

Wales for Africa Conference, 6<sup>th</sup> July 2016

First of all, please allow me to thank you for inviting me to speak on the theme of *Health Partnerships and lessons from across the UK*.

I believe we can be immensely proud of the ever increasing contribution health workers in the UK are making to overcome the poverty faced by the millions of people overseas who do not have access to adequate healthcare:

The 1 in 7 people in the world today who will never meet a qualified health worker.

Wales and the Welsh Government has played a very special role in this, not only as funders and implementers of the health partnership approach but also in, for example, the development of the 'International Health Partnerships in Wales' Charter, which has set a standard for the rest of the UK.

I think most people in this room will know that we are coming to the end of the current phase of the DFID Health Partnership Scheme. This is of course, only one source of funding for the health partnership approach, but it is the largest, having awarded £30 million of grants over the past five years.

Turbo-charged by this funding, the last five years have been transformational in terms of the number of UK health workers involved but also in the nature and sophistication of these partnerships.

It's been a fascinatingly diverse range of programmes – from £5K travel grants to £1 million plus multi-country programmes.

Over 100 UK institutions have been involved, partnering over 160 low and middle-income institutions

1,700 NHS staff have been involved, dedicating 54,000 days of volunteering.

When we embarked on the Health Partnership Scheme, THET envisaged 13,000 health workers would be trained – we are currently reporting over 50,000. And many of those trained of course, have gone on to train others.

It is an approach that is rightly being celebrated – but not uncritically. DFID, to quote one senior member of staff I talked to recently, is a "supportive but sceptical audience."

In February, DFID launched a £400,000 external evaluation of the health partnership approach – a generous figure which reflects both their scepticism and their support. Its purpose of course, is to establish a strong body of evidence for the benefit the health partnerships are bringing.

We expect the findings of the evaluation to be shared in October. And only after that will the shape of future DFID funding for health partnerships become clear, with funding beginning in perhaps July 2017.

It is our hope, but by no means our certainty, that we will then see a significant increase on current funding levels off the back of largely positive evaluation findings.

And further funding is what we need. In some respects, the current scheme has been a drop in the ocean with only a 1 in 7 chance of your project being funded.

The uncertainty facing the future DFID funding for the health partnership approach is of course, part of a wider uncertainty which it is impossible for me to ignore.

Reflecting on the last weeks of Welsh and British history, it is hard to avoid the conclusion that we are living through a profoundly troubled and even toxic time.

Setting aside for one moment the mighty achievements of Gareth Bale, Ashley Williams and teammates... we are living in an age when I believe our optimism and idealism is being tested to the hilt.

To quote from another great Welshman... THET's very active founder, Professor Sir Eldryd Parry... who spoke on the occasion of the 125<sup>th</sup> anniversary of Cardiff University in March 2008:

“I am not given to gloom, but I firmly believe that all who would be engaged with Africa must see what may lie ahead, if their determination is not to give way to dismay, and their hope to helplessness, when the going gets heavy.”

Today, the going is heavy, and we must see what may lie ahead.

That is what I will attempt to do, with a view to stimulating our thinking about how we, as individual health workers, development practitioners, volunteers... can try and best influence these times.

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First, I think we are in a fight to retain the UK Government's historic commitment to spend 0.7% of our Gross National Income on overseas development aid.

Britain is now one of just six wealthier countries to meet this long-standing UN target.

In 2015, the UK donated £13.21 billion in overseas aid<sup>2</sup>. It is a profound and impressive contribution.<sup>1</sup>

But it is seen by some of the current contenders for the leadership of the Conservative Party as part of “Cameron’s legacy”. I fear we could easily lose this commitment with the election of a new party leader and Prime Minister.

And none would be happier than the Daily Mail, which has campaigned consistently against the idea of ‘giving money away to foreigners’.

The recent Westminster Hall anti-0.7 debate inspired by the Daily Mail’s petition is an example of how this is having an impact.

And although we saw MPs of all parties rallying to the defence of ODA – this quote from Desmond Swayne being one of my favourite -

“I put it this way: we have pledged to spend 0.7% of our national income on international development, which means that we have 99.3% to spend on ourselves. I do not know anyone who spends 99.3% of their income on themselves; I am not sure I want to know such a person, and I am not so sure that they would have any friends. That is equally true of a nation. What influence would we have in the world, and how could we carry our heads high, if that were the case, and we were to abandon this important pledge?”

... the subsequent vote to leave Europe piles on new degrees of uncertainty about the future of this commitment – and of the levels of funding... if our economy contracts and the power of the pound reduces.

It is deeply troubling.

As a minimum, the EU referendum has delayed decision-making in DFID. I have talked about the timetable for the health partnership scheme but speaking more generally: 14 months in to the life of the current UK government we are still unclear about their intentions in relation to most aspects of their development expenditure – multilateral, bilateral and in relation to civil society. This matters because we do not expect funding for future health partnerships only to flow through a new Health Partnership Scheme – we need to keep our eyes wide open to these other funding streams.

I was proud that THET was active alongside others in briefing MPs who took part in the 0/7% debate. In the weeks to come it is vital that we ride to defend the 0.7% commitment as individual citizens and as people engaged in international development.

One way of defending the aid commitment I think, is to seize the opportunity provided with the adoption of the Sustainable Development Goals. Apart from anything else, I think they have great value as a tool to communicate to the wider public.

The Overseas Development Institute has described the SDGs as an architectural marvel: soaring and visionary in their ambition. They may be too ambitious. But there are many things to be said in their favour, which give encouragement to those of us working in health.

First, they put a spotlight on Universal Health Coverage. It was the view of our founder and of THET, that their predecessor, the Millennium Development Goals, with their emphasis on so-called vertical interventions focused on particular themes such as HIV and malaria, had got development badly wrong.

The MDGs

“ignore[d] the lessons of thirty years ago when such [vertical] programmes were fashionable, but later discredited because they did not promote a balanced health service.”

The SDGs are firmly ‘horizontal’ – taking a system-wide approach.

It’s the kind of approach that has been pioneered so impressively by those involved in the PONT link, work I was introduced to recently by Dr Geoff Lloyd.

Second, the SDGs are holistic. They encourage us to make the connections between climate change and health, between health and gender equality, between poverty and health...

And finally, the SDGs are universal. It is just as important to address poverty in Caerphilly as we do in Mbale. It is not one or the other, either/or, over there or over here, it is simply, unequivocally, a fight to end poverty everywhere.

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However, a new rhetoric has emerged around the defence of aid expenditure and the SDGs which risks distorting the purpose of aid.

I am thinking in particular about the November 2015 publication 'UK aid: tackling global challenges in the national interest'. Here, poverty alleviation is listed as the fourth goal... that’s a surprisingly long way down the list. First, there is...

1. Strengthening global peace, security and governance: ... tackle the causes of instability, insecurity and conflict, and to tackle crime and corruption. “This is fundamental to poverty reduction overseas, and will also strengthen our own national security at home.”

Then...

2. Strengthening resilience and response to crises: ... Syria and other countries in the Middle East and North Africa region, public health risks such as Ebola...

3. Promoting global prosperity: ... “This will contribute to the reduction of poverty and also strengthen UK trade and investment opportunities around the world.”

Finally,

4. Tackling extreme poverty and helping the world’s most vulnerable: “the government will strive to eliminate extreme poverty by 2030, and support the world’s poorest people to ensure that every person has access to basic needs, including prioritising the rights of girls and women.”

There is a risk, that in embracing the universality of the SDGs and defending the benefit we derive here in the UK from engaging overseas, aid priorities will be defined too much in terms of our own national interest, and not enough in favour of the governments and people of lower and middle-income countries.

It is therefore vital that we in this room are masters in striking the right balance – and THET is a partner to you in this, not least with our in-country presence.

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Striking the right balance is, in essence, what I think the health partnership approach has been pioneering these past few years.

Because at the heart of the health partnership model is the idea of reciprocity, the idea that all who engage in training health workers overseas, benefit from the kind of professional growth that brings great benefits to our working lives back in the U.K.

This is what Lord Crisp terms in his seminal book “Turning the World Upside Down” as a vision of “co-development”.

*Health Partnerships are based on ideas of co-development between individuals & institutions from different countries. Partnerships are long-term but not permanent and based on ideas of reciprocal learning and mutual benefits.*

I am strongly in favour of reciprocity and mutual benefit.

This is a one and a half minute video featuring two of the Drs that participated in the Improving Global Health programme funded by the Health Partnership Scheme: Dr Ellie Jordan, and then Dr Charlie Gardner

[VIDEO]

Charlie’s quote: “I’ve learnt more in the past five months about leadership than I have in five years in the UK”

But the balance must be right. And that to me that means, alongside our clinical expertise we must be applying good international development practice. At the heart of this is the principle that all that we do, must be anchored in an understanding of the context in which we are working and of the strategic priorities of host governments.

THET has been engaging in this in various ways, and can now speak with some authority about what the right balance looks like. I'd like to highlight a few resources in this context:

First, we developed our Principles of Partnership:

These have been created as an overarching guideline and framework for strengthening health partnerships. Crucially, they include a growing and carefully compiled array of tools and case studies. You can find these under each of the headings:

Strategic – harmonised and aligned – effective and sustainable – respectful and reciprocal – organised and accountable – responsible – flexible – committed to joint learning.

Do seek them out.

Secondly, we have generated resources that can also be found on our website, such as 'Technology for effective partnership' and 'Managing the lifecycle of effective equipment'.

Thirdly, we have placed a strong emphasis on evidence of impact. In particular, our series in Globalization and Health which is a series of peer-reviewed articles by people involved in health partnership. Around 20 articles have been generated so far, and more are coming.

I strongly encourage you to contribute to this if you haven't already.

Our policy work and advocacy will all come together this October, when we host our annual conference.

The focus of this conference will be evidence, evidence, evidence, and I am delighted to report that the heart of the conference will be the 90 or so abstracts we have received and which are being peer reviewed.

This has been timed to coincide with the completion of the external Health Partnership Scheme evaluation and we are hoping that the Secretary of State will be using the conference as a platform to announce new funding streams.

What the shape of that future support will take is of course unknown. But certainly, it seems likely that DFID will be looking for stronger collaboration across different partnerships – what some are calling a ‘more strategic approach’, focused on particular countries and particular health outcomes.

THET supports this because we can see the potential for greater impact and a reduction in duplication, but we are also defending the current approach, which allows for partnerships to grow and develop in more organic ways, flowing from the fraternity of health workers coming together and from a long-term commitment to each other’s professional development.

THET’s voice is one amongst many but do please join us in October and hear for yourselves.

To conclude:

The worldwide crisis of health worker shortages is set to grow to 12.9 million by 2035.

We in this room are part of the solution, building a world where everyone has access to care.

Wales, perhaps even more than other parts of the UK, has been at the forefront of this effort through the health partnership approach, realising the vision of being “an open and engaged country” as Mark Drakeford describes in the introduction to the excellent Charter for International Health Partnerships in Wales and Minister Vaughan Gething said this morning.

I am, fundamentally, not given to gloom, and I do not feel helpless.

We are however, at a crossroads globally and even more so, here in the UK.

We must defend our historic 0.7% commitment to aid.

We must promote the universality of the Sustainable Development Goals.

And we must strike the right balance between what we expect to give and what we hope to receive: I am unashamed in applying a mutual benefit lens to our work in global health, recognising the enormous benefit we derive as individuals and as UK institutions. But our work must be grounded in an analysis of what our host countries ask of us.

Now more than ever before we must work with idealism and faith to promote the value of aid, and to articulate a vision through health partnerships, of how we all benefit from being part of a world bent on ending poverty.

Thank you for listening.

Ben Simms

CEO, THET