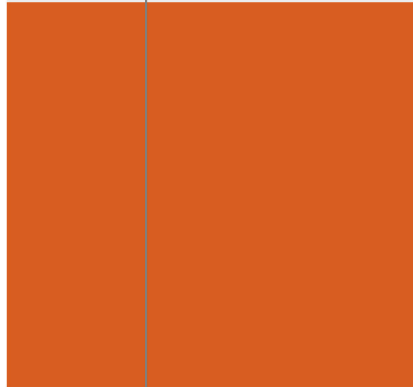
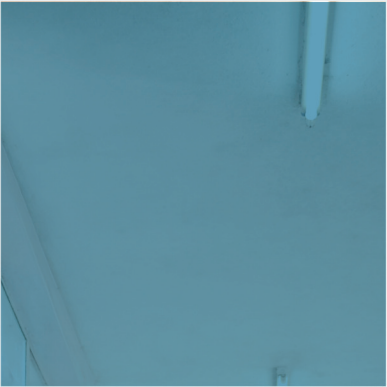


Advancing Universal Health Coverage through Health Partnerships



Health Partnerships – a tool to advance Universal Health Coverage

In 2015 the world agreed the Sustainable Development Goals (SDGs). A set of 17 ambitious goals intended to wipe out poverty, fight inequality and tackle climate change by 2030. On the eve of 2025 – a decade on from this historic agreement and just 5 years away from the deadline date – the SDGs are in peril.

However, all is not lost – yet. The world has five years to turn things around and meet these ambitious goals. Nowhere is this more important than getting SDG3 back on track and doubling down on efforts to achieve Universal Health Coverage (UHC)[1].

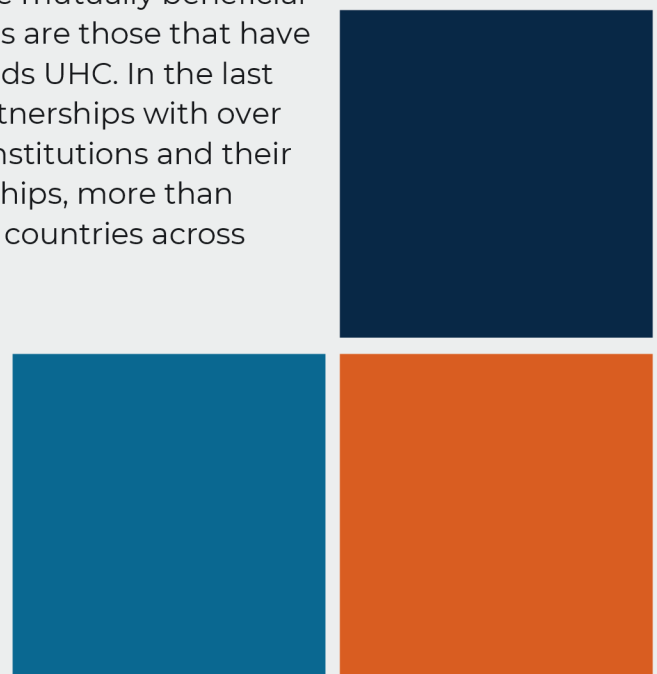


“Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.” (WHO, 2023).

The election of a new UK Government creates the opportunity for the United Kingdom to reassert its leadership on advancing global health equity and striving towards the achievement of SDG3 – the global goal to ensure good health and well-being for all - whilst also fulfilling its mission to build an NHS that is fit for the future. At [Global Health Partnerships \(formerly THET\)](#) we believe we have a unique approach to help make this happen in both the UK and low- and middle-income countries (LMICs).

At Global Health Partnerships (GHP), we believe mutually beneficial partnerships led by locally determined priorities are those that have the greatest impact on making progress towards UHC. In the last ten years, we have helped establish Health Partnerships with over 130 NHS Trusts, Royal Colleges and academic institutions and their peers in LMICs. Through these Health Partnerships, more than 130,000 health workers have been trained in 31 countries across Africa, Asia, and the Middle East since 2014.

The model of Health Partnerships we support is one that builds long-term, sustainable, relationships between health institutions in the UK and their counterparts in LMICs,



helping to improve health services and systems through the reciprocal exchange of skills, knowledge and experience. These are equitable partnerships rooted in mutual respect between partners, and based on the principles of collaboration, cooperation and bi-directional sharing of knowledge. It is a model that shows how the UK can meet its aim of rebuilding its reputation on international development through an approach based on genuine respect and partnership with LMICs.



“Labour will turn the page to rebuild Britain’s reputation on international development with a new approach based on genuine respect and partnership with the Global South to support our common interests.”

(Labour Party Manifesto, 2024)

Health Partnerships – bringing mutual benefit to healthcare in the UK and globally

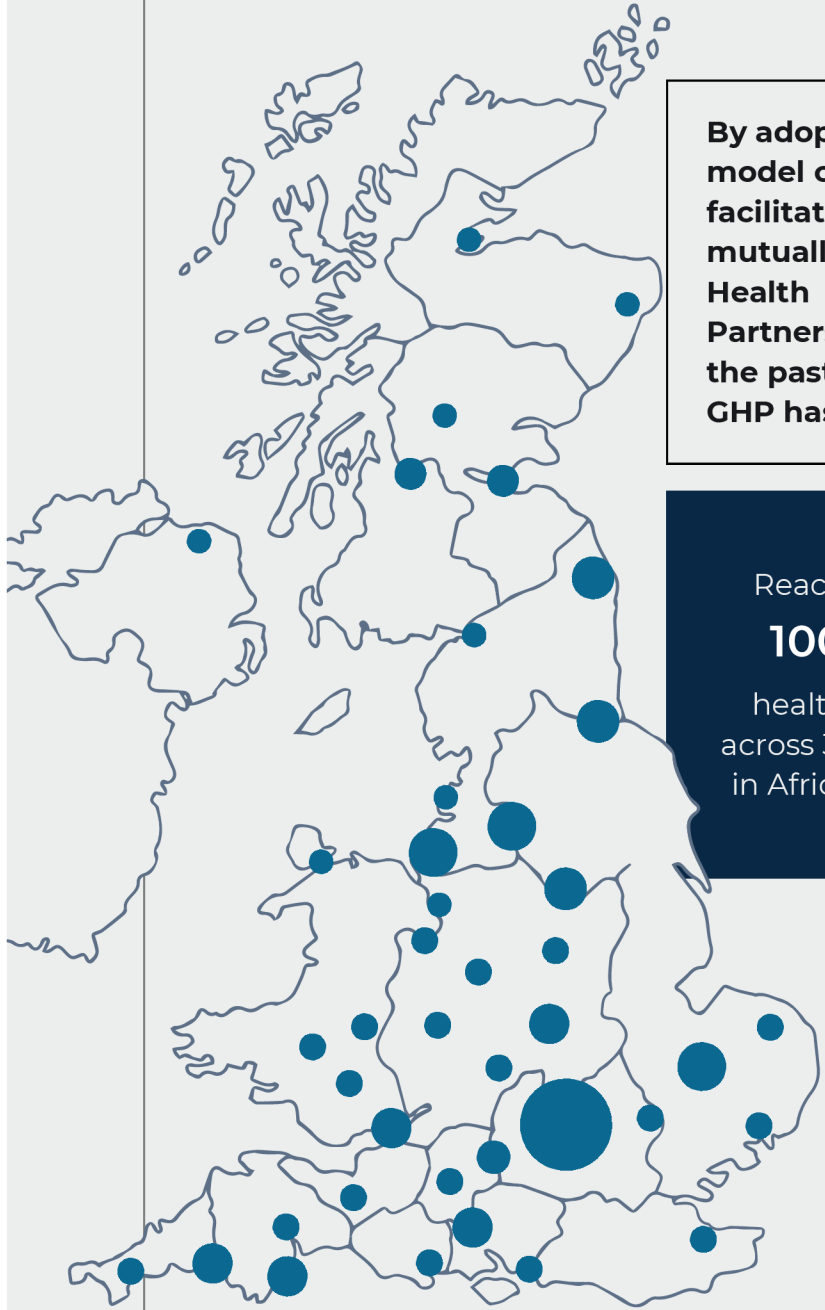
Health Partnerships don’t just benefit health systems and the health workforce in LMICs. They also benefit the NHS, as staff return home with increased knowledge, improved leadership skills and a greater understanding of how to innovate in delivering healthcare with limited resources.

Such benefits are crucial to the UK at a time when there’s an urgent need to build an NHS fit for the future: an NHS with a highly skilled, motivated and energised workforce, and an NHS that can inspire global efforts to ensure every person has access to quality health care where and when they need it without the risk of financial hardship.



Health Partnerships – a tool for improving equitable access to quality healthcare.

Health Partnerships impact at all levels of the health system – at the individual level through the exchange of knowledge and skills; the organisational level through partnerships with health facilities, hospitals, and health training institutions; and the institutional level by influencing and informing health system and health workforce policy and practice. They support long-term and sustainable health system strengthening and improvements in the delivery of quality healthcare through their alignment with national health priorities, health sector plans and UHC priorities.



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

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

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

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

Map 1 - UK partner institutions

Access to quality health care is one of the key pillars of UHC that GHP aims to contribute to through Health Partnerships. By working together over time, partners develop projects that strategically address health system constraints.

For instance, the UK-Somaliland Partnership for improving Quality Care – a Health Partnership between King’s Global Health Partnerships and Borama General Hospital – implemented an ambitious health system strengthening project, modelling a whole system approach to quality improvement from local community centres through to regional hospitals and national policy makers. As a result, a prominent commitment to quality care was included in the National Health Sector Strategic Plan.

The Health Partnership approach is helping to build more resilient health systems around the world, including the UK, equipping countries with the means to respond more rapidly and efficiently to future global health security concerns and to the health system challenges caused by a changing climate.

Health Partnerships – A tool to improve access to quality healthcare in fragile and conflict- affected states and complex emergencies

An important benefit of Health Partnerships is the locally-led approach that facilitates the development of high-quality relationships, built on mutual trust and respect between health workers over time. The versatility of the model proved crucial in enabling Health Partnerships to continue operating during the COVID-19 pandemic, and it is a model that is increasingly being adapted to deliver quality of care in fragile and conflict-affected settings.

Myanmar’s health system saw a rapid deterioration following the military coup in February 2021. Through a Health Partnerships approach that, over many years, has built relationships between health workers in Myanmar and the UK, more than 50 organisations have been involved in activities to support health workers on the frontline of the response^[j]. This has included:

- Setting up a clinical guidance website for Myanmar health workers, attracting more than 26,000 active users.
- Supporting a telemedicine programme led by Myanmar technicians and healthcare professionals, delivering over 190,000 remote consultations to service users.
- Supporting the continuation of medical education for 1,000 junior doctors.
- Delivering virtual workshops on well-being, leadership, clinical analysis and emergency treatment for over 3,500 nurses and midwives across Myanmar.

Health Partnerships – A tool to tackle the health workforce crisis in the UK and globally



“75 years since the founding of WHO, and 7.5 years to the 2030 deadline for the SDGs, we know it can only be achieved with an adequate and well-supported health workforce.”

(Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, Opening Speech at 5th Global Forum on Human Resources for Health, April 2023).

A well-performing health workforce has long been recognised as one of the essential building blocks of a strong and efficient health system[2]. Yet, all countries continue to face the shared challenge of health worker shortages.

Despite a projected shortfall of ten million health workers to meet the SDG and UHC targets, health workforce outmigration is increasing, particularly in LMICs. The main driver of shortages is underinvestment in the health workforce and insufficient resources to create jobs and pay wages. Progress towards UHC cannot be achieved without addressing these challenges.

All countries need a skilled, sustainable and equitable health workforce that can provide accessible, acceptable and quality health services. They need resilient health systems that support global health efforts and mitigate the spread of disease and the reoccurrence of a pandemic. They need healthy and productive populations who can access quality healthcare, when and where they need it without risking financial hardship.

Health Partnerships can help to achieve this by strengthening the health workforce in LMICs and in the UK.

Strengthening the health workforce in LMICS

- Capacity building to strengthen health systems
- Skills exchange programmes
- Tackling the root causes not just the symptoms of health workforce migration
- Improve retention of health workers by enhancing access to quality education, training and professional development

Strengthening the health workforce in the UK

- Enhance UK health workers' skills and behaviour
- Bringing innovations and new ways of working back to the UK, positively influencing the UK health system and improving service delivery
- Increasing job satisfaction and motivation.
- Bolstering morale and loyalty to the NHS and attracting and retaining staff



“People are receiving the knowledge and skill so when they go to teach, they have this knowledge, skill and experience.”

(Head of Pharmacy, Zambia)



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

(Chief Pharmaceutical Officer's Global Health Fellow)

Case study: Transforming the community health programmes in Kenya and the UK

A Health Partnership between LVCT Health, Kenya and Liverpool School of Tropical Medicine (LSTM) is helping to build stronger community-based healthcare. One of the many projects being implemented through the Global Health Workforce Programme (GHWP) which is funded by the UK's Department for Health and Social Care, this Health Partnership aims to improve health equity and integration of community health services in both locations. In both Homa Bay and Liverpool, building a stronger community-based workforce is an important mechanism for increasing access to quality, equitable healthcare. In both locations, however, there are challenges in retaining and sustaining the community health workforce and reaching under-served communities. This ongoing Health Partnership provides opportunities for shared innovation between the Kenyan community health model and Liverpool's primary care networks by pairing change-makers in each location who engage in peer mentoring/shadowing and exchange visits to cross-fertilise learning and trigger innovation.

Building a stronger health workforce in the UK:

The global health workforce crisis affects not only LMICs, but also the UK health system including the NHS. The UK Government’s mission to build an NHS fit for the future, recognises the current challenges of the health workforce within the UK and realises that “getting the NHS back to working for patients means ending the workforce crisis across both health and social care.”[3]

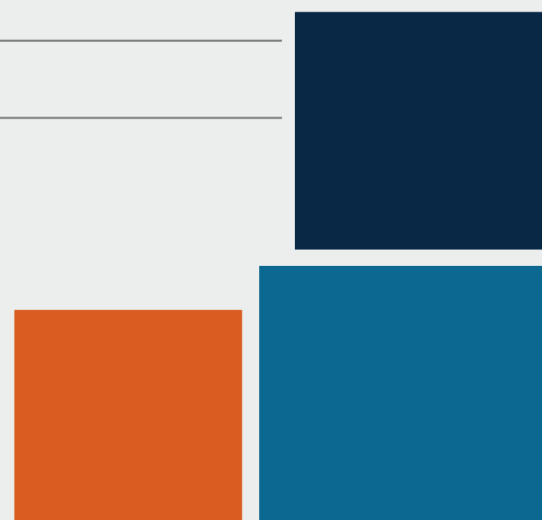
Through their involvement in Health Partnerships, UK health workers enhance their own skills and behaviour, bringing innovations and new ways of working back to the UK which positively influence the UK health system through improved service delivery. One of the most notable impacts of Health Partnerships on the UK workforce is in increasing their job satisfaction and motivation – an outcome noted time and time again[ii]. GHP surveys of health workers and Partnership leads have pointed out the following benefits of their international engagement through Health Partnerships:

Benefits of Health Partnerships for the UK’s health workforce

Percentage of respondents agreeing with statement:

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

(Source: Global Health Partnerships, 2024.)



Health Partnerships – a tool for maximising the potential of the UK’s diaspora health workers



“Diaspora health workers are diplomats who move with ease between health systems, learning as they go. We must listen to their voices as we seek to improve health for everyone, everywhere.”

(Ben Simms, CEO, Global Health Partnerships (formerly THET).)

One of the unique aspects of GHP’s Health Partnerships approach is the mobilisation of diaspora health workers within the NHS. As of June 2023, 1 in 5 NHS staff in England (19%) report a nationality other than British and together they connect the UK to 214 health systems around the world[iii].

Diaspora NHS staff through their experience of different health systems outside of the UK often exhibit important cultural competencies that can help to address health inequalities. Fully harnessing their power will be vital if we are to build an NHS ‘fit for the future’ that values all its staff and empowers local systems to provide quality health care to everyone that needs it.

Demonstrating the value of diaspora health workers:

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



students from Bangladesh come to train in the UK, and UK colleagues can contribute to strengthening education in Bangladesh.



GHP recognises the huge value of engaging the UK's diaspora health workers in Health Partnerships. GHP is currently connected to 85 diaspora organisations and in the last year alone has engaged 13 NHS Trusts and Boards across England and Wales, along with 2 Integrated Care Boards to increase the recognition of their diaspora workers. The value these workers bring to the UK health system can be seen in their individual motivation for the work they do in the UK and in LMICs; the unique skills and knowledge they have to offer the UK's health system for reaching under-served communities and for enhancing equity of health care locally and globally; and in the professionalism and commitment they bring to ensuring Health Partnerships deliver meaningful impact at a local level.

Health Partnerships – a tool for sharing the UK's expertise on UHC with the world



“The NHS is admired across the globe. It is widely seen as an exemplar of universal health coverage”

(Rahul Agarwal, Export Hub Leader for Healthcare and Life Sciences, Department for International Trade⁽⁴⁾)

The UK has long been a leader in supporting efforts to build stronger health systems in LMICs, recognising this as a key strategy to support countries to deliver more health for less, and a key driver towards achieving UHC [iv]. Alongside its international engagement and investments in health, the UK's health system, including the NHS, established according to the principles of UHC more than 70 years ago is still widely regarded as one of the most effective and equitable health systems globally [v]. While the NHS has many issues to address domestically, as illustrated by the Government's recognition of the need to build an NHS 'fit for the future', there is a proven global demand for the learning and expertise of the NHS.

As progress towards SDG 3 and UHC stalls, there is a unique opportunity for the UK to use the power of mutually beneficial Health Partnerships to meet the global demand for the learning and expertise that the NHS has accumulated since it was founded in 1948. While helping to improve practice both in the UK and overseas, Health Partnerships also support the promotion of the UK overseas through the soft power and diplomacy of healthcare workers.

The new UK Government is recognising the benefit of internationalisation of the NHS – both as a transformational agent for the NHS at home as well as its power for diplomacy. Alongside this it is crucial to recognise the power of the UK's

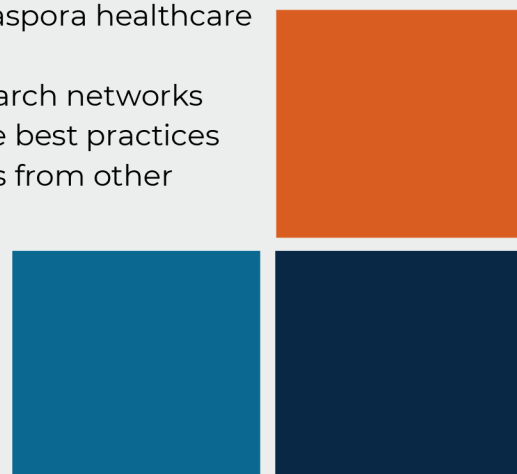
diaspora health workforce to both transform the UK's health care system, and to act as global health diplomats advancing the learnings and expertise of the NHS. Health Partnerships are an important tool to help harness these benefits for the acceleration of UHC and the achievement of SDG 3.

Health Partnerships – what is needed now?



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

- **The UK to reassert its leadership on global health**, by ensuring a return to 0.7% of GNI being allocated to ODA, as soon as possible. Within this, there must be a focus on reducing in-donor refugee costs being accounted for under the ODA budget. This would enable an increased allocation to support the strengthening of health systems, increased investments in the global health workforce, and recognition of the role Health Partnerships and the UK's diaspora health workers can play in advancing UHC.
- **A cross-government recognition of the crucial role that Health Partnerships can play** in strengthening health systems in LMICs and promoting the NHS as an example of a system successfully delivering UHC. This should include not only the Department for Health and Social Care and the Foreign Commonwealth and Development Office, but also the Department for Industry and Trade and all other relevant government departments with an interest in building stronger health systems globally to improve healthcare while protecting British citizens from shared global health risks locally.
- **Integrating global learning, the value of a Health Partnerships approach, and a recognition of the contributions of diaspora health workers** to health systems in the UK and globally into the NHS' next 10-Year Health Plan by:
 - Allocating NHS funding to promote Health Partnerships and opportunities to learn globally.
 - Developing and implementing a strategy for diaspora engagement that values the expertise of diaspora healthcare workers in the UK and globally.
 - Strengthening knowledge sharing and research networks that can create opportunities to disseminate best practices across NHS Trusts, ensuring that innovations from other health systems adopted by individual Trusts can be upscaled across NHS.



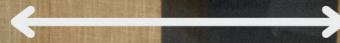
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- [1] Universal Health Coverage means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.
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- [iv] 'Health Systems Strengthening for Global Health Security and Universal Health Coverage', FCDO Position paper, Foreign, Commonwealth and Development Office, December 2021.
- [v] Ibid

Read the full report here:



All people have access to the full range of quality health services they need, when and where they need them, without financial hardship



SDG3 and Universal Health Coverage

