THET
PARTNERSHIPS FOR GLOBAL HEALTH

Innovation Toolkit for Health Partnerships

Imperial College London

NHS
Health Education England

BILL & MELINDA GATES foundation

Authors

This toolkit was developed by **Hamdi Issa, Imperial College London** in collaboration with **Graeme Chisholm, THET**.

Contents

Foreword

Everyone has something to teach and something to learn. Richer countries like the UK could and should learn from poorer ones. I argued in *Turning the World Upside Down* that we need to replace top-down thinking about international development with the concept of co-development – respectful international relationships in which we all learn from each other and learn together to confront our shared future. A decade on this remains crucial in our endeavour to make health for all a reality.

I am delighted that it is increasingly recognised that innovation needs to be sourced globally and that we need to think in terms of co-development as ideas are developed and spread from richer to poorer countries and vice versa. I congratulate THET, Imperial College London and other organisations for the way they are actively supporting innovation through Health Partnerships based on mutual learning and equality.

It will make a huge difference in the longer term - in health but also in improving international relationships at a time when this is of increasing importance.

THET's new Health Innovation Platform and this new toolkit are designed to try to capture learning and foster the discovery of innovations in an equitable way which will both help improve the way we work with partners in developing countries and secure vital innovations for the NHS. I very much look forward to seeing it being used throughout the UK and bringing benefits to us and our partners abroad.

We can all learn from each other and, as importantly, by working together on shared problems we can develop new solutions to the pressing health problems of our time.

Lord Nigel Crisp, Co-chair,
All Party Parliamentary Group
on Global Health

> “The global flow of knowledge, skills and ideas has been a defining feature of human progress. Health systems of today are a culmination of global innovation flows over centuries.”
> **Dr Shams Syed, World Health Organization**[i]

Introduction

We know that the world is full of innovators with simple and effective solutions to global health challenges that have the potential to revolutionise healthcare.

THET and Imperial College London have worked together to create this toolkit in the belief that more can be done to support the flow of innovations and that investing in innovation is crucial to bringing about Universal Health Coverage (UHC).

The toolkit attempts to do two things. Firstly, it highlights the barriers and biases that exist to learning in low-and middle-income country (LMIC) contexts by high income country (HIC) healthcare professionals and proposes strategies to overcome them. Secondly, it sets out how healthcare professionals in LMICs can not only work in partnership with counterparts in HICs but can become equal knowledge brokers.

This document has been produced to support healthcare professionals working through Health Partnerships to better identify, document and share innovations in their work in LMIC settings. This document should be used together with contextually specific information and additional professional advice for your own Health Partnership.

In this toolkit we have identified some entry points that Health Partnerships should consider in order to achieve best practice in innovation and mutual learning.

The benefits to encouraging the flow of innovation are obvious. Now is the time to seize the many opportunities. We hope that this toolkit will support you in this endeavour.

Innovation checklist

Here are the key activities and considerations to keep in mind.

Activity	Audience	Action	Completed
Assess your organisation's learning environment	**ALL**		
Prepare to receive HIC healthcare professionals	**LMIC**		
Reflect on possible unconscious biases	**HIC**		
Pre-departure training	**HIC**		
Identify the best way to capture learning	**ALL**		
Explore how to best share learning	**LMIC**		
Plan how to share learning on return	**HIC**		

What do we mean by innovation?

There is no one definition of innovation. However, when talking about innovation within the context of Health Partnerships, there are certain characteristics associated with an activity that can encourage innovation.

For example, Dr Sarah Urasa from the Kilimanjaro Christian Medical Centre (KCMC) defines innovation in the Tanzanian context as an idea or tool that is sustainable, that involves the local population, that widens access to healthcare, that reduces cost and that is effective without necessarily being complex. She gives an example - the use of banana leaves as a cost-effective way to dress post-skin graft wounds - currently being trialled through KCMC’s partnership with the Northumbria Healthcare NHS Foundation Trust.

Dr Matthew Harris from Imperial College London defines innovation as synonymous with change, stressing the difference between innovation and invention; for an invention to become an innovation it must affect change in practice.

Drawing on an example of innovation from Rwanda where drones are used to transport blood to those in need, Dr Agnes Binagwaho from the University of Global Equity and former Minister of Health, stresses that “innovations allow us to fly.” For Dr Binagwaho, innovation is a mindset that requires us to draw on evidence and think quite differently.

So, while a universal definition might not exist, we offer, *finding new ways to solve problems which affect change*, as our working definition.

In addition, we offer the following as characteristics[1] which can encourage innovation, not all of which are necessary to foster innovation.

Characteristics of Innovation

[1] The characteristics of innovation presented in this toolkit were drawn from analysis of presentations and discussions at Global Health Innovations: Bias, Barriers and Breakthroughs, RSM, 22nd May 2019.

Case study:

Arjun Chanda of the Cambodia-Oxford Medical Research Unit travelled to Angkor Hospital for Children in Cambodia to develop a triage tool to support health workers in resource-constrained settings who are faced with the difficult, and often costly, decision to admit or refer febrile children to hospital.

Although relatively few children with fever progress to severe disease, infections remain the leading cause of preventable childhood death, particularly in LMIC settings. In many tropical settings, distinguishing febrile children that require hospital-based treatment from those who can safely be cared for in the community is especially difficult: frontline health workers often receive limited training and have minimal laboratory support. A recent review of the existing evidence concluded that none of the currently available tools are likely to be reliable for triaging children in resource-constrained settings.

We are setting out to develop a tool to guide limited-skill health workers in their assessment of young children with febrile illness.

We have reviewed over 5,420 studies to help us identify the most promising clinical features and host biomarkers that can predict progression to severe disease in children presenting with fever. We have narrowed this list down to 15 key studies, which we are using to determine the data that we will collect from the children we enrol in our study.

The aim of our study resonated with the AHC Young Persons' Advisory Group (YPAG) members, all of whom had personal experience of attending a hospital with a fever and many of whom had been admitted for varying periods of time. They all agreed that improving assessment of children with fever was important, particularly in settings where fever is common, and resources are limited.

The YPAG recommendations have meaningfully influenced our project design, including changes to the planned methods for blood collection, better integration of project activities with the existing health worker-patient workflow in the outpatient department and highlighting important aspects to explain to children and their parents during the consent taking process of the study.

We are currently performing quality assessment of these studies, after which the results, including the priority list, will be presented to a Technical Advisory Panel for endorsement. We hope that this process can help standardise collection of common data elements (CDEs) in future projects.

We have been able to align our planned study with broader efforts going on throughout the world, including in sub-Saharan Africa. We hope that this will maximise the chance of synergy between all of these respective projects and ultimately result in greater benefit for public health.

The Toolkit

1. DISMANTLING THE 'US AND THEM' DYNAMIC

Both HIC and LMIC partners should be open to the possibility of learning from their counterparts.

If we are to understand 'knowledge broker' to be an organisation that can facilitate knowledge exchange or sharing between and among various individuals, then an 'equal knowledge broker' means that their counterpart organisation can do the same. However, recent research suggests that innovations in LMICs are many but that challenges exist in finding them as they often exist 'under the radar'.[ii] Further, within academic and clinical settings there exists an attitude that knowledge from HICs is superior and should not be overlooked and that ideas and innovations from LMICs are somehow of less value.[iii] And at times the adoption of LMIC ideas into HIC settings are equated to practices that are considered 'non-traditional'.[iv]

Therefore, one of the most important considerations, on the part of the LMIC partner, is for LMIC healthcare professionals to critically assess the roles they themselves play in seeing and presenting themselves as equal knowledge brokers. And yet from the perspective of the HIC partner it is entirely possible to be committed to equality and purposely intend to behave without prejudice, yet still possess unconscious biases that we are unaware of.

Tackling these twin challenges should therefore be central to the work of Health Partnerships if they are to be equal. In this toolkit we explore ways – both theoretical and practical – to support healthcare professionals in this endeavour.

2. HOW TO CREATE A LEARNING ENVIRONMENT

The importance of a learning environment

If learning is to happen, new ideas are necessary. In health institutions across the world greater emphasis is being placed on how new ways of working can bring greater efficiency and further cost savings.[v]

More and more emphasis is also being placed on how health institutions in the UK as well as in LMICs can benefit when UK healthcare professionals support health systems in LMIC settings.[vi]

Useful resource:

The World Health Organization's Global Learning Laboratory (GLL) for Quality Universal Health Coverage (UHC).

The WHO GLL for Quality UHC aims to create a safe space to share knowledge, experiences and ideas, challenge those ideas and approaches and spark innovation. Visit here to join:

www.who.int/servicedeliverysafety/areas/qhc/gll/en/index3.html

Creating a learning environment

By creating a positive learning environment, health institutions can greatly influence healthcare professionals' motivation and ability to learn, as well as to capture and bring back ideas and knowledge from their time working in resource poor settings.

As health institutions prepare to support healthcare professionals to engage in global health activities in LMIC settings, there are several steps that can be taken to nurture a positive learning environment within the organisation. LMIC organisations should also invest time in their own healthcare professionals who will be working with HIC colleagues. And so, the same strategies apply in LMIC as in HIC contexts.

Learning environment checklist:

- ✔ Engage senior management
- ✔ Identify champions
- ✔ Seek out mentors
- ✔ Cultivate collaboration
- ✔ Reward learning experiences

Engage senior management

"The attitude and culture of learning, improvement and change has been prominent in the NHS Trusts I've worked for – a key success is that there is leadership on this right from the top."

HIC healthcare professional

If an effort is made to keep senior managers informed of international work, gaining support for the nurturing of a learning environment is more likely. During the course of a Health Partnership, LMIC partners may visit the UK for training or planning purposes. Sometimes they are accompanied by government staff or other health sector leaders. These visits are a great opportunity for the leaders of an institution to meet healthcare professionals and leaders from overseas, and to share experiences of how a learning environment can encourage the adoption of innovation.

Identify champions

Specific roles that champion innovation – drawing on domestic as well as international learning – can be helpful in driving organisational change, e.g. Quality Improvement Fellowships. However, ensuring that innovation champions are drawn from across all levels of the health institution and have personal experience of learning in resource poor settings can help to create an environment in which organisations are open to learning from LMICs, which is equally important:

"Investing in permanent members of staff – nurses, healthcare assistants, physiotherapists, registrars and consultants with an aptitude for identifying gaps in the service or areas that could be enhanced can ultimately improve care."

HIC healthcare professional

Seek out mentors

Mentors can be of great value within the context of a supportive learning environment.[vii]

Definition:

Mentors in this context can be defined as someone who provides support and training for personal and professional development related to global health practice, education, and research.

"You sometimes see an idea that's great. But more often you don't even notice that something is new and it's only when you are reflecting with someone removed from that context that you realise that what you have witnessed is unusual and in fact you haven't seen it before."

HIC healthcare professional

A mentor can help healthcare professionals to identify and nurture ideas and can support reflection and insights into things that may not have initially appeared innovative.

Mentors should be receptive to new ideas and be able to connect with innovation champions. They can also provide critical support during debriefings that in turn can support reflection on how to disseminate ideas brought back to HIC institutions.

Cultivate collaboration

"We cultivate collaboration through meetings with our HIC counterparts and partner on research topics. We also participate in network groups where we exchange what we are doing, new innovations, best practices, challenges we are facing and discuss together."

LMIC healthcare professional

Collaborative and cross-organisational learning is about learning with and from others. It is most effective when all, both UK health institutions and their counterparts in LMICs, engage in the process, discuss their expectations and have a shared understanding of what is, and what is not, possible.

It is unrealistic for everyone to be involved in all decisions. However, in the early stages of cross-organisational learning, investing time and resources into joint decision-making brings benefits in terms of drawing on a wider range of expertise, increased shared understanding, and greater ownership of the decisions and action plans in each organisation.

The approaches selected for learning and exchanging experiences should be culturally appropriate and reflect the different ways of learning used in the different organisations (e.g. not always formal meetings with written minutes but also including storytelling etc.).

Reward learning experiences

"At an individual and organisational level there is a culture of welcoming change – so you feel motivated to innovate as the chances of your ideas being adopted, if successful, appear greater. Innovation is valued for a range of reasons – improvement to patient outcomes, efficiency, staff morale."

HIC healthcare professional

A shared learning culture can be nurtured through recognition of the value of such an approach. It is important to not only encourage such learning but to ensure that systems and processes are put in place to formally recognise and incentivise such work.

Recognition and rewards can include:

- Annual award ceremonies
- International volunteer of the year
- International Health Partnership of the year
- Newsletter articles
- Local press coverage

3. HOW TO PREPARE TO RECEIVE HEALTHCARE PROFESSIONALS FROM HICS

As a LMIC organisation prepares to support their employees to engage with HIC colleagues there are measures that they can put in place to support the integration of healthcare professionals from HICs within their organisation:

Preparation to receive healthcare professionals from HICs checklist:

- ✔ **Ensure a supportive policy environment**
- ✔ **Consider induction programmes**
- ✔ **Communicate effectively**
- ✔ **Support networking opportunities**

Ensure a supportive policy environment

Ensuring a policy environment that is supportive of the sharing of innovation with colleagues from HICs is important.

"Our partner shares a policy notebook on receiving and working with UK volunteers and project coordinator."

LMIC healthcare professional

But having specific policies in place that are translated into practice is equally important. For example, valuing interactions with colleagues from HICs by ring fencing time is not common but is recommended:

"Allow us more time off for non-clinical work; to understand the importance of this kind of thing."

LMIC healthcare professional

Another example is a diversity policy supportive of cultural understanding:

"We go through reorientation of our policy dealing with diversity so that we are best prepared on how to work with colleagues from different backgrounds and races and to promote smooth integration of such colleagues."

LMIC healthcare professional

Financial considerations are of course paramount:

"The challenge is as always finances, and if we were to have some minimal resources this would enable more ongoing sharing and learning between colleagues e.g. for better internet connections."

LMIC healthcare professional

Consider induction programmes

A conducive policy environment will also lead to an institution that welcomes and makes the most of opportunities to interact with healthcare professionals from HICs.[viii]

"We have an induction programme for those coming from HIC in their country before they come and then we have an induction programme here. We try and link them in with a named person who will support them throughout their time in the country - this is someone whom they can ask questions about how things are done, the context, check for understanding."

LMIC healthcare professional

Communicate effectively

Effective communication is vital both within the LMIC institution and with the HIC institution the LMIC health institution is partnering with. It ensures that shared learning and exchange of knowledge is able to take place.

Furthermore, it is widely recognised that establishing strong relations with HIC partners through clear communication streams, open discussions and shared goals is a critical success factor for Health Partnerships.[ix]

"Consistent communication from both sides is essential, as ongoing feedback helps [us to] think of ways to improve the partnership."

LMIC healthcare professional

Support networking opportunities

Networking through attending workshops and conferences also provides opportunities to share ideas and learn from one another.

"Sometimes in person meeting/workshop/ conferences give opportunities for closer connection. So, allowing us to connect freely is encouraging."

LMIC healthcare professional

Health Partnerships should therefore consider expanding from merely creating spaces for one set of participants, typically HIC healthcare professionals, to travel and gain new experiences. Healthcare professionals from LMIC settings have noted and vocalised a need for:

- Exchange and learning visits to HIC institutions
- Promotion of joint investigative studies
- Opportunities to shadow international colleagues
- Greater support to attend international conferences
- Support in writing proposals for new innovations

4. HOW TO ENSURE BIASES ARE NOT PREVENTING IDENTIFICATION OF INNOVATION IN LMICs

Stereotyping countries or individuals from particular countries can contribute to ill-considered generalisations, and these often-negative associations can appear quite unconsciously.

For example, an attempt to translate the cost-effective Brazilian Community Health Worker model into the health system of North Wales[x] came up against considerable resistance from local stakeholders who questioned what a 'developed country' could learn from a 'developing country' and whether cultural differences made such an approach workable.

At an empirical level, the literature suggests an attitude to knowledge that places ideas and innovations from LMICs secondary to HICs. The biases at play in knowledge diffusion were evidenced in a recent randomised, blinded crossover experiment in which changing the source of a research abstract from a HIC to a LMIC was shown to impact significantly - and negatively - on how it was rated by English clinicians.[xi] Furthermore, implicit association tests (IAT) uncover strong implicit associations between 'Rich Countries' and 'Good Research', a recent study using implicit association tests (IAT) revealed that 80% of healthcare professionals and researchers that took this IAT demonstrated a moderate to strong bias against LMICs .[xii]

A UK healthcare professional's willingness to examine their own possible biases is an important step in self-reflection. It is therefore worthwhile reflecting on what preconceptions exist regarding the LMIC and the partner organisation.

To begin to explore this question, healthcare professionals may want to consider undertaking Implicit Association Tests (IATs). IATs are tasks designed to help individuals identify their attitudes toward or beliefs about certain topics.

Useful resource:

Project Implicit—a collaborative project between researchers at Harvard University, the University of Virginia, and the University of Washington—offers many open access Implicit Association Tests. You can find out more here: https://implicit.harvard.edu/implicit

5. CONSIDERATIONS FOR PRE-DEPARTURE TRAINING SESSIONS FOR HIC PARTICIPANTS WORKING IN LMICs

Healthcare professionals involved in Health Partnerships will have the opportunity to be exposed to different practices, different ways of thinking, different methods and different ideas. To take full advantage of potential learning opportunities within these new environments, ways to better prepare healthcare professionals for going overseas should be considered.

A key approach is the implementation of pre-departure training sessions that focus on the values, awareness and relations within partnerships between an organisation and counterparts in LMICs.

An important consideration of these will be the inclusion of spaces that promote thinking about the inherent global power dynamics in knowledge diffusion.

Whilst it is natural for organisations and participants to come up against conflicting points of view as discussions around knowledge and ideas are encouraged, the creation of 'safe spaces' within organisations will allow those involved to engage constructively with the different biases that create barriers to learning from and exchanging ideas with LMIC partners.

This approach may enable HIC organisations to develop an improved capacity for dialogue with counterparts in LMICs and better manage tensions.

Definition:

Knowledge diffusion can be defined as the adaptations and applications of knowledge. Many factors can affect the diffusion process in health care—varying perceptions of any given innovation across multiple diverse stakeholders; different characteristics, actions, and interactions of those who are called upon to adopt innovations; and a range of contextual factors such as leadership, management, communications, and incentives.

6. HOW TO CAPTURE LEARNING

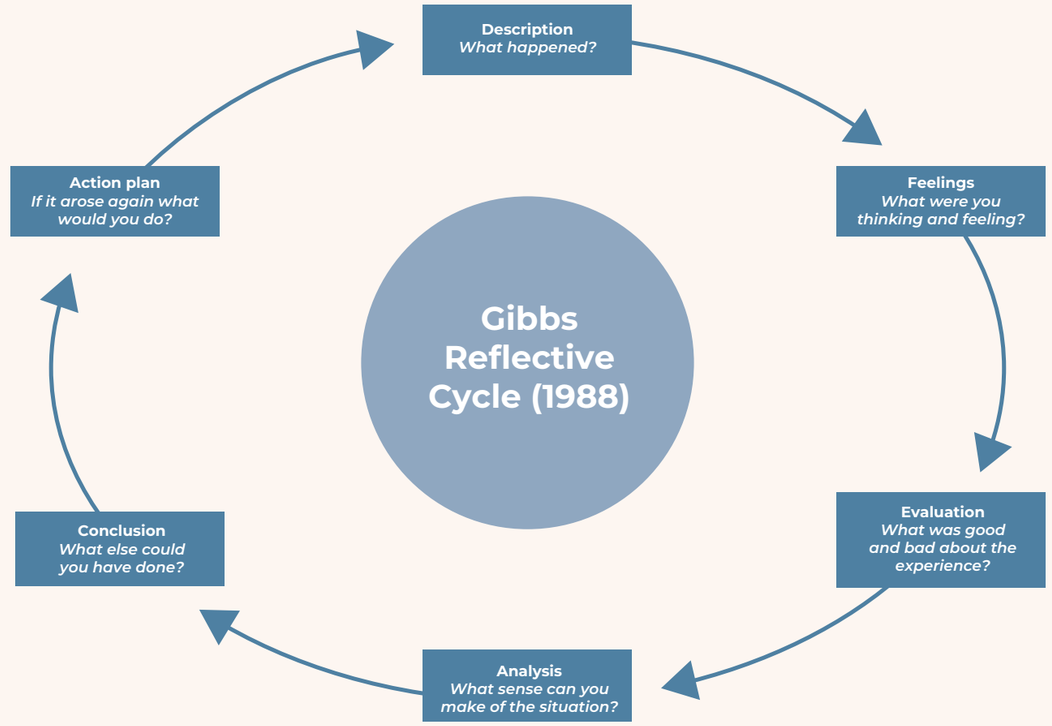
A reflective log or a journal that contains regular entries can be a very useful tool for detailing experiences and emotions regarding how a HIC or a LMIC healthcare professional learns.

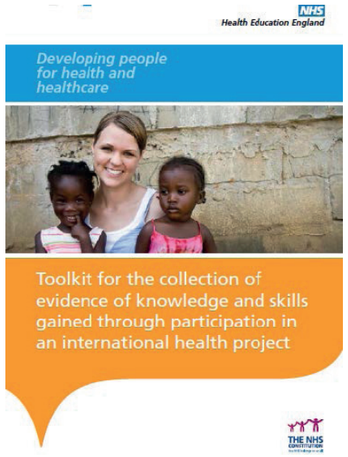
The healthcare professional's organisation may have developed a resource containing the types of questions and content they would like them to incorporate into their reflective log. However, it is easy to develop such a log oneself. Gibbs' Reflective Cycle model is a useful starting point.[xiii]

This model includes six stages of reflection that can help healthcare professionals to understand what they did well and what they could do better in the future.

For healthcare professionals based in the UK there are other more formal tools that can support healthcare professionals to reflect on their practice whilst in a LMIC context (see page 16).

Useful resource:



Tool	Purpose
	This toolkit provides healthcare professionals and employers with a framework to both record their skills and competencies gained through their international health project and to reflect on how these can be best applied when they return to work. It also enables healthcare professionals and employers to learn from each other's experiences from across the globe and to strengthen local engagement in the future.
	The Healthcare Leadership Model is designed to help everyone who works in health and care to become better leaders. It describes the things you can see leaders doing at work and is organised in a way that helps everyone to see how they can develop as a leader. It applies equally to the whole variety of roles and care settings that exist within health and care. In addition, The Clinical Leadership Competency Framework and the Medical Leadership Competency Framework are also available to provide staff with clinically based examples in practice and learning and development scenarios.
Training ePortfolios 	The Training ePortfolio is based around core medical curricula. It is intended for specialty trainees working towards their CCT, but can also be used by doctors working in non-training posts who may be working towards CESR. The completion of ePortfolios can help to formalise clinical learning as well the 'soft skills' learnt whilst working in LMICs.

7. HOW TO SHARE LEARNING WITH HEALTHCARE PROFESSIONALS FROM HICs

"Most of the challenges faced by us are not relatable to HIC colleagues. Therefore, exchange of innovative ideas from the LMIC gets brushed off by HIC colleagues."
LMIC healthcare professional

A challenge noted by some LMIC healthcare professionals is that negative stereotypes associated with their countries and preconceived notions about LMIC knowledge make it harder for LMIC healthcare professionals to share learning with their counterparts on exchange.

The cycle through which healthcare professionals from LMICs meet and engage with HIC counterparts can be categorised into three distinct yet overlapping stages: pre-exchange, during exchange and post-exchange.

As LMIC and HIC healthcare professionals engage with one another, all three stages provide ample opportunity for LMIC healthcare professionals and their institutions to instil, promote and reward shared learning.

Pre-exchange

Identify and document home grown ideas and innovations

"Share learning and innovative ways through posting innovative ideas on our website."

LMIC professional

The act of capturing what works well allows individuals to know and be actively part of the development of best practice across the institution. Institutions can work to formally and informally populate good practice across the organisation and create a repository of examples of learning and ideas. Sharing this growing body of ideas and making this readily available will support further engagement with HIC counterparts.

Mandate and clarify shared learning

Health Partnership agreements are one of the most powerful tools shaping the power dynamics within partnerships. How they are worded and who is drafting them sets a clear precedence for how partner institutions and their participants will interact.

Health Partnership agreements need to be more deliberate and mindful of these issues to ensure a more bidirectional flow of learning and ideas between both HIC and LMIC institutions and their participants.

In this section we review a selection of tools that can support greater reflectiveness both personal and professional as well as ways to help healthcare professionals to identify attitudes towards or beliefs about certain topics, which may support receptiveness to innovative ideas pre-exchange.

Self-reflection

Reflecting on experience enables continuous personal and professional learning.[xiv xv]

In particular, the process of self-reflection is an important step to undertake as healthcare professionals from different contexts interact. It can help healthcare professionals to examine their goals, motivations, decision-making and assumptions around their learning experience.

Understanding yourself

'How would you describe your personality?' 'How would others describe you?' 'How well would you work with those that have different personalities to you?' These are all questions that healthcare professionals should consider reflecting on as they prepare to engage with counterparts from HICs.

Personality assessment technology provides important tools for self-awareness and understanding the different ways one interacts, and the way groups may interact. Whether consciously or unconsciously, the perception of self may or may not align with how others see you. Whilst the different ways we think, feel and behave make us unique, we can, with the right tools, become more self-aware and where necessary, adjust our behaviours and reactions to others and the world around us.

During exchange

LMIC healthcare professionals can share learning and innovative ways of working with their colleagues from HICs through several mediums. Whilst not exclusive to the exchange period, it is an important aspect to it.

Informal

- Conversations during break times
- Phone calls
- Emails

Digital

- Online meetings like Zoom
- WhatsApp groups

Collaborative

- Joint discussions of case reports
- Writing research articles for publication
- Meetings
- Seminars and workshops
- Conference presentations

Post exchange

Recognise and reward innovation

A shared learning culture can be maintained through recognition and reward. When LMIC healthcare professionals are vocal about their best practice and share learning with their counterparts, it is important to support the effort. In addition, systems and processes can be set-up to reward those individuals that are actively seeking opportunities to showcase their own knowledge and innovations; well thought-out incentives can positively encourage others to organically and consciously share their learning more often.

Useful resource:

Some examples of widely used and open source materials that healthcare professionals may find useful before engaging with LMIC counterparts:

- MBTI (Myers-Briggs Type Indicator): A self-reporting questionnaire that helps individuals to be aware of how they perceive the world around them and make decisions. It is useful for introspection and a self-awareness of one's own strengths and weaknesses.
  Link: https://www.16personalities.com/free-personality-test
- DISC assessment: A non-judgmental tool used for discussion of people's behavioural differences. This tool is useful for understanding why you communicate the way you do and how you can communicate with others more effectively.
  Link: https://discpersonalitytesting.com/free-disc-test
- Berkeley emotional intelligence quiz: A quiz designed to inform you how well you read other people's emotions. This may be useful for conflict management.
  Link: https://greatergood.berkeley.edu/quizzes/ei_quiz

8. HOW TO SHARE LEARNING ON RETURN TO HICs

How healthcare professionals share their learning is equally important as where they share it and who they share it with.

Well-delivered debriefing sessions should be tailored around individuals learning experiences during the exchange period. The goal of debriefing sessions should be well communicated pre-exchange to ensure from the start that what a healthcare professional has to share and feedback is of value. Multiple debriefing opportunities exist, both formal and informal, to systematically reflect on learning experiences and share ideas that can inform future organisational practice.

Debriefing opportunity	Objective
Informal	
Meetings and conversation with colleagues	Share ideas generally
Partnership meetings	Share ideas and nurture a culture of mutual learning
Presentations to team	Share ideas with colleagues
Networking	Share ideas with wider networks
Events	Share ideas with specific peer groups
Filming and recording work	Support learning points for presentation to Board (see Formal below)
Formal	
Presentation to Board	Set-out learning points for consideration of adoption in HIC setting
Teaching	Disseminate ideas to those in higher learning
Conference and seminar presentations and posters and stands	Disseminate ideas to peers for review
Publications – academic papers, articles, books, etc.	Publish evidence for consideration by peers

CONCLUSION

As we have highlighted throughout this toolkit, individual and institutionalised biases cause promising ideas from LMICs to be overlooked and assumptions to be made that "innovations are good enough for some settings but not quite good enough for other settings."[2] These barriers hinder progress, create an uneven playing field in healthcare innovation, and hinder the global flow of skills and ideas.

For us to overcome the significant barrier posed by unconscious bias and to tackle unmet needs that cross international boundaries, we must build partnerships that are reciprocal, collaborative and which enable joint learning.

We must also dismantle the 'us' and 'them' narrative for ideas and innovations to freely flow between HIC and LMIC partners.

Indeed, this challenge of equal knowledge brokerage should sit at the heart of all HIC and LMIC Health Partnerships if they are to be equal.

We hope that this toolkit will provide healthcare professionals working through Health Partnerships with some of the practical tools to allow you to overcome these obstacles for in the words of Dr Syed, "Our ultimate destination is global innovation flow."[3]

Further reading:

The *Globalization and Health* thematic series, '*Reverse innovation in global health systems: learning from low-income countries*' offers a range of thought-provoking papers on how healthcare professionals and academics are moving beyond the narrow constraints of traditional thinking to promote bi-directional learning that challenges and rethinks traditional practice within global health systems:

https://www.biomedcentral.com/collections/reverseinnovations.

In addition, Skopec, M., Issa, H. and Harris, M. (2019). *Delivering cost effective healthcare through reverse innovation,* The BMJ, 367.

Further self-reflection resources can be found here:

University of Edinburgh Reflection Toolkit: https://www.ed.ac.uk/reflection

Rolfe, G., Freshwater, D. and Jasper, M. (2001). Critical Reflection in Nursing and the Helping Professions: A User's Guide. Palgrave Macmillan, Basingstoke.

Lawrence-Wilkes, L., and Ashmore, L., (2014). The Reflective Practitioner in Professional Education. Palgrave Macmillan, Basingstoke.

Background reading and links through to further Implicit Association Tests can be found here:

https://www.tolerance.org/professional-development/test-yourself-for-hidden-bias

https://www.bbc.co.uk/news/magazine-40124781

[2] Dr Matthew Harris, Imperial College London, in conversation at Global Health Innovations: Bias, Barriers and Breakthroughs, RSM, 22nd May 2019.
[3] Dr Shams Syed, WHO, in conversation at Global Health Innovations: Bias, Barriers and Breakthroughs, RSM, 22nd May 2019..

REFERENCES

i. Syed, S., Dadwal, V., and Martin, G. (2013). Reverse innovation in global health systems: Towards global innovation flow. Globalization and Health, 9(36).

ii. Bhatti, Y., Prime, M., Harris, M., Wadge, H., McQueen, J., Patel, H., Carter, A., Parston, G. and Darzi, A. (2017). The search for the holy grail: frugal innovation in healthcare from low-income or middle-income for reverse innovation to developed countries. BMJ Innovations, 3(4).

iii. Harris, M., Macinko, J., Jimenez, G., Mahfoud, M. and Anderson, C. (2015). Does the origin of research affect perception of research quality and relevance? A national trial of US public health academics. BMJ Open, 5.

iv. Harris, M., Weisberger, E., Silver, D., Dadwal, V. and Macinko, J. (2016). That's not how the learning works – the paradox of reverse innovation: a qualitative study. Globalization and Health, 12(36).

v. Ackers, L., Ackers-Johnson, J., Chatwin, J., Tyler, N. (2017). Healthcare, frugal innovation, and professional voluntarism: A cost-benefit analysis. Palgrave Macmillan, Basingstoke.

vi. Chisholm, G., Green, E. and Simms, B. (2017). In our mutual interest. THET, London.

vii Hansoti, B. (2019). Global Health Mentoring Toolkits: A Scoping Review Relevant for Low- and Middle-Income Country Institutions. The American Journal of Tropical Medicine and Hygiene, 100(1_Suppl): 48-53.

viii. Taylor, G. et al (2016). Health partnership scheme: Evaluation synthesis report. DFID, London.

ix. Chisholm, G., Green, E. and Simms, B. (2017). In our mutual interest. THET, London.

x. Johnson, C., Noyes, J., Haines, A., Thomas, K., Stockport, C., Ribes, A and Harris, M. (2013). Learning from the Brazilian community health worker model in north Wales. Globalization and Health, 9(25).

xi. Harris, M., Macinko, J., Jimenez, G., and Mullachery, P. (2017). Measuring the bias against low-income country research: An implicit association test. Globalization and Health, 13(1): 80.

xii. Harris, M., Marti, J., Watt, H., Bhatti, Y., Macinko, J. and Darzi, A. (2017). Explicit Bias Toward High-Income-Country Research: A Randomized, Blinded, Crossover Experiment Of English Clinicians. Health Affairs, 36(11).

xiii. Gibbs, G. (1998). Learning by doing: A guide to teaching and learning methods. Oxford Brooks University, Oxford.

xiv. Helyer, R. (2015). Learning through reflection: The critical role of reflection in work-based learning (WBL). Journal of Work-Applied Management, 7(1): 15-27.

xv. Higgs, J. (2012). Realising practical wisdom from the pursuit of wise practice. In E.A. Kinsella, A. Pitman (eds.), Phronesis as professional knowledge: practical wisdom in the professions. Sense Publishers, Rotterdam: 73-85.

Acknowledgements

We would like to acknowledge the guidance of our Innovation Steering Group who supported the development of this toolkit:

Chair: Lord Nigel Crisp, Co-chair, All Party Parliamentary Group on Global Health, UK

Dr Agnes Binagwaho, University of Global Equity, Rwanda

Professor Ged Byrne, Health Education England, UK

Nigel Edwards, Nuffield Trust, UK

Dr Navina Evans, East London NHS Foundation Trust, UK

Dr Matthew Harris, Imperial College London, UK

Victoria Macdonald, Channel 4 News, UK

Dr Shams Syed, WHO, Switzerland

Dr Sarah Urasa, Kilimanjaro Christian Medical Centre, Tanzania

We would like to thank everyone who responded to our survey which informed this toolkit and would also like to thank our Innovation Fellows who are spearheading efforts to realise innovation through knowledge diffusion between the UK and several LMICs:

Dr Arjun Chandna, Cambodia Oxford Medical Research Unit, Angkor Hospital for Children, Siem Reap, Cambodia

Dr Jienchi Dorward, The Nuffield Department of Primary Care Health Sciences (NDPCHS) – University of Oxford and The Jubilee Street Practice, Tower Hamlets, UK

Dr Shane Duffy, Chelsea and Westminster Hospital NHS Foundation Trust, UK

Mr Ryan Ghita, NHS Greater Glasgow and Clyde, UK.

About THET

One billion people in the world do not have access to a qualified health worker. THET has a vision of a world where everyone has access to quality health care. We achieve this by training and educating health workers in Africa and Asia, working in partnership with organisations and volunteers from across the UK. Founded in 1988 by Professor Sir Eldryd Parry, we are the only UK charity with this focus.

THET
PARTNERSHIPS FOR GLOBAL HEALTH

THET,
1 Wimpole Street,
London W1G 0AE

Charity Registration No. 1113101
Company Registration No. 5708871

www.thet.org