



England

# Our Values & Behaviours

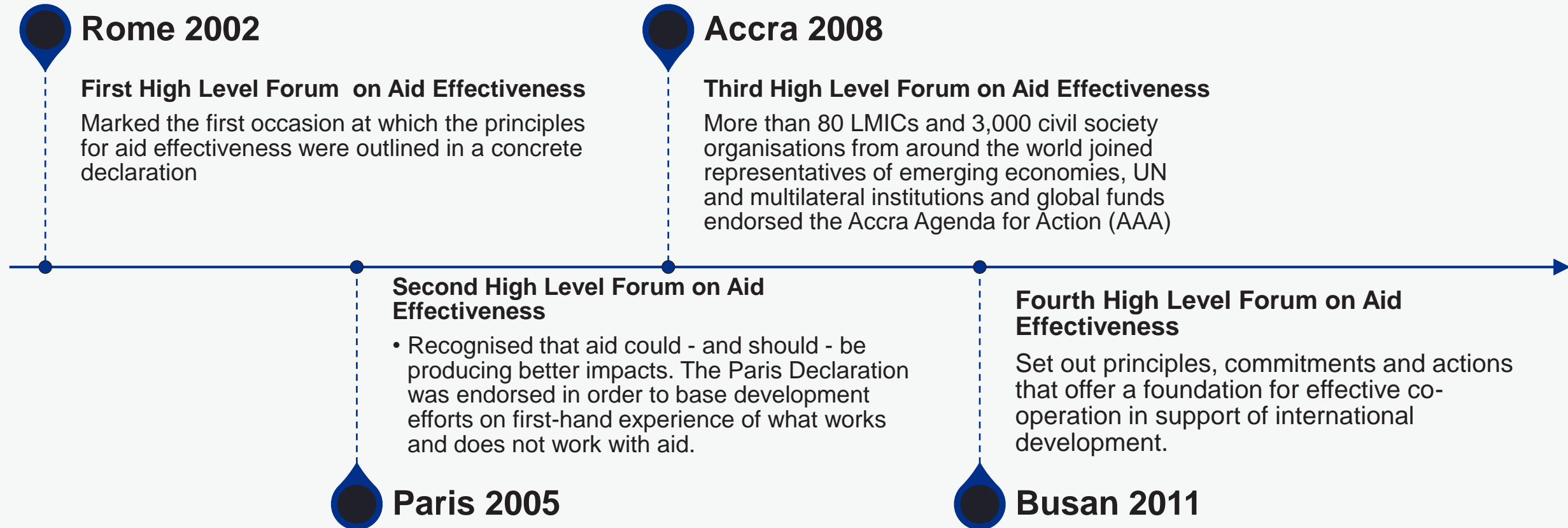
Charter of Engagement

NHS Global Fellowships



# Global Health Partnerships

## Recent political shapings





# Paris Declaration on Aid Effectiveness (2005)

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



# Accra Agenda for Action (2008)

- **Ownership:** Countries determine their own development strategies by playing a more active role in designing development policies, and take a stronger leadership role in co-ordinating aid. Donors more consequently use existing fiduciary and procurement systems to deliver aid.
- **Inclusive partnerships** in which all partners – not only DAC donors and developing countries but also new donors, foundations and civil society – participate fully
- **Delivering results** that will have real and measurable impact on development



# Busan (2011)

- **Ownership of development priorities by developing countries:** Countries should define the development model that they want to implement.
- **A focus on results:** Having a sustainable impact should be the driving force behind investments and efforts in development policy making
- **Partnerships for development:** Development depends on the participation of all actors, and recognises the diversity and complementarity of their functions.
- **Transparency and shared responsibility:** Development co-operation must be transparent and accountable to all citizens



# Nairobi Outcome Document (2016)

The universality of the 2030 Agenda for Sustainable Development means that the donor-recipient relationships of the past have been replaced by approaches that view **all stakeholders as equal and interdependent partners in development**. The Global Partnership champions this approach, and seeks to **maximise the effectiveness and impact of all forms of co-operation for development**. We do this in partnership to achieve the broad vision of increased well-being for people and the planet, prosperity and peace.

Four Principles:

- **Ownership of Development Priorities by Partner Countries Receiving Support**
- **Focus on Results**
- **Inclusive Partnerships**
- **Transparency and Accountability**

On 1 January 2016, the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development — adopted by world leaders in September 2015 at an historic UN Summit — officially came into force.

## SUSTAINABLE DEVELOPMENT GOALS



# Our Charter of Engagement

# Advancing Universal Health Coverage

We commit to **respecting and promoting human rights** as expressed in the Universal Declaration of Human Rights. This includes taking action towards the realisation of a world where all members of society, regardless of background, experience basic human rights, including equal access to quality essential health care services and access to safe, effective and affordable medicines and vaccines. We will strive to implement our programme in line with the 2030 Agenda for Sustainable Development by collaborating with programmes that will contribute to **achieving universal health coverage** by 2030.





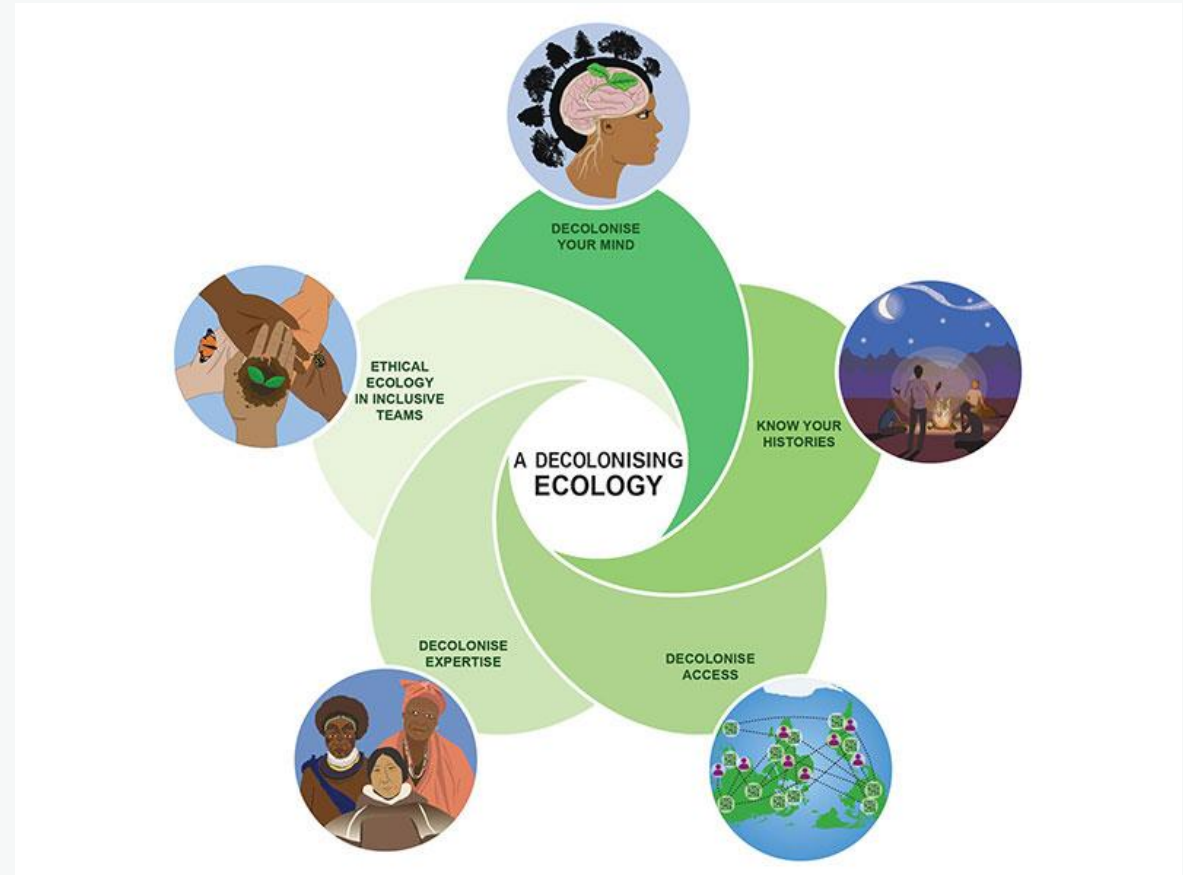
# Equitable Learning Outcomes Through Multi-Directional Learning

We commit to programmes that will lead to more collaborative, mutually beneficial educational offerings that result in more **equitable learning outcomes** for all partners and stakeholders relevant to our work. We will achieve this by embracing the concept of **multi-directional learning**, which is underpinned by the interactions that happen when a diverse range of practitioners from across the globe work together with a dynamic growth mindset. This includes valuing different knowledge systems and giving space for exchange of technical knowledge and expertise. Our multi-directional learning opportunities will also seek to co-create solutions that not only improve health care worker leadership, but also lead to quality service improvements, innovation and redesign.



# Decoloniality

We will support and promote individual and group reflexivity in parallel with purposeful actions that seek to **decolonise global health**. This includes reviewing and interrogating how we engage, commission, plan and deliver our programmes, with a particular focus on how we appoint, prepare and support our NHS Global Fellows. This will involve challenging white supremacy ideology that has established the global health architecture, alongside challenging the traditional high-income country hegemony over knowledge through conscious and unconscious use of power and privilege.



# Reciprocity

In our efforts to decolonise global health, we commit to building **reciprocity into our programme**, which involves a commitment to achieving equitable learning opportunities and learning outcomes for all involved in our programmes. This requires a commitment to finding resourcing solutions that meet the needs of collaborating partners.



# Environmental Responsibility & Sustainability

## Cos there is no Planet B

We commit to **minimising the environmental impact** of our operations and programme work wherever possible, balancing it with necessities to fulfil our mission and financial affordability. We will also challenge others to be sustainable and to take urgent action in relation to climate change and biodiversity loss.





UN @  
442 600 0000  
1111 1111



# Antiracism

**Anti-racism** means recognising and actively working to eradicate the sources of white supremacy, injustice and inequity, including the legacy of colonialism and anti-Blackness. We commit to valuing, respecting and encouraging diversity, inclusion, participation and belonging and seek to reducing bias and discriminatory in all our activities. We commit to reviewing our own practices, procedures and structures, interrogating individual, collective and institutional power and privilege, uprooting all racial biases in our operations with tangible actions to end the oppression of minoritised groups. This includes holding a space that not only acknowledges individual privilege but acts to establish equality with our colleagues and partners. This comes with a view to re-establishing more equitable, trusting and valued relationships with our stakeholders across the globe.



# Widening Access

**Widening access** to our programme means working with our stakeholders to find solutions that will enable those who in the past have not been able to undertake a Global Fellowship, to do so. This means broadening our inclusion criteria beyond health professionals working in clinical services, to include non-clinicians, such as professionals from human resources, finance and commissioning services. It also means identifying suitable placements and accommodation for people with disabilities and where requested, placing LGBTIQ+ people in countries with progressive equality legislation. While we may not find a solution for all individual circumstances, we commit to an open, creative and non-limited mindset.





# Decolonising Global Health

A very brief overview





## Origins of Colonial Health

- White supremacy ideology was a means to justify European colonial expansion, resulting in wide-reaching impacts across society, and remains one of the pillars of the current ills of the global health architecture
- largely about managing health conditions that were a threat to the colonial project

## Impact of Colonial Health

- exploitation, marginalisation, pathologisation and saviourism
- impacts are seen across the spectrum of global health structures, systems, funding, education, research and services

## Why Decolonise Global Health

- the heritage and legacies of colonialism, such as political and economic structures, healthcare systems, power dynamics, behaviours and partnership inequities continue to permeate across, and be entrenched within, global health



# Approaches to decolonise Global Health

- building a culture of reflexivity
- rethinking the structure of global health
- debt cancellation and unearmarked budget support
- fair allocation of resources
- broadening methods of education and research, change teaching for western students
- change the location of where global health education happens
- reimagine global health as social medicine
- diversity in authorship, ensuring papers have multi-lingual abstracts & including study of the place itself as part of the work
- shared decision making with strategic priorities and implementation driven by those trusted by affected groups
- locus of control should sit with local institution rather than 'expert' foreign partners
- avoiding judgement based on foreign cultural norms and using indigenous driven leadership
- local expert inclusion should not just be a tick box & there should be reciprocal knowledge flow
- medical journals should diversify their boards
- practitioners are asked to reflect and question institutional and structural practices and not to act beyond their expertise
- those engaging in DGH initiatives should be rewarded for their effort and risk in speaking out & not accepting the status quo



## Resources

- **Bond** connects, strengthens and champions a dynamic network of diverse civil society organisations to help eradicate global poverty, inequality and injustice
- **UN University International Institute for Global Health** – [Decolonizing Global Health Project](#)
- **Convivial Thinking** - an open group of scholars thinking, working and writing on all issues related to post- and decolonial approaches in the context of development, development studies and beyond
- **Inter-Agency Standing Committee** is working to scale up protection from sexual exploitation and abuse across humanitarian response efforts - [IASC Six Core Principles Relating to Sexual Exploitation and Abuse.](#)

---

## Thank You



**@nhsengland**



**company/nhsengland**



**england.nhs.uk**



**england.global.fellowships@nhs.net**