

Evidence has shown that Health Partnerships offer a model of capacity development that provides an effective, sustainable and value for money approach to strengthening national capacities¹, whilst also resulting in the strengthening of the UK health workforce².

WHAT ARE HEALTH PARTNERSHIPS?

Health Partnerships are long-term institutionalised relationships between UK and Low and Lower-Middle Income Country health institutions. Partnerships aim to improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge and experience. Partners co-develop programmes that address institutional 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.

Health Partnerships often begin through an informal or personal connection between individuals in two institutions. It is the process of widening the connection between these two institutions, deciding to work on a project together and understanding the need to formalise and institutionalise the relationship that marks the beginning of a Health Partnership. Seeking to make health system improvements in areas identified by LMIC partners, Health Partnerships often focus their activities on projects that support human resources for health development and the strengthening of health systems. Volunteer-led projects are at the heart of the model. Long-term volunteering (placements of 3-6 months, or longer in the case of virtual volunteering from the UK), as well as strategic short-term volunteering (placements of up to a month) have proven to be the most effective structures to support capacity development. Alternatively, virtual volunteering schemes have enabled LMIC partners to benefit from continued support from the UK over the years and are, in the current context of COVID-19, as valuable as ever.

What Health Partnerships are trying to achieve and who is engaged may vary from Partnership to Partnership. A simple Health Partnership 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 skill sets.

Whether the Partnership is a simple institution to institution partnership or a more complex consortium, the Partnership should arise through a specific need or request from the LMIC partner, with the UK partner responding to this request. For a Health Partnership to deliver successful and sustainable health systems strengthening projects, it should engage with national and regional stakeholders in the country in which it operates. It is also key that the relationship and distribution of power between the UK and LMIC lead partners is equitable.

WHO CAN FORM A HEALTH PARTNERSHIP?

NUMBER OF PARTNERS INVOLVED

A Health Partnership can contain as many partners as it believes are necessary, but Partnerships are advised to have just one UK Lead Partner and one LMIC Lead Partner to ensure that Partnership work remains strategic and focussed. All partners involved in the Partnership should have a clear role and rationale behind them being involved. A Memorandum of Understanding should exist at least between the two Lead Partners but can include other Partners as well.

TYPE OF PARTNERS INVOLVED

UK institutions leading a Health Partnership can be either:

- A health delivery institution (e.g. NHS trusts, individual hospitals or GP practices)

¹ [Health Partnership Scheme: DfID Evaluation Report](#)

² see [Engaging in Global Health](#) for more information

- A health training/education institution
- A regulatory body (e.g. the Medicines and Healthcare products Regulatory Agency)
- An NHS arms-length body (e.g. Health Education England or NHS England)
- A professional or membership association (e.g. the Royal College of General Practitioners)
- An academic institution (e.g. a university)
- A Non-Governmental Organisation (experienced in delivering health systems focused programmes)

LMIC institutions leading a Health Partnership can be either:

- A not-for-profit health delivery institution (e.g. individual hospitals or primary health clinics)
- A health training/education institution
- A regulatory body
- A professional or membership association
- An academic institution (e.g. Universities)
- A body attached to the Ministry of Health (e.g. District Health Offices)
- A Non-Governmental Organisation (experienced in delivering health systems focused programmes)

UNSUITABLE PARTNERS:

Please note that where an institution has one office in the UK and another branch in an LMIC, this does not count as a Health Partnership.

Usually, companies or any organisation accountable to shareholders which aims to make a profit are not considered to be an eligible partner. This includes for-profit health institutions such as private, for-profit hospitals (though does not include private, not-for-profit hospitals).

WHAT CAN HEALTH PARTNERSHIPS DO?

Typical areas that Health Partnerships can support are:

- Collaborative research including clinical audit
- Continuing Professional Development and in-service training
- Curriculum development
- Development of systems, protocols and policies
- Development or improvement of clinical pathways
- Equipment provision and maintenance capacity development
- Innovation (new ways of working to solve problems and effect change)
- Introducing new technology
- Remote learning
- Strengthening existing services
- Training the trainers/supervisors
- Undergrad/Postgrad training

However, the resources available to most Health Partnerships are usually very small when compared to the large budgets available to other international partnerships or initiatives. The range of expertise available from each institution will be wide, but the time available to contribute will be limited for most people. With this in mind, the support to the aforementioned areas usually happen through:

- Reciprocal visits and/or virtual volunteering (e.g. to deliver agreed training or capacity development initiatives)
- Support through mentoring, donation of equipment and sharing training materials
- Technical assistance (e.g. on the development of services)
- Monitoring and evaluating the work to plan future activities and scale up support

If the Health Partnership is well planned and responds to specific needs, its contribution will be important but is likely to be modest and most often other factors will play a role in contributing to long-term systemic change. Persistence and sound development of the Health Partnership can pay off to the point that, in some cases, the Health Partnership eventually becomes a vehicle for more extensive programmes of work backed by funding agencies.

Smaller partnerships can test and pilot innovative models for health workforce strengthening, and pathways for scaling them up while larger partnerships should use proven clinical and health education models to build capacity in the health system, in collaboration with a range of health sector actors.

Focussing health partnership programmes on particular regions and/or health themes, in line with global (Sustainable Development Goals), national or donors' priorities, is key to improve opportunities for synergy, collaboration and learning.

WHAT ARE THE BENEFITS OF HEALTH PARTNERSHIPS?

The institutions involved in Health Partnerships mainly benefit from:

- Improvements in health services
- Bidirectional and mutual learning
- Personal and leadership opportunities for staff

A Health Partnership 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 Health Partnerships report significant benefits and improvements in services as institutions can gain more skilled and knowledgeable staff, ultimately strengthening the health system in which they operate.

Mutual learning is an important element of all projects implemented by Health Partnerships, with knowledge flowing between the UK and LMIC institutions, learning being documented and, where possible, learning being implemented. Opportunities often arise for joint research, teaching and learning, enhancing the national and international reputation of all of the partners.

UK health worker volunteers involved in Health Partnerships have shown to develop strong, rewarding relationships with their colleagues in LMICs and they return home with increased knowledge, improved leadership skills and a greater understanding of how to innovate in delivering healthcare with limited resources. 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.

ADDITIONAL INFORMATION AND FURTHER READING

- [Principles of Partnership](#) – THET's PoPs have been developed to support health partnerships, and to improve the quality and effectiveness of what they do.
- [International Health Links Manual](#) – the Links Manual is a fundamental resource for anyone interested in establishing a Health Partnership.
- [Guidance for New Health Partnerships](#) – this guidance summarises everything new partners need to consider before starting a Health Partnership
- Webinar for new Health Partnerships

For more information, please visit <https://www.thet.org> or contact us Grants@thet.org