

2021 ANNUAL CONFERENCE POWER OF PARTNERSHIP: SOLIDARITY IN THE SHADOW OF COVID #THETCONF



CONFERENCE REFLECTIONS

Over four mornings in October, over 450 friends and colleagues from across the Health Partnership community met to take stock, compare notes and plan for the future at THET's Annual Conference. As this record of our discussions demonstrates, the context in which we met could not have been more challenging or urgent. Pandemic, conflict, reductions in UK Aid spending, stark inequalities in access to healthcare and racism framed our discussions.

The viewpoints of 28 countries informed the conference. We reflected on the extraordinary challenges facing health workers in this International Year of the Health and Care Worker and looked to the future, anticipating the UN Climate Change Conference in Glasgow.

As in previous years, Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), set the tone for our meeting when he reminded us that “*a common threat requires a united, compassionate response.*” It is his repeated calls for solidarity that have inspired so much of our work over the past eighteen months, [including our recent conferences focused on the response to COVID-19.](#)

Only investment in quality health systems can provide the defence we all need against future pandemics, argued his colleague Elizabeth Iro, Chief Nursing Officer at WHO.

“*No one is safe until we are all safe,*” argued H.E. Dr Lia Tadesse, the Ethiopian Minister for Health, highlighting to the unconscionable gap between richer and poorer countries in accessing vaccinations.

It was left to Professor Chris Whitty, Chief Medical Officer of England to proclaim: “*I have never been prouder [to be a healthcare worker] than over the last two years. I think we should celebrate colleagues around the world and all they have achieved.*”

The conference was then, an opportunity to look at the positives, not least in how individuals and Health Partnerships are responding to these challenges. Health Partnerships have worked in solidarity to overcome numerous challenges over the past year – we have been, as Chris Carter, senior lecturer at Birmingham University, described it, “*all-weather friends*” to each other.

A staggering 70 speakers contributed to this year's conferences through presentations, the submission of abstracts and panel discussions. THET is immensely proud to be associated with each and every one of you. And for those of our friends who were not able to join, you can find the materials on [Pulse.](#)

Ben Simms, CEO, THET

AT A GLANCE...
70 SPEAKERS
28 COUNTRIES
455 REGISTRANTS

CONFERENCE SPEAKERS

Professor Judith Ellis, THET
Dr Tedros Adhanom Ghebreyesus, WHO
Professor Chris Whitty, Chief Medical Officer, England
Ben Simms, THET
Chris Carter, Birmingham City University
Emma Wadey, NHS England
Harriet Nayiga, Midwife-led Community Transformation
Joanne Smithson, What Works Wellbeing
Sarah Markham, Calm in a Box
Louise McGrath, THET
Jonty Rowland, Independent Health Systems Consultant & THET
Peter Waiswa, Makerere University
Alastair Ager, Queen Margaret University, Edinburgh
San San Oo, NHS Wales
Dr Shams Syed, WHO
Dr Thinn Thinn Hlaing, THET
Victoria MacDonald, Channel 4 News
Dr Si Thura, Community Partners International
Dr Manal Gas, Ministry of Health Development, Somaliland
Professor Mala Rao, NHS England & THET
Professor Lucie Byrne-Davis, University of Manchester
Sarah El-Sheikha, NHSX
Steve Lee, NHS England & NHS Improvement
Dr Sarah Urassa, Kilimanjaro Christian Medical Centre
Roda Ali Ahmed, University of Hargeisa & THET
Dr David Musoke, Makerere University
Professor Marion Lynch, Independent Global Health Consultant & THET
Judy Khanyola, University of Global Health Equity, Rwanda
Frances Day-Stirk, THET
Mumtaz Patel, Health Education England
Sir Sabaratnam Arulkumaran, St. George's University of London
Dr Yoseph Mamo, THET
Susana Edjang, Independent Consultant
Jane Hutt MS, Welsh Government
Elizabeth Iro, WHO
H.E. Dr Lia Tadesse, Ministry of Health, Ethiopia
Edward Tonkin, THET

Dr Cornelius DoDoo, University of Health and Allied Sciences, Ghana
Dr Khem Pokhrel, THET
Dr Emma Mitchell, North Bristol NHS Trust
Dr Matthew Harris, Imperial College London
Rob Yates, Chatham House
Itai Rusike, Community Working Group on Health, Zimbabwe
Dr Sonia Akrimi, Zambia Anesthesia Development Program
Mirai Chatterjee, Social Security at Self-Employed Women's Association
Dr Kit Chalmers, THET
Gail Marzetti, UK Department of Health and Social Care
Perpetual Ofori-Ampofo, Ghana Registered Nurses and Midwives Association
Professor Liz Grant, University of Edinburgh
Tom Hughes, Health Education England
Lisa Kelly, THET
Saleyha Ahsan, NHS
Nick Pahl, Society of Occupational Medicine
Wisdom Chelu, Ministry of Health, Zambia
Professor Ged Byrne, Health Education England
Anne Austen, THET
Professor Saleemul Huq, International Centre for Climate Change & Development, Bangladesh
Mark Mwanza, Northern Technical College, Zambia
Dr Linda Gibson, Nottingham Trent University
Dr Diane Ashiru-Oredope, Commonwealth Pharmacists Association & UK Health Security Agency
Professor Francis Omaswa, ACHEST
Sarah Cavanagh, Commonwealth Pharmacists Association
Grace Drury, University of Oxford
Dr Sophie Foot, HEE Improving Global Health Fellow
Joy Kemp, Royal College of Midwives
Michael Ng, Royal Devon Exeter Hospital
Richard Skone James, THET
Jessica Beagley, Global Climate and Health Alliance
Renzo Guinto, College of Medicine, Philippines
Marcus Wootton, RCPCH Global

BUILDING RESILIENCE

As an urgent reminder of the need for resilient systems that can withstand shocks, Dr San San Oo, Associate Specialist in Paediatrics, described the humanitarian disaster fuelled by COVID-19 and near total collapse of the health system in Myanmar as “*A lesson to the world, lived by Burma*”. By creating flexible systems, investing in primary care and our health workers, we can build resilient systems.

KEY MESSAGES

We need system-wide thinking when adapting to challenges. The ability to adapt depends on empowerment of healthcare workers to recognise and act on system faults. The capacity of a system to absorb a shock, and then adapt to that stress is the marker of a resilient system, and transformation in response to acknowledged system weaknesses is key.

Political will, alongside education, engagement and cooperation of communities will lead to stronger, more resilient health systems. Dr Cornelius Dodo, lecturer at the University of Health and Allied Sciences, stated that “*no country is isolated, and we must work together*” to curb antimicrobial resistance and achieve UHC. Trust, alongside an engaged, informed and health-literate community is key to reducing the impact of disease outbreaks on health systems in the future and mobilising a government response that is responsive to the needs of the people.

There is an urgent need to ensure that health systems are strengthened and resilient to future challenges. In the first instance there must be action and advocacy to ensure that vaccines are available in LMICs. Sharing expertise and supporting resource mobilisation can help to create resilient systems in LMICs. This work must continue post-COVID-19 to ensure progression of UHC and protection against future pandemics. Partnerships are ideally placed to advocate and act on this.

“Real change requires transformational action and we all need to recognise our responsibility”

Professor Mala Rao
Medical Adviser, NHS England

CASE STUDY

ZAMBIA

Lowering equipment costs and improving patient care, a diploma scheme to train biomedical engineering technologists (BMETs) in Zambia represent practical actions to sustainably improve the quality and resilience of healthcare provision. BMETs repair essential medical equipment in-house, saving much needed time and money. Their repair of oxygen concentrators during the pandemic is just one example of their value.

HEALTH WORKER WELLBEING

The statement “*To do well, we must be well*”, made by Sarah Markham, Founder and CEO of Calm in a Box resonated throughout the conference, but how can we make this a reality?

KEY MESSAGES

Wellbeing is central to resilience, and it needs to be nurtured and supported, to the benefit of both the individual and the employer. While wellbeing is personal and subjective, employers must support their staff. To improve wellbeing, a range of measures known to be protective against the long-lasting effects of difficult working conditions are needed. These include good management and leadership, strong teamwork, and simple psychological interventions within teams. Good relationships and a sense of satisfaction are key to workplace wellbeing, and with it staff retention and health system resilience.

Data gathering on wellbeing is key to influencing organisational strategy and generating a response. We heard that an ongoing study of UK critical care staff had found alarming rates of mental ill-health as a result of the pandemic. By escalating findings and identified risk factors to the highest levels of leadership, it has been possible to make changes to policies in NHS England, to protect staff. Robust data – which can be collected in any country – can drive change within health systems.

High- and low-/middle-income countries can learn from each other, and engaging in global health activities may support healthcare worker wellbeing. There are strong examples from LMICs, from embedding mental health practitioners within acute care teams to the Zimbabwean “Friendship Bench” model, which high income countries (HICs) can learn from. Taking part in well-planned global health activities can improve team work and contribute to a sense of “connectedness” and purpose. Rather than adding a burden, this allows global health engagement to re-energise people.

Engagement of diaspora in networks and training throughout their careers, with a focus on cultural competency and leadership, will aid future representation. Professor Jacqueline Dunkley-Bent, England’s Chief Midwifery Officer, believes there is much to do in preparing diaspora for success, and leaders have a responsibility for this. The NHS can foster a sense of belonging for diaspora staff by enabling involvement in non-clinical aspects of their career.

Ensuring the NHS benefits from the strengths, experience, and perspectives of diaspora staff is at the heart of our latest policy report, *Experts in Our Midst*, available on our [website here](#).

GOING GREEN

The climate crisis threatens the essential ingredients of good health: clean air, water, food supply and shelter. Beyond this tackling climate change could be the greatest opportunity to improve global health and achieve equity and sustainability in our lives.

KEY MESSAGES

Greater multi-sectoral working is imperative to address health threats holistically. Climate change is a “threat multiplier”, where health impacts are a function of exposure and vulnerability, with those in LMICs particularly vulnerable. The impacts of the climate crisis on health are wide-ranging, and so require a joined-up approach to mitigation.

Health systems need to respond to these factors by improving health prevention strategies, ensuring that those most affected – often marginalised groups – are included.

There is a need for consultation with colleagues living and working in challenging environments to ensure shared knowledge and learning. There is an opportunity for shared learning with colleagues already suffering the impact of climate change. However, we should be cognisant of low resource settings – often ‘green’ by necessity – and necessary improvements in service provision should limit environmental impact where possible.

Individual actions need to be matched by system-wide action. There remains much work to be done in high income countries, at institutional and system levels, to reduce the climate impact of healthcare provision. This is a shared problem, and we all have a role to play.

SOLIDARITY

Following on from 2020 as the year of the nurse and midwife, Elizabeth Iro and Dr Lia Tadesse opened the session with some sobering messages on the impact of the pandemic on healthcare workers. Despite hardship, we can draw hope and strength from the resilience and solidarity that health partnerships have shown, and use this strength to shape our future health systems.

“Healthcare workers are better at delivering solidarity than many of us and are needed more than ever.”

Dr Lia Tadesse
Minister for Health, Ethiopia

OUR GLOBAL COMMUNITY

The pandemic has reinforced the interconnected nature of systems that we’re all part of. To solve the issues that face us, we must all work together to ensure true mutual benefit.

This applies to all issues within global health, particularly ensuring that recruitment of international healthcare workers to HICs becomes a “win-win”, as Dr Gail Marzetti, Head of International Workforce at the UK Department of Health and Social Care, emphasised.

KEY MESSAGES

For partnerships and international recruitment of health workers to be truly mutually beneficial, there is need for sustained reform and investment. While health workers have the right to pursue different opportunities overseas through migration, this leads to a loss of skilled professionals and the investment in their training, impacting on the nation’s income and productivity. Mrs Perpetual Ofori-Ampofo, President of the Ghana Nurses and Midwives Association, believes that for health worker migration to be truly beneficial, countries like the UK should invest in future gains for LMICs, for example actively supporting provision of quality healthcare training and workforce planning.

‘Global Britain’ must recognise the nuances and power dynamics which health partnerships at all levels should foster. The pandemic has proven that the greatest threats to health do not stop at borders and should prompt thinking on the interconnectedness of our systems, populations and the role we all play as global citizens. For ‘Global Britain’ to become a force for good, there needs to be a reframing of the values which underpin global outputs, to ensure that policies do not place UK self-interest above the needs of others.

People-centred approaches, including with diverse ethnic groups and between different communities, are required to support health initiatives, hold authorities to account and tackle societal norms. Dr Si Thura, in his role as Executive Director of Community Partners International, has been working with local organisations in Myanmar to distribute humanitarian supplies to the hardest to reach communities. Using these community-based partners, with knowledge of the local situation, demonstrates how capacity building of such organisations – before there is instability – can produce resilience within the humanitarian system.

Nurses, midwives and other healthcare workers must be involved in the strategic planning of health systems. By combining knowledge and ensuring representation of all members of the workforce in planning and development stages, we can create a global workforce which is educated, well-governed and resilient.

SPOTLIGHT...

Appointed Wales’s Minister for Social Justice in 2021, Jane Hutt MS shared a message of hope and progress. She detailed Wales’s long and proud history of challenging oppression, and Ms Hutt’s ambition to see Wales as “*a nation of sanctuary*”, where the door is not just open to all, but where their potential will be recognised and realised. Ground-breaking legislation, such as the Well-being of Future Generations Act, demonstrates that where there is will for a common goal, progress can be made.

RISING TO BIG CHALLENGES

From antimicrobial resistance (AMR) to pandemics, the Health Partnership community is rising to address critical global health threats. From hidden resistance to a lack of access to treatment, we are on the frontline of the response.

KEY MESSAGES

A collaborative, multifaceted and one health approach is needed to tackle AMR, for global good. With a dearth of antimicrobials in development, the need for antimicrobial stewardship to avert what Diane Ashiru-Oredope, Global AMR lead for the Commonwealth Pharmacists Association, called “the silent pandemic”, is more urgent than ever.

The Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) programme, set up before the coronavirus pandemic, has facilitated bi-directional learning throughout this period. Such international collaboration and a ‘one health’ approach are crucial to addressing the combined threat of novel infectious diseases and AMR.

We must apply learning from the successes and failures in controlling COVID-19 and apply these to the big challenges. Considering that many determinants of health are also determinants of vulnerability to climate change and other crises, a global, multi-sectoral approach is needed which centres the needs and voices of those most vulnerable.

COVID-19 has highlighted the weaknesses in global solidarity, particularly at governmental level, where nationalistic policies have resulted in vaccine inequity.

This crisis represents an opportunity for reform and could become a catalyst for progression of UHC. Advocating, through partnerships, for greater global solidarity, funding and equity in health is an obligation for us all.

“Countries with the most financial muscle have control of the global supply of vaccines while the world’s poor have been left behind. This is epidemiologically self-defeating and undermines our global recovery.”

Dr Tedros Adhanom Ghebreyesus,
Director-General, World Health Organization

REASONS FOR HOPE

The health partnership model, born out of solidarity, has shown its ability to adapt to the challenges of the pandemic. As Dr Su Lwin, co-founder of the Burma Skincare Initiative, put it, health partnerships have displayed “*disruptive innovation*”, and a holistic understanding of specific needs and capacity is a result of close, joint working. New approaches will always bring challenges, but it is clear that these can be overcome with creativity and determination, using solidarity as a guiding principle.

Creating solidarity through partnerships and developing compassion supports the development of quality healthcare. As Professor Francis Omaswa, Executive Director of ACHEST said, to provide “*Every person in every village around the world*” with access to healthcare staff, the development of bilateral agreements – in line with the Kampala Declaration – is needed to build a global pool of qualified and mobile health workers. Involving partnerships to improve training, global accreditation and capacity building, alongside an emphasis on compassion and demonstration of early successes, will aid the global workforce crisis and improve availability of quality healthcare.

Partnerships and collaboration at all levels remain key to post-pandemic rebuilding.

“*The world has been turned into a small village*” according to Dr Lia Tadesse, and collaboration across borders has never been more important. COVID-19 has been a significant challenge, but represents an opportunity to recognise and act on weaknesses. As Dr Tadesse explained, in the face of UK aid cuts, partnerships have been a vital support for health system strengthening in Ethiopia. We can all draw motivation and inspiration from the solidarity associated with partnerships, and in a shifting and challenging context of disease, “*Healthcare workers are better at delivering solidarity than many of us and are needed more than ever*”.

CONTACT US

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