



October 2022

THET's 2022 Annual Conference

Reframing Health Partnerships: Diverse Voices In A New Era

Learning Paper

Introduction

It is the passion—and purpose—of Tropical Health and Education Trust (THET) conferences to bring together disparate voices, perspectives and thinking from across the Health Partnership community.

The conversation between our founder Professor Sir Eldryd Parry and Susana Edjang recorded for our 2022 Annual Conference powerfully captures this. We see two extraordinarily intelligent commentators on global health acknowledging the vastly different lived experiences that brought them together to work at THET in the 2000s. They explore the spirit of collaboration that bound them and continues to bind so many others in striving towards a world in which access to decent healthcare for everyone is a reality.

That recording is made more special by the fact that one month after the conference took place, Eldryd died. THET lost its founder. Many more of us lost a mentor and one of the best listeners we will ever meet.

Dr Tedros captured the spirit of global Health Partnerships, and the principles which shaped Eldryd's work and legacy, in his opening reflections on the importance of “building bridges across borders and across disciplines”. Building effective bridges requires a diversity of thought and ideas, humility and clarity of purpose. It is this formula which makes the ever-changing landscape of Health Partnerships so exciting.

This Conference gave us the space to reflect on just how critical new thinking and ideas are during a period where we've seen the greatest global health challenges of a generation. Tikhala Itaye, Director of Movement Building for Women in Global Health put it powerfully: “It is with our diversity that we can forge strong collaboration to help meet the health challenges that face us all”. Together we delved into what this looks like in practice, inspiringly so in a session made possible by Wellcome Trust that looked at what makes for effective, ethical partnerships by addressing the underlying power dynamics that are at play.

Addressing such power dynamics is something that THET is committed to in our work with partners across the globe. We're a global organisation, and our conferences are increasingly so: this year 54% of participants were from low- and middle-income countries.

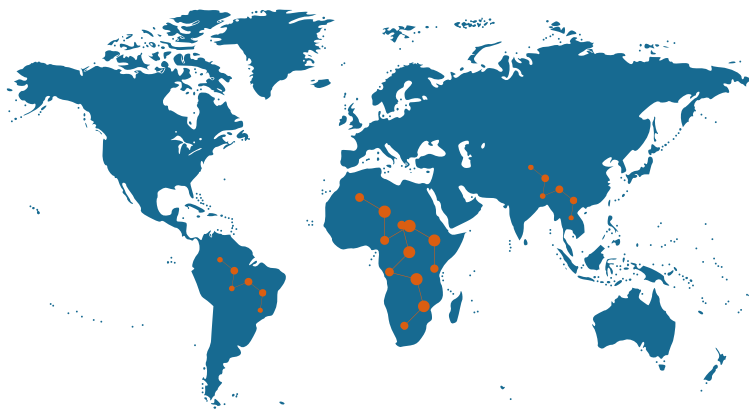
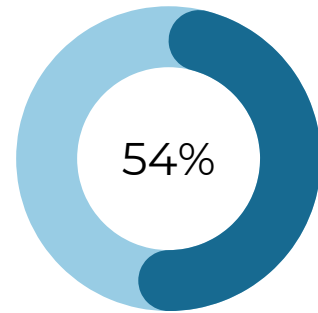


Figure 1: Map showing the geographical distribution of LMIC participants



54% of participants coming from low- and middle- income countries

We believe passionately in the importance of broadening the platform this Conference provides and were privileged to hear from early-career nurses like Gaunima Manadhar, whose opening keynote reflected on her experience as a Nursing Now fellow in Nepal and the value of sharing knowledge and solidarity with colleagues across borders. The opportunity to have Gaunima there sharing her experience on an international stage alongside the Honorable Sylvia Masebo MP, Zambia's Minister of Health, speaks volumes to us. Yet the global health space is still far too exclusive.

That's why Lord Crisp's concluding remarks celebrating health workers as **'the agents of change and curators of knowledge'** stays with me and continues to guide me in the work that we do. Our collective endeavour as a community is to recognise and celebrate agents of change in every shape and form—across sectors, countries and disciplines—and to continue creating spaces to challenge and be challenged in generating new ways of thinking and doing. In doing that, we continue to forge Health Partnerships that together drive progress towards a healthier future.

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

Conference in numbers

64

Speakers



30

Countries



358

Registrations



Speakers

- Dr. Tedros A. Ghebreyesus | WHO
- Ben Simms | THET
- Dr. Richard Horton | The Lancet
- Honorable Sylvia Masebo, MP, Minister of Health | Zambia
- Gaunima Manandhar | Registered nurse in Nepal
- Prof. Mala Rao OBE | Imperial College London
- Rachel McLean | Centre for Sustainable Healthcare
- Mohon Kumar Mondal | LEDARS (Local Environment Development and Agricultural Research Society)
- Dr John Jamir Benzon Aruta | School of Medical and Life Sciences, Sunway University, Subang Jaya, Malaysia
- Dr Thinn Thinn Hlaing | THET
- Richard Skone-James | THET
- Dr Goran Zangana | NHS Lothian
- Anna Lee | Wellcome Trust
- Professor Asante Awuku | University of Health and Allied Sciences, Ghana
- Prof. Andrew Leather | King's College London
- Dr. John Paul Bagala | Uganda UK Health Alliance
- Dr Tom Bashford | NIHR Global Health Research Group on Neurotrauma
- Dr Rowan Burnstein | Anaesthesia and Intensive Care, Cambridge
- Andrew Fryer | Royal College of Emergency Medicine

- Dr Sikiratu Kailani-Ahmadu | Royal College of Obstetricians and Gynaecologists' Making Abortion Safe programme
- Asiya Odugleh-Kolev | WHO
- Francis Fernando | North East London NHS Foundation Trust
- Dr Sulaiman Lakoh | Freetown, Sierra Leone
- Dr Nick Bass | East London NHS Foundation Trust
- Dr Dang Duy Thanh | Khanh Hoa Psychiatric Hospital
- Megan Challis | Wellcome Trust
- Paul Matthews | Surrey and Sussex Healthcare NHS Trust
- Dr. Sheba Gitta | THET
- Dr Musa Sekikubo | School of Medicine, Makerere University
- Roda Ali Ahmed | THET Trustee
- Justin Ash | Chair of Trustees, THET
- Tikhala Itaye | Global Movement Building Women in Global Health
- Gill Knight | NHS Wales
- Vanessa Carter | Patient Advocate for Antimicrobial Resistance
- Prof. David Phillips | University of Southampton
- Dr Barnabas Kwame Yeboah | Ghana Ministry of Health
- Dr Rosie Mayston | King's Global Health Institute
- Victoria Hollertz | UKHSA
- Ciaran Barbour | THET
- Emily McMullen | NHS Health Education England
- Madhukar Bose | Department for International Trade
- Aliyu Nuhu Ahmed | London School of Hygiene and Tropical Medicine, MRC Unit The Gambia
- Isabela Borges | Federal University of Minas Gerais, Brazil
- Clara Rodrigues Alves de Oliveira | Federal University of Minas Gerais, Brazil
- Prof. Kelechi Nnoaham | Wales and Africa Health Links Network
- Moses Mulimara | NHS Health Education England
- Janerose Buyiekha | Betsi Cadwaladr University Health Board
- Bernard Okeah | Betsi-Kenya Health Link
- Lucy Obolensky | University of Plymouth
- Dr San San Oo
- Marcus Wootton | Royal College of Paediatrics and Child Health
- Prof. Marion Lynch | Global Health Consultant
- Dr. Shams Syed | WHO
- Evelyn Brealey | Cambridge Global Health Partnerships
- Hamdi Issa | Ministry of Health and Development, Somaliland
- Muleba Matafwali | THET
- Professor Sir Eldryd Parry, KCMG OBE | Founder of THET
- Susana Edjang | World Food Programme
- The Lord Crisp KCB | Crossbench Peer and THET Patron
- The Baroness Finlay of Llandaff | Crossbench peer and co-chair of the APPG on Global Health
- Kathy Burgoine | Born on the Edge
- Dr Prisca Kizito | Mbarara Regional Referral Hospital

Driving action beyond promises on diversity in Health Partnerships

The communities within which we exist are many and varied – with our colleagues, neighbours, friends or strangers around the world. In ensuring broad representation of knowledge, skills and experience within them, we create a rich environment for progress. The different dimensions of this were a core theme of conference discussions.

KEY MESSAGES

Language has implications for inclusion

Although there are many different similar terms to ‘diaspora’, it is important to note, as Kelechi Nnoaham, Chair of the Wales and Africa Health Links Network, argued, that language is “one of the most effective tools for ostracising people, creating divisions and exclude them from conversations”. Language is a barrier to diaspora involvement in global health, particularly when many may not recognise themselves as a member of the diaspora. Lucy Obolensky, Associate Professor of Global Health at Plymouth University, recommends we create a culture where all feel welcome by listening to the barriers are and considering together how to overcome them.

Narrow decision-making processes lead to worse policy and practice

Effective inclusion necessitates that at every point in the decision-making process, those who are delivering care or impacted by policy, are involved. When applied to the health partnership model, the involvement and voices of people at a community level promotes greater equality.



The notion of community as being a space where people come together is no longer just a geographical location

Asiya Odugleh-Kolev,
Technical Officer, WHO
Quality of Care Team

Gill Knight, Nursing Officer for the Welsh Government, spoke of the need to “create a more positive working culture”, utilising data to recognise where members of the diaspora disproportionately hold lower band roles within the UK health system and using the Anti-Racist Wales Action Plan to address this.

Transformative approaches require practical steps and more resourcing to address root causes of inequalities.

Mainstreaming gender and ensuring diaspora involvement with Health Partnerships is essential in practically addressing key barriers to health and inclusion. As Hamdi Isa, Director of Community Health at the Somaliland Ministry of Health argued, while our work may never be perfect “so long as we are committed to listening openly to all and acting, then partnership can be a vehicle for true, equal collaboration”.

SPOTLIGHT ON MYANMAR

Across 2021 and 2022, THET convened over 50 individuals and organisations as part of the Health Partnerships for Myanmar group, working together to support healthcare workers suffering persecution since the coup. Marcus Wootton, Programme Manager at the Royal College of Paediatrics and Child Health and Dr San San Oo, a medic in the UK and member of the Burmese diaspora, highlighted some of the group’s key achievements since the coup:



3,500



Training 3500 nurses and midwives

through virtual sessions on clinical analysis, emergency treatment and leadership.

30,000



30,000 views for clinical training videos

and over 24,000 active users accessing clinical guidance.

1,000



Supporting the continued medical education of 1000 junior doctors

by developing an online undergraduate medical degree curriculum.

Democratising knowledge and action in Health Partnerships

COVID-19 highlighted the power of the Health Partnership community in protecting communities and their ability to act as a vehicle for both equality and universal health coverage.

KEY MESSAGES

Communities of practice are critical for strengthening knowledge sharing

Whether online social platforms, virtual grand rounds as in the Health Education England SCALE programme, or multi-sectoral groups acting together on a single issue, communities of practice have inclusivity and bi-directional learning at their core. This strengthens global health outputs as a whole, by facilitating the sharing of different solutions to common problems.

Health Partnerships must amplify local work to the global level

Dr Shams Syed, Head of Unit, Quality Care, WHO argues that institutional Health Partnerships have the ability – and responsibility – “to ensure that the voices of smaller partnerships are placed within the wider partnership arena” and their achievements amplified.

The full power of Health Partnerships are only unlocked when there is a central focus on parity

Parity in esteem, knowledge, learning, decision-making and responsibility is central to creating more powerful Health Partnerships. By reframing Health Partnerships to focus on their own equality alongside their work, it facilitates the fullest deployment of skills and experience. Through such parity, Health Partnerships can naturally reframe their work as in their mutual interest and benefit, where greater inclusion drives capacity development for all involved.

Health Partnerships need political buy-in at all levels

While often Health Partnerships are formed at the clinical, personal level, having a Health Partnership created and driven by Memorandums of Understanding at the national and institutional levels gives the clout of ministerial approval and local ownership from the outset. Dr Kathy Burgoine, paediatrician at Born on the Edge, stated “one of the key benefits is the accreditation of training. By taking the top-down approach, training is more useful as it’s accredited by the government, where NGOs would struggle”. This approach then lends credence to the grass-roots efforts and personal relationships typical of many Health Partnerships.

Harnessing the power of an inclusive global health workforce

Across different countries and contexts, recent years have been some of the most challenging for health workers in decades. Many Conference speakers emphasised the need to protect more than future patients—to protect our healthcare workers, our communities and those within them.



We have to cherish our people

Richard Horton,
Editor-in-Chief,
The Lancet

KEY MESSAGES

Solutions to the stigmatisation of healthcare workers should reflect the complexities of its origins

Stigma associated with delivery of care for specific medical procedures or diseases is often borne of fear or misinformation and can be either internalised or enacted – with consequences for healthcare workers and their loved ones. Existing as a form of alienation, there is a need to repair and protect the relationships between health workers and their communities, building trust and reinforcing their belonging within the community.

Dr Sikiratu Kailani-Ahmadu, a Champion for the Royal College of Obstetricians and Gynaecologists' Making Abortion Safe programme, described this process of value clarification exercises for those in positions of authority, resulting in greater empathy, understanding and some becoming emotional champions for abortion within their communities. Relationships between care providers and the community is often influenced by the health system itself, where the culture and power dynamics between cadres primes hierarchies. Leaders should be made aware where healthcare workers face stigma and protect them by applying the multidimensional lessons from previous outbreaks such as HIV, Ebola and COVID-19.

Gender inequality in the health workforce is a barrier to Universal Health Coverage

Women make up 70% of the health workforce globally. Yet just 25% of leadership positions are occupied by women. As anything else, we must ensure that basic rights are met, with the establishment of a new social contract for women in health work, given significant issues with the gender pay gap, gender inequality in leadership and underreported sexual harassment. These are barriers to UHC, where women are less able to have their knowledge and skills recognised, demonstrating the need for equality to be a shared agenda for all.

Used ethically, technology can protect healthcare workers and their patients

E-learning platforms provide accessible, regularly updated guidance and an opportunity to form a community of practice to share knowledge and advice – as was the case during COVID-19. Telehealth, particularly in challenging and often rural settings, can enable healthcare workers to deliver quality care safely by accessing remote training at a distance. Platforms like these should be retained and developed to form larger networks with greater opportunity for bi-directional learning.

Compassion is a driving force for the future

Greater compassion—beyond patient care and towards those delivering healthcare—reaps rewards: better staff retention and greater cooperation within institutional partnerships. As our Conference final roundtable session detailed, where we recognise the suffering that surrounds us and our colleagues and choose to take action, our outrage can be implanted within a compassionate approach to health systems to become a driver for UHC.

Supporting systemic change for long-term impact

Anger and outrage exist with good reason in an unequal world. The challenge is to channel what Dr Marion Lynch, a nurse, THET Honorary Advisor and Gates Foundation 2022 Goalkeeper, termed “evidence-based outrage” into action—to protect our systems and institutions.

KEY MESSAGES

Sustainability is central to Quality Improvement

A wider view of quality improvement ensures broader gains which protect our health systems against ever-evolving global issues. Rachel Maclean, Green Ward Programme Manager, Centre for Sustainable Healthcare, discussed the need to combine initiatives to ensure sustainability is prioritised. By thinking about quality and sustainability together, we make sure that access to quality care is built to last and resilient to fluctuations in disease patterns.

Transparency is crucial to fortify health systems

To protect our healthcare, governance and ecosystems, we must ensure that all those acting within the systems are informed and mutually accountable. Reflection and dialogue on equity are key from the inception of a Partnership, though we must recognise who in the Partnership is leading that discourse. In a time of endless contestation, Evelyn Brealey, Director of Cambridge Global Health Partnerships, argues that we can be “paralysed by not wanting to say the wrong thing”. Reframing our system to have true mutual accountability, we are able to be critical of ourselves and our friends, but crucially – learn from this. Hearing different lived experiences, feeling comfortable with awkwardness and humility all enable better collective navigation of the future.

Expanding collaboration across sectors is key to success in securing health for all

The Health Partnership community must move beyond clinical health to tackle inequity, social determinants of health, pandemics, the climate crisis and many more large-scale issues facing global health. As we share knowledge across borders, so too should we share across sectors, cadres and communities. To do this, we need to have shared language and goals, but recognise that sometimes successful multinational and multisectoral collaboration requires compromise. Sustainable Development Goal (SDG) 17 – partnerships for the Goals – is a key framework for promoting such multiagency approaches to policy development and action, as Dr Barnabas Yeboah, Director of Nursing and Midwifery, Ghana Ministry of Health, explained.

About the Tropical Health and Education Trust (THET)

Today, one billion people will never see a qualified health worker in their lives. For over thirty years, THET has been working to change this, training health workers to build a world where everyone has access to affordable and quality healthcare. We do this by leveraging the expertise and energy of the UK health community and supporting health partnerships between hospitals, colleges, and clinics in the UK and those overseas.

From reducing maternal deaths in Uganda to improving the quality of hospital care for injured children in Myanmar, we work to strengthen local health systems and build a healthier future for all. In the past seven years alone, THET has reached over 84,000 health workers across 31 countries in Africa, the Middle East, and Asia in partnership with over 130 UK institutions

Find out more about our work at www.thet.org.

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