GUIDANCE FOR HEALTH PARTNERSHIPS

COVID-19 RESPONSE

THET
PARTNERSHIPS FOR GLOBAL HEALTH

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ABBREVIATIONS

CHW – Community Health Worker

GESI – Gender Equality and Social Inclusion

HPs – Health Partnerships

HWAF – Health Worker Action Fund

MoH – Ministry of Health

IPC – Infection Prevention and Control

LMIC – Low and lower-Middle Income Country

PPE – Personal Protective Equipment

UKPHS – UK Partnerships for Health Systems

WASH – Water, Sanitation and Hygiene

WHO – World Health Organization

INTRODUCTION

COVID-19 is having a global impact on health systems, and low-and lower-middle income countries (LMICs) can be particularly vulnerable to the shocks that the pandemic is likely to cause. Some African countries are managing the pandemic more successfully than Western countries and building upon resilient health systems in place to manage other outbreaks.[1] However, Africa already had 69 other public health emergency outbreaks at the time of the outbreak of COVID-19. Health workers, because of the nature of their work, are particularly at risk. In early May, the International Council of Nurses estimated that over 90,000 nurses had been infected in thirty countries,[2] and in September, 7000 health workers are known to have died from Covid-19 worldwide.[3]

In some countries, COVID-19 infections among female health workers are twice that of their male counterparts.[4]

Health Partnerships (HPs) are responding in several ways to the challenges of COVID-19, drawing on strong ties of trust, collegiality and professional respect that sit at the heart of relationships developed over many years.

This guidance document aims to support and empower healthcare professionals working through HPs to maximise cross-partnership support in both the COVID-19 response and ongoing recovery efforts as well as through applications for funding. It does this by highlighting specific examples[5] which demonstrate how the power of HPs can be harnessed in the context of a local response to the pandemic. Due to the rapidly changing nature of the pandemic, this guidance is likely to evolve as THET continues to build upon advice, research, and conversations with partners.

METHODOLOGY

This guidance is based on:

- Desk research examining the resources which are being used to inform the global response to the pandemic.
- Interviews with expert advisors[1] on the needs, the initiatives they have been part of, and the feasibility of recommended responses.
- Interviews with THET's Country Directors to track country-specific needs and responses already initiated by local governments and other organisations.
- Surveys of established HPs, including a rapid survey of 20 established HPs in April, to understand the nature of ongoing and planned support between UK and LMIC partners, and an innovation-focused survey to 50 established HPs in May.
- Conference Reflections report from 'Partnerships in a time of COVID-19', an international conference hosted by THET on April 25th, 2020.

If you would like further information on the methodology, please email grants@thet.org.

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[1] Wilson Center. Lessons from Africa: Building Resilience through Community-Based Health Systems. [Internet]. 2020 (cited 2020 October 15) Available at: https://www.wilsoncenter.org/event/lessons-africa-building-resilience-through-community-based-health-systems

[2] Euronews. At least 90,000 healthcare workers infected by COVID-19. *Euronews*. 2020 [Internet]; [Cited 2020 July 1]; Available at: https://www.euronews.com/2020/05/06/at-least-90-000-healthcare-workers-infected-by-covid-19-says-nursing-group.

[3] Amnesty International. More than 7,000 health worker deaths from COVID-19 globally - UK deaths third-highest. [Press release]; (3 September 2020); [Cited 2020 September 20]; Available at: https://www.amnesty.org.uk/press-releases/more-7000-health-worker-deaths-covid-19-globally-uk-deaths-third-highest

[4] UN Women. COVID-19: Emerging gender data and why it matters. UN Women. 2020. [Press release]; (26 June 2020); [Cited 2020 October 15]; Available at: https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters?gclid=Cj0KCQjw8fr7BRDSARIsAK0Qqr4aoJVLd0gOWCJZcuFhKEyEJPQKWOKAwiOLz_9HoNfmBd62TkX3dzgaAiFgEALw_wcB

[5] This guidance is independent of existing grant schemes managed by THET. The Call for Applications of any grant schemes launched by THET should be read carefully and its criteria adhered to.

1. WHAT HEALTH PARTNERSHIPS CAN BRING TO COVID-19 RESPONSE AND RECOVERY

The section below can be used as a starting point for partners to think about the type of project/intervention they wish to develop to support preparedness, manage responses and build resilience to COVID-19. The needs for support will vary from one community to the next; therefore, the approach to respond to these needs should take into consideration the local circumstances, needs and the resources available.

***Please note** that all initiatives suggested, in particular the provision of Personal Protective Equipment (PPE) and other materials required for effective Infection Prevention and Control (IPC), are subject to approval by donors. All interventions should be in line with national response plans and developed in collaboration with the MoH.*

A – PHYSICAL SAFETY OF FRONTLINE HEALTH WORKERS

- Remote training and guidance on safety

Travel restrictions have limited the delivery of in-person training, a preferred method of knowledge sharing for HPs. The provision of remote and online training must now be utilised and promoted more than ever before. HPs can provide direct and bespoke remote training and guidance on personal safety for health workers to their partners. This may be through direct online meetings or webinars with a larger group of partners/individuals.

Training topics could include:

- Case surveillance; clinical data collection, reporting, analysis; modelling to better evaluate the number of cases and deaths in each context; management health workers exposed to COVID-19. Training should be grounded in WHO surveillance guidance and specific national guidance.
- WHO's key case management document and Open WHO courses include, for example:
    - Implementation of IPC related measures, [6] including hand hygiene, production, and formulation of substances necessary for effective IPC and effective use of PPE, standard precautions, data collection, operational planning, waste management, decontamination.
    - Screening of all patients at point of first contact with health services, diagnosis of patients with COVID-19, and case management (e.g. triage, intensive care, ventilation, Acute Respiratory Distress Syndrome, sepsis).
- National public health response plan and activities.
- Security measures for health facilities (e.g. risk analysis of the area, controlling entrances, de-escalating tension).

HPs can draw upon the abundance of expertise within the partnerships to translate global resources into practical and appropriate local guidance and protocols.

Example of how funds can be used for remote training and guidance on safety:

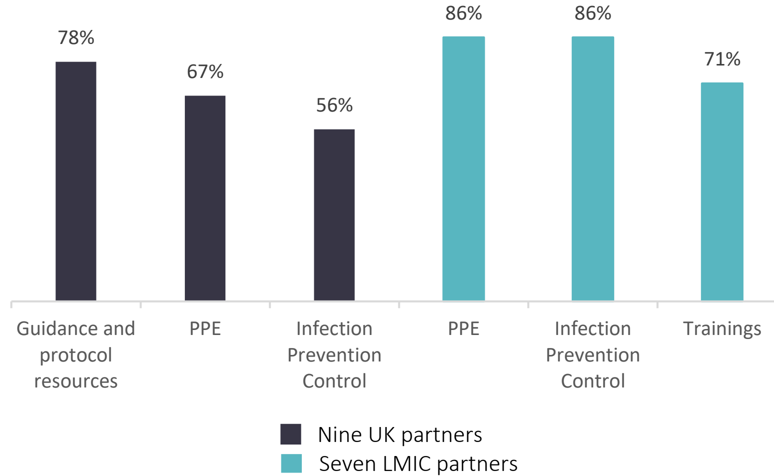
- Videoconferencing software costs.
- Laptops and other office equipment.
- Internet connection and data packages.
- E-learning subscriptions (e.g. WHO Academy app, Open WHO COVID-19 training, and Amref mobile learning platform, Futurelearn course - COVID-19: Diagnostics and Testing).
- Procurement of data management software or database and training on how to use them.
- Implementation of security measures (e.g. ICRC Checklist for Health Care Services).

"Since the start of the pandemic, it has felt like an information overload. It is very difficult to filter and obtain reliable treatment protocols or guidelines. Our partner has been in touch, sharing some of their Trust weekly treatment protocols and guidelines. This has been helpful to us, because at least you have a picture of how to manage if faced with a COVID-19 case." (LMIC partner)

[6] World Health Organization. Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed. [Internet]; (2020 June 29); [Cited 2020 June 30]; Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2020.4.

❖ SUPPORTIVE DATA (COVID-19 Health Partnership Response Survey):

Chart 1. Percentage of survey responses, by UK and LMIC partners, outlining what they felt was the most crucial area of need for the LMIC partner.



- **Personal Protection Equipment (PPE) ***

***Please note** *that all initiatives suggested, in particular the provision of Personal Protective Equipment (PPE) and other materials required for effective Infection Prevention and Control (IPC), are subject to approval by donors and are independent of existing grant schemes managed by THET.*

As the pandemic spreads, the WHO has warned that severe disruption to the global supply of PPE could be putting lives at risk from COVID-19 and other infectious diseases[7]. In response to this recurring shortage[8], partners are developing innovative, low-cost alternatives for PPE, in line with WHO guidance, for partners operating in resource-limited contexts. *Example of PPE face shield created by UK partners and example of PPE innovation from Kenya.*

Example of how funds can be used for PPE:*

- Provision of PPE, including alternative items, in-line with WHO guidance
- Costs of local production of PPE (e.g. seamstresses and tailors fees, materials).
- Coordinating with local manufacturing companies to repurpose their activities to produce safe PPE.
- Training on correct use of PPE.

- **Infection Prevention and Control (IPC) and Water Sanitation and Hygiene (WASH) initiatives***

***Please note** *that all initiatives suggested, in particular the provision of Personal Protective Equipment (PPE) and other materials required for effective Infection Prevention and Control (IPC), are subject to approval by donors and are independent of existing grant schemes managed by THET.*

Hand hygiene practices and IPC initiatives are at the heart of the global response to COVID-19. Effective IPC reduces hospital-acquired infections by at least 30% (WHO 2016). Partnerships can provide guidance on the development of, or sourcing of, materials necessary for effective IPC (e.g. soap, ingredients to produce hand sanitiser). *Example of IPC project: The Brighton-Lusaka Pharmacy Link.*

> *'[Online] Training on hand cleaning in hospital setting to prevent infections [has been the most useful]. That was a largely neglected activity – by hospital administrators, health care workers and patients. Fortunately, this has been enthusiastically taken up.'* (LMIC project lead)

[7] Onyebuchi A. Inadequate PPE Supply; A Health Risk to the Frontline Workers in Africa Amidst the COVID-19 Pandemic. The Guardian Nigeria. [Internet]; (2020 June 05); [Cited 2020 June 06]; Available at: https://pulitzercenter.org/reporting/inadequate-ppe-supply-health-risk-frontline-workers-africa-amidst-covid-19-pandemic.

[8] Informed by THET Country Directors and ongoing research, e.g. du Plessis C. African countries unite to create 'one stop shop' to lower cost of Covid-19 tests and PPE. The Guardian. [Internet]; (2020 June 22); [Cited 2020 June 28]; Available at: https://www.theguardian.com/global-development/2020/jun/22/the-power-of-volume-africa-unites-to-lower-cost-of-covid-19-tests-and-ppe.

Example of how funds can be used for WASH and IPC:*

- Source appropriate materials (including alcohol).
- Fit hand hygiene stations and install/refurbish hand washing facilities (approved by the WHO).
- Trainings in proper alcohol-based hand rubs formulation, using the WHO guidance - Guide to Local Production: WHO-recommended Handrub Formulations.
- Procurement of the bottles and containers needed.

❑ *Long-term thinking: Safety*

Any immediate response to a crisis needs to have an eye on the future as well. In addition to immediate, short-term support, partners can develop and support long-term IPC and WASH initiatives. Establishing and supporting an IPC programme for all staff in the health facility is internationally recognised as essential for the prevention and control of all health care infections. Institutional management support to ensure continuous funding to maintain facilities and procure IPC materials is one important element of an effective IPC programme. The aim of such a programme should be to implement and improve long-term IPC measures including behaviour change.[9],[10] To achieve the eight core components of an IPC programme, partnerships should focus on the development and implementation of guidelines, implementation of regular training and education, surveillance, monitoring, audit and feedback, and the use of multimodal strategies to support implementation. In addition, an enabling environment is essential to sustain the gains made during the initial response.[11]

Occupational health can provide hospitals and staff with the necessary long-term practices to ensure the safety of health workers. Good leadership is necessary to ensure these practices are in place and managed effectively. The Hierarchy of Controls provide guidance on long-term interventions for protecting health workers, especially in the case of lack of PPE, which should complement other protection measures rather than be key in protecting health workers from infectious diseases in the long-term.

Investing in and training Community Health Workers

Lessons from Ebola show us that outbreaks stop and start in communities. Ongoing community engagement is the key to noticing an outbreak and managing responses as well as care. The connection to communities allows action to be swift and investment in a workforce nearest to a community means those offering support will be trusted. Community healthcare workers therefore also play a crucial role in the control and management of COVID-19,[12] therefore prioritising the training of community healthcare workers in preparedness, awareness, and case management of COVID-19 is necessary in long-term management of COVID-19 and other infectious diseases. The best emergency systems are everyday systems that can surge in a crisis. South African HIV community health workers turned to screening for COVID-19, in Liberia 1 out of 2 children with malaria are supported by a neighbour and their treatment has continued during COVID-19. With investment in community workers, event-based surveillance is constant, care continues, and the community accept responsibility. Most community health workers (CHWs) in low resource settings are women and go unpaid. Research highlights that when CHWs are paid, and supervised by positive role models with two-way sharing information, health outcomes are improved[13]. Investment in CHWs deliver for the economy too; for every dollar invested in, there is a $10 dollar return to the economy, which includes building a pandemic workforce prepared for the next outbreak. Programmes that support skills development, have systems for supervision, and have an ongoing training programme, and so a supply chain, will then have salaries that will create a resilient response to the outbreak.

"Amongst LMIC partner survey respondents, most innovation is taking place in infection prevention and control, and surveillance. *"Setting down long-term measures to prevent the spread of the novel Coronavirus requires a lot of resources. Among the guidelines given by the government of Uganda and WHO, we have handwashing using water, soap, or sanitizers but all these are costly. To protect patients and health workers, we decided to put in place long-term measures like building small cheap sinks and put them at the main gate and at the entrance of all the wards, and other sinks made with plastic jerrycan with a tap and metallic stand. We get water directly from the tap and bar soaps are supplied by the hospital. We also buy 20 litres of alcohol and put them in empty bottles of water with small pin hole on top and hang them in different places in the hospital and use them as hand sanitizers."* (LMIC Partner respondent)

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[9] World Health Organization. WHO Core Components for IPC. 2020; Available at: https://www.who.int/infection-prevention/tools/core-components/en/.

[10] World Health Organization. Infection Prevention and Control (IPC) core components and multimodal strategies. 2020; Available at: https://openwho.org/courses/IPC-CC-MMIS-EN.

[11] World Health Organization. Visual representation of the core components of infection prevention and control (IPC) programmes. 2020; Available at: https://www.who.int/infection-prevention/tools/core-components/ipc-cc_visual.pdf?ua=1.

[12] Ballard M, Bancroft E, Nesbit J, et al. Prioritising the role of community health workers in the COVID-19 response. *BMJ Global Health*. 2020;5:e002550. Doi: 10.1136/bmjgh-2020-002550. [Internet]; (2020 June 15); [Cited 2020 October 15]; Available at https://gh.bmj.com/content/5/6/e002296

[13] World Health Organization. Community health workers: What do we know about them? Geneva, January 2007; Available at: https://www.who.int/hrh/documents/community_health_workers_brief.pdf

B – PSYCHOLOGICAL SUPPORT FOR HEALTH WORKERS

Psychological effects of infectious disease outbreaks have been well documented over the years[14] and supporting the mental health of health workers is a critical part of the response to the pandemic.[15] Africa was very swift to lock down however that action limited the virus spread. This led to increase in mental health issues within the population and stress due to being unable to work and provide food for the family, and an increase in intimate partner violence and substance misuse. The psychological pressure on healthcare workers is therefore not just for those caring directly for people with COVID-19 but also those whose life has been disrupted by changes in how they live.

- **Trainings to improve health workers' resilience**

Training is important to help health workers manage their distress and develop coping and adjustment skills. Partners are encouraged to think about how training can involve all genders, cadres and staff in the health facility.

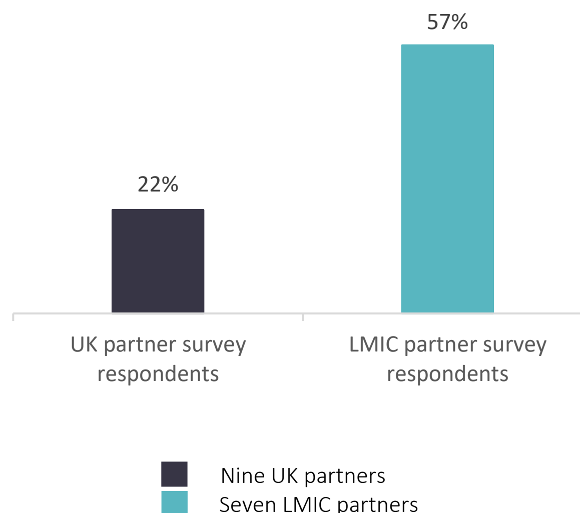
Training topics could include:

- Pre-trauma exposure
- Moral dilemmas
- "How to cope with stress"
- "Personal wellbeing" check-ups
- Psychological First Aid

> *"In recognition of the emotional impact of COVID-19, a key component of the training programme will be well-being and mental health. This will include psychological first aid training. Before being deployed, every health worker is taken through the counselling session. Health workers work for two weeks and are kept in quarantine for two weeks, after that they can mingle with their communities. All this needs psychological preparedness. All this is done virtually using the Zoom platform. This is cost-effective and prevents future repetition, duplication and overlap as the other specialist areas develop their expertise."* (Respondent from a LMIC nursing college, Zambia)

- SUPPORTIVE DATA (COVID-19 Health Partnerships Response Survey):

Chart 2. Percentage of survey respondents identifying psychological support as a crucial area of need in their partnership



[14] Maunder R, Hunter J, Vincent L, et al. The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. *CMAJ*. 2003 May 13;168(10):1245-51. PMID: 12743065; PMCID: PMC154178. [Internet]; (2003 May 13); [Cited 2020 July 20]; Available at: https://pubmed.ncbi.nlm.nih.gov/12743065/

[15] Walton M, Murray E, Christian MD. Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *Eur Heart J Acute Cardiovasc Care*. 2020;9(3):241-247. Doi:10.1177/2048872620922795. [Internet]; (2020 April 28); [Cited 2020 July 20]; Available at: https://journals.sagepub.com/doi/full/10.1177/2048872620922795

- **Mentoring and peer support**

Mentoring offers a means to further enhance workforce performance and engagement, promote learning opportunities and encourage multidisciplinary collaboration; peer support promotes resilience of health workers. Partners can provide remote mentoring/buddying and facilitate peer support initiatives, as seen in the UK example through the implementation of Schwartz Rounds (a structured forum where staff come together regularly to discuss the emotional and social aspects of working in healthcare), and in South Africa with the use of the social media platform - Vula - which aims to relieve stress for health workers. Partners can offer voluntary sessions for health workers to discuss any experiences, problems, or reflections.

- **Responding to Health Workers' needs (physical and logistical)**

Supporting health workers' mental health through informal mechanisms can ensure a more sustainable and efficient response to COVID-19.[16] Providing resources to frontline health workers helps alleviate stress and anxiety, maintain motivation and lower the risk of transmission from frontline health workers to their communities.

Example of how funds can be used for psychological support:

- Videoconferencing software costs, laptops, office equipment, internet connection, data packages.
- Access to mental health helplines, apps and listening services through subscription services.
- Provide access to online resources and guidance. This guidance could be similar to the Mental Health at Work resources which provides toolkits and resources for NHS.
- Providing resources to health workers; access to a safe and calm space to rest on shift; sustenance (food and drinks available during shifts); beds or other pieces of furniture for breakrooms; and access to showers and toiletries.
- Providing accommodation for health workers if they need to isolate from their families.
- Providing health workers with transportation to/from the hospital and/or accommodation near their workplace.
- Online training courses – e.g. mental health implications of COVID-19 and Psychological First Aid.
- Posters for health facilities on psychological well-being.

"The intervention that we felt other partners might use was the way rotations are done here for staff attending to COVID-19 patients. They spend a week or two working in the isolation centre, then are quarantined. If they test negative to COVID-19 after a 2-week quarantine, they are released to go to their families before the cycle is repeated." (LMIC partner)

- *Long-term thinking: Psychological support*

Psychological support for health workers in response to COVID-19 requires long-term activities in addition to immediate support during the pandemic. Research shows[17] that there are two main risk factors associated with negative long-term mental health for health workers; lack of post-trauma social support and exposure to stressors during recovery from trauma.[18] To tackle these risks, healthcare managers can continue to facilitate the psychological support activities past the initial height of the pandemic. COVID-19 may provide an opportunity for HPs to initiate open discussions about the type of support that is relevant in each context, and how these activities can be facilitated and supported long-term, by management, team leaders, and health workers themselves.

Effective leadership and management of staff is necessary for staff to be equipped with the knowledge and resources to work effectively, to feel supported, and to reduce anxiety and stress at work. Partners can support team leaders through leadership trainings and guidance, as well as in establishing the appropriate structures, interventions and processes which can support the psychological resilience of their teams, and ensure the personal safety of staff.

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[16] Chersich, M.F., Gray, G., Fairlie, L. et al. COVID-19 in Africa: care and protection for frontline healthcare workers. *Globalization and Health,* 16:46 (2020). Doi: 10.1186/s12992-020-00574-3. [Internet]; (2020 May 15); [Cited 2020 July 20], Available at: https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00574-3

[17] Greenberg, N. Mental health of health-care workers in the COVID-19 era. *Nature Reviews Nephrology* (2020). Doi: 10.1038/s41581-020-0314-5. [Internet]; (2020 June 19); [Cited 2020 July 20]; Available at: https://www.nature.com/articles/s41581-020-0314-5

[18] Brewin, C. R. et al. Outreach and screening following the 2005 London bombings: usage and outcomes. *Psychol. Med*. 40, 2049–2057 (2010). Doi:10.1017/S0033291710000206. [Internet]; (2010 March 09); [Cited 2020 July 20]; Available at: https://www.cambridge.org/core/journals/psychological-medicine/article/outreach-and-screening-following-the-2005-london-bombings-usage-and-outcomes/98BAEBF60D1A12E0769F270AB695CD25

C – HEALTH EDUCATION AND NATIONAL RESPONSE STRATEGIES

- **Health education and health promotion**

Communicating effectively with the public and engaging with communities can help prepare and protect individuals, families, and the public's health during the early response to COVID-19, therefore protecting health workers. Partners can work with colleagues to develop public health communication materials (in line with WHO guidance and national strategies) for both safety and psychological support awareness. For instance, posters can be used to remind all health workers, as well as patients and visitors, of hand hygiene practices, as part of a multifaceted approach to support behaviour change. See an example from the UK, information resources/posters from the Commonwealth Pharmacists Association.

Outside of health facilities, posters and radio programmes can be used to raise community awareness and spread information on how communities can protect themselves at work, at school and in public and private spaces.

In terms of psychological support, awareness, posters, media campaigns, and radio communication can be used to promote well-being practices and support options. See Frontline19, an example from the UK.

It is important to note that a new global Hand Hygiene for All Initiative is now live. The Initiative is led by WHO and UNICEF and aims to implement WHO's global recommendations on hand hygiene to prevent and control the COVID-19 pandemic and work to ensure lasting infrastructure and behaviour. It calls for countries to lay out comprehensive roadmaps to ensure hand hygiene is a mainstay beyond the pandemic. The initiative is ripe for leveraging by health partnerships and provides a renewed impetus to IPC and WASH efforts.

Example of how funds can be used for health education and health promotion:

- Cost of materials and printing,
- Distribution of communication materials,
- Repackaging materials for communities in local languages and for illiterate populations,
- Public health awareness campaigns,
- Radio communications.

- **National response strategies**

The ability of the health sector to control disease spread depends on an adequate and coordinated preparedness of interdependent public and private organisations. Partners can utilise the links established with national bodies to provide advice and guidance to national teams to consider response strategies and implementation, to address the length and severity of the pandemic in their context, as well as to develop plans for essential service continuity and recovery operations.

Example of how funds can be used for national response strategies:

- Travel costs for meetings with national organisations and governments.
- Videoconferencing software subscriptions and other remote communication costs for online meetings.
- Conducting a population analysis of COVID-19 cases.
- Training and investment to improve data quality in the wider health information systems.

D – INNOVATION AND GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

- **Innovation**

With a sharp increase in the number of patients, resources - especially in low-income settings - are stretched; developing innovative practices can support a more sustainable and enduring response. In the context of COVID-19 and our Health Partnership approach, we consider innovation to be defined as 'working with new ways to solve problems which affect change'. This could include projects that pilot technology, test new capacity development techniques, foster novel approaches and practices that could benefit the UK or LMIC (including, for example, the scale-up of an innovation from an LMIC into a UK-context), or use an evidence-based intervention in an untested context.

LMIC partners have a wealth of experience and knowledge that is not only mutually beneficial for their UK partners but also for other HPs. LMICs' experiences in resource-limited environments have provided good practice examples to UK clinicians responding to stretched NHS resources; for instance, some critical care departments have had to re-sterilise and re-use single-use medical devices.

Example of how funds can be used for innovations:

- Facilitate innovative ways to share evidence-based information. An example from Ghana: developed new ways of communicating with staff by providing guidance on staff safety.
- Tele-learning to ensure continued capacity development of health workers to manage risks and pressures during COVID-19, e.g. using MOOCs.
- Development of new educational resources, workshops, and training sessions that are specifically tailored for online facilitation and use.
- Repurpose phone-based support system COVID-19 monitoring (e.g. Call 4 Life Uganda).

- Gender Equality and Social Inclusion (GESI)

Improved gender balance at all levels within health institutions can lead to: increased health worker retention; strengthened services through contribution of additional talent, ideas and knowledge; improved productivity; and improved staff satisfaction [19]. Response strategies need to be cognizant that activities and support efforts need to be spread equitably, regardless of gender, disability, and other characteristics. The pandemic is affecting all genders and disabilities in different ways; HPs must facilitate a needs assessment of the context and target population to understand how the project activities can respond and support these needs.

Example of how funds can be used for GESI interventions:

- Disaggregate data collection on COVID-19 cases and deaths by gender.
- Include sexual and reproductive health services and responses to violence against women in the essential package of health services for the COVID-19 response.
- Ensure trainings, PPE and psychological support are tailored to the specific needs of female health workers.
- Ensure maternal care is maintained and risk assessment for pregnant staff is conducted.

Please refer to THET's GESI Toolkit and Gender Toolkit for Health Partnerships for additional information.

[19] Newman, C. Time to Address Gender Discrimination and Inequality in the Health Workforce. *Human Resources for Health* 12, 25 (2014).Doi: 10.1186/1478-4491-12-25. [Internet]; (2014 May 06); [Cited 2020 October 15]; Available at: https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-12-25

CASE STUDIES

A – PHYSICAL SAFETY OF FRONTLINE HEALTH WORKERS

REMOTE TRAINING AND GUIDANCE ON SAFETY

KING'S COLLEGE LONDON - HARGEISA GROUP HOSPITAL

'Over the two-day workshop, participants gained an understanding of COVID-19 disease epidemiology and pathology, referral pathways and criteria for patient admission to hospital/treatment centres.'

PERSONAL PROTECTIVE EQUIPMENT (PPE)

GLOBAL ANAESTHESIA DEVELOPMENT PROJECT - SOCIETY OF ANAESTHETISTS OF ZAMBIA

'With support from THET's Health Worker Action Fund, we have been able to develop PPE packs for anaesthesia providers in Zambia… This project will help to ensure that anaesthesia providers in Zambia are provided with PPE suitable for aerosol-generating procedures and are trained in their use and safest reuse practices where there are severe shortages.

IPC & WASH

THE KAMPALA - CAMBRIDGE PARTNERSHIP

'Ugandan partners requested that funds go to sustaining increased levels of alcohol gel production, which was in high demand among staff and patients. Partners also highlighted the need for PPE, specifically scrubs. The aim has been to minimize infection within the hospital, particularly among staff in priority areas.'

B – PSYCHOLOGICAL SUPPORT FOR HEALTH WORKERS

MENTORING AND PEER SUPPORT

PEACE HOSPICE ADJUMANI (PEACHOA) - CAIRDEAS INTERNATIONAL PALLIATIVE CARE TRUST

'Psychosocial support training will encourage calmness by reinforcing active and positive coping skills that enable health workers to better manage their emotional and psychological reactions while managing patients with COVID-19.'

CHIPATA CENTRAL HOSPITAL - NHS HIGHLAND

'Posters for psychological wellbeing, though yet to be printed are going to be extremely helpful. We have posters from our ministry of health, but we haven't had any with a specific mental health focus with regards to COVID-19.'

C – HEALTH EDUCATION AND NATIONAL RESPONSE STRATEGIES

HEALTH EDUCATION AND HEALTH PROMOTION

THE KAMPALA – CAMBRIDGE PARTNERSHIP

'Installation of hand hygiene posters around the hospital in early March, combined with a heightened sense of awareness due to the pandemic, has led to a significant increase in good hand hygiene practices among staff and patients.'

D – INNOVATION AND GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

INNOVATION

VISION 2020 LINKS

'The LINKS Programme has also found creative ways of maintaining health partnerships in the time of coronavirus. As well as resources specifically related to COVID-19, other training opportunities are being made available online. For example, participants in the Diabetic Retinopathy Network, DR-NET, have all been given the opportunity to register for the diabetic retinopathy MOOC produced by the International Centre for Eye Health at LSHTM.'

2. SUPPORT FROM THET AND FURTHER INFORMATION

A – UKPHS COVID-19 RESPONSE FUND

In recognition of the vulnerability of health systems to COVID-19, and following the success of the Health Worker Action Fund, THET launched the UKPHS COVID-19 Response Fund to support established HPs to address gaps in skills and knowledge to prevent and treat COVID-19, and support the safety and well-being of health workers in LMICs, including their physical and mental health. By doing this, health workers will be in a better position to provide safe and effective care to patients.

Wave 1 UKPHS COVID-19 Response Fund will run from 1 February 2021 to 1 July 2021. To apply for Wave 1, please download the Call for applications and application forms.

Applications must be submitted to grants@thet.org by 15 November 2020.

B – HOW THET CAN SUPPORT HEALTH PARTNERSHIPS

- **Learning platform**

THET has developed a host of resources over the years, which provide support, guidance and tools for HPs to use in order to strengthen their partnerships. THET's External Engagement Team works closely with HPs to highlight the work of their projects, from Blogs and Case Studies to films and health worker profiles, in doing so we work to illustrate the impact and learning from projects and to raise the profile of the work of HPs to further support future funding and sustainability of the approaches.

We are now developing a central learning platform, with the objective of:

- Facilitating linkages and stimulating bi-directional learning across the HP community engaging in the COVID-19 response.
- Providing resources and guidance on international best practice, including access to an Expert Advisory Group.
- Stimulating the documentation and dissemination of new learning and innovations that will be of benefit both within the LMIC and the UK.
- Creating networks for connecting projects and facilitating collaboration within and between countries.

The learning platform will ensure that HPs are aware of the work that others are doing and promote the effective sharing of learning and expertise between health institutions and workers across borders. The platform will consist of:

- A resource hub hosted on the THET website to provide practical guidance and tools
- Communities of Practice to facilitate peer-to-peer learning

- **Sharing lessons learnt**

HPs, despite operating in different contexts, face common challenges during the pandemic. THET encourages HPs to share their experiences with us so that we can disseminate these to the wider HP community. Please contact us at grants@thet.org if you have any case studies, COVID-19 guidance and toolkits or other learning that you think will be valuable for others to access. We are particularly keen to share guidance from LMIC partners.

- **COVID-19 resources**
  - Additional resources and information on our dedicated COVID-19 page – Practical Guidance, WHO guidance, and Resource Platforms.
  - Partnerships in a time of COVID-19 – conference reflections.
  - More blogs and case studies on HPs response to COVID-19.
  - Resources on Gender and COVID-19.

REFLECTIONS AND THANK YOU

Health Partnerships have responded rapidly to the challenges presented by COVID-19 and this is now being sustained over many months. This guidance has highlighted how flexible and adaptive HPs can be. COVID-19 has shown that further emphasis should be placed on good practice emerging from partners from low-resource settings, used to battle infectious diseases. We must not be complacent and forget lessons learnt and shared by LMICs during past pandemics (SARS, Ebola etc.).

Throughout the COVID-19 crisis, technology is playing a key role in making activities and support feasible. Going forward, HPs should continue to use technology to effectively collaborate, and make a point to share stories of successes and challenges emerging from their response to the crisis, so that we can continue to learn from one another's experiences. THET will continue to play a role in sharing resources developed by HPs and case studies to highlight good practice within HPs as well as strive to learn from and with our HP community.

We would like to thank all the Health Partnerships, advisors, colleagues, and the wider global health community who have provided invaluable experiences, resources, and technical support for this document. A special thank you to two Health Partnerships, Chipata-NHS Highland and Kampala-Cambridge, for their contribution to the development of this guidance. Without you, this document would not have been possible.