



Midwives, Mpilo Central
Hospital, Zimbabwe

#COVIDPARTNERSHIPS SURVEY SYNTHESIS REPORT

RESPONDENTS

[THET](#), in partnership with the [ESTHER Alliance](#) and [ACHEST](#), carried out a rapid survey of Health Partnerships to inform the planning of the March 19th 'COVID Partnerships' conference. The survey was distributed to the 800 people who registered for the conference in April 2020, and THET's own mailing lists. This synthesis was written on the 25/02/21 and was updated on 16/03/21.

At the time of writing, 60% of the 250 survey respondents are based in the UK. The remaining 40% are based in a diverse range of countries including: Ethiopia, Uganda, Nigeria, Zambia, The Gambia, Mozambique, South Africa, Sierra Leone, Somalia, Tanzania, DRC, Kenya, Zimbabwe, Botswana, Barbados, the USA, Nepal, Germany, Belgium, Switzerland, France, Ireland and Uzbekistan.

HAS YOUR HEALTH PARTNERSHIP CONTINUED TO BE VALUABLE FOR YOUR WORK OVER THE PAST YEAR?

OVERVIEW

Of the 135 respondents involved in Health Partnerships, 82% felt that their partnership continued to be valuable, compared to 18% who felt it had not.

- Health Partnerships have been able to pivot to support national Covid-19 responses.
- Partners have used existing and new forms of communication to enable bi-directional learning.
- They have remained committed to supporting one another.
- Capacity limitations have hindered some activities.

SYNTHESIS

A significant majority of Health Partnerships have been able to pivot their activities to support national COVID-19 responses in various contexts by protecting health workers and building capacity. Partners have delivered training to health workers and Ministry of Health (MoH) staff, procured PPE, locally produced hand gel, undertaken research to help overcome the impact of the pandemic on healthcare access, and taken part in community awareness raising activities. For example, the Gorey Malawi Health Partnership developed a [video series](#) to assist healthcare workers in low resource settings which has been viewed more than 2.3 million times in Africa. Beyond COVID-19, partners have continued to support the maintenance of health services, strengthen the capacity of the health workforce and enhance patient care. Some have found that their existing partnership focus (e.g. e-health) has become even more critical over the last year.

Health Partnerships have proved to be valuable vehicles for knowledge sharing and bi-directional learning. Partners noted that they have used various communication mechanisms to share: best practice, updates on the progression of the virus in their context, knowledge of how to handle the pandemic and treat patients. These activities have supported myth busting, improved health services, enhanced teaching/training processes and have helped to protect the wellbeing of health workers. Health Partnerships have also been able to recognise, develop and implement frugal innovations, such as locally producing alcohol hand rub in the UK based on protocols developed in Zambia.

Health Partnerships have served as much needed support systems as the pandemic has progressed, communicating, learning, adapting, building bridges, reinforcing networks and finding new ways of working together. The continued commitment and strength of partners was highlighted by respondents, evidenced by their *“flexibility and sustainability in all circumstances.”* Respondents stated that over the last year partners have learned a great deal about how they work together and their capacity to face a critical situation such as this: *“We’ve learned so much about what is possible in the absence of travel, I think it has been quite empowering”*. This has been important in terms of boosting morale and building solidarity, with one respondent stating *“It has been very helpful in lifting my own nose out of our national gloom.”*

Among those who stated that their Health Partnership had not continued to be valuable, this was largely down to partnership activity being paused or suspended, lockdown preventing travel or partners being unable to make commitments/undertake project activities beyond regular communication due to capacity limitations.

HAS YOUR HEALTH PARTNERSHIP CHANGED IN THE COURSE OF THE PAST YEAR?

OVERVIEW

67% of respondents stated that their Health Partnership had changed over the course of the past year, compared to 33% who stated the opposite.

- Health Partnerships have made the most of new opportunities and experienced growth.
- There has been a shift in the balance of power.
- Partners have built new relationships and strengthened existing ones.
- The personal and professional impact of Covid-19 has taken a toll.

SYNTHESIS

Aside from logistical changes in terms of becoming reliant on virtual environments and remote communication, it is clear that Health Partnerships have grown and developed in far reaching ways. Partners have repurposed much of their drive to focus on remote training and education (largely COVID-19 focused). This has opened up opportunities to engage greater numbers of health workers, often in harder to reach locations, and to provide highly valued support. By pivoting to COVID-19 work, partners have developed new skills and ideas (e.g. possibilities for the delivery of remote educational content in other areas) that will shape the future of the Health Partnership community.

The pandemic has made the use of digital technology a necessity. While this has posed challenges in terms of internet connectivity and planned work having to rapidly change shape, it has meant colleagues who were previously hesitant to embrace digital systems have become more engaged. Heightened connectivity has also facilitated the formation of new or strengthened connections to governments, professional bodies, volunteers and colleagues. Partnerships stated that working relationships have become more effective, trust has improved, there is greater collegiality, they are more aware of needs on both sides, and a sense of solidarity has been built around common challenges. One UK partner was described as 'all weather friends' who have stood by their colleagues throughout.

The responses also reflect a shift in the balance of power, with partners stating that they have made greater use of in-country expertise and recognise that *"this is even more the way ahead than we thought previously"*. Partnerships have formed between in-country actors and a more level playing field has developed across professions and organisations.

There is recognition of the need for mutual rather than one sided learning on managing epidemics and functioning under pandemic conditions: *"The UK has had much to learn from others in this instance."*

Despite many positive developments, Health Partnerships also highlighted some of the personal and professional challenges that have arisen over the last year. Colleagues in both the UK and overseas have become seriously ill or, tragically, have lost their lives to COVID-19. Some have been stranded under difficult circumstances unable to work. Yet more have had *"an often distressingly difficult time trying to provide care under pandemic conditions and with limited support."*

Respondents reflected on the indirect consequences of national lockdowns in the absence of social security nets. The impact of these challenges has resulted in delayed or halted partnership activities, but has also been felt in human terms, with partners feeling concerned and sometimes *"powerless"* to support their colleagues overseas.

THINKING ABOUT 2021, WHAT DO YOU HOPE TO GET OUT OF YOUR HEALTH PARTNERSHIP?

OVERVIEW

- Health Partnerships have ambitious plans to grow and maximise impact.
- Partners are hopeful and optimistic about the year ahead.
- Solidarity and mutual support remains crucial.
- Empowering health workers, especially those in LMICs, to have greater influence on the global health agenda is a priority.

SYNTHESIS

On the whole, Health Partnerships are motivated to continue, refine, strengthen and expand their work, with a focus on maximising impact. For some there is a desire to get “back to business”, moving away from a COVID-19 focus and back to original partnership goals. However, support for immediate and long-term pandemic response efforts remains a priority, with partners stating their commitment to providing greater support to local health systems.

Health Partnerships plan to work remotely and through blended approaches to deliver training, share best practice, overcome challenges, and develop meaningful and data driven capacity building initiatives. Partners hope to continue building their knowledge and skills collaboratively, with a clear focus on tangible results, meeting goals and upscaling work. As well as advancing the impact and reach of their work, partnerships commented on their desire to strengthen relationships and friendships internally and with external colleagues. Working more closely together, developing a network effect between partners, and setting up new long-term partnerships were cited as priorities for the year ahead.

Respondents also indicated an ambition to establish more balanced relationships and ensure more equitable power dynamics between partners and within the global health sector more broadly. To achieve this, Health Partnerships expressed their aspiration to build the capacity and confidence of LMIC partners to meet their own needs, thus reducing reliance on UK partners, and their wish to support stronger LMIC influence on the global health agenda. Beyond empowering partners, there is a broader ambition to support and empower health workers at the forefront of healthcare delivery.

Health Partnerships wish to work in solidarity with the wider global health community (Ministries of Health, NGO's, Civil Society Organisations, health institutions and education facilities) to move agendas forward and catalyse progress towards Universal Health Coverage amidst the pandemic: “We need solidarity more than ever.”

“There is a current strengthening of the partnership and a feeling of solidarity but this has to be harnessed. It would be good to move forward together in a supportive, compassionate and constructive way.”

- Survey respondent, March 2021

THINKING ABOUT THE CONFERENCE, WHAT WOULD BE THE MOST USEFUL OUTCOME FOR YOU?

OVERVIEW

Health Partnerships would like the Conference to provide a space for:

- **Sharing experiences, knowledge and best practice.**
- **Reimagining a better, more equitable and more resilient future.**
- **Identifying practical steps to protect the psychological wellbeing of health workers.**

SYNTHESIS

In addition to providing practical guidance and highlighting opportunities, such as funding opportunities, online resources, and networking opportunities, Health Partnerships stated their interest in a sharing a learning event where participants from across the world can provide clarification and case studies. Specifically, partners are looking to gain insights on how the pandemic has challenged national health systems and services (including updates on the status of national vaccine rollouts), how health leaders, health workers and Health Partnerships have responded (including examples of best practice interventions/innovations that could be replicated elsewhere) and how the Health Partnership community can continue to support these efforts moving forward. This includes working together to overcome the attendant and longer-term impacts of COVID-19 and becoming better prepared for future health emergencies.

Respondents also expressed a clear desire for the Conference to include a consideration of the mental health implications of COVID-19 for health workers, including the challenges that have arisen and the steps that have been/can be taken to protect their psychological wellbeing now and in the aftermath of the pandemic.

Beyond COVID-19, Health Partnerships want to look to the future and examine how we can contribute to global objectives in 2021 by reimagining better and more resilient health systems: *“building back better is where we need to be aiming.”* There is also an aim to consider the future of Health Partnerships themselves. How did partners adapt in 2020 to remain connected without contact? How can we use these experiences and renew our energy to improve global partnership dynamics? How can we ensure reciprocity and greater regional collaboration? How can we use partnerships to address the health inequalities that have become so apparent over the last year (e.g. in relation to vaccines and access to PPE)? What can we practically do to advocate for change?

This synthesis was carried out by Summer Simpson. If you would like to contribute to it and/or share reflections, please do not hesitate to get in touch:

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