



Health Partnership Scheme

Impact Report
2011-2019



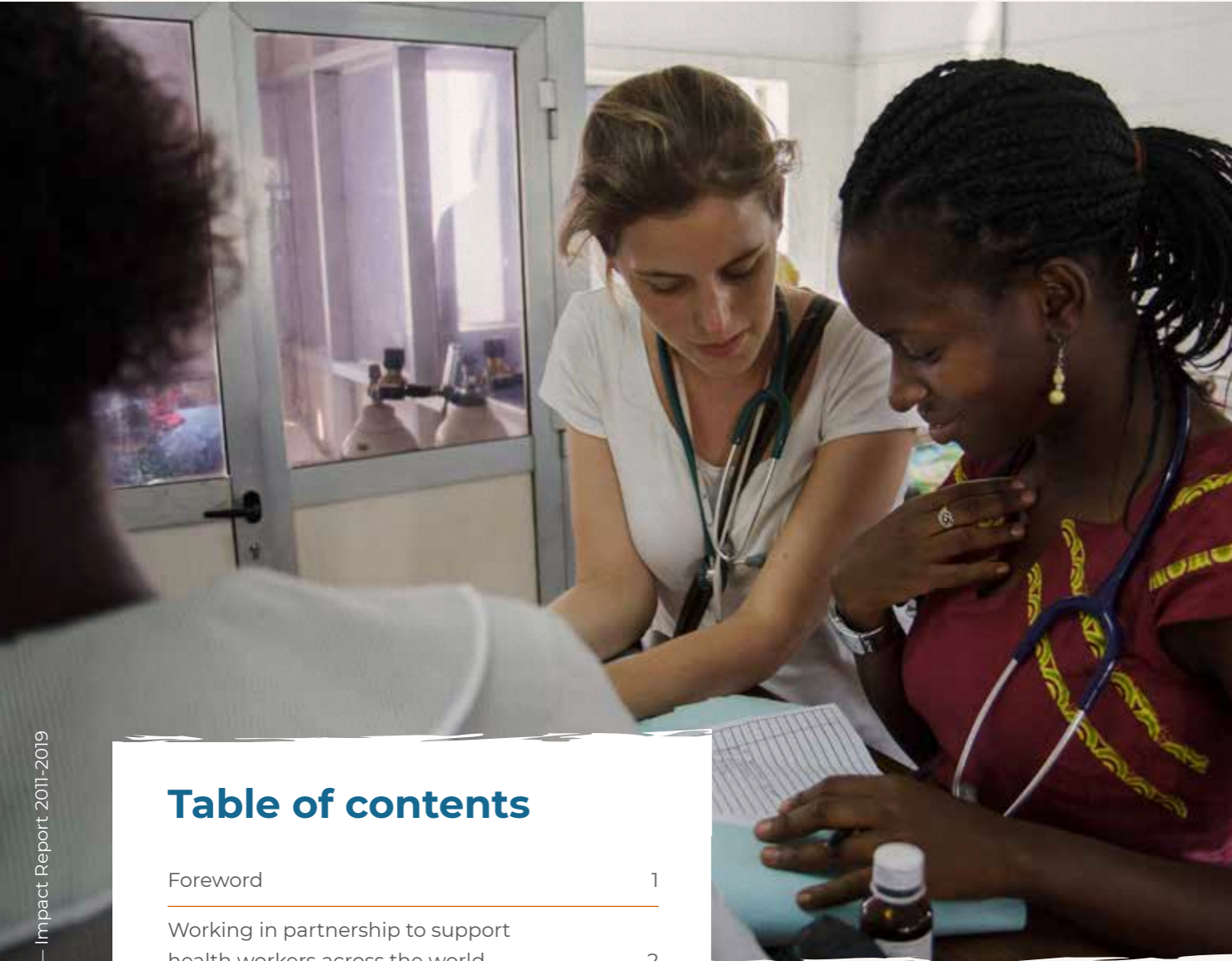


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Acknowledgements

The Tropical Health and Education Trust (THET) would like to express its sincere gratitude to all those who enabled the Health Partnership Scheme (HPS) to achieve such successes: our funding and implementation partner, DFID, and the UK and overseas institutions who designed and led the programmes.

We would also like to say a special thank you to the thousands of UK volunteers and health workers across the world whose dedication and expertise made this scheme possible.



FOREWORD

The 2011 – 2019 DFID-funded Health Partnership Scheme (HPS) has been a catalyst for unprecedented levels of engagement by colleagues from the UK health community with their counterparts in Africa and Asia. It has been THET's privilege - and passion - to be the managing agent of this scheme throughout this time.

The scheme concludes with a series of studies commissioned by DFID, which have deepened our understanding of how transformational

health partnerships can be. One study noted that 74% of UK volunteers reported bringing back new approaches and techniques which can improve their practice in the UK. Whilst another found that 765 participating institutions in low and middle income countries are demonstrating a higher quality of specified health services.

These studies build on the insight from the independent evaluation commissioned by DFID in 2016 which found overwhelming evidence of the effectiveness of the partnership approach in strengthening the capacities of health workers and the institutions in which they work.

Taken together, they speak to a defining characteristic of the scheme: alongside delivering practical results, the individuals and institutions involved in the HPS have excelled at reflecting and learning. The THET-curated series of peer-reviewed articles in *Globalization and Health* is testimony to this.

It is of course, the practical results that really matter. The 2016 evaluation noted how the HPS represented good value for money compared to other approaches. It is also worth noting, as the Rt Hon Andrew Mitchell MP did in his foreword to an earlier report, that when he launched the scheme as Secretary of State in 2011, we agreed a target to train 13,000 health workers by 2015.

By 2015, we had more than doubled this target: training a total of 38,701. By 2019, and following two

extensions awarded by successive Secretaries of State, 93,112 health workers have been trained, many of whom have gone on to train others.

This acceleration in numbers points to what can be achieved through sustained engagement over time, the very hallmark of health partnerships.

This explains why this approach is increasingly being taken up by other UK departments and devolved administrations – in the pioneering work of the Welsh and Scottish Governments, and in the Department of Health and Social Care-funded Commonwealth Partnerships for Antimicrobial Stewardship Scheme for example. The HPS has demonstrated the potential for the NHS to play a global role across low and middle-income countries (LMICs) and further afield. Through our links with the World Health Organization, the scheme has influenced the approaches of other countries.

I opened this foreword with a reference to THET's passion. I am proud of the colleagues who have worked on this scheme, and to our Trustees for sanctioning the additional resources we have brought to the table, in our annual conference, in our policy papers such as *In Our Mutual Interest* (2017), and the many complementary studies we have commissioned.

Our Founder, Professor Sir Eldryd Parry, a long exponent of the health partnership approach, once wrote: 'If there's mutual trust and a willingness on both sides to learn from each other, a readiness to adapt and a readiness to try new things then good work will happen.' And so, through the HPS, it has.

Ben Simms, CEO, THET

Working in partnership to support health workers across the world

'WHAT'S WRONG WITH ME?'

An adolescent suffering from a depressive episode in the UK waiting to see a GP...

A ward of women in Cambodia served by a single midwife...

An entire village in Uganda, lacking any trained health workers...

No matter who you are or where you're from, if you are ill this is the question you'll be asking.

But it's the answers that make all the difference and this is what varies so dramatically throughout the world. If the health worker you ask, be they a doctor, nurse or community health worker, does not know the answer, will you recover?

Will you live?

For many areas of the world there is no one at all to answer these questions.

Today, the world is short of 7.2 million health care workers, and by 2035 this figure will have risen to 13 million.

If these statistics remain unchanged, one billion people will never see a qualified health worker in their lives.

The Health Partnership Scheme

Health partnerships are a model for improving health and health services based on ideas of co-development between actors and institutions from different countries. The partnerships are long-term but not permanent and are based on ideas of reciprocal learning and mutual benefits.

The UK has an extensive record of experience of public health practitioners and institutions seeking to share knowledge and expertise with their counterparts in developing countries. In 2010, the government announced funding for a new programme which would fund institutional partnerships between UK health institutions and their counterparts in LMICs: the HPS. Funding for this kind of activity at this scale had never before been provided in the UK.

The HPS was designed with the purpose of strengthening Human Resources for Health, improving access to and quality of care for the population of the poorest countries of the world. It did so by harnessing the expertise of UK health institutions and professionals and responding to the needs of their counterparts in low-resource settings.

The Scheme's focus was led by DFID's thematic health priorities (reproductive, maternal, and new-born health, and malaria) and priority countries, with a focus on rural areas where health infrastructure is often weakest.

In the past eight years, within the framework of the HPS, managed by THET, 191 partnerships were formed and 210 projects delivered. Over 2,000 NHS staff volunteered overseas and trained 93,112 health workers across 30 countries.

UK volunteers were in Nepal before the earthquake struck and played an exemplary role in assisting the country in its recovery. They have worked towards reducing maternal deaths in Uganda and to improve the quality of hospital care for seriously sick and injured children and new-borns in Myanmar.

VOICES FROM THE WARD

"I'm more acutely aware of service improvement and potential quality improvement projects in my NHS hospital. Being exposed to high intensity environments where patients often present very late into their illness, is invaluable experience that can only make you a better doctor."

Dr Mark Lee, Global Links RCPCH

The programme has contributed to more effective and efficient health systems in LMICs, whilst also having a beneficial impact on the NHS, as UK staff return home with increased knowledge, improved leadership skills and a greater understanding of how to innovate in delivering health care with limited resources.

In an era in which global health worker shortage is estimated to reach 13 million by 2035, the HPS provided a unique opportunity to bring together the UK's track record of engagement and thinking in international development, with long traditions of global citizenship and the many attributes of our health sector. Innovative, sustainable and accountable, the scheme has disbursed grants, but even more importantly, has invaluable contributed to the shape of the health partnership landscape.

Who benefits from health partnerships? Everyone!

Overseas health workers receive training to develop and strengthen their skills.

UK health workers and the NHS gain invaluable experience from differing health care systems which improve key leadership and adaptability skills.

Patients globally are able to benefit from health care systems that are strengthened by both the enhanced skills of staff and greater access to health care.

Principles of Partnership

In order to improve the quality and effectiveness of partnerships, THET has developed eight Principles of Partnership (PoPs) in conjunction with the health partnership community.

In 2013, as the All-Party Parliamentary Group for Global Health included learning from the HPS in their report on *Improving Health at Home and Abroad*, the need to take the institutional knowledge developed through monitoring and evaluation procedures and distil these into a tool for future working became evident. Fuelled by thinking from the HPS, the European ESTHER Alliance, NHS International Health Group and many more, the PoPs were formed. They reflect THET's commitment to going beyond its role of grant-giver, by building capacity across institutions that were new to the development space.

Launched in 2015, the PoPs provide a valuable source of information about good practice to make successful partnerships. Originally aimed at the health partnership community, they are now reaching organisations beyond this from farming co-operatives to biomedical firms. Today over 60 organisations from across the world have signed up to support and promote the PoPs.



Strategic



Harmonised and Aligned



Effective and Sustainable



Respectful and Reciprocal



Organised and Accountable



Responsible



Flexible, Resourceful and Innovative



Committed to Joint Learning



Health Partnership Scheme in numbers

2011-2019 – £32.1 million

93,112
Health workers trained

210 Projects

103,386
Days spent volunteering

46,688
Female health workers trained

235 UK and overseas institutions involved

• 90,698 overseas &
• 12,688 UK

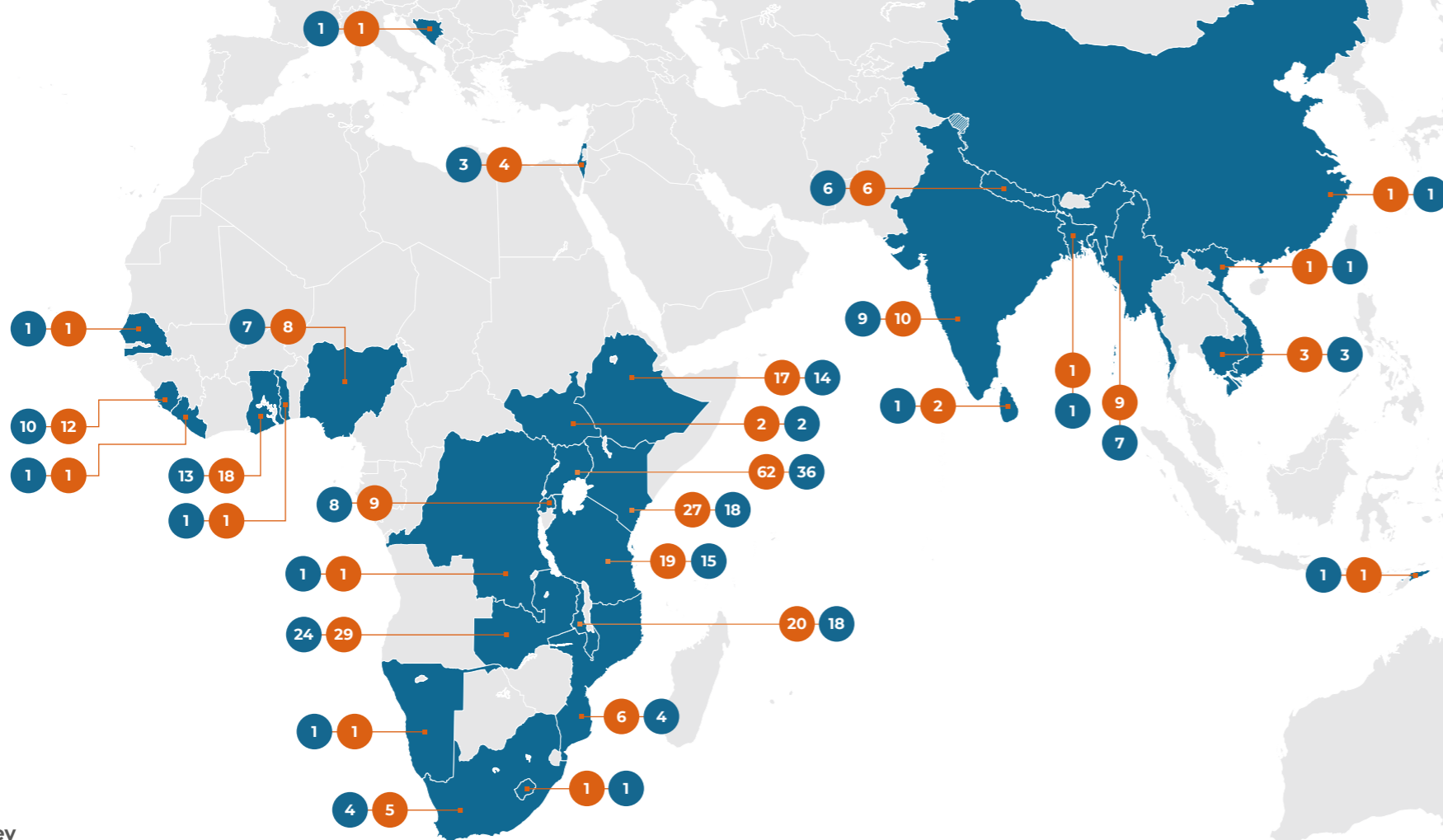
191 Partnerships

499,568
Patients using improved services*

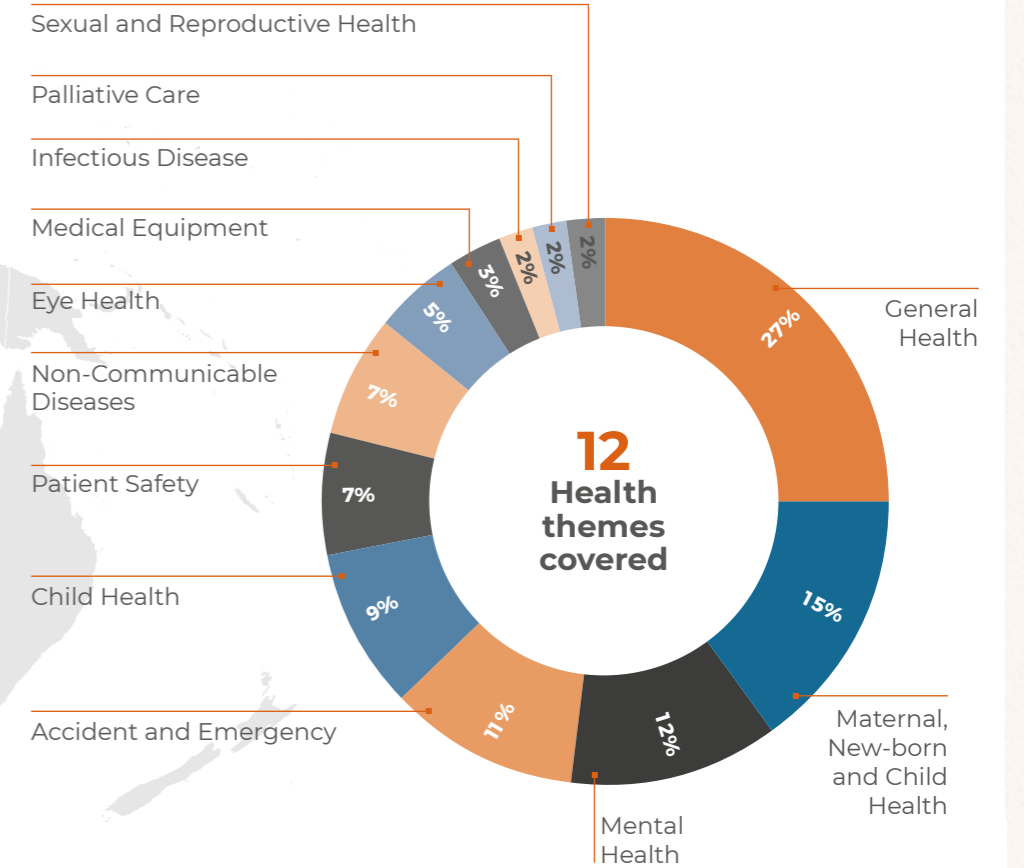
Health partnerships contributed to:

521 national policies and plans overseas.

117 medical education curricula



Key
● Number of Partnerships
● Number of Projects



* Because of the difficulties in collecting patient level data, the accuracy of this data varied across the institutions involved, therefore the actual number of patients reached is likely to be higher.

The role of the Health Partnership Scheme in strengthening health systems

THET has been managing and supporting health partnerships to deliver efficient and effective projects which contribute to the strengthening of health systems in LMICs through the HPS for the last eight years. During this time significant improvements have been achieved and learning generated.

The 2016 external evaluation was hugely positive about the contribution of the HPS – stating that it ‘contributed to health system strengthening by improving health worker capacity and by addressing certain other system constraints’ (p7).

The expected outcome of the HPS was ‘more effective and efficient health systems, with an emphasis on the performance of the health workforce in participating countries and the UK.’ During this time, 93,112 health workers have been trained, 94% of whom demonstrated improved performance at least three months after training (among those tested). A significant number of the 210 projects funded by the HPS went beyond health workforce strengthening. Many also contributed to three of the other building blocks articulated in the WHO Health System Framework¹ as essential for building a stronger health system: leadership and governance; access to essential medical products, and access to good health services. As a result of the programme, partnerships have reported that 765 participating institutions have demonstrated higher quality health services, reaching 499,568 people, and 39 institutions have been able to demonstrate improved health outcomes for patients. We anticipate that many more will have contributed to improved health outcomes, but health partnerships have not always been able to gather the data or confidently attribute the achievement of these outcomes to their projects. With greater awareness of the importance of quality for meaningful health system strengthening, increasing effort will be required to ensure health partnerships are working towards and measuring health outcomes.

In the last phase of the HPS a particular focus has been on increasing access to health care for underserved groups and on promoting scale up and sustainability

of the benefits of health partnership interventions. During this phase, over 50% of volunteers and an even larger proportion of the health workforce in LMICs were women. Further, many partnerships specifically targeted under-served groups such as adolescent girls and children with disabilities. Even though health partnerships have been able to identify how they are improving access to certain groups or sectors of society, further analysis is needed to see how THET and health partnerships can demonstrate gender transformative or fully inclusive access to health systems.

Strengthening partnerships

As recognised by the 2016 evaluation, the better the quality of the Partnership, the more likely the projects are to successfully achieve their intended outcomes. THET has played a valuable role in supporting and strengthening health partnerships to achieve their full potential – through direct support, tools, resources and guidance, and by contributing to efforts to strengthen the enabling environment to facilitate engagement of UK health workers in health partnerships.

Over the course of the scheme, health partnerships have been supported to take an increasingly rigorous and critical approach to assessing effectiveness and change. Evaluation and research have driven improvements in health partnership quality and accountability, and generated evidence and learning to stimulate interest and build credibility beyond the health partnership community.

To support partnerships to grow in strength and quality, THET developed the Principles of Partnership (PoPs), a formal framework setting the standard for effectiveness and good practice in international development partnerships (see pg. 3). The PoPs were found to have been particularly helpful in guiding partners on good practice – survey respondents and case study participants reported that the PoPs and THET’s direct support and oversight had helped strengthen partnerships. The 2016 evaluation was unequivocal: ‘The HPS has been successful in strengthening partnerships and project approaches so that there are more chances of sustainability and wide-scale change’.²

UK health workforce volunteers

In addition to strengthening health systems and the health workforce in the LMICs, we know that the engagement in health partnerships is also valuable to UK health workers. Over 90,000 days of volunteer time have been spent overseas, with a further 12,000 contributed from the UK. From this, it has been possible to evidence that 565³ UK volunteers have improved clinical and leadership skills after their placements. However a recent study of returned volunteers⁴ commissioned by THET, highlighted that many continue to face challenges in receiving institutional support to participate in health partnership projects and in embedding their learning and new capabilities upon their return.



Lessons learnt

The HPS demonstrates the significant contribution health partnerships make to health system strengthening in LMICs.

Projects implemented by health partnerships have improved and scaled up the quality of specific health services in the areas in which they are implemented and often have ensured sustainability by addressing national level policies, guidelines and protocols.

THET’s management has both strengthened the quality of health partnerships and the projects they implement, and demonstrated strong fiduciary responsibility and value-for-money. THET’s commitment to evidence and learning has resulted in case studies, papers and policy briefs which have been widely disseminated.

Future health partnership work should give greater consideration to gender and other aspects of disadvantage or exclusion throughout project design, management and evaluation to ensure the needs of marginalised and hard-to-reach groups are met and that no one is left behind.

THET will continue to encourage and support partnerships to improve measurement and to focus on the outcomes of health partnership projects. Monitoring, evaluation and learning works best when low and middle income country institutions are highly engaged and use the data they collect for service management and improvement and not just accountability.

¹ WHO, 2010, Monitoring the Building Blocks of Health Systems: A handbook of Indicators and their Measurement Strategies, Geneva. http://www.who.int/healthinfo/statistics/toolkit_hss/en/index.html

² Evaluation Report 2016, p7

³ This is likely to be higher – but due to the difficulty in collecting this evidence this is all that can be evidenced

⁴ THET 2019



It is quite remarkable to see how much the Health Partnership Scheme and the health partnerships that have been funded through it have achieved during the lifetime of the scheme.

Through 210 projects, working in 30 countries, we have seen that health partnerships contribute in a variety of ways to the strengthening of health systems.

A core contribution of most health partnerships has of course been working together to strengthen the health workforce in a multitude of ways and areas – this has ranged from strengthening mental health care in Uganda, improving paediatric cancer services in Myanmar strengthening surgical and anaesthesia capacity in eastern and southern Africa. However, it has also been remarkable to see and learn just how much health partnerships are working to strengthen other aspects of the health system, not least the leadership and management of the health system, but also working to strengthen the supply and management of equipment and resources for the provision of health care.

During this last phase of the HPS (2017-2019) we have paid particular attention to three points:

- To improving the scale up of effective partnership initiatives or the benefits these can promote – this has included the expansion of services to other parts of a country or to neighbouring countries.
- To increasing the sustainability of effective models of improved health care, which has included national teams confidently delivering new services, and curricula or policies being adopted by national institutions.
- To improving access to health care for underserved communities and sectors of society – and we have seen different approaches and solutions to improve access for women and children, for people with disabilities and for rural and isolated communities.

With the publication of the [Lancet Global Health Commission](#) for High Quality Health Systems in the Sustainable Goals era, the recognition of the importance of the quality of health care and not just access, is clearly acknowledged. This is where health partnerships can really add value – enabling the sharing of learning and experience, between health systems and teams, to identify where improvements in the quality of care can be made, and finding ways of working together to do this.

Even though the HPS itself has now come to an end, we look forward to accompanying the ongoing development of the partnerships themselves and the invaluable contributions they can make to health systems both in the UK and overseas.

Thank you to all those who have made such a valuable contribution during this time.

Louise McGrath
Head of Programmes, THET



About THET

Today, one billion people will never see a qualified health worker in their lives. For over thirty years, THET has been working to change this, supporting health workers both in the UK and overseas, improving patient care through targeted training programmes. We work with diverse partners to build a world where everybody everywhere has access to affordable and quality healthcare.

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