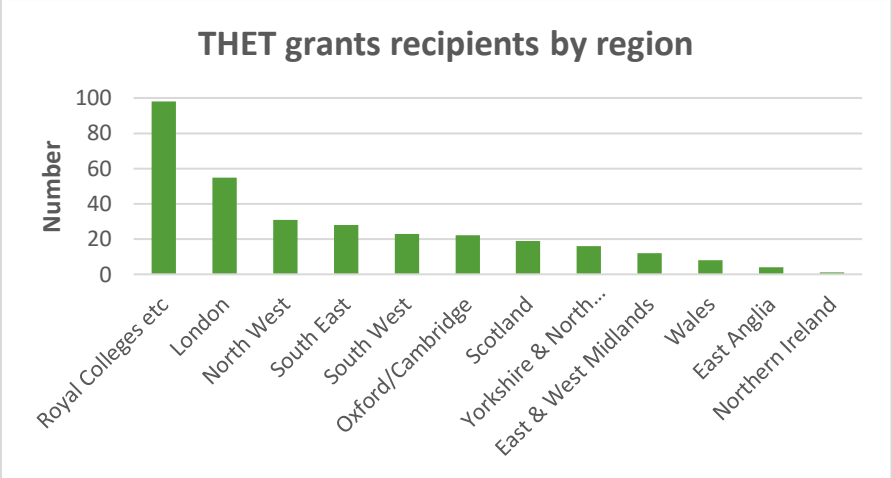


**Figure 3: Geographical location of THET grant recipients (total number 317).**

### Finding suitable funds

Finally, nine respondents to the funding survey (50% of those who want to access more grant funding) stated that help identifying suitable funding sources would be useful. HCA already collates this information in relation to all available funding, but respondents felt that it would be useful to categorise this so that they could easily identify opportunities relating to health.

## 6. CONCLUSIONS

For a small country, Wales supports a huge amount of international health activity: this is evidenced by the identification of 38 active organisations, even within the limited criteria of this review. This work enjoys high-level support, including legislation and government policy, as well as good practice commitments within the NHS. And yet, this review has confirmed that the majority of active organisations are small and that, relative to its size, the NHS supports relatively few of these. The information set out above points to some clear conclusions which will help direct efforts towards strengthening this work.

### 6.1 INTERNATIONAL HEALTH WORK WILL BENEFIT FROM BETTER COORDINATION.

The need for strong coordination was recognised in the 2012 framework "Health Within and Beyond Borders" and actioned by founding the IHCC. But the IHCC is now not funded and no longer fully performs its coordinating functions. HCA absorbs some, such as collating and promoting funding opportunities and running training events, but it is not well connected with the NHS or academic organisations. The WaAHLN provides the NHS connection, but does not have dedicated support staff within HCA, and its links with academia are individual and ad-hoc. This report has identified many other bodies with the potential to contribute, but who are not yet active. There is no space which brings together all these organisations with a specific interest in international health work, with the result that opportunities to collaborate are lost, along with the conditions to create impactful projects at scale. A central coordinating point for international health work is needed in Wales.

### 6.2 INTERNATIONAL HEALTH ORGANISATIONS NEED TO DEVELOP TO ACCESS BETTER FUNDING.

The majority of active organisations are small and based entirely on volunteers' efforts. They do not have the capacity, in terms of time or skill, to develop projects which would attract large grant funds, including ODA, or to complete these application processes. The majority of those surveyed would like to access better funding. If funds improved, it is likely that organisations would develop, creating a "virtuous circle" of growth. There are some simple steps which would help with this. First, developing the Wales and Africa grants scheme to offer medium sized grants (e.g., of £50,000) would offer a step up for organisations. Secondly, collaborating with other small groups on synergistic projects, or with larger organisations including universities, would allow skills and capacity to be shared in submitting consortia bids. Better coordination as above, bringing relevant organisations together, will be key to this. Even the connections made as a result of this review's work have been helpful: a large university-based organisation and a small diaspora group have joined together to plan a project and apply for a large grant.

### 6.3 WALES HAS OPTIONS TO INCREASE ODA FUNDS, BUT SHOULD ALSO LOOK ELSEWHERE.

Our country has huge strengths in the field of health, particularly in the wake of the coronavirus pandemic and with growing climate concern. Health protection, genomic sequencing and digital innovation are key here, and the time is ripe for PHW to develop a strong international presence. Organisations which focus on value-based healthcare and innovation are ideally placed to contribute to developing clear aims for mutual benefit from partnerships with LMICs. These areas may well align with new UK priorities for ODA spending, and a UK Government focus on the union could place Wales in a stronger position. Organisations with the vision and capacity to plan significant projects in these areas need to be brought together and this will be supported by better coordination. Though some may fit the criteria of existing grant calls, the best chance of securing ODA funds will be through strengthening relationships between Welsh Government and the FCDO, the DHSC and the Office of the Secretary of State for Wales. This will improve the chances of successful applications to supply

contracts and open the possibility of contributing to departmental ODA programmes, for example with the DHSC. Any successful application for ODA funding will build credibility for another, creating another "virtuous circle". However, given the scale of ODA cuts it would be wise for organisations to consider diverse sources, including other countries' grant programmes.

### 6.4 THE NHS NEEDS TO INVEST TO BENEFIT FROM INTERNATIONAL HEALTH WORK.

Wales has a highly integrated health and care system, based on planning rather than competition. It includes a number of bodies which support or provide services across the entire country. Along with its stated commitment to international health work, this should put it in an ideal position to support international health partnerships and broader collaborations. This is being hampered in many organisations by a lack of structure and prioritisation, along with the longstanding pressures which have exploded during the pandemic. This will continue to be the case until international health work is made a strategic priority of the NHS. The growing body of evidence of benefit to NHS organisations in terms of staff recruitment, retention and wellbeing, as well as core skills, strongly argues for this. The studies cited above suggest that investing small amounts of dedicated staff time into this work will be a cost-effective way of reaping these benefits. Some of this could be focussed on providing practical support, such as project management, for existing partnerships, allowing them to grow and involve others as they scale up their work. There is specific work to be done in terms of the relationship of international health activity to workforce planning, including using this to support ethical recruitment from overseas and to create training opportunities.

### 6.5 DIASPORA GROUPS NEED TO BE ACTIVELY DRAWN INTO INTERNATIONAL HEALTH WORK.

Wales has large, strong diaspora groups within its communities and the NHS, and their experience can bring huge benefit to this work. Engaging these groups will require better communication, both within the NHS and outside it, including listening to and acting on the concerns of these groups. This can be a focus when developing improved coordination of the work generally, and stronger support within the NHS. Developments relating to BAME staff during the pandemic and Wales's new Race Equality Action Plan will help with this. As well as improving Wales's international health work, listening to and actively involving diaspora will contribute to the development of anti-racist institutions and society.

### 6.6 WALES WOULD BENEFIT FROM A STRATEGY RELATING SPECIFICALLY TO INTERNATIONAL HEALTH.

This would build on Wales's track record of working across boundaries in line with the Well-being of Future Generations Act, and increasing co-production. Bringing together key players to develop this would support action on all of the foregoing conclusions. A new strategy could draw directly on experiences of the pandemic, and benefit from the change in perceptions and more collaborative working that has developed from this. There is heightened awareness that health is global, and that none of us are safe until we are all safe.

# 7. RECOMMENDATIONS

There is a strong baseline to build on in taking forward Wales's international health work, including enviable levels of enthusiasm within key organisations. Modest investments in developing specific health-related strategy and coordination will narrow the gap between intentions and outcomes, highlighted by this report's conclusions. This will allow Wales and its partner countries to see greater impact from their efforts and enjoy truly mutual benefits, including within health services at both ends. Within the UK, ensuring that NHS staff feel valued and supported, and provided with enriching opportunities, will support recovery from the strains of the pandemic. The overall aim must be to create an enabling environment which encourages participation and innovation, while guiding activity to fulfil agreed goals.

## 7.1 RECOMMENDATIONS FOR THE WELSH GOVERNMENT

### 1. Commit to maintaining funding and support for international work.

It is clear that there is strong support for the Wales and Africa programme within the Welsh Government, our nation's communities and, in terms of health, within the NHS. In THET's IPSOS poll of health workers, 94% overall and 100% in Wales believed that UK aid to LMICs was at least fairly important. The UK aid budget and its governing structures are being slashed, and Wales has an opportunity to clearly state a different attitude. This would be in line with its outward-looking International Strategy, as well as Wales's long history of engagement in this sphere. It would send a strong signal to the Welsh people that, as we build back following the coronavirus pandemic, Welsh Government is renewing its commitment to the SDGs, the Well-being of Future Generations Act and the principle of global citizenship.

### 2. Convene a cross-government International Health Strategy Group (IHSG).

This was set up following the recommendations of "Health Within and Beyond Borders" but has since faltered. Cross-government representation will be key to taking a view of health as a broad whole and benefiting from involvement of all relevant sectors. The group will want to be advised by relevant stakeholders outside of government and this could be done by establishing a Partnership Board.

The terms of reference and membership of the IHSG could be based on those of the prior group, but a thorough review will be required: in nine years the health landscape has changed within and beyond borders, and the group must be fit for the health service and global priorities of 2021 and beyond. The IHSG would be led by a senior member of the Department for Health and Social Services and would review and create the overall strategic direction for Wales's action on international health.

Specific areas the group might consider are:

- Objectives for Wales's engagement in international health, based around the SDGs, co-production and mutual benefit. This could include weighing the benefits of focussing resources on certain countries or health themes.
- Clear connection to the Well-being of Future Generations Act, global citizenship and the new Race Equality Action Plan. In terms of the last, particular action on engaging diaspora in this work may be beneficial.
- The diversity of activity, in terms of type and size of active organisations. This may include explicit support for small groups, provided they are following good practice principles; championing of specific organisations which want to grow and are well-placed to do so; and positioning of larger groups to access bigger funding streams.

- Engagement with key Welsh organisations and the UK Government (see below) for development of successful major project proposals. This could be focussed around areas identified in this report as key strengths in Wales: health protection and public health research, value-based healthcare, digital innovation, genomics (particularly in relation to disease outbreaks and antimicrobial resistance), and existing strong country links.
- Strengthening the contribution of and benefits to NHS Wales. This will require clear NHS leadership and an update of the 2006 Welsh Health Circular. It could involve creating new opportunities for the workforce, including diaspora staff, to improve recruitment and retention.
- The resources and leadership required to turn strategy into practical actions and outcomes. This should include specific consideration of leadership and support within the NHS and resources for coordination of the work, including access to funding.

### 3. Strengthen the strategic relationship with key UK government departments and networks, including the FCDO.

The above group would lead development of relationships with the UK Government, other governments and international organisations. It could ensure that Wales is represented, with a unified voice, at the key decision-making tables. Developing a strategic relationship with the FCDO is an aim of the International Strategy and this may be facilitated through a focus on health, which is expected to remain a priority for UK ODA spending. Other key departments and groups within the UK include:

- The Secretary of State for Wales, whose support will facilitate development and proposal of projects for ODA funding.
- Chief Medical Officers, who meet regularly and are well placed to consider how the nations' priorities align. England's CMO has oversight of the DHSC's ODA budget, which supports many health-related international projects.
- Public Health England's Global Health Committee, or its equivalent following the restructuring of England's public health services. PHE has been highly successful in developing ODA-funded projects and there may be opportunities for collaboration and co-delivery.
- The Cross Whitehall Board for International Recruitment, which currently has representation from Wales through the CMO's office.
- The UK and Ireland Global Health Co-ordination Units Network. This intergovernmental group is an informal forum for sharing experience and will allow Wales to build on insights from the other nations, while highlighting its new developments.
- Cross-party and informal networks. Engagement here will help to build more formal or strategic relationships. Examples include the Commonwealth Parliamentary Association, the British-Irish Parliamentary Assembly, party political overseas organisations and networking events around key parliamentary groups such as the All-Party Parliamentary Group on Global Health.

Wales's representatives need to be clear and confident about what Wales has to offer, and this will follow from the work of the new International Health Strategy Group.

### 4. Review and reinvest in coordination of international health work.

The fundamental need for coordination was recognised in "Health Within and Beyond Borders", but the International Health Coordination Centre founded as a result is no longer fully functional. Better coordination will facilitate the connections which foster collaboration, leading to new ideas and stronger projects. The International Health Strategy Group should consider what a refreshed IHCC provides and where it is housed.

Functions of a refreshed coordinating centre could include:

- Supporting NHS organisations in fully implementing the Charter for International Health Partnerships.
- Collating feedback from NHS volunteers, evidencing ways in which their experiences contribute to professional and organisational development.
- Creating a forum in which all interested bodies, including NHS, academic and community, can communicate and collaborate.
- Seeking and circulating information on current health-related funding opportunities, including UK ODA.
- Facilitating networking between individuals and groups.

Any NHS body with the capacity and willingness to drive this agenda could 'host' the IHCC, but clear options are:

- Public Health Wales. The current host and with significant international engagement, though at present with strong focus on Europe through its WHO Collaborating Centre.
- Health Education and Improvement Wales. The responsibility for NHS Wales's workforce would fit well with many of the above functions and with provision of new overseas opportunities for NHS staff.

Appropriate resource will be needed to support the IHCC's functions, as was recognised when it was founded.

The unique position of the WaAHLN, bridging the NHS and CSOs, should be recognised and supported as part of this process. Support could be delivered through HCA using a model equivalent to that of its other partners, through a refreshed IHCC, or independently.

### 5. Standardise the use of NHS charitable bodies for Health Partnership fundholding.

The benefits of international health work to the NHS–at both individual and organisational level–are clearly recognised in Wales, through the 2006 Welsh Health Circular, the 2012 Framework and the Wales and Africa programme. This report cites further evidence of the benefits and implementation of its recommendations will show continued high-level recognition of these. In the face of this, the holding of funds for Health Partnerships should clearly fall within the aims of NHS charitable bodies, where these are to "benefit the population of the Health Board area" (or Wales, in the case of Trusts). Doing so will reduce administrative burdens and facilitate access to funding for Health Partnerships, freeing time and energy to plan and carry out impactful projects. At the same time, forming a tiny proportion of all funds, this is unlikely to significantly increase the burden on the charitable organisations, who will cover the administrative costs using their usual model.

Each Health Board/Trust is the Corporate Trustee of its NHS Charity, and these all follow Charity Commission guidance. Welsh Government is therefore in a position to influence standardisation of interpretation of charities' objectives, through its responsibility for the NHS. An effective approach would be to issue an advisory paper on this matter for Health Boards/Trusts, that has Charity Commission approval.

### 6. Build the capacity and sustainability of existing organisations.

This will, to some extent, follow naturally if other recommendations are implemented. NHS-based partnerships will benefit from better organisational commitment and support, and coordination will facilitate collaboration. But other actions will help to break vicious cycle whereby lack of funds lead to lack of capacity, and hence to difficulty applying for funds.

One relatively simple option is to award some larger grants through the Wales and Africa programme. The aim would be to support more impactful projects on a bigger scale or over a longer period. This should benefit the partner country, while the degree of monitoring required would strengthen organisations' governance and experience in managing larger funds. The increased confidence, competence and credibility would provide a stepping stone to further funding opportunities.

Continuing support for HCA and strengthening that of WaAHLN (as above), both of which provide a range of advice and training opportunities for involved organisations, will also be key.

## 7.2 RECOMMENDATIONS FOR NHS WALES

### 1. Embed international work into the core business of the NHS using the Well-being of Future Generations Act.

The Future Generations Commissioner's report in 2020 identified the "global responsibility" goal as the least understood and least implemented of the Act's seven goals. While there are many domestic applications of this goal, there is no doubt that NHS organisations could demonstrate global responsibility by engaging with international health work in line with best-practice guidance. In fact, one of the Commissioner's "10 simple changes" to make progress towards this goal is: "Promote leadership opportunities to your staff to understand global contexts".

Given that most organisations have already signed the Charter and have staff active in international health, this work appears a natural fit for organisations to include in describing progress towards their well-being objectives. Demonstrable progress on this goal should follow from modest investments in Executive and staff time, and the work could be strengthened through NHS engagement with local Public Service Boards.

### 2. Fully implement the Charter for International Health Partnerships.

This will support fulfilment of organisations' well-being objectives as above, increasing the value for money of investments to support this work. Key areas to implement are:

- Clear leadership in every NHS body. The most appropriate individual will vary between institutions but should be at a senior, ideally Board level. This will allow clear oversight across each organisation's institutions and ensure that the Board is sighted on the work.
- Clear reporting of outputs and outcomes of the organisation's international work. These should be available from Health Partnerships' existing records, particularly those funded by grants, which will require collection of this data.
- Capturing the impact of volunteers' experiences on their professional development. CTMUHB have developed a tool to support this, which will be included in the Charter Implementation Toolkit.
- Active communication with staff, including through the organisation's website, to highlight opportunities and benefits of engagement. This will improve awareness of issues related to global citizenship even for staff who are not actively engaged.

- Specific efforts to engage diaspora staff. Diaspora organisations outside of the NHS, or other NHS bodies' staff may be able to provide expertise and insight for particular projects, where this does not exist within the organisation.

Organisations should consider allocating identified time for this work to key staff: for example, one executive, one administrator and one clinician. By supporting effective implementation, this could be a highly cost-effective way of realising maximum benefits.

**3. Develop the global engagement of Health Education and Improvement Wales.**

With responsibility for NHS Wales's multidisciplinary workforce, HEIW is ideally placed to develop strategies by which international health work will support recruitment, retention and wellbeing of staff. Comparing current activity with that in other UK nations, there is a clear gap to fill here. Areas to consider include:

- Providing overseas learning opportunities to attract and develop staff. There may be potential to partner with HEE, allowing Wales to provide a similar model of global engagement. Alternatively, HEIW could develop a programme aligned with identified priorities in Wales and partner with a third party (for example, THET) to deliver this.
- For doctors, broadening the range of options within specialty training. Global placements are already available in General Practice, and other Royal Colleges support similar programmes: for example, the Royal College of Paediatrics and Child Health, and the Royal College of Anaesthetists.
- Adoption of flexible contracts, with identified time to undertake overseas work. These could attract candidates to difficult-to-fill posts or support ethical recruitment by allowing diaspora staff time to return to their countries of heritage, contributing new skills to their health systems. The latter would bring mutual benefit to both countries.

This work will require additional resource but would, again, be cost-effective through benefits to the workforce.

## 7.3 RECOMMENDATIONS FOR OTHER BODIES

**The WaAHLN: clarify purpose and vision, to create a strong network.**

The Wales and Africa Health Links Network sits outside of the NHS, but with close links to it, putting it in a strong position to connect disparate groups and advocate for international health. Its members are experienced and enthusiastic volunteers, many of them healthcare professionals, with much to contribute to the sector. It should consider developing and more clearly articulating its vision for international health work in Wales, and its particular purpose within this. This will support:

- Expert input into strategy development through the new International Health Strategy Group. WaAHLN is well placed to offer a balanced view as part of this group.
- Widening and strengthening the network of associated groups and individuals. The desire for networking through the WaAHLN was a key finding of the stakeholder interview work for this report. This will be facilitated by having a clear "offer" for interested organisations and will require development of the website and communications.

As a key organisation and as recommended above, the WaAHLN should expect appropriate resourcing for this activity. In return Wales's international work will benefit from a strong and independent voice with wide connections in the sector.

## 8. CLOSING REMARKS

This report views Wales's international health work at a time of huge upheaval locally, nationally and globally. Its content and conclusions are influenced by the related uncertainties, but at the same time strengthened by the fundamental truth brought to us in the last year: that health is global. The question is not whether, but how we engage internationally, and what benefits of this engagement we choose to prioritise. Wales has significant strengths which, with attention, can contribute to the UK's wider efforts and draw funding to allow further growth. At the same time our NHS workforce needs opportunities to enrich their working lives and promote wellbeing as they recover from the unprecedented recent strain. As we emerge from the pandemic and consider our nation's priorities, we hope that this report helps the Welsh Government to set its direction in terms of international health engagement.

## *APPENDIX 1: STEERING GROUP MEMBERS AND STAKEHOLDERS*

| **STEERING GROUP MEMBERS** | |
|---|---|
| **ORGANISATION** | **REPRESENTATIVE(S)** |
| THET | Ben Simms (CEO)<br>Raquel Perez (External Engagement Officer) |
| WaAHLN | Kathrin Thomas (Chair)<br>Bernadette Fuge (Trustee) |
| Hub Cymru Africa | Claire O'Shea |
| Independent | Gillian Richardson |

| **STAKEHOLDERS FOR SEMI-STRUCTURED INTERVIEWS** | |
|---|---|
| **GROUP** | **ORGANISATION** |
| Government | Senedd |
| | UK Parliament |
| | Welsh Government x4 |
| Arm's Length Bodies, including NHS | Betsi Cadwaladr University Health Board |
| | Cwm Taf University Health Board x2 |
| | Health Education and Improvement Wales |
| | NHS Wales Informatics Service |
| | Public Health Wales |
| | Welsh Ambulance Service Trust |
| | Bangor University |
| | Cardiff University (the Phoenix Project) |
| | The Bevan Commission |
| | The International Health Coordination Centre x2 |
| | National Centre for Population Health and Wellbeing Research |
| | Life Sciences Hub Wales |
| Civil Society Organisations | Disability Wales and Africa |
| | Dolen Cymru |
| | Hub Cymru Africa |
| | Interburns |
| | Life for African Mothers |
| | PONT |
| | Sef Cymru |
| | The Sub-Saharan Africa Panel |
| | Teams4U |
| | The Wales and Africa Health Links Network x2 |
| | Zimbabwe-Cardiff Link (individual) |

## *APPENDIX 2: ACTIVE INTERNATIONAL HEALTH ORGANISATIONS HEADQUARTERED IN WALES*

| | ORGANISATION | ACTIVE IN |
|---|---|---|
| **NHS-AFFILIATED** | | |
| ABU | Midwives@Ethiopia | Ethiopia |
| BCUHB | Betsi-Kenya Link | Kenya |
| | Betsi-Quthing Link | Lesotho |
| | Glan Clwyd-Ethiopia Link | Ethiopia |
| CAVUHB | Zimbabwe University Link (individual) | Zimbabwe |
| HEIW | Global Fellowships (GP training) | South Africa |
| NWIS | NWIS in Africa | Lesotho |
| SBUHB | Gambia-Swansea Vision 2020 | The Gambia |
| | Respectful Maternity Care | Zimbabwe |
| Velindre | Sierra Leone-South Wales Cancer Link | Sierra Leone |
| **UNIVERSITY-AFFILIATED** | | |
| Cardiff | The Phoenix Project | Zambia, Namibia |
| Swansea | Swansea-Gambia Link | The Gambia |
| **COMMUNITY-BASED** | | |
| | Brecon-Molo Link | Kenya |
| | Care for Uganda/FLOW | Uganda |
| | Cwlwm Monduli | Tanzania |
| | Dolen Cymru | Lesotho |
| | Friends of Monze | Zambia |
| | Give me hope Africa Wales | Uganda |
| | Gulu Mission Initiative | Uganda |
| | Hayaat Women Trust | Somaliland |
| | Hazina | Tanzania |
| | Health Help International | Zambia, India |
| | Jamie's Fund | Uganda |
| | Interburns | Multiple, including outside sub-Saharan Africa |
| | Life for African Mothers | Sierra Leone, Liberia, DRC |
| | LIFE International | Djibouti, Somaliland, Kenya |
| | Love Zimbabwe | Zimbabwe |
| | Medics4Timbuktu | Mali |
| | Mothers of Africa | Zambia + others |
| | PONT | Uganda |
| | Saddle Aid | Ethiopia and others |
| | Salt Peter Trust | Uganda |
| | Sight 2020 Direct | Malawi |
| | Somaliland Mental Health Organisation | Somaliland |
| | Teams4U | Uganda, Sierra Leone |
| | United purpose | Multiple |
| | Vale for Africa | Uganda |
| | Zanzibar Mental Health Shamba | Zanzibar |

### About WaAHLN

The Wales and Africa Health Links Network (WaAHLN) was set up in 2006 as an informal group to support and advocate for health partnerships in Wales, and became formalised in 2013 as a charity. WaAHLN is a partner and Board member of Hub Cymru Africa, which supports the international development sector in Wales.

### About THET

THET works to create a world where everyone, everywhere has access to quality healthcare. We achieve this by training and educating health workers in low- and middle-income countries, in partnership with volunteers from across the UK health community. Founded in 1988 by Professor Sir Eldryd Parry, we are the only UK Charity with this focus.

### Our Collaboration

THET and WaAHLN have informally collaborated for over a decade on a range of activities in support of global health and health partnerships, including training workshops and conferences. We currently operate under a Memorandum of Understanding whereby we are committed to sharing information and working collaboratively on health partnerships in sub-Saharan Africa.