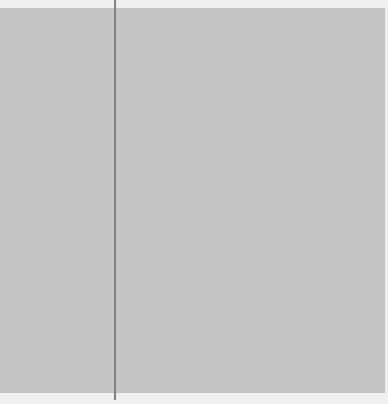
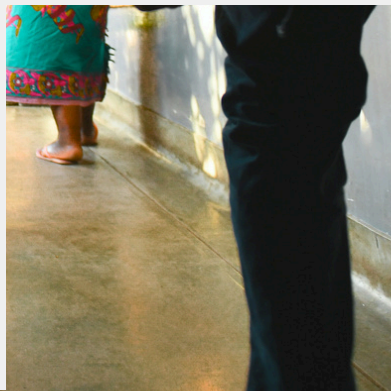
Advancing Universal Health Coverage through Health Partnerships





Global Health Partnerships
FORMERLY THET

Foreword

Universal Health Coverage (UHC) is a fundamental goal in achieving equitable health outcomes globally. However, UHC goes beyond mere access to healthcare services—it requires addressing the broader social determinants of health, ensuring sustainable healthcare financing, and strengthening the capacity of the health workforce.

Many countries face significant barriers to achieving UHC, including inadequate healthcare funding, shortages in the health workforce, and disparities in access, particularly for vulnerable populations. These challenges, coupled with gaps in governance, infrastructure, and service delivery, complicate efforts to build resilient health systems.

As a public health consultant, I have been fortunate to work alongside some of the most talented professionals in the sector, gaining unique insights into how we can address these global health challenges. While the UK is often excluded from global health discussions, health is inherently a global issue. To improve health outcomes, we must work in collaboration with international governance bodies, health partnerships, and governments worldwide, ensuring that all people, regardless of where they live, can lead long, healthy lives.

Guided by evidence, I believe the Universal Health Coverage Report is critical in demonstrating how Health Partnerships can accelerate progress toward UHC. By fostering long-term, collaborative relationships between health institutions in the UK and their counterparts in lower-middle-income countries (LMICs), these partnerships can drive meaningful change.

The challenge of unequal access to healthcare has only grown, especially in the wake of the global pandemic, the financial crisis, and funding cuts. Simultaneously, multinational pharmaceutical companies continue to profit unchecked, further exacerbating disparities in access to essential services. As outlined in this report, there are clear, actionable recommendations that can drive progress, including increasing investment in global health initiatives and UK aid, supporting the development of the health workforce, and strengthening international partnerships to tackle global health challenges. I entered politics because it offers the opportunity to make a tangible difference. By using evidence, such as that presented in this report, we must act decisively in policymaking, scrutinize legislation, and address the social and geographical determinants of health to create a healthier, more equitable future for all.

I am passionate about employing evidence-based strategies to address these critical issues. By implementing the recommendations outlined in this report, we can achieve the systemic change necessary to ensure that everyone, regardless of where they live, can access the healthcare they need to lead healthy and fulfilling lives.

Dr Beccy Cooper MP

Executive Summary

In 2015 the world agreed the Sustainable Development Goals (SDGs). A decade on from this historic agreement and just 5 years away from the end date, the SDGs are in peril. The intensifying and interconnected challenges of conflict, climate shocks and economic turmoil are aggravating existing health inequalities. Overall global health progress has decelerated alarmingly since 2015 and COVID-19 has undone nearly 10 years of progress on life expectancy [1] .

However, all is not lost – yet. The world has five years to turn things around and meet these ambitious goals. Nowhere is this more important than getting Sustainable Development Goal 3 - the global goal to ensure good health and well-being for all – back on track and doubling down on efforts to achieve Universal Health Coverage (UHC) [2].

The election of a new UK Government creates the opportunity for the UK to reassert its leadership on advancing global health equity and striving towards the achievement of SDG3, whilst also rebuilding an NHS that is fit for the future. At Global Health Partnerships (formerly THET) we believe we have a unique approach to help make this happen. [3]

Global Health Partnerships (GHP) supports improvements in health systems and the health workforce, globally and within the UK, through the implementation of a Health Partnerships approach. This means supporting mutually beneficial partnerships between health institutions in the UK and in low- and middle-income countries (LMICs). Through this approach GHP has:

- Partnered with over 130 NHS Trusts, Royal Colleges and academic institutions in the UK.
- Trained over 100,000 health workers across 31 countries in Africa and Asia
- Enabled 2,000 NHS staff to provide more than 95,000 days of their time to work with colleagues overseas.

Over **130** NHS Trusts, Royal Colleges and academic institutions in the UK.

100,000 trained health workers

across **31** countries in Africa and Asia

This report aims to demonstrate how Health Partnerships can be a force for advancing the UK's domestic and global health priorities, while supporting progress towards UHC, through modern, genuine partnerships built on trust and mutual respect.

This means demonstrating how Health Partnerships:

- Help build long-lasting relationships between health institutions in the UK and their counterparts in LMICS.
- Contribute to strengthening sustainable and resilient health systems and workforces through the reciprocal exchange of skills, knowledge and experience.
- Are rooted in an understanding that equitable relationships between health professionals across borders can benefit all involved.
- Are based on the principles of collaboration, co-development and bi-directional sharing of knowledge [4,5].
- Present a model of partnership that contributes to the decolonisation of aid, by promoting locally-led initiatives that provide mutual benefit.

At GHP we believe a Health Partnerships approach presents an important model for advancing universal health coverage (UHC) in LMICs, whilst also improving the quality of care provided through the UK's national health service (NHS). In addition, we believe that a Health Partnerships approach creates an opportunity for the UK to share its knowledge, expertise and learnings from implementing one of the longest-standing UHC systems and re-establishing its role as a leader in global health equity.

To maximise the potential of Health Partnerships to accelerate progress towards UHC and get SDG3 back on track we need:

- **The UK to reassert its leadership on global health,** by ensuring a return to 0.7% of GNI being allocated to Official Development Assistance (ODA), increasing investments in the global health workforce, and recognising the role that Health Partnerships and the UK's diaspora health workers can play in advancing UHC.
- **A cross-government recognition of the crucial role Health Partnerships can play** not only in strengthening health systems in LMICs, but in promoting the NHS as an example of a system successfully delivering UHC.
- **Integrate global learning, the value of a Health Partnerships approach, and a recognition of the contributions of diaspora health workers** to health systems in the UK and globally, into the NHS' next 10-Year Health Plan.

Health Partnerships as a force for advancing the UK's domestic and global health priorities.

Health Partnerships as a model that contributes to the decolonisation of aid, by promoting locally-led initiatives that provide mutual benefit.

Introduction

In 2015 the world agreed the Sustainable Development Goals (SDGs). A set of 17 ambitious goals intended to wipe out poverty, fight inequality and tackle climate change by 2030. On the eve of 2025, just 5 years away from the deadline, the SDGs are in peril. The intensifying and interconnected challenges of conflict, climate shocks and economic turmoil are aggravating existing inequalities and in 2022 an additional 23 million people were pushed into extreme poverty. Overall global health progress has decelerated alarmingly since 2015, with the COVID-19 pandemic undoing nearly 10 years of progress on life expectancy [6].

With five years to go, current progress towards the SDGs is falling far short of what is needed. To get the SDGs back on track there is a need for collective action, globally, to confront the multiple crises threatening sustainable development. This means that wealthy economies, like the UK, need to unlock greater financing for vulnerable countries and significantly increase investments in health, education and social protection [7].

The world has five years to turn things around and show that it is possible to meet the ambitions of the SDGs. There is a plan to do this: the UN's Pact for the Future [8], agreed at the Summit of the Future in September 2024, sets out what is needed to achieve the SDGs. Concrete political steps and the mobilisation of significant additional financing from all sources for sustainable development are two of the key levers that will accelerate progress towards the SDGs.

Nowhere is this more important than getting SDG3 back on track and doubling down on efforts to achieve UHC [9]. Stagnating health service coverage and an increasing proportion of the population facing catastrophic out-of-pocket health spending means that SDG3 (to ensure healthy lives and promote well-being for all at all ages) is considerably off-track [10].

The UK has long been a champion of the SDGs and a leader in financing efforts to achieve global health equity. At the same time, the UK is host to the longest-standing example of UHC in the world – the NHS – which despite the many challenges it faces, offers significant learnings as countries across the globe strive to achieve the target of UHC for all.

To get the SDGs back on track there is a need for collective action, globally, to confront the multiple crises threatening sustainable development.

The recent election of a new Government creates the opportunity for the UK to reassert its leadership on global health equity, whilst also rebuilding an NHS that is fit for the future – one of the five key missions of the UK Government[11]. At Global Health Partnerships (formerly THET) we believe we have a unique approach to help make this happen [12]. Global Health Partnerships (GHP) promotes a model of **mutually beneficial partnerships**, based on trust, respect and local leadership, that work to build stronger health systems, tackle the health workforce crisis, and accelerate progress towards SDG3 – an approach that aligns well with the ambitions of the UK Government's new approach to international development.

> **"Labour will turn the page to rebuild Britain's reputation on international development with a new approach based on genuine respect and partnership with the Global South to support our common interests." (Labour Party Manifesto, 2024)**

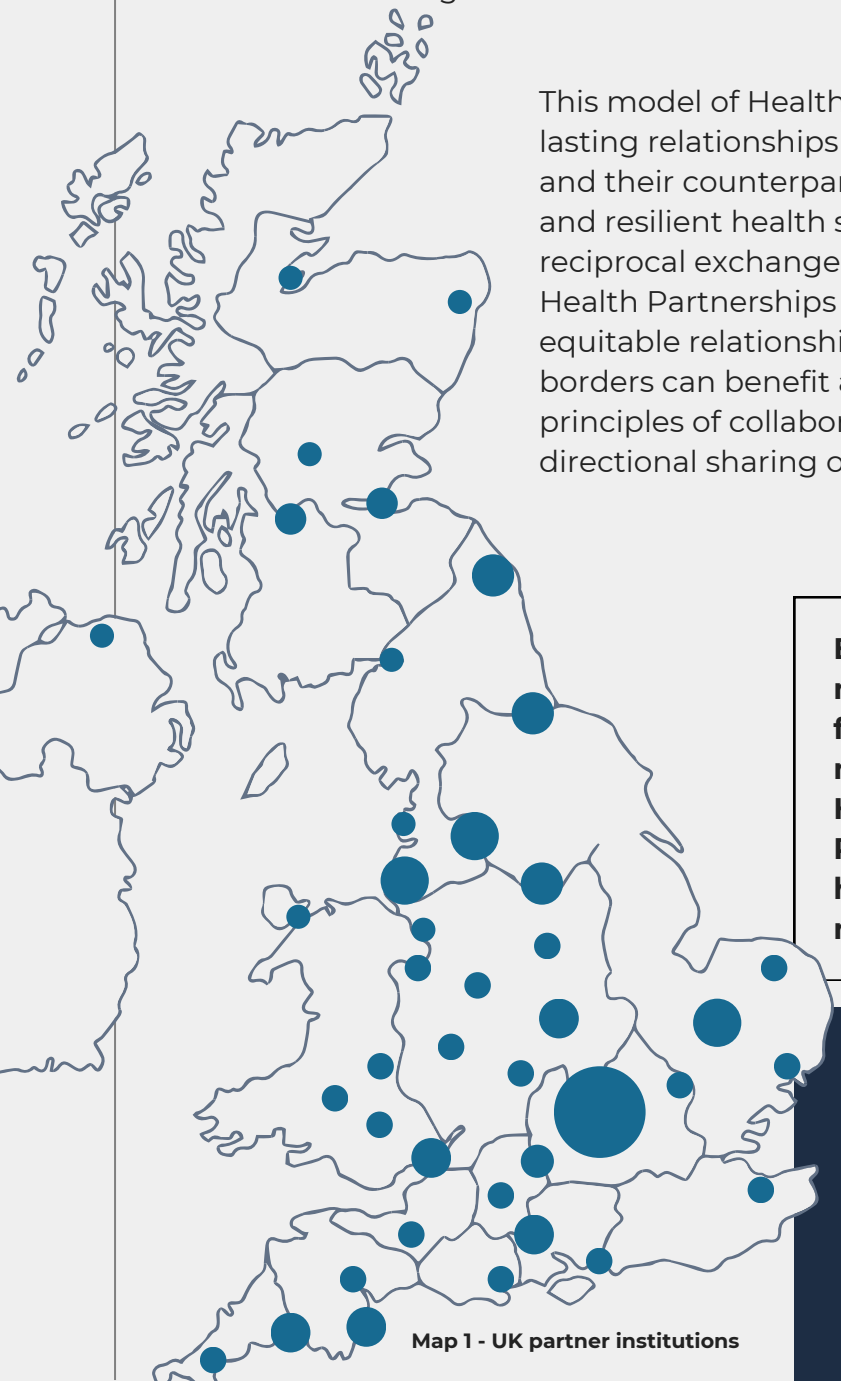
But our work doesn't just benefit health systems in LMICs it also brings huge benefit to the UK. Our approach builds respectful and long-lasting partnerships that create opportunities for the exchange of knowledge and expertise and stimulate bi- and multi-directional learning between UK health institutions and their counterparts in LMICs. This means that through Health Partnerships we:

- **Find innovative solutions** to challenges within the UK's health system, thereby bringing mutual benefit to health systems in LMICs and within the NHS.
- **Create opportunities for health workers** in the UK, and partner countries, to develop their professional skills and gain experiences that have positive benefits on health worker leadership, productivity, wellbeing and retention.
- **Optimise the benefits** of NHS staff engagement in global health for individual health workers, patients and service users.
- **Champion diaspora health workers** in the NHS, harnessing their crucial role as health diplomats who can move between health systems with ease and who bring unique knowledge, expertise, and an understanding of the diversity and needs of communities who access NHS services[13].
- **Advocate for the NHS** as a global brand that can accelerate progress towards UHC and SDG3, at the same time as rebuilding the UK's leadership on the global stage and creating opportunities to advance UK expertise, experience and innovations.

This report aims to demonstrate how Health Partnerships can be a force for advancing the UK's domestic health priorities, while supporting progress towards UHC globally, through modern, genuine partnerships built on trust and mutual respect.

The Benefits of Health Partnerships

Through Global Health Partnerships' (GHP) work we have come to realise that mutually beneficial partnerships led by locally determined priorities are those that have the greatest impact on improving access to quality health services for all. Adopting a partnership approach, GHP works to strengthen local health systems and build a healthier future for populations across settings ranging from reducing maternal deaths in Uganda, to improving anaesthesia care in Zambia, and increasing access to healthcare through telemedicine services in Myanmar.



Map 1 - UK partner institutions

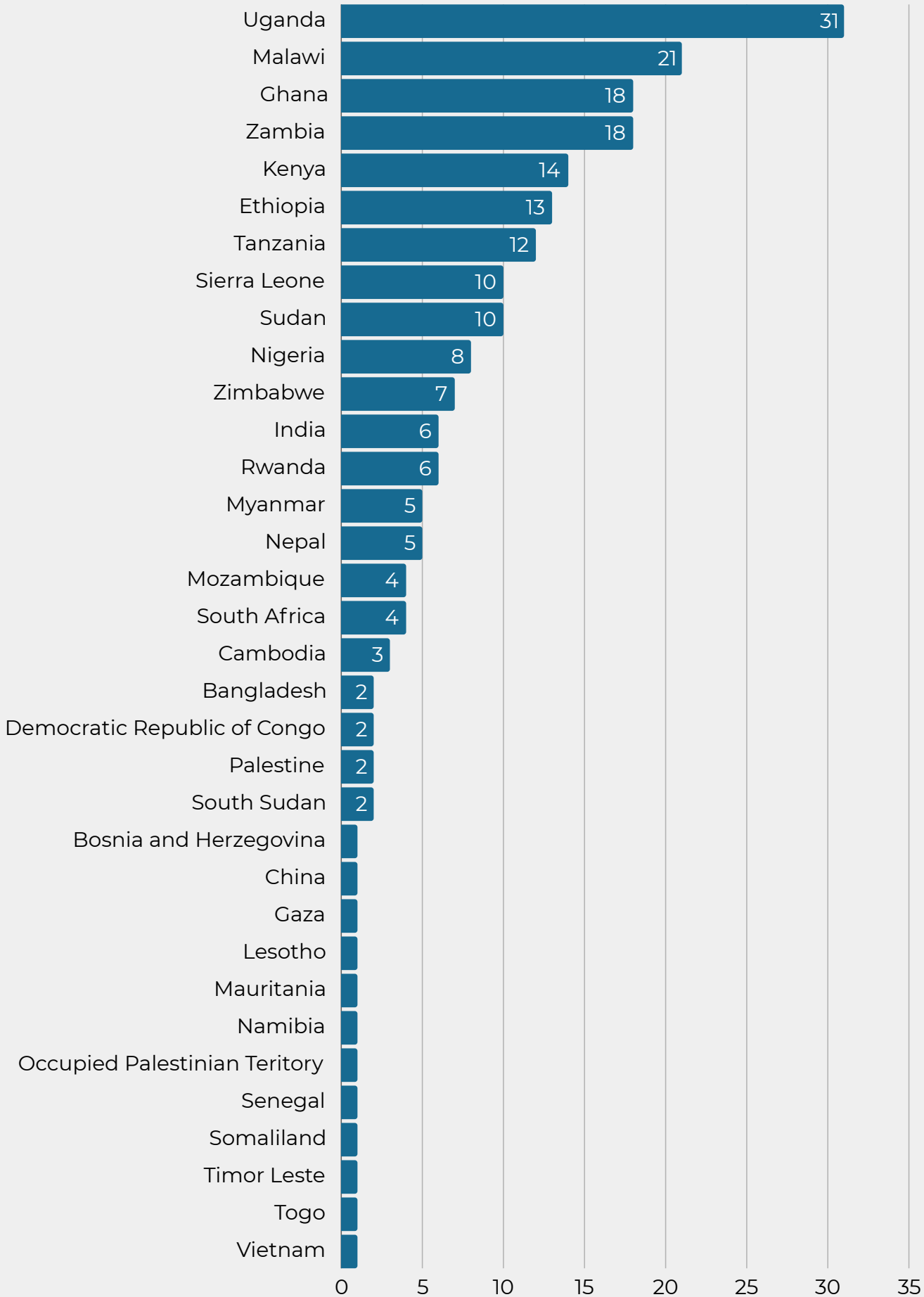
This model of Health Partnerships is one that builds long-lasting relationships between health institutions in the UK and their counterparts in LMICs, helping to build sustainable and resilient health systems and workforces through the reciprocal exchange of skills, knowledge and experience. Health Partnerships are rooted in an understanding that equitable relationships between health professionals across borders can benefit all involved. They are based on the principles of collaboration, co-development and bi-directional sharing of knowledge [14,15].

By adopting this model of facilitating mutually beneficial Health Partnerships, GHP has in the past nine years:

Partnered with over **130** NHS Trusts, Royal Colleges and academic institutions in the UK.

Reached over **100,000** health workers across **31** countries in Africa and Asia

And in the last four years alone **2,000** NHS staff have provided more than **95,000** days of their time to work with colleagues overseas.



Graph 1 - Number of partnerships per country

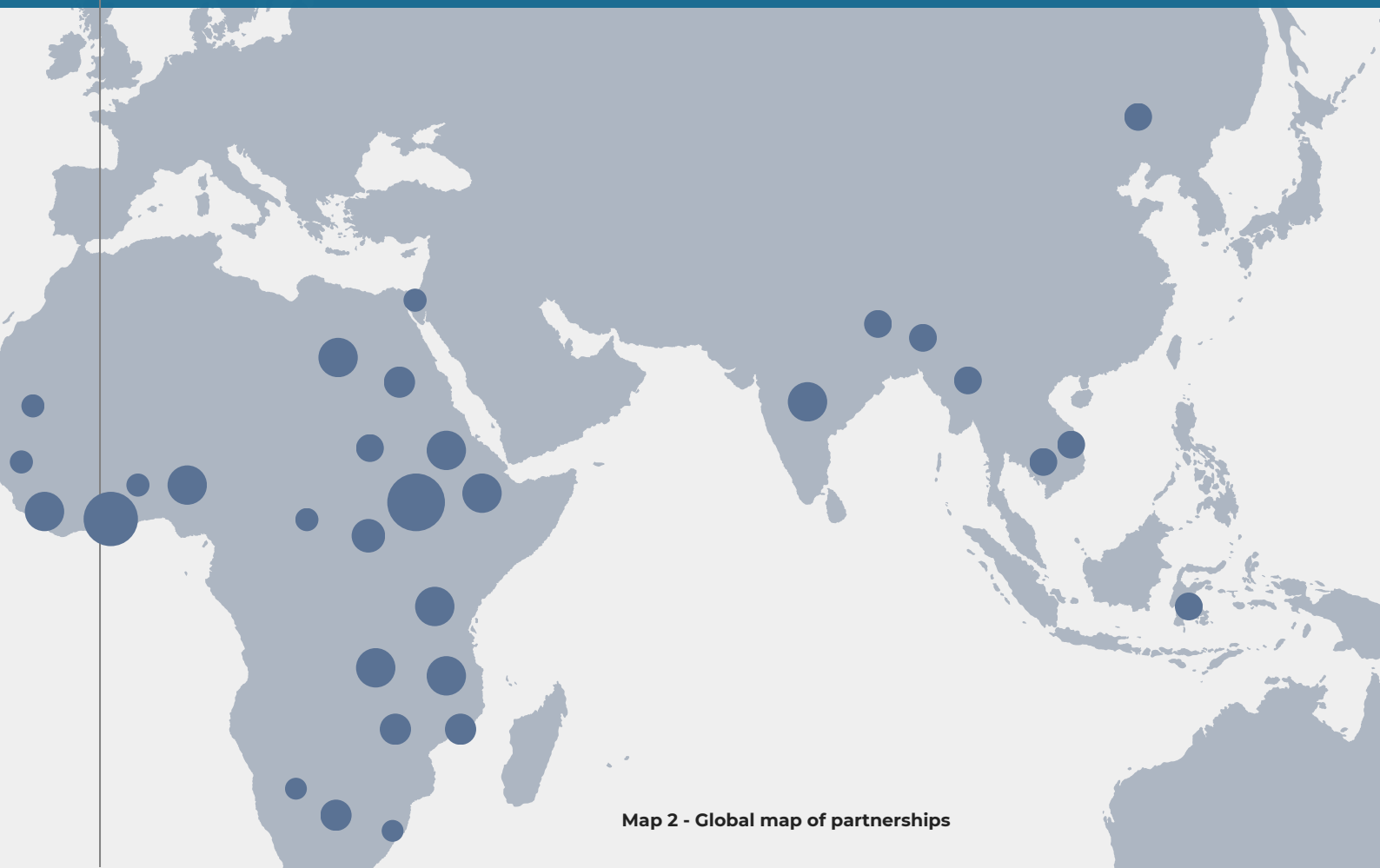
This work has benefitted health systems in LMICs. It has also had a beneficial impact on the UK's own health system, as NHS staff return to the UK with increased knowledge, improved leadership skills, enhanced resilience, and a greater understanding of how to innovate in delivering healthcare with limited resources. Leadership development is frequently cited as one of the greatest gains of the Health Partnership approach and clinical staff return to the UK with new interests in redesigning pathways of care, service integration, commissioning and teamwork [16].

"Whether abroad for two weeks or two years, returning volunteers were seen as having greater understanding of how to enact change, communicate across professional cultures and work as part of a team."

(All-Party Parliamentary Group on Global Health report, 2017)

"Respectful care is an issue in Uganda, but I was also able to reflect on how this is an issue in the UK. Respect is now a bigger aspect of the work I do as a midwifery leader in the UK".

(NHS Volunteer, 2023)



Map 2 - Global map of partnerships

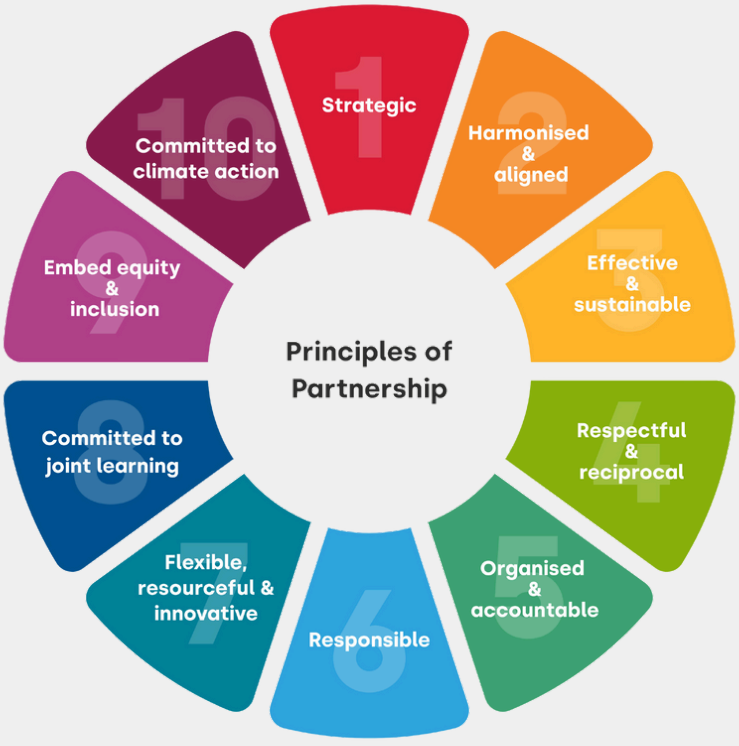
Such benefits are crucial to the UK at a time when there's an urgent need to re-build an NHS fit for the future, an NHS able to develop and retain a highly skilled, motivated and energised workforce. An NHS that has the potential to lead the way in global efforts to ensure every person has access to quality health care where and when they need it without the risk of financial hardship.

A long history of mutually beneficial Health Partnerships: Global Health Partnerships (formerly THET) has a long history of working with the UK Government to promote mutually beneficial Health Partnerships. Former Prime Minister Gordon Brown and then International Development Secretary Douglas Alexander launched the International Health Links Funding Scheme in 2007. Two years later, in 2009, GHP received funding from this scheme and our work on health partnerships began in earnest. Since then, the Health Partnership approach has evolved and matured through successive schemes, proving its value as an approach to establishing mutually beneficial partnerships between the UK and low- and middle-income countries which strengthen health systems globally whilst bringing recognised benefits to the UK.

Key to the success of the Health Partnership approach is ensuring they are built on mutual trust, respect and reciprocal benefit, with local leadership at the heart of the partnership. GHP has therefore developed a series of ten core principles that guide every Health Partnership we support:

Principles of partnership:

1. **Strategic**: Health Partnerships have a shared vision, long-term aims and measurable plans for achieving them and work within a jointly agreed framework of priorities and direction.
2. **Harmonised and aligned**: Health Partnerships' work is consistent with local and national plans and complements the activities of other development partners.



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3. **Effective & sustainable**: Health Partnerships operate in a way that delivers high-quality projects that meet targets and achieve long-term results.
4. **Respectful & reciprocal**: Health Partnerships listen to one another and plan, implement and learn together.
5. **Organised and accountable**: Health Partnerships are well-structured, well-managed and efficient and have clear and transparent decision-making processes.
6. **Responsible**: Health Partnerships conduct their activities with integrity and cultivate trust in their interactions with stakeholders.
7. **Flexible, resourceful and innovative**: Health Partnerships proactively adapt and respond to altered circumstances and embrace change.
8. **Committed to joint learning**: Health Partnerships monitor, evaluate & reflect on their activities and results, articulate lessons learned and share knowledge with others.
9. **Embed equity and inclusion**: Health Partnerships consider inequalities experienced by individuals because of their social identities and take action to embed equity and inclusion in their work.
10. **Committed to climate action**: Health Partnerships proactively contribute to climate change adaptation and mitigation.

The remainder of this report will explore in more detail the power of these Health Partnerships to advance UHC and build stronger, more resilient health systems in the UK and across the world.

The Power of Health Partnerships to Advance Universal Health Coverage

The World Health Organization (WHO) defines **UHC** as ensuring that **"all people have access to the full range of quality health services they need, when and where they need them, without financial hardship"**. [17] It means providing the full continuum of essential health services, from health promotion and prevention to treatment, rehabilitation and palliative care, throughout the life course of an individual. At its essence, UHC can be broken down into three core elements: access to health services, quality of health services, and health services that are free at the point of use.

SDG 3 and Universal Health Coverage

In 2015, when world leaders agreed the 2030 Agenda for Sustainable Development [18], it was clear that improving health was a key priority to lift people out of poverty and ensure all human beings can fulfil their potential in dignity and equality. In recognition of this Sustainable Development Goal 3 (SDG3) was agreed to ensure healthy lives and promote well-being for all at all ages. SDG3 aims to respond to the persistent inequalities in health across and within countries by promoting a comprehensive approach to global health and tackling the impoverishing effects of inequitable health services. One of the key targets to achieve this goal - target 3.8 - therefore requires governments around the world to 'achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all'.

Additional targets require substantial increases in health financing, strengthened health systems and increased recruitment, development, training and retention of the health workforce in LMICs [19].

Today, however, the SDGs are off track. Global inequalities are increasing rather than decreasing and overall global health progress has decelerated alarmingly since 2015 with progress on SDG3 mixed. Ensuring universal health coverage is crucial to achieving the goal of healthy lives and wellbeing for all. However, progress towards UHC has slowed since 2015, leaving billions of people without quality health care and subject to catastrophic costs.

SDG 3 and Universal Health Coverage

The latest progress report on the SDGs shows that:

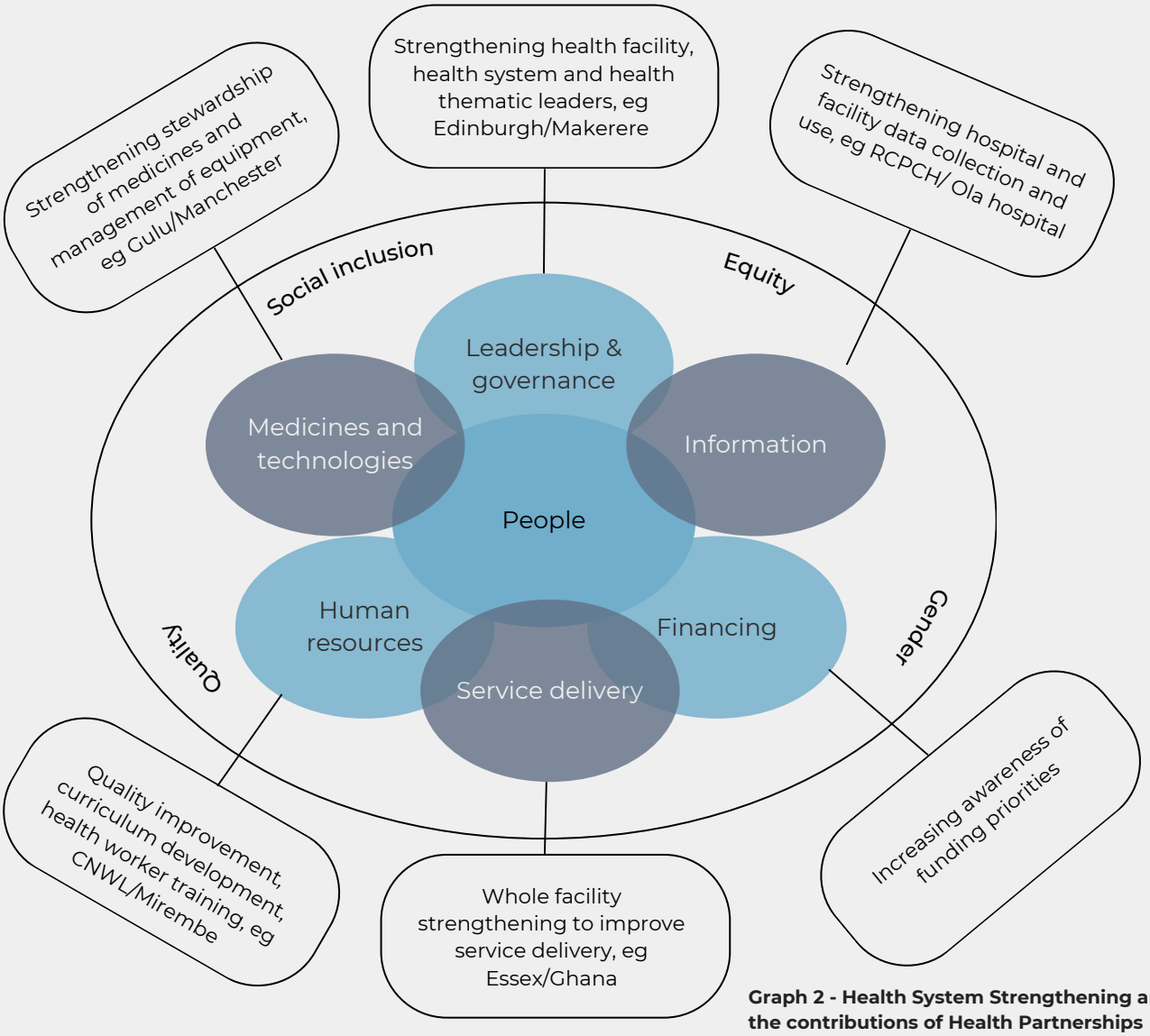
- ✓ Increased access to HIV treatment has averted 20.8 million AIDS-related deaths in the past three decades.
- ✓ In 2022 global under-5 deaths reached an historic low of 4.9 million in 2022, down from 6.0 million in 2015.
- ✗ In 2021, minimal progress towards UHC left 4.5 billion people without access to essential health services.
- ✗ In 2019, 2 billion people faced financial hardship due to out-of-pocket health spending.
- ✗ The global shortage of health workers continues and stark disparities remain, lowest-income countries experiencing the lowest health worker density and distribution.

Source: The Sustainable Development Goals Report, 2024.

Improving quality of health care through a partnership approach

Health partnerships impact at all levels of the health system: at the **individual level** through peer-to-peer learning and the exchange of knowledge and skills, enhancing competencies and performance; at the **organisational level** through partnerships with hospital and health facilities; health training institutions that enhance education and training, service delivery, quality of care and resilience; and at an **institutional/systems level** with ministries of health and government agencies, regulatory bodies, WHO, donors and other health system actors, influencing and informing health systems and health workforce policy and practice.

Health Partnerships support sustainable health system strengthening and improvements in the delivery of quality healthcare through their alignment with national health priorities as articulated in national health sector strategies. This alignment and close collaboration with ministries of health, as well as with technical agencies such as WHO, and other development partners ensures Health Partnership practice is informed by and is informing policy and contributing to national UHC agendas.



Graph 2 - Health System Strengthening and the contributions of Health Partnerships

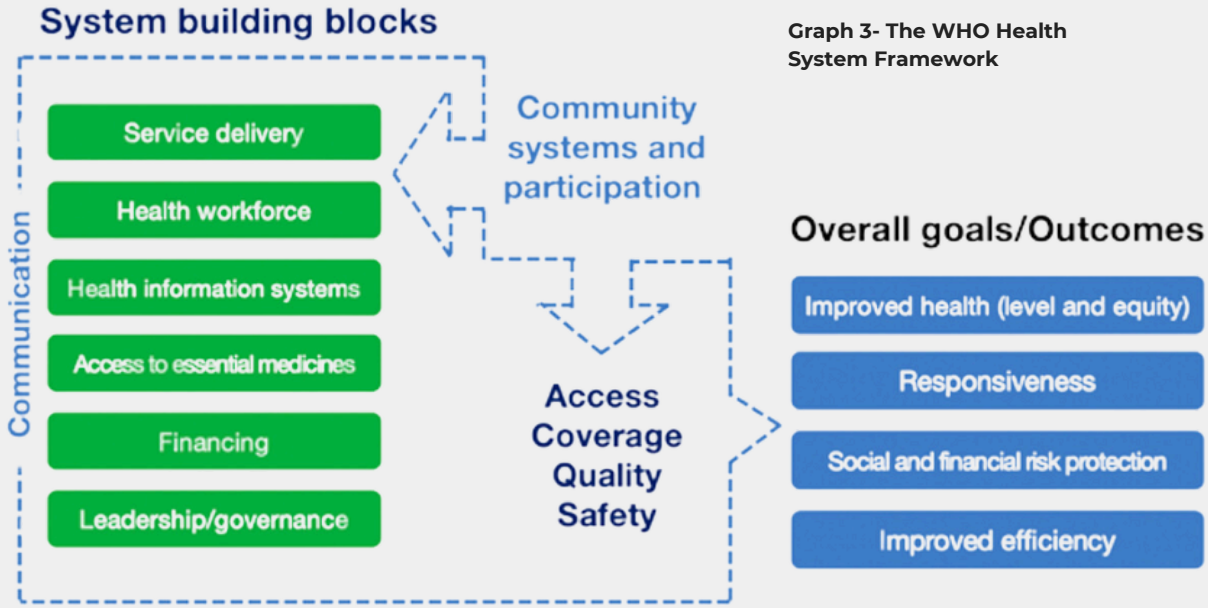
One of the tenets of UHC focuses on ensuring access to quality health care. However, it is difficult to deliver quality health care without a strong health system and a skilled health workforce. This is where Health Partnerships come in.

Health Partnerships build long-term relationships between health institutions in LMICs and in the UK. By working together over time, the partners involved can co-design and implement interventions that strategically address health system constraints [20].

Evidence of this can be seen in the Health Partnership Scheme (HPS), managed by GHP from 2011-2019. Projects supported through the HPS were able to improve the knowledge, skills and confidence of health workers, thereby contributing to increased coverage and quality of health care. Projects also influenced change within hospital systems, most notably in improving the maintenance of equipment, record keeping and infection prevention and control [21].

Health Partnerships: Increasing access to quality healthcare

Access to quality health care is one of the key pillars of UHC that GHP contributes to through the Health Partnerships approach that it promotes. Examples of these contributions include not only improvements in the quality of direct service provision but also strengthening the underlying 'building blocks' of the health system that are critical for improving quality and access to healthcare. This includes influencing national and local policy and practice; strengthening leadership capacity, especially of female health workers who account for almost 70% of the health workforce; improving data and evidence, and mobilising resources to deliver quality healthcare. A selection of the Health Partnerships that have achieved these improvements in health systems across LMICs and the UK are presented below.



Graph 3- The WHO Health System Framework

A multi-country Health Partnership between the University of Manchester and the Lugina Africa Midwives Research Network (LAMRN) supported midwifery research leadership in six countries across Africa (Kenya, Malawi, Zambia, Uganda, Zimbabwe and Tanzania). The aim of the project was to empower this cadre to generate evidence to inform improvements in clinical practice and contribute to strengthening local and national health systems. Outcomes of the project included increased leadership, management and research skills among midwifery leaders in the six countries whilst also developing a network of midwives with a passion for research and evidence. Involvement of LAMRN participants in the identification of local research priorities also contributed to a strong sense of local ownership of the research and to positive changes in both clinical and teaching practice [22,23,24].

The UK-Somaliland Partnership for Improving Quality Care is a partnership that started between King's Global Health Partnerships in the UK and Borama Regional Hospital in Somaliland. The partnership implemented an ambitious health system strengthening project, modelling a whole system approach to quality improvement. This spanned influencing the knowledge and behaviours of cleaning staff in community health centres, to health workers in regional hospitals, and policy makers in the Ministry of Health Development (MoHD). The engagement of national level policy makers and leaders in dialogues and training with the South London and Maudsley NHS Trust contributed to increased understanding of quality improvement approaches and Somaliland specific barriers to improvements. This led to the inclusion of a commitment to quality care in the new Health Sector Strategic Plan. As well as training 159 health workers and health leaders across 8 health facilities in quality improvement, Infection Prevention Control (IPC) interventions and guidelines were co-designed and implemented and strengthened leadership structures established. The partnership has since gone on to support further facilities in Somaliland.

Another example of the power of partnerships to improve the quality of healthcare is the **'Working in partnership to achieve MDG 4 in East Africa'** project implemented by the UK's Royal College of Paediatrics and Child Health, the Kenya Paediatric Association, the Rwanda Paediatric Association, and the Department of Paediatrics, Makerere University, Uganda. The aim of this Health Partnership was to reduce under-5 child mortality by improving the quality of emergency care for infants and children in Kenya, Rwanda and Uganda. The programme adapted the WHO Emergency Triage Assessment and Treatment (ETAT) course to include newborn resuscitation and the initial clinical management of the sick child (ETAT+). Over three years the project trained more than 1600 health workers, saw marked improvements in service delivery in all hospitals and the approach was sustained by local partners and governments. A particularly key achievement of this project was the ability of health facilities to demonstrate improved quality of care which in turn enabled greater mobilisation of resources to deliver needed services [25].

The examples cited above are just a small sample of the Health Partnerships supported by GHP that are transforming health systems and health care across Africa and Asia. These partnerships, built on trust, respect and mutual reciprocal benefit, aligned with national priorities, and based on good practice, have huge potential to support the strengthening of health systems in LMICs in a way that improves the quality of health care for all and advances progress towards UHC and SDG3. By strengthening health systems in these countries, the Health Partnerships are also helping to build more resilient systems, capable of responding to future global health security concerns and to the health system challenges caused by a changing climate.

"After learning to identify areas for improvement, hospitals suddenly seem able to mobilise other parallel resources flows that allow them to deliver on priorities for change. I think 4 out of 6 hospitals were able to have renovated newborn units, just from having identified newborn care as a key area for change." (Kenya Clinical Care Lead)

"This programme has greatly benefitted those who come here in urgent need of treatment." (Clinical Lead Uganda)

Health Partnerships: Improving access to health care in fragile and conflict-affected states

Health Partnerships can adapt to a wide range of different circumstances and contexts in the health sector. Their versatility proved crucial during the COVID-19 pandemic, and they are increasingly working to strengthen health systems and improve quality of care in fragile and conflict-affected settings. Evidence of this can be seen in the long-standing Health Partnership operating in Somaliland that has transformed access to quality healthcare in a very challenging environment. It is also an approach helping to increase access to quality healthcare in Myanmar. Myanmar's health system saw a rapid and complex deterioration following the military coup in February 2021. More than 50 organisations in the UK have been involved in activities to support health workers on the frontline of the response [26].

Since February 2021, Health Partnerships between the UK and Myanmar have:

- Set up a clinical guidance website for Myanmar health workers, attracting more than **26,000** active users.
- Supported a telemedicine programme led by Myanmar technicians and healthcare professionals, delivering over **190,000** remote consultations to service users.
- Supported the continuation of medical education for up to **1,000** junior doctors.
- Coordinated the development of a harmonised online medical school undergraduate degree curriculum.
- Delivered virtual workshops on well-being, leadership, clinical analysis and emergency treatment for over **3,500** nurses and midwives across Myanmar.
- Developed and implemented a certified training package for nurses and midwives [27]

The support provided by GHP has proved vital for enabling healthcare workers in Myanmar to continue delivering and ensuring access to healthcare in a period of protracted crisis. As Dr. Thinn Thinn Hlaing, Myanmar Country Director for Global Health Partnerships puts it:

> “The Health Partnership community in the UK has remained resolute in its commitment to the colleagues in Myanmar, providing vital education programmes and advocating for their safety and protection in this desperate time.”
> (*Dr. Thinn Thinn Hlaing, Myanmar Country Director, Global Health Partnerships.)*

In addition to increasing access to quality healthcare in an extremely challenging environment, the Health Partnership approach being used in Myanmar has prioritised efforts to embed the programme within local health and education systems, thereby enhancing their long-term sustainability.

Using telemedicine to increase access to healthcare in Myanmar

Since the military coup in Myanmar in 2021, access to healthcare has collapsed. However, through an innovative UK-Myanmar Health Partnership, led by Cambridge Global Health Partnerships, the power of telecommunications is being harnessed to increase access to quality healthcare in underserved and conflict-affected areas of Myanmar. This Telemedicine Programme has developed a multi-disciplinary team of health care providers to deliver teleconsultations to patients via multiple cloud-based channels.

The introduction of these virtual consultations has expanded coverage and access to a wide range of healthcare services, including primary and specialty care and mental health services and has contributed to a more efficient referral system between general and speciality clinics. Since the programme began in September 2023, more than 190,000 teleconsultations have been provided, and 58 health workers trained to support the growing demand for telemedicine services, and a health promotion service with more than 700 health education products has been established.

The power of partnerships for tackling the health worker crisis in the UK and globally

> "75 years since the founding of WHO, and 7.5 years to the 2030 deadline for the SDGs, we know it can only be achieved with an adequate and well-supported health workforce."
> *(Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, Opening Speech at 5th Global Forum on Human Resources for Health, April 2023)*

A well-performing health workforce has long been recognised as one of the essential building blocks of a strong and efficient health system [28]. The centrality of the health workforce to the attainment of health goals and to catalysing economic recovery and growth is also well documented [29]. All countries, including high-income countries (HICs) such as the UK, are experiencing significant gaps in the health workforce. However, data from 2015 to 2022 reveal stark disparities between countries, with low-income countries experiencing the lowest health worker density and distribution, as table 1 shows.

Table 1: Health worker density per 10,000 people

Health Cadre	Lowest Income Countries	High Income Countries
Financing Receivables - net	1.1	35.6
Inventories	7.5	76.8
Investments in Joint Ventures & Associates	0.04	7.0
Investment Properties	0.2	8.8

(Source: The Sustainable Development Goals Report 2024).

Even within the context of health worker shortages, with an overall projected shortfall of 10 million health workers by 2030 to meet the SDG and UHC targets, health workforce outmigration is increasing, particularly in LMICs. In many countries and particularly the poorest ones, the main driver of shortages is underinvestment in the health workforce and insufficient resources to create jobs and pay wages, with countries grappling with the paradoxical surplus of unemployed health workers alongside these shortages. Countries may encourage outmigration to benefit from remittances or promote overseas employment to alleviate health worker unemployment and industrial unrest at home, often leading to the loss of skilled and experienced health workers and exacerbating the fragility of domestic health systems. The increasing mobility of health workers can widen health inequalities and increase risk for global health security. Generating investments in health systems and health workforces in LMICs and advancing self-sufficiency of HIC and destination countries can mitigate these risks.

The Health Partnership approach creates important opportunities for cross-border collaboration and multi-directional learning that can help turn this trend around, enabling the development of stronger health workforces in countries regardless of their income status. Furthermore, Health Partnerships can serve as powerful forces for advancing the policy and systemic changes that are needed to drive forward investments in health workforce education and retention.

Mobile health workers returning home on a long- or short-term basis with skills acquired abroad can make valuable contributions to health workforce strengthening. These range from developing competencies for improved health workforce performance, to strengthening health workforce leadership and management, and enhancing health worker wellbeing and retention in LMICS as well as in HICs. In addition, promoting cross border collaboration, multi-directional learning and diaspora engagement through Health Partnerships can create opportunities to enhance the mutually beneficial aspects of health workforce mobility.

To get SDG3 back on track all governments have a responsibility to invest in the development of a skilled, sustainable and equitable health workforce that can provide accessible, acceptable and quality health services. In an increasingly inter-connected world, where diseases and pandemics do not stop at country borders, and where ‘no-one is safe until everyone is safe’, it is essential for governments to build resilient health systems that can improve health for all, without pushing people into poverty. Achieving this means urgently tackling the global health workforce crisis.

Health Partnerships are an important tool to help achieve this – for the health workforce in LMICs and within the UK.

Strengthening the health workforce in LMICs

> "I applaud the work THET [now Global Health Partnerships] has done in partnership with my Ministry in Ethiopia, training health workers in the diagnosis and provision of care for people with hypertension and diabetes. The fact that THET has been here for such a long time, starting with the help given to the medical schools of Gondar and Jima, is a good thing. Your role in making the links with our colleagues in the UK has been of enormous value to us and we encourage this to continue."
> *Dr Lia Tadesse, Former Minister of Health for the Federal Ministry of Health Ethiopia*

GHP's approach to strengthening the health workforce in LMICs and across the UK's NHS emphasises collaboration, capacity development, and ethical recruitment of health workers. This means working together, over the long-term, to find solutions for managing health workforce migration and the shared challenge of health workforce shortages globally.
GHP places an emphasis on health workforce capacity development aimed at strengthening health systems in source countries through skills exchange programmes and Health Partnerships.

This means tackling the root causes not just the symptoms of health workforce migration. GHP does this through Health Partnerships that enhance access to quality education and training, and that support the professional development of health workers. This, in turn, creates important platforms for Health Partnerships to share learning on good practice and to advocate for health workforce investment and improvements at a global level.

Health Partnerships: Tackling the root causes of health worker migration

Some of the root causes of health worker migration, both within and between countries, relate to the wellbeing and motivation of health workers. Health Partnerships help to tackle these root causes in several ways including:

- Building leadership and management capacities to elevate the professional status of health workers.
- Empowering health workers to advocate for change, or reform, of health workforce management policies and practice.
- Improving working conditions, leading to enhanced health worker wellbeing and job satisfaction.
- Building research capacity and generating evidence to highlight the root causes of health worker migration and inform strategies to tackle them.

CwPAMS

 **8** countries  **74** health facilities  **6500** healthcare workers

There are multiple examples of how Health Partnerships supported by GHP have contributed to a stronger workforce in LMICs. Below is a snapshot of some of the successes:

A clear example is the **Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)** programme funded by the Department of Health and Social Care's Fleming Fund and managed by GHP and the Commonwealth Pharmacists Association (CPA). Antimicrobial resistance is 'one of the most urgent global health threats' of our current time [30]. In response to this, the CwPAMS programme leverages the expertise of UK health institutions and technical experts to strengthen the capacity of the health workforce to address antimicrobial resistance (AMR) and to promote sustainable change in policies and practice. Now working across **eight countries** and over **74 health facilities** and communities, this programme has trained more than **6,500 healthcare workers** on antimicrobial stewardship and IPC, leading to improved knowledge and practices and greater use of pharmacy expertise.

CwPAMS has also contributed to strengthening the health workforce through **training health personnel on the use of 'Point Prevalence Surveys' (PPS).** Through this intervention health workers, including pharmacists, identify poor practices and design and deliver interventions to improve the use of antibiotics. PPS training enabled health workers to monitor antibiotic use, equipping them with knowledge and data to improve antimicrobial stewardship and leading to the scale up of this tool. Using this data, a variety of antimicrobial stewardship interventions have been developed and implemented. This includes the development of new guidelines on antibiotic use (at facility, regional, and national level) that have informed the revision of National Antimicrobial Resistance (AMR) Action Plans. In addition, this programme has supported the establishment of facility based multidisciplinary antimicrobial stewardship committees across 19 Health Partnerships in eight countries, which feed into national governance mechanisms. These committees have contributed to building a stronger multidisciplinary health workforce by:

- identifying institutional problems with antimicrobial stewardship,
- establishing mechanisms to address these challenges,
- increasing the generation and use of data, and
- promoting the status of pharmacists within a multi-disciplinary health workforce.

In 2018 global health leaders identified primary health care as a "cornerstone of a sustainable health system for universal health coverage and the health-related Sustainable Development Goals" [31]. More recently, it has been recognised that primary health care is an important means of cost-effectively bringing affordable, good quality healthcare to communities [32]. Delivering quality primary health care services, however, requires health professionals who are well-trained and motivated, and who can provide services with compassion, respect and dignity. Across LMICs, and increasingly within the UK, a **strong primary health care workforce** is widely recognised as critical for increasing access to healthcare where it is needed. The Health Partnership approach, through its ability to not only increase access to training and professional development for all cadres, including community health workers, but to also address underlying factors that affect health worker motivation and retention, can play an important role in helping to strengthen both the community health workforce and primary healthcare services.

"Through the training, I acquired knowledge which I need in my daily work. I have been able to change how I prescribe drugs to my patients. I now first identify whether it is a viral or a bacterial infection.' -
Nurse, Wakiso district, Uganda.

In Uganda, a Health Partnership between Makerere School of Public Health (MakSPH) and Nottingham Trent University (NTU) helped to **transform the community health worker (CHW) programme** in Wakiso District. There were challenges to the provision of quality health care at the local level caused by a lack of training and formal recognition of CHWs, as well as a lack of medical supplies and essential equipment.

Through a series of training programmes and knowledge exchange opportunities, the Health Partnership delivered tailored training to over 300 individual CHWs, specialist training on rapid diagnostics testing for 75 CHWs, leadership and management training to 24 CHW supervisors, and essential supplies and equipment such as wellington boots, raincoats and solar equipment, enabling home visits in any weather. Three months after the training, 90% of community health workers reported enhanced practices such as increased handwashing.

With a focus on reaching underserved and hard-to-reach communities, this Health Partnership was able to widen access to healthcare for almost 220,000 people and resulted in more than 25,000 young children being treated for illness. The programme "revitalised the CHW framework, transforming it from a failing service into a structured programme capable of fulfilling its original mandate of providing health and education and treating childhood illnesses across wide population areas in rural communities." [33] Outcomes of this work included upskilling and motivating the community health workforce, improving competency in treating communicable diseases, and widening access to services. The project has also been recognised as a model of good practice by the Ugandan Ministry of Health and is being used to inform primary health system strengthening in other sub-counties.

The examples shared here are just a very small proportion of the programmes being supported by GHP that demonstrate the value of Health Partnerships in helping to meet health workforce challenges in LMICs. Across GHP's portfolio, there are also myriad examples of how Health Partnerships bring mutual benefit to the UK's health workforce as will be explored here.

"Your partnership approach in strengthening the national CHWs programme in Uganda is highly valued and appreciated. We will continue to support your work in supporting the community health system in Uganda." (Ministry of Health Commissioner, Uganda)

"... this project ... has benefited not only the CHWs [community health workers] but the entire health system of Wakiso district because when these motivated CHWs perform and report better, it is the district at large which benefits". (District Health Officer, Wakiso, Uganda)

Strengthening the UK's health workforce

> "A period overseas can broaden experiences and thinking in a whole host of new ways, "It changes people forever" is the quote we hear directly back from people. It can revitalise people and helps them realise just how fortunate we are to have the NHS."
> (*Ian Cumming, Former Chief Executive, Health Education England, cited in All-Party Parliamentary Group on Global Health report, 2017).*

The global health workforce crisis affects not only LMICs, but also the UK's own NHS. The UK Government's mission to build an NHS fit for the future, recognises the current challenges within the UK health workforce and acknowledges that "getting the NHS back to working for patients means ending the workforce crisis across both health and social care."[34]

Health Partnerships can help make this happen. Health Partnerships create opportunities for NHS health workers to engage in global health activities, which can enhance personal and professional development, bolstering morale and loyalty to the NHS and helping to attract and retain staff. By taking up these opportunities, UK health workers enhance their own attitudes, skills and behaviour, bringing innovations and new ways of working back to the UK, positively influencing the UK health system and improving service delivery. A notable impact is an increase in job satisfaction and motivation – an outcome of health partnerships noted time and time again [35]. GHP surveys of health workers and Partnership leads have pointed out key benefits of their international engagement through Health Partnerships (see table 2).

Health Partnerships create opportunities for NHS health workers to engage in global health activities, which can enhance personal and professional development.

Table 2: Benefits of Health Partnerships for the UK's health workforce (Percent of respondents agreeing with statement)

2011-2019 DFID-funded Health Partnership Scheme	Health Education England (now NHS England) Health Partnership programme
Professional development of staff involved in a health partnership (86%)	Personal fulfilment (78%)
Introduction of new perspectives, policy and practice by staff involved in a health partnership (74%)	Greater sense of purpose (76%)
Improved ability of staff to understand patients from many backgrounds / to meet the needs of multicultural populations (73%)	Increased motivation at work (56%)
Improved motivation of staff involved in a health partnership (69%)	Increased confidence (41%)
Increased motivation at work (56%)	Managing work-related stress and anxiety (20%)
Increased confidence (41%)	
Managing work-related stress and anxiety (20%)	

Source: Global Health Partnerships, 2024

More specific examples of the impact that involvement in Health Partnerships has had on NHS health workers, taken from the NHS England survey [36] include:

"Spending 1-2 days a week on something different than my day-to-day job in the NHS was enough to boost my well-being. It showed me what I have learnt and achieved in anaesthesia, something I'm not used to admitting or acknowledging."

"It allowed me to put my own work-related worries into perspective and come back refreshed and more determined to solve problems in a positive way."

The clear benefits of Health Partnerships for building a stronger NHS are evidenced throughout the programmes supported by Global Health Partnerships. A snapshot of some of these programmes and their mutual benefits for LMICs and the NHS are presented here.

Health Partnerships: Delivering mutual learning at home and abroad.

In 2023, the value of Health Partnerships was clearly recognised by the UK Government in its White Paper on International Development in which Rishi Sunak's Government committed to "harnessing the energy and expertise of NHS staff to promote knowledge and skills exchange for mutual learning between UK and partner health institutions in LMICs.". This White Paper also explicitly recognises the value of the "extensive partnership experiences of organisations such as the Tropical Health and Education Trust, known as THET, and NHS England to help drive faster progress towards universal health globally." [37]

A strong example of **how Health Partnerships can contribute to addressing workforce challenges in the UK** is the partnership between LVCT Health, Kenya and Liverpool School of Tropical Medicine (LSTM). One of the many projects being implemented through the Global Health Workforce Programme (GHWP) which is funded by the UK's Department for Health and Social Care, this Health Partnership aims to improve health equity and integration of community health services in Liverpool through a programme of mutual learning. In both Homa Bay and Liverpool, building a stronger community-based workforce is an important mechanism for increasing access to quality, equitable healthcare.

In Liverpool there has been a shift towards focusing on community champions, neighbourhood models and Community Innovation Teams (CITs) since COVID-19. However, due to limited numbers and capacity of primary care workers, the programme has experienced challenges in sustaining the community health workforce programme. In both Liverpool and Homa Bay there are also significant challenges in reaching underserved communities.

This ongoing Health Partnership provides opportunities for shared innovation between the Kenyan community health model and Liverpool's primary care networks by pairing change-makers in each location who engage in peer mentoring/shadowing and exchange visits to cross-fertilise learning and trigger innovation.

Outcomes of this partnership for Liverpool's community health services and CHWs have so far included the development of a unified approach for community engagement across the city, a workforce engagement plan, and a recognition of the need to implement a whole system approach for working with communities, local health practitioners and care partners to identify and respond to community-based care needs.

The CwPAMS programme provides clear evidence of the **impact of Health Partnerships in building a stronger health workforce within the UK**. It is recognised that strong and influential leaders across a wide range of healthcare disciplines are essential to support the achievement of the WHO global AMR plan [38]. Within the UK, leadership development among pharmacists has also been identified as critical to improving the UK's response to AMR. Despite this, however, there have been few opportunities available for pharmacists to develop and demonstrate these leadership skills. The CwPAMS programme created the opportunity for the inclusion of pharmacists in international Health Partnerships for the first time and the benefits of this for the UK's pharmacists, as well as the UK's response to AMR have been considerable.

Running in parallel with the CwPAMS scheme was the first Chief Pharmaceutical Officer's Global Health (CPhOGH) Fellowship programme, aiming to cultivate pharmacists as clinical leaders of the future.

An evaluation of the CPhOGH Fellowship programme found that participation in this programme by UK pharmacists increased their leadership and confidence, which brought additional benefit to their organisations. The majority of CPhOGH Fellows reported that they gained the most from understanding antimicrobial stewardship (AMS) in an LMIC context, understanding international development, and gaining greater knowledge of Health Partnership principles and leadership skills. Participation in the Fellowship programme also increased their willingness to lead and act as role models and significantly improved job satisfaction and motivation [39].

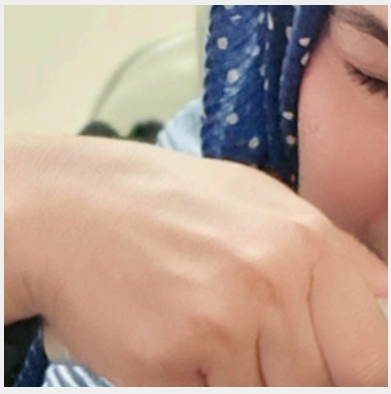
A particular benefit of the CwPAMS programme has been the **bi-directional learning on the UK health workforce,** a benefit particularly evident during the COVID-19 pandemic. Health professionals participating in the CwPAMS Health Partnerships expressed that the programme had strengthened their ability to adapt to new clinical and low-resource contexts, which became particularly relevant for UK health workers on the frontline during the COVID-19 pandemic.

"I learnt a lot about leadership in a low resource setting. When COVID happened, I found that I could apply what I had learnt here as the pandemic turned the UK into a similar low resource setting. The skills I had learnt in stress management and operating in high pressure environments were extremely helpful". (CPhOGH Fellow)

The value of diaspora in strengthening systems at home and abroad

One of the unique aspects of Health Partnerships is the mobilisation of diaspora health workers within the NHS. As of June 2023, 1 in 5 NHS staff in England (19%) report a nationality other than British and together they connect the UK to 214 health systems around the world. These individuals who move between health systems, learning as they go, offer an incredible resource of ideas for the UK and LMICs to improve health for everyone, everywhere.

> “Diaspora health workers are diplomats who move with ease between health systems, learning as they go. We must listen to their voices as we seek to improve health for everyone, everywhere – the centrepiece of THET’s mission as a UK charity working internationally.” (Ben Simms, CEO, Global Health Partnerships, formerly THET).



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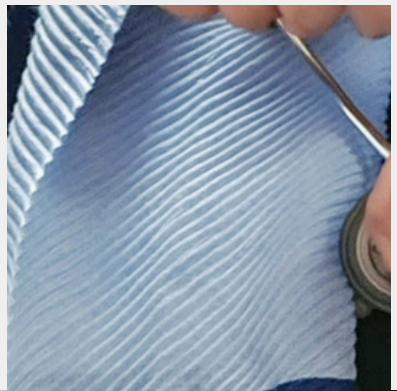
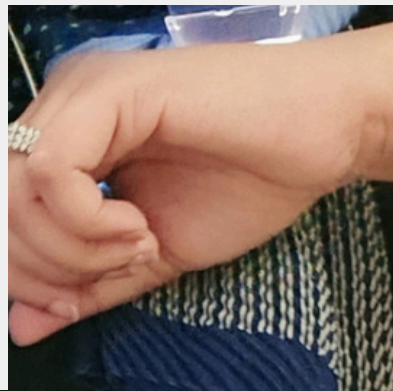




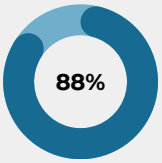
Skills accumulated by diaspora members are invaluable to the development of a variety of sectors such as health, education and technology while the transnational networks that they maintain are crucial to facilitating a more open flow of trade, investment, skills and knowledge.

"It's a struggle to navigate two health systems unless you have fully worked in both of them. You'll always need someone to help with the process...(DHWS) [diaspora health workers] can understand how to translate the need a lot better and deliver services that are more impactful...When we've had diaspora members go with (our partners), they don't have to start making those relationships and understanding systems from scratch" (Voices of Experts in our Midst report, THET, 2023)

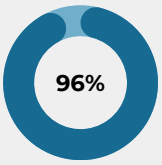
It is widely understood that improved healthcare outcomes can be influenced by NHS staff being more aware of issues of culture and health. Improving this awareness can help to address significant inequalities in patient outcomes, particularly among marginalised communities. Diaspora NHS staff through their experience of different health systems outside of the UK often exhibit important cultural competencies that can help to address these inequalities. Fully harnessing their power will be vital if we are to build an NHS 'fit for the future' that values all its staff and empowers local systems to provide quality health care to everyone that needs it.

Building a stronger NHS through a globally engaged diaspora

4 in 5 diaspora staff surveyed feel that their experience of health/healthcare overseas has an effect on their UK practice.



88% of NHS health workers agree that we can learn from health systems overseas in order to improve the NHS.



96% of NHS health workers believe sharing clinical skills globally can benefit us all

2 in 3 diaspora staff have connections to their country of heritage that relate to health/healthcare

(Source: Voices of the Experts in our Midst, THET, 2023).

Health Partnerships can help to harness this power. Recognising this, GHP has developed the 'Experts in our Midst' programme of work to celebrate the global health expertise of diaspora healthcare workers in the UK who are working to improve health systems and service delivery globally. Building on GHP's 'Experts in our Midst' and 'Voices of the Experts in our Midst' reports [40,41] this work:

- Celebrates the contributions of diaspora health workers to improving health systems globally and in the UK.
- Advances efforts to decolonise health partnerships by ensuring GHP's programmes and grants are more inclusive of diaspora health workers, support diaspora organisations to directly access funding, and increase diaspora leadership within existing Health Partnerships.
- Engages directly with NHS Trusts and Boards, encouraging them to celebrate and harness the knowledge of diaspora health workers and engage them in the global health initiatives within the Trust
- Builds the evidence base for strengthening diaspora engagement and to better understand the impact of diaspora-led health partnerships on global health and on the UK's health system.

GHP is currently connected to 85 diaspora organisations and in the last year has engaged 13 NHS Trusts and Boards across England and Wales, and two Integrated Care Boards in its work with diaspora health workers in the NHS.

One example of a successful health partnership that has harnessed the potential of diaspora workers to strengthen health systems both in LMICs and in UK is the **East London-Butabika Health Partnership** [42] to improve mental health in the UK and Uganda through mutual learning and collaboration. This partnership between East London NHS Foundation Trust (ELFT) and the Butabika Mental Health Hospital in Kampala, Uganda, has been helping to strengthen mental health services in Uganda and the UK for over 15 years. Through this partnership, more than 115 peer support workers have been trained at ELFT, providing support to over 1,000 patients. According to Navina Evans, the former CEO at East London, the Health Partnership has not only benefited their Ugandan partners and service but has also benefited East London staff as well as service users and families across East London. Among the key benefits of the programme are enhanced knowledge and skills of UK health workers, increased confidence of health workers, improved communication skills, problem-solving and leadership skills, increased job satisfaction and motivation and an increased sense of being able to make a difference and contribute at local and national levels [43]. For Ugandan diaspora staff additional benefits included increased learning about their culture and mental health as well as developing an enhanced confidence in their dual identity and culture.

Case study: strengthening medical education in Bangladesh

Dr Mesbah Rahman is a Gastroenterologist practicing in Swansea. Born and trained in Bangladesh, Mesbah came to the UK in 1990. “I have never forgotten what my birthplace did for me by giving me the opportunity to become a doctor.” This view has motivated Mesbah to return to his country of heritage every year, to run clinical hands-on courses for training in endoscopy. Mesbah Rahman has played a pivotal role in reshaping medical education and specialisation in Bangladesh and facilitated a dynamic exchange of knowledge, benefitting both the medical community in Bangladesh and the UK. Through the partnership, students from Bangladesh come to train in the UK, and UK colleagues can contribute to strengthening education in Bangladesh.

Recently, a knowledge exchange initiative has started between radiologists in the UK and Bangladesh using advanced interventional training techniques to enhance the quality of radiological services in Bangladesh. Mesbah emphasises its bi-directional nature, placing particular emphasis on the lessons gained in navigating resource- constrained environments; critical for UK colleagues during the Covid-19 pandemic.

GHP believes the UK’s diaspora health workers are a valuable, but often under-recognised, part of the UK’s health system. They are also highly valued members, and often leaders, of the Health Partnerships GHP works with. The value of diaspora health workers to the UK can be seen in their individual motivation for the work they do in the UK and in LMICs; the unique skills and knowledge they have to offer the UK’s health system which can be crucial for reaching under-served communities and for enhancing equity of health care locally and globally; and in the professionalism and commitment they bring to ensuring Health Partnerships deliver meaningful impact at a local level.

A further essential contribution diaspora health workers make through their involvement in Health Partnerships is in helping to decolonise the UK’s ODA for health. By intentionally aiming to shift power dynamics, diaspora-led Health Partnerships are helping to challenge approaches that are rooted in colonial legacies and are creating opportunities to advocate for more contextually relevant and respectful solutions to health system and health workforce challenges.

The NHS: Harnessing Mutual Benefits to accelerate Universal Health Coverage

The UK has long been a leader in supporting efforts to build stronger health systems in LMICs, recognising this as a key strategy to support countries to deliver more health for less, and a key driver towards achieving UHC [44]. In recent years, however, the UK's leadership in advancing global health equity has waned as cuts to the overall ODA budget have caused reductions in spending on health and as the UK has pivoted to a greater focus on global health security following the COVID-19 pandemic [45].

Alongside its international engagement and investments in health, the UK's health system, including the NHS, established according to the principles of UHC more than 70 years ago is still widely regarded as one of the most effective and equitable health systems globally [46]. While the NHS has many issues to address domestically, as illustrated by the Government's recognition of the need to build an NHS 'fit for the future', there is a proven global demand for the learning and expertise of the NHS. As one of the largest and oldest UHC systems in history, the NHS offers an immense source of knowledge and experience on the challenges and solutions for building a healthcare system that can offer equitable access to quality health care, free at the point of use.

As the COVID-19 pandemic has shown, engaging internationally is crucial, not only to build stronger health systems in LMICs and increase access to quality health services in these countries, but to also strengthen the NHS to be able to respond effectively to challenges that are likely to arise in the future, including global threats to health security such as future pandemics and climate change.

As progress towards SDG 3 and UHC stalls, there is a unique opportunity for the UK to use the power of mutually beneficial health partnerships to meet the global demand for the learning and expertise that the NHS has accumulated since it was founded in 1948.

The UK Government has committed to rebuilding Britain's reputation on international development with an approach based on genuine respect and partnership with LMICs that supports common interests [47]. The previous government also recognised the power of partnerships based on mutual respect to bring the best of what the UK can offer to support partners where they can lead [48].

Health Partnerships – drawing on UK expertise to advance UHC

Health Partnerships provide a model that can advance UHC in LMICs and creating opportunities to promote and share the UK's expertise and leadership in global health equity. Health Partnerships and the values they espouse, such as collaboration, trust and mutual understanding and respect also offer opportunities to optimise the potential of the soft power and diplomacy and foster cooperation on global health priorities. Such partnerships play an important role in tackling many of the issues currently facing all countries aiming to improve UHC, such as global health security, decolonisation, climate change, equity, diversity and inclusion, integration of diaspora workers and international students into UHC and the challenge of ensuring the availability and quality of health workers.

The new UK government has identified three key shifts that are being placed at the forefront of current NHS policy: moving from a treatment paradigm to a prevention paradigm, shifting from a focus on expensive and often inefficient secondary care to primary care, and moving from analogue to digital health care. All three of these shifts are also being seen on the global health stage and it makes sense, therefore for the UK to harness the power of Health Partnerships to both promote the UK's learning, knowledge and expertise in these areas and to learn from others who are also prioritising similar issues/reforms.

By exporting the learnings and expertise of the NHS to countries across the globe that are struggling to develop their own health systems based on the principles of UHC, there is an opportunity to capitalise on the power of the UK's health workforce, including its diaspora health workers, and to create opportunities for bi-directional learning that can also strengthen the NHS and improve the quality and efficiency of service delivery at home.

The new UK Government is recognising the benefit of internationalisation of the NHS – both as a transformational agent for the NHS at home as well as its power for diplomacy. Alongside this it is crucial to recognise the power of the UK's diaspora health workforce to both transform the UK's health care system, and to act as global health diplomats advancing the learnings and expertise of the NHS. Health Partnerships are an important tool to help harness these benefits for the acceleration of UHC and the achievement of SDG 3.

Recommendations

To maximise the potential of the Health Partnership approach to accelerate progress towards UHC and get SDG3 back on track we need:

- **The UK to reassert its leadership on global health**, by ensuring a return to 0.7% of GNI being allocated to ODA, as soon as possible. Within this, there must be a focus on reducing in-donor refugee costs being accounted for under the ODA budget. This would enable an increased allocation to support the strengthening of health systems, increased investments in the global health workforce, and recognition of the role Health Partnerships and the UK's diaspora health workers can play in advancing UHC.

- **A cross-government recognition of the crucial role that Health Partnerships can play in strengthening health systems in LMICs and promoting the NHS as an example of a system successfully delivering UHC.** This should include not only the Department for Health and Social Care and the Foreign Commonwealth and Development Office, but also the Department for Industry and Trade and all other relevant government departments with an interest in building stronger health systems globally to improve healthcare while protecting British citizens from shared global health risks locally.

- **Integrate global learning, the value of a Health Partnerships approach, and a recognition of the contributions of diaspora health workers** to health systems in the UK and globally, into the NHS' next 10-Year Health Plan by:

    - Allocating NHS funding to promote Health Partnerships and opportunities to learn globally.

    - Developing and implementing a strategy for diaspora engagement that values the expertise of diaspora healthcare workers in the UK and globally.

    - Strengthening knowledge sharing and research networks that can create opportunities to disseminate best practices across NHS Trusts, ensuring that innovations from other health systems adopted by individual Trusts can be upscaled across NHS.

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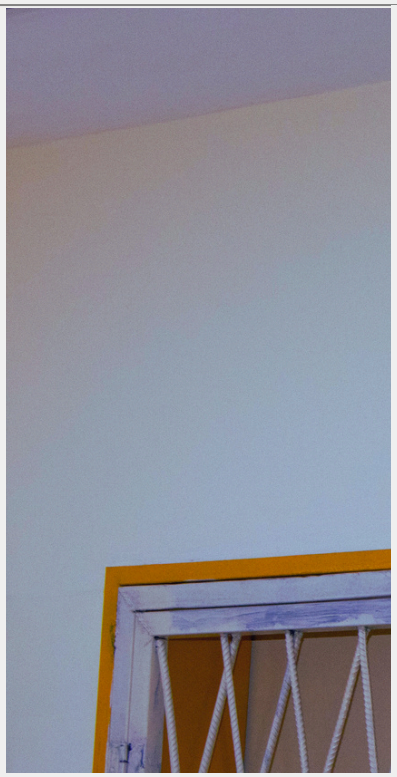

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