Impact Goal 3: Champion the contribution health workers are making to the development of our societies

Case Study: Quality and the Health Partnership Movement

1. **Background**

THET’s policy report, *In Our Mutual Interest*, explores how when engaging in global health the UK can strike the right balance between benefit to the UK and benefit to host institutions in low- and middle-income countries (LMICs).

Three key challenges the UK may face from an overemphasis on organisational or UK national interest are highlighted, including the undermining of agreed principles of aid effectiveness; failure to deliver effective programmes or sustainable development outcomes; and reduction in impact through lack of policy coherence.

The report goes on to detail how health partnerships serve as a case study to help us to understand the challenges and opportunities inherent in striking the right balance between our own organisational or national interest and the benefits given to host institutions and LMICs.

The report reviews the policy environment across the UK health system, exploring how specific changes could support quality scale-up of health partnership programmes.

2. **Learning**

In the report the reader hears directly from partnership practitioners in LMIC organisations.

Transparency within partnerships is seen as a critical factor influencing their success.

“The lack of transparency in the way grant resources are used, [leaves us feeling used]; that our UK partner may have benefited more than us, even though it may not be so.” Low-/middle-income country partner

A sense of ownership is also identified as a key factor contributing to successful health partnerships. In some countries where health partnerships operate partners based in the LMIC setting expressed the view that they are sometimes seen as ‘sub-contractors’ rather than equal partners.

“Mutuality should encompass joint planning and implementation; aiming to achieve together and address challenges together; and being accountable and respectful of each other.” Low-/middle-income country partner
So in summary, THET has learned that in spite of principles underlying partnerships such as respect and reciprocity a sense of ownership, transparency and a feeling of mutuality is sometimes lacking in practice.

3. **Principles of Partnership**

THET has developed Principles of Partnership, in conjunction with the health partnership community, with the purpose of improving the quality and effectiveness of partnerships between UK and LMIC health institutions. There are eight fundamental principles, each broken down into a number of more specific Hallmarks that make up the ideal standards recommended for effective partnership working.

The application of these principles can help address the challenges expressed in *In Our Mutual Interest* by partnership practitioners in low- and middle-income country organisations as well as raise the overall quality of health partnerships.

*In Our Mutual Interest’s* final recommendation asks the partnership community to sign-up to the Principles. THET launched the Principles at the HPS Symposium in Dar es Salaam in February 2017 and further disseminated them in Kampala in March 2017. To date, 45 partnerships have now signed-up to the Principles and we predict more over the coming months.

4. **Quality agenda**

“The HPS Principles of Partnership have guided us on better partnership working and more effective projects” Health Partner, from the ‘Health Partnership Scheme Evaluation Synthesis Report’ October 2016

The Health Partnership Scheme’s Evaluation noted that THET’s Principles of Partnership have ‘guided partners on good practice and laid out ground rules that are also empowering for the partners’. The evaluation goes on to recommend that THET, ‘continues to evolve our approach for strengthening partnerships in order to improve effectiveness by: strengthening international development expertise; simplifying and communicating the Principles of Partnership; develop guidance on institutional capacity.’

THET has simplified the Principles and has disseminated a *Partnership Health Check* in April 2017 to enable partnerships to measure themselves against the range of Hallmarks of good practice set out in the Principles. The deadline for completion of the health check is the end of May 2017. We will aim to encourage those partnerships who sign-up to Principles of Partnership to complete a Partnership Health Check.
There are two aspects to the *Partnership Health Check*, a self-assessment followed by a partnership action plan.

The purpose of completing the self-assessment will be to identify areas in which partnerships need strengthening. The results from the self-assessment will form the basis of partnership action plans that will tease out how partnerships can improve performance against specific Hallmarks.

The rationale behind this approach is to provide partnerships with stronger foundations to bid for future funding, plan future projects, and ultimately increase the effectiveness of their approach.

**RECOMMENDATION**

It is recommended that this approach to quality is included in the framing of future Health Partnership Scheme programme planning to help continue the evolution of THET’s partnership thought leadership. The analysis of partnership responses to the Partnership Health Check will help inform this approach and how best to support partnerships.

### 5. Gender

Gender equality is fundamental to development and this is reflected in the Sustainable Development Goals - SDG 5: Achieve gender equality and empower all women and girls.

The Principles of Partnership are a framework for good partnership working. The Principles themselves are unchanging, but the approach to achieving them evolves over time.

With support from members of THET’s gender thematic working group it is proposed that a process takes place of integrating gender considerations into the Principles’ Hallmarks of Good Practice where relevant, and developing resources to support partnerships.

**RECOMMENDATION**

It is recommended that THET begins a process of auditing each of the Principles’ Hallmarks of Good Practice to determine which ones are most relevant to the inclusion of a gender element. THET will then build capacity within the health partnership community by integrating gender resources into the Hallmarks. Initially sourcing external resources, THET will supplement these with internally produced resources as organisational learning increases.