



Global Health
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GLOBAL HEALTH WORKFORCE PROGRAMME

Ghana Sharing & Learning Event

Developing the health workforce in Ghana, Kenya, and Nigeria to build stronger, more resilient health systems and advance progress towards Universal Health Coverage



Funded by the UK Department of Health and Social Care, and managed by Global Health Partnerships, in partnership with the Ministry of Health.



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"The Global Health Workforce Programme (GHWP) has made a major impact on Human Resources Development in Ghana over its relatively short implementation period. From September 2023, when a scoping was carried out with stakeholders to identify key health workforce priorities, we have worked through partnerships to address these priorities. I am happy that within this short period of support from DHSC we have and will continue to see changes in our human resources for health."

- John Marfoh, In Country Consultant for Global Health Partnerships, Ghana

Programme overview

Introduction

The health workforce is at the centre of every health system. However, many countries are grappling with major health workforce challenges, such as critical shortages in the supply of workers, an inadequate mix of skills in the workforce, inequitable geographical distribution of health workers, and gaps in their competencies, motivation, and performance. These strains on the health workforce have a direct impact on every individual's ability to access appropriate, accessible and quality care that they need to live healthy lives.

"A strong health workforce is central to health system performance and achieving Universal Health Coverage. The Global Health Workforce Programme, funded by the UK Department of Health and Social Care, has demonstrated the power and effectiveness of equitable Health Partnerships between UK institutions and Low- and Middle- Income Country (LMIC) counterparts, and between partners across the Global South. Aligning and synergising efforts with country leadership and other health workforce actors across the health system, Health Partnerships have designed and delivered innovative and high impact interventions that contribute to locally identified health workforce priorities and health systems outcomes. Bi-directional learning and evidence generated through the GHWP is informing global, regional and national policy and practice on health workforce strengthening, including governance and leadership, performance, health worker wellbeing, and retention, fostering learning and building resilient health systems." - Margaret Caffrey, Technical Director for Health Systems Strengthening at Global Health Partnerships.

- Margaret Caffrey, Technical Director for Health Systems Strengthening at Global Health Partnerships

Programme introduction

The Global Health Workforce Programme (GHWP) has been supporting Health Partnerships (HPs) in Ghana, Kenya and Nigeria, to contribute to better health workforce management, improved leadership capacity and high-quality education/training activities, and improved motivation, wellbeing, and retention of the health workforce, to help build stronger, more resilient health systems for the future.

Funded by the UK Department of Health and Social Care, the Global Health Workforce Programme is working to build the strength, resilience, and capability of the health workforce, to advance progress towards Universal Health Coverage in line with Sustainable Development Goal 3: to 'Ensure healthy lives and promote well-being for all at all ages', and, ultimately, to ensure that everyone, everywhere has access to quality healthcare.



SG.13 Leadership training © image provided by the Health Partnership

Achievements towards the programme indicators across Kenya, Ghana and Nigeria*:

Capacity development initiatives:

- 90% of trained health workers involved in health workforce leadership training are demonstrating improved knowledge and/or skills post-training

Evidence for the sustainability/cascading of interventions:

- 95% of trainers have demonstrated improved knowledge and skills to provide and continue providing trainings targeting health workers

Improved Health Workforce Management:

- 21 health workforce management strategies supported by HPs
- 82% of stakeholders reporting to have improved knowledge and understanding of a health workforce issue
- 21 pieces of evidence that stakeholders are using the evidence generated by the project for policy development/decision making

As this phase of the Global Health Workforce Programme comes to a close in February 2025, we will undoubtedly see more successes like these coming from the Health Partnerships who will continue to collaborate with national bodies to embed these practices.

**These results are from the reporting period 01/02/2024-31/10/2024 for large grants and 01/02/2024-31/08/2024 for small grants, and do not capture the full scale of achievements from the programme. Further evidence and data will be available following final reporting.*



LG.09 workshop participants © image provided by the Health Partnership

Acknowledgements:

The programme has been made possible by key stakeholders who have provided invaluable insight into national health workforce priorities, strategies, interventions, and sustainability measures. We would like to extend our thanks to the National Oversight Mechanism (NOM), who have provided much guidance and support to the Health Partnerships and Global Health Partnerships team throughout the programme:

- **Dr Twum-Barima Adwoa** WHO- Technical Officer, Health Financing and Human Resources for Health |WHO Ghana office
- **Dominic Farrell** Health Advisor | FCDO Ghana
- **James Antwi** Independent HR Consultant
- **Freda Agyei Asare** Dep. Director HR | Ministry of Health
- **Zanu Dassen** Human Resource Unit | Ghana Health Service

The support and collaboration of the Ministry of Health, Ghana Health Service, and the Government of Ghana has ensured that the programme aligns with national priorities, and that the interventions are effective, appropriate and impactful. Thank you also to the FCDO and WHO Country Offices for their ongoing guidance and strategic oversight, and to all of the national stakeholders for their collaboration and contributions to the programme delivery in Ghana.



Impact in Ghana

SG.04 World stroke day © image provided by the Health Partnership

The Global Health Workforce Programme has funded 18 Health Partnerships between Ghana, and the UK, Kenya, and Nigeria. Since the Health Partnerships' project inception in February 2024, 2,826 health workers have been trained in Ghana, across areas such as leadership, education, clinical skills, and Gender, Equality & Social Inclusion (GESI).

Health Partnerships have closely collaborated with the Ministry of Health and national bodies such as the Ghana Health service to develop interventions, guidelines, and policies which address national priorities and needs. In several cases, the projects have provided evidence from the project activities to inform national strategies and plans, leading to scale-up across the country.

The progress made so far has highlighted key success factors – such as country-led initiatives, multi-sector and local engagement, and learning-orientated approaches. Developments in leadership capacity, evidence-based policy development, quality education, health worker governance strategies, and national stakeholder partnerships, are contributing

to strategies to achieve an effective and sustainable health workforce.

To spotlight training as one aspect of the programme, the Health Partnerships from Ghana have:

- Trained 2,826 health workers overall
- 1,155 male and 1,366 female, with 305 not specified*

With:

- Leadership training delivered to 256 health workers
- Clinical skills delivered to 2,213 health workers
- Gender, Equality and Social Inclusion training delivered to 22 health workers *

**data represents progress between 01/02/2024 - 31/10/2024 for large grants and 01/02/2024 -31/08/2024 for small grants*

1. Health Partnerships contributing to improved motivation, wellbeing, retention, job satisfaction and health workforce management strategies

SG.60: The Institute of Applied Studies and Research, with the Nigeria Medical Association, Ghana Nurses and Midwives Association, and the Kenya Medical Association

This Health Partnership have conducted a wellbeing study, examining different methods for delivering well-being interventions to the health workforce in Ghana, Kenya and Nigeria in order to understand their effectiveness and impact on health workforce performance and retention. Through close collaboration with Health Workforce Human Resources policy stakeholders, this Partnership has ensured that they are well-versed in the local human resources for health landscape and are positioned to facilitate effective dialogue on the research findings to support health management strategies for health worker wellbeing.

LG.02: Royal College of Psychiatrists (RCPsych), Ghana College of Physicians and Surgeons (GCPS), Department of Psychiatry, Moi University, and the University of Nairobi

This Partnership has built capacity for subspecialty psychiatry training in Ghana by enhancing psychiatric education and practice, and decentralising postgraduate specialist training. The Partnership provided specialised training to 50 trainees at GCPS, delivered twelve lectures on addictions and child/adolescent psychiatry and held online leadership workshops on inclusive leadership. The Partnership has facilitated faculty exchanges between GCPS and RCPsych to foster bidirectional learning, and established a mentorship/supervision

programme to provide continuous support. These efforts are building the capacity of the psychiatric health workforce in Ghana by improving Health Worker confidence, skills and practice to address critical mental health needs, laying a strong foundation for quality psychiatric education and provision in Ghana.

LG.07: Liverpool School of Tropical Medicine and the School of Public Health, University of Ghana

This Health Partnership has contributed to health worker retention in Ghana by implementing health workforce management strategies, identified and developed through participatory action workshops and research, which empower managers and community actors to improve workforce retention, job satisfaction, and health worker availability. The Partnership developed 17 retention strategies, including health centre refurbishments and financial management improvements, of which 14 are currently being implemented. The district and sub-district managers are assessing the effectiveness of the interventions, identifying retention issues for health workers and adapting interventions to address the specific needs of the district. The Partnership is using evidence from the interventions to highlight the need to motivate health workers through interventions like these. Findings are monitored through routine meetings and five manuscripts collating their findings on workforce retention strategies are in development.



LG.12 Team Photo © image provided by the Health Partnership

Case Study

LG.12 Strengthening Nursing and Midwifery Regulation in Ghana

The Health Partnership between the University of Huddersfield, the Nursing and Midwifery Council of Ghana (N&MC) and the University of Liverpool has supported improved Human Resources for Health (HRH) management through their project to strengthen the ability of the N&MC to oversee and regulate the professional register of nurses and midwives in the country. Improving health workforce management will help to ensure the availability of high-quality education providers and to maintain high professional standards in nursing and midwifery care.

To support the N&MC to fulfill this mandate, the Partnership enhanced and updated the Management Information System (MIS) for renewal and revalidation of registered nurses and midwives. Improving the efficiency of professional registration and monitoring of nursing and midwifery education providers. To ensure local ownership and sustainability, IT consultants from the UK collaborated closely with N&MC Ghana's IT team in the development of the MIS, using an apprenticeship and on-the-job training approach to transfer skills and build local expertise.

The project also focused on revalidation for nurses and midwives, ensuring they maintain professional competency and adhere to regulatory standards. A validation workshop

was conducted with 20 key stakeholders to finalise the framework and guidelines for revalidation. This was followed by the piloting and testing of the MIS and the implementation of three zonal Training-of-Trainers (ToT) sessions across Ghana.

Through these initiatives, master trainers — selected from N&MC Ghana staff — were trained to lead and facilitate the revalidation process nationwide. These trainers are now equipped to cascade the training to their colleagues, ensuring the sustainability of the project and embedding the revalidation system within Ghana's nursing and midwifery profession.



LG.12 Health Partnership meeting © image provided by the Health Partnership

Project achievements so far include:

Management Information System (MIS) Implementation:

- Enhanced and updated the Management Information System (MIS) for renewal and revalidation of registered nurses and midwives
- Trained 50 N&MC staff trained on use of the MIS
- 71% of trained staff expressed confidence in adopting and using the new technology, and 100% of N&MC IT team members reported improved knowledge in MIS management

Revalidation Training & Capacity Building:

- Trained 188 nursing and midwifery practitioners and educators trained as trainers on the revalidation process in three regions
- 96% of participants demonstrated retained knowledge of training materials and revalidation content
- 81% reported an increase in confidence to train their colleagues.

Stakeholder Engagement & Knowledge Transfer:

- 20 stakeholders participated in a validation workshop to finalize revalidation guidelines
- Trainers were selected from all 16 regions of Ghana to ensure national coverage

By implementing a sustainable, locally-led approach, this initiative has strengthened Ghana's nursing and midwifery workforce, ensuring efficient regulation, distribution and availability of the nursing and midwifery health workforce, enhancing professional development and improving healthcare outcomes nationwide,

One stakeholder and trainee involved in the project testified:

"I think it's also going to reduce some of these medical legal issues that nurses are facing because if I know I'm going to be responsible, I have to attach seriousness and be more of a critical thinker, I'm going to put in a lot of effort and it's going to reduce errors that we make in rendering service. There's going to be patient's satisfaction. I think at the end of the day, the health facility's goal is going to be achieved because the goal is to be able to satisfy our clients and the public is going to gain more confidence in us as nurses and midwives. And I think even when it comes to the going to negotiate for salary increase and all that. Now we have a better ground to speak because now the public has so much confidence in us".

2. Health Partnerships contributing to improved leadership capacity and mentorship within the health workforce

LG.116 British Foundation for International Reconstructive Surgery and Training (BFIRST) UK, Ahmadu Bello University, Zaria, Korle Bu Teaching Hospital (KBTH) Accra, and Komfo Anokye Teaching Hospital, Kumasi (KATH)

This Health Partnership has strengthened health worker leadership and mentorship in breast cancer care across Nigeria and Ghana, improving the number and quality of training opportunities by establishing a sustainable training and education resource in Nigeria and Ghana. Activities have included leadership training with a focus on inter-specialty collaboration, international faculty exchange, and the creation of a network to support leadership skills. They have developed a knowledge-sharing platform for sustained learning and trained 23 'BRITE champions' to serve as focal points for the training. The training facilitates partnership engagement at facility level (local hospitals), national level (national colleges), and international level (UK BRITE partners). The Partnership has also encouraged female representation in decision-making processes related to project development, implementation and evaluation.

SG.61: NHS Consortium for Global Health

This project has developed a programme of system-level leadership strengthening activities across the breadth of HRH in Ghana, Kenya, and Nigeria, recruiting cohorts from all three countries to partake in the WHO Working For Health 2030 peer-learning programme. This programme is training health workers in strengthened leadership and decision-making in HRH management.

SG.13: Nottingham University Hospital NHS Trust, UK and The Kings Village, Ghana

This Health Partnership has contributed

towards improved leadership and management capacity by establishing a pilot fellowship at The Kings Village, Ghana. The project has enhanced healthcare leadership, wellbeing management, and mentoring through a structured programme, including a "train the trainer" model to sustain skills gained in leadership and management. The mentorship programme and fellowship has been developed through co-production with stakeholders. With over 70% female participation, the project promotes gender equality within the leadership capacity development opportunities. These initiatives have fostered professional growth, collaboration, and sustainable capacity-building for healthcare teams in The King's Village, Ghana.

LG.73: Intrahealth International, Kenya, The Nursing and Midwifery Council of Ghana (NMC-G), The Nursing Council of Kenya, and Ideal Health Organization (IHO)

This Health Partnership has strengthened Kenya's capacity to integrate Advance Practice Nurses (APNs) into specialist and primary care, with guidance and bidirectional learning from Ghana, where APNs are already operational. The project conducted an APN readiness assessment, informing efforts to enhance clinical leadership curricula for APN educators, and delivered relevant training to equip nurse educators as leaders for future APNs. Findings were synthesised into a policy brief and an action plan was developed to support ongoing policy discussions on APN integration into the Kenyan health system, based on learnings from the project between Ghana and Kenya. This Partnership is an excellent example of South-South collaboration and bidirectional learning to improve the capacity of the health workforce in LMICs.



LG.12 group photo © image provided by the Health Partnership



LG.06-Pre-service training discussion led by Dr Andrews Ayim © image provided by the Health Partnership



LG.47 PETI course cohort © image provided by the Health Partnership



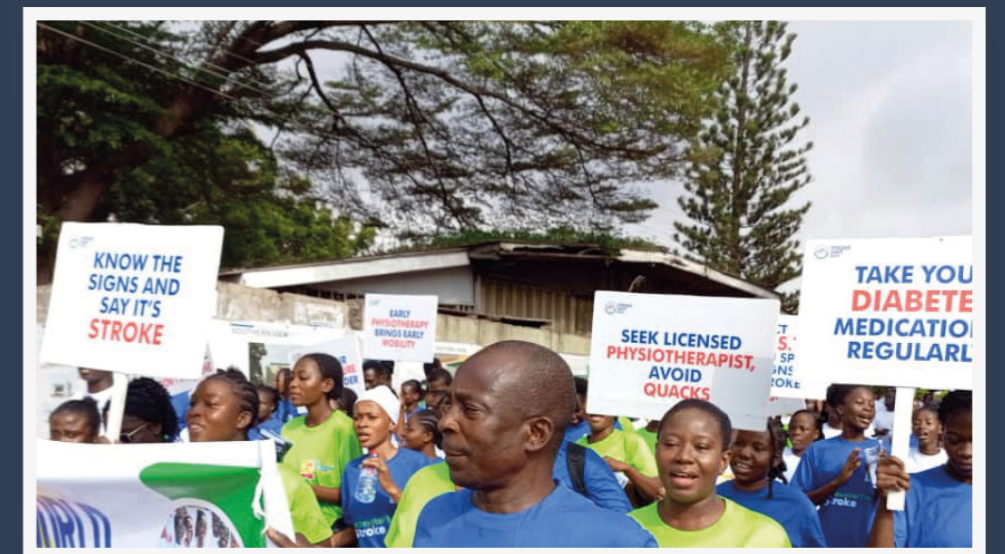
LG.73 Clinical leadership training © image provided by the Health Partnership



LG.116- BRITE MDT Training Ghana © image provided by the Health Partnership



SG.04 team photo © image provided by the Health Partnership



SG.04 World stroke day © image provided by the Health Partnership



SG.13 training © image provided by the Health Partnership



SG.58 close out meeting in Ghana © image provided by the Health Partnership



SG.58 Group picture after Signing of MOU in Ghana © image provided by the Health Partnership

Case Study

LG.09: Building Leadership Capacity for Children's Palliative Care in Ghana

Project Overview

The Partnership between the International Children's Palliative Care Network (ICPCN), World Child Cancer Ghana, Ghana Health Service, Korle Bu Teaching Hospital, and Komfo Anokye Teaching Hospital has improved children's palliative care (CPC) in Ghana by strengthening the CPC knowledge, skills and leadership capacity of the workforce. This Partnership utilised a multifaceted approach, including structured training sessions, clinical placements, a mentorship programme, and the development of comprehensive training materials to improve the CPC skills of the Ghanaian workforce. This aims to equip professionals with essential skills and knowledge to support them to deliver sustainable, high-quality care for children with life-limiting illnesses.



LG.09 capacity building training session © image provided by the Health Partnership



LG.09 capacity building training group discussion © image provided by the Health Partnership



LG.09 team photo 2 © image provided by the Health Partnership

Project achievements so far include:

Training and Capacity Building:

- Delivered four in-person training sessions, reaching 128 participants from all 16 regions of Ghana
- Delivered ten webinars engaging over 1,600 participants across the sessions.
- Included 42 facilities in the training, and supported them to develop and implement action plans to establish CPC within these facilities.

Institutional Strengthening:

- The project has actively engaged stakeholders, including the Ministry of Health, Ghana Health Services, and the Ghana Colleges of Physicians & Surgeons, Nurses & Midwives, and Pharmacists, to ensure long-term integration of CPC into existing healthcare structure.

Mentorship and Knowledge Sharing:

- Launched mentorship programme, linking Ghanaian trainees with UK professionals.
- Facilitated clinical placements at key teaching hospitals in Ghana along with UK. placements for six trainees at the three Colleges, providing participants with hands-on learning opportunities.

- Created a WhatsApp Community of Practice with 461 members, fostering collaboration between professionals in Ghana and the UK.

Resource Development:

- Local training materials were created and made accessible online, including webinar recordings, 20 PowerPoint presentations, and a comprehensive CPC resource library.
- These materials are hosted on the ICPCN Education & Membership Hub for continuous learning and are freely available.

Paediatric Oncologist and project partner from Korle Bu Teaching Hospital Professor Lorna Renner shared her reflections on the training:

"There's a real need to build capacity in CPC nursing. You need special skills to work in this field. Many of our nurses have learned on the job without formal training, so this project is invaluable. There is a big gap; we only have one palliative care-trained paediatrician in Ghana. The Community of Practice will be crucial in overcoming isolation and fostering collaboration."

3. Health Partnerships contributing to sustainability, and impact on quality and access to education and training activities (e.g skills / practice / curriculum / policies)

LG.01 The Royal College of Pathologists, National Postgraduate Medical College of Nigeria (NPMCN), The Agha Khan University and The Ghana College of Physicians and Surgeons (GCPS)

To address the critical shortage of chemical pathologists and the lack of relevant specialist training programmes in Ghana, Kenya, and Nigeria, this Partnership has delivered training programmes, improved curricula, and supported continuous professional development opportunities aimed at the chemical pathologist health workforce. They successfully launched a Point-of-Care Testing course, mentoring programme and fellowship curriculum to support improvements to the quality of chemical pathology service provision in all three GHWP countries, improving education and building the capacity of the chemical pathologist workforce to deliver specialist care.

LG.04: Royal College of Anaesthetists, Ghana College of Physicians and Surgeons- Anaesthesia Faculty

This Health Partnership has strengthened the anaesthetist workforce in Ghana by expanding physician anaesthetist education and training capacity. The Partnership has upskilled 20 anaesthesia faculty members in teaching, who are delivering an 'introduction to anaesthesia course' to new trainees. To further expand teaching capacity, the Partnership increased the number of approved anaesthesia training centres in Ghana by six, with two faculty members secured per region for new institutions. For sustainability, the Partnership has ensured strong local leadership, implemented the train-the-trainer model, and will document best practices, improving the quality and accessibility of anaesthesia education in Ghana.

LG.47: British Paediatric Neurology Association (BPNA), Kenya Paediatric Association (KPA), Paediatric Society of Ghana, and East African Child Neurology Association in Kenya

This Health Partnership has improved care for children with epilepsy in Ghana and Kenya by enhancing health worker training through the Paediatric Epilepsy Training (PET) course, which teaches non-specialist healthcare workers to diagnose and manage seizures. The training has been delivered outside major cities to reach rural and underserved areas. By enabling knowledge to be cascaded from Paediatric Neurologists via PET, the Partnership has improved access to clinical training, increased the number of skilled health workers, and reduced the reliance on specialists.

SG.58: Nursing and Midwifery Council (N&MC) of Ghana and the Ghana Nurses Association (UK)

This Health Partnership has strengthened relationships between Nurses and Midwives in Ghana and Ghanaian nurses and midwives working in the UK health sector diaspora, building the capacity of the diaspora to support workforce improvements in Ghana via training, support and international knowledge exchange/bi-directional learning. The Partnership reviewed the composition and expertise of the GNA-UK membership and developed a needs assessment with Ghanaian nurses and midwives to inform tailored training programmes, laying the foundations to improve the support GNA-UK can provide to the Ghana health system.

SG.04: Wessex Ghana Stroke Partnership, UK and Ghana, Korle Bu Teaching Hospital, Accra, Ghana, Tamale Teaching Hospital, Tamale, Ghana and Ho Teaching Hospital, Ho, Ghana

This Health Partnership has improved access to high-quality stroke care training in Ghana by implementing a model for core stroke skills training in remote/underserved areas. Utilising a train-the-trainer model, the Partnership equipped local leads from each regional site with essential stroke care skills, with leads cascading training across Tamale and Ho, reaching over 253 health workers in Quarter 1 of the project. Systems for sustaining the training outcomes include a digital community of practice, ongoing peer support provided by both Korle Bu and UK partners, and the digitisation of training modules – expanding the reach of education opportunities and promoting sustainability of the project impact.

SG.06 World Federation of Societies of Anaesthesiologists, Ghana Anaesthetists Society (GAS), Australia and New Zealand College of Anaesthesiologists and the Faculty of Pain Medicine

This Health Partnership has strengthened the health workforce capacity to deliver pain management care in Ghana by increasing the number, availability, and quality of training opportunities in pain management, specifically for Sickle Cell Disease (SCD). In the first six months of the project, the Partnership trained 21 multidisciplinary trainers (train-the-trainers) as Essential Pain Management (EPM) faculty, who delivered training to 77 new participants in EPM. These activities have increased the capacity of GAS to continue delivering EPM courses independently beyond the project end, contributed to increased quality training opportunities in pain management, and provided opportunities for local leadership.

LG.03: The Royal College of Emergency Medicine, The Ghana College of Physicians and Surgeons, Emergency Medicine Society of Ghana (EMSOG), and the Kwame Nkrumah University of Science and Technology Hospital Emergency Department (KNUST)

This Health Partnership has strengthened postgraduate specialist medical education and training in Ghana by enhancing emergency medicine (EM) capacity through in-person and virtual training, leadership

development, exchange programmes, and establishing a locally-led EM centre. The Partnership has trained five Consultants as trainers in EM, provided ongoing mentorship, and set up a pilot twinning programme between EMSOG and KNUST. The EM faculty trainers have reached 817 health workers so far with clinical and leadership skills in EM. This project has developed leadership capacity amongst EM clinicians, and improved specialist education and skills in the EM workforce in Ghana.

SG.59: Liverpool School of Tropical Medicine and LVCT Health

This Health Partnership has developed a research commission to build evidence around the impact of diaspora engagement on health workforce and health systems strengthening in Kenya, Ghana and the UK. Through key informant interviews with diaspora health workers and health systems actors, they have collected qualitative data from all three countries and are synthesising their findings into a report. They are due to hold participatory workshops to generate recommendations for diaspora health worker engagement in bi-directional health systems strengthening across all three countries, which they will synthesise into a report/policy brief.



LG.09 training participants © image provided by the Health Partnership

Case Study

LG.06: Advancing Sustainable Healthcare Training through Remote Consultations

Project Overview

The Health Partnership between King's College London, University of Ibadan, University of Warwick UK, Bayero University Kano, and the University of Ghana has strengthened health workforce capacity in Ghana and Nigeria by training primary healthcare workers and pre-service healthcare trainees in Nigeria and Ghana on remote consultation - using the REaCH training platform. The REaCH platform is equipping health workers with essential skills in remote consultation and keeping quality health records, to increase access to safe and trustworthy primary healthcare for underserved/marginalised populations in Ghana and to advance progress on achieving universal health coverage goals. The programme has successfully obtained Continuous Professional Development (CPD) accreditation in Ghana and Nigeria. In Nigeria, the REaCH module is being integrated into pre-service curricula and is awaiting approval on its integration into the curriculum at the College of Medicine, Ibadan, thereby ensuring long-term impact on healthcare training, access, and quality. Collaboration with the Kano and Oyo State Primary Healthcare Development Agencies in Nigeria has supported the sustainability and scalability of the intervention.

Project achievements so far include:

Training and Capacity Building:

- As of October 2024, 51% of 205 pre-service nurses and 57% of 324 pre-service medical doctors completed certification
- 324 primary health workers and 308 in-service trainees that undertook REaCH training passed five core modules of the training, surpassing project targets in both areas

Institutional Strengthening and Policy Integration:

- The REaCH training app is available on the Google Play Store, improving accessibility and sustainability
- CPD accreditation has been secured from the Nursing & Midwifery Council and the Medical & Dental Council in Ghana, as

well as from Nigeria Community Health Practitioners, the Medical and Dental Council of Nigeria, and the Nurses and Midwifery Council of Nigeria. Remote consultation training is expected to be integrated into the College of Medicine, Ibadan's curriculum by the end of the year, ensuring all medical students receive structured training

Leadership and Workforce Development:

- Leadership development is embedded in modules 6 and 7, fostering problem-solving and implementation skills among participants
- Local and national engagements empower senior healthcare leaders to support and sustain the initiative
- The programme prioritises inclusivity by providing training opportunities for junior and female healthcare workers, addressing barriers to professional development

Impact on Skills, Practice, and Education:

- Participants report improved confidence and competence in conducting remote consultations, a practice they previously engaged in informally
- Training has enhanced awareness of best practices, safety protocols, and ethical considerations, improving the quality and trustworthiness of remote consultations
- Improved knowledge on best practice for keeping health records in PHCs

This initiative demonstrates how strategic health partnerships contribute to sustainable education and training. By embedding remote consultation training into curricula and policies, the project enhances healthcare access, equips professionals with vital skills, and fosters long-term sustainability through local ownership and leadership.



LG.06-Pre-service training discussion led by Abdul Gafaru Mohammed © image provided by the Health Partnership



LG.06 Project Team with Grant Manager Adenike © image provided by the Health Partnership

Professor Akinyika Omigbodun, co-lead for the project from the University of Ibadan commented:

"investing in remote healthcare will improve the efficiency of health workers and ultimately improve the indices of health status in the communities. We are concentrating on training the medical officers and the Community health officers who are holding those facilities, because they will set the pace if they know what to do and how to do it right. They can guide those who are under their supervision to also do things right. So that's the philosophy of our project .

The rural populations embrace this approach because they have longer distances to travel to get to the nearest health facility, so anything that could save them that commute is always welcome to them. With remote consultations, their healthcare needs are taken off [their plate] and generally they feel very good that they're making the best use of the time available. So those are some of the advantages to the rural population of having this kind of healthcare available to them."



LG.06 Professor Akinyika Omigbodun © image provided by the Health Partnership

Promoting Gender, Equality, and Social Inclusion (GESI) in Health Workforce Interventions

Case Study

LG.03 Advancing Gender Equality and Social Inclusion in Emergency Healthcare Leadership

Project Overview

The Health Partnership between the Royal College of Emergency Medicine, the Ghana College of Physicians and Surgeons, the Emergency Medicine Society of Ghana, and the Kwame Nkrumah University of Science and Technology Hospital Emergency Department has substantially contributed to improving gender equality and social inclusion (GESI) within emergency healthcare leadership in Ghana. Through the Emergency Medicine (EM) Leaders programme, the Partnership has fostered a diverse, equitable, and inclusive training environment, ensuring that both women and marginalised groups have greater representation in healthcare leadership and decision-making roles. The project also takes a decentralised approach to expanding access to quality emergency care, particularly in underserved communities, reinforcing a commitment to equitable healthcare delivery.

Project achievements so far include:

Gender Equality and Leadership Development:

- The EM Leaders programme has actively integrated GESI components into leadership conversations, ensuring gender equity and social inclusion are central to training and decision-making
- 50% of participants in the EM Leaders workshop at the Medical Knowledge Fiesta at the Ghana College were female, highlighting strong engagement of women in leadership discussions
- The Partnership is supporting GCPS EM plans to formally develop the EM Leaders programme by incorporating key areas of

this into the GCPS EM curriculum which will see GESI embedded formally

- As part of the extension, RCEM has identified a female UK consultant volunteer, with experience in the NHS EM Leaders programme development, to spend one month at Korle Bu TH, further enhancing leadership training and mentorship for women in emergency medicine
- The Partnership maintains a 50/50 gender split among RCEM Consultant Volunteers, aligning with Ghana's Ministry of Health strategy to increase the representation of women in senior healthcare leadership roles

Inclusive Training and Capacity Building:

- The project encourages women's participation in training events, workshops, and programme planning, ensuring their voices shape emergency healthcare leadership
- Female participation was actively sought for the EM Leaders feedback and planning workshop, which continues to influence the projects' direction and impact
- The GCPS EM faculty prioritises the inclusion of women as both participants and decision-makers, fostering a more inclusive training environment

Expanding Access to Care for Marginalised Groups:

- The project employs a decentralised approach to emergency medicine training, increasing the number of centres providing high-quality care in rural/underserved areas, thus improving healthcare access for marginalized populations.
- The programme promotes a non-discriminatory approach to training and patient care, ensuring equitable services for all, regardless of gender,

socioeconomic status, or location

- Through plans to embed GESI components into the EM curriculum the project is committed to a long term, sustainable plan to incorporate culturally competent training and outreach efforts to address cultural and language barriers which often limit marginalised communities' access to emergency healthcare

This initiative exemplifies how strategic health partnerships can drive meaningful progress in gender equality and social inclusion within healthcare. By integrating GESI principles into emergency medicine leadership training and ensuring broader access to high-quality emergency care, the project strengthens Ghana's healthcare system and paves the way for sustainable, equitable healthcare reforms.



Above: LG.03 training participants sitting their exam © image provided by the Health Partnership

Below: LG.03 emergency care training © image provided by the Health Partnership





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About Global Health Partnerships (formerly THET)

Today, one billion people will never see a qualified health worker in their lives. For over thirty-five years, Global Health Partnerships (GHP) 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, GHP 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:
globalhealthpartnerships.org

Group photo from the Ghana GHWP launch event © image taken for Global Health Partnerships by Ghana MoH Media



Author: Megan Clementson Cox, Communications Manager for the GHWP with Grant Managers for Ghana, Matthias Aneinini, Alex McDonald, Adenike Badiora, Todd Page, Jack Lenox and Justina Joshua-Eke.