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International Health Coordination Centre
Canolfan Ryngwladol Cydlynu Iechyd

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GIG CYMRU NHS WALES
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Public Health Wales

Charter for International Health Partnerships in Wales: **An implementation toolkit**

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Foreword

I'm delighted to introduce the updated Charter (for International Health Partnerships in Wales) Implementation Toolkit. The significance of collaborating with international partners has never been greater in recent times with the COVID-19 pandemic facilitating much partnership working. It is through our joint efforts that we can strengthen Wales's global health agenda and effectively confront the challenges that impact not only our own population but others around the world such as the pandemic. Our international partnerships also play a vital role in enhancing and developing our workforce, facilitating the exchange of knowledge and mutual learning which can drive positive change and benefit our people and communities in Wales.

Through its enabling role, the International Health Coordination Centre (IHCC) aims to maximise potential gains for Wales, to reduce duplication of efforts and resources, and to support a health system which is globally responsible, as well as more equal, resilient, and prosperous.

The establishment of the IHCC was in response to the Welsh Government policy document, 'Health Within and Beyond Welsh Borders: An Enabling Framework for International Health Engagement' (Welsh Government, 2012). Acting as a central hub for information sharing, knowledge exchange, collaboration, and networking across NHS Wales, the IHCC is enabled by Public Health Wales's Policy and International Health WHO Collaborating Centre, and supported by Welsh Health Boards, and NHS Trusts. Together with national and international stakeholders, the IHCC developed the Charter for International Health Partnerships in Wales, which outlines shared values and principles for international work within the NHS. In 2014, all Health Boards and NHS Trusts committed to implementing the Charter, pledging to enhance organisational responsibility, foster

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reciprocal partnership working, promote good practice, and uphold sound governance in international health partnerships. The IHCC has a distinct position, sitting between government, the health system and other relevant sectors and a clear focus on enabling international health activity and partnership working across the NHS in Wales. From this distinct position, it works to support forward-looking international networking and collaboration, good governance, system insight, and contribution to global health and sustainable development.

Since then, the IHCC has gained recognition not only across the UK and Europe but also on a global scale. Wales is gaining an international reputation for the strength and achievements of our health partnerships worldwide. Implementing the Charter also aligns with the actions outlined in the Well-Being of Future Generations (Wales) Act 2015. By collaborating on international health initiatives, Health Boards and Trusts in NHS Wales, are continuously developing, guidance and documents in the form of the Charter Implementation Toolkit, presented here.

We sincerely hope this updated version of the toolkit will provide valuable materials for all those involved in encouraging international health links, including the Wales for Africa Health Links Network and other key partnerships. As a living web-based resource, this toolkit will continue to grow and evolve through the contributions of all partners involved in the NHS Wales International Health Activity Group, which comprises representatives from all Health Boards, Trusts in Wales, and key stakeholders. We invite you to join us on this journey and help strengthen the framework for international health partnerships in Wales. Together, let us create a healthier, more interconnected world.

Cofion,

Sumina Azam

National Director of Policy and International Health, World Health Organization Collaborating Centre

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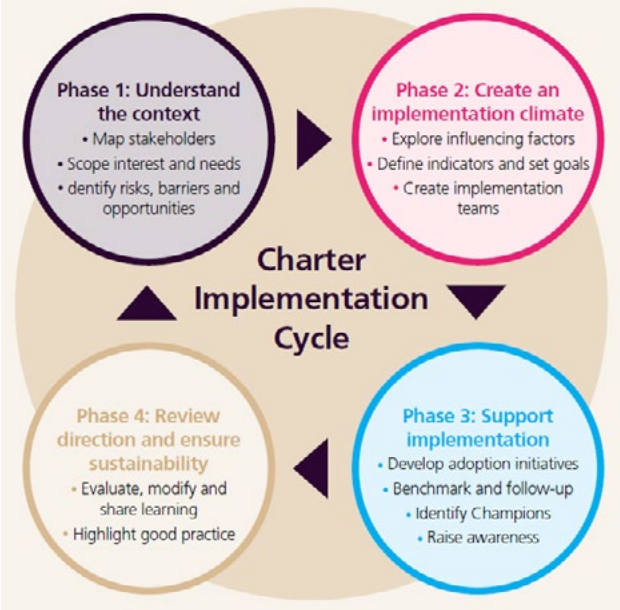

Figure 1: Charter Implementation Cycle

Products of the toolkit have been through a sign off process, as shown by Figure 2.

Sound governance is essential for the successful implementation of the Charter. In working together on International Health, NHS Health Boards and Trusts in Wales have developed tools, guidance and documents, along with useful links in the form of the Charter Implementation Toolkit to assist with the implementation cycle (Figure 1)

The toolkit is designed to assist signatories to the Charter to successfully and consistently implement it, delivering on the promise made by Health Boards and Trusts.

It is divided into four sections, encouraging health boards and trusts to demonstrate:

1 Organisational Responsibilities

2 Reciprocal Partnership Working

3 Good Practice

4 Sound Governance

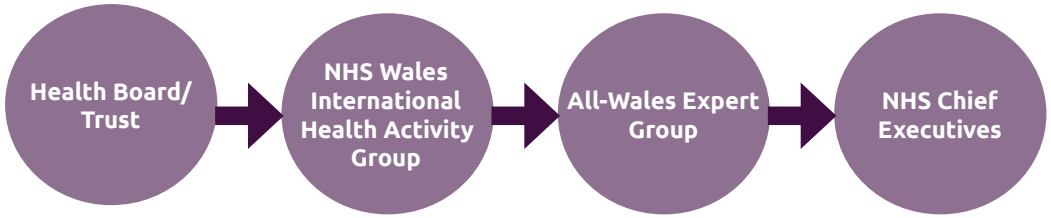

Figure 2: Charter implementation toolkit product sign off process

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Charter Signatories

Minister for Health and Social Services

Director General of Health and Social Services/Chief Executive NHS Wales

Aneurin Bevan University Health Board

Betsi Cadwaladr University Health Board

Cardiff and Vale University Health Board

Cwm Taf Morgannwg University Health Board

Digital Health and Care Wales

Hywel Dda University Health Board

Powys Teaching Health Board

Public Health Wales

Swansea Bay University Health Board

Velindre University NHS Trust

Welsh Ambulance Services NHS Trust

NHS Wales Shared Services

Associate Signatories:

Bevan Commission

Hub Cymru Africa

National Centre for Population Health and Wellbeing Research

Wales and Africa Health Links Network

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Strong organisational engagement and commitment are essential for successful international health partnerships.

This includes support for leave, provision of resources to support partnership development and executive-level reporting processes on international partnerships.

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Reciprocal Partnership Working

A collaborative relationship between two or more parties is based on trust, equality, joint respect and understanding. Through the Charter, organisations work to build strong, active and trusting partnerships with health organisations across Wales, the UK, and around the world. This will lead to improved global health outcomes, and improved learning for NHS Wales.

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Sharing of good practice between organisations in NHS Wales and beyond and also between Health Links should be encouraged.

The Charter prioritises an evidence-based approach underpinning all new policies, programmes and interventions. It searches for positive results to be celebrated and implemented widely; and fosters an open culture willing to learn. This is essential for effective and collaborative teams, organisations and projects.

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Sound Governance

Clearly agreed aims, objectives and areas of responsibility for all partners involved in a partnership are essential. The Charter drives the development and implementation of sound governance models that facilitate transparent, effective partnerships with clear lines of responsibility and accountability. Good governance is fundamental to improving health outcomes around the world.

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Special Leave Policy	Public Health Wales
The Comhlámh Code of Good Practice (CoGP)	Comhlámh
ESTHER EFFECt Tool: Self Assessment Version	ESTHER Alliance for Global Health Partnerships
ESTHER Strategic Framework of the EEA 2015-2020	European ESTHER Alliance
ESTHER Charter quality of partnership	European ESTHER Alliance
From Competition to Collaboration: Ethical leadership in an era of health worker mobility	THET
Global Citizenship in the Scottish Health Service	Royal College of Physicians and Surgeons of Glasgow
Safeguarding	Bond
Climate Guide	Red Cross
Oxford Global Research	University of Oxford
1000 Lives Improvement	Public Health Wales
Code of Practice for International Recruitment	NHS Employers
Donation of medical equipment	World Health Organization
Anti-racism Charter	Hub Africa Cymru

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and the Charter Implementation Group, which has representatives from all Health Boards and Trusts in Wales, the Wales and Africa Health Links Networks and Welsh Government.

Updated by Liz Green, Laura Holt, Daniela Stewart 2024. New Resources were created in partnership with the Tropical Health Education Trust (THET)

Acknowledgements

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for their contributions to the content of the toolkit.
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their support to the toolkit, the International Health Coordination Centre's work and the implementation of the Charter for International Health Partnerships in Wales.

WAST Collaboration with Indonesia

In 2019, the Welsh Ambulance Services NHS Trust (WAST) engaged in an international collaborative project between Cardiff University's School of Mathematics, the Massachusetts Institute of Technology (MIT) and Ambulans 118 in Indonesia. The collaboration was funded by the UK's Global Challenges Research Fund, aimed at academic institutions, and WAST provided support to the collaboration in terms of paramedicine expertise, in a February 2020 scoping visit.

Ambulans 118, along with Ambulans 119, provide a national public ambulance service to support Indonesia's 264 million population. In addition to serving patients with emergency and general health conditions, the ambulance services have to cope with natural disasters such as earthquakes and floods, and in 2018 alone natural disasters are estimated to have killed more than 4,000 people and displaced around 3 million. The collaborative partners are working towards developing an integrated national emergency response system but face many challenges in doing so, including the huge geographical area, infrastructure problems and lack of emergency response vehicles.

Mathematical models have been proposed to help overcome the challenges facing Ambulans 118, using operational data and situational analysis to advise on response mechanisms. Opportunities for WAST to share learning and deliver training were identified in the scoping visit.

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Unfortunately, the COVID-19 pandemic put a halt to much of the activity planed for the duration of the grant funding and progression has been limited for all partners, with both WAST and Ambulans 118 focussing on the needs of patients and the crisis of the pandemic. A follow up visit to Indonesia took place in mid-September 2022. Meetings were held with the Ministry of Health, and there was a two-day seminar with teaching and shared learning for a large cohort of healthcare professionals in Jakarta, delivered by Cardiff University, WAST and MIT. There are additional plans to share syllabus and learning outcomes with Ambulans 118, to continue the development of the service.

It is clear that there is much to be gained from collaborative projects between WAST and other international healthcare services, in terms of skill development, organisational mobility, self-reflection and improvement of practice, and from an operational perspective in seeing how other organisations manage and adapt to situations differently. Viewing variances and sharing experiences in overcoming challenges to practice, such as use of mobile technology, crisis management, and planning and adapting to changing patient needs, are all beneficial to improving practice both within the international organisations and here in Wales.

The September 2022 engagement visit enabled further development of the ambulance service both in Wales and Indonesia, with scope and opportunity for the mutual support it has involved to continue once the project funding has ended.

Powys-Bangladesh Endoscopy Partnership

In 2012, the British Society of Gastroenterology gave a grant to a group of Gastroenterologists and Surgeons based at Morriston Hospital, to initiate the first training in ERCP (advanced endoscopy) in Bangladesh. Since then, the doctors have visited Bangladesh every other year to continue the improvements in training and provision of endoscopy services. The learning included the realization that the endoscopy nurses need to be trained in endoscopy assisting techniques to ensure that the whole workforce team is trained to carry out more complex procedures. In 2017, the Consultant Nurse for Endoscopy visited Dhaka to deliver the first endoscopy nurses' course. In February 2019 she was asked to prepare and present an additional two full days of teaching, assisting with teaching the nurses during the doctors' training on animal models and assist the doctors in learning colonoscopy.

The success of the Consultant Nurse services in Endoscopy in Powys has meant that we have been able to employ an Advanced Nurse Endoscopist, expanding the upper endoscopy service.

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Digital Health and Care Wales: IT Support in Lesotho

In 2018, a team from Digital Health and Care Wales (DHCW), whilst operating in the predecessor organisation, successfully delivered Information and Communication technology (ICT) training to medical professionals and their support staff in Lesotho, in line with the Charter for International Partnerships framework.

The initial project was developed following observations from an employee who spent time on placement in Lesotho. They identified a gap in the digital skills, particularly analytical and information technology skills, of the senior leaders in the health sector, and also recognised that they were undertaking secondary roles in public services. As a result, a training pathway was developed to upskill the senior leaders to enable them to be able to tell a story using data.

The first round of training was delivered in October 2018, designed to manage the gap in ICT skills of the Lesotho medical professions. It was planned in line with the best practice mapped out in the Charter and following the pre-approved NHS Wales procedures from the toolkit, to support the host organisations in Lesotho and the team delivering the training. The Charter framework also allowed for the project to be developed and implemented more quickly, as the governance process is already defined.

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Following the initial round of training, the team conducted a follow-up survey on the impact and future needs of ICT training, to plan for future training developments. This first round of training and subsequent needs analysis allowed the team to apply for additional grant money, while allowing the host hospital in Quthing time to incorporate the existing training into their local development framework.

Additional funding would allow the team to perform future training within Quthing and to undertake further needs assessments and conduct subsequent training for more hospital staff outside the initial catchment area.

Training in Microsoft Excel and PowerPoint was delivered over 3 days to 19 people from Quthing Hospital, Ntlafatso Foundation and SOS Children's Villages in Lesotho. The training was designed at beginner and intermediate level with a broad aim to allow the attendees to present data with confidence. The attendees were surveyed following the training and asked to score a number of questions. 18 of the 19 attendees responded and stated that the training had been very helpful. Five attendees reported that that they had already shared their learning with others at the time of the survey. This type of support had not been done before and it was particularly well received

Following the training, the team were invited to the hospital to look at some of the processes being used. Many processes were paper based, so the staff were keen to seek advice as to how their own processes could be improved in light of their new learning.

> ***"I always struggled to deal with Excel. I always thought it was a difficult thing and I did as much as possible to avoid using Excel in my daily reporting, in everything I was doing at work. But after today, I realise that my mind was complicated; Excel is no longer complicated. I just had to appreciate its use in reporting."***
>
> ICT training participant, SOS Children's Villages, Lesotho

In addition, it was agreed that SOS Children's Villages in Lesotho was DHCW's nominated charity of the year in 2020.

Cross-Wales Activity: Malawi-Wales Antimicrobial Stewardship Partnership

Wales's newest international health link started in 2021 and has just completed its first project, with funding through THET from the Fleming Fund (UK government).

The Wales Antimicrobial Pharmacy Group partnered with the Pharmaceutical Society of Malawi in September 2021 and successfully applied to THET's Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) grant programme. The three key partnership members in Wales are based across the country: Charlotte Makanga at Betsi Cadwaladr University Health Board, Ceri Phillips at Aneurin Bevan University Health Board and Charlotte Richards at Swansea Bay University Health Board. They chose Malawi as their partner country due to Charlotte Makanga's family connections there, and their grant application was strongly supported by the Welsh government's Chief Pharmaceutical Officer.

Post project activity was virtual due to the ongoing pandemic, with just one short in-person visit in February. This has been challenging, in part because of difficulties with internet connectivity in Malawi. Nonetheless, the partnership has:

- Developed good working relationships with two hospitals in Malawi, Kamuzu Central Hospital in Lilongwe and Mzuzu Central Hospital, and the Antimicrobial Stewardship committees.
- Completed a Global Point Prevalence Survey (Global-PPS) of antimicrobial usage in the hospitals, identifying areas where antimicrobial stewardship could be improved: for example, reduced usage or oral administration.
- Developed and supported implementation of a toolkit to guide these improvements, including tools for ongoing audit.

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- Developed and delivered training on antimicrobial stewardship and resistance, infection prevention and control, and use of the toolkit. 120 staff across the two hospitals have been trained – some as trainers themselves – and the training is now being adopted as the antimicrobial stewardship training tool in the hospitals.
- Completed a second Global-PPS, which is currently being analysed to evaluate impact.
- Engaged with national pharmacy groups and lead, including within the Ministry of Health, to ensure the partnership's work aligns to national plans and is embedded as standard practice.
- Linked with the University of Malawi to facilitate research, starting with a service evaluation of their work so far, which is in preparation.

Though the funding for this project has ended, the partnership still meets weekly online and works together through a WhatsApp group. They will apply for the next round of CwPAMS funding, aiming to more broadly support pharmacy infrastructure and governance in Malawi.

Charlotte Makanga speaks of many benefits to her NHS practice, including new ideas to improve antimicrobial stewardship and learning from the research ethics application process in Malawi. Most of all, working with Malawian colleagues has been inspiring, leading her to re-evaluate her own role. She has now taken on a managerial role, to positively influence practice in her department and raise the profile of the profession.

GOOD PRACTICE ARRANGEMENTS

"An evidence-based approach searching out positive results that should be celebrated, and an open culture willing to learn when things go wrong are essential."

"Malawian pharmacists are so enthusiastic, and so proud of their profession. They are always pushing the boundaries of their work, pressing for change to benefit patients and raising the profile of pharmacists. I thought "I could do that". Pharmacists are part of patients' journeys and play an important role in improving their care. I am proud to be a pharmacist and part of a global network of pharmacy professionals."

Charlotte Makanga, Lead, Malawi-Wales Antimicrobial Stewardship Partnership

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Aneurin Bevan University Health Board: Nursing Leadership "Buddy" Scheme

The Namibia leadership project supports a buddy scheme between senior nurses in Namibia and Aneurin Bevan University Health Board (ABUHB), facilitating the sharing of information, knowledge and skills and providing nurses with insight into other cultures.

In June 2018, Bronagh Scott, the Director of Nursing at that time, visited Namibia with Independent Member of the Board, Prof Dianne Watkins (University), to scope the possibility of providing a leadership development programme for Nurses. This was funded by the Welsh government's Wales and Africa Programme. By 2020 it had developed into a country wide project with a number of elements but structured primarily as a "buddy" scheme. The nurses share experiences, ideas and the challenges associated with leading nursing in both countries.

The Health Board has formed links with three University sites in Namibia, Windhoek, Oshakati and Rundu. Three fantastic films have been made to share with the nurses in Namibia, outlining what it is like to nurse working in District Nursing services, Intensive Care and the Accident and Emergency Unit in our Health Board.

ABUHB nurses benefit by developing greater resilience, empowerment and cultural awareness. They said: ***"Excellent opportunity for education"***; ***"Will be a better role model, leading by example."***, ***"Massive insight into what it is like to nurse in another country."***

GOOD PRACTICE EXAMPLE

Digital Health and Care Wales includes Wales and Africa activity as part of its Annual Plan (2021-22).

This is mapped to their objectives under the Well-being of Future Generations (Wales) Act, for both Cohesive Communities and A Prosperous Wales goals.

The former presents a case study of their work in Lesotho, through their partnership called NWIS in Africa. The latter states:

"Our NWIS in Africa initiative enables us to support the digital needs and education of global citizens."

Linking international activity to well-being goals could help more organisations to recognise and champion this work.

(Digital Health and Care Wales, 2021)

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Betsi Cadwaladr University Health Board: The Betsi-Kenya Health Link

The Betsi Kenya Health Link (BKHL) was established in 2018 by Janerose Buyiekha, a member of the Corporate Team at Betsi Cadwaladr University Health Board (BCUHB). The Link has established working partnerships between the Health Board and Busia County in Western Kenya.

Janerose 's inspiration came from working with the BCUHB's International Health Group and, originally from Busia County herself, she chose this as the partner region. She gathered a group of colleagues and other volunteers committed to sharing skills, expertise and experience between the partner regions. The long-term goal is to establish a sustainable partnership to tackle health inequalities at home and abroad.

In early 2019 a team of Link members undertook a fact-finding visit to Busia County referral hospital in Kenya. Janerose was accompanied by four staff members from Wrexham Maelor Hospital, including clinical Lead Dr Tony Da Silva. This was followed by a fundraising campaign "Shillings for Sheets", to pay for bedsheets for the hospital, and a Health Needs Assessment for Busia County.

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The Link now includes Dr Fiona Rae (Wrexham Maelor Hospital), as clinical lead, Dr Michael Greenslade, Volunteer (Eirias High School) and Bernard Okeah (Ysbyty Gwynedd and Bangor University). Bernard is also originally from Busia County. A strength of the Link has been Janerose and Bernard's local knowledge of Busia County: their understanding of local contexts and ability to communicate effectively with staff and patients, in a region where a number of languages are spoken, has been invaluable. The Link has been strengthened by participation in THET's Health Partnership Capacity Development Programme (HPCD), which facilitates networking and provides information and support on key topics.

Despite restrictions associated with the COVID-19 pandemic, work on the Health Needs Assessment has continued remotely. This led to a new public health "Community Events Based Surveillance" project, having identified sustained community transmission of COVID-19 but low adherence to protective behaviours. Both ongoing projects are funded by the Welsh Government's Wales and Africa Grant Scheme.

Bernard (virtually) and a local colleague have delivered training to 68 Community Health Volunteers (CHVs), some of whom now provide training for others, and who were provided with PPE for personal safety. They developed an alert system using Google Forms, which allows data logged by the CHVs to automatically alert the District Public Health team of high-risk events which require a response.

So far, the CHVs have reached over 2,500 community members and completed nearly 900 risk assessments. They now record data on key non-COVID public health threats and have detected a possible case of polio. This work has drawn the interest of Washington University, who plan to fund scale-up of the project across the whole county. Meanwhile, the Betsi Kenya Health Link is identifying the next priority and the funding to take it forwards.

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Managing Risk in professional travel
Authors: International Health Coordination Centre (IHCC)
Date: 2023 **Version: v1** **Review date:**
Distribution:
Purpose and summary of document: To provide All Wales Guidance on the management of risk when health professionals travel as part of international health partnership activity. This guidance will form part of an implementation toolkit for The Charter for International Health Partnerships in Wales. This will contribute to fulfilling the Reciprocal Partnership Working aspect of the Charter document, specifically RW3.
Disclaimer: This guidance represents the best available information and expert opinion at the time of writing. It aims to support the actions of individuals and organisations, who will also take into account local circumstances. The IHCC accepts no liability in association with the use of its content.

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Note: Links to references are embedded in the text, as well as listed separately.

1 Background

The Charter for International Health Partnerships (the Charter) was launched in 2014, in recognition of the need for a more coherent and consistent approach to international partnerships, and conform to and complement Welsh aspirations, principles and ethics. [1] With the Charter, we hope to strengthen the commitment of Welsh stakeholders to evidence based practice, shared learning, and international partnerships based on equality and the pursuit of mutual, tangible benefits. It is based on Wales's history of accomplishment and learning in the field of international health.

The Charter requires Health Boards and Trusts to work together to ensure that international activity is managed in a more standardised way across Wales. The Charter is an All Wales document, to which all Welsh health organisations are signatories. In signing up to the Charter, the organisations have pledged to implement its requirements which fall under four foundations:

1.1 Organisational Responsibilities (OR)

Strong organisational engagement and commitment are essential. This may include support for special leave, provision of resources to support the development of health partnerships, and organisational processes reporting at an executive level on international health partnerships.

1.2 Reciprocal Partnership Working (RW)

It is essential to have a collaborative relationship between two or more parties based on trust, equality, joint respect, and understanding for the achievement of specified goals for mutual benefit.

1.3 Good Practice (GP)

An evidence based approach searching out positive results that should be celebrated, and an open culture willing to learn when things go wrong, are essential.

1.4 Sound Governance (SG)

Clearly agreed aims, objectives and areas of responsibility, for all partners involved in the partnerships, are essential. Sound governance is essential for the successful implementation of the Charter for International Health Partnerships in Wales.

By working together on International Health, NHS Health Boards and Trusts in Wales have developed tools, guidance and documents, along with useful links in the form of the Charter Implementation Toolkit to assist with the implementation of the Charter. [2] The toolkit is designed to assist signatories to the Charter to successfully and consistently implement it, delivering on the promise made by Health Boards and Trusts. This document forms part of the Implementation Toolkit, meeting the requirement for NHS Wales Health Boards and Trusts to ensure sound governance in its international health work.

Progress on the implementation of the charter is monitored the NHS International Health Activity Group and with strategic oversight by the Welsh government.

2 Introduction

This guidance aims to support international health partnerships in recognising and mitigating the risks inherent in travel. These may be personal or professional and not all can be eliminated, though many can be reduced.

This guidance does not consider management of risk in the project(s) which the travel supports. Projects also benefit from assessment and mitigation of risks to their success, as discussed in Charter element SG2 (Risk in Partnerships). [1]

The Charter requires all signatories to undertake risk assessment and management when health professionals travel internationally for work:

"Organisations and international health partnerships have a responsibility to ensure the wellbeing of those travelling internationally for work purposes. Managing risk must comprise of documents including a risk assessment, basic country information including emergency contact details and basic language tips. Appropriate travel insurance must be organised for those who are travelling for work purposes as well as travel and accommodation arrangements.

It is the responsibility of the health professional not to engage in any risky behaviour when on international placements." [1]

Leaders at both ends of the partnership, as well as the individuals travelling, must work together to minimise risk. Doing so will make health partnership activities safer and more inclusive, allowing the participation of individuals who, for any reason, have a lower tolerance of risk.

This document provides information and guidance to support this process. Using it will help international health partnerships to consider the risks posed during their international travel, to take action to reduce these, and to communicate with travellers regarding risk.

3 Key points

- It is worth considering whether activities can be delivered virtually. This removes the risk of travel and eliminates the associated carbon emissions.
- A good risk assessment will support both reduction of risk and communication with travellers. This should be updated as information changes and travel organisers must be ready to alter or cancel plans if unacceptable risk arises.
- Group insurance policies are easy to arrange and good value. Organisers should ensure coverage of issues specific to the destination country and activities.
- Professional indemnity may also be required. Health Boards/Trusts may be prepared to organise a group policy to cover all international health partnership activity.
- There are many resources available to support a strong safeguarding culture within international health partnerships. Travellers must be aware of the specific safeguarding risks associated with international development.
- Communication with travellers supports personal decision-making and responsibility, reducing risk. Individuals should be encouraged to decline the opportunity to travel if they personally deem risks too high.

4 Setting the scene

The management of risk in professional travel requires a careful balance between promoting safety and respecting the autonomy of adult travellers. Personal judgement and responsibility must be supported, while taking steps to reduce risk wherever possible. Risks vary based on a number of factors, and a useful starting point is to consider the nature of international health partnerships and their travel.

Wales's health partnerships are predominantly small or medium-sized and support specific projects, often based around the clinical expertise of group members. [3] Travel often involves one or two individuals or a small group, who stay for a short period (from one to a few weeks) to participate in training events, assess needs and build relationships, while gaining experience themselves. Some visits are longer, particularly if they are organised under the Welsh government's International Learning Opportunities programme. [4] The partner country can be anywhere but is usually low- or middle-income and often in Africa, supported by the Welsh government's Wales and Africa programme. [5]

Travellers can include frontline clinicians (e.g., nurses, midwives, doctors, physiotherapists, paramedics), paramedical staff (e.g., clinical scientists, engineers, administrators, non-clinical managers) and non-healthcare professionals (e.g., tradespeople to support infrastructure projects). Someone familiar with the destination country and facility is often, but not always, part of the travelling group.

Logistics, transport and accommodation are generally organised by the international health partnership for all of those travelling. This involves communication between partners at both ends, each of whom will be responsible for different elements. Travel insurance and visas are also likely to be centrally organised. Other responsibilities may fall to the individual, particularly in terms of personal health (preparing to manage known health conditions, following health advice for the destination country including pre-travel vaccinations etc).

Clearly there are factors here which have a bearing on risk, particularly:

- Who is travelling? The number, their experience of the destination country, and personal features such as health are all important.
- How long will they stay? Some risks are cumulative over time while others may reduce with familiarity.
- What is the destination country? In low- or middle-income countries many aspects of safety – including road, electrical and food – are very different from the UK, and the health facility environment is unfamiliar. Culture and politics will also be different, and risks may be increased if no members of the travelling group speak a local language. There may be different environmental risks, such as extreme weather or earthquake.
- What will travellers be doing? Risks are different, for example, in clinical versus non-clinical activity, and when staying in a single facility versus travelling around a region.

Many risks are modifiable, including through careful planning of activities. However, risks often persist at some level and travellers must have a level of tolerance for this. International health partnerships are responsible for communicating about residual risk, so that travellers can make an informed decision as to whether this is

acceptable. Many personal factors come into this decision, and individuals must not feel pressured to undertake travel which, to them, appears too risky.

5 The Climate Emergency

All travel results in carbon emissions and contributes to rising global temperatures. This can be considered an overarching risk in its own right, and international health partnerships must balance the benefits of travelling to deliver their activities with the negative health impacts of the changing climate. [6]

Virtual meetings and training events are now commonly used by international health partnerships and can be very successful. They remove the need for travel, saving carbon emissions, time and money, as well as eliminating travel risks. Virtual options should always be considered within project plans, though there are still benefits to in-person activities and the best mode of delivery will depend on many factors.

When travel is required, there are steps which may reduce the risk of environmental damage, for example:

- Not travelling by air, if this is feasible in terms of distance, options and safety.
- Using shorter flight routes, or direct rather than indirect flights. The financial cost may be higher, but worthwhile when weighed against environmental cost. The carbon footprint of flights from/to/via specific airports can be calculated using this tool. [7]
- Using carbon offsetting schemes. This will require research, since not all are useful or reputable. Starting points are this guide to choosing effective carbon offsets [8] and review of best available schemes. [9]

6 Risk assessment and mitigation

International health partnerships should use the standard NHS Wales risk assessment tool, unless there is a particular reason (for example, a grant condition) to use an alternative. These groups generally fall outside standard Health Board/Trust governance structures, and the risk assessment will usually not require additional "sign-off". However, a Board-level International Health Group is ideally placed to discuss this, to ensure that the process is satisfactory. [10]

The completed risk assessment should be shared with all travellers.

The person completing the risk assessment must have good understanding of all travel arrangements, the destination country and planned activities. This will normally be a health partnership or travel group leader, in consultation with others (including overseas partners). Supporting information can come from:

- The Foreign, Commonwealth and Development Office (FCDO) travel advice website. [11] This includes basic country information and advice on personal safety, entry requirements and basic health precautions. Changing risks such as disease outbreaks and conflict are regularly updated, and there are links to sources of support (e.g., the British Embassy). It would be unusual to travel anywhere the FCDO advises against "all but essential travel" or "all travel": as well as additional personal risk, travel in these areas is excluded from standard insurance policies and may breach grant conditions.

- The website of the National Travel Health Network and Centre (NaTHNaC), an organisation commissioned by the UK Health Protection Service to provide information to travellers and health professionals. [12] This provides detailed information on health in individual countries, including recommended and mandatory vaccinations, malaria prophylaxis, and food and drink hygiene.
- Partners in the destination country. They will have good understanding of local issues and early awareness of developing situations. They will also be the best source of general local information such as accommodation and food options, and safety and travel tips.
- Reputable news outlets, including those based in the destination country or region, which are likely to give wider and more detailed reporting.

The risk assessment is a "living" document which should be regularly reviewed and updated as information changes. Those responsible for it should regularly check information sources and communicate with local partners before and during travel. Recent outbreaks of disease and conflict show just how quickly situations can change, in terms of travel options and safety, and organisers must be prepared to alter or cancel plans at any point.

Appendix 1 gives an example of a completed risk assessment for travel. This illustrates many of the common risks, and steps which can be taken to reduce them. Some risks remain high despite mitigation, notably road and electrical accidents, and these should be discussed with travellers.

The example was produced before the emergence of Covid-19, which should now be included as a risk. Covid-19 entry requirements, test and trace procedures, and isolation guidance can change rapidly, so organisers need to be alert for new information. In health facilities there may be different requirements for and access to personal protective equipment (PPE), and health partnerships should consider travelling with supplies. Treatment may be more difficult to access in lower income countries, so it is important to plan how infection amongst travellers will be managed. The same considerations are applicable to future disease outbreaks.

Professional indemnity requirements are generally considered separately, but the risk assessment will support arrangement of appropriate personal insurance (see Section 7).

7 Insurance and indemnity

It is important that international health partnerships insure travellers for personal injury, illness and loss, as well as any risks specific to the destination country. They must also consider how clinical or non-clinical claims against travellers, related to the health partnership's activities, will be covered.

To undertake clinical practice, most countries require health professionals to register with a national regulatory body equivalent to, for example, the UK's Nursing and Midwifery Council or General Medical Council. This can be complicated and time-consuming, and is one reason why short-term overseas visits are often focused on non-clinical activities.

7.1 Insurance

International health partnerships usually organise a group policy, allowing them to control policy details such as level and extent of cover for all travellers, and simplifying contact arrangements in the event of a problem during travel. These are often good value, easy to organise and can be included in grant budgets. Using an insurance broker experienced in healthcare travel may be helpful, to ensure that all needs are met. Sutton Winston is one example, [13] and the British Insurance Brokers' Association can advise on other options. [14]

The policy must provide a high level of cover for any medical problems, including the cost of repatriation to the UK. It should make provision for unavoidable cancellation or change of travel, loss or damage to travellers' personal possessions, and personal liability claims. It must cover the number of travellers in the group, and it may be good value for international health partnerships to hold a multi-trip policy which covers a given number of travellers during a year. Other factors to consider include:

- Specific security risks in the destination country. A policy covering civil unrest, kidnap and ransom may be required. These often come with dedicated support to prevent and manage such threats.
- FCDO advice against travel to the destination area. International health partnerships are unlikely to travel if this is the case (see Section 6), but if they do they will require dedicated insurance, since these areas are excluded from standard policies.
- Travellers with existing medical problems. A group policy may require declaration before travel, make exclusions for certain conditions, or require medical advice to be sought before travel. Regardless of policy conditions, is sensible for existing medical conditions to be shared with the travel organiser and one member of the travelling group, in case of any problems.
- Duration of cover, which may be limited on multi-trip policies, requiring a change or separate policy for longer visits.
- Any high-value medical equipment which travellers will take, such as hand-held ultrasound. These may need to be named on the policy. Also check whether items such as stethoscopes and ophthalmoscopes are considered personal or business equipment, and arrange cover if required.
- Tourist travel before or after the official visit, which some travellers may be planning. Separate insurance may be required to cover this, and travel organisers should be ready to advise.

Share details of any group insurance policy with all travellers, so that any member of the group can access advice and emergency help.

7.2 Indemnity

"Indemnity" here refers to arrangements to compensate individuals for loss or damage related to professional practice, whether clinical (negligence/malpractice) or other (e.g., a fall).

The Welsh Risk Pool provides professional indemnity cover for the work NHS staff carry out as part of their employment. [15] This generally does not extend to activities undertaken with international health partnerships which, even when supported by their Health Board/Trust with provision of leave etc., are considered

voluntary work. Existing individual indemnity arrangements – for example, by doctors for complex claims or private practice – often apply only within the UK.

It is therefore important to think about what activities will be undertaken during international health partnership travel, and whether these require separate indemnity. Factors to consider include:

- Whether any clinical work will be undertaken. This is not common in Welsh international health partnership activity, which more often involves training and other capacity-building. It is more relevant in humanitarian work, where staff travel to provide urgent support clinical services. Professional registration will almost certainly be required for clinical practice.
- What non-clinical activities are planned, and the likelihood of any harm resulting from these.
- Whether the partner institution has professional indemnity which will cover travellers. This is not likely to be the case in low- or middle-income countries.
- The legal situation in the destination country: for example, any requirements for professional indemnity and likelihood of a claim being made.
- Funders' requirements. For example, grants may require recipients to provide professional indemnity cover.

Combinations of these factors and others create a sliding scale of whether indemnity is required or advisable (Figure 1).

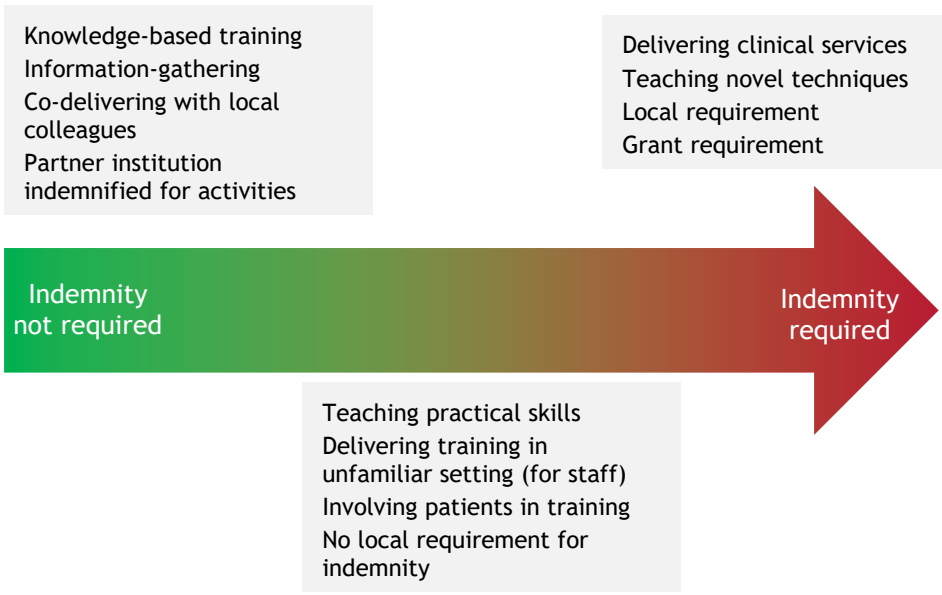

Figure 1: Factors affecting likelihood of requiring indemnity

Whether or not indemnity is required, risks can be reduced by:

- Reminding travelling staff that they should only work within their usual scope of practice or expertise.
- Using recognised training resources.
- Supervising trainee staff or students as they would be supervised in Wales.

- Treating patients as they would be treated in Wales, for example, in terms of confidentiality and consent.
- Maintaining awareness of any basic environmental safety risks (for example, electrical or slip hazards) and addressing these as far as possible.
- Sharing information on issues which require particular care when working professionally overseas – for example, safeguarding (see Section 9).

If indemnity is required:

- Those who already have individual indemnity arrangements should inform their provider of destination and expected activities. This is good practice even when indemnity is not considered a requirement. Some providers will cover voluntary activities overseas, and this should be confirmed (along with any restrictions) in writing.
- Those without existing cover should contact a provider for a quote. Relevant professional bodies may offer this, or hold details of providers. For example, indemnity schemes (with variable cover for overseas work) are offered by the Chartered Society of Physiotherapy, [16] the Royal College of Nursing [17] and the Royal College of Midwives. [18]

International health partnerships should:

- Be clear about whether they, or the individual, will cover the cost of any new indemnity. In doing so, they should consider which individuals or groups could be excluded if individual financial burden is high. The partnership should fund and indemnity if this cost is covered by grant funding.
- Explore the possibility of their Health Board/Trust taking out an indemnity policy for international activities. This could include more than one partnership and a wide range of activities. An International Health Group is ideally placed to consider such issues at organisational level, [10] and the contacts provided for insurance, above, can help to organise a policy.

8 Pre-travel planning and information

The information provided by international health partnerships before travelling is key to:

- Allowing individuals to decide whether they have the right skills and attributes for the opportunity.
- Supporting individual judgement on whether residual risks are personally acceptable.
- Preparing confirmed travellers for their destination, which in turn reduces risk, as well as increasing the likelihood of successful activities and mutual learning.
- Building relationships within the group (if applicable) before travel.

Figure 2 suggests information to share before travel. This is neither prescriptive nor exhaustive, and ultimately the information shared will depend on the nature of the travel, travellers and activities.

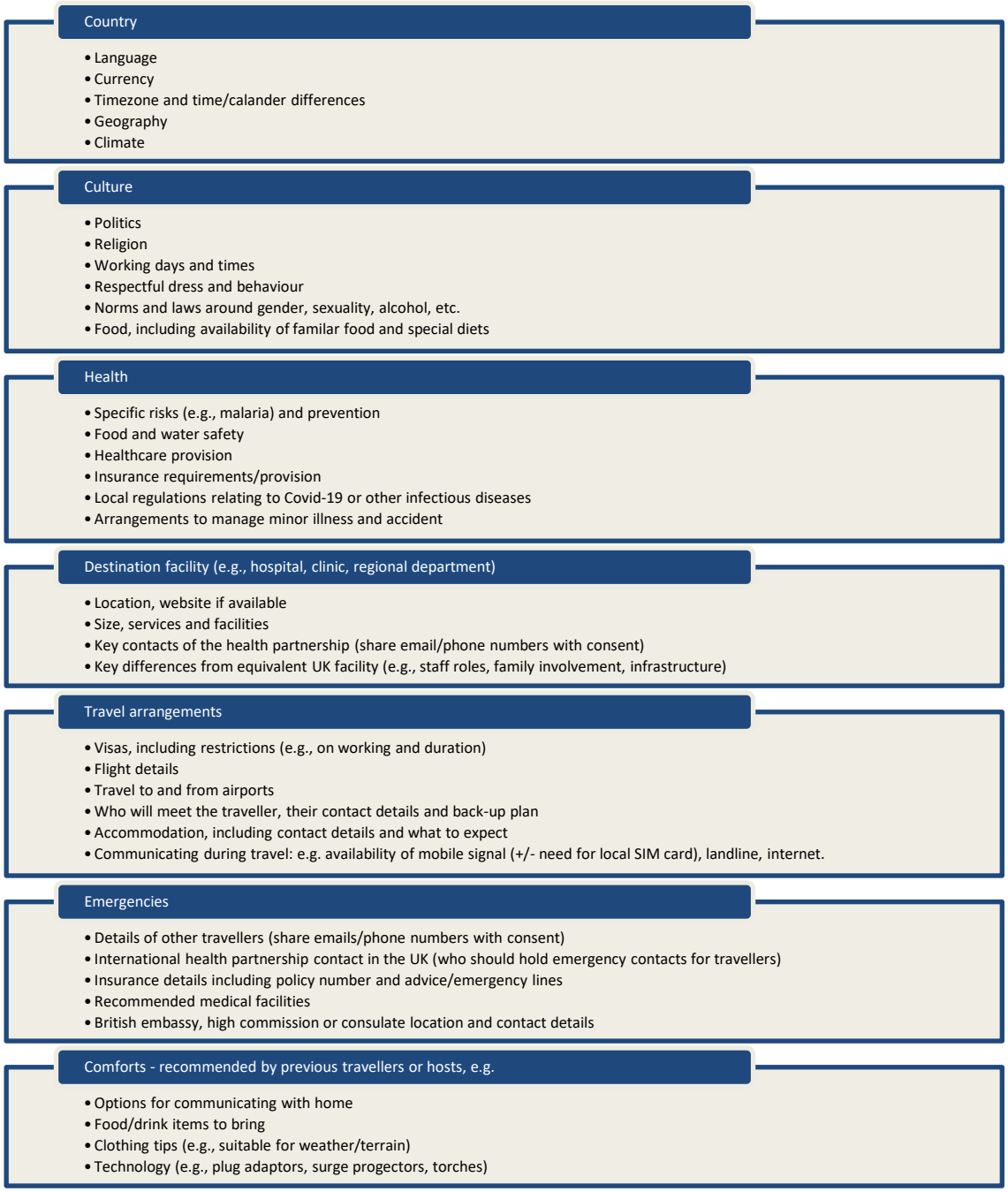

Figure 2: Information to share before travel.

The completed risk assessment should be shared and discussed. It is important to clearly communicate which pre-travel preparations are the responsibility of the individual, versus the travel organisers. This will at least include visiting their GP or travel clinic for vaccines (if these are required).

Directing travellers to recognised sources of information will help them to understand and reduce risks, and to take responsibility for these where appropriate. The resources listed in Section 6 are useful for travellers as well as organisers. Guide books or websites are also helpful, and health partnership leaders will often be able

to recommend the best for their partner country. It may be worth keeping spare copies to lend out and an up to date list of web addresses.

Information can be shared in writing (e.g., a document containing key country and travel details), through WhatsApp or Teams groups, and in discussion at in-person or virtual meetings. It is useful for travellers to be able to ask questions and discuss concerns with others who have experience of the destination country and facility.

9 Safeguarding

International health partnership leaders have a responsibility to protect those involved in their activities from abuse and exploitation. Travellers may come into contact with patients of all ages, and staff or community members who are vulnerable. While most travellers will have high standards of professional and personal behaviour, the potential risks have been highlighted by high-profile cases in major development organisations. [19] Health partnerships must therefore promote a strong safeguarding culture, including being prepared to act on concerns raised.

Grant funding may come with conditions relating to safeguarding policy and training. Due to the supporting resources available, this does not need to add a major organisational burden. Key steps are summarised in Figure 3.

All NHS Wales staff are aware of safeguarding principles, and should have completed at least basic training in the safeguarding of children and vulnerable adults. They will also have undergone a Disclosure and Barring Service (DBS) check. International health partnership leaders may want to confirm this and can signpost mandatory training resources if this needs to be refreshed.

Travellers must also learn about the safeguarding issues related to international development, especially if they will be visiting a low- or middle-income country, or one which was historically under British colonial rule. In these settings there are power imbalances and additional vulnerabilities which travellers must take care not to exploit. International health partnerships should develop a Code of Conduct for travellers, underpinned by policy and reporting processes, which can sit alongside the usual expectations of healthcare professionals. There are excellent resources to support this:

- Hub Cymru Africa provides background information, sample policy and Code of Conduct documents, and links to examples and standards from other organisations. [20] It also delivers training events for participants and leaders of Wales-Africa partnerships, individuals in Africa. [21] These facilitate compliance with the safeguarding requirements of Wales and Africa grant awards, but are also more widely applicable. Partnerships with countries outside of Africa are likely to be welcomed: check when booking.
- THET Safeguarding Toolkit for Health Partnerships. [22] This is written for partners in the UK and overseas, and includes background information, templates and guidance, and case studies from other organisations. It covers safeguarding at all points from developing policies to reporting and acting on concerns.

The safeguarding requirements for non-NHS staff will depend on their role. As a minimum, they should complete international development-related training and sign the international health partnership's Code of Conduct. Unless they have NHS

safeguarding training or equivalent, they should be accompanied whenever they could come into contact with patients – for example, in clinical areas.

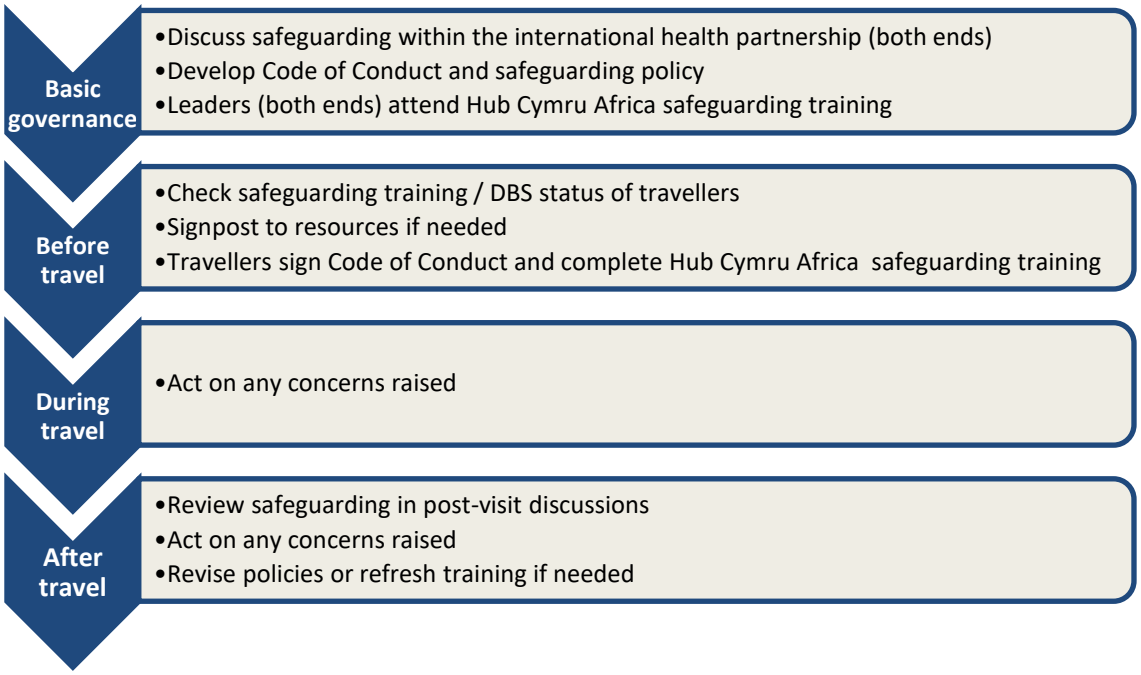

Figure 3: Safeguarding steps in international health partnership travel

10 References

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Appendix 1: Example risk assessment

This form was produced by a Welsh international health partnership. Identifying information has been removed. The destination was a low-income country and travellers were a small group including some with prior experience.

Note:

- This was produced before the Covid-19 pandemic, so does not consider Covid-specific risks to travel arrangements or to health.
- The risk assessment was signed by the health partnership's Lead Clinician. In this instance there was no requirement for any manager's signature, but international health partnerships should check local governance arrangements (see section 6).

Simplified General Risk Assessment Form

CPG/Corporate Function & Department:	Date:	Assessment Ser No:
Section/Area where task takes place:		
Task/Work Activity:		
Assessor(s):	Job Title:	

	Likelihood Score				
Consequence Score	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

To obtain the risk rating multiply the appropriate consequence score by the appropriate likelihood score, e.g. Minor 2 x Likely 4 = 8

RISK RATING ACTION GUIDE TABLE

1 - 3	**Low Risk-** Action only if low cost remedy, easy to implement, re-assess if process/procedure, guidance or legislation changes, keep under review.
4 - 6	**Moderate Risk-** Action that is cost effective in reducing the risk and planned and implemented within a reasonable time scale.
8 - 12	**High Risk-** Urgent action to remove or reduce the risk. To be escalated to senior management.
15 - 25	**Extreme Risk-** Immediate action to remove or reduce risk to tolerable level. Consideration given to stopping process. Inform Senior Management & Risk management/Health & safety Departments at once.

Hazard	Risk Associated	Who Might Be Harmed	Existing Control Measures	Current Risk Rating C X L	Additional Controls Required	Residual Risk Rating C X L	* Date Action to be Completed
Road traffic accident	Personal injury	Any visitors, local hospital staff including driver.	1. Use hospital or other known driver if able. 2. If using commercial company, check tyres before starting journey. 3. Use seatbelts if available. 4. Ask driver to slow down if needed. 5. Avoid road travel after dark. 6. Cover driver accommodation costs and meals, to avoid fatigue and build relationship.	5 x 2 = 10	1. Individuals are encouraged not to travel if this level of risk concerns them. 2. Driver must be permitted to declare journey unsafe and to be abandoned. 3. In absence of the above, group leader may take this decision, in consultation with local staff and other group members. Unintended consequences (e.g. of location of group at the time) should be taken into account.	5 x 2 = 10	N/A
Illness during visit: standard	1. Personal ill-health 2. Time off work on return	Any visitors	1. Visitors advised to obtain full vaccination as per NaTHNaC guidelines. 2. Link to organise group travel insurance, to cover treatment and repatriation. Any personal policies	Various illnesses are possible, the more	1. Individuals are encouraged not to travel if this level of risk concerns them.		

travellers' illnesses			used instead must be at least as good. 3. Personal responsibility to consult own GP about known existing health problems prior to travel, not insured to travel against advice. 4. Malaria: visitors advised to take malaria prophylaxis and avoid mosquito bites. 5. Visitors advised to drink and brush teeth with bottled water, and avoid salads/under-cooked meat. 6. Visitors advised to use soap/water and alcohol gel. 7. Group leader carries first aid kit containing basic medications including rehydration salts. 8. For diarrhoeal illness, rehydration salts and anti-diarrhoeal medications to be used according to manufacturer instructions. 9. In the event of significant illness or injury, contact insurance for medical advice +/- evacuation.	minor are more common therefore: 2 x 3 = 6 **or** 3 x 2 = 6 **or** 4 x 1 = 4	2. If potential visitors are unable to self-fund vaccinations, malaria prophylaxis, and/or travel insurance they should approach the Chair to discuss use of Link funds for this purpose. 3. Group members will ordinarily be expected to travel on group insurance policy. Group leader to collate and carry insurance details for anyone using their own policy. These measures will facilitate treatment/transfer in the event of a group member's incapacitation.	2 x 3 = 6 **or** 3 x 2 = 6 **or** 4 x 1 = 4	N/A
Illness during visit: related to healthcare activities	1. Personal ill-health 2. Time off work on return	Any visitors to hospital clinical environment	1. Visitors advised to ensure hand-hygiene in all clinical settings: before and after visiting patients, handling documents/equipment, visiting clinical areas etc. Take a personal supply of alcohol gel. 2. Visitors advised to use PPE where appropriate: e.g. surgical mask for contact with multi-drug resistant TB. 3. Visitors advised not to undertake exposure-prone procedures. If	4 x 1 = 4	Individuals are encouraged not to visit clinical areas if this level of risk concerns them.	4 x 1 x 4	N/A

			undertaken, use PPE: minimum gown/gloves/eye protection. 4. Post-exposure prophylaxis will be carried for immediate management of possible HIV exposure. 5. In the event of significant injury, contact insurance for medical advice +/- evacuation.				
Electrocution	Personal injury	Any visitors, within hotel or hospital, and hospital staff/patients	1. Visitors warned of likelihood that electrical safety will be below UK standard. 2. Visitors advised to use local electrical equipment (including sockets) with caution. 3. Visitors advised to bring surge-protectors for own electrical devices.	5 x 2 = 10	1. Individuals are encouraged not to travel if this level of risk concerns them. 2. Continue to promote basic electrical safety with our hosts during visits.	5 x 2 = 10	N/A
Hyena attack	Personal injury	Any visitors or locals in the town after dark	1. Visitors advised to avoid walking in the town after dark: take a taxi/bajaj. 2. Visitors advised to carry a stick if outside the hotel compound after dark.	4 x 1 = 4	Individuals are encouraged not to travel if this level of risk concerns them.	4 x 1 = 4	N/A
Petty crime, e.g. theft from person or hotel	1. Material loss 2. Psychological injury 3. Minor personal injury	Any visitors or locals	1. Visitors advised to follow advice of local contacts and guidebook on areas to avoid / exercise particular caution. 2. Visitors advised sight-see in pairs, to dress respectfully and avoid flaunting expensive items. 3. Visitors advised to be aware of common tactics for theft: read guide book, discuss with group leader or local contacts.	2 x 2 = 4	Individuals are encouraged not to travel if this level of risk concerns them.	2 x 2 = 4	N/A

			4. Visitors may consider using hotel or room safe to store important documents (e.g. passport). 5. Visitors advised to keep a photocopy of passport, and give a copy to the group leader.				
Civil unrest	1. Travel delays 2. Personal injury	Any visitors or locals	1. Group leader to review Foreign and Commonwealth and Development Office (FCDO) advice prior to departure, and take account of any issues reported by local contacts. 2. Visitors advised to follow general FCDO advice – e.g. to avoid crowds/demonstrations etc. 3. Plans for visit to be abandoned if FCDO advice 'orange' anywhere in area of visit: insurance will not cover the group in this event. 4. Details of British Embassy given in group's 'master document'.	Variable according to nature of unrest. At worst: 5 x 1 = 5	1. Individuals are encouraged not to travel if this level of risk concerns them. 2. Group leader to review FCDO advice immediately before departure, and obtain local advice before departing the capital. 3. If likelihood of significant problems considered >2 (on this risk assessment's scale), the group should not travel.	5 x 1 = 5	Timeframe as per 'additional controls' point 2.

Assessors Signatures: **Managers Signature:** **Date:**

Reassessment Date: ____/ /_____ ____/ /_____ ____/ /_____ ____/ /_____ ____/ /_____

*** Note: Depending on the complexity of the Risk Assessment an Action Plan may be required (Use RA 3)**