THET
PARTNERSHIPS FOR GLOBAL HEALTH

Transforming global health

Partnership responses to ensuring quality UHC

2019

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Organización

Quality at the Heart of Universal Health Coverage

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Department of Integrated Health Services
Division of UHC & Life Course
WHO Headquarters

THET Annual Conference Keynote

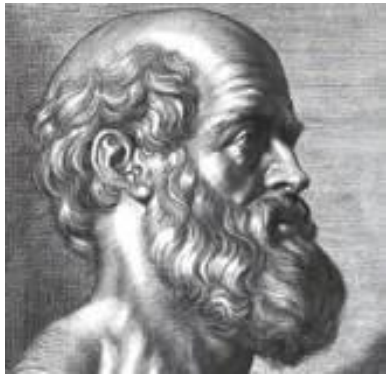
London
26 September, 2019

Goes back a long way…

World Health Organization

- Hippocrates writes,
  "I will never do harm to anyone"
- Later translated (& changed)
  "Primum non nocere"

"First do no harm"



Fourth Century B.C

Source: Understanding patient safety by Robert Wachter. 2008

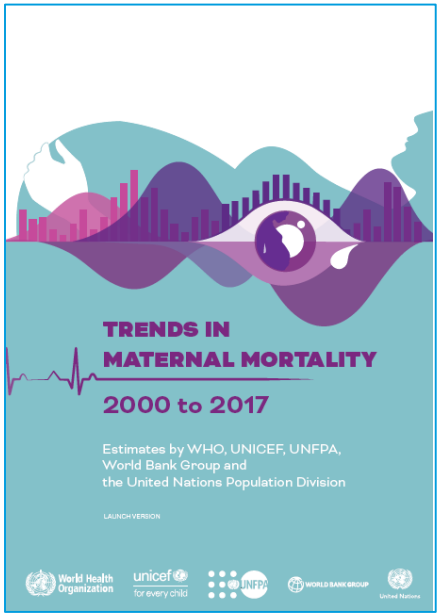
Is this the world we live in?

- **Chad – 1 in 15**
- **Afghanistan – 1 in 33**
- **Zambia – 1 in 93**
- **Bangladesh – 1 in 250**
- **UK – 1 in 8,400**
- **Japan – 1 in 16,700**

Global average – 1 in 190

Adult lifetime risk of maternal death

Probability that a 15 year old girl will eventually die from a maternal cause

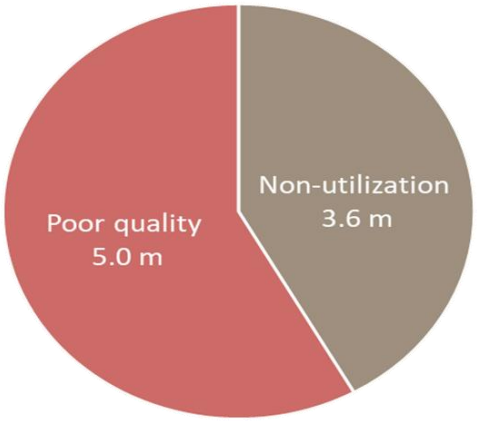


Available: https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/

1. The Case for Quality

Deaths due to poor quality

- **8.6 million** deaths per year (UI 8.5-8.8) in 137 LMICs are due to inadequate access to quality care.
- Of these, **3.6 million** (UI 3.5-3.7) are people who did not access the health system.
- Whereas, **5.0 million** (UI 4.9-5.2) are people who sought care but received poor quality care.



Quality impacts…

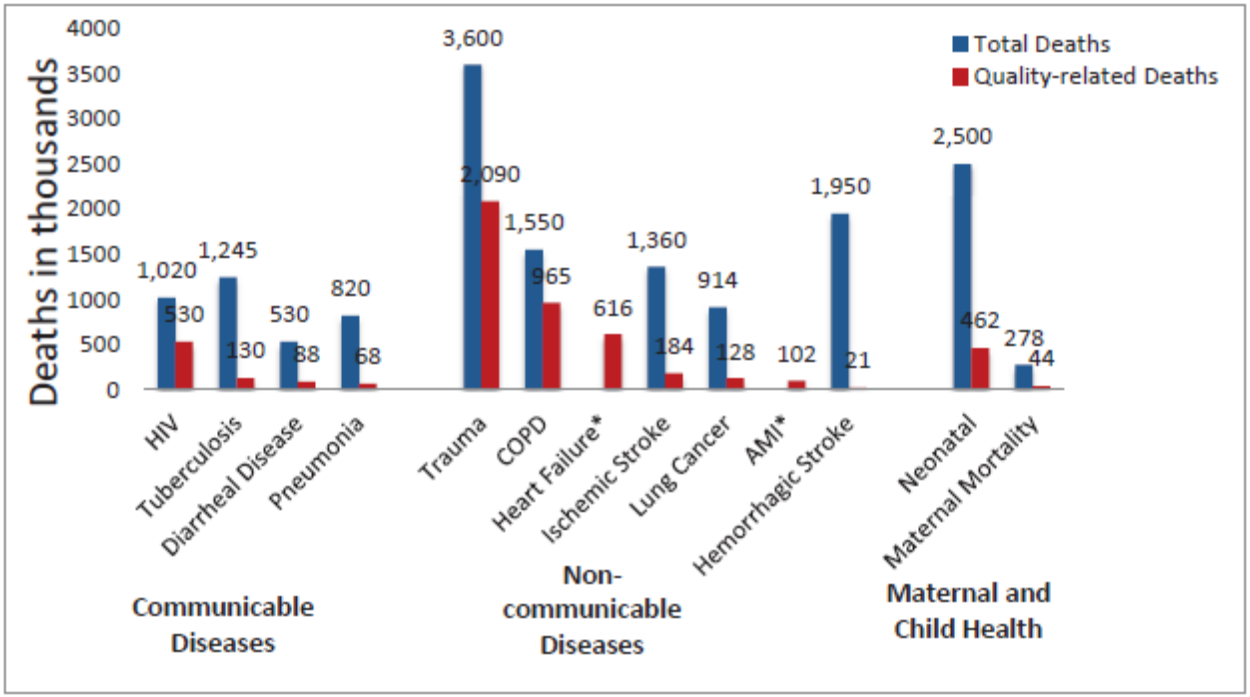
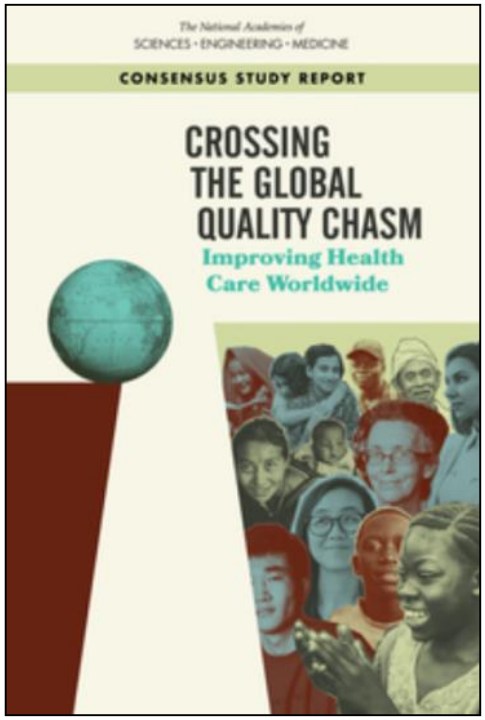


FIGURE S-1 Overall number of deaths from poor-quality care annually in low- and middle-income countries compared with total deaths, in thousands.
SOURCE: IHME, Appendix D.



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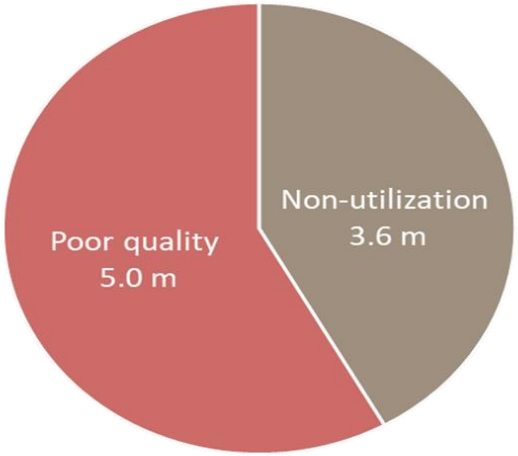
High-quality health systems could prevent…

- 2·5 million deaths from cardiovascular disease
- 1 million newborn deaths
- 900 000 deaths from tuberculosis
- half of all maternal deaths each year.



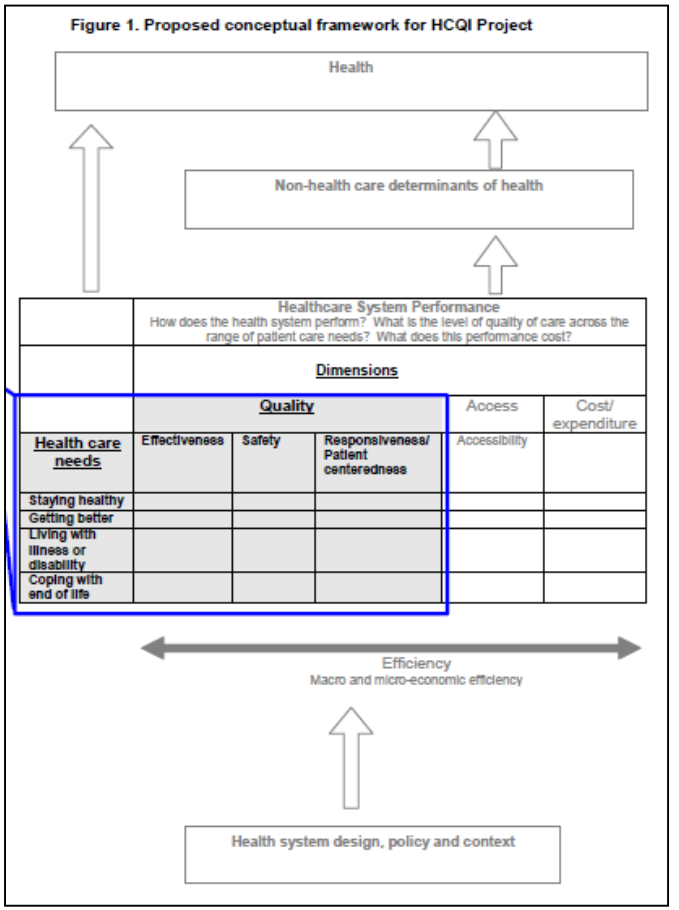
Available here: https://www.hqsscommission.org/

2. So what is quality?

A comparison of quality aspects covered by different definitions

Donabedian 1988	Maxwell 1992	NHS 1997	Council of Europe 1998	NLHI of JCAHO 1999	IOM 2001	WHO 2006
Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness
Efficiency	Efficiency	Efficiency	Efficiency	Efficiency	Efficiency	Efficiency
Access	Access	Fair Access	Access	Access	-	Access
Safety	Respect	-	Safety	Safety	Respect/Safety	Safety
Appropriate ness	Appropriate ness	-	Appropriate ness	Appropriate ness	-	-
Equity	Equity	-	-	-	Equity	Equity
-	-	Timeliness	-	Timeliness	Timeliness	-
-	Acceptability	-	Acceptability	-	-	Acceptability
-	Choice/ Availability of information	Patient care experience	Patient satisfaction	-	Responsive ness/ patient centeredness	Patient centeredness
Health improvement	Technical competence	Health improvement	Efficacy	-	-	-
-	-	-	-	Availability	Continuity	-
-	Relevance	-	Assessment	Prevention/ early detection	-	-

Source: EURO Guidance on developing quality & safety strategies with a health systems approach. 2008.



Quality of care is…

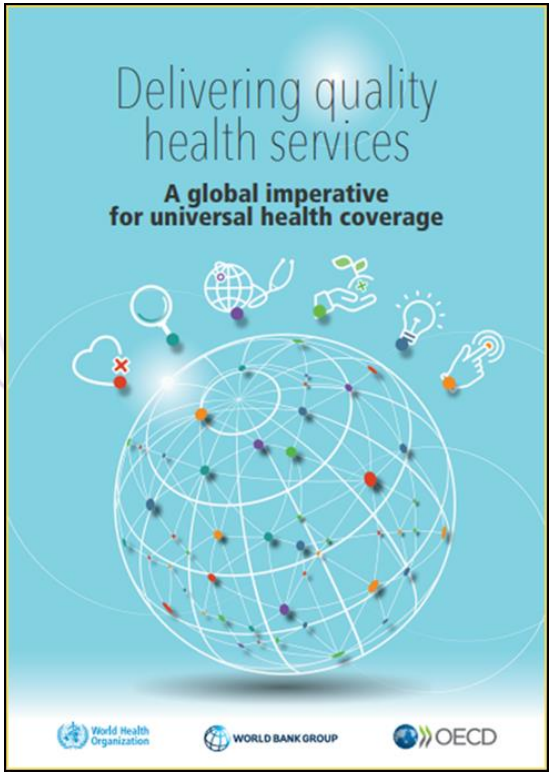
"…the degree to which health services for individuals & populations increase the likelihood of desired health outcomes & are consistent with current professional knowledge."

US Institute of Medicine

- Improving quality implies change.
- Quality is multi-dimensional.
- Quality is the product of individuals working with the right attitude in the right system.

Quality health services?

- Effective
- Safe
- People-centred
- Timely
- Equitable
- Integrated
- Efficient



See: https://www.who.int/servicedeliverysafety/quality-report/en/

Effective?

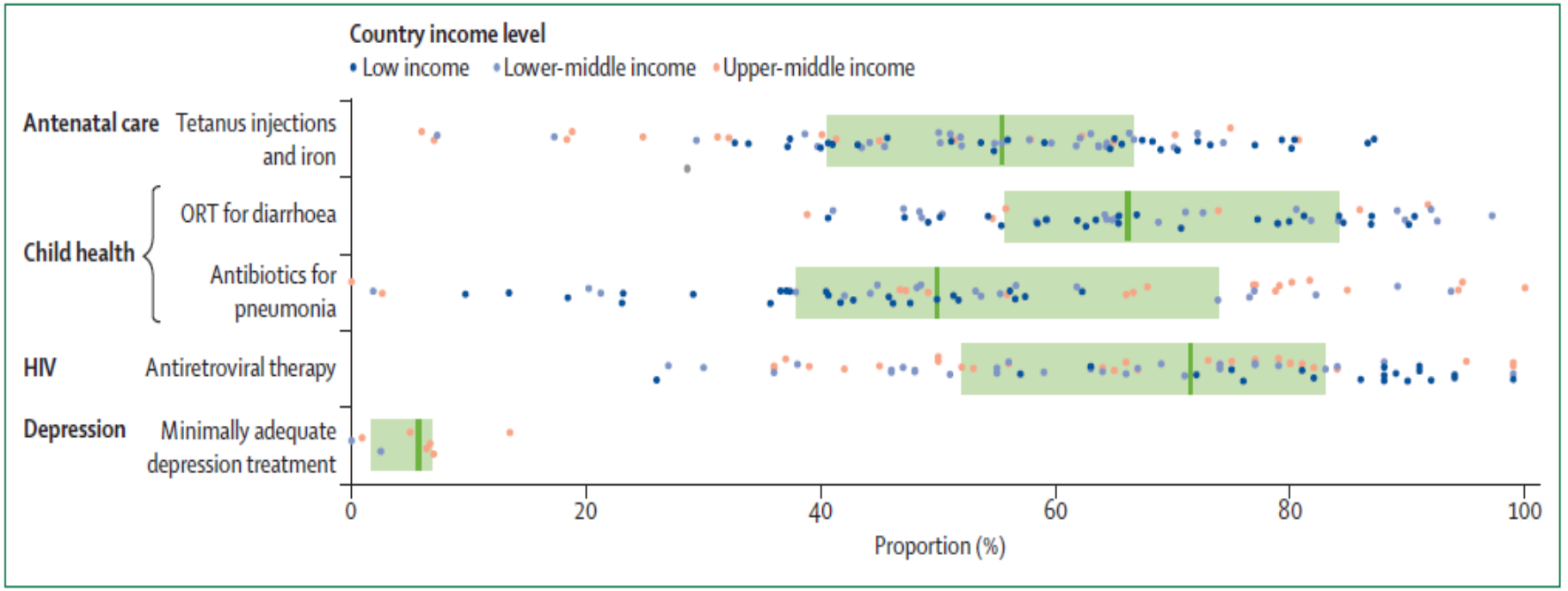


Figure 3: **Proportion of individuals receiving appropriate treatments among those who seek care in 112 low-income and middle-income countries**
Dots represent country-specific means, vertical bars indicate median performance across countries, and boxes delineate the IQR. Data sources for tetanus injections and iron during antenatal care were Demographic and Health surveys (DHS) and Multiple Indicator Cluster surveys in 75 countries; for oral rehydration therapy (ORT) were DHS in 54 countries; for antibiotics for pneumonia were DHS and Multiple Indicator Cluster surveys in 63 countries; for antiretroviral therapy among those aware of their HIV status were UNAIDS estimates in 78 countries; and for minimally adequate depression treatment were World Mental Health Surveys in 8 countries. Indicators are defined in appendix 1; country specific means are shown in appendix 2.

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Safe?

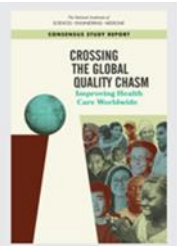
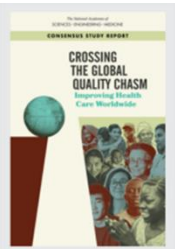


TABLE 4-1 Safety Events Occurring in Low- and Middle-Income Countries (LMICs)

Indicator	Incidence Rates (% of those hospitalized)	No. of Events	No. of Deaths
Adverse drug events	3.2	17,152,226	222,979
Falls	5.1	27,198,059	40,797
Ventilator-associated pneumonia	7.4	316,279	63,256
Decubitus ulcers	9.0	47,931,418	239,657
Catheter-associated urinary tract infections	0.9	27,187,770	1,631,266
Venous thromboembolisms	2.6	14,081,893	422,457
Overall		133,867,645	2,620,412

World Health Organization

People centred?



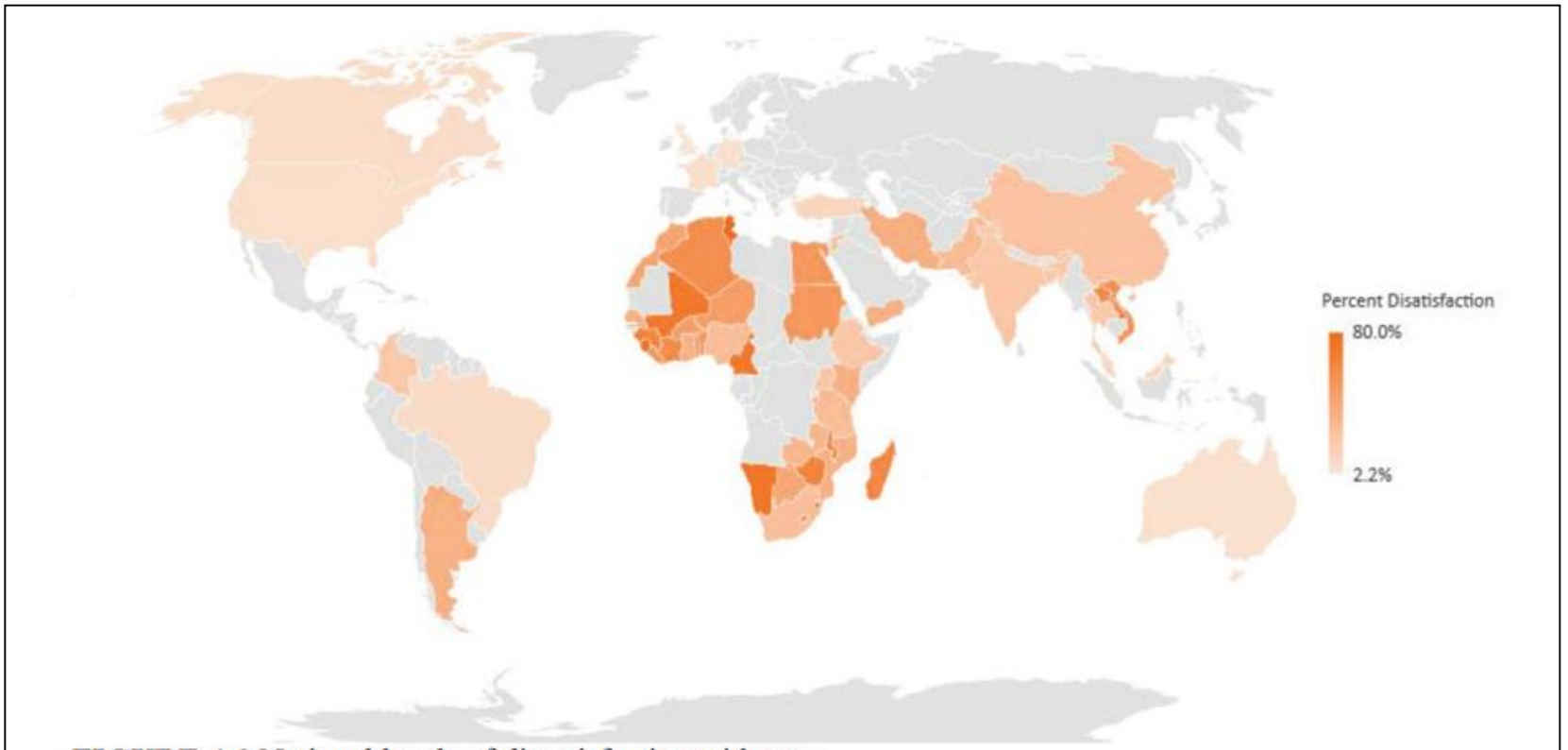


FIGURE 4-2 National levels of dissatisfaction with care.
SOURCES: Systematic review of the literature in low- and middle-income countries, Service Provision Assessment & Commonwealth Fund International Health Policy Survey (see the discussion of methodology in Appendix D).

World Health Organization

National Beats Global….Hands Down!

- Significant convergence now on what the essential dimensions of quality are within the health sector.
- Clear that each dimension needs attention
- Each country will have its own **pathway for quality.**
- Critical to define quality through consensus building for a robust foundation for national action on quality.

Nationally driven…globally informed!

Within a world focused on global health security!
But no global health security without local health security…
No local health security without quality services

Global health security: the wider lessons from the west African Ebola virus disease epidemic

David L Heymann, Lincoln Chen, Keizo Takemi, David P Fidler, Jordan W Tappero, Mathew J Thomas, Thomas A Kenyon, Thomas R Frieden, Derek Yach, Sania Nishtar, Alex Kalache, Piero L Olliaro, Peter Horby, Els Torreele, Lawrence O Gostin, Margareth Ndomondo-Sigonda, Daniel Carpenter, Simon Rushton, Louis Lillywhite, Bhimsen Devkota, Khalid Koser, Rob Yates, Ranu S Dhillon, Ravi P Rannan-Eliya

- The Ebola virus disease crisis has drawn attention to the well recognised importance of reducing collective vulnerability to infectious disease threats that cross national borders, but also to a second, equally important aspect of health security that is less appreciated: individual health security. This security comes from personal access to safe and effective health services, products, and technologies.

Lancet. 2015 May 9;385(9980):1884-901

With focused attention to and intolerance for unsafe care – the *very first* World Patient Safety Day in 2019

World Patient Safety Day 17 September

World Patient Safety Day

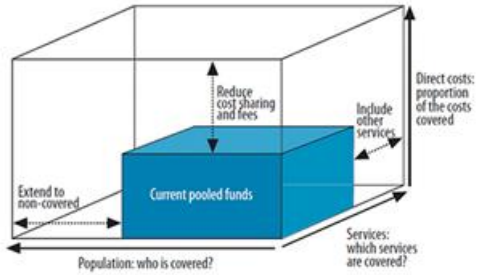
17 September

World Health Organization

3. UHC & Quality

Initially thinking through the cube…

Universal Health Coverage
What's in the Cube?



Three dimensions to consider when moving towards universal coverage

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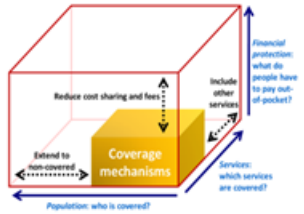
But look at the cube again…

"What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?"

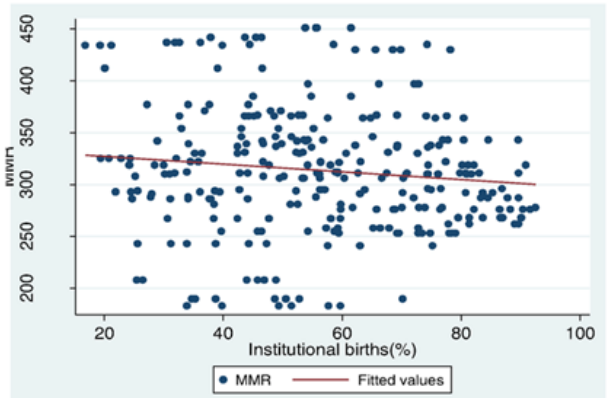
Towards universal coverage



Margaret Chan,
World Health Assembly - May 2012

World Health Organization

Figure 3. plot of MMR and proportion institutional births.



Randive B, Diwan V, De Costa A (2013) India's Conditional Cash Transfer Programme (the JSY) to Promote Institutional Birth: Is There an Association between Institutional Birth Proportion and Maternal Mortality?. PLoS ONE 8(6): e67452. doi:10.1371/journal.pone.0067452
http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0067452

PLOS | ONE

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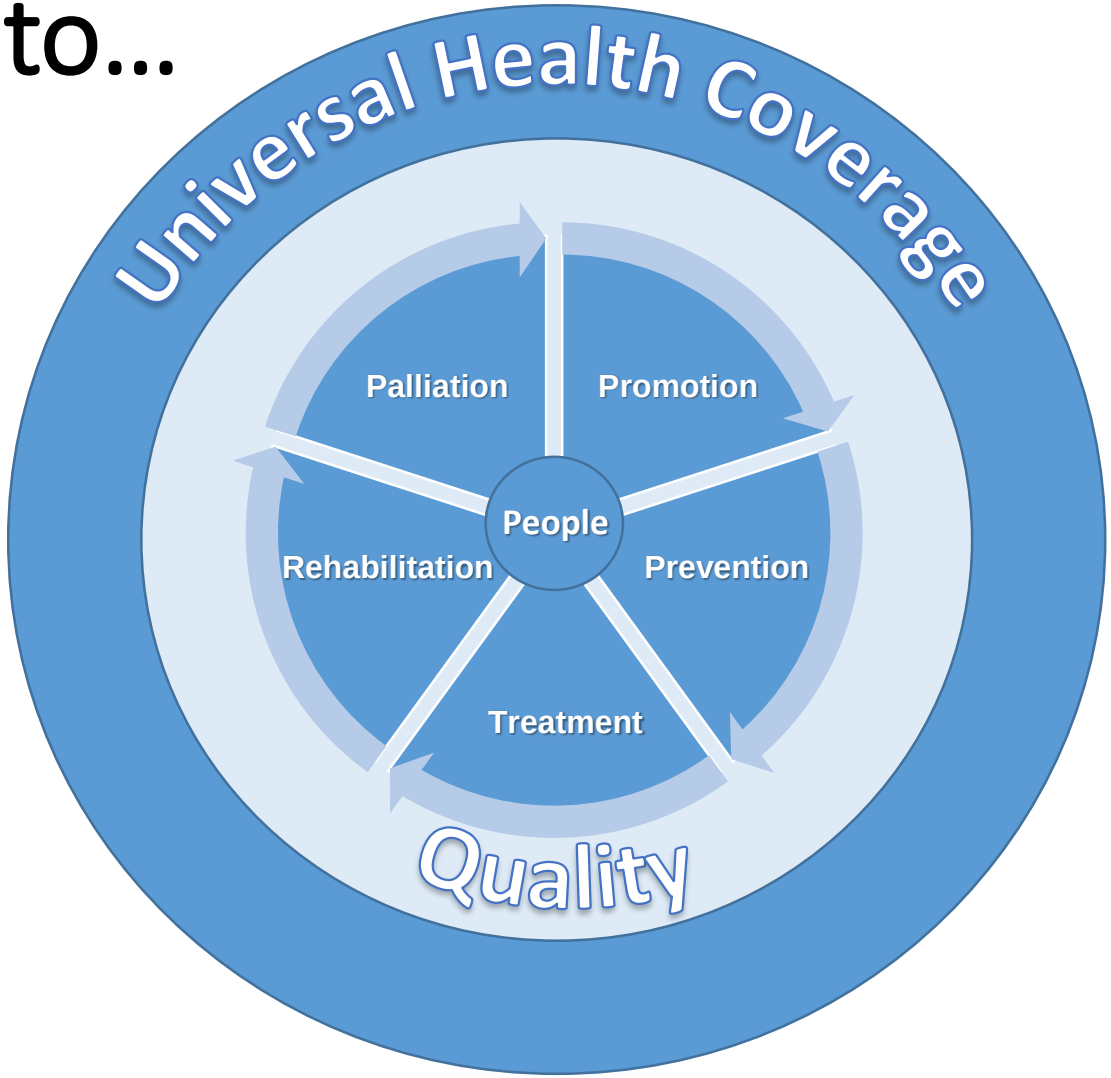
Moving to…


Universal Health Coverage
Palliation
Promotion
People
Rehabilitation
Prevention
Treatment
Quality

Ensure healthy lives and promote well-being for all at all ages

Target 3.8 Achieve **universal health coverage**, including financial risk protection, access to ***quality*** essential health-care services and access to safe, effective, *quality* and affordable essential medicines and vaccines for all.

Universal Health Coverage

Ensuring that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

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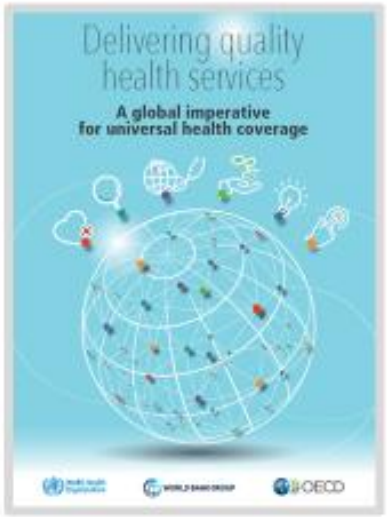
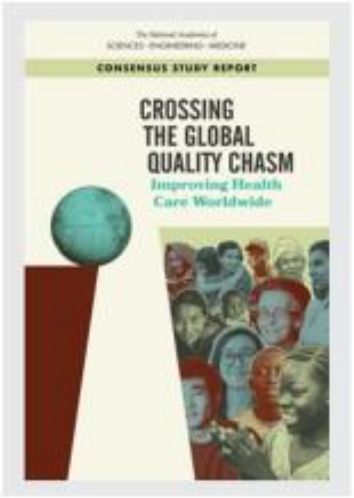
2018 – Affirming quality as central to UHC





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How could health care be anything other than high quality?


How could health care be anything other than high quality?

We now need to urgently support countries—together—to implement recommendations from these reports. One way we are doing that is through the WHO Initiative on National Quality Policy and Strategy.

Without quality, universal health coverage (UHC) remains an empty promise. Even with increased access to services, health improvements can remain elusive unless those services are of sufficient quality to be effective

https://www.thelancet.com/action/showPdf?pii=S2214-109X%2818%2930394-2

And reaffirmed clearly this week…

The overarching aim of universal health coverage (UHC) is for all people who need health services to receive high-quality care without financial hardship.

4. Onwards to SDG driven action for quality

We therefore commit to scale up our efforts and further implement the following actions:

24. Accelerate efforts towards the achievement of universal health coverage by 2030 to ensure healthy lives and promote well-being for all throughout the life course, and in this regard reemphasize our resolve to:

    a. progressively cover one billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to cover all people by 2030;

    b. stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure by providing measures to assure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those who are vulnerable or in vulnerable situations;

Box 6.1 **High-level actions by key constituencies for quality in health care**

All governments should:

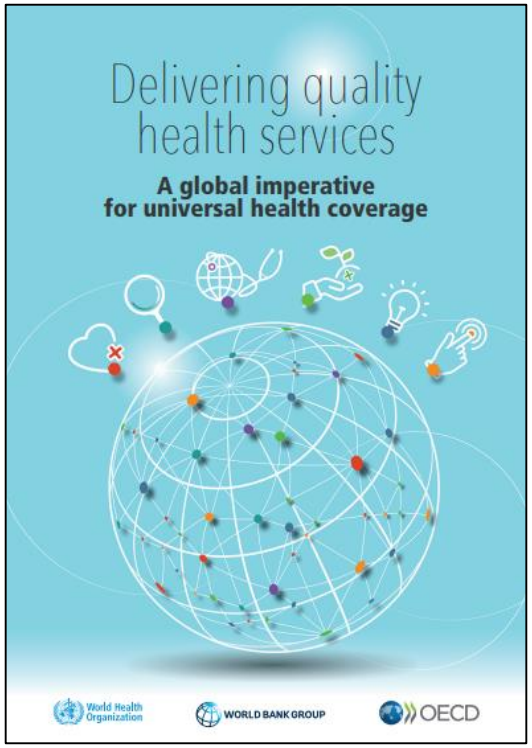
- have a national quality policy and strategy;
- demonstrate accountability for delivering a safe high-quality service;
- ensure that reforms driven by the goal of universal health coverage build quality into the foundation of their care systems;
- ensure that health systems have an infrastructure of information and information technology capable of measuring and reporting the quality of care;
- close the gap between actual and achievable performance in quality;
- strengthen the partnerships between health providers and health users that drive quality in care;
- establish and sustain a health professional workforce with the capacity and capability to meet the demands and needs of the population for high-quality care;
- purchase, fund and commission based on the principle of value;
- finance quality improvement research.

All health systems should:

- implement evidence-based interventions that demonstrate improvement;
- benchmark against similar systems that are delivering best performance;
- ensure that all people with chronic disease are enabled to minimize its impact on the quality of their lives;
- promote the culture systems and practices that will reduce harm to patients;
- build resilience to enable prevention, detection and response to health security threats through focused attention on quality;
- put in place the infrastructure for learning;
- provide technical assistance and knowledge management for improvement.

All citizens and patients should:

- be empowered to actively engage in care to optimize their health status;
- play a leading role in the design of new models of care to meet the needs of the local community;

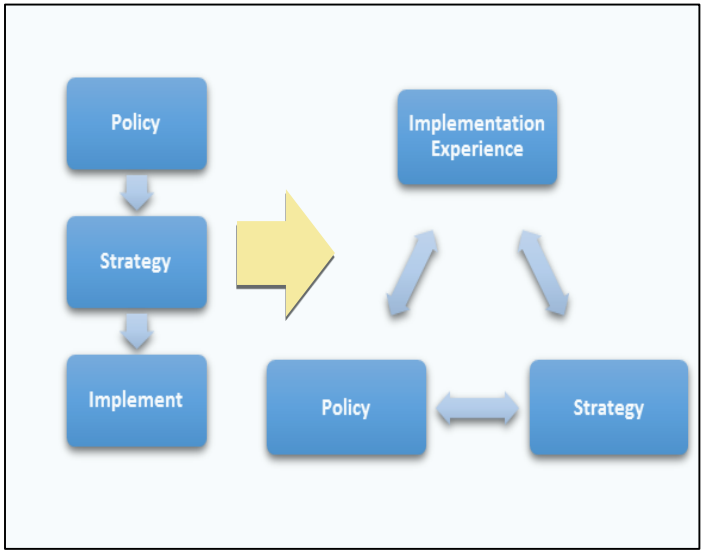


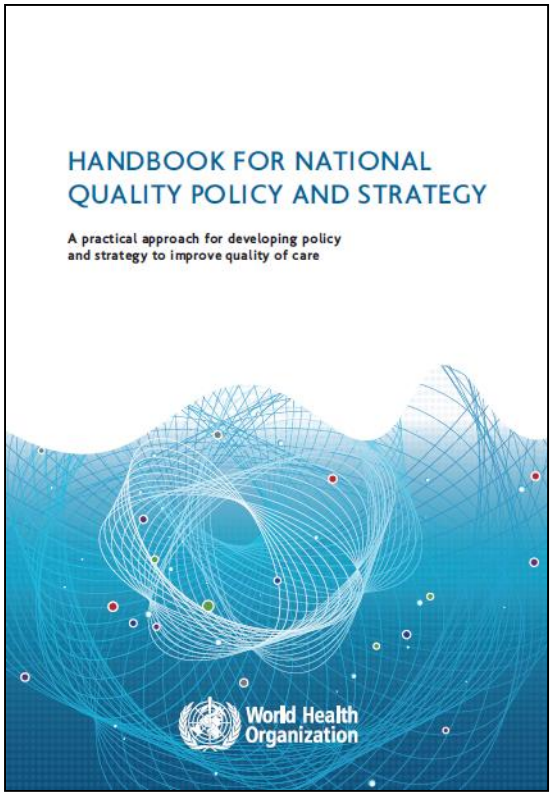
See: https://www.who.int/servicedeliverysafety/quality-report/en/

Quality Interventions

Category	Interventions
System environment	• **Registration and licensing** of doctors and other health professionals, as well as health organizations, is often considered a key determinant and foundation of a well performing health system.
Reducing harm	• **Inspection of institutions for minimum safety standards** can be used as a mechanism to ensure there is a baseline capacity and resources to maintain a safe clinical environment.
Improvement in clinical care	• **Clinical decision support tools** provide knowledge and patient-specific information (automated or paper based) at appropriate times to enhance front-line health care delivery.
Patient, family and community engagement and empowerment	• **Formalized community engagement and empowerment** refers to the active and intentional contribution of community members to the health of a community's population and the performance of the health delivery system, and can function as an additional accountability mechanism. • **Health literacy** is the capacity to obtain and understand basic health information required to make appropriate health decisions on the part of patients, families and wider communities consistently, and is intimately linked with quality of care. • **Shared decision-making** is often employed to more appropriately tailor care to patient needs and preferences, with the goal of improving patient adherence and minimizing unnecessary future care. • **Peer support and expert patient groups** link people living with similar clinical conditions in order to share knowledge and experiences. It creates the emotional, social and practical support for improving clinical care. • **Patient experience of care** has received significant attention as the basis of designing improvements in clinical care. Patient-reported measures are important unto themselves; patients who have better experience are more engaged with their care, which may contribute to better outcomes. • **Patient self-management tools** are technologies and techniques used by patients and families to manage health issues outside formal medical institutions and are increasingly viewed as a means to improve clinical care.

Where does quality policy & strategy meet implementation?

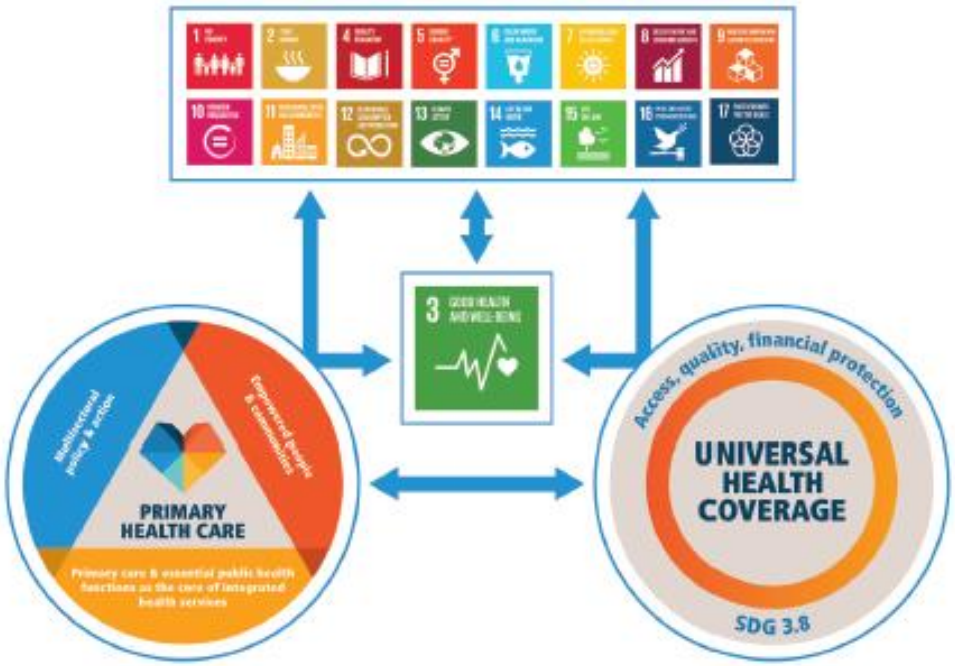




Access here:
http://www.who.int/servicedeliverysafety/areas/qhc/nqps_handbook/en/

Remember the driving force of PHC

Fig. 2. Linking PHC, UHC and the SDGs



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Integrating action for quality…

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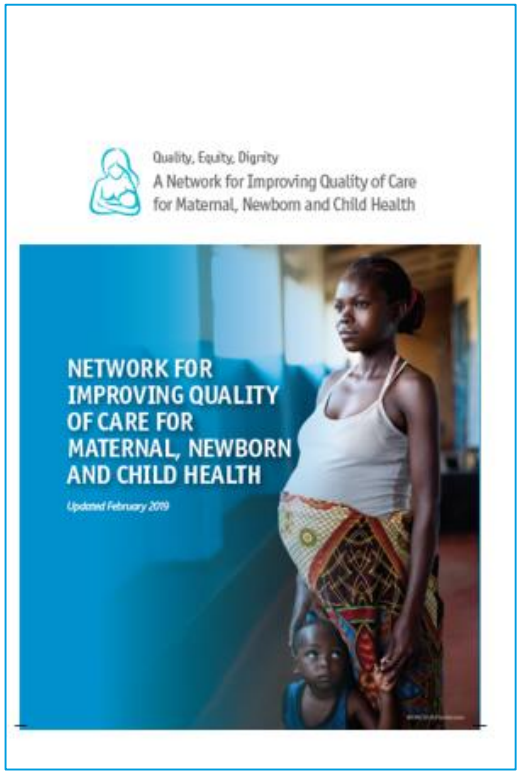
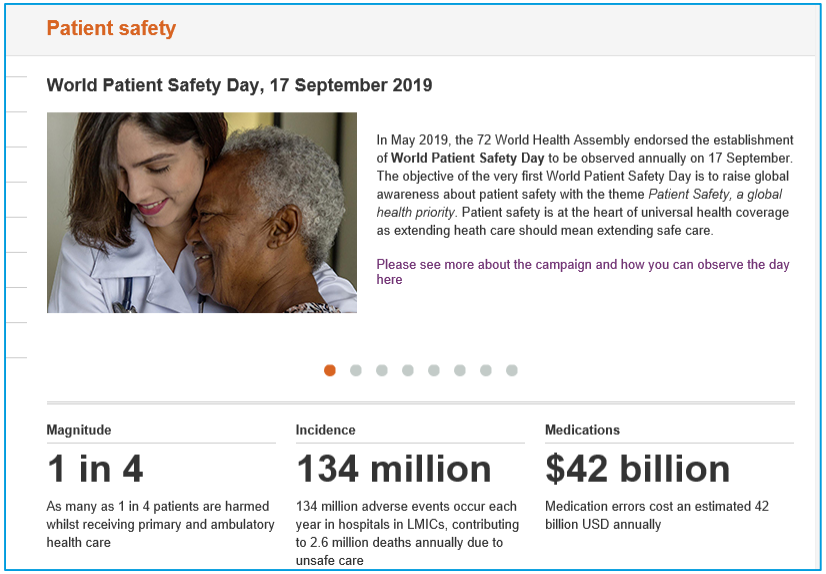
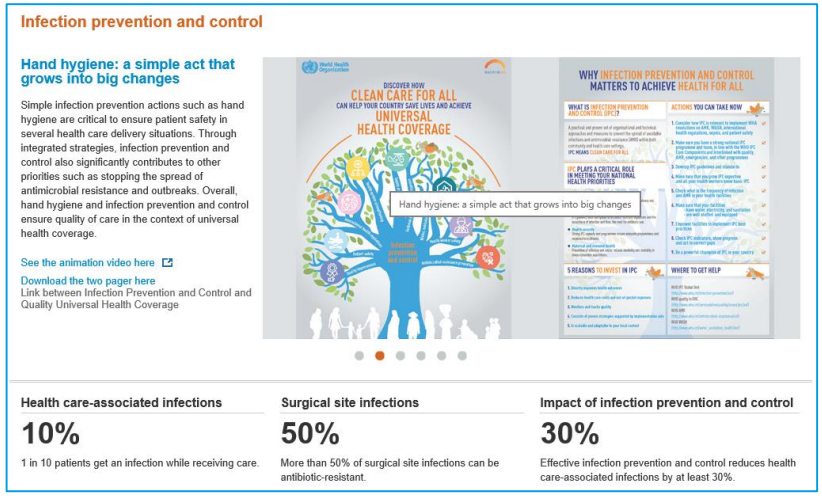
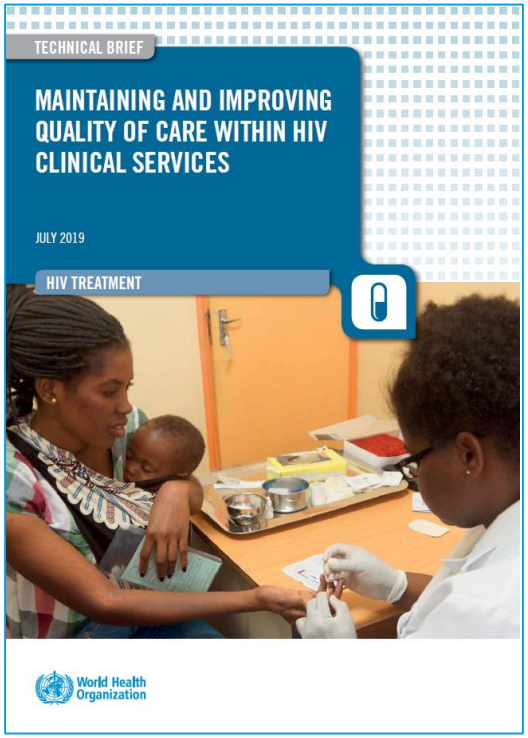


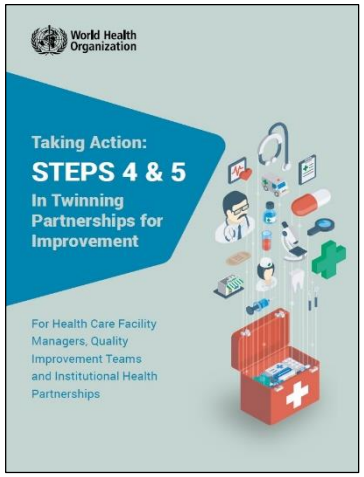


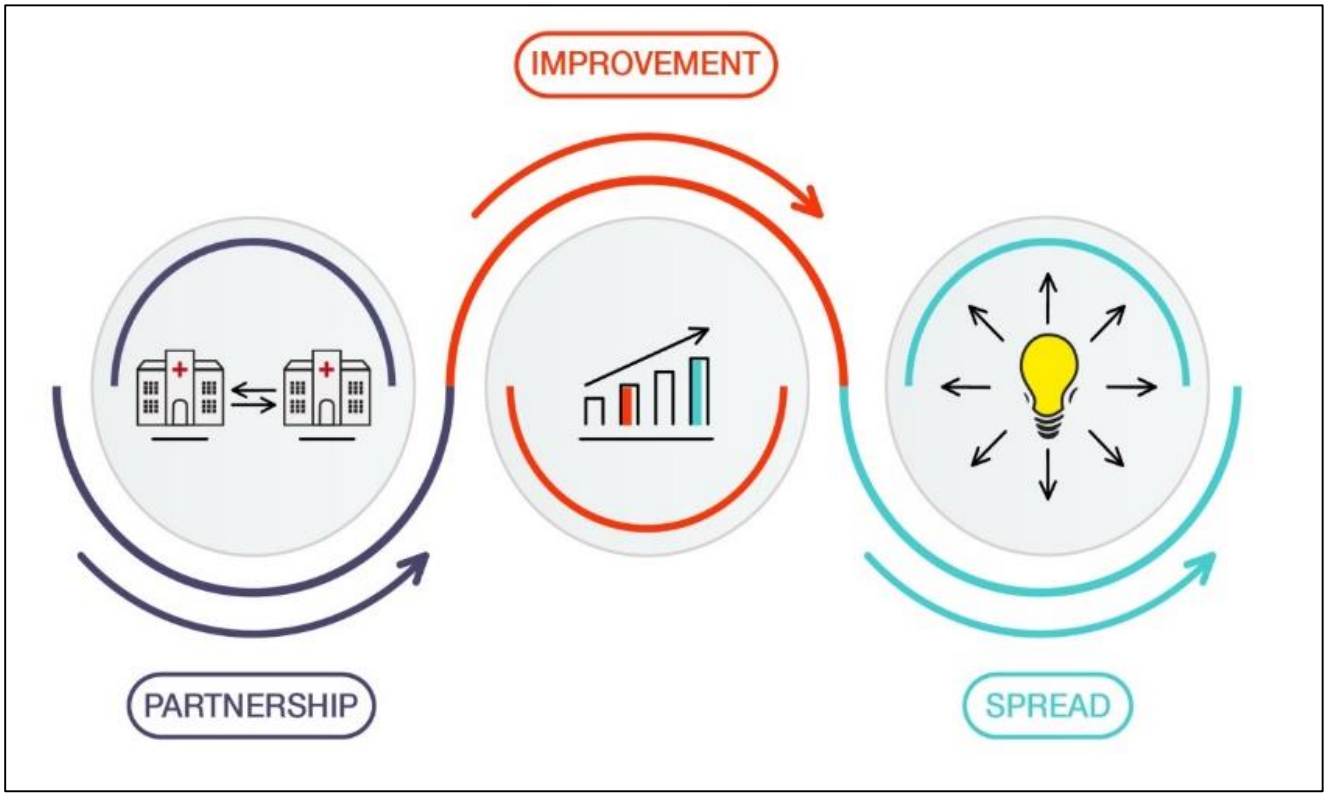




5. Quality through institutional health partnerships?

WHO Twinning Partnerships for Improvement: The Essence





Learn more here on WHO work on Twinning Partnerships for Improvement
http://www.who.int/servicedeliverysafety/twinning-partnerships/publications/en/

World Health Organization

Quality Improvement…

Quality improvement is the action of every person working to implement iterative, measurable changes, to make health services more effective, safe and people-centred.

Access: https://www.who.int/servicedeliverysafety/compendium-tools-resources/en/

Five reasons to focus on quality improvement in a health partnership?

1. Provides common methodology for an institutional health partnership – a technical **compass** for workforce capacity building.
2. Can align with national direction to improve quality health services – long term impact and **sustainability**.
3. Measurement built-in to improvement efforts – demonstrate **results** to build a virtuous cycle.
4. Involves clinical and non-clinical areas – becomes everybody's business to strengthen a **culture** of quality.
5. Can blend subject matter expertise with improvement expertise for results – a channel for **compassion**.

Emphasizing multi-directional learning & humility

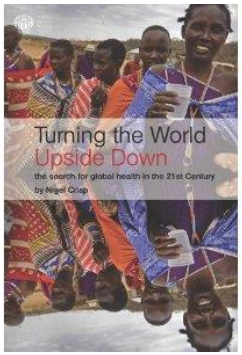
Syed et al. Globalization and Health 2013, 9:36
http://www.globalizationandhealth.com/content/9/1/36

GLOBALIZATION AND HEALTH

EDITORIAL Open Access

Reverse innovation in global health systems: towards global innovation flow

Shamsuzzoha B Syed*, Viva Dadwal and Greg Martin



"The global flow of knowledge skills, and ideas has been a defining feature of human progress….the health systems of today represent the culmination of centuries of global innovation flow."
http://www.globalizationandhealth.com/content/9/1/36

Building innovation flow in all directions through partnerships!

- North to south
- South to south
- South to north

World Health Organization

Global solidarity between health workers around quality essential health services – harnessed through institutional health partnerships – has the potential to light the spark required for a quality revolution.

Prosperity
People
Planet
Peace
Partnerships

Thank You

Joanna Keating
Head of Scottish Government International Development

"We may be a small country, but we have a BIG heart"

#ScotlandIsNow

Scottish Government
Riaghaltas na h-Alba
gov.scot

Why Scottish Government & Int'l Devpt?

"No society can be

flourishing and happy,

of which the far greater part of the members are poor and miserable."

(Adam Smith: The Wealth of Nations)

Scottish Government
Riaghaltas na h-Alba
gov.scot

Why Scot Govt & Int Devpt contd…?

- **Scotland** has always been **an outward looking nation**
- SE's response to 2004 Asian Tsunami
- Scotland's devolution journey wouldn't be complete

SG's **International Devpt Programme** established **2005**:

- articulating a vision of **Scotland's place in the world as a good global citizen**, committed to playing its role in the global fight against poverty
- with an **International Devpt Fund** to support Policy
- Relational approach

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2016: Review via Public Consultation - New Strategy

10 year anniversary (2005-2015) **&** **New Global Goals (Jan 2016+)**

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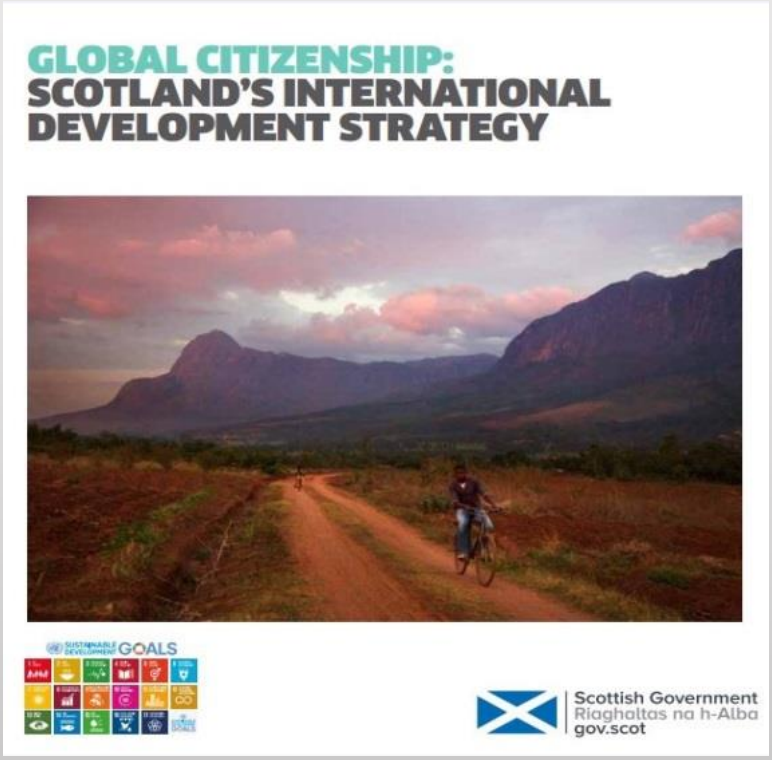
“GLOBAL CITIZENSHIP: SCOTLAND’S INTERNATIONAL DEVELOPMENT STRATEGY”



Published December 2016

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Ministerial Foreword to SG ID Strategy 2016

"International development is a key part of Scotland's global contribution within the international community. It ***encompasses our core values****, historical and contemporary, of fairness and equality. It is also* ***about Scotland acting as a good global citizen****. We are the inheritors of that tradition; it is* ***who we are today****, and it* ***who we want our next generation to be****".*

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2016 Strategy: Our Vision

"Embedding the Global Goals, Scotland will contribute to sustainable development and the fight against poverty, injustice and inequality internationally"

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2016 Strategy: Our Priorities

- **Encourage** new & historic relationships
- **Empower** our partner countries
- **Engage** the people of Scotland
- **Enhance** our global citizenship

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2016 Strategy: Our Partner Countries

- **Malawi, Zambia** and **Rwanda** will form our sub-Saharan project base; &
- **Pakistan** will see a strong emphasis on education through scholarships

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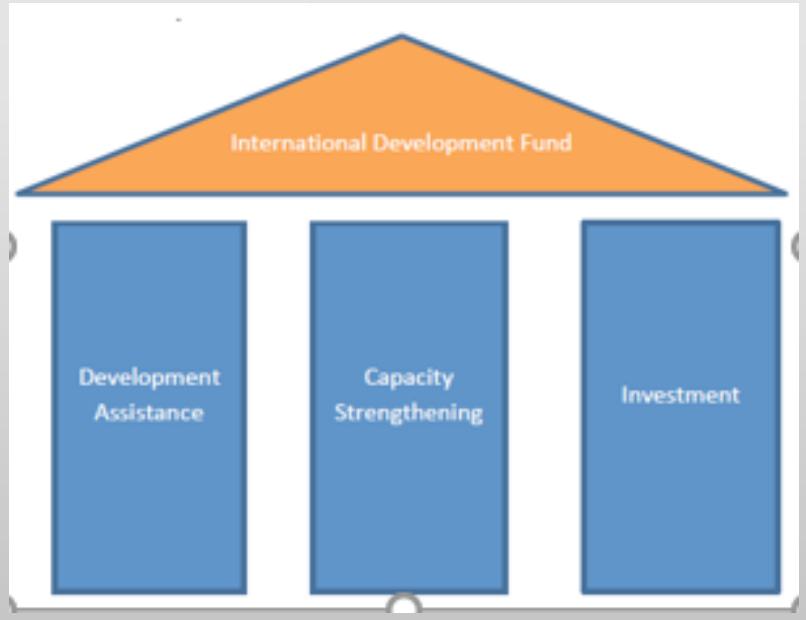
Strategy 2016: Our Ways of Working

Investing our International Development Fund

- **3 funding streams:** development assistance; capacity strengthening; and investment.



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Capacity Strengthening: up to 20% of IDF (initially)

- **Empower** our partner countries **/ Encourage** new & historic relationships / **Engage** the people of Scotland:

- targeted at **harnessing Scottish expertise**:
  - capacity building & strengthening partnerships thro **institutional links**, e.g. Police Scotland work in Malawi & Zambia; Blantyre-Blantyre medical labs project (Glasgow Uni/Malawi's College of Medicine);
  - skills sharing thro **professional volunteering**: NHS Scotland staff (holistic approach)
  - **relational approach**

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Collaboration: 3 IDF streams working <u>together</u>

- **<u>Devpt assistance</u>**: projects in each of our Malawi / Zambia / Rwanda Development Programmes; and our Small Grants Programme
- **<u>Capacity strengthening</u>**: overlay, to support:
- needs identified (by partner countries): incl Police work, **Global Health work**, & SEAs
- **<u>Investment</u>**: helping grow local economy in partner countries

<u>And combining/collaborating with Climate Justice Fund & other Ministerial portfolio initiatives.</u>

Strategy 2016: Our Ways of Working: cross Ministerial portfolio working & "Beyond Aid"

The Beyond Aid agenda takes a holistic approach to sustainable development, requiring all – government, local government, public bodies, private sector, communities and individuals – to adapt their behaviour in support of the Global Goals.

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Promoting/Implementing the Beyond Aid agenda:

- ***within*** the Scottish Government (PCD "do no harm" + additionality from other SG areas); &
- ***outwith*** Scottish Government

"…to consider sustainable development and the impact on developing countries in particular, in everyday decisions and behaviour around social, economic and environmental choices".

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Key examples within ScotGovt of PC(S)D:

The following SG policy areas already involved:

- **Climate Team**: **"do no harm"** via Scotland's Climate Change policies; and **adding value with Climate Justice Fund (£3M)**
- **Water Division**: Hydro Nation – partnership with Govt of Malawi Water Team on water governance;
- Now **Health Directorates**: Global Health: **NHS Scotland Global Citizenship Programme**

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NHS Scotland Global Citizenship Programme

Key aims:

- Contribute to the wider SG Internat'l Devpt Strategy, in particular the commitment to **support capacity strengthening in the area of health** in our partner countries; and
- Support and encourage NHS Scotland staff to participate in global health work both here in Scotland and abroad

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Global Citizenship Prog: Progress so far…

- **Governance** - Programme Board to lead & oversee the Programme
- **Scottish Global Health Co-ordination Unit** est'd to promote, support & nationally co-ordinate delivery of the programme (**website**)
- **Lead Champion** in each NHSS Board. Approx. 250 NHS Global Citizenship Champions and approx 200 signed up on People Register.
- NHSS Global Citizenship **HR Guidance** recognising CPD benefits of participation
- Mapping **of health partnerships** & funding streams support global health work
- **Organisational Benefit Toolkit** to measure impact on individuals & healthcare systems
- New category in **Scottish Health Awards 2019** /local staff recognition schemes
- **Maximising Opportunities** – Livingstone Fellows, Remote and Rural Consultant posts in RGHs

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Global Citizenship Prog: In progress…

- Developing **NHS Scotland Global Citizenship Framework**, Doing it Well Guide and Education and Training Resources

- **Working Group on Surplus Medical Devices** looking at the donation of medical devices from Needs Assessment to Installation and ongoing support.

- Building on health inequalities approach in NHS Scotland developing **Active Global Citizenship approach –** helping from home and overseas

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Challenges for SG

- **Budget & resources:** £10 million p.a. total fund for all our ID work / team of 7 – would love to do more!
- **Maintaining support** in Scotland for International Development work

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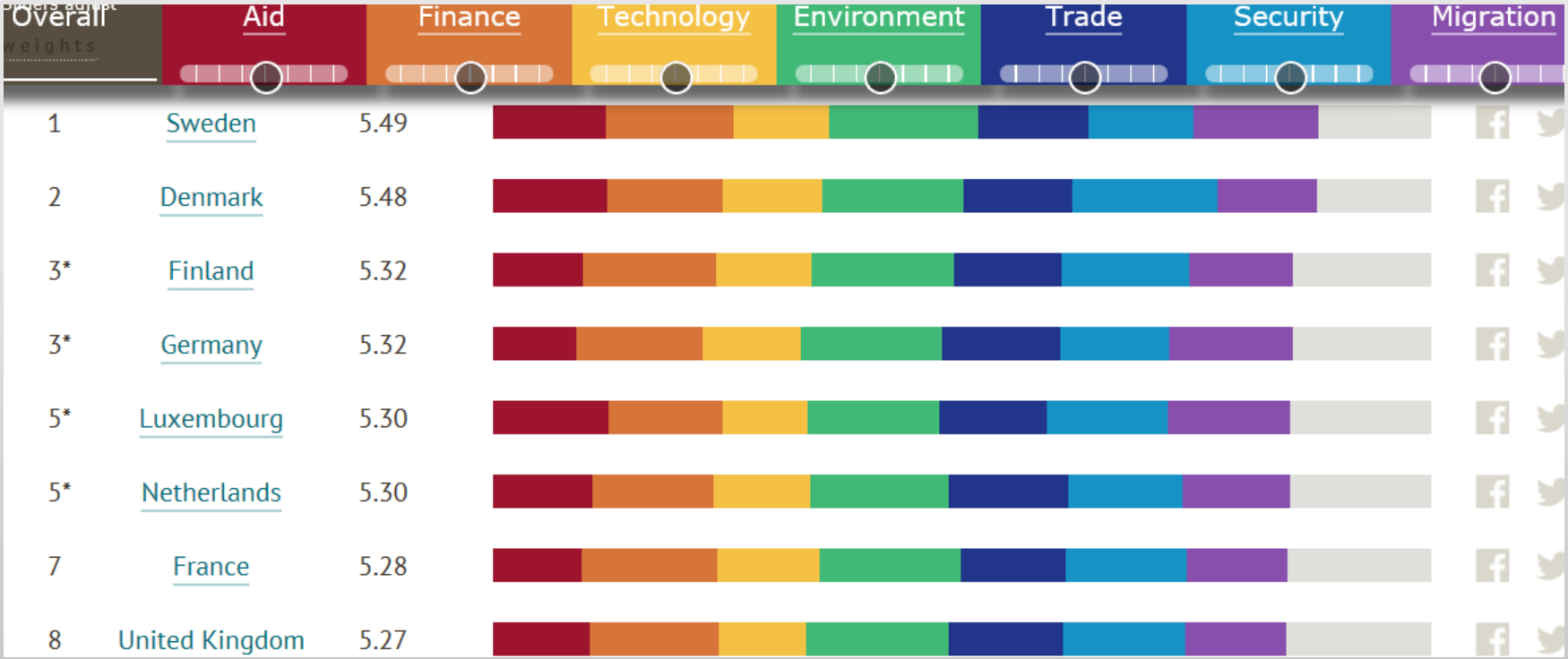
Solutions/opportunities for SG:
Small countries do development well!



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Solutions/opportunities for SG:

<u>Ethical and Political Leadership</u>: Small countries:

- Policy Coherence for Development (Sweden)
- Climate Change (Scotland)
- Gender Equality (Denmark /Norway/Scotland)
- Renewables (Denmark/Scotland)
- Democracy / human rights (Scotland)

Opportunities: Scottish approach?

- **Partnership approach**: brings trust!
  - Scotland's partnership approach of civil society led partnerships already of international interest
  - Relational approach: our reciprocal approach to ID lends itself well to people & partnership;
  - **Increasing collaboration & policy coherence** x-SG
  - **Size can be advantage**: cross sectoral collective action easier in small country

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Capture / maintain public interest / attention / support

SG CIDR 2018/19
Published Tuesday 24th September 2019

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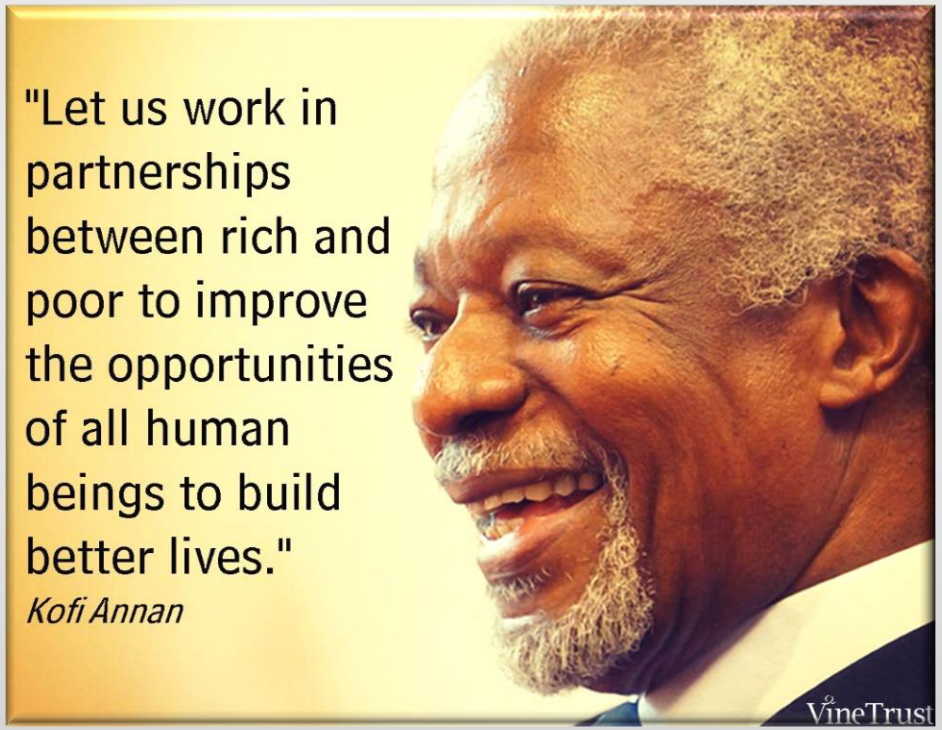

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Cambridge University Hospitals NHS
NHS Foundation Trust

Collaboration:
A Story of Partnership in Global Health

Tom Bashford

NIHR Global Health Research Group on Neurotrauma
Cambridge Global Health Partnerships

Cambridge Global Health Partnerships

Global Health Research Group on Neurotrauma

FUNDED BY
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CLINTON HEALTH ACCESS INITIATIVE

Global Health Leadership Initiative

lifebox

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Federal Democratic Republic of Ethiopia
Ministry of Health

VSO

The Cambridge Yangon Trauma Intervention Partnership

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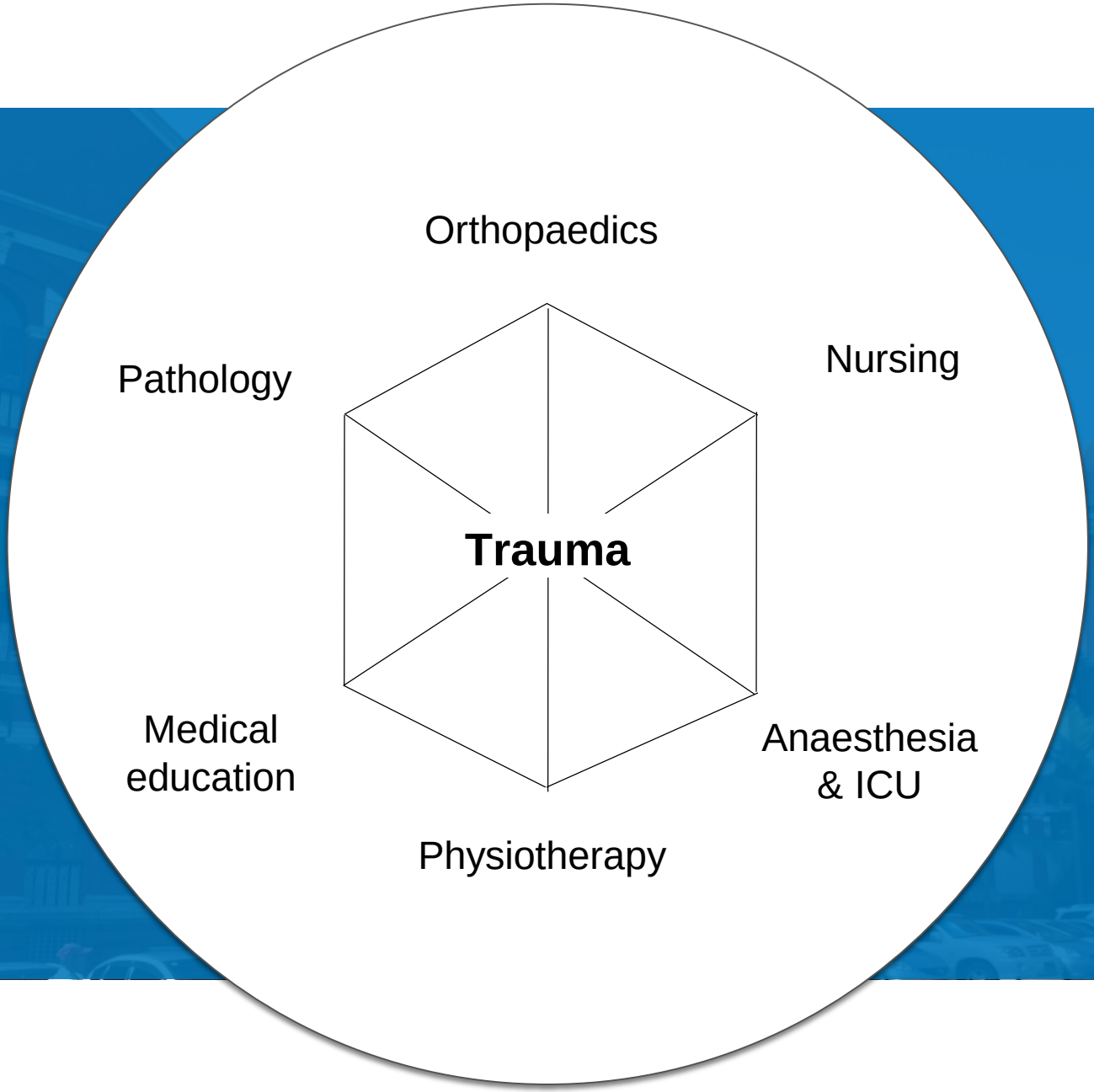
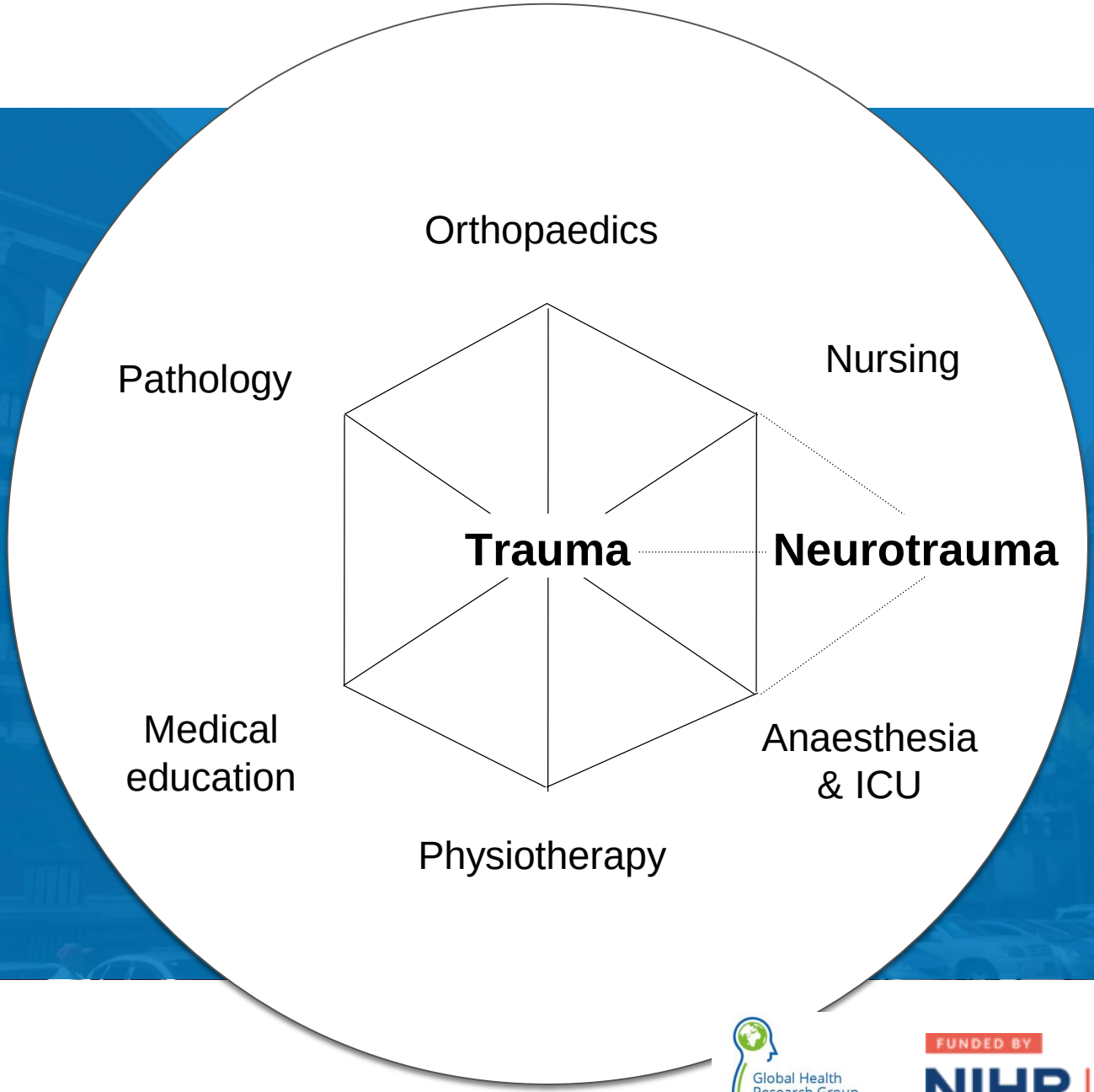
Cambridge
Global Health Partnerships


Working towards equitable surgical care across the world
Need
Public health & Policy
Access
Cost, Capacity & Culture
Global Surgery
& Anaesthesia
Safety & Effectiveness
Quality
Research | Advocacy | Education | Improvement


Rx
H


Orthopaedics
Nursing
Anaesthesia & ICU
Physiotherapy
Medical education
Pathology
Trauma



Global Health Research Group on Neurotrauma

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MUKHA
MYANMAR UK HEALTH ALLIANCE
THE RANGOON GENERAL HOSPITAL REINVIGORATION CHARITABLE TRUST
Action
UKaid
NHS
Cambridge University Hospitals
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YGH
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Royal College of Physicians
Research
Global Health Research Group on Neurotrauma
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EC

Thank you

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Questions

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Cambridge Global Health Partnerships

Global Health Research Group on Neurotrauma

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Transforming global health

Partnership responses to ensuring quality UHC

2019

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26 - 27 SEPTEMBER 2019

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Keynote address
Roda Ali Ahmed

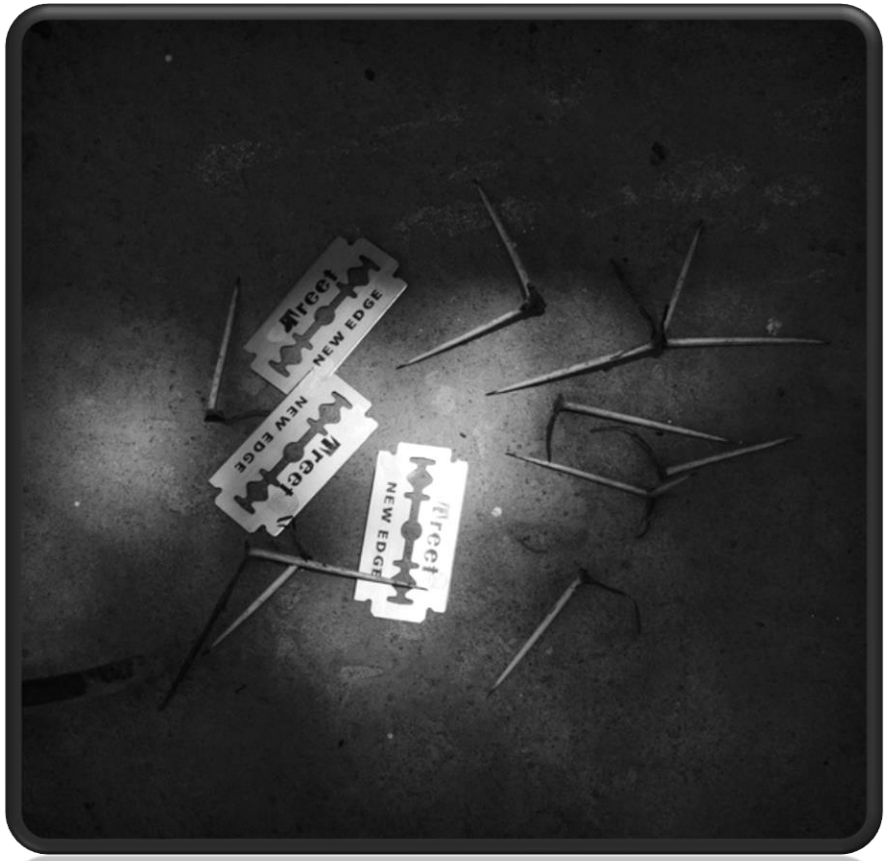
THET'S 2019 ANNUAL CONFERENCE
Transforming Global Health

26-27 September

City and Guilds Building, Imperial College London

Country Profile

Gender inequality In The Somaliland Context


NEW EDGE
NEW EDGE
NEW EDGE

Gender Analysis Study

Objective

- Gain deep understanding of the main barriers and enabling factors to gender equality and women's empowerment for healthcare professionals in lower and middle-income countries (LMICs)
- With aim of identify workable gender transformative approaches that can be incorporated into THET's tools and resources to support and promote quality health partnerships.

Methodology

- Qualitative approach of Key Informative Interviews "KIIs" & Focus Group Discussions 'FGD"

Target Group

- Male & female Health workers at both Public & Private institutions
- Hospitals, training institutions, nursing & midwifery associations, policy makers
- 9 KIIs & 8 FGD were conducted with a total number of 46 participants

Study Main Themes

Gender discrimination and stereotypes

Equal access to opportunities, wages and promotion

Flexible working and impact of unpaid care work

GBV/sexual harassment

Voice and leadership

Knowledge of gender issues

Policies and commitments

Gender Equality & Women Empowerment In Somaliland

Somali Republic Gender Inequality Index is 4th lowest globally rating 0.776

The Gender Tool Kit For Health Partnership

- The gender tool kit was developed by THET to support partners in addressing gender inequality issues in their programs in order to achieve better gender equality
- Sample of assessment, interventions, strategy, action plan and developing indicators for measuring outcomes were presented in the tool kit as well as further resources to guide partners in developing gender responsive programs.

Thank You Note

- Appreciation is extended to:
  - Fraxinus Trust for their financial support
  - Alyson Brody the lead researcher from London
  - THET team for their support
  - The Somaliland team Farah Mohamed & Said Hashi the assistant researcher
  - The participants of the FGD & KIIs & their respected organizations
  - The Somaliland Ministry of Health & Development

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Health Education England

Quality and scale… it's about time?!

Ged Byrne

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Health Education England

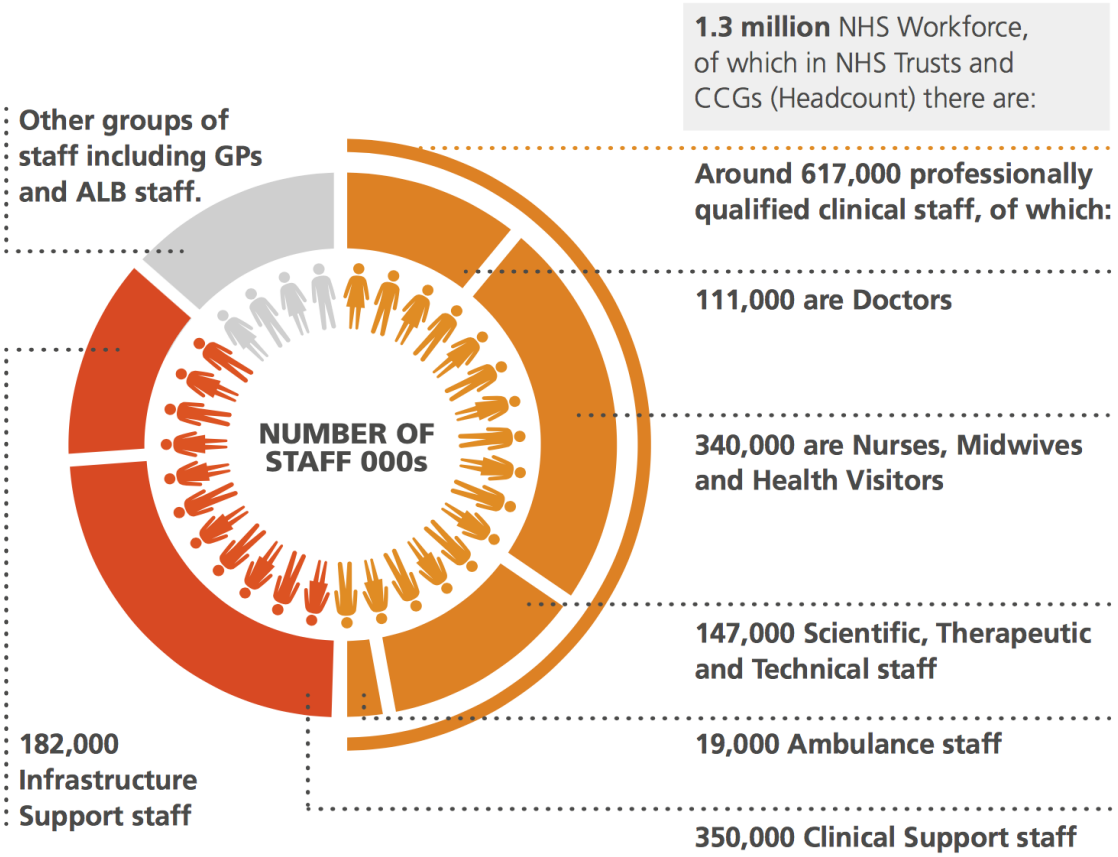
Contents

- **Flagellation**
- **Rant (with hallucinogenic enthusiasm)**
- **Call to arms**

The NHS the world's largest unified healthcare workforce

NHS
Health Education England

Health Education England



World class CLEs

World class educational QA

World class workforce planning

World class people

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Our Global Engagement Vision and Mission

Vision

A world leader in health workforce development and an increasingly flexible NHS workforce with the capacity and capability to respond to the future needs of patients and the public, and provide integrated whole person care.

Mission

Strengthen the health workforce by embedding global learning into training through placements and exchanges while working with international partners to share NHS expertise through technical collaboration.

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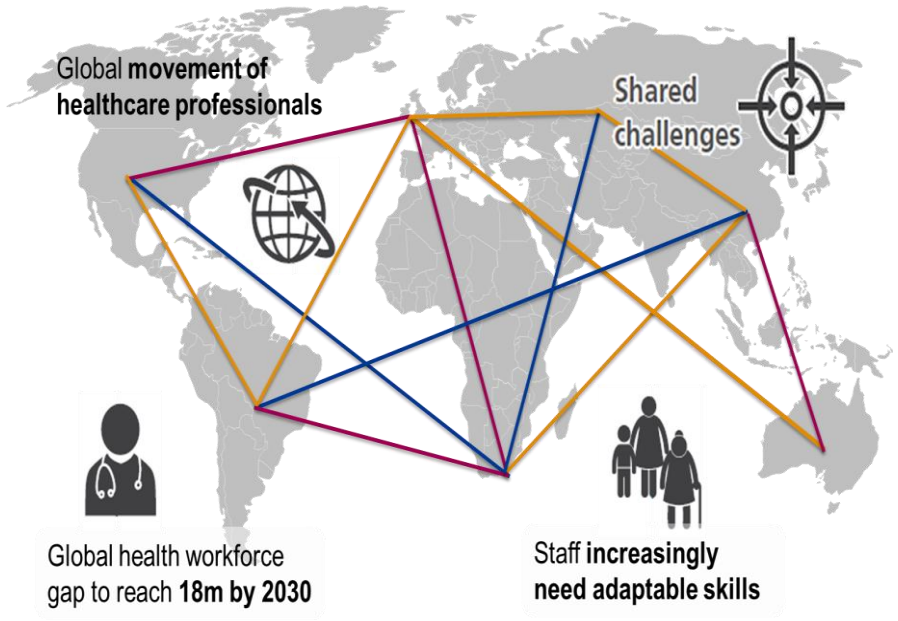
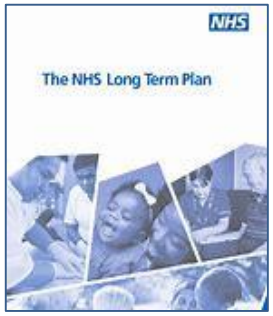
HEE Global Engagement Strategy



Three key themes

- Internal Migration/International Recruitment
- External Migration/overseas volunteering/ placement and learning
- Technical Collaboration/workforce transformation

Recognising that engaging globally needs to meet the needs of the NHS and the staff who work there but that it should also not be to the cost of other countries



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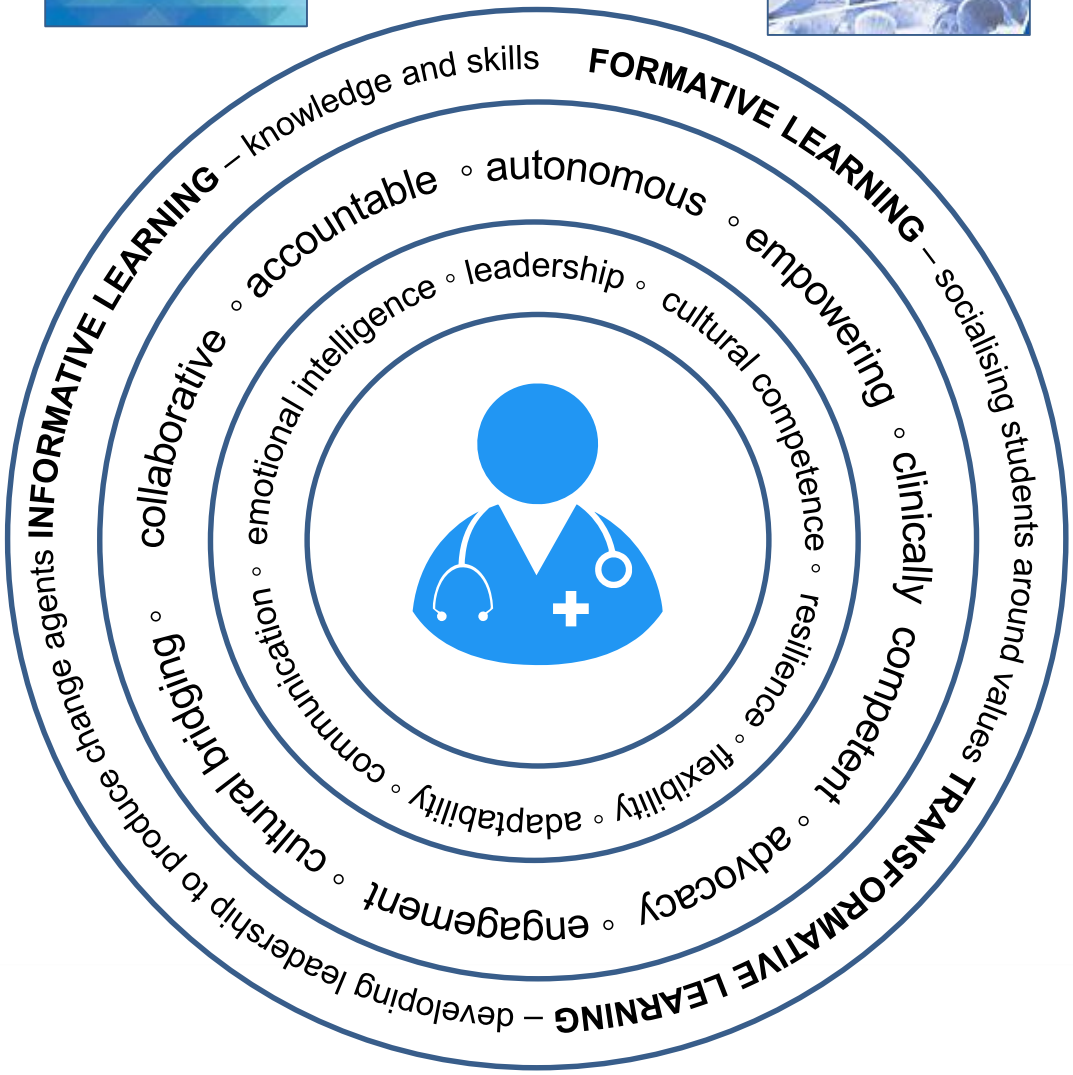

- Improves recruitment and retention
- Increases productivity
- Metacognitive development
- Improves job satisfaction
- Increasing demand

So:…….

Health Education England

- Why are numbers small?
- Why have we not sorted
  - Pensions?
  - Professional registration?
  - Training accreditation?
  - Global credentialing?
- Why are there limited/no national NHS support mechanisms for lifelong global learners?
- Why are we not scaling up successful HPs?
- Why are we not using our own (NHS) QA processes for international placement?

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Scale is vital for quality

- Relational continuity
- Access to evidence base which can be shared
- Growth of knowledge
- Faster deployment and socialising of innovation and capacity building problems
- Easier G2G oversight
- Close in on ‘safe staffing’
- Higher quality CLEs

Some solutions?

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1. Don’t restrict the definition of health partnerships

- ***Type* 1:** Partnerships with clear benefits to one partner, less clear for other only on one stream of work e.g. Jamaica, Kerala
- ***Type 2*:** Includes all three themes of our work but only focused on one profession e.g. proposed SVG-ICS partnership
- ***Type 3:*** Includes all three elements, across several professions, includes academic links and health system strengthening e.g. DM-South India
- ***Type 4:*** individual institution/ institution, organisation/oragnisation. Most of existing HPS

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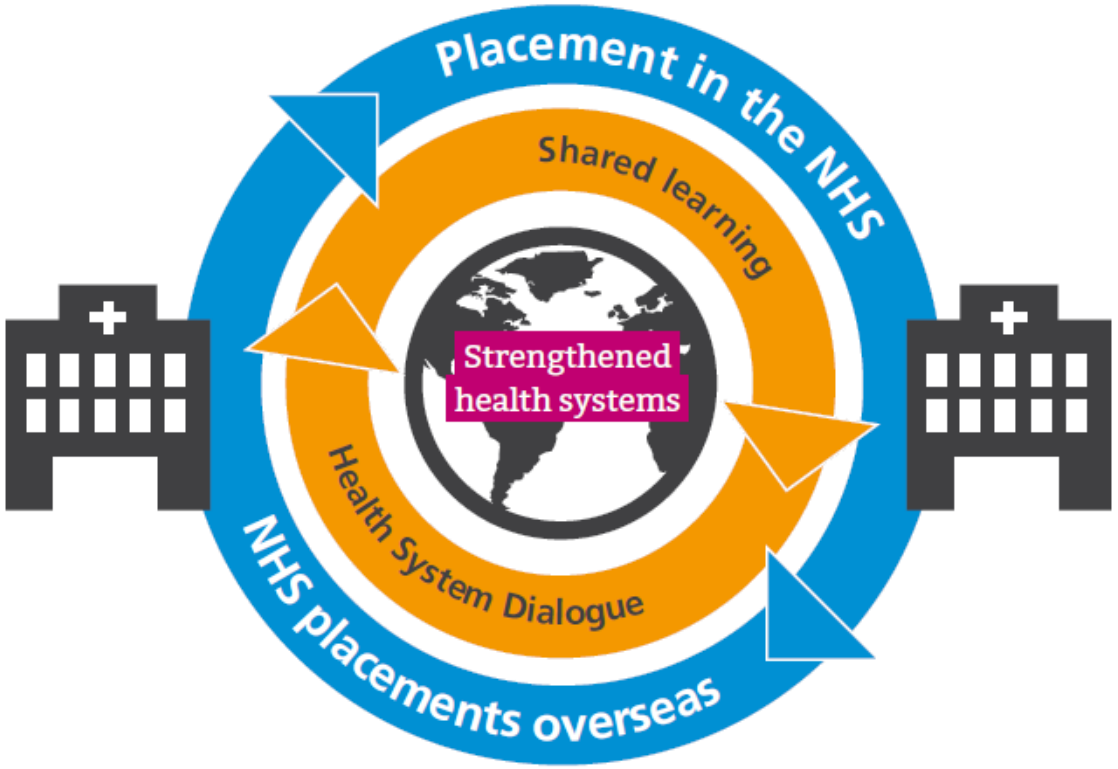
Partnership



Quality partnerships

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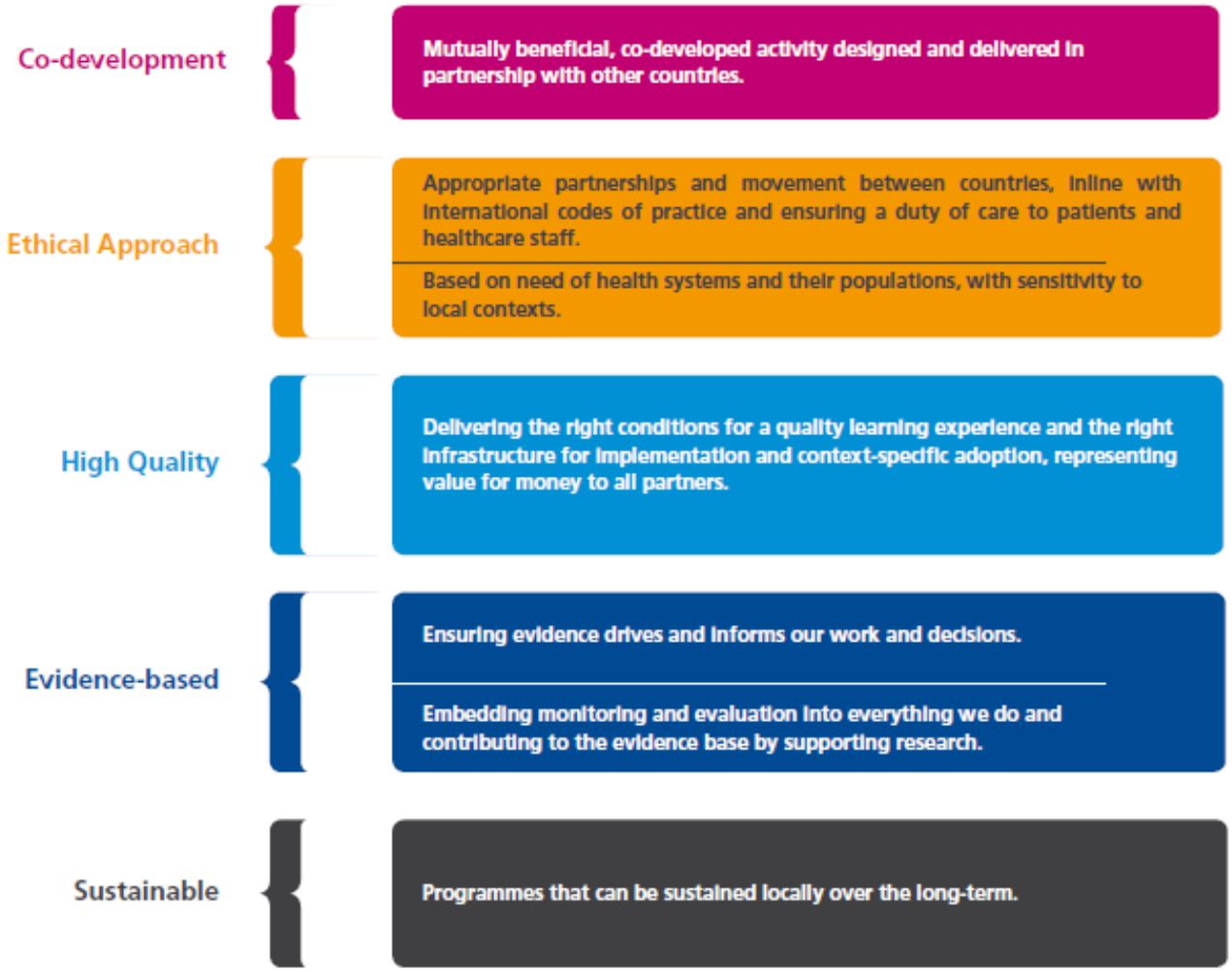

Technical collaborations with HEE can support work to improve the healthcare human resources of your healthcare system

2. Create an NHS structure for life-long global engagement

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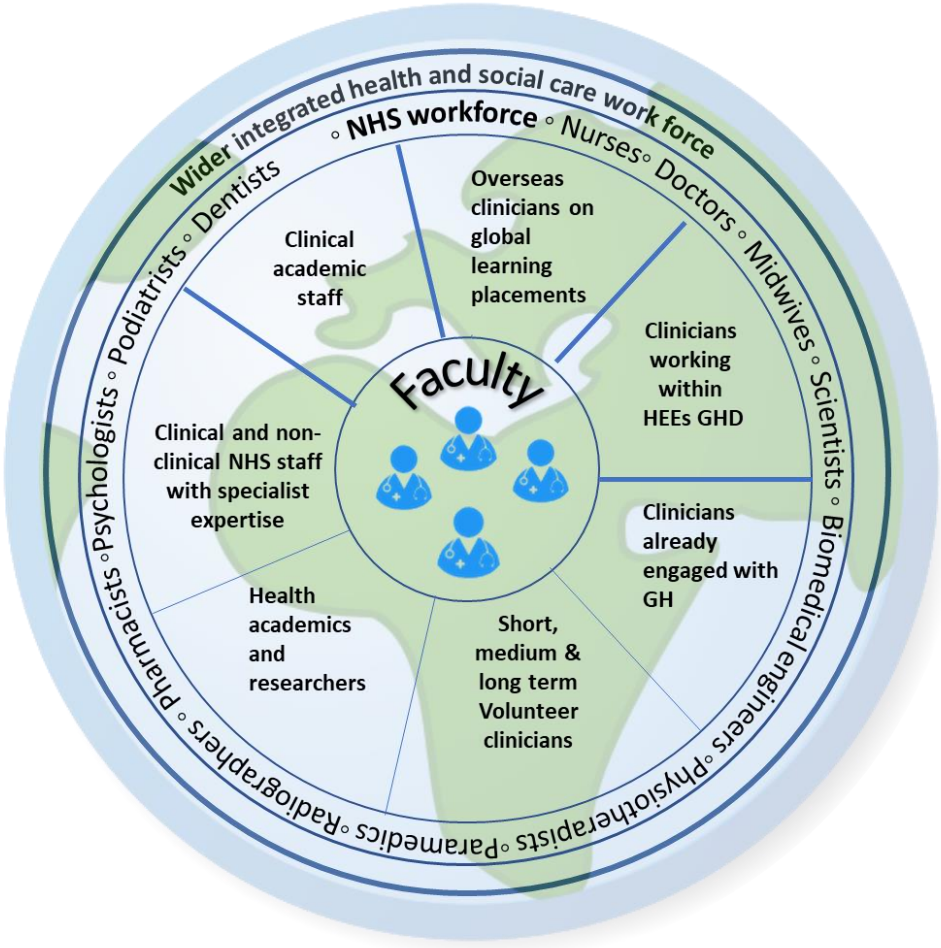

- Provide lifelong learning
- Develop global health leadership
- Develop quality improvement expertise
- Represent ‘globalist’ interest within NHS
- Acknowledge and support innovation
- Create a multiprofessional approach to global transformation and development of UHC
- Provide a sustainable and high quality

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3. Promote global plagiarism!!

- 70 years of system experience
- Solutions to every problem
- Experts in every area
- Innovation, transformation and research

E.g. Translating high quality education into safe patient care

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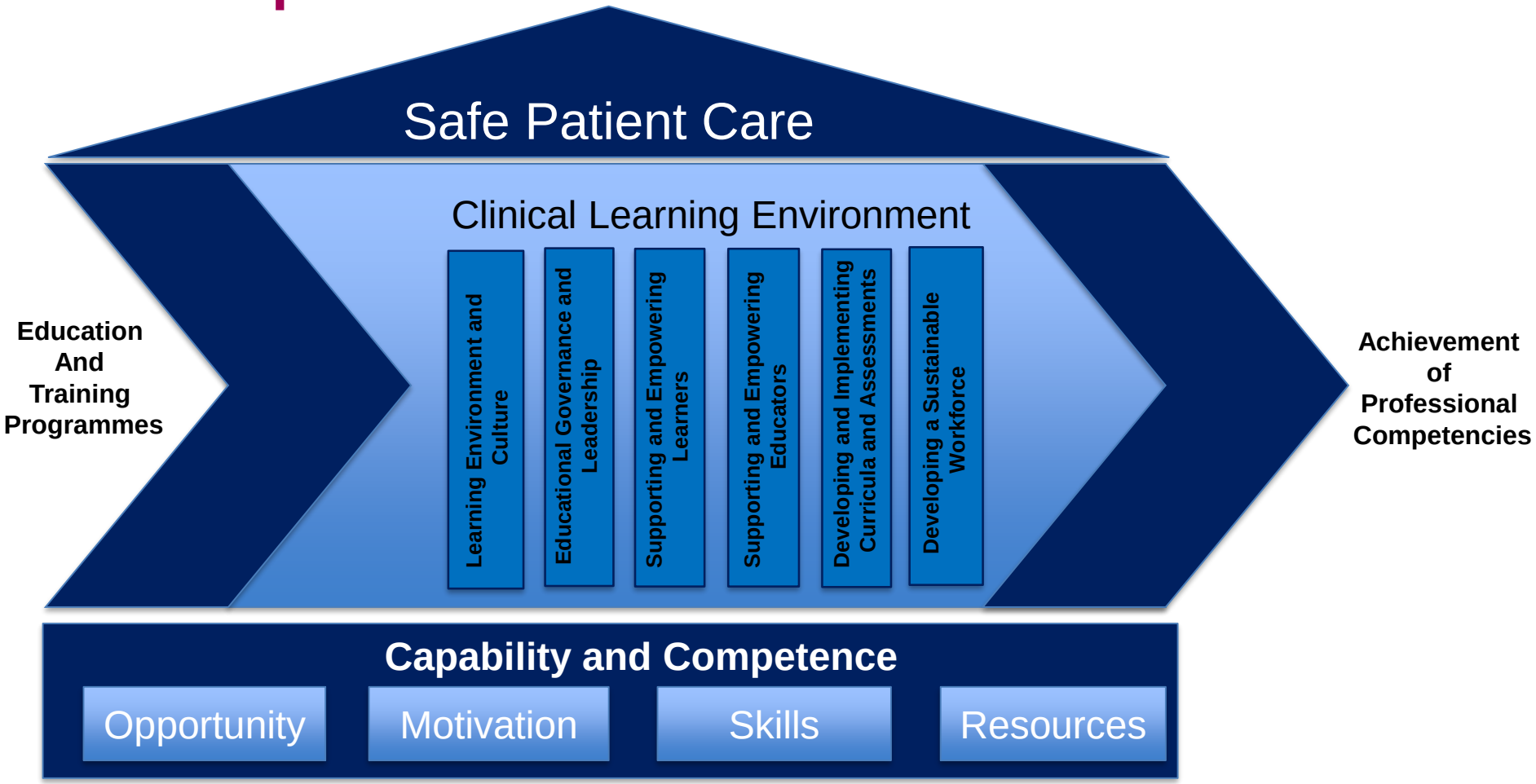

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And finally……..

“The world is full of frameworks, roadmaps and action plans that sit on shelves collecting dust, and never make a difference to people. I urge you, starting now, to translate your good intentions into concrete actions that transform the health of your people.”

Tedros Adhanom Ghebreyesus

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Lets do it!
Thank you.

Developing people
for health and
healthcare
www.hee.nhs.uk

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KEYNOTE ADDRESS

Edna Adan Ismail, Founder and Director, Edna Adan University Hospital,

introduced by Prof. Sir Eldryd Parry, Founder, THET

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Former British Somaliland Protectorate is between former French Djibouti and former Italian Somalia.

The Civil War destroyed 95%
of our cities homes, hospitals, and schools.

The obvious results of war :

- **- No health workers, most fled or got killed in the 1982-1991 war with Somalia**
- **No Health Care for the population of 4 million.**
- **No immunization for children**
- **No water supply, no sanitation**
- **law and order collapse**

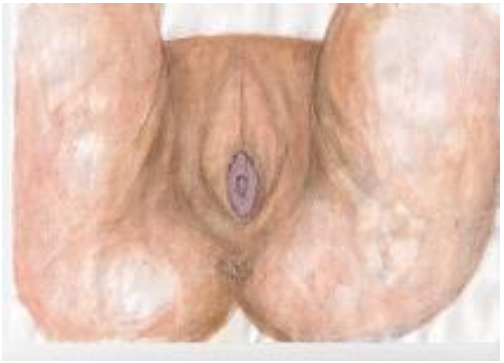
- No education, too few schools and of course, women lagged behind in education
  - No jobs, few economic opportunities and even fewer for women
  - No women participating in political decision making
- In August 2002, I became the first Cabinet Minster in the government with 26 Ministries.
- 2003-2006 , I served as the Minister of Foreign Affairs of the Republic of Somaliland.

- **Maternal mortality rises and becomes the highest in the world at 1,600 per 100,000 live births, most women dying of 'preventable' complications of pregnancy or child birth.**
- **90 out of every 1000 children dying before the age of 5**
- **42 out of 1000 newborn infants dying in the first month of life**

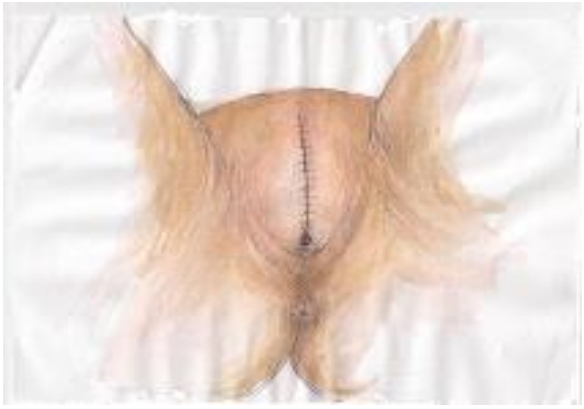
It was ‘her’ or me to look after the sick !!

Classifications of FGM

Type 1: Excision of the prepuce with or without excision of the clitoris.



Type 2: Excision of the clitoris with partial or total excision of the labia minora.



Type 3: Excision of part or all of the external genitalia and stitching together of the exposed walls of the labia majora, leaving only a small hole (typically less than 5cm) to permit the passage of urine and vaginal secretions. This hole may need extending at the time of the menarche and often before first intercourse.

These tragedies that were killing our people, and particularly our women and children haunted me and eventually made me take matters into my own hands. After retiring in 1997 from a long career with WHO, I just recycled my whole life, went home and built a hospital

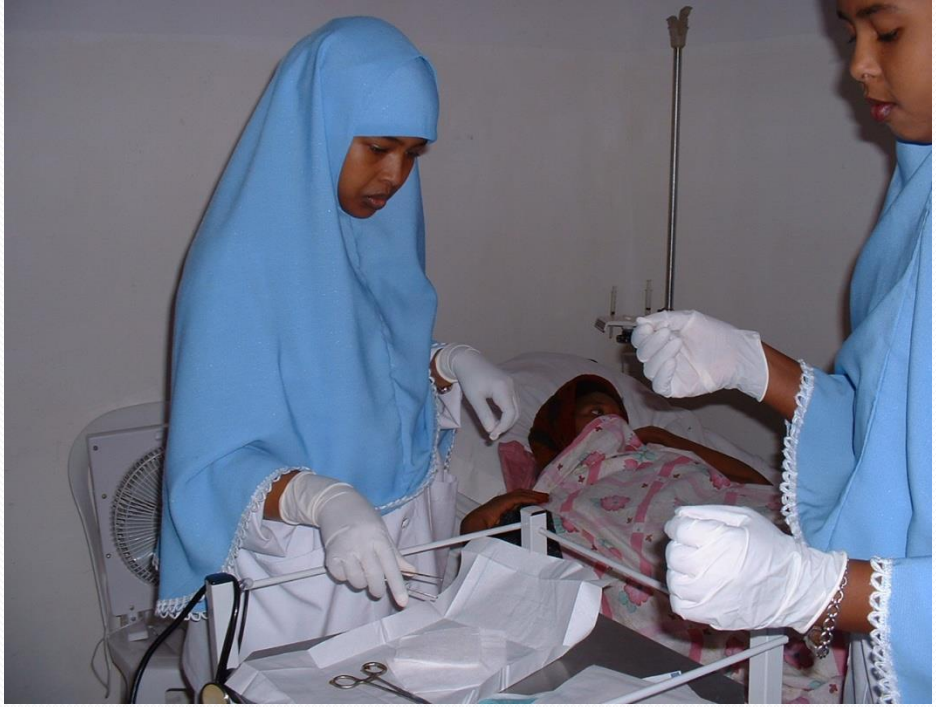
The Edna Adan Hospital in Hargeisa opened in March 2002

IMMEDIATE SOLUTION WAS TO TRAIN NURSES, MIDWIVES, LABORATORY TECHS & PHARMACISTS !

- Training Midwives takes only two years
- Cost of one military tank for the army costs more than training 2000 Midwives or 500 doctors.
- Midwives are fueled by their passion for assisting women and energized by the lives of mothers and babies they save
- Midwives help women & benefit the entire nation
- Training Midwives is a solution that comes from women themselves to help other women

Training Department: Post Basic Midwives

- A total of 140 Post-Basic Midwives have so far been graduated



Community Midwives
183 have been trained so far for the Districts


Gabiley
General Hospital
Gabiley
General Hospital

- **After training, Nurses & Midwives can:**
  - Provide high-quality, culturally-sensitive health care to the community
  - Identify complications & refer to hospitals
  - Teach and supervise traditional birth attendants and other unskilled health workers
  - Know about the harmful effects of Female Genital Mutilation (**FGM**) and help in the eradication of this harmful practice

Where do Nurses & Midwives work?

- Somaliland has 8 public hospitals, all located in urban areas
- There are 97 Maternal and Child Health (MCH) Centers and 200 Health Posts spread throughout the country, which are the main access points for health care for women and children
- Since there are no doctors in these Centers, they are staffed by qualified Nurses and Midwives until the day when doctors will become available

Lower Maternal Mortality Rate

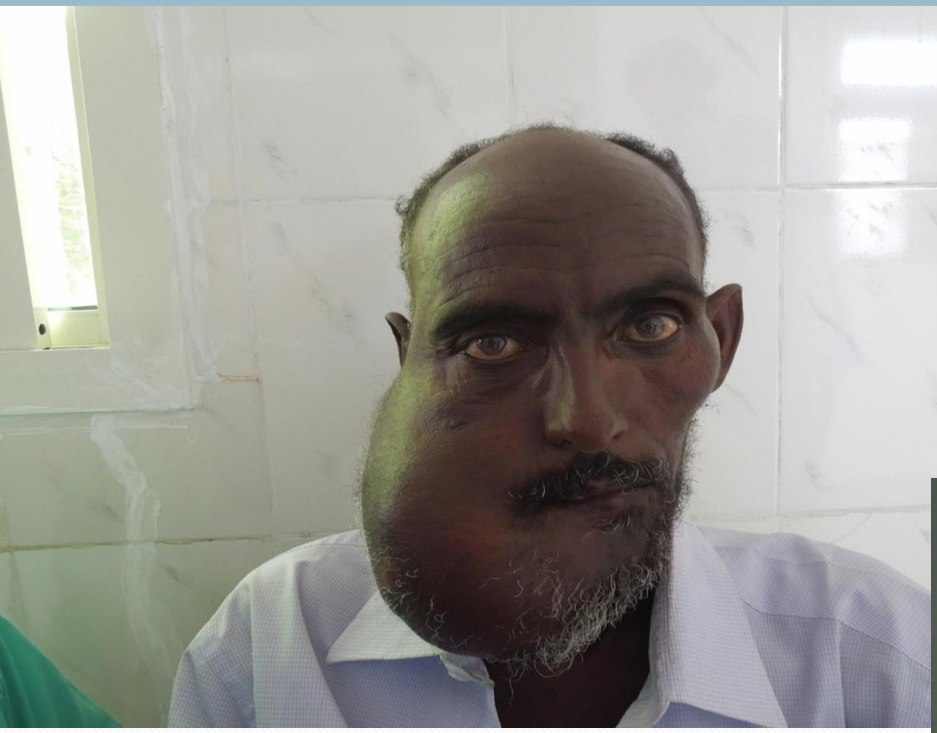
- **We have delivered over 20,000 women since we opened hospital in 2002 and have lost 59 women.**
- **Although this is ¼ of the national MMR, we could have saved even more mothers if they had been brought to the hospital sooner.**
- It proves that with better training nurses & midwives, and having a facility that responds to emergencies on a 24 hour basis, the lives of mothers and babies can be saved even in a poor country like Somaliland.
- And if Somaliland can do it, every country can do it !

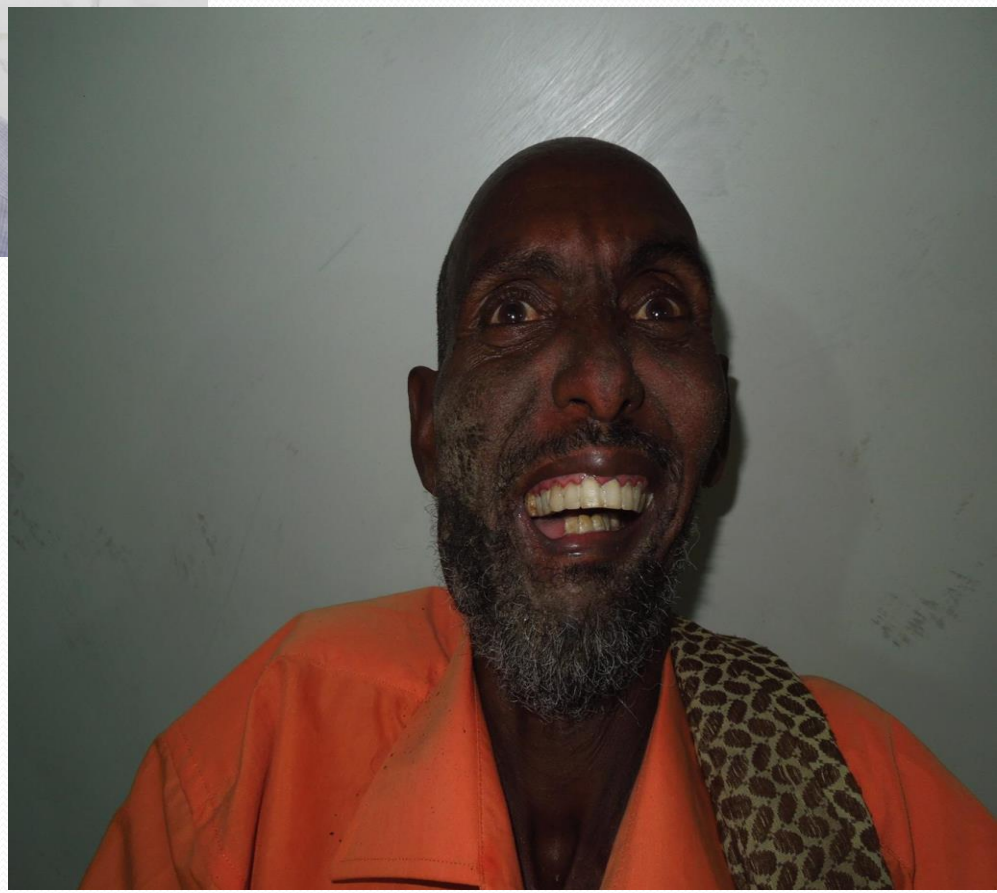
Where are we now ?

- 15 years later, the hospital is a referral one that treat patients from a wide geographical area in the Horn of Africa.

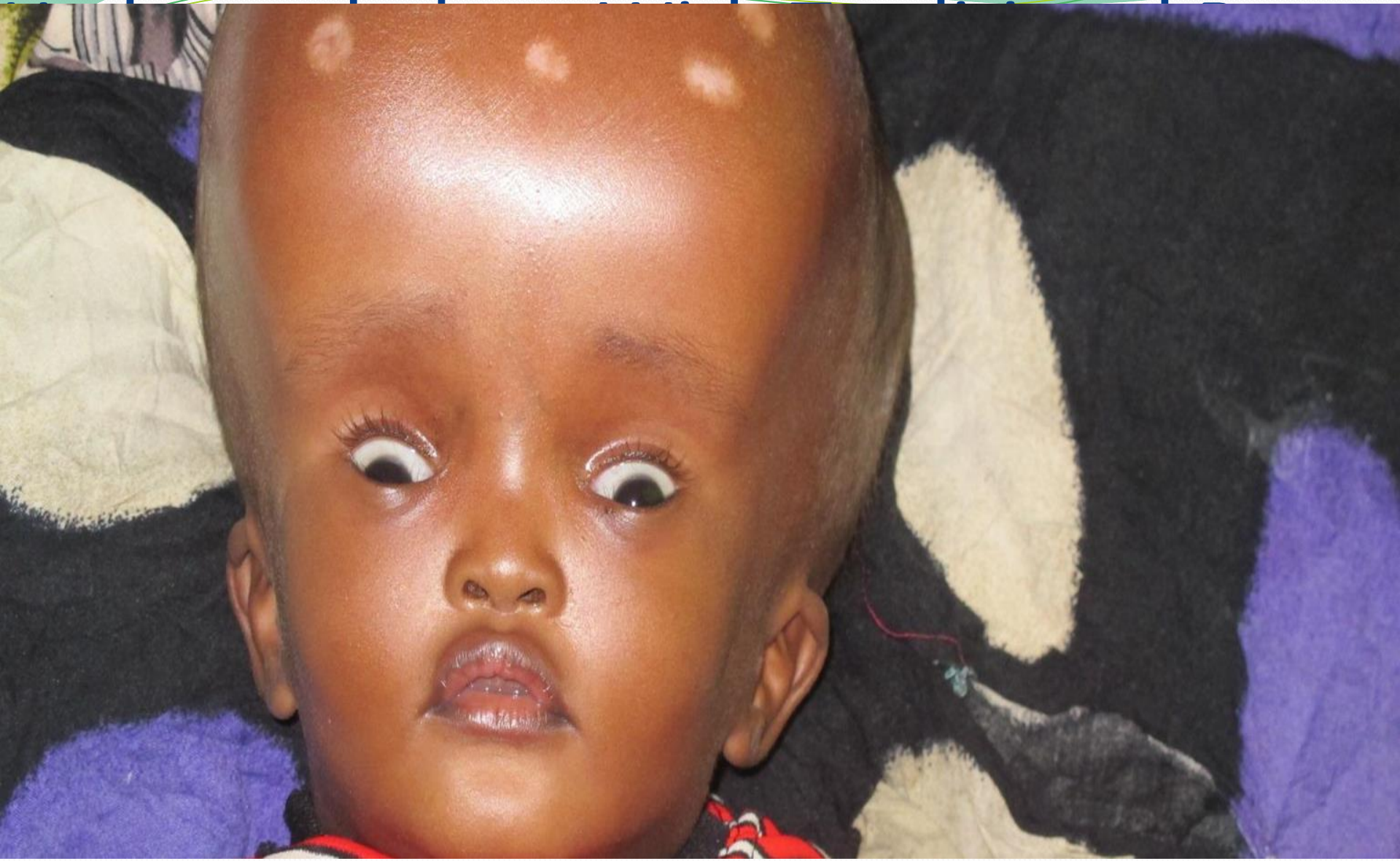
- In 2011, we also opened the Edna Adan University which over 1000 students.

- This year, we started training medical students

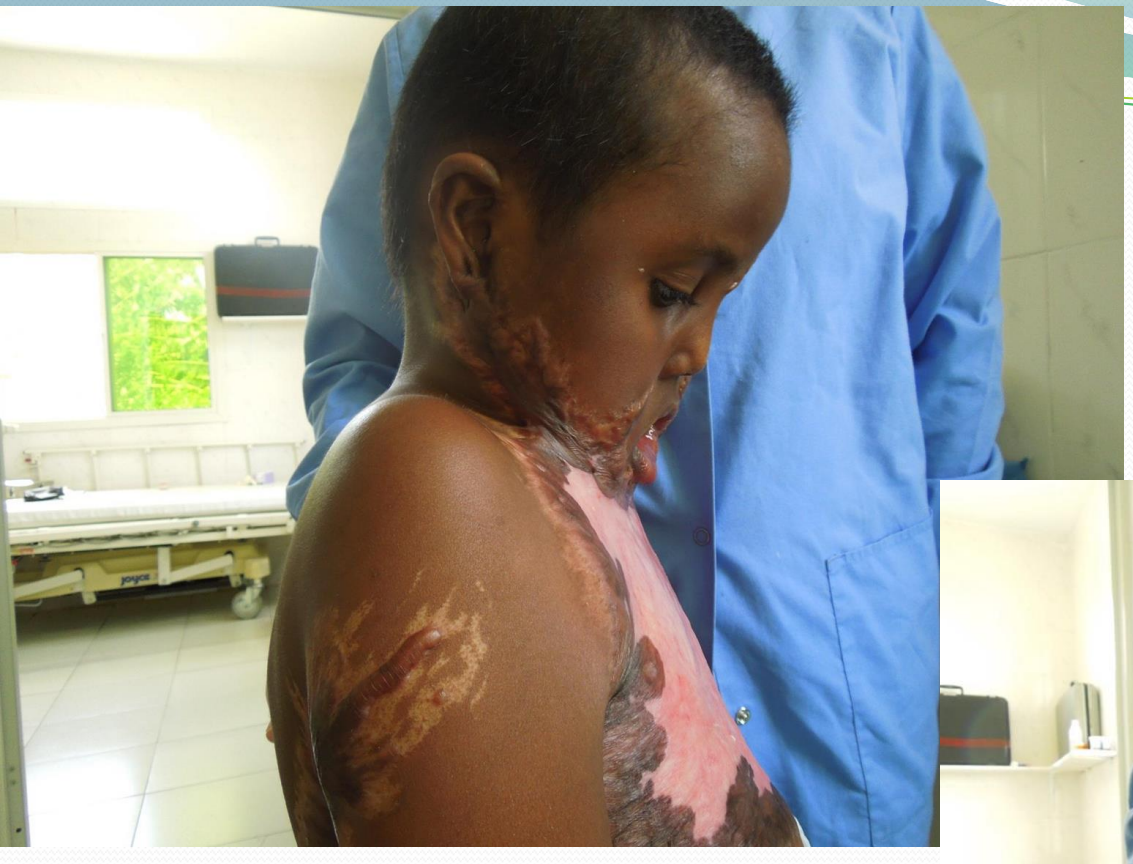


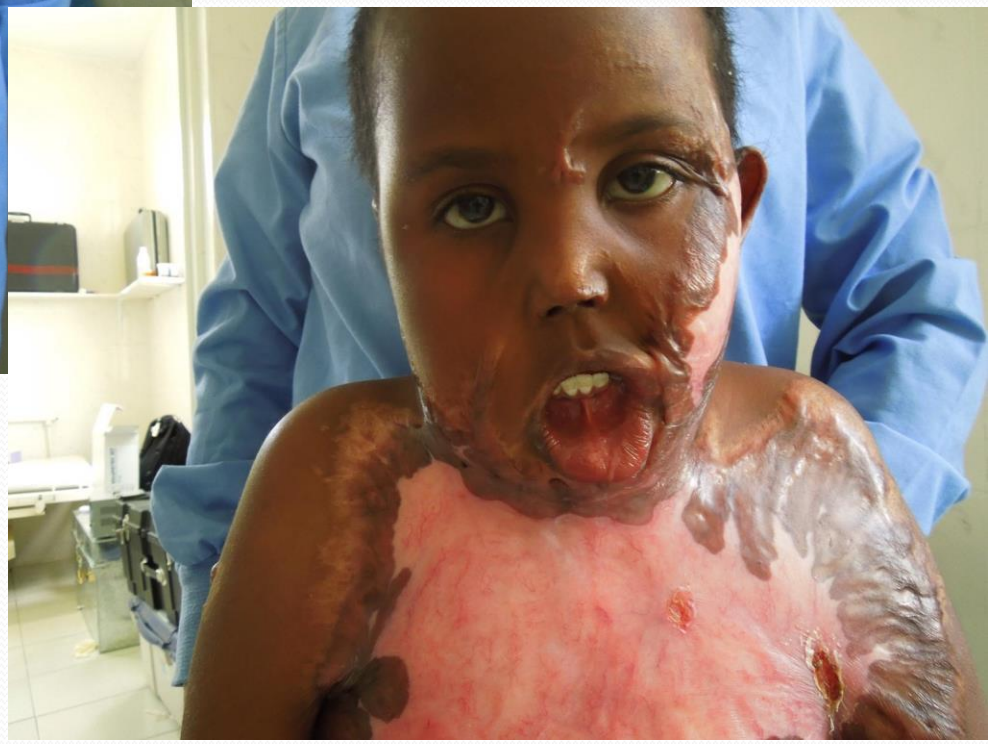


Facial Tumour:
Before and After Removal

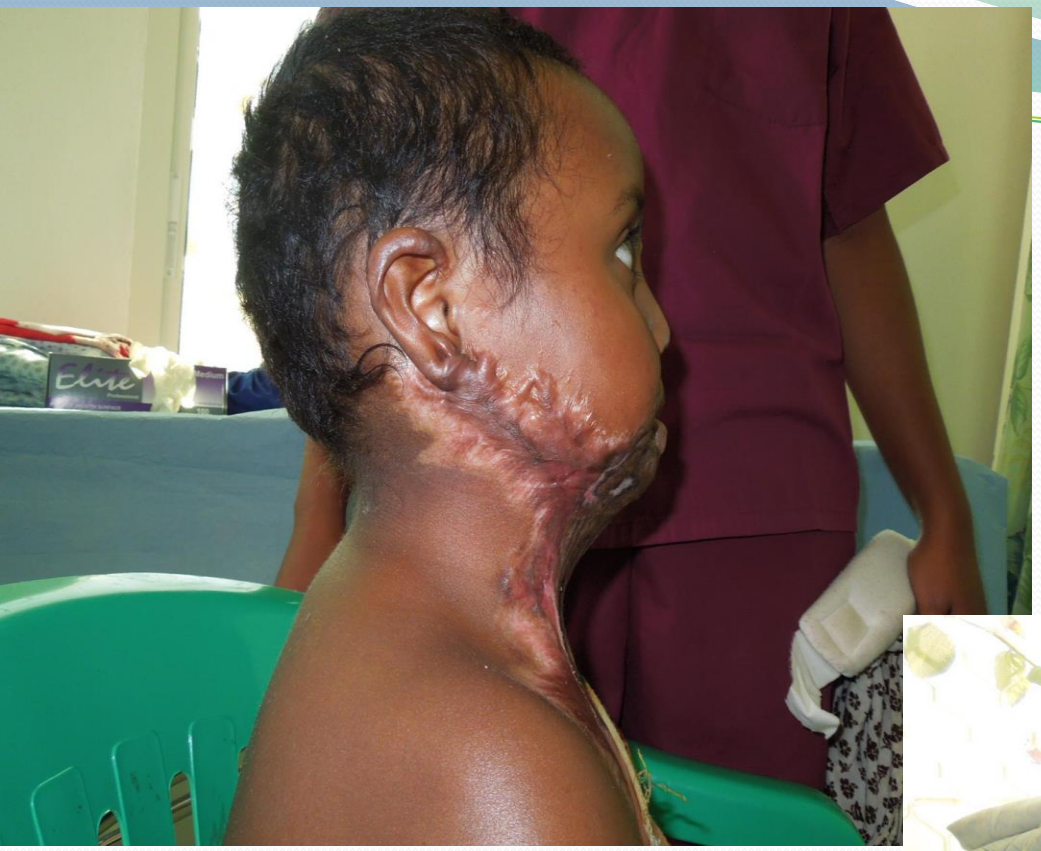


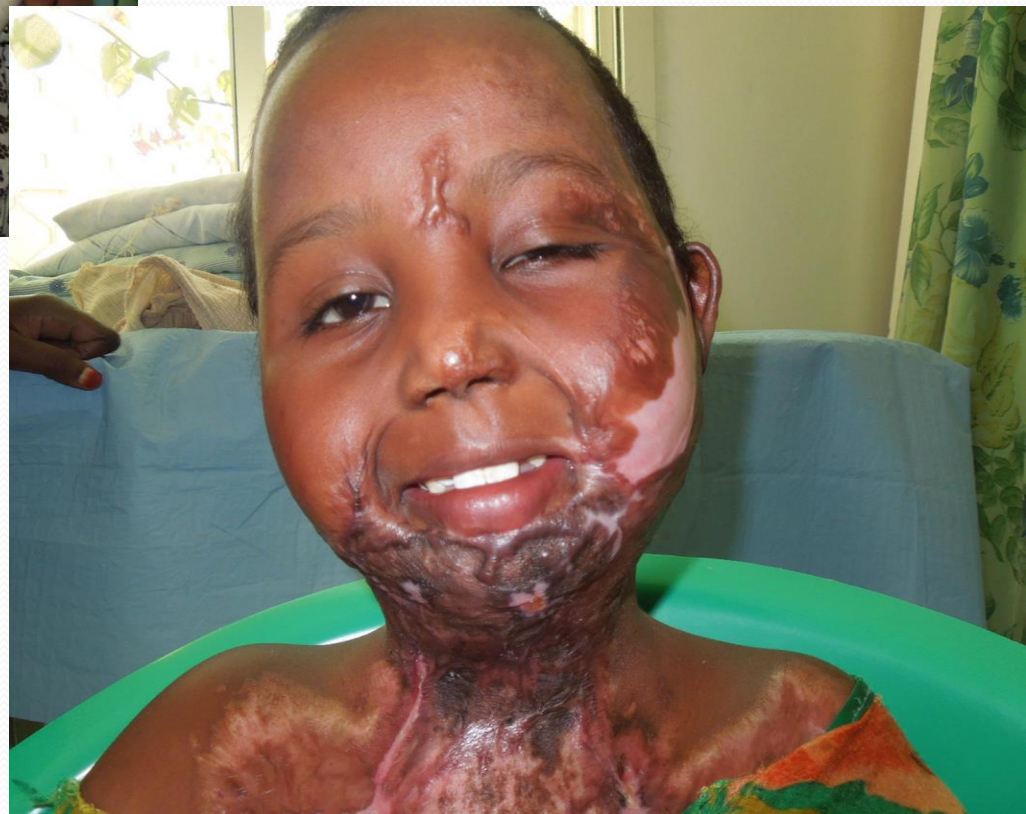
Please help my baby !





Severe Burn Contracture





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