

## Summary of the Institutional/Governance Appraisal

This section addresses the questions: a) is the programme feasible in the institutional context and b) does it help build capacity? –how?<sup>1</sup>

### *Feasibility of the programme in the institutional context*

It is clear that the new HPS represents a significant scaling-up of resources that will need to be matched by absorptive capacity in the management agency and the health sectors of the UK and partner countries. The principal role-players will also need to ensure there is appropriate capacity for each activity strand of the programme. For example, the NHS will need to direct capacity to “more ambitious” multi-country work and make provision for releasing staff for longer-term volunteer opportunities. In the current economic climate, there may be concerns about issues of cost effectiveness. The management agent will need to mobilise capacity to manage a range of international health links partnerships, some of which will include larger programmes that encompass “south-south” as well as “north-south” arrangements. The management agent will also need to administer accountable grants across a range of grant categories, and make provision for appropriate training and support for a range of volunteers (including long-term volunteers). Meanwhile, more innovative approaches will require appropriate risk management by all parties. Although these challenges are significant, the opportunity for larger, more coordinated programmes means that, with appropriate management and judicious planning, there are likely to be opportunities for efficiencies of scale based on a manageable number of well-designed, closely monitored partnerships.

The HPS aims to make significant developmental contributions through a strand of activity dedicated to paired institutional partnerships. There appear to be considerable advantages to institutional partnerships, especially for supporting larger-scale international health partnerships. Experience suggests, however, that they favour tertiary institutions in urban areas. Consequently, the HPS aims to ensure the benefits of paired institutional partnerships are extended to primary health care facilities and rural areas.

### *Building of capacity*

Department of Health reports<sup>2</sup> indicate that healthcare professionals (both in the UK and partner countries) can gain a range of hard and soft skills by participating in international health partnerships. These skills include clinical, managerial, leadership cultural and educational skills. The 2008 evaluation of health links<sup>3</sup> suggests, however, that contributions to capacity building in partner countries could be strengthened through: increased transparency and coordination of inputs; attention to the relevance of training; complementary support for management and systems development; and continuity of support through longer-term staff placements. UNDP’s approach to capacity development appears to be particularly relevant to health links partnerships. It is recommended that attention is given to these themes in the procurement process.

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<sup>1</sup> DFID. 2005. *Essential Guide to Rules and Tools: The Blue Book*. Section B5:2. London:DFID

<sup>2</sup> See Department of Health. 2010. *Framework for NHS Involvement in International Development*. <http://www.ihlc.org.uk/news/framework.htm>

<sup>3</sup> James J, Minett C and Ollier L. 2008. *Evaluation of links between North and South Healthcare Organisations*. London: DFID Health Resource Centre.