



Health Partnerships: Highlights of a HIFA discussion sponsored by THET

From 19th September to 21 October 2016, HIFA hosted a thematic discussion on health partnerships as defined and supported by THET: 'A health partnership is an on-going collaboration between health institutions in high income countries and those in low and middle income countries.' There was some discussion also on HIFA-French and HIFA-Zambia.

HIFA members explored the following questions:

1. What do we mean by 'health partnerships'?
2. What works well in your partnership and what is a challenge?
3. What evidence do you use to guide the planning and implementation of your partnership?
4. How do you measure the impact of your partnership?

<http://www.hifa.org/projects/health-partnerships-what-works-and-what-doesnt>

There were 85 messages from 29 HIFA members in 9 countries (India, Iran, Iraq, Nigeria, Pakistan, South Africa, Tanzania, UK, USA):

Abi Sriharan, USA	Kausar Skhan, Pakistan
Anne Chamberlain, UK	Kautar Benjaber, Morocco
Barbara Stilwell, USA	Kavita Bhatia, India
Brenda Longstaff, UK	Lucie Byrne-Davis, UK
Chris Zielinski, UK	Marcia Zondervan, UK
Christopher Alagboso, Nigeria	Massimo Serventi, Tanzania
Dan Ritman, UK	Mohammad Ali Barzegar, Iran
David McColl, UK	Neil Pakenham-Walsh UK
Edwin van Teijlingen, UK	Ollie Ross, UK
Emily Burn, UK	Pamela Sieving, USA
Enku Kebede-Francis USA	Ronnie Graham, South Africa
Hassanein Nasrallah, Iraq	Rose Constantino, USA
Jackton Kaijage, Tanzania	Sowmya Rajasekaran, India
Jo Vallis, UK	Sunanda Kolli Reddy, India
Joseph Ana, Nigeria	Zainab Yunusa-Kaltungo, Nigeria

Below are some highlights from the discussion. The messages are available in full to HIFA members on the HIFA web archive. Join HIFA here: www.hifa.org/joinhifa

Q1: What do we mean by health partnership?

Emily Burn (UK): "Health partnerships are between health institutions and they draw in other groups to deliver their capacity-building work too such as civil society organisations. At the heart of it though, health partnerships are relationships between individuals or groups of individuals who want to bring about change."

Gavin McColl (UK) "Relationships and partnerships always ultimately rely upon human interactions. This is especially true in countries such as Zambia, where from personal experience, generally the culture is less reliant upon systems and more on face-to-face relations."

Emily Burn (UK): One of these [THET] principles is that partnerships should be Respectful and Reciprocal. In a reciprocal partnership the benefits will flow both ways and THET gathers examples of this such as the personal and professional development gained from engaging in a health partnership project. THET has published some examples of this:

- Developing a Respectful Partnership: <http://www.thet.org/health-partnership-scheme/resources/case-studies-stories/health-partnership-scheme-case-studies/developing-a-respectful-partnership>

- An Equitable Partnership: <http://www.thet.org/health-partnership-scheme/resources/case-studies-stories/health-partnership-scheme-case-studies/an-equitable-partnership-2013-defining-roles-and-sharing-responsibilities>

Q2: What works well in your partnership and what is a challenge?

Zainab Yunusa-Kaltungo (Nigeria): "So far, the project has been a resounding success as the trainings were well attended and positive changes are slowly but steadily coming into places. It is worthy of note that prior to this project, only doctors had any knowledge of the concept of patient safety and only a handful of them had any training on patient safety. I attribute the success of the project to the relevance of the project to the local environment, being in line with international best practices, feasibility of the project being sustained by the institutions long after the projects end, the choice of volunteer trainers who knew the in and out of the health systems of both partners, unwavering commitment of the volunteers who against all odds (ongoing insurgency in the affected regions, flight cancellations, out of pocket spending to support the project amongst other challenges) saw the project to completion, strict accountability and mutual respect between partners."

Jo Vallis (UK): "The high income countries have at least as much to gain from partnering with the lower income countries as they have to give."

Lucie Byrne-Davis (UK): "Evidence has shown that participation in a partnership has profound benefits for the northern partners. I have been working on the development of a tool to assess the benefits of participation in partnership work for healthcare professions from the UK..."

Anne Chamberlain (UK) "Madagascar had no trained rehabilitation doctors in 2007. The training given from Leeds has been for 8 doctors (with their physiotherapy colleagues)

working in several centres across the country. The result was that all gained mid-level qualifications and the national Association of Physical and Rehabilitation Medicine of Madagascar was formed. This is a strong body which now leads further training, still with our help."

Marcia Zondervan (UK, forwarded from THET CoP): "There are enormous benefits to health partnerships... One of our initial and key requests is that the overseas institution clearly identify their specific areas of need for a partnership and at that point we assist to match them with the institutions in the UK..."

Challenges

Kondwelani Mateyo (Zambia): "There have been instances of the Western partner dictating terms of projects and ignoring local concerns, which may seem trivial but are often cardinal to success. Therefore the 'parachute-aid' mode needs to shift to a true partnership that stems from a need identified by the locals and implementation mode agreed with the Western partners... Perhaps in future partnerships will need to set clearer terms from outset with mutually-set-and-agreed conditions that must be met on both sides for project continuation. This may hold local partners (both partners in fact) to accountability. Concerning equipment, one thing that we lack in Zambia are maintenance plans/budgets for equipment. That too could be set in the pre-conditions."

Lucie Byrne-Davis (UK) "It's important to think about motivation in two ways - one is the sort of motivation considered below - which is directed towards goals, usually. There is a more "moment by moment" motivation which is more about motivation to do specific things ie behaviours rather than goals... Thinking behaviourally can help us understand why people are good, professional, motivated individuals but still find small behavioural changes difficult."

Kautar Benjaber (Morocco; HIFA-French): "For me the biggest challenge is the sustainability of the action, whatever the partnership. How to ensure that collaborations initiate or support projects that continue without them... We still see projects parachuted in from the north, for specific action, local projects funded without global thinking."

Massimo Serventi (Tanzania): My personal experience of partnership between international NGO and local authorities/staff/leaders, in the management of a big public hospital in Tanzania has been of poor outcome, little efficiency and disappointing both parts.

Q3. What evidence do you use to guide the planning and implementation of your partnership?

Emily Burn (UK): Since early 2015, THET has guest edited a thematic series in the open access journal, Globalization and Health. We wanted the series to be a platform for academically rigorous papers that critically engage with health partnerships as a model for development. <http://www.biomedcentral.com/collections/Healthpartnerships>

Emily Burn (UK): In terms of models of good practice that health partnerships can draw on, THET has gathered many case studies over the years, on topics such as data collection, collaborative assessment of need, achieving equity in partnership responsibilities, and more.

<http://www.thet.org/health-partnership-scheme/resources/case-studies-stories/health-partnership-scheme-case-studies>

Chris Zielinski (UK): "The first evidence comes from your partners - listening to and understanding their needs and aspirations."

Jo Vallis (UK): "I do believe that the most powerful evidence to guide planning and implementation of partnerships on the ground has to be what our partners tell us is needed, backed up with what we see with our own eyes... It needs deep listening."

4. How do you measure the impact of your partnership?

Jo Vallis (UK): "The starting point should always be what our partners on the ground say is needed, isn't it?"

Barbara Stilwell (USA): 'The complexity of the interventions and the partnerships makes evaluation difficult... can we begin to work on new ways of evaluating intervention effectiveness in complex systems? There is much talk of this, and some literature too, but not too much in the way of tools and approaches that could refresh our work. Can we hope for this from THET's work?'

Misc.

Isabelle Wachsmuth (Switzerland): 'As part of the program on patient safety at WHO, a first wave of partnerships started in 2009 with six partnerships, three in Anglophone Africa, each being a partner in a hospital in England, and three in French-speaking Africa in partnership with the University Hospitals of Geneva in Switzerland. In 2011 France has mandated ESTHER to coordinate African Partnerships for Patient Safety and to date six partnerships have been established. In 2012, five other partnerships have been implemented involving Anglophone African countries and hospitals Angleterre.'

http://www.who.int/patientsafety/implementation/apps/first_wave/fr/

Isabelle Wachsmuth (Switzerland): "ESTHER [France] frames its interventions on hospital twinnings so as to draw in health professionals and improve healthcare practices through presence and support: doctors, pharmacists, nurses, laboratory technicians, administrators... Some fifty French hospitals have been twinned with 78 reference hospitals and over 100 decentralised healthcare sites spread throughout the partner countries."

<http://www.esther.eu/our-approach>

HIFA Citations (*relevant literature cited in the discussion*)

Abi Sriharan, Janet Harris, Dave Davis, & Mike Clarke. Health Systems and Reform 2016. Global health partnerships for continuing medical education: lessons from successful partnerships. <http://www.tandfonline.com/doi/full/10.1080/23288604.2016.1220776>

B. A. Jack, J. A. Kirton, J. Downing and K. Frame. The personal value of being part of a Tropical Health Education Trust (THET) links programme to develop a palliative care degree programme in Sub Saharan Africa: a descriptive study of the views of volunteer UK health care professionals. Globalization and Health 2015 11:47.

<http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-015-0136-6>

Ema Kelly, Vicki Doyle, David Weakliam, and Yvonne Schanemann. A rapid evidence review on the effectiveness of institutional health partnerships. Global Health. 2015; 11: 48.

doi: 10.1186/s12992-015-0133-9

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-015-0133-9>

Dan Ritman. Health partnership research and the assessment of effectiveness. *Globalization and Health* 2016;12:43

DOI: 10.1186/s12992-016-0181-9©

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-016-0181-9>

Brenda Longstaff. Toolkit for the collection of evidence of knowledge and skills gained through participation in an international health project. Health Education England.

<https://www.hee.nhs.uk/sites/default/files/documents/2312->

[HEE%20Toolkit%20for%20evidence%20Interactive%20v4.pdf](https://www.hee.nhs.uk/sites/default/files/documents/2312-HEE%20Toolkit%20for%20evidence%20Interactive%20v4.pdf)

THET Principles of Partnership:

<http://www.thet.org/health-partnership-scheme/resources/principles-of-partnership>

THET International Health Links Manual

<http://www.thet.org/health-partnership-scheme/resources/publications-old/international-health-links-manual>

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