

VIRTUAL CONFERENCE PARTNERSHIPS IN A TIME OF COVID-19 #COVIDPARTNERSHIPS



PARTNERSHIPS FOR GLOBAL HEALTH



CONFERENCE REFLECTIONS

Over 400 people from 44 countries gathered for our second COVID Partnerships virtual conference on the 19th of March 2021, organised in partnership with our friends at ACHEST and the ESTHER Alliance.

This snapshot of discussions held over 16 sessions and involving 48 speakers, strikes an optimistic note. So much had been achieved since [our conference last April](#), much of it very practical. We had embraced technology to run workshops and exchange lived experience and become even more confident about the value of sharing expertise across borders in the process. We had fundraised to support the procurement of Personal Protection Equipment and much more. We had learnt to recognise the pandemic as a syndemic and grown more comfortable about identifying and calling out racism and inequality. Travel overseas may not have been possible for most of us, but the strong ties of trust, collegiality, and professional respect built over many years of collaboration were – and are – alive and well in these partnerships.

Just a month after we gathered, we learnt the devastating news that all UK Foreign, Commonwealth and Development Office funding for Health Partnerships has been cancelled. This amounts to [over £48m of funding](#) that was to be made available. After a year of the syndemic, which has seen the death of so many health professionals and patients, and more recently, months of seeing our colleagues and partners brutalised by the military in Myanmar, this feels like a “punch in the gut”. It still feels very raw at the time of writing. Between March and May of this year, an additional 700,000 people have died of COVID-19 (officially), bringing the total to 3.6 million deaths. Somehow, we need to find the energy and resources to move forward.

This report documents the immense challenges involved. We discussed the inequality of access to vaccinations; the growing pressure on health workers, both physical and mental; the secondary impacts of COVID-19 on essential health services; as well as the direct ways in which we can support each other to respond to COVID-19 itself and learn for future pandemics. It also provides a roadmap for that recovery of energy and optimism which is so important to us. The Health Partnership approach will survive, not least because of the extraordinary work of the very many individuals involved. Thank you.

Reading a report on the conference is not the same as attending, which is why I am so happy that these conversations are now continuing on [Pulse](#). This is the online platform for the Health Partnership community that THET has been working hard to bring alive in recent months. I greatly look forward to seeing you there.

Ben Simms, CEO, THET

AT A GLANCE...

48 SPEAKERS

44 COUNTRIES

412 ATTENDEES

CONFERENCE SPEAKERS

Ben Simms - THET

Judy Khanyola - University of Global Health Equity, Rwanda

Dr Shams Syed - WHO

Dr Saleyha Ahsan - NHS Doctor and Filmmaker

Dr Bernhard Braune - Federal Ministry for Economic Cooperation and Development, Germany

Amanda Banda - Health Workers for All Coalition

Tom Buis - Wemos

Dörte Petit - ESTHER Switzerland

Fiona Rees - Sussex University Hospitals NHS Trust

Mbao Chitundu - University Teaching Hospital, Lusaka, Zambia

Droti Alfred & Opiyo Nicholas - Gulu Regional Referral Hospital, Uganda

Dr Méabh Ni Bhuienneáin - Mayo University Hospital, Ireland

Melissa Kleine-Bingham - Twinning Partnership for Improvement

Tafese Beyene Tufa - University Hospital of Heinrich

Dr Trish Scanlan - Muhimbili National Hospital, Tanzania

Anne Mason - NHS Highland

Dr Margaret Fitzgerald - HSE

Amanda Banda - Health Workers for All Coalition

Greg Harrison - Gulu Sheffield Mental Health Partnership

Dr Yoseph Mamo - THET Ethiopia

Professor Francis Omaswa - ACHEST

Howard Catton - ICN

Charlotte Ashton - THET

Dr Kirstin Grosse Frie - GIZ

Gracia Andriamiadana - Madagascar Partnership

Chris Carter - Birmingham City University

Priscar Mukonka - Lusaka College of Nursing and Midwifery, Zambia

Dr Caroline Benski - Geneva University Hospital

Claudia Aguirre - ESTHER Alliance

Dr Joe Gallagher - GP, Ireland

Prof Anthea Rhoda - UWC

Ghazanfar Khan - WHO

Dorcas Gwata - Global Health Consultant

Nick Pahl - Society of Occupational Medicine

Karen Frame - THET Clinical Advisor

Dr David Okello - ACHEST

Prof Marion Lynch - Nurse and Global Health Consultant

Dr Omeima Sali - Ahfad University for Women, Sudan

Prof Marion Lynch - THET

Dr Wilson Mbewe - Kanyama Level 2 Hospital

Samuel Knaus - Madagascar Partnership

Sarah Cavanagh - CPA

Dr David Weakliam - HSE

Eunice Sinyemu - THET Zambia

Claudia Aguirre - ESTHER Alliance

[FOR THE FULL AGENDA, CLICK HERE.](#)

PROTECT HEALTH WORKERS

We need to protect our health workers both physically and psychologically.



Crucial that the emotional & psychological aspects of COVID-19 are not ignored

The need to protect our health workers, a theme expressed at our inaugural Covid-19 partnership conference, was reinforced a year on.

Howard Catton, ICN, noted that more than 3,000 nurses in 60 countries have passed away after contracting Covid-19. Further, there has been an increase in disputes between nurses and the authorities over dismissal for raising concerns about their working environments during the pandemic.

Eunice Sinyemu, THET, noted that “the stigma associated with Covid-19 is far higher than that associated with HIV.”

David Okello, ACHEST, reinforced the message that supporting all health workers’ psychological wellbeing must remain a priority. And indeed, there exists a need to identify risk factors for adverse mental health outcomes for healthcare workers during Covid-19.

Alfred Droti, Gulu, Uganda partnership, noted that the Covid-19 outbreak and the measures undertaken to break the chain of transmission caused public panic and psychological stress in the population. The connection between Covid and suicide because of the lockdown in Uganda has been very severe both on health workers and on the general public.

Marion Lynch, Nurse and Global Health Consultant, built on this point by introducing the theme of compassion to the conference: “If we don’t act, the likelihood of staff burnout and moral injury, emotional distress, compassion fatigue, reduction in safety and quality of care will increase.”

Dorcas Gwata, Global Health Consultant, posed the question, “Are medical professions taught enough self-compassion and compassion for colleagues and all the other fields who support the health care system?”

We also heard that well-being will not happen without resources, personal in terms of skills and self-compassion, and organisational in terms of workforce support, workplace design and workload management.

KEY MESSAGES

- Health workers, especially frontline health workers, are at highest risk of being infected and dying.
- Healthcare workers have carried a heavy burden during Covid-19 and so we owe it to them to ensure that they are respected and protected.
- We must build well-being and compassion into health workers’ own practice and resource this properly.

LEARN TOGETHER AND ADAPT

Health Partnerships have responded remarkably well to the Covid-19 pandemic over the last year with many Health partnerships citing examples of what this looks like along with lessons learned.

Shams Syed, WHO, commended the way Health Partnerships have responded to the pandemic on issues such as infection, prevention and control and how solidarity between health workers across continents is critical to this approach.

Themes such as the need to develop context specific approaches, to protect health workers, to simplify and return to basics and the power of learning from others, all of which were expressed at our inaugural Covid-19 partnership conference, were reinforced a year on.

Melissa Kleine-Bingham, WHO, highlighted the fact that choosing a simple and realistic starting point allowed for quick adjustment that still proved to be effective.

Adaptive approaches that utilise existing tools, modified where necessary, that build upon what has already been developed in the given context is also to be recommended.

Examples abound of how Health Partnerships have learnt and adapted throughout the pandemic.

For example, at University Teaching Hospital (UTH), Lusaka, Zambia, quantities of hand rub have increased markedly, producing a total of 14,500 litres. This programme has been sustainable, and has expanded to other hospitals. Factors that have led to sustainability include the focus on quality; handrub being produced is superior to the one on the market and has passed through quality control at the highest levels. Knowledge exchange has also been key; there has a great transfer of knowledge between the institutions both within Zambia and outside. It has also been important to ensure that this approach is supported. Indeed, the programme has been welcomed and embraced by staff.

In Gulu referral hospital, Uganda “throughout the pandemic, we’ve been able to train health workers, community leaders, and some journalists who all have an impact on how suicide is referenced and managed. And there has been an integrated link between suicide and Covid.” - Nicholas Opiyo, Gulu, Uganda partnership.

Tafese Beyene Tufa from University Hospital of Heinrich-Heine in Germany listed a number of relevant lessons for Health Partnerships including: Improved hygiene compliance; Improved reporting systems; Better understanding of communicable diseases in the community; Expansion of molecular or PCR testing services in the country and skilled professionals who could run the tests; Develop the culture of online learning, teaching and launching conferences.

Dr Joe Gallagher, GP, Ireland, highlighted the pivot towards online engagement made by many Health Partnerships during the pandemic.

Dr Gallagher described how they have created a series of educational videos that can be disseminated by WhatsApp and social media to colleagues in Mzuzu, Malawi: “They went far beyond our wildest dreams and now have been viewed over 2.3 million times across Africa, and illustrates the immense power of social media.”

KEY MESSAGES

- Health Partnerships should choose simple, realistic and adaptive approaches that allow for quick adjustments.
- Health Partnerships should be mindful to work on quality of care when delivering projects in every setting during and beyond the pandemic.

MAINTAIN ESSENTIAL SERVICES

We must maintain quality essential health services to ensure we have functioning health systems when the pandemic is finally under control.

The importance of maintaining essential health services was a theme that ran throughout our 2020 conference. This is perhaps especially true one year into a pandemic that has sapped resources from other parts of under-resourced health systems.

Gracia Andriamiadana, Madagascar partnership, told the conference that Covid lockdowns have had severe impact on savings and health seeking behaviour and that the use of savings wallets and facility-based deliveries have been curtailed but that voucher programmes have been less affected. Further, the economic impact of Covid will increase in the coming months and years and so more efforts are needed to ensure financial risk protection and Universal Health Coverage efforts should be prioritised.

“The reality is that health workers need support now, more than ever. These have been really testing times. Some of us have been changed forever.”

- Dr Saleyha Assan

Cross country learning is critical over the coming months. Ghazanfar Khan, WHO, briefed the conference on developments in wider online opportunities with the launch of the [WHO Health Services Learning Hub](#) (HLH), an organisation-wide anchor for identifying and acting upon learning needs on health services. The Learning Hub's ambition is to be a knowledge platform for cross country learning on maintaining essential health services during the pandemic and into the future.

The message from Shams Syed, WHO, on how to maintain essential health services was clear, "The institutional health partnership community can provide support that's required for that defense."

KEY MESSAGES

- The economic impact of Covid will increase in the months and years to come and so more efforts need to be made to ensure financial risk protection for all those effected.
- There exist exciting new developments in wider online opportunities with the launch of the WHO's HLH which can support the maintenance of essential health services.
- The Health Partnership community can provide the critical support that is required to maintain quality essential health services.

FIGHT MISINFORMATION

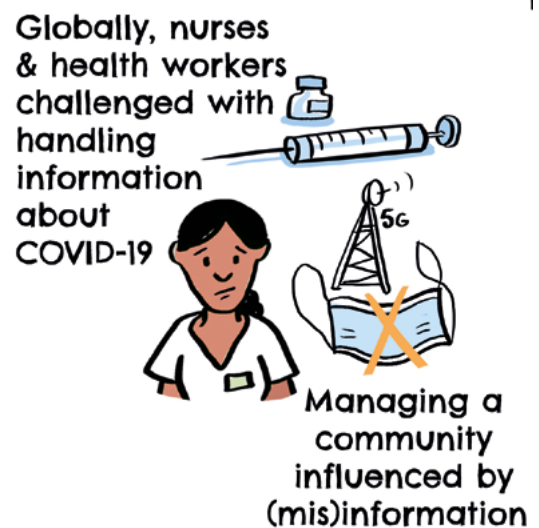
The handling of information, difficulties around missing information and the veracity of information also emerged as a key theme at the conference.

In the words of Judy Khanyola, UGHE, "an information vacuum has been created by poor communication, which has resulted in an explosion of myths and inaccurate information". Questions around veracity of information have impacted health seeking behaviours at community level and policy making at government level, with a sad example given of the death of a head of state in Africa.

Health workers around the world are being challenged with handling a wide range of information about Covid-19. When health workers are not being supported by their governments to disseminate the correct information to the public, the lives of health workers can become increasingly complicated.

Health workers often find themselves in a dilemma where they must find out the facts of the disease, while managing a community that is influenced by (mis)information. "How do we deal with situations like this at a national, global and community level?" asked Francis Omaswa, ACHEST.

Saleya Ahsan, NHS Emergency Medicine Doctor and Filmmaker, also posed an interesting question: *how may shifting decision-making powers, during times of public health emergency as well as beyond, to clinicians and scientists, impact on patient outcomes?*



KEY MESSAGES

- Health leaders should work closely with health workers and communities to understand the needs of the people and with policy makers and politicians to safely deliver quality acceptable health services.
- Health workers should be supported through their associations to learn to advocate to health leaders and politicians to dispel misinformation that can have adverse effects on health seeking behaviour.

ADVOCATE FOR VACCINE EQUITY

Since our first Covid conference, vaccines have emerged to address the underlying threat posed by the pandemic. But progress has come with challenges

Tom Buis, WEMOS, told us that most of the issues surrounding Covid-19 vaccine nationalism are related to insufficient manufacturing capacity and that decentralised manufacturing is therefore needed.

However, there are barriers to this. The first is intellectual property rights; the second is knowledge. Vaccines are very complex biological products that require extensive knowledge and experience to reproduce, therefore a lack of knowledge can hinder manufacturing capacity.

There is, therefore, a need to share intellectual property, data, and know-how through the WHO's [Covid-19 Technology Access Pool](#) (C-TAP). In this pool, pharmaceutical companies can voluntarily share their patent rights, as well as the knowledge necessary to make Covid-19 medicines and vaccines. In return, they receive compensation. With this mechanism, more pharmaceutical companies will be able to manufacture Covid-19 vaccines, making more doses to reach populations across the globe.

If more factories produce vaccines, it means that more vaccines can be quickly distributed through [COVAX](#), a worldwide initiative aimed at equitable access to Covid-19 vaccines. This draws from the Medicines Patent Pool of 2010, which helped to make HIV medication accessible to people around the world.



KEY MESSAGES

- We must share intellectual property, data, and know-how through the WHO's Covid-19 Technology Access Pool.
- National advocacy is essential to ensure high income countries support COVAX to enable equitable access to Covid-19 vaccines.
- Health Partnerships can play a key role in identifying bottlenecks in vaccine supply and identifying where improvements can be made.

NEXT STEPS

Health workers and Health Partnerships continue to rise to the challenge of Covid-19 more than one year into the pandemic.

We have reflected on what this challenge looks like and the many ways we can all respond over the coming months.

In particular, we highlight the following:

1. **Protect health workers** both physically and psychologically.
2. Develop **context specific approaches**, then learn and adapt if necessary.
3. **Maintain quality essential health services** to ensure we have functioning health systems when the pandemic is finally under control.
4. **Fight misinformation** to support health workers safely deliver vital services.
5. **Advocate for vaccine role out** to ensure equity of access to Covid as well as to future vaccines.

FURTHER READING

THET Resources

- [#COVIDPartnerships Synthesis Report](#).
- [Partnerships in a Time of COVID-19 Learning Paper 2020](#).

WHO Resources

- [State of the World's Nursing Report – 2020](#).
- [Quality health services: a planning guide](#).
- [Quality of care in fragile, conflict-affected and vulnerable settings: taking action](#).