



Ghana Managed Education Partnership Procurement Specifications

Establishing a partnership between NHS England, an NHS delivery partner (to be appointed) and the Ministry of Health, Mental Health Authority, named hospitals and their partners in Ghana



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Section A: Introduction & Background

Introduction

This procurement specification sets out the requirements an NHS delivery partner would need to meet in order to create a Managed Education Partnership (MEP) between themselves, the Ministry of Health, Mental Health Authority and named hospitals in Ghana, overseen by NHS England.

Interested NHS delivery partners, who may be an individual trust or consortium of trusts, will need to apply via a competitive process administered by the Tropical Health and Education Trust (THET). Details of the procurement phases and process are included in Section E.

Background

Managed Education Partnerships have been developed by NHS England (NHSE), an arm's length body of the English Department of Health and Social Care. MEPs already exist with Thailand, Montserrat and Saint Vincent and the Grenadines.

What is a Managed Education Partnership?

The UK and Ghana recognise that globalisation connects every part of the world together. With increasing human migration, and emerging and re-emerging infectious diseases, collaboration with other countries is important for knowledge exchange, research development and advanced training in specialised fields.

Both the NHS and the Ministry of Health in Ghana recognise that delivering strong improvements on Human Resources for Health is critical for delivering on UN commitments related to a healthy life for all ([Sustainable Development Goal \(SDG\) 3](#)). A strong case has been made that investing in the health workforce will accelerate progress across several other SDGs, including quality education (SDG 4), gender equality (SDG 5) and decent work and inclusive growth (SDG 8).

Mutually beneficial staff exchanges will strengthen the professional and cultural ties that already exist between the UK and Ghana, develop new health leaders, and build on the UK's reputation as an international centre of excellence for Human Resources for Health and world-leading education.

MEPs are a serious attempt to create enduring co-developed collaborations between the NHS in England and overseas healthcare systems across the globe. MEPs seek to develop broad and systemic relationships which can involve multiple healthcare professionals and organisations and have a focus on a strategic healthcare priority or service area. These collaborations seek to offer professional development opportunities to the workforce and improve health outcomes for communities abroad and within England. They are distinct from professional-to-professional partnerships which focus on the development of single roles, or from institutional-to-institutional which focus on needs of partner organisations.

MEPs typically involve an NHS organisation or organisations partnering with an institution or group of institutions within another country. They focus on mutually co-creating and sustaining beneficial learning and development outcomes for individuals, organisations and systems in partner countries. There are a wide range of activities possible within an MEP and it is common for such partnerships to engage in multi-directional knowledge and skills exchange through placements or observerships in each country. Blended approaches using available online technology are also a keyway to allow more individuals to participate.

Development of the Ghana Managed Education Partnership

Discussions around establishing an MEP with Ghana have been ongoing since 2021 and are supported by the UK Foreign Commonwealth and Development Office (FCDO). Funding for the MEP will come from FCDO and NHS England in the first instance. A range

of potential health care areas of focus were suggested by the Ministry of Health in Ghana, including mental health, sickle cell anaemia and care of the elderly. Following engagement with the Ghana Ministry of Health, Mental Health Authority, and other partners during 2023, there was consensus on the first phase of the MEP programme having a focus on mental health. To support the decentralisation agenda, the Ministry of Health suggested the MEP should be located outside Accra and Kumasi. Accra and Kumasi already have arrangements in place to support the training of psychiatrists.

Virtual workshops were held in November 2023 with representatives including Ghanaian policy stakeholders, service delivery agencies, regulatory bodies and civil society organisations. The outputs from these workshops were used as the basis for the development of the July 2024 NHS England technical scoping visit to Ghana.

The July 2024 technical scoping visit aimed to clarify the scope and structure of the MEP between relevant Ghanaian stakeholders and stakeholders in England. The visit began the process of building a sustainable Managed Education Partnership between Ghana and England.

The initial session on Monday 8th July 2024 covered the Ghanaian context in some detail and included an overview of Ghanaian Ministry of Health’s Human Resources for Health Policy and Strategies (February 2020, revised edition) as well as a summary of the development of psychiatry in Ghana.

The NHS England team anticipated that there would be many potential options that could be incorporated into the MEP. To ensure these opportunities were properly evaluated, a scoping criteria was developed to assess each opportunity against key criteria grouped under the headings of: patient, healthcare worker, organisation, wider context and overall potential. See Figure 1.

Figure 1: Managed Education Partnership General Scoping Criteria



The approach to scoping the MEP was tested with a group of Ghanaian stakeholders during a workshop on Monday 8th July 2024.

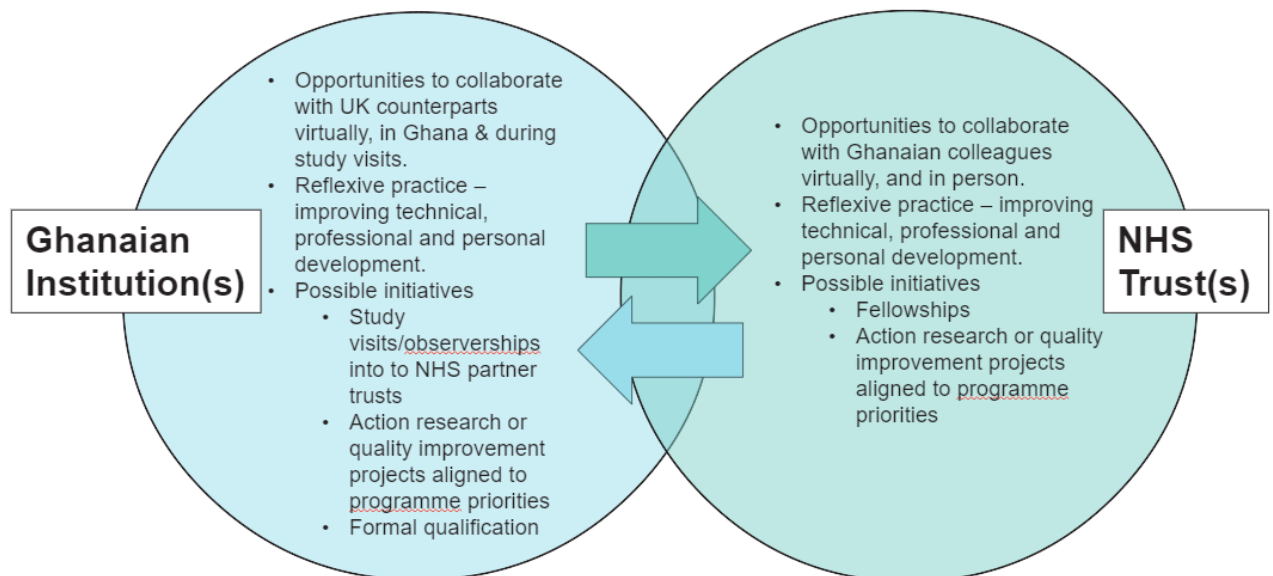
Site visits were made to three teaching hospitals in Cape Coast, Ho and Tamale between 9 – 11th July 2024. In addition, meetings were held with representatives from Ankaful Psychiatric Hospital in Cape Coast with the aim to include this site in the MEP.

On the final day of the technical visit, all key stakeholders convened in Accra and discussed the findings from the site visit. The discussion was themed around the key criteria of patient, healthcare worker, organisation, wider context and overall potential.

A complete summary, the Ghana Technical Visit 2024 (Summary) from the workshops held in July 2024 is enclosed with the specification pack.

The technical visit was critical in developing our understanding about the nature and design of the MEP from the Ghanaian perspective. The proposed design of the MEP is set out under Scope and in Figure 2 below. There will be opportunities for the successful NHS Delivery Partner to contribute to the final nature and design of the MEP.

Figure 2: Intended Design of the Ghana Managed Education Partnership



Human Resource for Health Context

By 2030, Ghana intends to have universal health coverage. Key aspects of how this will be achieved are set out in the Ghanaian Ministry of Health’s Human Resources for Health Policy and Strategies (February 2020, revised edition). This has six thematic areas:

1. Education and Training
2. Distribution of health care workers
3. Recruitment and retention

4. Supportive working environments
5. Leadership and governance
6. Partnerships with stakeholders outside healthcare

The Ministry of Health has a clear mandate to formulate policies, mobilise resources and monitor and evaluate the implementation of those policies. This is with the objective of ensuring that healthcare provision is standardised, and that healthcare staff receive appropriate training to the same specification.

It is crucial to the success of the programme that the Managed Education Partnership in Ghana is aligned to the Ghanaian Ministry of Health's Human Resources for Health Policy and Strategies (February 2025). The MEP complements objectives set out in this document including a desire to "ensure sustainable and cost effective Postgraduate Training programmes in Ghana [...] especially in needy and deprived areas" (Strategic Objective 4) and "to develop and institute mechanisms to ensure retention of the health workforce serving in deprived or underserved locations/facilities" (Key Objective 3). As the MEP will have a particular focus on the themes of education and training and the decentralisation agenda (i.e. outside Accra and Kumasi), this ensures it supports the Ministry of Health's objectives.

In addition, where possible, the MEP will make connections with existing or legacy health strengthening programmes between the United Kingdom and Ghana. See Appendix 1 for more information.

The next sections set out the high-level mental health context before moving on to briefly give an overview of the local context of the initial Ghanaian partners in Cape Coast, Ho and Tamale.

Mental Health Context

Like many countries, Ghana faces a pressing need for mental health training to address an increase in demand.

The World Health Organization (WHO) estimates that, out of 28 million Ghanaians, around 2.3 million people live with a mental health condition and are in need of mental health care. However, only 2% of them receive treatment and support in psychiatric services (World Health Organization. Mental Health ATLAS Member State Profile. Ghana; 2017). Of the total health budget, 2.9% is allocated to Mental Health (WHO Special Initiative for Mental Health Situational Analysis, 2022). Most of this funding is used to support the three government psychiatric hospitals (two in greater Accra Region – Accra and Pantang; one in Central Region - Ankaful), although psychiatric in-patient units are present also in 5 of the 10 regional general hospitals in the country (World Health Organization. Mental Health ATLAS Member State Profile. Ghana; 2017). Based on our visit in July 2024, it is unclear whether all the general hospitals providing in-patient mental health care are actually suitable for this purpose. For example, Tamale Teaching Hospital nominally had 10 in-patient beds but due to the poor quality of the facilities, any in-patients had to be cared for in the Emergency Department.

In terms of workforce, various partners including WHO and the Ghanaian government are continuing to make investments in mental health training in Ghana. WHO has supported the development and implementation of the Mental Health Gap Action Program (mhGAP) in the country, which includes training healthcare workers in the detection, diagnosis, and management of mental health disorders. There has been quality rights training for healthcare workers and traditional faith-based healers. During the technical visit, the psychiatry training lead shared how the number of psychiatrists has increased from 6 to approximately 73 over the last ten years. There was a strong desire from Ghanaian stakeholders to ensure continuing growth of all groups of mental health staff.

The table below sets out the 2020 human resources for mental health in Ghana.

Table 1 – Estimates of key occupations working in Mental Health 2020, Source: WHO-AIMS Report on Mental Health System in Ghana, Ministry of Health, Accra, Ghana, 2020.

Total number of human resources working in mental health facilities or private practice	10.32 per 100,000
Breakdown according to profession:	
Psychiatrists	39* (*now 73 as of August 2024)
Other Medical Doctors (not specialized in Psychiatry)	49
Registered Mental Health Nurses (RMN)	2463
Psychologists	244
Social Workers	362
Occupational Therapists	52
Community Mental Health Officers (CMHO)	561
Clinical Psychiatric Officers (CPO)	35

Most mental healthcare staff work in facilities in the cities (Moro MF et al, 2022). There is some community based mental health care, but it is not well developed and does not cover the whole country (Moro MF et al, 2022). All regional and district hospitals provide mental health services but may not have a designated mental health unit. About 9298 facilities nationwide provide outpatient mental health services at all levels, i.e. from primary to tertiary level across public and CHAG facilities. (WHO Special Initiative for Mental Health Situational Analysis, 2022). During the technical visit, it was reported that Cape Coast, Ho and Tamale all run some specialist outreach programmes in mental health but that these are limited and unlikely to meet the needs of the population due to available staff, transport and funding.

There is however increasing investment and focus on mental health in Ghana. For instance, it has been announced that the four mental health conditions of depression, bipolar disorder, anxiety disorder, and schizophrenia will be included in the National Health Insurance Scheme ([NHIS](#)) as of November 2024. Of note is a government decree in November 2016, which outlined plans to establish two new psychiatric hospitals in Kumasi

and Tamale (All Africa, 2016). The facility in Tamale is near completion and the one in Kumasi is ongoing

Key Ghanaian Stakeholders in the Managed Education Partnership

This section sets out basic information relating to the expected stakeholders with whom the successful NHS Delivery Partner will co-create the MEP.

Mental Health Authority, Ghana

The Mental Health Authority in Ghana will play an important governance role in overseeing and coordinating the Ghanaian stakeholders involved in the MEP.

The Mental Health Authority in Ghana was set up in 2012 as part of the Mental Health Act, 2012. The Mental Health Authority is an agency of the Ministry of Health.

With regards to facilities, the Mental Health Authority provides specialist services through the three psychiatric hospitals in Ghana: Accra, Ankaful and Pantang. The Ghana Health Service provides mental health services in regional and district Hospitals, most health centres and community-based health planning and services compounds (WHO-AIMS Report on Mental Health System in Ghana, 2020). All the Teaching Hospitals, which are directly under the Ministry of Health, provide specialized mental health services.

The Mental Health Authority's [core mandate](#) is to:

1. Propose mental health policies
2. Implement mental health policies
3. Promote mental health and provide humane care including treatment and rehabilitation in a least restrictive environment
4. Promote a culturally appropriate, affordable, accessible and equitably distributed integrated and specialised mental health care that will involve both the public and the private sectors.

The next section sets out basic details about the organisations likely to participate in the Managed Education Partnership through releasing staff to attend observerships, host NHS fellows and be involved in the complementary activities.

Cape Coast Mental Health Context

Cape Coast is the capital of the Central Region in Ghana. The Central region had a population of around 2.8 million in the 2021 census. Around 190,000 people live in Cape Coast itself.

Cape Coast Teaching Hospital

The Cape Coast Teaching Hospital, initially established as the Central Regional Hospital in 1998, was upgraded to a Teaching Hospital in March 2014, with an increase in the bed complement to 400. It currently has 1943 staff (279 doctors, 936 nurses plus other staff). It saw 12557 inpatients and 172,000 outpatients in 2023.

The psychiatric unit was set up in 2020 and, initially, staffed with nurses only. In 2021, a psychiatrist joined. There is now an additional psychiatrist in training based at Cape Coast Teaching Hospital.

The psychiatry team run two outpatient clinics a week. They provide a liaison psychiatry service, joining in with surgical and medical ward rounds. If admission is required, the patient will be admitted to the medical ward. They also provide community psychiatric nursing even though this is not in their mandate. This involves visits and talks to schools, churches and homes. The main presentations are of schizophrenia and dementia. There are longer term plans for rehabilitation and therapy and wellness centres and Cape Coast Teaching Hospital has land available for this but no money to develop their blueprint.

Areas of special interest are liaison psychiatry and rehabilitation.

Ankaful Psychiatric Hospital

Ankaful is one of the three dedicated psychiatric hospitals in Ghana. It was founded in 1965 and is located just outside of Cape Coast. It has 254 beds and provides 24-hour out- and in-patient services. Additionally, community psychiatry and occupational therapy are available 5 days a week. There are 24-hour addiction rehabilitation services.

In addition to psychiatric care, it also provides services in general medicine and reproductive and child health services.

In terms of mental health staffing, there is 1 psychiatrist (Addiction fellowship trainee) and 6 psychiatrists in residency training (currently being trained elsewhere but who will return between September 2024 – 2026). There are 7 medical officers and 1 part-time clinical psychologist (2 staff in training and expected back in 2025). There are 138 mental health nurses with 2 mental health nurses in specialist training in Adolescent mental health care, to return in 2025. There are 4 community mental health officers.

Ankaful has a strong interest in forensic psychiatry and could be a centre of excellence for Ghana. They have experience in court report writings.

Ho Mental Health Context

Ho is the capital city of the Volta Region of Ghana. The Volta region had a population of around 1.7 million in the 2021 census. Around 180,000 people live in the city of Ho itself.

Ho Teaching Hospital was built in 1998 with an initial bed capacity of 240. When it became a teaching hospital in 2016, additional beds were added so there is now a capacity of 305 beds.

Patients come to the hospital from a wide geographic area, including the neighbouring countries of Togo, Benin and even Nigeria.

There is a big emphasis on community outreach and a van containing a multi-disciplinary team, including mental health, goes out for a couple of days a month and might see 200-300 patients over a range of specialties. The hospital staff feel this approach brings more

people into the hospital to be treated, who may otherwise have had concerns about the cost of the treatment.

Ho Teaching Hospital is accredited to provide postgraduate medical training and education in a variety of specialties. This does not yet include psychiatry though this is likely to be confirmed soon.

In terms of psychiatric facilities, there are 10 in-patient beds (5 men, 5 women, 3 were occupied at the time of our visit). Outpatient clinics run two days per week.

In terms of mental health staff, there is one consultant psychiatrist, 2 psychiatrists in training (fellows in community and rehabilitation and addiction) and 2 medical officers.

There are 36 mental health nurses, 7 of whom are based in the community. They have recruited one psychologist, who is about to start in post shortly. Nurses have the option to train as physician assistants and there is also a range of in-service training provided.

Ho Teaching Hospital calls its psychiatric department “Psychological Medicine” in order to try and reduce stigma and increase the likelihood of patients being treated there.

The Psychological Medicine Department is required to provide court reports for those on trial who may have mental health issues. There is no training provided for this.

Areas of special interest are early intervention, health promotion and prevention.

Tamale Mental Health Context

Tamale is the capital of the Northern Region in Ghana and the third largest city in Ghana with a population of just over 370,000. The Northern Region has a population of 653,266 according to the 2021 census.

Tamale Teaching Hospital was founded in 1974 and became a teaching hospital in 2008. It is a tertiary referral unit for Northern region and also has patients coming from Burkina Faso, Togo and Cote D'Ivoire. A number of foreign universities send students to train in Tamale.

It has a bed capacity of 812 and sees roughly 180,000 outpatients and 22,000 in patients per year.

In terms of mental health facilities, there is the potential for 10 in-patient beds, but they are presently reliant on A&E admission or internal medicine on account of the state of disrepair in the dedicated ward space. They provide outpatient services 5 days a week and deliver community service (presently part of the cost of the service is borne by the staff member running the service).

In terms of mental health staffing, there are 2 psychiatrists (1 completed fellow, 1 fellow) with a third psychiatrist specialising in Child and Adolescent Psychiatry recruited to start. There are 2 medical officers and 12 nurses, one of whom is based in the community). There are 2 psychologists and one mental health worker with BSc in community mental health.

Tamale Teaching Hospital Psychiatric Unit considers the wellbeing of their staff. They have a programme of providing [MhGap](#) training. They have links with civil society including the Mental Health Advocacy Foundation.

They are required to provide court reports for those on trial who may have mental health issues. There is no training provided for this.

An area of special interest is around community services.

Overview of the Anticipated Managed Education Partnership

The proposed Ghana Managed Education Partnership is focused on the decentralisation of training and education in mental health outside Accra and Kumasi.

It will consist of the following features:

- Observerships
- Fellowships
- Complementary Activities

Ghanaian Participants

Subject to agreement around timescales and available funding, we anticipate that during the MEP in the timeframe 2025-2028, up to 60 Ghanaian participants from multi-professional backgrounds (including, but not necessarily limited to, doctors, nurses, pharmacists, policymakers, social workers, therapists) to complete observerships with an identified mental health partner in England. There is the possibility of identifying appropriate academic qualifications, e.g. online or blended masters in a relevant subject from a UK Higher Education Institute alongside the observerships.

There is the possibility of benefits to a wider number of Ghanaian participants through a range of measures. These options could include Communities of Practice, blended or online learning, virtual grand ward rounds, professional networking, knowledge exchange and opportunities for research collaborations with colleagues from the identified NHS mental health partner in England.

The intention is to involve participants from the following four organisations:

- Ankaful Psychiatric Hospital and allied primary health care services
- Cape Coast Teaching Hospital and allied primary health care services
- Ho Teaching Hospital and allied primary health care services
- Tamale Teaching Hospital and allied primary health care services

The MEP will operate on the principle of 'do no harm', carefully assessing and seeking to mitigate any risks from MEP activities, for example, Ghanaian stakeholders participating in observerships in the UK – both safeguarding risks to individuals and the operational impact on provision of health services in Ghana by temporary deployments elsewhere.

Participants from identified NHS mental health partner

Subject to agreement around timescales and available funding, we anticipate that during the MEP in the timeframe 2025-2028, up to 10 NHS employees from the identified NHS mental health partner will undertake 6-month fellowships in Ghana, working on quality improvement projects related to clinical and non-clinical priorities collaboratively identified by in-country supervisors and UK-based mentors.

There is the possibility of benefits to a wider number of participants from the identified NHS mental health partner through a range of measures. These options could include Communities of Practice, blended or online learning, virtual grand ward rounds, professional networking, knowledge exchange and opportunities for research collaborations with colleagues from the identified organisations in Ghana.

Collaboration

During the MEP, we anticipate there will be real opportunities for shared and reflexive learning between the Ghanaian and NHS health systems across a range of levels (system, organisation, peer groups, individuals) and we intend to capture and disseminate this learning through events that could range from showcase webinars through to symposiums or conferences.

Governance

A steering group made up of representatives from relevant partners will be established. We anticipate that this will be co-chaired by the Mental Health Authority, Ghana and NHS England. This group will have oversight of the project. It will ensure the project is delivered in a timely fashion and within the agreed budget. This will include timelines and sign off a MEP. The group will also ensure that the key reporting and governance requirements are delivered.

On the Ghanaian side, there will be coordination and strategic oversight from the Ghanaian Mental Health Authority to ensure alignment with relevant health care strategies and any emerging priorities as well as to enable genuine multi-disciplinary participation in the Managed Education Partnership. We are also mindful of the need not to destabilise mental health services through sending key staff overseas, even if for short periods of time.

On the UK side, there will be coordination and strategic oversight from NHS England and the identified NHS mental health partner to ensure alignment with relevant health care strategies and any emerging priorities as well as to enable genuine multi-disciplinary participation in the Managed Education Partnership.

It is expected that each organisation would need to appoint a representative for the Ghana Managed Education Partnership Steering Group. A wider range of representatives may attend the Ghana Managed Education Partnership Reference Group.

Expected Outputs and Outcomes

It is expected that there will be beneficial outcomes for patients, organisations, healthcare workers and the wider system both through participation in the Managed Education Partnership and over the longer term in both Ghana and England.

Illustrative examples of the expected output, outcomes and impact can be found below. These will be refined, updated and finalised in conjunction with Ghanaian partners and the successful NHS delivery partner between January – March 2025 and then as the programme evolves.

Key Expected Outputs

Ghana

- Ghanaian participants from multi-professional backgrounds to complete observerships with an identified mental health partner in England.
- Ghanaian participants to access a wider range of complementary activities, as agreed, to support continuous professional development.

NHS Delivery Partner

- NHS participants from the identified NHS mental health partner to undertake 6-month fellowships in Ghana, working on quality improvement projects related to clinical or non-clinical priorities collaboratively identified by in-country supervisors and UK-based mentors
- NHS participants work globally through the MEP, resulting in enhanced professional development including in cultural awareness and leadership, research and/or quality improvement.
- NHS participants to access a wider range of complementary activities, as agreed, to support continuous professional development.

Joint

- Opportunities for staff to participate in reflexive, co-created learning in both directions as a result of the observerships, fellowship and agreed complementary activities.

Key Expected Outcomes

Ghana

- Ghanaian practitioners with increased skills, knowledge and experience beyond Accra and Kumasi.

NHS Delivery Partner

- NHS practitioners with increased skills, knowledge and experience.

Joint

- Shared learning and enhanced two-way flows of information and bi-directional learning
- Sustained collaborations and networks between Ghana and UK mental health practitioners and specialists

Expected Impact¹

Ghana

- Supportive professional development for mental health cadres that can improve their recruitment and retention beyond Accra and Kumasi, and contribute to the delivery of quality, rights-based and accessible mental health services across Ghana.

NHS Delivery Partner

- Supportive professional development for mental health cadres that can improve their recruitment and retention of staff linked to MEP engagement and global health opportunities.

Joint

- Sustained collaborations and networks between Ghana and UK mental health practitioners and specialists leading to improvements in mental health services in both countries

Monitoring, Research and Evaluation

NHS England and agreed partners in Ghana will provide ongoing monitoring, evaluation and learning outcomes of the scheme to ensure it continues to meet the needs of both healthcare systems and the needs of the healthcare workers involved.

This is to be finalised but will include, but not be limited to, an annual participant engagement satisfaction survey, case studies and interviews and an evaluation of mutual learning.

Section B: Key Benefits to the NHS Delivery Partner

¹ The expected Impact indicators are designed as long-term objectives and reflect the anticipated broader impacts of the Managed Education Partnership (MEP)

NHS England research suggests there are many benefits to practitioners and organisations from engaging in global health partnerships. These include supporting workforce retention, enhancing professional competence of staff, facilitating organisational learning, and economic benefits via enhanced productivity.

Our experience of running MEPs suggests various factors are critical to enable supporting staff to engage in global health work. These factors include:

- dedicated administrative and project support
- formalising partnership structures to pool resources
- ensuring appropriate professional leave arrangements are in place to allow staff to participate
- senior leadership buy-in within the NHS delivery partner
- System validation from senior management or executives within their organisation

A successful application will indicate how the NHS Delivery Partner will support these factors.

One of our existing NHS MEP partners reported the following feedback:

‘Such opportunities have come just at the right time for some staff, as it has reinvigorated their passion for their clinical role and has changed how they work for the better.’

The design of MEPs mean that they result in a number of benefits. For example, MEPs:

Institutional

- Support workforce recruitment and retention through reduced staff attrition and improved job satisfaction and morale
- Enhance productivity through clinically effective interventions and frugal innovation
- Enable the sharing of learning and development of two-way flows of information
- Build capability & capacity of global health workforce
- Support UK-based learning without migration
- Create strong system-to-system links focused on agreed priorities
- Improve cultural competence and diaspora engagement
- Improve inclusivity and are open to staff from multiple clinical and non-clinical backgrounds
- Create innovative and adaptable clinical pathways through shared and reflexive learning across a range of levels (system, organisation, peer groups, individuals)

Individual

- Enhance the professional development of staff, including in cultural awareness and leadership
- Increase the number of global learning opportunities, enabling individuals involved to develop skills including resilience, adaptability and innovation

- Develop leadership, research and/or quality improvement skills
- Offer the potential for publication in peer reviewed journals

Figure 3: Benefits of MEPs to Ghana and the NHS

Benefits of MEPs	Partner Country	NHS
Institutional		
Build capability & capacity of global health workforce	✓	✓
Supports UK based learning without migration	✓	
Create strong system-to-system links focused on agreed priorities	✓	✓
Share learning and develop two-way flows of information	✓	✓
Cultural competence and diaspora engagement		✓
Truly inclusive and open to staff from multiple clinical and non-clinical backgrounds		✓
Improved recruitment and retention through reduced staff attrition and improved job satisfaction	✓	✓
Individual		
Global learning opportunities, develop skills including resilience, adaptability and innovation	✓	✓
Develop leadership, research and/or quality improvement skills.	✓	✓
An integrated formal learning opportunity with UK Higher Education Institute delivered online with the opportunity for study visits and/or clinical attachments to the UK	✓	
Potential for publication in peer reviewed journals	✓	✓

Section C: Scope of Services: Provider Responsibilities

Outlined below are the key components of the Ghana Managed Education Partnership and an overview of the expected key partner organisations in Ghana.

Ghanaian Participants

The observerships should facilitate the exchange of knowledge between Ghana and the NHS. They should support positive quality improvement of mental health services in Ghana.

The identified NHS mental health delivery partner will:

- Identify and secure appropriate accommodation for the observers
- Provide pastoral support to the Ghanaian participants
- Support local integration, including the provision of guidance on adapting to UK and local culture and understanding NHS operational procedures
- Provide thorough induction and onboarding
- Offer opportunities for mentorship

- Identify appropriate academic qualifications, e.g. online or blended masters in a relevant subject from a UK Higher Education Institute alongside the observerships, depending on available funding. We would envisage that this would be arranged for Ghanaian participants by the NHS Delivery Partner in conjunction with a local Higher Education Institute.
- Be able to support agreed complementary activities

The content of the observership will need to vary based on the Ghanaian participants' requirements. The expectation is that the observers will consist of health care professionals from different backgrounds, including, but not limited to, doctors, nurses, therapists, pharmacists policymakers and social workers.

Some core elements of the observership might include:

- NHS Improvement Methods, covering quality improvement tools, process mapping, and change management.
- Bystander training, focusing on speaking up and developing compassionate leadership skills.
- Coaching for behaviour change
- motivational interview techniques
- patient experience and patient safety agenda
- Workforce Planning Fundamentals
- Research and innovation
- Courses and/or conferences
- Specialty and/or profession specific activities

NHS England can provide guidance and support in the delivery of the observership.

Participants from identified NHS mental health partner

Selected participants from the identified NHS mental health partner will undertake 6-month fellowships in Ghana, working on quality improvement projects related to clinical and non-clinical priorities identified by in-country supervisors and UK-based mentors.

The Fellowship programme is an established programme in the Global Health Unit at NHS England and as such the Global Health Unit will carry out the majority of the required activity. Please note that a minimum of four fellows will be funded by NHS England. Two will travel in February 2026 and two in August 2026. The continuation of this element of the contract, or any proposed increase in numbers will be negotiated between NHS England and the successful organisation.

The identified NHS mental health partner will:

- Participate in recruitment and selection processes, including publicising recruitment notices on communication channels and possible involvement in interview panels.
- Determine and establish the most effective contractual framework to support the fellowship arrangement, maintaining compliance with all relevant regulations and policies.

- Ensure that the contractual approach allows fellows to return to their substantive posts within the NHS.
- In conjunction with the Ghanaian organisations agree on a programme of mutually beneficial areas of quality improvement and clinical priorities.
- In conjunction with NHSE provide post-fellowship support, including participation in debriefs and evaluation processes.
- Collaborate with NHSE, and the Ghanaian Mental Health Authority to monitor and evaluate the programme's outcomes, ensuring it meets the needs of both healthcare systems.
- Be able to support agreed complementary activities

Specific Deliverables

This section sets out what the specific deliverables the successful NHS Delivery Partner will need to provide, covering observerships, fellowships and complementary activities.

Observers

1. Coordination and Programme Design
 - a. Design the observership programme based on clinical and non-clinical priorities and specialties identified in partnership with Ghanaian stakeholders.
 - i. Participate in technical visits to Ghana to refine details and assess/manage any risks in the operation of the partnership
 - b. Organise meetings with Trust clinical specialties to design day-to-day activities for the observers.
 - i. This will involve multiple meetings with NHS Trust clinical teams
 - ii. Develop the structure, content, and day-to-day activities for each observer
 - iii. Develop the programme logistics between day-to-day activities, specific clinical courses and other general development courses
 - iv. Ensure the observers develop an understanding of NHS Quality Improvement policies, procedures and / or service pathways
 - v. Ensure flexibility in the programme design to address specific needs of the Ghanaian health system
 1. This could be a personalised programme for each observer
2. Implementation of Observerships
 - a. If required, participate in the selection process of the observers, working with NHSE and the Ghanaian Ministry of Health to ensure the right candidates are chosen.
 - b. Pre-Observership Introduction. Participate in online introductory and integration sessions before the observers' arrival in order to help familiarise the observers with the programme and the Trust.
 - c. Visa and Travel
 - i. Support the visa application process in conjunction with NHSE by providing necessary documents.
 - ii. Organise return flights for the observers.

- iii. Arrange airport transfers between the UK airport and the NHS Trust.
 - iv. Provide orientation on public transport – especially local routes around the NHS Trust.
 - d. Accommodation
 - i. Arrange suitable accommodation close to the NHS Trust.
 - ii. Provide a welcome pack on arrival with essential food supplies.
 - e. Orientation
 - i. Information on banking, mobile phone setup, local supermarkets, and how to access accessing healthcare and dentistry.
 - f. Pastoral Care
 - i. Assign a person responsible for pastoral care and facilitate integration by arranging social events and activities.
- 3. Training and Development
 - a. Provide training on NHS improvement methodologies and quality improvement tools or processes.
 - b. Provide clinical or non-clinical training tailored to the specialty areas identified as priorities for Ghana.
 - c. Organise other core development education and training.
 - i. For example, leadership development, compassionate leadership, or behaviour change training.
 - ii. Facilitate participation in any relevant NHS conferences.
 - d. If agreed, facilitate the identification of appropriate academic qualifications, e.g. online or blended masters in a relevant subject from a UK Higher Education Institute alongside the observerships, depending on available funding.
- 4. Duty of Care and Governance
 - a. Work with NHSE to ensure the safety and wellbeing of the observer throughout their fellowship.
- 5. Provider's Role in M&E
 - a. Work Closely with NHSE on:
 - i. Design and delivery of the observership programme,
 - ii. Capturing mutual learning from project implementation for example lessons learned, best practice
 - iii. Assist in gathering qualitative and quantitative data from observers and NHS staff, such as feedback surveys which will form part of the evaluation framework led by NHSE.
 - iv. Ensure adherence with International Aid Transparency Initiative publication compliance², assisting NHSE in the transparency and openness of reporting of resources including budgets, locations of projects and results using the IATI standard.

NHS Global Fellowships

² Further information on guidance, support and publishing guidance can be found at the following link, accessed October 2024 <https://iatistandard.org/en/guidance/>

The NHS delivery partner is expected to work with NHSE to support the MEP's fellowships by developing a talent management pool and offering opportunities for leadership development for its employees. NHSE provides administrative support, expertise and oversight of the fellowships including induction, pastoral support, local onboarding and ongoing support from an experienced team as well insurance cover for the fellows. The following deliverables are required for our delivery partner:

1. Recruitment and Selection of Fellows
 - a. Promotion through Trust communication channels and/or staff meetings about fellowship opportunities. This includes promotional materials shared by NHSE and links to application forms or recruitment pages.
 - b. Work closely with NHSE's Fellowships Team to facilitate the application process.
 - c. Release of staff to complete six-month fellowships in Ghana
2. Integration into Leadership Development Pathways
 - a. Work with NHSE to integrate the fellowship programme into existing leadership development pathways within the NHS Trust.
3. Post-Fellowship Evaluation
 - a. Support NHSE in engaging fellows in the evaluation process assess the fellowship's impact on their professional development
 - b. Ensure International Aid Transparency Initiative (IATI) publication compliance, assisting NHSE in the transparency and openness of reporting of resources including budgets, locations of projects and results using the IATI standard.
4. Duty of Care and Governance
 - a. Work with NHSE to ensure the safety and wellbeing of the fellows throughout their fellowship.

Complementary Activities

The appointed provider is encouraged to share details of innovative practices and showcase any additional complementary activities that can enhance the MEP.

Some initial ideas include Communities of Practice, blended or online learning, virtual grand ward rounds, professional networking, knowledge exchange and opportunities for research collaborations with colleagues from the identified NHS mental health partner in England.

Innovative and creative approaches that go beyond the scope of this specification are welcomed.

The identified NHS delivery partner will need to ensure delivery of the following minimum criteria.

Specific Deliverables and Time Frames

SPECIFIC DELIVERABLES		Expected Date to be Delivered By (Exact dates will be confirmed on contract award)
Observerships		
1	<p>1 Coordination and Programme Design</p> <ul style="list-style-type: none"> a. Design the observership programme based on clinical and non-clinical priorities and specialties identified in partnership with Ghanaian stakeholders. <ul style="list-style-type: none"> i. Participate in technical visits to Ghana to refine details b. Organise meetings with Trust clinical specialties to design day-to-day activities for the observers. <ul style="list-style-type: none"> i. This will involve multiple meetings with NHS Trust clinical teams ii. Develop the structure, content, and day-to-day activities for each observer. iii. Develop the programme logistics between day-to-day activities, specific clinical courses and other general development courses. iv. Ensure the observers develop and understanding of NHS Quality Improvement policies, procedures and / or service pathways. v. Ensure flexibility in the programme design to address specific needs of the Ghanaian health system. <ul style="list-style-type: none"> 1. This could be a personalised programme for each observer 	Between application submission and April 2025

<p>2</p>	<p>2. Implementation of Observerships</p> <ul style="list-style-type: none"> a. If required, participate in the selection process of the observers, working with NHSE and the Ghanaian Ministry of Health to ensure the right candidates are chosen. b. Pre-Observership Introduction. Participate in online introductory and integration sessions before the observers' arrival in order to help familiarise the observers with the programme and the Trust. c. Visa and Travel <ul style="list-style-type: none"> i. Support the visa application process in conjunction with NHSE by providing necessary documents. ii. Organise return flights for the observers. iii. Arrange airport transfers between the UK airport and the NHS Trust. iv. Provide orientation on public transport – especially local routes around the NHS Trust. d. Accommodation <ul style="list-style-type: none"> i. Arrange suitable accommodation close to the NHS Trust. ii. Provide a welcome pack on arrival with essential food supplies. e. Orientation <ul style="list-style-type: none"> i. Information on banking, mobile phone setup, local supermarkets, and how to access accessing healthcare and dentistry. f. Pastoral Care <ul style="list-style-type: none"> i. Assign a person responsible for pastoral care and facilitate integration by arranging social events and activities. <p>3. Training and Development</p> <ul style="list-style-type: none"> a. Provide training on NHS improvement methodologies and quality improvement tools or processes. b. Provide clinical or non-clinical training tailored to the specialty areas identified as priorities for Ghana. 	<p>Between April – December 2025</p>
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	<ul style="list-style-type: none"> c. Organise other core development education and training. <ul style="list-style-type: none"> i. For example, leadership development, compassionate leadership, or behaviour change training. ii. Facilitate participation in any relevant NHS conferences. d. If agreed, facilitate the identification of appropriate academic qualifications, e.g. online or blended masters in a relevant subject from a UK Higher Education Institute alongside the observerships, depending on available funding. 	
Fellowships		
1	<ol style="list-style-type: none"> 1. Communication <ol style="list-style-type: none"> a. Promotion through trust communication channels and/or staff meetings about fellowship opportunities. This includes promotional materials shared by NHSE and links to application forms or recruitment pages. b. Work closely with NHSE's Fellowships Team to facilitate the application process. 2. Recruitment and Selection of Fellows <ol style="list-style-type: none"> a. Support with Reference and Background Checks of prospective fellows. b. Release of two staff to complete six-month fellowships in Ghana. 3. Integration into Leadership Development Pathways <ol style="list-style-type: none"> a. Integrate the fellowship programme into existing leadership development pathways within the NHS Trust. 4. Post-Fellowship Evaluation <ol style="list-style-type: none"> a. Support NHSE in engaging fellows in the evaluation process assess the fellowship's impact on their professional development b. Ensure International Aid Transparency Initiative (IATI) 	<p>Between April 2025 – July 2026 (Placements in Feb and Aug 2026)</p>

	<p>publication compliance, assisting NHSE in the transparency and openness of reporting of resources including budgets, locations of projects and results using the IATI standard.</p> <p>5. Duty of Care and Governance</p> <p>a. Work with NHSE to ensure the safety and wellbeing of the fellows throughout their fellowship.</p>	
Funding		
1	If funding agreed, activities to continue as outlined above	Between January 2026 – March 2028

Section D: Available Funding/Funding Restrictions

Duration and Available Funding

The initial contract duration is from agreed commencement date (anticipated to be early 2025) up to December 2025.

The expected duration of the Managed Education Partnership once it is in delivery is from April 2025 until March 2028. However, at this stage, it is only possible to confirm funding up to December 2025 and there is therefore a break clause within the scope of the contract. Timescales around the break clause and when and how activities would stop will require further discussion and agreement between key stakeholders.

Successor programmes may be considered beyond the initial term, which ends in March 2028.

The Managed Education Partnership is funded by via a number of sources, broadly anticipated as follows:

Activity	Paid by
Project Initiation and Design	In kind contributions from all stakeholders
Second technical visit	FCDO
Multi professional Observerships	FCDO
Fellowships	NHS England
Complementary Activities	NHS England / FCDO

The identified NHS Delivery Partner will receive some funding to cover their expenses and support their activities. It is expected that the NHS Delivery Partner will need to provide an in-kind contribution towards the Managed Education Partnership, for example, through the release of staff time.

At this stage, we are working on the following funding being available to the NHS Delivery Partner. Activities are illustrative and to be agreed with the successful NHS delivery partner and other stakeholders.

Ghana Managed Education Partnership

Timeframe	Activities	Anticipated Minimum	Maximum	Notes
Appointment – March 2025	Project Initiation and Design	In kind contributions from all stakeholders	-	
	Technical visit	Funded by FCDO, no cost to NHS Delivery Partner other than staff salary costs	-	
April 2025 – December 2026	Observerships	£70,000 (Lower cost estimate (5 participants, 1 cohort per year))	£140,000 (Higher cost estimate (10 participants 1 cohort per year))	This amount would Cover costs incurred by the Ghanaian observers, e.g. flights, transfers and stipends Contribute to costs incurred by the NHS Delivery Partner e.g. accommodation, and Provide some money towards staff time to support the programme (e.g. a Band 7 Project Manager for 6-12 months)
	Linked Higher Education Qualification from UK university (online / blended)	~£15,000 per participant	~£25,000 per participant	For discussion
	Fellowships	In kind contributions from NHS delivery partner in terms of recruitment, selection, release of staff Stipend and costs for Fellows covered by NHS England (approx. £15,000 per participant over 6 months)		For discussion
	Complementary Activities	In kind contributions from NHS delivery partner in terms of recruitment, selection, release of staff		For discussion

		Some funding available from both NHS England and FCDO depending on agreed activities, e.g. technical support costs	
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Section E: Procurement Methodology

Procurement Requirements, Application and selection stages and timelines

This opportunity is available to interested parties who can submit a bid that meets the detailed requirements outlined below as well as the deliverables indicated in the previous section.

Essential

The identified mental health partner must:

1. Be an ICS, NHS organisation or group of NHS organisations working together to provide mental health services to NHS patients
2. Show evidence of NHS best practice on international recruitment, pastoral care and safeguarding as well as a clear focus on providing suitable clinical and non-clinical experience, academic learning opportunities and support staff with global opportunities.
3. Be able to describe measures that are in place to ensure social inclusion for international staff including details of anti-discriminatory policies and practices as relevant to international staff
4. Demonstrate commitment to staff engagement and communications regarding the programme
5. Be able to participate in the further development, refinement and initiation of the MEP with Ghana between now and March 2025 including a technical visit to Ghana to meet key stakeholders.
 - a. Innovative and creative approaches beyond the scope of this specification are welcomed, subject to available funding and operational practicalities.
6. Be able to host groups of up to 10 Ghanaian observers for periods of up to 8 weeks up to twice a year during the period April 2025 – March 2028.
7. Be able to send up to 2 NHS fellows (from multi-professional backgrounds) for periods of up to 6 months up to twice a year during the period April 2025 – March 2028.
8. Be able to identify and support an identified clinical lead and appropriate business and administration support, who may need to travel to Ghana on occasion.
9. Support the aims and objectives of the Managed Education Partnership and participate in monitoring, research and evaluation of the programme.

Desirable

1. Links and engagement with Ghanaian Diaspora groups
2. Interest in or understanding of the provision of healthcare in underserved or deprived areas e.g. rural and/or remote areas
3. Existing and/or strong links with a higher education institution who would be able to offer the Ghanaian participants a blended or remote postgraduate learning opportunity.

The purpose of this procurement specification is to set out the overall context of the Managed Education Partnership with Ghana and outline the requirements, expectations, roles and responsibilities that the successful NHS mental health partner will be expected to meet.

Interested parties should complete the pro-forma attached to this document to outline their proposals.

Proposals will be assessed by a joint panel including NHS England and Ghanaian stakeholders.

Selection Criteria

If the core requirements and eligibility criteria have been met, applications will be assessed based on the following criteria:

1. The project has a clear goal that aligns with the MEP Objectives and is achievable with the resources and time available.
2. The project has a clear methodology and resources for measuring success including appropriate monitoring and evaluation frameworks.
3. The approach must be appropriate and relevant to the local context.
4. The project is based on recognised good practice and is informed by available literature and resources related to workforce education and training.
5. The project should demonstrate clear benefit back to the NHS in England. Please refer to the HEE Toolkit for Evidence for ideas: <https://www.thet.org/resources/toolkit-collection-evidence-knowledge-skills-gained-participation-international-health-project/>. This could include: individual personal development such as improved communication, pedagogical and leadership skills; staff engagement and well-being; and staff recruitment and retention.
6. Partnerships must be able to demonstrate capacity to deliver the project, including relevant processes and policies to support volunteers and provide adequate duty of care.
7. The project must demonstrate value for money (through the 4 E's of Economy, Efficiency, Effectiveness and Equality).
8. The project must demonstrate a commitment to minimising the impact of the project, and/or reducing the impact of the health system, on the environment.
9. The project must demonstrate a commitment to Gender Equality and Social Inclusion. Please refer to the [Gender Equality and Social Inclusion toolkit](#) for further information.

During the final design and initiation phase and starting with your completed application form, we would be keen to hear from you as to how you would approach the Managed Education Partnership and what changes (outcomes) and overall achievements (goal) you expect to see as a result of this interaction, both for the NHS and the Ghanaian stakeholders. It will also be helpful for you to describe how you would envisage any outcomes will be sustained beyond the lifetime of the project, and how buy-in and local ownership will be ensured before, during and beyond the duration of the Managed Education Partnership.

Activity	Estimated Timeframe
Applications Open	1 November 2024
Interested NHS Delivery Partners Webinar	12 November 2024
Applications Close	16 December 2024
Review of Applications	16 December 2024 – 3 January 2025
NHS partner confirmed / Award of Contract	Mid to end January 2025
Contract signed	Mid-February 2025
Project Initiation and Design	End February 2025
Technical Visit to Ghana (5 days)	March 2025
First Observer cohort arrives in England	October 2025
First Fellows cohort arrives in Ghana	February 2026

Section F: Scope of the Contract

This section defines the contractual framework for the Ghana MEP between NHS England, Foreign, Commonwealth Development Office, the identified NHS delivery partner, and Ghanaian stakeholders.

1. The MEP will operate under the NHS Standard Terms and Conditions.
2. The contract will run from January 2025 until March 2028.
3. Funding has been confirmed until December 2025, with the expectation that in order to continue beyond the break clause, similar funding would need to be agreed.
4. Up to 60 Ghanaian participants from multi-professional backgrounds (including but not necessarily limited to doctors, nurses, pharmacists, policymakers, social workers, therapists) to complete observerships with an identified mental health partner in England.

5. Potential for some of the Ghanaian participants to undertake linked appropriate academic qualifications, e.g. online or blended masters in a relevant subject from a UK Higher Education Institute alongside the observerships, depending on available funding.
6. Up to 10 NHS employees from the identified NHS mental health partner will undertake 6-month fellowships in Ghana, working on quality improvement projects related to Ghanaian clinical and non-clinical priorities.
7. Agreed complementary activities
8. Governance Framework and Reporting Requirements
 - a. Governance will be through a steering group with representatives from NHS England, the identified NHS delivery partner, and Ghanaian stakeholders.
 - b. Regular progress updates will be required every 3 months.

Section G: Monitoring and Evaluation

Participation in monitoring, research, evaluation and learning activities.

NHS England, the successful NHS delivery partner and agreed partners in Ghana will provide ongoing monitoring, evaluation and learning outcomes of the scheme to ensure it continues to meet the needs of both healthcare systems and the needs of the healthcare workers involved.

Data collection approaches would include a variety of methods including post-fellowship and observership surveys, project completion reports, qualitative feedback from participants and supervisors.

Project goal – what is the overall aim of your project?	Goal Indicators – how will you know you have achieved your goal? (Please include a target figure where appropriate)	Data collection plans: i. What is the data collection tool? ii. Who will collect the data, when and how? iii. How will you analyse it? iv. Will you have a research element to this project?	Barriers to change – please detail any anticipated barriers to achieving this goal, and how you will overcome these.
Outcomes – what changes do you expect to see by the end of your project?hc	Outcome Indicators – how will you know that this change is happening? (Please include a target figure where appropriate)	Data collection plans: i. What is the data collection tool? ii. Who will collect the data, when and how? iii. How will you analyse it? iv. Will you have a research element to this project?	Barriers to change – please detail any anticipated barriers to achieving this outcome, and how you will overcome these.
Ghanaian practitioners with increased skills, knowledge and			

experience beyond Accra and Kumasi			
NHS practitioners with increased skills, knowledge and experience.			
Shared learning and enhanced two-way flows of information and bi-directional learning			
Sustained collaborations and networks between Ghana and UK mental health practitioners and specialists			
Outputs – what changes do you need to occur in order to achieve your outcomes?	Output Indicators – how will you know that this change is happening? (Please include a target figure where appropriate)	Data collection plans: i. What is the data collection tool? ii. Who will collect the data, when and how? iii. How will you analyse it? iv. Will you have a research element to this project?	Barriers to change – please detail any anticipated barriers to achieving this output, and how you will overcome these.
Ghanaian participants from multi-professional backgrounds to complete observerships with an identified mental health partner in England.			
Ghanaian participants to access a wider range of complementary activities, as agreed, to support continuous professional development.			
NHS participants from the identified NHS mental health partner to undertake 6-month fellowships in Ghana, working on quality improvement projects related to clinical or non-clinical priorities collaboratively identified by in-country supervisors and UK-based mentors			
NHS participants work globally through the MEP, resulting in enhanced professional development including in cultural awareness and leadership, research and/or quality improvement.			
NHS participants to access a wider range of complementary activities			

Appendices

Appendix 1. Current and Legacy Programmes in Ghana

A number of priorities have been highlighted by the Ghanaian government, FCDO, WHO and other partners. These include the expansion of Mental Health human resources base at all levels as well as the decentralisation agenda.

There are indications of several legacy and current programmes that the MEP initiative could build upon.

- DHSC partnership programme – £15 million from government’s Official Development Assistance (ODA) budget allocated to support healthcare workforces in Kenya, Nigeria and Ghana (Department of Health and Social Care & Quince, 2023). WHO Mental Health Gap Action Programme (mhGAP) – this could be possibly be incorporated into Fellowship opportunities.
- Another facet of the DHSC programme has been THET/Royal College of Psychiatrists’ recent work in Ghana focused on the development of sub-specialty exposure for psychiatry trainees under the auspices of the Ghana College of Physicians and Surgeons. The MEP could possibly be aligned to this work.
- The Mental Health Training Program (MHTP), implemented by the Ghana Health Service with support from the UK Department for International Development (DFID), focused on training psychiatrists, psychiatric nurses, and other healthcare providers. The MEP could possibly be aligned to the legacy of this work.
- The WHO’s Director General’s Special Initiative for Mental Health (DG-SIMH) seeks over 5 years to get 100 million more people to access quality and affordable mental health in 12 countries, including Ghana (Suhuyini, 2022). The MEP could possibly be aligned to this work.
- The Christian Health Association of Ghana are undertaking a decentralisation of specialist training pilot at Holy Family Hospital in Techiman, in partnership with the Ghana Council of Physicians and Surgeons. Learning from this pilot could be aligned to the MEP.

Appendix 2. Roles and Responsibilities

Functions of the Overseas Government Partner (Ghanaian Ministry of Health, Ghanaian Mental Health Authority)

1. Identification of Clinical and Non-Clinical Priorities within Mental Health
2. Identify and communicate clinical and non-clinical priority areas and specialties within mental health for the observership placements based on Ghana's healthcare needs.
3. Collaborate with the NHS provider to ensure the observerships align with Ghana's long-term health system goals.
4. Selection and Preparation of Participants
5. Select suitable candidates for the observership programme and ensure they are prepared for the placement.
6. Facilitate pre-departure training and orientation for participants to help them understand the objectives and expectations of the observership.

Functions of the Provider (NHS Delivery Partner)

1. Programme Delivery
 - a. Design and implement the observership programme based on clinical and non-clinical priorities identified by the Ghanaian Ministry of Health
 - b. Provide clinical and non-clinical mentorship and professional development to Ghanaian observers.
 - c. Coordinate local onboarding and integration processes to ensure smooth transition for participants.
2. Training and Capacity-Building
 - a. Deliver training sessions on NHS methodologies and clinical practices.
 - a. Offer leadership development and mentorship to Ghanaian clinical and non-clinical staff during their observership.
 - b. Enable participation in cross-specialty workshops and quality improvement initiatives.
2. Logistical Coordination
 - a. Handle logistical arrangements, including induction, mentorship, and ongoing support during the placements.
 - b. Ensure that observers receive comprehensive support to adapt to UK healthcare systems and culture.

Functions of NHSE

1. Oversight and Strategic Support
 - a. Provide strategic oversight to ensure alignment between Ghana's healthcare priorities and the MEP objectives.
 - b. Facilitate communication and coordination between the NHS provider and the Ghanaian government.
2. Monitoring and Evaluation
 - a. Establish a robust monitoring and evaluation framework to assess the impact of the observerships on both the NHS and Ghana.
 - b. Conduct regular reviews and provide feedback to ensure continuous improvement of the programme.

FCDO

1. In terms of this project, FCDO's principal role is in providing in country collaboration support, contributing funding for the delivery of the MEP, and facilitating collaboration between the UK's NHS and Ghanaian

healthcare stakeholders, ensuring that the MEP aligns with both Ghanaian and UK development goals and priorities.

2. FCDO holds an overarching responsibility for coordinating financial and technical development cooperation with Ghana.

WHO

1. WHO in Ghana have a role providing technical support with regard programmes, policy and strategy
2. Capacity building especially around Mental Health
3. Data and reporting especially dissemination around lessons learned
4. Support for technical visits

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