**What is a health partnership & how do they start?**

Health Partnerships are long-term partnerships between UK health institutions and their counterparts in developing countries. Partnerships aim to improve health services in developing countries through the reciprocal exchange of skills, knowledge and experience between partners in the UK and those overseas.

Health partnerships often begin through an informal or personal connection between individuals in two institutions. It is the process of widening this connection, deciding to work on a project together and understanding the need to formalise and institutionalise the relationship that marks the beginning of a health partnership.

Health partnerships usually focus their activities on a series of projects. Often the projects implemented by health partnerships support Human Resources for Health development through training, and education of healthcare workers in the low-income country partner institutions. Activities may be broader than this and include any aspect of strengthening a health system; whether training in neonatal emergency procedures or a systematic improvement to institutional processes, projects address priority shortages and needs identified by the low-income country partners.

**What makes a successful health partnership?**

THET views the following as attributes of successful partnerships:

- A partnership where the UK partner is responsive to overseas partner’s needs, rather than being in any way prescriptive
- A partnership which is inclusive and demonstrates a two-way relationship between the partners
- A partnership which is mutually-beneficial, and in which both partners benefit from the relationship.
- A partnership which reflects a multi-disciplinary approach.
- Partnerships that go beyond a departmental relationship and engage the whole institutions in the UK and overseas tend to be more sustainable and able to effectively respond to the overseas partner’s needs.

**How do you set up a health partnership?**

THET has produced a [Health Links Manual](#) which provides case studies and advice for those engaged or thinking of engaging in health partnerships. The Health Links Manual can be downloaded free of charge. You might also find the [Toolkit on Monitoring and Evaluation for Health Links](#) and the [Medical Equipment Donations Toolkit](#) useful. Case studies on existing partnerships and their projects can be found in the [resource section](#) of the website and on the [YouTube channel](#).

Instead of setting up your own health partnership you might want to consider joining an existing partnership. There are often multiple partnerships working within institutions in developing counties or within similar fields or geographic areas. If you would like more information about these partnerships, there is a [database available on the THET website](#). You might also want to look on the [Wales for Africa Health Links](#) and [Scotland-Malawi Partnership](#) websites for other partnerships working in similar areas.

Over the past five years, THET has financially supported the development of 70 partnerships through the [International Health Links Funding Scheme](#) and the [Health Partnership Scheme](#). Although we do not currently have funding available to support new health partnerships, we are keen to share the experiences and lessons learnt from other health partnerships that have been in receipt of grants in the past. Some of the advice they suggest includes:

- Set realistic goals and make sure that the local partners are actively involved in setting and driving the agenda. “It is important to manage the expectation of both partners, particularly when planning and allocating resources to the project. There is a need to understand the real cost of time and resource particularly when they are being allocated to speculative grant applications.”

- Make sure you’re linked with senior management team in the institution you’re partnering with to ensure the project is wanted and supported. “It is important to manage the expectation of both partners, particularly when planning and allocating resources to the project. There is a need to understand the real cost of time and resource particularly when they are being allocated to speculative grant applications.”

- Liaise at an early stage with Ministry of Health staff to ensure proposals fit well with Ministry plans and strategies. However, “the pace is often beyond the control of the partners, especially when government permissions are involved, so be realistic.”

- Keep focused on activity which will improve health outcomes in the developing country, in line with the local area health plans; in order to manage the expectations of UK volunteers who may be really keen to help, and to manage the expectations of staff and managers in the developing country.
- Don’t underestimate the time involved and consider how you will manage and “justify” this in the current climate of financial constraint in the UK. The APPG on Global Health’s report on the benefits of overseas volunteering may help with this.

- Keep an open mind to the exciting opportunities which may arise, ensuring you keep on track with your aims and objectives.

- Preparation and communication are the key for success with this type of visit. The initial visit may well be the first time many of the team have visited a particular site and travel and preparation time should not be underestimated: “The finer details like visas, vaccinations, precautions, Foreign and Commonwealth Office reporting, and transportation overseas, not to mention differences in culture and custom should receive close attention. Even the time zone changes and distances covered we did not fully appreciate in the planning stages.” Communication is often identified as the major source of frustration and disappointment in a partnership. Communication needs to be open and honest throughout the lifetime of the partnership. A range of communications methods: text, phone, skype, teleconferencing, whatsapp etc as well as emails should be used.

- Making sure the right people are involved in both sides of the partnership is an important first step. “Considerable time needs to be dedicated to scoping the field and sounding potential partners in order to identify key persons in the organisations whose enthusiasm, determination and persistence will be crucial to establishing the partnership on firm footing.” However, it is worth remembering that “participating in work to develop a partnership and project is not a development opportunity, but it requires experienced and expert staff or volunteers who can begin work immediately.”

### Engaging with the health partnership community

THET hosts an annual conference for health partnerships. The event is a good way to meet UK practitioners working in a variety of health partnerships. Presentations from previous years can be found on our [YouTube channel](https://www.youtube.com).

THET runs a Community of Practice email network that offers the opportunity to seek advice and support from those engaged in health partnerships. If you would like to be a member of the Community of Practice, [please sign up here](https://www.sign-up.com).

You can also [sign up to receive our monthly ebulletin](https://www.sign-up.com) which includes news about funding, good practice case studies and events.

If you would like to speak to someone at THET about a potential partnership, please contact [hps@thet.org](mailto:hps@thet.org).