

Transformative Pathways for a Healthy Recovery



CONFERENCE REFLECTIONS

COVID-19 has devastated the lives of millions. By the time we met for our third and final #COVIDPartnerships conference in April 2022, the World Health Organization was attributing [at least 15 million excess deaths](#) to the pandemic. But the impact of COVID-19 has been more profound even than this. Alongside the loss of loved ones, we have seen the devastation of people's economic lives and an immeasurable impact on people's wellbeing, not least that of the health workers who are at the centre of our thoughts in our work generally, and at these conferences.

The first conference took place in April 2020. We had been inspired by the words of Dr Tedros Abhanom Ghebreyesus, Director General, World Health Organization: "The way forward is solidarity: solidarity at the national level and solidarity at the global level." 54 countries were represented at that [Partnerships in a time of COVID-19](#) conference which gave practical expression to this call from Dr Tedros. I am delighted that we have been able to largely maintain this level of engagement in our conferences throughout the course of the pandemic.

By the time of our [second conference](#) in March 2021, we had learnt to recognise the pandemic as a syndemic and grown more comfortable about identifying and calling out racism and inequality. We had followed the WHO in calling for Vaccine Equality across nations, something we have singularly failed to achieve. And that of course, is the point. So much has not been achieved, and this is the unwelcome truth that must inspire us to capture the lessons from this pandemic, to reshape our work in global health in ways that address these structural and systemic barriers to achieving health for all.

As we met for our third and final conference in April 2022, we detected a further danger: that we are at risk of moving too rapidly on from recognising the maelstrom of factors that shaped this pandemic. COVID-19 has re-shaped the way we run Health Partnerships, particularly through the use of technology, but the work to address racism and inequality is far from finished. There is too, the increased awareness of climate crisis. I am writing this foreword for example, the day after the UK recorded temperatures of over 40C (104F) for the first time. A central purpose of our final conferences and of this report, is to ensure that we do not revert to the 'old normal'.

At the core of this is what Dr Shams Syed of the WHO terms "learning with humility and acting with intensity".

In the foreword to our first conference report in April 2020, I expressed our collective view that as the pandemic passes from one continent to the other, affecting all in turn, we must remain restless in our determination to express our solidarity with each other. The Health Partnership community has excelled in this respect and it is this momentum that we must build on as we face the immense challenges ahead of us.

On behalf of us all at THET, thank you for engaging in these conferences, and for the work you do through Health Partnerships.

Ben Simms, Chief Executive, Tropical Health and Education Trust (THET)

AT A GLANCE...
30 SPEAKERS
38 COUNTRIES
300+ REGISTRANTS



CONFERENCE SPEAKERS

Dr Jemima A. Dennis-Antwi
 Trustee, THET

Dr David Weakliam
 Director, Global Health Programme | Health Service
 Executive Ireland (HSE)

Dr Shams Syed
 Unit Head Quality of Care, WHO headquarters

Dr Navina Evans
 Chief Executive | Health Education England

Dr Rudi Eggers
 Director, Integrated Health Services | WHO

Prof Francis Omaswa
 Chief Executive African Center for Global Health
 and Social Transformation (ACHEST)

Dr Bernard Mbwele
 Lecturer, University of Dar es Salaam Mbeya College
 of Health and Allied Sciences

Sharmin Shobnum Joya
 Project Manager | Bangladesh Midwifery Society

Dr Kit Chalmers
 Head of Policy and Learning | THET

Brittn Grey
 Executive Director, Global & Domestic Immersion
 Programs | Providence Health System

Gila Zarbiv
 Certified Nurse Midwife, Masters in Woman's Health (CNM, MSN)
 Hadassah Ein Kerem | Israeli Midwives Association

Amanda Banda
 Co-chair | Healthworkers for All Coalition

Dr Goran Zangana
 Speciality Doctor in Acute and General Medicine | NHS Lothian

Bruce Compton
 Senior Director, Global Health | Catholic Health Association
 of the United States

Ingvild Andresen
 Practice Development Nurse | Department of Global Health,
 Oslo University Hospital

Dr Thinn Thinn Hlaing
 Country Director | THET Myanmar

Sana Gul
 Community Health Nurse | Aga Khan Health Services, Pakistan

Dr Sheba Gitta
 Country Director | THET Uganda

Thomas Hughes
 Head of Global Partnerships | Health Education England

Noah Wubishet Ayele
 National MHPSS-TWG Coordinator | Ethiopian Public Health Institute

Thet Win Aung
 Programme Support (Myanmar) | Cambridge Global Health Partnerships

Jo Burns
 Associate Head of the NHS Export Collaborative | Department for Interna-
 tional Trade

Dr Zaw Wai Soe
 Union Minister, National Unity Government | The Republic of the Union of
 Myanmar

Nura Aided Ibrahim
 Country Director | THET Somalia/Somaliland

Dr Mustafe Mohamed
 Medical Doctor at Imperial College Healthcare NHS Trust

Dr Abdishakur Ahmed

Mohamud Osman
 Health Program Officer at IOM - UN Migration

Dr Cally Tann
 Associate Professor Global Newborn Health & Early Child Development

ALL HEALTH IS GLOBAL

In our third and final COVID conference we took time to reflect on the enormity of the impact of COVID-19, and to consider what we have learned. As Dr Rudi Eggers, Director of Integrated Health Services at the World Health Organisation, noted in his [opening keynote address](#): **“learning has the potential to shape partnerships of the future ...” and with it, health for all.**

More than anything else, the past two years have taught us how connected our world is. The issues that affect us as individuals, affect our neighbours. COVID-19 is a global pandemic, but it has been experienced by each community and in each hospital, and the response locally has affected the response globally. Therefore, by improving the ability of local systems to deliver the best possible care, we are working to improve care everywhere.

We have felt the interconnection and interdependence of our health systems and now, like never before, we can so easily connect with colleagues around the world. Gila Zarbiv, a Nurse Midwife and member of the Nursing Now

Challenge, told us that technology has enabled us to “collaborate and cooperate across oceans.”

Technology has proven vital and has very often improved the work of Health Partnerships. Interventions have reached staff and communities further afield, and opportunities to take part in, and to lead this work have widened to include a wider range of people. Such knowledge sharing allows us to all to learn from others with humility and action that learning to apply to our own contexts.

As we slowly emerge from the pandemic, there are opportunities to realign health systems and thinking to ensure that it is truly global and representative. Moves to decolonise health, research and markets should keep those based in low- and middle-income countries (LMICs) central in thoughts and discussions.

Health Partnerships are ideally placed to make progress here, ensuring that LMIC and HIC partners have equal responsibility both to lead and to learn, so that all partners are heard as we reshape the future of health for all.

KEY MESSAGES

- Local is global.
- Learning from COVID-19 will drive wider improvements in health.



“We must think globally, even when we act locally.”

Dr Navina Evans
 Chief Executive | Health Education England

IN PURSUIT OF QUALITY

Prioritising COVID-19 has impacted access to and quality of care. Dr Shams Syed, Head of Unit, Quality of Care at the World Health Organisation, led a session examining how Health Partnerships have maintained a focus on the quality of healthcare, despite the challenges. Noah Wubishet, mental health unit lead at the Ethiopian Public Health Institute, described a project focused on the wellbeing of health workers, which provided tools improve resilience through understanding emotions and connecting with colleagues. Wellbeing is both central to quality health care and uniquely suited to focus within Health Partnerships. It is also a prerequisite for [compassion](#) and, as Dr Rudi Eggers told us, “Let us remember the power that compassion yields.”

The journey towards quality care is ongoing, as are our efforts. But quality of care means nothing without access to that care: improvements in quality and access must go hand in hand. Technology is now key to achieving this. We heard a prime example from Myanmar, where a telemedicine service developed by Cambridge Global Health Partnerships has reached **9,000 patients in just six months**. Alongside provision of remote training and alignment to international guidelines, this has improved both access to and quality of care.

In April 2020, as the pandemic was growing, this [conference](#) discussed the need to “get back to basics” by focussing on infection prevention and control. Very many Health Partnerships have done exactly this, but we now know the variety of other activities they have offered, positioning institutions

and services to deliver quality of care beyond COVID-19.

Investing in the resilience of healthcare workers and facilitating their delivery of quality health services, will create health systems that are resilient to shocks.

KEY MESSAGES

- **Technology is key to improvements both in quality of and access to care.**
- **Quality health systems depend on the people who deliver care, and we must invest in a healthy and resilient workforce.**



THE COMMONALITY OF HEALTH

We have all felt the impacts of COVID-19 and there have been common challenges, but individual experiences have differed substantially. Access to vaccines were referenced as an example throughout our discussions: over the two-year timeframe of our COVID conference series, more than [11 billion COVID-19 vaccine](#) doses have been delivered, and we celebrated this remarkable achievement. But pervasive inequalities have impacted the vaccine roll-out and, despite equal need, many LMICs remain [well below the WHO's target](#) for population coverage.

Dr David Weakliam, of ESTHER Ireland, [led a session](#) examining the spaces where solidarity had, and had not, been achieved. Amanda Banda, Co-chair of Health workers for All Coalition, described how wider global systems challenge solidarity, often placing markets rather than people at the centre of discussions. Dr Goran Zangana, an Acute Medicine doctor at NHS Lothian, argued that colonial legacies remain toxic before moving to describe how Health Partnerships must work against this, taking a truly mutual approach. Dr Jemima Dennis-Antwi, a nurse midwife and THET trustee, urged us all to take responsibility for these issues, working to reduce inequalities. The complexity of delivering on this agenda was highlighted by Dr Thinn Thinn Hlaing, Country Director of THET Myanmar, who reminded us that even the best policies cannot be delivered amidst conflict.



KEY MESSAGES

- **Health partnerships can lead by example in demonstrating solidarity and equality.**
- **We must work to retain any gains in solidarity won through the COVID-19 response.**
- **The inequalities shown by the pandemic remain and can be addressed.**



COVID-19 nonetheless inspired greater solidarity across borders, through the sharing of knowledge and in collaborating to respond to a common enemy. It has shown us that local learning can travel and is valuable to all. Commonalities go beyond technical factors, to support systems which build bridges between communities, health systems and countries. Progress towards health equity relies on retaining these hard-won gains.

To achieve health equity and equitable partnerships, we must, as Dr Shams Syed put it, commit to “learning with humility and acting with intensity”. We must also recognise that equity does not mean taking the same approach everywhere. Experiences and contexts are diverse; listening and learning is the starting point for action on equity. Bruce Compton, of the Catholic Health Association of the United States, summed this up perfectly: “Nothing about us, without us.”



A PLACE FOR PARTNERSHIP

Many of the positives of the COVID-19 pandemic – such as the sharing of data, knowledge sharing and best practice – have been born from partnerships, and the human relationships they foster. Colleagues and friends used each other as resources, sharing the burden as the crisis developed.

Institutional Health Partnerships have played a catalytic role in strengthening local practices. But they must be connected to the wider health system, to maximise impact. Partnerships understand the realities of preventing and treating ill-health in their context. Coupled with insights from the communities they serve and the lived experience of practicing healthcare workers, this provides a powerful basis for policy dialogue.

Professor Francis Omaswa, Executive Director of ACHEST, described the power of institutional connections and networks. To address unethical recruitment from Uganda by UK agencies, ACHEST worked with THET, approaching UK and Ugandan governments and the WHO to raise awareness. The advocacy was successful, leading to [better scrutiny and control of UK international recruitment](#).

In the [concluding roundtable discussion](#), Jo Burns of Healthcare UK similarly told us “Partnerships, and the global networks within which they belong, have the power to amplify the voices of healthcare workers onto the world stage.”

Closing the conference with a final keynote address, Professor Zaw Wai Soe, Union Minister for the National Unity

Government, Myanmar, described how partnerships can drive health equity, with those based in the high-income countries acting in solidarity, as allies, to “... support colleagues in the global south to advocate for themselves within the global system.”

“With solidarity, we will prevail.”

Dr Zaw Wai Soe

Union Minister, National Unity Government | The Republic of the Union of Myanmar

KEY MESSAGES

- **Partnerships may be effective locally, but their impact will be amplified by connections to health systems and networks.**



“When all of our priorities, activities and initiatives can be combined, the whole that we bring through partnerships has the potential to be so much greater than the sum of its parts.”

Dr Navina Evans

Chief Executive | Health Education England



LOOKING TO THE FUTURE

Our global commonalities and our differences have been epitomised by COVID-19. But our future is shared, and so too must be our actions. Health Partnerships, if organised and connected with one-another, their communities, and their wider health systems, can lead the drive towards quality universal health coverage. The flexibility and collaboration which Health Partnerships have shown is part of the way forwards.

Health Partnerships connect institutions, but communities are at the heart of their work, and it is there that many COVID-19 interventions have been effected. Primary healthcare will be pivotal in a post-COVID-19 world and, with the involvement of communities, we must work to build more robust systems which are ready to withstand shocks and pressures.

Well-functioning health systems are backed by funding, evidence-based practices, cultural sensitivity and respect, and partnership working should continue to advocate for this. Both HIC and LMIC partners must continue to work towards equitable relationships, which will strengthen their work. The virtual connections of the pandemic will support this, as we have seen, facilitating greater ownership of projects and activities by LMIC partners.

The route from local to global is clear in matters of health and disease, and in the ways change can happen. We know that the work of partnerships during COVID-19 has helped colleagues and their communities all over the world to weather the storm, but there is more to be done.

NEXT STEPS:

The work of Health Partnerships and healthcare professionals throughout the pandemic has continually adapted and risen to the many new challenges.

To build on the progress:

- » Remember that the local is part of the global: small changes make a difference and can have the power to influence others.
- » Maintain flexibility and a focus on quality of care.
- » Capitalise on and grow digital connections and interventions, to strengthen partnerships and to increase reach and scale of activities.
- » Advocate to place health workers and communities within LMICs at the centre of decision making on health, to address inequalities.
- » Focus on the wellbeing of health workers, and press for greater investment in the health workforce – the beating heart of health care.

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A global community that enables health professionals to:



CONNECT



CREATE



COLLABORATE

SCAN ME!



Collaborate with colleagues across the world on Pulse!

Pulse is an online community of practice for health workers involved in global health projects. Launched in 2021 as a response to COVID-19, Pulse aims to enable the sharing of learning, collaboration and a sense of community amongst Health Partnerships and volunteers. With over 1000 members of the health partnership community signed up across over 50 countries, the platform aims to capture best practice to strengthen health service delivery globally and strengthen networks of support and collegiality across borders.

You can sign up to the platform [here](#) or download the Pulse app on Apple or Android.

For potential collaboration, please contact ciaran.barbour@thet.org

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