



UK-Africa Health Summit 2024

Collaborative Approaches to Health Workforce Sustainability and Antimicrobial Stewardship

*Learning Paper
Spring 2024*



Introduction

The UK-Africa Health Summit in March 2024 convened 348 participants, building on the very strong foundations of previous Summits stretching back over ten years. THET is proud to have been invited to organise this year's Summit, and we were thrilled to be meeting partners again in-person.

THET shares the ambitions of previous Summits, to create a world where everyone, everywhere, has the right to access quality healthcare, free at the point of use. We also share the view that we must celebrate and value the myriad ways in which the UK's health system is connected to, and indeed indebted to, African health systems. These ties are expressed through the exchange of skills and knowledge which benefit us all, the movement of skilled health professionals, and the challenges of pathogens and viruses that know no boundaries – including of course, the challenge of growing antimicrobial resistance. We observe that the choices made in one health system impact on those made in another.

The Summit is an important part of wider efforts to shape these connections in ways that deliver mutual benefit for us all, through genuinely equitable partnerships. I am particularly grateful for the senior representation of Ministries of Health from Africa, as well as the deep cooperation of the UK Government and World Health Organization at this Summit. Their presence enriched all our conversations.

Over two days, the Summit focused on the opportunities and challenges of our global community. We heard how countries in the African region are challenged by elevated levels of outmigration of skilled and experienced health workers. We looked at this in the context of WHO projections that by the end of the decade there will be a shortfall of 10 million healthcare workers globally. Our response was not to criticise the individuals, but to explore how we can build ethical and mutually beneficial skills exchange which celebrates how mobile health professionals are benefiting the development of health at home in the UK, and at home in countries of heritage.

During plenaries, discussions and interactive workshops, delegates shared how cross border collaborations are catalysing alliances and energising the global health community. Delegates provided updates on work to support and retain healthcare staff, including drawing on insights from the Global Health Workforce Programme that THET is running with the support of the UK Department of Health and Social Care. I am delighted to note that the Rt Hon Andrew Mitchell MP, UK Minister for State for Development and Africa closed Day One's proceedings with the announcement of an extension of funding for this Programme.

This year's UK-Africa Health Summit also marked a key moment in the build-up to the United Nations High-Level Meeting (HLM) on antimicrobial resistance taking place this autumn.

Professor Dame Sally Davies and Dr Charles Ayume underlined why, without political leadership and action, antimicrobial resistance (AMR) may be our next pandemic. During this insightful plenary discussion, we heard how the HLM is a once in a lifetime opportunity to focus Heads of State on how and why we must work in global unison toward a One Health approach, to improve antimicrobial stewardship (AMS) and reduce the burden of AMR.

I would like to acknowledge and thank those participants who identify as diaspora and are working so hard to improve healthcare both in the UK and in countries of heritage, the people we call the Experts in Our Midst. You are the health diplomats that can move us forward as we strive to create partnerships between equals.

I am deeply proud to be the CEO of an organisation that convenes such inspirational individuals from around the globe, and I thank all of you who contributed to the success of the UK-Africa Health Summit 2024 including the founders of these Summits, Moses Mulimira and Mariam Aligawesa.

Together, I believe we will one day achieve our vision of a world where everyone, everywhere, has access to quality healthcare.



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

Executive Summary

The UK-Africa Health Summit 2024 took place in March at the Royal College of General Practitioners (RCGP), London. Through discussions, workshops and collaborative sessions, delegates engaged around the themes of health workforce mobility and Antimicrobial Resistance and Stewardship.

Day 1 focused on health workforce mobility, including diaspora health workers as they move between health systems. There were reflections on the opportunities and challenges this brings, building on THET's 2021 report 'From Drain to Gain'. Leaders including H.E. Mbelwa Kairuki, Tanzanian High Commissioner to the United Kingdom, shared insights on the need for cross-border alliances and deeper diaspora engagement to mobilise the voices of diaspora healthcare workers. Discussions resonated with the work of THET's Experts In Our Midst programme, including reflections on the support and training provided and where gaps could be filled.

Workforce planning is required in destination countries, coupled with health system strengthening and bilateral agreements. Health Partnerships are powerful tools for sharing expertise and learning across systems and borders, and a longer view of partnerships will strengthen and deepen understanding and learning.

Healthcare is nothing without health workers. Pastoral care, planning, training, and investment in talent must be prioritised to ensure the well-being of international health workers and their families.

The day closed with the UK Minister for State for Development and Africa, Andrew Mitchell, announcing a £4.5 million extension of the ODA-funded Global Health Workforce Programme over the next two years, to enable the Programme to reach three additional countries.

Day 2 provided a platform for Health Partnerships to share challenges and lessons they have learned as well as consider what best practice looks like: such as [THET Principles of Partnership](#) and lessons in sustainability.

UK Special Envoy on AMR, Professor Dame Sally Davies, and Dr Charles Ayume, Chair of the Parliamentary Committee on Health, Uganda, reflected on how the Health Partnership community can support real progress in tackling AMR ahead of the 2024 UNGA High-Level Meeting on AMR in September.

The Rt Hon Andrew Stephenson CBE MP, Minister of State for Health and Secondary Care addressed the urgent need to grow the healthcare workforce and the pressing global threat of AMR. The breakout sessions also focussed on the challenge of global workforce shortages posed by AMR: improving antimicrobial stewardship and the vital role of international collaboration.

The crisis was described during plenaries and breakouts as ‘the next pandemic’ and ‘already a pandemic.’ Despite the threat posed by growing AMR, the fast-approaching UN High Level Meeting provided some optimism that the subject is being taken more seriously at a global level. The need for data sharing, the principles of One Health across sectors, and bi-directional trust and transparency were highlighted as priorities.

Summit in numbers

Speakers

81



Delegates

348

Speakers

Day 1

- Mariam Aligawesa | Co-Founder, Uganda Diaspora Health Foundation
 - Ben Simms | CEO, THET
 - Dr Diana Atwine | Permanent Secretary, Ministry of Health Uganda
 - H.E. Mbelwa Kairuki | Tanzanian High Commissioner to the United Kingdom
 - Dr Titilola Banjoko | NHS Executive Director and THET Trustee
 - Dorcas Gwata | Global Health Consultant and THET Trustee
 - Lucia Vambe | Founder and CEO, Zimbabwe Life Project and Corporate, Education and Development Lead, East London NHS Foundation Trust
 - Nchima Mwaba | Professional Development and Education Unit, Dewsbury District Hospital
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- Dr James Antwi | Global Health Workforce Programme NOM member and WHO Consultant, Ghana
 - Dr Shriti Pattani OBE | National Clinical Expert in Occupational Health & Wellbeing, NHS England
 - Philomina Woolley | Ghana Nursing and Midwifery Council
 - Professor Raman Bedi | Emeritus Professor, King's College London
 - Louie Horne | Senior Global Health Fellow and NHS Diaspora Champion
 - Primrose Magala | Ophthalmic Nurse Practitioner, Moorfields Eye Hospital

- Professor Margaret Ikpoh | GP Partner, Holderness Health and RCGP Vice Chair for Professional Development
- Katie Hesselby | Director, Action for Global Health
- Profesor Gideon Mlawa | Co-Founder, Tanzania-UK Health Alliance and Consultant at Queen's Hospital Romford
- Camilla Knox-Peebles | CEO, Amref Health Africa UK
- Rose Ndulu Ndolo | Senior Nutrition Advisor, World Vision UK
- Professor Ged Byrne MBE | Director of Global Health at NHS England
- Dr Thomasin Heggie | North Cumbria Integrated Care NHS Foundation Trust
- Dr Francesca Saddington | World Federation of Societies of Anaesthesiologists (WFSA) Obstetric Committee
- Dr Lanre Ogunyemi | Consultant in Occupational Medicine, Society of Occupational Medicine
- Will Nabulyato | Cambridge University Hospital
- Margaret Caffrey | Technical Director for Health Systems Strengthening, THET
- Giorgio Cometto | Unit Head, Human Resources for Health Policies & Standards, WHO Geneva
- Dave Howarth | Head of International Workforce, UK Department of Health and Social Care
- Dr Jean Kiki Gitau | Head of International Health Relations, Ministry of Health Kenya
- Duncan Burton | Deputy Chief Nursing Officer for England, Delivery & Transformation Programmes
- Helen Dempster | Policy Fellow and Assistant Director for the Migration, Displacement, and Humanitarian Policy Programme, Centre for Global Development
- Lord Popat | UK Trade Envoy to Uganda, Rwanda and DRC/Congo
- Hefin Rees KC | Chair of Trustees, Spotlight on Africa
- Chris Born | Healthcare UK
- Arnab Das | Group Strategies & Business Development, Global Gases Group
- Dr Nick Losseff | Cleveland Clinic UK
- Richard Skone James | Director of Programmes, THET
- Dr Chris Osa Isokpunwu | Director of Health Planning Research and Statistics, Federal Ministry of Health & Social Welfare, Nigeria
- Wendy Olayiwola | President of Nigerian Nurses Charitable Association UK and National Maternity Lead for Equality, NHS England
- Professor Kamila Hawthorn MBE | Chair or RCGP Council
- The Rt Hon Andrew Mitchell MP | UK Minister of State for Development and Africa

Day 2

- Justin Ash | Chair of Trustees, THET
- The Rt Hon Andrew Stephenson CBE MP | UK Minister of State for Health and Secondary Care
- Jim Campbell | Director of Health Workforce, WHO Geneva
- Mary Muthoni | Principal Secretary for Public Health and Professional Standards, Ministry of Health Kenya
- Victoria Rutter | CEO, Commonwealth Pharmacists Association
- Holly Rhyner-Jones | Head of the Fleming Fund, UK Department of Health and Social Care
- Claire Brandish | Lead Anti-Infectives Pharmacist, Buckingham Healthcare NHS Trust and Senior Antimicrobial Resistance Technical Advisor, Commonwealth Pharmacists Association
- Freddy Kitutu | Senior Lecturer in Health Systems Pharmacy, Makerere University
- Professor Clare Chandler | Professor in Medical Anthropology, London School of Hygiene and Tropical Medicine
- Dr Helen Williams | Registrar in Anaesthesia & Intensive Care Medicine and Committee Member of Zambia Anaesthesia Development Programme
- Camille Degois | Project Manager, Dharura
- Dr Louise Johnson | Consultant Physiotherapist in Stroke, University Hospitals Dorset NHS Foundation Trust
- Emma Rutherford | Programme Manager, THET
- Kate Forde | Programme Coordinator, THET
- Jeremy Lefroy | Chair Kenya UK Health Alliance (UK Chapter) and Board Member of Innovative Vector Control Consortium
- Dr Solomon Kamurari | Head of Programmes, Uganda UK Health Alliance
- Bernice Boore | Chair of Kenyan Nurses and Midwives Association UK Ltd and Officer of the Kenya UK Health Alliance (UK Chapter)
- Professor Gideon Mlawa | Co-Founder, Tanzania-UK Health Alliance and Consultant at Queen's Hospital Romford
- Dr Chris Agbo | President, Medical Association of Nigeria Across Great Britain
- Jessica Fraser | Programme Manager, THET
- Professor Dame Sally Davies GCB DBE FRS FMedSc | UK Special Envoy on Antimicrobial Resistance
- Dr Charles Ayume | Chair of the Parliamentary Committee on Health, Uganda
- Miriam Sijtsma | Programme Officer (Zambia & Sierra Leone), King's Global Health Partnerships
- Katherine Sharrocks | Infectious Diseases Consultant, Cambridge University Hospitals and Kampala/Cambridge Antimicrobial Stewardship Health Partnership Lead

- Charlotte Makanga | Director of Pharmacy and Medicines Management, Betsi Cadwaladr University Health Board and Malawi/Wales Pharmacy Antimicrobial Stewardship Health Partnership Lead
- Monique Andersson | Consultant in Clinical Infection, Oxford University Hospitals and Oxford/Kilifi Strengthening Antimicrobial Stewardship Health Partnership Member
- Jihoon Yoo | Programme Coordinator, THET
- Georgia Burford | Programmes and Partnerships Manager, CHASE Africa
- Professor Linda Gibson | Nottingham Trent University
- Mathilde Wangen | Programme Manager, THET
- Menaka Jayakody | Global Health Workforce Programme Consultant, THET
- Megan Jones | Programme Coordinator, THET
- Richard Skone James | Director of Programmes, THET
- Dr Diana Atwine | Permanent Secretary, Ministry of Health Uganda
- Professor Ged Byrne | Director of Global Health, NHS England
- Dr Ronke Akerele | Director of Staff Experience and Engagement, NHS England
- Louise McGrath | Deputy Chief Executive, THET
- Dr Diane Ashiru-Oredope | UKHSA, AMR Lead
- Dr Jean Kiki Gitau | Head of International Health Relations, Ministry of Health Kenya
- Rob Yates | Chatham House Commission on UHC
- Moses Mulimira | Co-Founder of Uganda Diaspora Health Foundation

If you want to go fast, go alone. If you want to go far, go together.

Day 1

Dr Diana Atwine, Permanent Secretary at the Ugandan Ministry of Health, opened The Summit, reminding us that we are a global village, in which many people move back and forth between countries. This movement brings immense benefit and expertise through diaspora health workers, which THET call the *Experts In Our Midst*.

The COVID-19 pandemic reminded us how closely connected our global village really is, as viruses and disease know no boundaries and can easily spread quickly around the world. To mitigate the risks an increasingly globalised world brings for health security, we must share knowledge across borders and properly utilise the skills of diaspora health workers. In doing so, health systems in all countries must be both students and teachers.

The answer to knowledge gaps can often be found in locally-led solutions, such as Uganda's deployment of mobile laboratories in response to the 2022-23 Ebola outbreak. As a result of working on the Ebola response in Uganda, health workers from the UK and the Ugandan diaspora who have since moved to the UK are the experts in treating tropical diseases that present in the UK.

The opening plenary also saw Dr Titilola Banjoko, THET Trustee and NHS Executive Director, emphasise the effectiveness of the Health Partnership model in providing learning and development opportunities to health workers. For Health Partnerships to be most effective, we must acknowledge that no single country has all the answers to our shared global problems.

The prevailing sentiment of the opening plenary was aptly summarised by Dr Banjoko with the African proverb: "If you want to go fast, go alone. If you want to go far, go together."

Collaborative approaches to health workforce sustainability.

Day 1 of the UK-Africa Health Summit explored the intricate dynamics of health workforce mobility and the transformative role of diaspora engagement in enhancing health systems across borders.

By bringing together diverse perspectives from esteemed speakers across several sessions, these discussions contributed to the ongoing global discourse on health workforce dynamics, particularly in the context of the UK and Africa. Speakers provided insights into the challenges and opportunities presented by health workforce mobility for health systems strengthening.

Speakers delved into the push and pull factors influencing healthcare worker migration. These included gender dimensions, the integration of health workers into the UK health system, and their professional development enabling them to contribute to health systems strengthening in the UK and their countries of heritage.

Delegates gained a nuanced understanding of the challenges and opportunities presented by health workforce mobility, drawing on perspectives from diaspora health workers, regulators, health workforce planners and managers from several countries including Zimbabwe, Zambia, Ghana and the UK.



Uprooting yourself can be very challenging not only for health workers but for their families. That's why we must support organisations such as the Zimbabwean Midwifery and Nurses Association to help whole families who migrate to the UK

Lucia Vambe, Founder and CEO of Zimbabwe Life Project and Corporate, Education and Development Lead at East London NHS Foundation Trust

Insights were also shared into how understanding health workforce dynamics and improving health worker management practices, such as in wellbeing, can enhance retention and help mitigate the impact of workforce mobility on health systems.



International health workers arrive in this country highly skilled and full of enthusiasm. However, after three to six months we begin to see dips in their physical and mental health. Our research found that isolation and cultural differences were some of the root causes.

Dr Shriti Pattani OBE, Occupational Health, Clinical Director,
London North West University Hospitals NHS Trust

The need for better leadership and training across NHS management was identified. Healthcare and patient safety is dependent on the wellbeing of health workers and international health workers. Pastoral care is vital to ensure the wellbeing of international health workers and their families, but evidence exists that this is still not uniformly good enough

Case Study: Nchima's story

Nchima Mwaba trained and worked as a nurse educator in Zambia for five years before migrating to the UK, where she has worked for the last twenty years. She is the Pastoral Career and Cultural Lead Educator for Internationally Educated Nurses in the Professional Development and Education Unit of her NHS Trust, providing supervision mentoring and support for staff new to their roles and/or new to the NHS.

Nchima looks after 366 internationally educated nurses (IENs) in her role, and she ensures that pastoral care starts before they migrate to the UK.

One question she asks is why they wish to migrate and from there offers bespoke support, which helps nurses make an informed decision before they leave. Nchima feels that NHS Trusts have a responsibility to provide as much accurate information as possible before health workers make the decision to migrate.

When Nchima Mwaba trained, jobs were plentiful and the Zambian government would recruit undergraduates even before they qualified. When she married, Zambia was going through economic changes and her husband struggled to find employment over a five-year period, so the family took an economic decision to migrate to the UK. Other push factors included the frustration of not being able to provide optimum care for patients due to poor resources while working as a nurse in the Zambian health system. Pull factors included the prospect of a better quality of life in the UK as well as better employment and career for both Mrs Mwaba and her husband. They have raised a family in the UK, which brought the new challenge of the absence of an extended family support network. Twenty years since she moved to the UK, Nchima sees that many of the same issues around cultural challenges and patchy pastoral care exist within the NHS.

Mitigating challenges and optimising opportunities for global health systems

The afternoon sessions on Day 1 examined the effectiveness of global and national instruments and practices within source and destination countries, in promoting the ethical recruitment of health workers and in mitigating the root causes of health workforce migration.

Countries in the African region are challenged by high levels of outmigration of skilled and experienced health workers, and some are developing national health workforce migration policies and strategies to address the challenge. Multiple factors influence healthcare workforce mobility contributing to the dynamic, unpredictable, and constantly changing nature of such mobility. Ethical approaches to international recruitment will help to mitigate the negative effects of skills loss on local health systems.

Ethical international recruitment, linked with investments in the health workforce and health system strengthening in source countries, will also contribute to health system sustainability in source and destination countries. Mutually beneficial bilateral agreements could enhance investment in employment and working conditions, improving health workforce performance and productivity. It is also recognised that a significant amount of international recruitment and health workforce mobility takes place through private recruitment agencies and passive recruitment.



What does ethical recruitment look like in Kenya? The key questions that must be addressed include: How fair is the recruitment process? Are health workers getting the right terms of employment? Will they be treated well, and will their rights be respected in their host country?

Dr Jean Kiki Gitau, Head of International Health Relations, Ministry of Health Kenya

International recruitment and health worker mobility play a vital role in supporting health systems in destination countries, like the NHS in the UK to meet their staffing needs, improve patient care, and drive innovation in healthcare delivery. Addressing key considerations, such as recognition of qualifications, professional development, support networks, well-being and collaboration with source countries, will ensure effective integration into the UK health system and contribution to the healthcare workforce.

Destination countries also have an ethical responsibility to undertake more robust health workforce planning to build self-sufficiency and reduce their over-reliance on the recruitment of migrant health and care workers.



We all should invest in training more talent. Compensating those countries who provide health workers would help a lot. Countries of origin have strong bargaining power here. It is important to support these countries to advocate for investments which support sustainable workforce.

Helen Dempster, Deputy Director for Migration, Displacement and Humanitarian Policy

Making global health a global priority

Day 1 closed with an energising keynote speech from The Rt Hon Andrew Mitchell MP, UK Minister of State for Development and Africa.

Minister Mitchell reiterated the tone and content of the day's discussions, reminding delegates that ground-breaking treatments may be the lifeblood of the medical system, but doctors, nurses, midwives, are the beating heart.

Highlighting the recently published "International development in a contested world: ending extreme poverty and tackling climate change" white paper, he asserted that making global health a priority is not only the right thing to do as it saves lives, but also the smart thing to do as it serves all our interests.

The minister also reflected fondly on his working relationship with THET over several years, noting the importance of the Health Partnership model. Minister Mitchell stated that the UK Government has a proud history of supporting THET in our partnerships work since 2011.

He reminded us of the fantastic results delivered by the initial programme, known as the Health Partnership Scheme. The scheme built strategic partnerships with hundreds of health institutions, catalysing the training of tens of thousands of health workers, many of whom not only went on to train others, but inspired and motivated UK health workers.

Ending the day on a high, Minister Mitchell closed by announcing an extension to the £15 million ODA-funded Global Health Workforce Programme. The minister confirmed that up to £4.45 million of additional ODA funds will be provided to THET over the next 2 years to expand the programme and prioritise support for an additional 3 countries.



The UK values the contribution that international staff make to the UK health and social care sectors enormously. I am pleased to see the recognition that THET's 'Experts in Our Midst' report is giving diaspora staff in the NHS, showcasing the important role that they play in contributing to health systems

The Rt Hon Andrew Mitchell MP, Minister of State for Development and Africa

Global threats require global responses: mutual learning from Health Partnerships

Day 2

Day 2 of the UK-Africa Health Summit started with a rallying call from another UK Government minister, The Rt Hon Andrew Stephenson CBE MP.

The Minister of State for Health and Secondary Care opened his plenary address with the startling statistic that the World Health Organization (WHO) predicts a shortage of 10 million healthcare workers by 2030. This shortage will most acutely affect low- and lower-middle income countries, re-enforcing the urgent need for better implementation of ethical recruitment strategies discussed on Day 1.

The minister continued to address the focus of the second day, reminding us that AMR is one of the most pressing global threats and that it requires a global response. AMR is responsible for about 1.25 million deaths a year, which is higher than HIV and malaria, with up to 10 million additional deaths per year caused by antibiotic resistant bacteria.

With this perilous situation in mind, the minister reflected on the role of Health Partnerships in strengthening health systems, paired with the 2019 UK policy paper on tackling AMR which outlined three key One Health pillars.

- 1) Reducing need for and unintentional exposure to antimicrobials.**
- 2) Optimising use of antimicrobials.**
- 3) Investing in innovation, supply, and access to tackle AMR.**

Following the opening remarks, the Kenyan High Commissioner to the UK, His Excellency Manoah Esipisu EBS, spoke of the crossroads of unprecedented opportunity at which we have now arrived.

The High Commissioner spoke positively about the opportunities afforded by health workforce mobility to the UK and to Kenya. Contrasting the UK's ageing population with Kenya's youthful population, the High Commissioner noted that approximately 20,000 nurses are trained yearly in Kenya and the Kenyan government is determined to ensure the skills of newly trained nurses are fully utilised – in Kenya and globally.

Next on stage, Jim Campbell, Health Workforce Department Director at WHO, illustrated how, without an adequate health workforce, there are serious concerns about protection from health emergencies. Put simply, without the workforce there is no health.

With this in mind, Mr Campbell showed how the population growth across the continent of Africa will exacerbate the workforce shortages already seen in many African countries. It is important to ensure a focus on 'brain gain' rather than worsening the existing 'brain drain'.



*Every health worker that leaves Africa means
700 people lose access to healthcare*

- Jim Campbell, Health Workforce Department Director, WHO

International collaboration against antimicrobial resistance

The morning breakout sessions on Day 2 focussed on the critical challenge posed by AMR: how to accelerate approaches to workforce sustainability; improving antimicrobial stewardship; and, the vital role of international collaboration.

The World Bank estimates that, if not controlled, AMR will result in US\$ 1 trillion to 3.4 trillion annual losses to gross domestic product (GDP) by 2030 and an additional US\$ 1 trillion healthcare costs by 2050. Quoting this fact, Freddy Kitutu, Senior Lecturer in Health Systems Pharmacy at Makerere University, Uganda, asked if we have done enough to tackle AMR in low- and middle-income countries.

Reflecting on the question posted by Mr Kitutu, Professor Clare Chandler, Professor in Medical Anthropology at the London School of Hygiene & Tropical Medicine, reflected that there has been a lot of progress made globally to improving AMS. The core challenge now lies in moving from being able to describe the problem, to creating a road map of solutions that are most effective and the best use of resources. In order to work most effectively, collaboration is crucial so that evidence can better be pooled and allow more scientific evaluations to take place than siloed working enables.

Holly Rhyner-Jones, Head of the Fleming Fund at the UK Department of Health and Social Care asserted that we need to ensure the right data is given to the right people, so that key decision makers – locally and internationally – can gain a better understanding of the problem of AMR and respond more effectively.

Taking a 'glocal' view, long-term and sustainable Health Partnerships are a central component to improving AMS. For example, through a partnership funded by the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) Programme between the Bristol Royal Infirmary Emergency Department and Laikipia County in Kenya, Nanyuki Teaching and Referral Hospital has been established as a local "centre of excellence".

The work and impact of Health Alliances was also discussed during the morning breakout sessions. Alliances, which are often born from the important role being carried out by diaspora associations, are aimed at supporting the existing infrastructure of organisations with a core objective to bring people together and avoid the duplication of work.

Such formal mechanisms for collaboration are extremely useful for ensuring progress between countries involved in the alliance. However, it was reflected that while there are several Health Alliances between the UK and various other countries, there is little coordination mechanism between such alliances. Therefore, to ensure the further progression of collective goals, working across alliances rather than simply within alliances is essential.

Looking toward the UNGA High-Level Meeting on AMR

The afternoon plenary on Day 2, saw a detailed discussion between Dr Charles Ayume, Chair of the Uganda Parliamentary Committee on Health, and Professor Dame Sally Davies, UK Special Envoy on AMR.

The need for an “all hands on deck” approach was front and centre, and this involves close collaboration between politicians, economists, and the health and care workforce. A One Health approach to fighting AMR is vital, but the immediate challenge is convincing governments to view this as a priority.

Underscoring the urgency, Dr Ayume expressed that there is a very real possibility that AMR will be the world’s next pandemic. With the United Nations General Assembly High-Level Meeting on AMR approaching in September, the key question now is how to convince Heads of State about the urgency of the developing AMR crisis.

Professor Dame Davies built on these points, arguing that we must take a multi-sectoral view of AMR to incorporate the principles of One Health across the public and private sectors, as well as in veterinary practice, in agriculture, and in the community.

On a practical note, ahead of the UN High-Level Meeting, realising the importance of financial commitments is essential to improving AMS. According to the WHO, as of November 2023, 178 countries had developed AMR national action plans aligned with the global action plan adopted during the 2015 World Health Assembly. Disappointingly, only 27% of countries reported implementing their plans effectively and only 11% had allocated national budgets to do so.

Professor Dame Davies went on to assert that AMR is in fact already a pandemic, as it is an infection that runs across different countries and is currently often untreated, again underscoring the importance of global action.

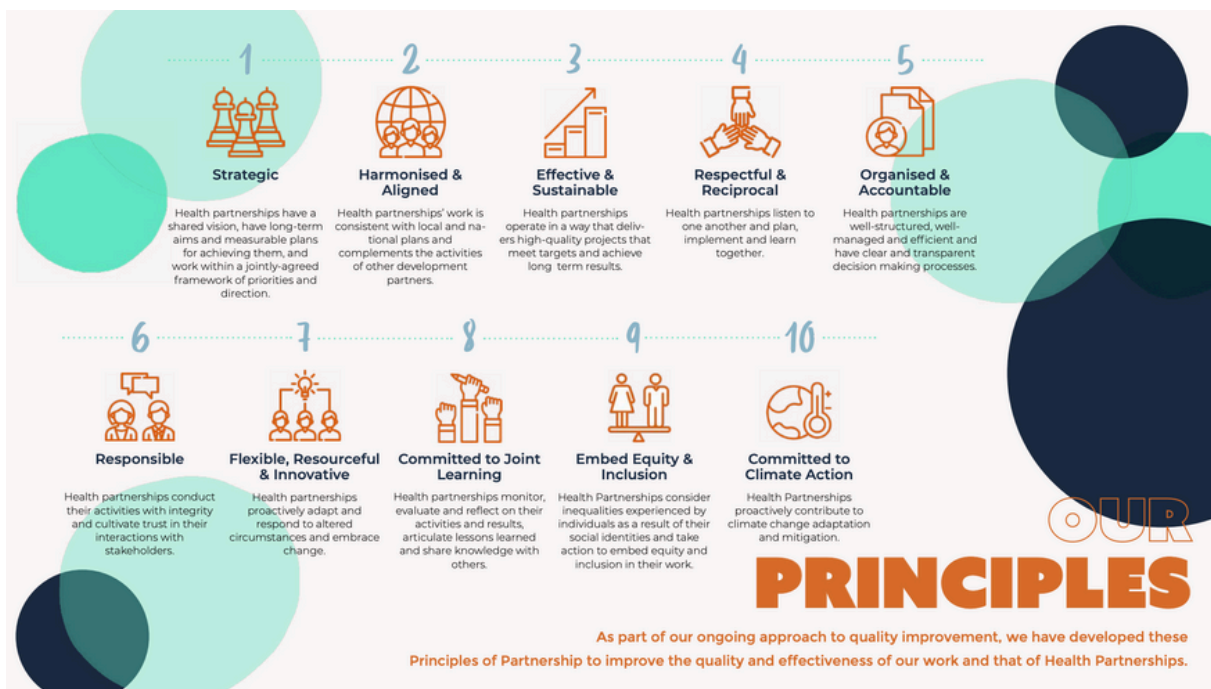
Sharing and learning

With collaboration at the forefront of delegates' minds, the afternoon breakouts on Day 2 of the Summit provided opportunities for sharing and learning across Health Partnerships.

Discussions focussed on the requirement for strong partnerships to have foundations in bi-directional trust and transparency, with a long-term approach to establish lasting partnerships that can deepen collective understanding and improve learning over time.

THET's Principles of Partnership formed the central pillar of discussions in one breakout. As part of our ongoing approach to quality improvement, THET developed these to support Health Partnerships and to improve the quality and effectiveness of what they do.

Another session focussed on the global engagement opportunities available through NHS England. Professor Ged Byrne, Director of Global Health at NHS England said that the NHS has a significant interest in the global health care workforce, and as an active beneficiary of global healthcare talent, it feels it needs to play an active role in developing that talent.



Principles of Health Partnership

Though the NHS is not a development organisation, it aims to coordinate high quality learning environments in partnership with other countries, to build knowledge exchanges and seek mutual benefits.

Dr Ronke Akerele, Director of Staff Experience and Engagement at NHS England, has the key responsibility for a workforce of 1.4 million NHS staff. She noted that following the pandemic, there has been a focus on engendering a sense of belonging to the NHS that has resulted in the “People Promise”. This is a promise we must all make to each other; to work together to improve the experience of working in the NHS.

The themes and wording of the People Promise have come from NHS workers. A key element reflects that NHS staff value compassion and inclusivity, and want to foster a healthy place of work where staff feel both physically and emotionally safe in their work environment.

To go further, Dr Akerele noted the importance of listening to the voices of the workforce and taking action on the views they share. Breaking down the silos that have historically existed within the NHS for the diaspora community of health care workers is an essential part of encouraging the diaspora workforce to grow and thrive.

Horizons to come



Nothing about us without us.

- Moses Mulimira | Co-Founder of Uganda Diaspora Health Foundation

The UK-Africa Health Summit 2024 closed on a positive note, reflecting on what has been achieved so far but acknowledging that there is so much more to do.

Rob Yates, Executive Director of the Centre for Universal Health at Chatham House, asserted that the world is moving toward Universal Health Coverage but there is a need for political will to achieve truly universal healthcare.

Mr Yates continued that solidarity usually arises from times of crisis, using the example of the founding of the NHS shortly following World War II. There is a possibility that the current global polycrisis of human and planetary health could be the catalyst for greater expansion of Universal Health Coverage schemes.

Without political will, this progress will not happen. This is why it is important to advocate for greater investments in global healthcare through campaigns like THET's Health Equity for ALL (HEAL).

The final session of the Summit closed with a speech from Moses Mulimira, Diaspora Engagement Advisor at THET and founder of the UK-East Africa Health Summit. Moses called on the diaspora to unite for common purpose, and be active contributors to policy, learning and action.

Mr Mulimira ended the Summit with a rallying call: "nothing about us without us"

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-five 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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