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### 1. WHAT IS A HEALTH PARTNERSHIP?

Health Partnerships (HPs) are long-term institutionalised relationships between UK health institutions and Low- and Middle-Income Countries (LMICs) health institutions (e.g. NHS Trusts, hospitals or other health delivery institutions, professional or membership associations, health training/education institutions, regulatory bodies, NHS arms-length bodies, Non-Governmental Organisations (NGOs) or academic institutions).

Partnerships aim to improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge and experience between partners. Partners co-develop programmes that address organisational and national priorities. The partnerships themselves are generally long term and sustainable, while the projects which they deliver are discrete and tailored to specific identified health system needs. The aim of all projects is sustainable impact and mutual benefit.

HPs often begin through an informal or personal connection between individuals in two institutions. It is the process of widening this connection, deciding to work on a project together and understanding the need to formalise and institutionalise the relationship that marks the beginning of a HP. Seeking to make health system improvements in areas identified by LMIC partners, HPs often focus their activities on projects that support human resources for health development and the strengthening of health systems through activities such as clinical pathway and policy development, and the capacity development and education of health workers.

HPs are shown to be a model of capacity development that offers an effective, sustainable and value for money approach to strengthening national capacities, whilst also resulting in the strengthening of the UK workforce.

There is no pre-defined model for a HP, as each one may differ slightly. What they are trying to achieve and who is engaged may also vary from Partnership to Partnership. A simple HP will be a partner to partner relationship, involving just two institutions. In some cases, the Partnership may be more complex involving a number of institutions with different skillsets. Whether the Partnership is a simple institution to institution partnership or a more complex coalition, the Partnership should arise through a specific need or request from the LMIC partner, with the UK partner responding to this request.

#### CASE STUDY: HEALTH PARTNERSHIP MODELS

A number of different models of Health Partnerships exist, with different structures and types of institutions involved. Here are a few examples:

- Northumbria Healthcare NHS Foundation Trust and Kilimanjaro Christian Medical Centre – this partnership between two health delivery institutions has been in place since 1999. In 2006 it became a formal institutional partnership, supported by both Boards. Each year a formal business case is agreed setting out clear objectives for each strand of project activity. The Partnership has worked on numerous health themes including antimicrobial stewardship and laparoscopic surgery.
- The Partnership between Korle Bu Teaching Hospital, the Royal Hospital for Sick Children and World Child Cancer combines the clinical skills of staff at the two health delivery institutions with the project management skills of WCC to ensure that projects are delivered effectively and efficiently.
- LAMRN is a network dedicated to improving maternal health outcomes in Africa through increasing evidence-based practice in midwifery. The University of Manchester partners with Jhpiego in Uganda and the Catholic University of Health and Allied Health Sciences in Tanzania to train nurses and midwives in clinical audit. The Partnership makes use of South-South learning as well as using expertise from the UK.

Partnerships can be made up of as many institutions as necessary, and they may evolve over time as different priorities emerge.

## 2. THET'S PRINCIPLES OF PARTNERSHIP

There is evidence to show that strong partnerships are critical to achieving Health Systems Strengthening objectives and ultimately health outcomes. [THET's Principles of Partnership](#) are 8 principles designed to help HPs to improve the quality and effectiveness of what they do, and ensure that they bring about meaningful, long-lasting and sustainable change.

Developed in conjunction with partners in both the UK and LMICs, under each of the Principles sit hallmarks of good practice which HPs should aspire to meet. Throughout all of the work THET supports, helping HPs to build their relationships sits at the heart. The Principles are:

- 1. Strategic** – Health Partnerships have a shared vision, have long-term aims and measurable plans for achieving them, and work within a jointly-agreed framework of priorities and direction.
- 2. Harmonised & aligned** – Health Partnerships' work is consistent with local and national plans and complements the activities of other development partners
- 3. Effective & sustainable** – Health Partnerships operate in a way that delivers high-quality projects that meet targets and achieve long term results.
- 4. Respectful & reciprocal** – Health Partnerships listen to one another and plan, implement and learn together.
- 5. Organised & accountable** – Health Partnerships are well-structured, well-managed and efficient and have clear and transparent decision-making processes.
- 6. Responsible** – Health Partnerships conduct their activities with integrity and cultivate trust in their interactions with stakeholders.
- 7. Flexible, resourceful & innovative** – Health Partnerships proactively adapt and respond to altered circumstances and embrace change.
- 8. Committed to joint learning** – Health Partnerships monitor, evaluate and reflect on their activities and results, articulate lessons learned and share knowledge with others.

### CASE STUDY: EFFECTIVE AND SUSTAINABLE

Partnerships that are effective and sustainable involve a large range of stakeholders and ensure continuity and local ownership. They often involve the Train the Trainer approach, ensuring that knowledge is cascaded down.

The Royal College of Paediatrics and Child Health partnership with Ola During Hospital in Freetown, Sierra Leone, is an excellent example of how a partnership can be effective and sustainable. This project aimed to train paediatric staff to deliver better quality inpatient and outpatient care to neonates, infants and children in Ola During Children's Hospital through delivery of the ETAT+ training course. THET funded them for 2 years between 2015 and 2017. Since the end of that project, they have scaled up and are now training nurses in 13 hospitals across Sierra Leone. 6 UK volunteers paired with 6 of the originally trained nurses and travel to hospitals in the region where they're based and train nurses there to be trainers. They then support these newly trained trainers to deliver training to both nurses and other cadres of health workers in the hospital where they are based. The aim now is that the UK volunteers scale back and the Sierra Leonean nurses continue training independently.

## 3. WHAT CAN BE THE BENEFITS OF BEING PART OF A HEALTH PARTNERSHIP?

There may be a number of benefits for both institutions and individuals involved in HP work. Through the exchange of clinical skills and knowledge, institutions can gain more skilled and knowledgeable staff, contributing to better quality services, providing access for more people, and consequently strengthening the health system itself. If a HP is well planned and managed, it can bring about important changes for the individuals involved in the Partnership, the organisations within which they work, and ultimately the patients that they serve. Many HPs report significant benefits and improvements in services.

Establishing a HP can provide personal, professional and leadership opportunities for staff. A study carried out in 2019 on the benefits of international volunteering through HP work found that, in addition to the benefits listed above, individuals who

volunteer have reported a number of benefits including increased leadership skills, personal and people development, and service improvement<sup>1</sup>.

<i>Institutional benefits of international volunteering</i>
1. Increased international reputation of the health institution
2. Increased local reputation of the institution (e.g. through promotion of the partnership in the community)
3. Professional development of staff involved in a HP
4. Improved motivation of staff involved in a HP
5. Increased workforce productivity
6. New perspectives, policy & practice
7. Attraction & retention of (more/better quality) workforce
8. Staff who understand patients from many backgrounds / are better able to meet the needs of multicultural populations
9. Implementation of systemic resource-saving ideas
10. Collaborative research opportunities

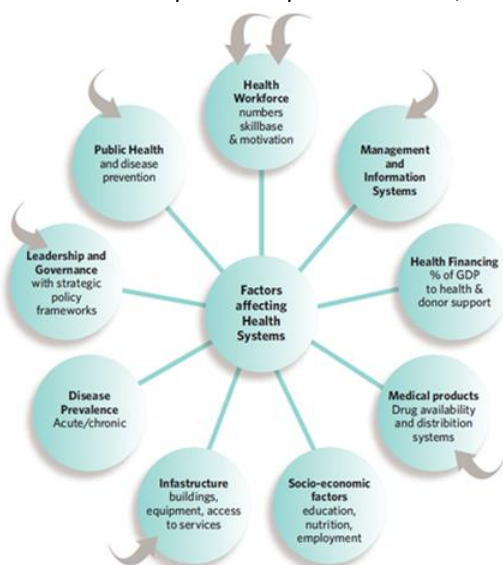
Working in new contexts can allow staff to acquire skills managing conditions and presentations rarely seen in their home country populations. Opportunities arise for joint research, teaching and learning, and enhancing the national and international reputation of all partners.

The benefits of HP work should be bidirectional, with mutual learning flowing from both sides of the Partnership.

#### 4. WHAT ARE SOME OF THE ACTIVITIES WHICH HEALTH PARTNERSHIPS CAN CARRY OUT TOGETHER?

The effectiveness of any health system is determined by the interaction of many influencing factors and HPs can contribute to some of these influential factors. If the HP is well planned and responds to specific needs, this contribution will be important but is likely to be modest.

The resources available to most HPs are very small when compared to the large budgets available to other global initiatives and international partnerships such as GAVI, PEPFAR and UNICEF, therefore a large amount of the work HPs do is reliant on volunteers.



While the range of expertise available from each institution will be wide, the time available to contribute will be limited for most people. The following diagram illustrates some of the factors which are at play in determining how well a health system functions; the arrows illustrate some of the areas where HPs have shown they can play a role. These areas reflect the [WHO Building Blocks](#).

UK partners need to be aware of the many different factors at play. There is sometimes an idealistic notion among those new to international work that there is a quick and easy solution and the HP alone will be able to turn things around. This is unlikely to happen and may result in a loss of enthusiasm when change is slow to happen. The HP can provide an important contribution, but this will most often be the case when the other factors at play are also conducive to this change. On the other hand, persistence and sound development of the HP can pay off to the point that, in some cases, the HP eventually becomes a vehicle for more extensive programmes of work backed by funding agencies.

**Figure 1 Factors affecting Health Systems (where Health Partnerships can play a role)**

<sup>1</sup> <https://www.thet.org/wp-content/uploads/2020/01/International-volunteering-report-20190228.pdf>

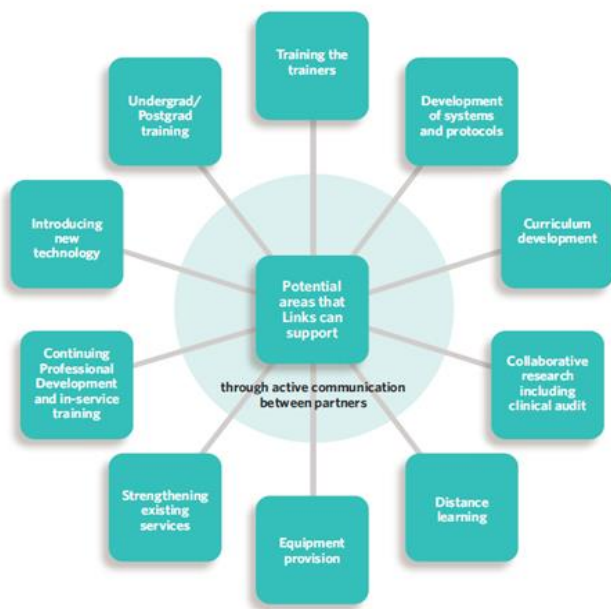


Figure 2 Potential areas that Health Partnerships can support

After initial set-up and joint planning, the work of a HP typically involves some of the following activities:

- Reciprocal visits to deliver agreed training or capacity development initiatives
- Support through mentoring, equipment and training materials
- Technical assistance on the development of services
- Monitoring and evaluating the work to plan future activities and scale up support

HPs may choose to address one or more of these areas. It is important to note that HP work may take place over a number of year and THET would always advise HPs to focus on specific areas at a time rather than trying to tackle a wide range of issues.

## SECTION 2 - INITIATING A HEALTH PARTNERSHIP

The initial drive to form a HP may come from an individual or a group of people within an organisation. However, it is important to remember that a HP is an institutional relationship and needs to be embedded in the structure and function of both partner institutions. Therefore, interest from within your organisation, and particularly senior management, will ensure that the partnership is sustainable and bring about long-term changes. Equally, a HP cannot just be a top-down decision from senior management without support from other staff.

Below are the main steps to consider before establishing a HP.

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### STEP 1: ESTABLISH A GROUP OF INTERESTED PEOPLE

There needs to be a group of committed people who have the skills and time to make the HP a reality; people who have the motivation and drive to lead the HP, communicate with partners, and think strategically about where a HP can have an input, people with the professional skills, time, contacts and experience of working in an LMIC.

Tips: arrange to have an initial meeting in your organisation to explore the idea of having a HP and establish who within your organisation is really keen and willing to become a part of the Steering Committee. If a Board member or chairman is enthusiastic and part of the Committee this usually makes things easier later on.

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### STEP 2: UNDERSTAND THE IMPLICATIONS OF YOUR COMMITMENT

Before committing to a HP, you need to make sure a HP is right for your organisation and to understand the implications of your commitment. Consider the following:

- You should explore what the possible benefits of the HP will be to your organisation and why you want to get involved. There needs to be a clear rationale for it and your partnership should be responding to needs.
- Be clear about what your organisation has to offer, specifically around the structures needed to manage the HP and the flexibility to allow staff to get involved. While responsibilities might differ for the UK and LMIC partner, there need to be equal commitment from both partners and both should be able to invest the necessary human and financial resources to run the HP. The HP should be organisationally owned by both.
- Understand where the motivation for the HP is coming from. The capacity to think and work strategically with partners by those involved and support and buy-in for the HP will ensure the HP is demand driven, allows for capacity building and is a long-term sustainable partnership.
- Consider the scope for harmonisation and alignment with national and organisational initiatives.
- Do your research on other HPs your organisation might already have or other HPs already working on similar interventions. Avoiding duplication and strengthening these rather than initiating a new partnership is preferable.
- Carry out an organisational analysis to understand your capacity for long-term engagement.

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### RESOURCES NEEDED TO RUN A HEALTH PARTNERSHIP

The resources needed will depend on the objectives and activities of the HP. When determining these, it is important to be realistic about the resources available to both partners, taking care not to raise expectations beyond what you will be able to deliver. There are generally five types of resources needed to run a HP:

- Funding (money) – to enable exchange visits, training courses and pay for other inputs such as books, journals and so on. In addition, administration time may also need to be funded. Usually the UK organisation takes a lead on fundraising with some input from the LMIC partner
- Time – to plan, manage, undertake, and evaluate the activities of the HP
- Expertise – to help achieve the objectives of the HP through support and training

- Hospitality – to support partners on training visits
- Non-financial donations – such as books or equipment that you secure free through donations or from old hospital stores. Please note that it is important that any non-financial donations meet the standards which would be expected in all countries – out of date material or equipment may cause more harm than good.

### STEP 3: DETERMINING THE AIMS OF THE HEALTH PARTNERSHIP

Before you find a partner, or while in discussions with a potential partner, you will need to assess whether a HP is the right way to respond to the needs identified by the LMIC institution and to determine whether the UK institution is the right fit to support the LMIC institution reach their objectives.

Having an idea about the purpose of the HP and its priorities at this stage will help you find a suitable partner and ensure the relationship is demand driven. Specific aims and objectives can be developed later, through discussions with your partner. If you have carried out an organisational needs assessment in the past, you can tie the work of the HP into these.

Ask yourself:

- Why do we need a HP?
- What other existing collaborations do we have with overseas organisations?
- What can a HP with a UK organisation help us achieve?

Review your organisation’s strategy (if you have one) as it will help identify areas where support is needed and encourage organisational buy-in and ownership by involving other staff members in this process.

#### CASE STUDY: TRAINING IN THE UK

Two senior mental health nurses from Zomba Mental Hospital in Malawi participated in a Health Partnership training visit to gain skills in non-pharmacological interventions in the UK. The active partnership between the Department of Health Sciences at University of York and the Zomba Mental Health Link enabled the nurses to enrol as guest students and attend a module on psychosocial interventions for patients with psychosis.

The nurses were able to access the taught component of the course, as well as the library, IT resources and tutorial support. The focus was on patient-centred and family approaches. The two Malawian nurses found that it was readily applicable to their work in Zomba. They also made a significant contribution to providing UK students with a wider cross-cultural perspective on their clinical work and environments.

When determining the aims of the HP it is worth remembering that:

- The UK partners will not have access to large amounts of funding for this work. The main thing they can offer is professional expertise for training and supporting staff. How can you best use this?
- The principal focus of the HP should be to strengthen the capacity of staff so they can address the problems that have been identified. Activities such as training trainers will help promote sustainability. You may want to prioritise such activities as they are forward thinking, long-term and realistic.
- There will need to be commitment from staff and managers in your organisation to ensure that training visits are followed up with action plans and changes are implemented.

### STEP 4: FINDING A PARTNER

When looking for a partner organisation:

- Investigate existing contacts in your organisation, where a number of individual or departmental partnerships may already exist.
- Consider if other organisations in your area have connections or twinnings with a particular country. While we refer to partnerships with UK organisations, you may wish to develop a wider HP with another country.
- Speak to colleagues in other organisations who are already involved in a HP, they might be able to suggest potential partners.
- Browse medical forums, the [Health Partnerships LinkedIn](#) page or network at the [THET Annual Conference](#).

- If you are a UK organisation you may have a preference to work with one particular country, for example, if you serve a large diaspora community from that country.
- It is important to ensure that the relationship is demand driven (by LMIC organisations) rather than supply driven (by UK organisations) and that it responds to need. If, as a UK organisation, you are suggesting the HP to a LMIC partner, ensure that they are given a copy of this guidance and encourage them to go through an internal process of assessing whether a HP is right for them. They may have other pressing concerns which the HP will not be able to address.

Often HPs may start with individual relationships and then grow to wider institutional relationships. It may be that members of staff working within your institution already have personal relationships with an individual or institution overseas, so exploring these relationships might be a good place to start if other institutional links do not exist.

## AGENDA FOR PARTNERS' FIRST MEETING

Once you have approached someone and discussed the idea of forming a HP, an initial first meeting between the two lead partners, over the phone or via videoconference, is the next logical step.

The agenda for this first meeting would include:

- Presentation of each organisation and individual involved and why you are interested in starting a HP
- Identified needs and areas of support required (what areas you want to focus on, what do you want to achieve and how – this needs to come from the LMIC institution)
- Areas of support available
- Communication channels
- Engagement with relevant senior management, including the Board
- Next steps

THET may be able to facilitate connections between UK and LMIC partners where necessary, although THET will not play an active role in developing partnerships.

If you would like to be contacted with respect to this, please complete the [UKPHS Health Partnership Survey: brokering new relationships](#). Completing this survey means that you are agreeing to your contact details being passed on to potential partner institutions.

Alternatively, you may be able to find a partner through engaging with the [UK/LMIC Health Partnership Community](#) LinkedIn page.

## STEP 5: ASSESSING THE RISKS OF A HEALTH PARTNERSHIP

As an HP is an organisational partnership, it is vital that due diligence and duty of care are demonstrated before the HP starts work or the implementation of any activities starts. Organisational and individual risks need to be identified, assessed, and mitigated against to ensure that vulnerability to these risks is reduced.

Both management and the HP Committee will be responsible for ensuring that safe working practices are agreed and adhered to during project activities and international visits. It must be clear in advance what the organisation is responsible and liable for, and what the individual participant and volunteer is responsible and liable for.

Conducting a risk assessment before setting up the HP will enable both Partners to weight the potential risks against the opportunities of an HP. It is important that the risks are proportional to the expected gains of establishing an HP.

Risk assessment and analysis helps you identify the most likely threats you will face, and how to avoid them. Good knowledge of the operating environment will give you the contextual knowledge you need to complete a risk assessment. Risk assessments can be carried out in five simple steps:



1. List existing risks, in terms of organisational threats, governance, financial sustainability and threats arising from the context you will operate in (e.g. risks to volunteers while overseas).
2. Assess vulnerability. Identify the priority threats; namely those that pose real risks to your organisations, staff, assets and operations. The key question to ask is: 'Where is our particular exposure, and why? What are the factors that leave us 'at risk'?'
3. Identify ways of reducing vulnerability. Having identified the factors that might make your HP vulnerable, you can then reduce your exposure by adopting appropriate risk management strategies, policies and procedures.
4. After looking at measures to take, and how to put them in place, assess whether the remaining level of risk is acceptable.

It may not be possible for HPs to eliminate risks completely; the important thing is to ensure that risks are continuously assessed and minimised where possible.

## RISK MANAGEMENT DOCUMENTS

In addition to your organisation's risk and security guidelines, consider creating your own HP specific guidelines. Good risk management policies and procedures include:

1. Key organisational principles and responsibilities for risk and security.
2. Methods for assessing the potential risks you face, including provision for regular review of risk assessments.
3. Actions to be taken at an organisational level to minimise risk. This may include training, written procedures, checklists and key areas of responsibility of individuals on the HP Committee, as well as on the Board/ Deanery.
4. Actions to be taken by each individual to minimise risk.
5. Arrangements with regard to liability insurance, including measures to take with regard to professional indemnity insurance and professional registration.
6. Appropriate travel, professional indemnity and medical insurance provision.
7. Security and conduct of staff and other stakeholders when involved in travelling overseas as part of the HP.
8. Specific measures with regard to key threats identified as high or medium in the risk assessment, that need to be enforced at a policy level.
9. Procedures for briefing staff on risk and risk management.

## STEP 6: GET AGREEMENT AND SUPPORT FROM YOUR MANAGEMENT

A HP with high level support from the Management Committee, Board or Deanery is much more likely to be successful and sustainable. Such endorsement will make the HP engagement easier, as it may allow staff to take time off for visits overseas or attending meetings.

In some cases, the management may be willing to go even further and support the HP financially – this might mean writing HP responsibilities into people's job descriptions or supporting visits overseas, e.g. via paid study leave.

Unless a member of the management team has been involved in setting up the HP, you will need to make an effort to get management support. Here are some ways you might approach this:

- Communicate with them right from the beginning to get initial endorsement for the HP.
- Arrange a meeting to do a presentation on HPs.
- Be clear what you are asking for; organisational endorsement and paid time when undertaking visits/training may be all you need at the beginning. You will be in a better position to ask for more once you can demonstrate what the HP has been able to achieve and the benefits to staff.
- The Board will also need to consider any legal or professional practice implications that may arise from having their staff involved in the HP. You may want to invite a senior person from another organisation involved in a HP, so they can help convince your Board about the benefits of being involved in a HP and how they have dealt with any practical issues.

## CASE STUDY: TRAINING IN THE UK

Sometimes the relevance of training in the UK is questioned. Only a few people can be involved from the LMIC organisation and they will be unlikely to be able to do any hands-on work. The context is also very different. Will there be any lasting impact back at the LMIC organisation? If the right people are chosen and receive the right type of exposure in the UK and support upon their return, the impact of the visit may be significant. This impact may not always be related to the direct objectives of the visit.

Elias Byaruhanga, a Psychiatric Clinical Officer from Uganda, says “What I noticed in the UK was how health care was centred on the patient. Everything about their condition, the treatment and their options was explained to them. Because of this they understood better and left feeling happier. I realised we didn’t do that in the same way, but it would be easy to change our practice. I now take time to explain things better to my patients and their carers as well as encouraging colleagues and students working with me to do the same. They get a better service now because of it.”

To allocate NHS resources, such as staff time, you will also need to convince your non-executives or governors of the case for a HP. Some of the arguments commonly used are:

- Establishing an international HP will provide personal, professional and leadership development opportunities for staff.
- A HP will allow the staff to acquire skills in managing conditions and presentations rarely seen in the native UK population but potentially increasing in the diverse communities Trusts serve. It will also allow staff to develop greater cultural awareness as the NHS workforce and populations they serve become more diverse.
- Exchange visits give staff a new perspective on their work, and provide a tool for recruitment and retention, motivation and reinvigoration of staff. Exchange visits should take place bi-directionally, with opportunities for learning and development for staff available in both the UK and LMIC institutions.
- Opportunities will arise for joint research, teaching and learning.
- People from different parts of the institution will work together in support of the HP – it is very good for interdisciplinary communications and broader team spirit.
- A HP can enhance the national and international reputation of the institution. For the UK partner, a HP can demonstrate Corporate Social Responsibility in an attractive way, especially given the NHS history of recruiting health professionals from overseas. HPs impart a sense of contributing to sustainable development in a situation where it is possible to make a real difference.
- Political support for partnership schemes is increasing in both the UK and in LMICs.

## NEXT STEPS:

- Joint planning process: once you have found a potential partner, it is time to start discussing the remit of the HP in more depth. You will need to assess whether you are the right partners for each other and explore areas for support.
- Steering Committee: it is also a good idea to set up a Steering Committee at each organisation to take a lead on the HP issues
- Communication: communication is a key element of any HP so establish good communication channels.
- Fundraising: a sound fundraising strategy is, of course, a key element of any successful HP. Below are some ideas on where to find funding for your Partnership work.

## FUNDING A HEALTH PARTNERSHIP

As a general rule, a HP should aim to have a diversity of income sources. When it comes to planning your fundraising strategy, a good place to start is a 'donor mapping' exercise: think of all the potential sources of funding available to you. You may want to rank them in terms of efficiency, time needed to be invested, probability of success and scale/ amount of funding. However, some

forms of fundraising are also good advertising for the HP and your work, so you may not always want to be too rigid in assessing the financial gain.

Possible sources of fund:

- Individual events (e.g. sponsored walk): one-off fundraising activities can take a lot of time for a small return but can work well if there are enough people to share the workload. Have a look at the following resources for further information:
  - [Institute of Fundraising](#)
  - [Charities Aid Foundation](#)
  - [Charity Commission](#)
- UK lead institution: You can get staff at the UK lead organisation to support the Partnership through 'Payroll Giving', where staff make a regular monthly donation which is taken straight from their payroll. Setting up the scheme and getting a critical mass of people signed up can be time-intensive at the beginning, but once established, it can provide a regular income for the Partnership with relatively little effort.
- Grant giving organisations: Find the right donors to fund your work. There are many different donors, each with their preferred areas of engagement and geographical focus. More information on:
  - [Get Grants Funding Finder](#)
  - [Funds Online](#) (subscription fee)
  - [Grants Online](#)
- Some important sources of funds in the UK for HPs are:
  - Funding from the Foreign, Commonwealth and Development Office (FCDO) such as the [UK Partnerships for Health Systems \(UKPHS\)](#) launched in 2020 and to support health systems strengthening projects in LMICs.
  - The Newton Fund was set up by UK government in 2014 to promote the economic development and social welfare of either the partner countries or, through working with the partner country, to address the wellbeing of communities.
  - The Welsh Assembly Government funds HPs where the UK partner is based in Wales (in 2008, £50,000 was awarded).
  - The Scottish Government support HPs, particularly with projects in Malawi and Zambia.
  - The Commonwealth Fellowship Scheme funds professionals from commonwealth countries to come for up to 3 months to do a placement in the UK.
  - The National Institute for Health Research Global Health Research programme supports applied health research for the direct and primary benefit of people in LMICs, using Official Development Assistance (ODA) funding.
  - The BMA Humanitarian fund.
  - Royal Colleges, Rotary, Masons, etc.

## SECTION 3 - COORDINATING THE HEALTH PARTNERSHIP

If a HP is to make an impact and create change, it needs to be well coordinated and managed. Getting the right systems and procedures in place from the beginning is key.

### 1. HEALTH PARTNERSHIP COMMITTEE

Key elements to consider from the start when establishing a HP Committee are:

- **Equitable HP Committees:** the HP should have a core group of people (ideally more than 4) in both the UK and LMIC organisation who oversee and drive the work of the HP forward.
- **Regular communication between members of the Committee:** either through the designated HP coordinators or the group via e-mail or texts. HP coordinators/ committees should aim to talk regularly to update each other on progress against agreed plans.
- **Involvement:** some HPs choose to have a small committee drawing on volunteers from outside the committee to carry out specific activities, others have larger committees, ensuring that all individuals who take part in overseas visits become active members of the committee. The HP Committee should feedback to the wider organisations at least once a year to show progress and encourage ownership of the HP among colleagues and patients (the community).
- **Governance:** the HP should develop robust governance structures as well as sound organisational policies to ensure best practice in project management.

#### RAISE AWARENESS AND GET PEOPLE INVOLVED

- Have a public meeting and talk about the HP. You might want to ask for a short time slot at a meeting which has already gathered people together for another purpose.
- When people are involved in overseas visits, invite them to become part of the HP team as their knowledge will be very valuable.
- Find an opportunity to talk about the HP at a postgraduate weekly meeting and invite people to get involved or donate.
- Invite people to take part: maybe advertise for particular roles and responsibilities within the HP team.
- Use staff newsletters and other information outlets to keep the wider community informed.

### 2. COMMUNICATION

The importance of good communication between HP partners cannot be overemphasised. Both the UK and LMIC partners need to make an effort to regularly communicate with each other, whether to provide feedback on a previous visit, plan for the future, discuss issues, or provide support through mentoring.

If communication breaks down, it can cause one or both partners to become disillusioned, perhaps suspecting that the other partner has lost enthusiasm for the work. A lack of communication can also be an excuse for inactivity for those who let other priorities take precedence.

Keeping good records is important for organisational memory (remembering what has happened in the past). This in turn is important to avoid duplication and to ensure that new members of the HP know what has happened before their involvement. Both the UK and LMIC partners should have a folder that is dedicated to the HP and might contain:

- Initial correspondence about the HP
- What you have agreed the HP will do. The aims, objectives and activities of the HP
- Any changes or additions to original plans
- Minutes of meetings from both the UK and LMICs partners
- Visit reports: focusing on activities, outcomes and follow-up from both the UK and LMIC partner
- Minutes of any Board meetings or presentation about the HP
- Any policy documents / preparation packs for staff travelling with the HP
- Name and contact details of the key people who are involved
- The signed Memorandum of Understanding of the HP

### 3. THE HEALTH PARTNERSHIP INDUCTION PACK

A HP Induction Pack which provides practical planning information when visiting partners is a vital briefing document. Ideally both UK and LMIC partners should have their own Induction Packs which are built up over time. This will ensure that HP participants are fully prepared for their visit.

The broad areas you may want to include in induction packs are:

- The purpose of the HP, what it is trying to achieve and a copy of the latest plans.
- Information about the health sector in the partner country as well as background of the country – information on the history, geography, politics of the country or local area.
- Reports from previous visits, what was done and what was agreed (this will help people to avoid duplicating what has already been done or contradicting what has already been agreed).
- Advice on planning before you go, including tips on what to pack, booking your flights, immunisations and prophylaxis etc.
- What to expect – helpful tips and advice on facilities, climate, costs of local items and services, cultural differences etc. Photo albums and video-clips are very useful.
- Who pays for what. What expenditures are covered by the HP and how claims should be made.
- What to do in case of emergency.
- Who's who in the partner organisation, including management and all those who have been involved in HP work. Include their contact details.
- Other useful contacts. You could include contact details of other hospitals or doctors in the area, embassies, international NGO's, UN and WHO representatives.
- Key phrases in the local language – perhaps ask one of the HP partners or a member of staff who has already been on a visit to put together a list of useful phrases to learn.
- Risk assessment policy documents and health and safety guidelines.

## 4. DEVELOPING A MEMORANDUM OF UNDERSTANDING (MOU)

It is good practice to devise an MoU between HP partners which defines some of the broad principles within which you agree to work together. A clear MoU sets out the parameters of the relationship and makes it clear who is responsible for what. It will aid those involved in managing and implementing the HP. The MoU should be a living document which is regularly reviewed and updated by both parties. An MoU could be drafted during the initial planning visit but it may be better to refine it and sign it when the partnership is better established.

### CASE STUDY: SHARING THE FINANCIAL RESPONSIBILITY

The Partnership between London School of Hygiene and Tropical Medicine and the Infectious Diseases Research Collaboration in Uganda share responsibility for financial management associated with the projects which they run. The two partners jointly agree on the overall budget for their projects and the amount each institution needs in order to complete activities. The funding is initially transferred to LSHTM by the donor and then they transfer the requested amount to IDRC. When it comes to reporting to the donor, each institution collates their own financial report.

This shared responsibility helps contribute towards equal power dynamics between the partners and means that both institutions have autonomy over the areas of work they carry out. Partnerships managing funds in this way should ensure that they have a Memorandum of Understanding in place highlighting the responsibilities of each partner.

## REGISTERING AS A UK CHARITY

Some HPs choose to register as a charity in the UK.

Some of the main advantages of being registered as a charity are:

- Tax relief on donations
- Being eligible to receive funds from a wider range of grant-making trusts
- Increased legitimacy.

However, registering as a charity can be a complicated and bureaucratic process which does not end here. Once you have registered, there are strict guidelines around governance and management which need to be adhered to. Every charity has to have a governing document that sets out its objectives and how it is to be administered. A charity which is set up as a Trust will also need to have a Board of Trustees.

## 5. MANAGING AND TRANSFERRING FUNDS

Any funds raised for HP activities need to be kept in a bank account. If you are applying for grants from larger donors they will want to see evidence of your banking and accountability procedures so it is good practice to establish effective systems from the start, even when the amounts you are managing may seem small.

Some HPs have their own designated charity bank account for the HP and others ask the finance department of their organisation to manage the funds. If you manage funds through the NHS, fundraising and financial management should be carried out in accordance with both national and local NHS policy and local Standing Financial Instructions and Standing Orders.

If you set up a charity account, the [Charity Commission](#) sets national rules and the [National Council for Voluntary Organisations](#) can also provide advice.

Whichever approach you choose, ensure that you have transparent systems and provide a regular summary of accounts to both HP Committees. Be aware of the financial risks of fluctuations in foreign exchange rates when holding cash in foreign currencies.

## 6. VOLUNTEERS

Volunteer-led projects are at the heart of the HP model; long-term as well as strategic short-term volunteering have proven to be the most effective structures to support capacity development.

### VOLUNTEERS' ROLE

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A volunteer's role is a careful balance between responding to needs of the host institution and providing learning opportunities for the volunteer. The role of the UK health worker in the host institution should be developed in conjunction with the LMIC institution so that the work is responsive to the local needs.

UK health worker volunteers involved in HPs have shown to develop strong, rewarding relationships with their counterparts. While contributing valued expertise, volunteers also develop skills, confidence, leadership and commitment during their placements, which have in turn strengthened the health system in the UK.

### VOLUNTEER RECRUITMENT AND MANAGEMENT

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Health partnership activities are based on building capacity through volunteer exchange. Therefore, volunteer support and management are essential for the effectiveness of HP activities.

Volunteers could be selected based on the specific needs of the developing country health system. Assessment of potential UK volunteers should be based on criteria relating to the suitability of the health worker to fit the role to be filled. During the selection process, it is important to brief the volunteers about the host institution and the Partnership's expectations for their placement relating to objectives, duration of role and location, as well as the support available to the volunteer. In addition to professional skills, volunteers should also be assessed on softer skills such as flexibility, open-mindedness, resourcefulness and initiative.

Often volunteer management is conducted without formal managers or mentors, therefore, reflection and self-assessment are essential if the value for professional development is to be understood. It is equally important that volunteering experiences are appraised independently, in terms of competencies and performance, so that the UK employers can make informed decisions about their support for volunteering. Guidance for this process should be developed to give clear direction and manage the expectations of all stakeholders and, where possible, volunteers should be assigned mentors both in the UK and in their host country.

### VOLUNTEERS' INVOLVEMENT IN THE HEALTH PARTNERSHIP WORK

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UK volunteers can offer their time and expertise both in the UK (remote volunteering) and in-country (through either short-term teaching visits or long-term volunteer placements). UK volunteers can also be involved by becoming a mentor, a trainer, a fundraiser, or supporter for a new or existing HP.

If volunteers visit the LMIC partner to provide support, they need to take time to understand and respect the different culture and traditions of their host country in order to minimise conduct which might cause offence in potentially sensitive areas. Volunteers should be encouraged to engage in meetings and other fora to help share, learn, contextualise and connect with other projects and stakeholders at the host institution. Trips by LMIC health workers involved in the HP to the UK are also strongly encouraged, and

have found to be an excellent way of building up the skills and confidence of both UK and LMIC health workers.

#### CASE STUDY: MENTORING

The Partnership between the University of Edinburgh and Makerere University which aimed to develop palliative care leaders in Uganda utilised a mentorship structure whereby volunteers in the UK first travelled to Uganda to deliver training on palliative care to nurses and then on their return to the UK continued to provide long distance mentoring while the trainees put into practice what they had been taught. By continuing to have access to support and mentorship, the trainees were able to build their confidence over a number of months.

Online mentoring could provide effective support as can engagement in communities of practice and professional discussion forums. In addition, regular written reports and communications outlining progress against objectives are important to reflect on the project and volunteers' contribution and to capture successes and challenges.

## SUPPORTIVE RESOURCES FOR NEW HEALTH PARTNERSHIPS

[Links Manual](#)

[How to start a Health Partnership](#)

[Finance Toolkit for Health Partnerships](#)

[Safeguarding Toolkit](#)

[Health Partnership Scheme Procurement Toolkit](#)

[THET Innovation Toolkit](#)

[Volunteer Support](#)

[Volunteers, getting the right team](#)

[Toolkit for Medical Equipment Donations](#)

[Managing the Life Cycle of Medical Equipment](#)

[Duty of Care Toolkit](#)

[Fraud, Bribery and Corruption Toolkit](#)

[Health Education England - Toolkit for Evidence](#)

[Gender Equality and Social Inclusion Toolkit](#)

[Health Partnerships – Monitoring and Evaluation Plan](#)

[Memorandum of Understanding Template](#)

[Partnership Health Check Tool](#)

[Partnership Health Check Guidance](#)

[Technology for Effective Partnership Collaboration](#)

[Theory of Change resource](#)

[Alternative Funding for Health Partnerships](#)

[Fundraising Guide](#)

[THET's YouTube channel: \[past and upcoming webinar recordings\]\(#\)](#)

For further information and guidance on how to set up a Health Partnership, please contact a member of THET's Grants Management Team at [Grants@thet.org](mailto:Grants@thet.org)