Policy:
NP 027 – Working in Uganda

Executive Director Lead	Executive Director of Nursing & Professions Executive Lead Gulu Sheffield Partnership	
Policy Owner	Clinical Lead, Gulu Sheffield Partnership	
Policy Author	Clinical Lead and Coordinator, Gulu Sheffield Partnership	

Document Type	Policy
Document Version Number	V3
Date of Approval By PGG	28 June 2021
Date of Ratification	14 July 2021
Ratified By	QAC
Date of Issue	July 2021
Date for Review	May 2024

Summary of policy

Sheffield Health & Social Care NHS Foundation Trust developed an international health link in northern Uganda, the Gulu Sheffield Mental Health Partnership, in 2012.

This policy outlines the Trust's commitment to the work in Uganda and builds upon developments since the original policy was created in 2016

Target audience	All staff and volunteers from the SHSC Trust and from other agencies working within the Partnership in Uganda

Keywords	Gulu, Uganda, Partnership, International, Global health, Links

Storage & Version Control

Version 2.1 EIA Form added.

Version 3 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (version 1 May 2016). Any copies of the previous policy held separately should be destroyed and replaced with this version.
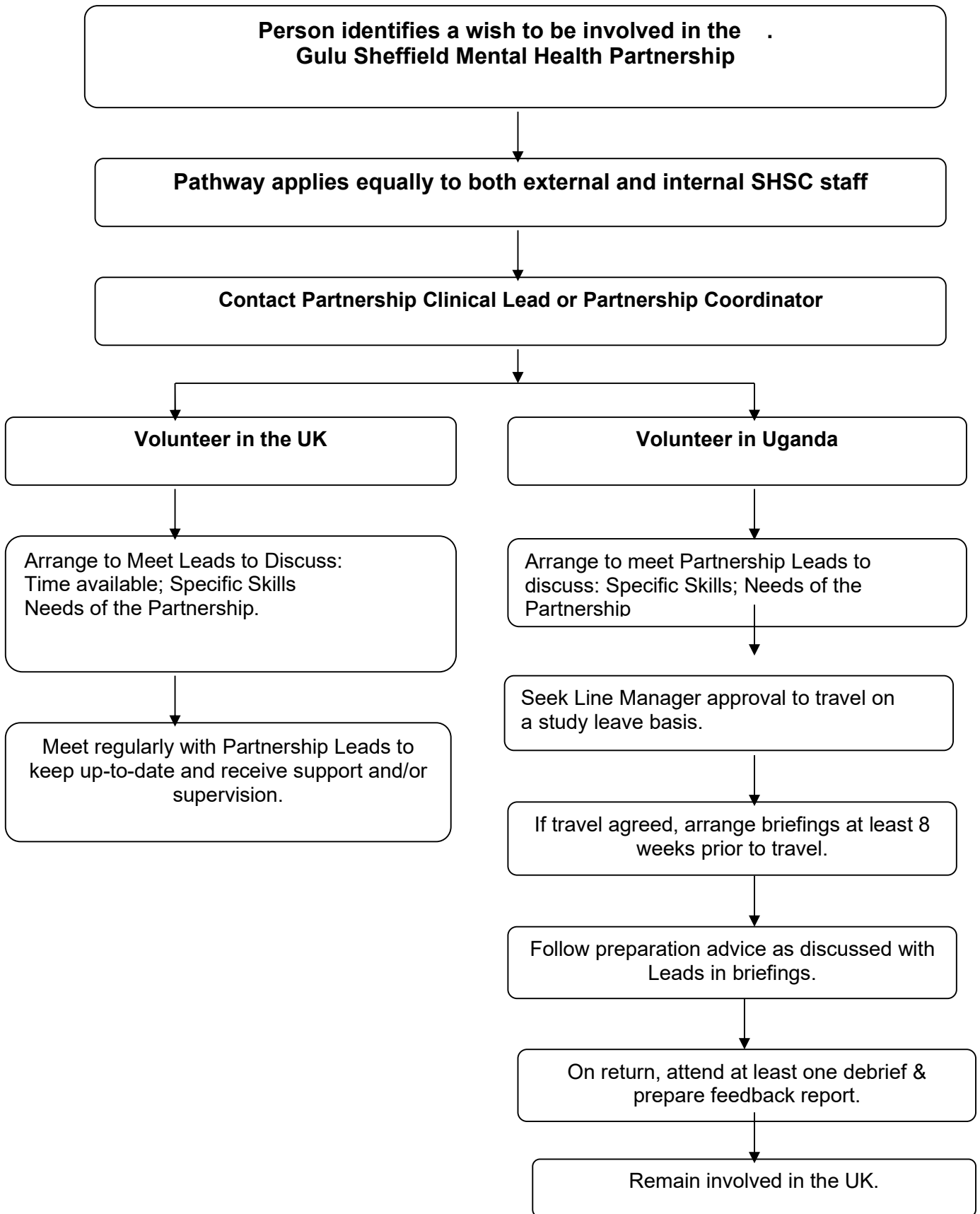
Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
1	Policy created	05/2016	Policy created
2	Draft Policy update	08/2019	Small changes and fit to new policy format
2.1	EIA Form Added	July 2020	EIA Form added as a result of EIA Audit being carried out.
3.0	Reviewed	April 2021	Full review completed as per schedule Flow Chart updated to reflect policy

Contents

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Flow Chart

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┌─────────────────────────────────────────────────────────────┐
│   Person identifies a wish to be involved in the    .        │
│        Gulu Sheffield Mental Health Partnership              │
└─────────────────────────────────────────────────────────────┘
                            │
                            ▼
┌─────────────────────────────────────────────────────────────┐
│     Pathway applies equally to both external and internal    │
│                       SHSC staff                             │
└─────────────────────────────────────────────────────────────┘
                            │
                            ▼
┌─────────────────────────────────────────────────────────────┐
│   Contact Partnership Clinical Lead or Partnership           │
│                      Coordinator                             │
└─────────────────────────────────────────────────────────────┘
              │                              │
              ▼                              ▼
   ┌────────────────────┐        ┌────────────────────┐
   │  Volunteer in the  │        │  Volunteer in      │
   │        UK          │        │     Uganda         │
   └────────────────────┘        └────────────────────┘
```

Volunteer in the UK

Arrange to Meet Leads to Discuss:
Time available; Specific Skills
Needs of the Partnership.

Meet regularly with Partnership Leads to keep up-to-date and receive support and/or supervision.

Volunteer in Uganda

Arrange to meet Partnership Leads to discuss: Specific Skills; Needs of the Partnership

Seek Line Manager approval to travel on a study leave basis.

If travel agreed, arrange briefings at least 8 weeks prior to travel.

Follow preparation advice as discussed with Leads in briefings.

On return, attend at least one debrief & prepare feedback report.

Remain involved in the UK.

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1   Introduction (Headings within the policy should be written in Arial bold, point 12)
1.1   Working in low income countries

1.2   National Context

Many benefits from overseas working in International Health Partnerships (IHPs) have been recognised in national reports. These include leadership development, innovation, national and international standing, as well as health gains for populations in developing countries. What emerges is that whilst often not highly visible, overseas working with IHPs is a valuable asset to the NHS, and could contribute significantly SHSC NHS Foundation Trust.

The environment for staff wishing to work with IHPs abroad has improved significantly in recent years. This is thanks to the support of the UK government in Trusts and Universities, with more programmes operating from within the NHS and improving quality.

Health Education England (HEE) have signalled their support for international health partnerships as a vehicle for recruitment, retention and quality improvement within the NHS.

1.3   Key principles for effective involvement in international development:

The Partnership believes that exchanges of skills and experience are an important resource in supporting improvements in health services and systems in both countries. This is achieved by bringing professional benefits to health workers and service users in the Uganda and the UK.

We therefore acknowledge a mutual interest in working to support health systems and in building the capacity of health workers in each country.

In line with the Paris Declaration on Aid Effectiveness and the Accra Declaration for Action (see Appendix A) we acknowledge the importance of ensuring that the Partnership is in alignment with the health care priorities and plans of the Ugandan Ministry of Health and local plans for Gulu.

http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm

We will therefore make every effort to ensure that all activities are in line with those priorities.

We share a commitment to the following key principles:

- Respond to priorities identified by Ugandan partners in dialogue with the Partnership.
- Ensure that the Partnership focuses on areas where there is a demonstrable mental health need, or need for system strengthening.
- Ensure that the activities of the Partnership are in alignment with national and local healthcare priorities in Uganda.

2   Scope

This policy provides guidance for all SHSC Trust staff, volunteers and those from other organisations operating under the auspices of the Partnership in Uganda and assures the Trust of effective governance arrangements.

3   Purpose

SHSC Trust is the UK partner of the Gulu Sheffield Mental Health Partnership. It aims to ensure that the Gulu Sheffield Mental Health Partnership achieves sustainable change in mental health in northern Uganda and maximises learning from this to inform change within the SHSC Trust.

SHSC Trust commits to work to the highest standards of international development and partnership principles and undertakes this within its existing aspiration to service user involvement. The work of the link is determined by the Gulu Sheffield Mental Health Partnership's Action Plan, which is updated and is published on SHSC Trust Intranet site and on the public website. This is produced with the Ugandan partners as a joint plan.

SHSC Trust recognises this work as an important investment both for improvement of health globally and for bringing important knowledge and skills into local services and supports staff in this endeavour.

As agreed in the Memorandum of Understanding with partners in Gulu (Gulu Regional Referral Hospital and Mental Health Uganda Gulu Branch) the Gulu Sheffield Mental Health Partnership is committed to the principles of Respect, Mutual Empowerment, Transparency and accountability of all work, and the Sustainability of the Partnership.

The Gulu Sheffield Mental Health Partnership works to the following standards of best practice:

- All work is aligned with the aims, plans & priorities of the Ugandan Ministry of Health, local government and health authorities and within NHS guidelines.
- Plans for work in Uganda are co-produced with Gulu partners and focus on developing expertise and strengthening mental health services in northern Uganda.
- External funding supports the work of the Partnership in the costs of staff and others travelling to and working in Uganda, and no NHS commissioned income is used for this.
- The work delivers value for money and funding/resources are only used for supporting Gulu Sheffield Mental Health Partnership objectives.
- Evaluations are undertaken with the University of Sheffield and lessons learned applied in SHSC Trust and in Gulu
- Accounts are kept within the Trust of all financial transactions and receipts given.

The work is designed to improve patient safety in Gulu Regional Referral Hospital and working with service users and carer groups, Mental Health Uganda (Gulu Branch), and Heartsounds (Gulu) to strengthen support in the community, particularly for the poorest people and rural communities

4   Definitions
SHSC Trust is the Lead UK partner of the International Health Link, the Gulu Sheffield Mental Health Partnership.

The work is undertaken by SHSC Trust staff and volunteers that nominate themselves for consideration of recruitment by the SHSC Trust leadership team.

As the Partnership grows it seeks professional input from a range of sources, some of which are external to SHSC and Sheffield.

The Gulu Sheffield Mental Health Partnership focuses on mental health issues but addresses other associated areas of work that are relevant to the needs of vulnerable people in northern Uganda, e.g. Epilepsy.

To address areas of identified need SHSC Trust has formed partnerships with other NHS Trusts, Universities and voluntary groups

5   Detail of the policy
The broad overview of this policy is as described in the introduction.

6   Duties
NPThe duties of UK staff and volunteers working in Uganda are determined by the needs of the Gulu Sheffield Mental Health Partnership as directed by the SHSC Trust Leadership Team, Ugandan partners and the overarching strategic plan.

6.1   The Board
Supports and endorses the work of the partnership.

6.2   Executive Lead
Is responsible for ensuring there is an effective Policy and Clinical & Professional structure within which the work in Uganda operates. The Executive lead ensures that there is an appropriate system of governance, finances are appropriately managed in line with SFI's & required risk assessments & management plans are undertaken & in place.

6.3   Directors
Support and enable the partnership to operate

6.4   Partnership Clinical Lead & Programme Co-ordinator
Manage the partnership ensuring effective operation of all human, financial and physical resources on a day-to-day basis and manage / lead visits to Gulu.

6.5   Ward and Team Managers
Staff will be released with their agreement and they will support the transfer of skills and knowledge from the individual to team working.

6.6   Supervisors
Have responsibility for setting up the appropriate formal supervision sessions, which includes discussion about how the experience of working in Uganda improves the work of the individual and the team, and to incorporate this into PDRs.

6.7   Staff working in Uganda
Staff are responsible for their continued involvement in the Partnership work, accepting that this will involve an element in their own time.

They are also responsible for ensuring that every effort is made to transfer the benefits of working in Uganda into the work of their teams.

7   Procedure
Recruitment of staff

These principles and best practice guidelines inform the recruitment and selection of staff and volunteers for work in Gulu. Recruitment for working in Gulu is based upon the needs of the Gulu Sheffield Mental Health Partnership as identified in the Strategic Action Plan.

The skills sought from each staff member will be determined by the Trip Objectives. In addition each staff trip member will also have their own individual objectives.

Staff are recruited via a selection process operated within SHSC recruitment standards.

Line Managers approval must be gained by staff interested in working in Gulu and before the recruitment process can begin.

The Partnership Leadership team determines the staffing requirements of each visit and will recruit the required personnel.

Staff interested in working in Gulu are advised to contact the Partnership Clinical Lead and/ or Partnership Coordinator at the earliest opportunity.

Any person interesting in working with the Partnership in their own time should register as a SHSC volunteer.

7.2   Preparing staff to work in Gulu

Ensuring that staff are properly prepared for the challenges of working in low income country is vital to ensure that they contribute proactively to the work and by doing so do not come to harm themselves. Pre-departure training and debriefing on return to UK is essential for staff and volunteers and a thorough programme is provided. This involves:

Risk assessments carried out prior to departure involving the Foreign and Commonwealth Office website and other UK partners who have recently returned from Uganda.

Signing a Staff Agreement/ Code of Conduct covering a commitment to adhere to the risk assessment and principles of effective involvement in international development.

An understanding of the requirements of the Travel and Health Insurance that the Trust provides for this work for all staff.

A high standard of preparation and support of volunteers.

A commitment to recognise, measure and use the skills brought back by volunteers, with inclusion of international working in workforce development strategies.

Use of a Health Education England Toolkit to record the experiences of staff returning from overseas placements and monitor what new skills they put into practice six months afterwards. This learning should be incorporated in to the annual PDR.

7.3   Working in Gulu

Short term visits of workers and volunteers are used as a way to provide support to the work of the Gulu Sheffield Mental Health Partnership in Gulu. This is supported by

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communication between professionals between trips, using communication platforms such as Whatsapp, Messenger, Skype and e-mail.

Longer term Volunteers will be used when appropriate staff, and the Partnership identifies a role for them.

Opportunities for involvement exist at multiple career stages. This will allow some professionals to potentially make repeat trips over several years and develop valuable international health expertise. This will also allow for a team to be built with an incrementally improving knowledge base and experience and the flexibility to use this as the need arises.

7.3.1 Hours of Work
Each member of the group will work as part of the SHSC team and will ensure that the different work streams are coordinated and delivered within the overall aims of the Sheffield Gulu partnership:

- The working day will be flexible and staff will need to be adaptable to suit the situation in Gulu.
- Staff will be expected to work in the evening and/or at weekends as part of the Partnership role.

- Time off will be planned to most appropriately reflect the nature of the work.
- There will be no entitlement to carry over any time in lieu on resumption of substantive duties in UK.
- Part-time staff will not receive any additional pay for working full time.

7.3.2 Code of Conduct
Staff participating in the Gulu - Sheffield Partnership are representing SHSC and are therefore required to behave in a manner that reflects the professional standards required of all staff working /volunteering for the Trust and where applicable the individuals professional regulatory body. The Staff Agreement, which is signed by everyone prior to travelling to Gulu, outlines in detail the expectations of behaviour.

7.4 Trip Team Leader

Each trip has an identified Trip Team Leader, who has ideally worked in Uganda before. They operate as the Manager of the trip and the Team Leader has responsibility for ensuring the delivery of the Trip Objectives in a safe and professional manner.

SHSC expectations about professional conduct apply at all times on the trip and failure to meet those standards will be dealt with by the Team Leader within Trust guidelines. One to one sessions will be organised for staff whilst in Gulu and will be provided by the Trip Team Leader.

The Trip Team Leader will produce a Trip report upon their return and these will inform the Objectives of the next visit. Every trip will be discussed with the Executive Lead in the six weekly meetings with the Partnerships Clinical Lead and Coordinator.

The Trip Team Leader will be responsible for ensuring that the budget is appropriately accounted, and funds are correctly utilised, within the Governance arrangements of the Trust, the principles of the Gulu Sheffield Mental Health Partnership and the objectives of the visit.

7.5   Trip Expenses

SHSC Trust will not use NHS commissioned income for the work of the Partnership.

On the basis that funding is available from external sources the SHSC Trust will finance the appropriate expenses associated with the work of travelling to and working in Gulu. This will include: Medical expenses of pre-flight preparation (Immunisations, anti - malaria tablets etc); Visa; transport to, within Uganda and return to Sheffield, accommodation and a modest Subsistence Allowance.

Using external funding the Trust provides Travel and Health Insurance as staff are working on behalf of SHSC Trust.

SHSC Trust may fund the expenses of volunteers from other relevant NHS Trusts and Universities who support the delivery of the programme. This is based upon external funding being available, a judgement that they add value to the work of the Partnership, and that those skills are not available within SHSC Trust to work in Gulu. Decisions on these issues will be taken on a case by case basis with the Executive Lead.

7.6   Duration of Trips and Study Leave

Trips to Gulu are designed to meet the needs of the Gulu Sheffield Mental Health Partnership work. They will usually be 14 days per visit, but this may vary depending upon the objectives of the work.

Working trips to Gulu are undertaken on the basis of using Study Leave for up to two weeks. Staff who require more than two weeks needs to discuss with their line manager.

7.7   The Context of Working in Uganda

Staff and volunteer safety is paramount whilst working in Gulu. Staff need to be aware of the differences in some areas of life in Uganda to that in UK.

Poverty is commonplace and the majority of people in Uganda who work within the partnership will live in extreme poverty. This can bring personal and emotional challenges especially if requests for money are received. The partnership leads will provide detailed guidance on how to deal with this on a personal and professional level.

Homophobia is common throughout Africa, including Uganda where homosexuality is illegal. Staff should be aware of this when considering working in the country.
In the interests of safety, issues of homophobia will not be discussed by staff when working in Uganda as this may inadvertently place local partners in a position of being potentially at risk. Staff could also be placed in a difficult situation by discussing homosexuality and homophobia, and the work may be compromised.

Gender inequality is also a significant issue with patriarchy and male dominance being commonplace. This may present personal and professional challenges for staff.
The above issues are addressed in the Briefing and Debriefing sessions undertaken with staff to ensure that everyone is as prepared before travelling and supported upon return.

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The Risk Assessments that are reviewed and shared before each trip include discussion and reflection about each of these issues.

7.8   Social Media and Photographs

Anyone visiting Uganda on behalf of the Partnership is expected to work within the Trusts Social Media Policy.

Any photographs taken will be with the informed consent of the person being photographed. This will be evidenced by the person signing SHSC Trust's Photo Consent Form and/or with verbal agreement.

7.9.   The Application of SHSC Trust Policies in Uganda

SHSC Trust policies will apply whilst working in Uganda. In the event of a lack of clarity the trip Team Leader will make a judgement. However the expectation is that work in Uganda is based on the same professional principles as in Sheffield and is therefore transferrable.

7.10   On-going Involvement of Volunteers in the Partnership

SHSC Trust staff and volunteers recruited to work in Gulu are expected to retain an involvement in the Gulu Sheffield Mental Health Partnership on their return to Sheffield. This is in order to build a team of experienced staff who can support visiting Commonwealth Fellows from Uganda and may create a body of knowledge which will contribute towards changes in SHSC Trust using their skills and insights.

7.11.   Partnerships and Sustainability

The Gulu Sheffield Mental Health Partnership has developed links with other organisations that bring value to the work. The SHSC Trust recognises the growing need for International Health Links to involve multi-professional teams of NHS staff rather than a single specialty, as well as for adequate training to help deliver these goals. Other Sheffield NHS Trusts, Universities and organisations are working with SHSC Trust to provide a range of appropriate services.

SHSC Trust supports the development of Sheffield Health International Partnerships (SHIP) and uses links created by that Registered Charity to enhance the work of the Gulu Sheffield Mental Health Partnership. This will include links with other voluntary groups working in Uganda and in Sheffield, and other relevant Non - Governmental Organisations (NGO's) in the UK.

The Gulu Sheffield Mental Health Partnership focuses on the sustainability of training & development programmes, strengthening state provided health systems and capacity building amongst non-governmental groups. This is in keeping with the Paris Declaration and Accra Agenda for Action.

7.12.   Covid 19 in Uganda

SHSC Partnership leads are in close contact with partners in Uganda and can therefore get information on policy changes in Uganda very quickly. Email alerts are received by partnership leads from Gov.UK Foreign Travel Advice regarding any changes that would affect travel to Uganda. The partnership trip risk assessment includes how to manage the risks of Covid 19 and is updated as changes occur. The SHSC Infection Prevention and Control Lead will be consulted and will advise on the

risk assessment. Risks and how to mitigate will be discussed in detail in pre departure briefings should travel become come possible.

8   Development, Consultation and Approval

This policy was developed by the Clinical Lead and Coordinator of the Gulu Sheffield Partnership. Version 2 was shared with the Uganda Interest Group and changes incorporated.
The Equality Impact Assessment will be undertaken and stored separately in conjunction with Corporate Governance and the Head of Equality and Inclusion.
The formed newly Partnership Steering Group will oversee the implementation of this policy.

Next date for review – May 2024

9   Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/ committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Review of policy	Review of policy	Clinical Lead, Coordinator, Gulu Sheffield MH Partnership	Every 2 years	Clinical Lead, Coordinator, Gulu Sheffield MH Partnership with overview by Exec Director, /Chief Nurse	Clinical Lead, Coordinator, Gulu Sheffield MH Partnership	Clinical Lead, Coordinator, Gulu Sheffield MH Partnership

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. May 2024.

10   Implementation Plan

- *Dissemination, storage and archiving* – Policy will be on SHSC Trust Intranet available to all SHSC Trust staff.
- *Resources needed* – Time input from Clinical lead and Coordinator, Gulu Sheffield MH Partnership with additional time from volunteer SHSC Trust staff.
- *Lead role and responsibilities for implementation* - Clinical Lead and Coordinator, Gulu Sheffield MH Partnership

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Clinical lead and Coordinator, Gulu Sheffield MH Partnership	*01/09/2019* *July 2021*	04/10/2019 July 2021
Make SHSC Trust staff aware of new policy	Clinical lead and Coordinator, Gulu Sheffield MH Partnership	*14/9/2019* *July 2021*	October 2019 July 2021

11   Dissemination, storage and archiving (version control)

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
1.0	May 2016	May 2016	On SHSC Trust Intranet available to all SHSC Trust staff. May 2016
2.0	September 2019	October 2019	Via Uganda Interest Group
3.0	July 2021	July 2021	

This is Version 3 and is stored and available through the SHSC Intranet/Internet.
This version supersedes the previous Version 2 May 2021
Any copies of the previous policy held separately should be destroyed and replaced with this version.

12 Training and Other Resource Implications

Training and other resource implication

Pre departure briefing is an essential component of every trip to Uganda. This is usually completed with the Partnership leads at least 8 weeks before departure. Release to attend the briefings is by negotiation with the individual's manager. This may include attendance in own time.

13. Links to other policies, standards, references, legislation (associated documents) and national guidance:

- □ Social Media Policy
- □ Volunteer Policy
- □ References in Appendix B

14 Contact Details

The document should give names, job titles and contact details for any staff who may need to be contacted in the course of using the policy (sample table layout below). This should also be a list of staff who could advice regarding policy implementation.

Job Title	Name	Phone	Email
Clinical Lead, Gulu Sheffield MH Partnership	Kim Parker	01142716310	Kim.parker@shsc.nhs.uk
Co-ordinator, Gulu Sheffield Mental Health Partnership	Greg Harrison	07896620505	Greg.harrison@shsc.nhs.uk

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

> **NO** – No further action is required – please sign and date the following statement.
> I confirm that this policy does not impact on staff, patients or the public.

> *I confirm that this policy does not impact on staff, patients or the public.*
> Name/Date: Kim Parker 18/05/2021

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No		
Disability	No		
Gender Reassignment	No		
Pregnancy and Maternity	No		
Race	No		
Religion or Belief	No		
Sex	NO		
Sexual Orientation	No		
Marriage or Civil Partnership	No		

Please delete as appropriate: - Policy Amended / Action Identified

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(see Implementation Plan) / no changes made.

Impact Assessment Completed by: Kim Parker Name /Date 18/05/2021

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	✓
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	✓
Template Compliance		
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
Policy Content		
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓

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21.	Is the review date identified, and is it appropriate and justifiable?	✓

APPENDIX C

Paris Declaration and Accra Agenda for Action

The Paris Declaration (2005) is a practical, action-oriented roadmap to improve the quality of aid and its impact on development, sponsored by the Organization for Economic Cooperation and Development (OECD). It gives a series of specific implementation measures, establishes a monitoring system to assess progress and ensure that donors and recipients hold each other accountable for their commitments. The Paris Declaration outlines the following five fundamental principles for making aid more effective:

1. **Ownership:** Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.
2. **Alignment:** Donor countries align behind these objectives and use local systems.
3. **Harmonisation:** Donor countries coordinate, simplify procedures and share information to avoid duplication.
4. **Results:** Developing countries and donors shift focus to development results and results get measured.
5. **Mutual accountability:** Donors and partners are accountable for development results.

The OECD strengthened the implementation of the Paris Declaration with the **Accra Agenda for Action** (AAA, 2008) which takes stock of progress and sets the agenda for accelerated advancement towards the Paris targets. It proposes the following four main areas for improvement:

i. **Ownership**: Countries have more say over their development processes through wider participation in development policy formulation, stronger leadership on aid co-ordination and more use of country systems for aid delivery.
ii. **Inclusive partnerships:** All partners - including donors in the OECD Development Assistance Committee and developing countries, as well as other donors, foundations and civil society - participate fully.
iii. **Delivering results:** Aid is focused on real and measurable impact on development.
iv. **Capacity development** - to build the ability of countries to manage their own future - also lies at the heart of the AAA.

Appendix D

References

- From Competition to Collaboration: Ethical leadership in an era of health worker mobility. Tropical Health Education Trust. 2019.

- Preventing Suicide: A Community Engagement Toolkit. World Health Organisation. 2018.

- Health Education England Guidance for Trainees planning to Volunteer or work overseas. NHS Health Education England. September 2017.

- UK Contribution to Health Globally: A report by the all party parliamentary group on global health. 2015.

- United Nations Sustainable Development Goals. 2015.

- Tropical Health Education Trust, Principles of Partnership. 2015.

- Dignity in Mental health: World federation for mental health 2015.

- Engaging in Global Health – The framework for voluntary engagement in global health by the UK health sector. DH & DfID, July 2014.

- Increasing Returns: How overseas volunteering from the NHS benefits us all, a report by the all party parliamentary group on global health. July 2013.

- Health is Global: An outcomes framework for global health 2011-15. DH 2011.

- World Health Organisation (WHO) Bidirectional initiative: African partnerships for patient safety. APPS 2012.

- Global health Partnerships: the UK contribution to health in developing countries. Crisp report, DH 2007.

- Paris Declaration (2005) and Accra Agenda for Action (2008), Organization for Economic Cooperation and Development, (OECD).

- Health Education England: Tool Kit for the collection of evidence of the knowledge and skills gained through participation in an international health project.