

# Global Catalyst Group for Institutional Health Partnerships

## Position Statement

MARCH 2014

The Global Catalyst Group for Institutional Health Partnerships provides a “bridge” between multiple organizations across the world experienced in the partnership based approach to improvement.

The overall purpose of the group is to promote the utility of institutional health partnerships in strengthening health systems and in delivering effective health services through resources, positions statements and collaborative activities.



**APPS**

African Partnerships for Patient Safety



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Institutional Health Partnerships, as described in this Position Statement, have the capability to address the critical shortage of adequately and appropriately trained health workers in developing countries. They are able to develop capacity through institutional and peer-to-

peer relationships in a sustainable way. A principle-centred approach is at the heart of health partnerships. Respect and the promotion of the principles of the Paris declaration on Aid Effectiveness (ownership, alignment, harmonization, managing for results,

mutual accountability) together with the principles of high quality partnerships (reciprocity, equal responsibility, equity, respect, capability, transparency and ethics) provide the fundamental building blocks of effective health-care partnerships.

- Institutional health-care partnerships can play a critical role in multiple areas of global health systems strengthening as the global health arena develops rapidly.
- Hospital-to-hospital partnerships have been utilized for technical exchange between health workers and in catalysing improvement in health care for a number of decades.
- Institutional health-care partnerships (including hospital partnerships) provide a mechanism to motivate and develop the health workforce.
- Such partnerships are key in establishing long lasting inter-individual professional relations that can support capacity development beyond the scope of projects.
- Institutional partnerships provide a channel for bi-directional learning and co-development in rapidly evolving global health systems.



**1. Health systems strengthening** depends on multiple inter-related approaches and mechanisms. In 2011, a report by the WHO secretariat to the 64<sup>th</sup> World Health Assembly on current trends and challenges in health systems strengthening highlighted the importance of inter-country exchange, joint learning and institutional twinning.<sup>1</sup> National policy documents over the past decade have also highlighted the potential for institutional partnerships to be a key contributor to global health system co-development.<sup>2</sup> Indeed, hospital-to-hospital partnerships have been utilized for technical exchange between health workers and in catalysing improvement in health care service improvement for a number of decades.<sup>3</sup>

**4.** The rapidly increasing burden of disease attributable to **non-communicable diseases (NCDs)** necessitates an urgent re-alignment of health services in developing countries towards integrated people centred care with a focus on prevention.<sup>8</sup> However, many health systems and the health workers within them are ill-equipped to face the challenge of chronic conditions. Institutional health-care partnerships can provide a channel for transfer of “NCD know-how” between countries. This has the potential to be wider than the traditional twinning of health facilities and can potentially include institutional partnerships between public health institutions.

**2. Health workers** are at the core of all health systems.<sup>4</sup> Developing countries face a critical shortage of appropriately trained health workers alongside issues of motivation and retention. Hospital-to-hospital partnerships provide a direct channel between front line health workers that can provide much needed support in technical areas, as well as providing a mechanism for externally driven motivation. Health worker isolation – particularly in remote areas – can be mitigated through exchange mechanisms as part of institutional partnerships. Indeed, institutional health-care partnerships involving front line health workers can support efforts in redressing the imbalance in service delivery.

**5. Primary health care** underpins health systems in all countries. Future primary care systems will require reform in four key areas: universal coverage; service delivery; public policy; and leadership.<sup>9</sup> All four of these areas can benefit from harnessing the power of inter-country partnerships between relevant institutions. For example, established post-graduate institutions focused on primary health care can partner closely with evolving post-graduate institutions.

**3. The safety and quality** of health service delivery is a critical component of health systems strengthening.<sup>5</sup> Indeed, building confidence in high quality services has been highlighted as critical to the success of evolving universal health coverage (UHC) systems across the world.<sup>6 7</sup> Exchange mechanisms with a focus on health worker capacity can be harnessed to trigger and sustain best practices on the safety and quality of service delivery. Further, institutional partnerships provides a mechanism for cross-fertilization of approaches in fast evolving UHC systems.

**6.** Numerous institutional partnerships operate in developing countries, making **partnership coordination** a critical success factor in improving the service delivery system as a whole. At the very minimum, effective communication channels between “partnership improvement experiences” and national ministries of health are key in ensuring national level alignment. Establishment of country-based institutional partnership platforms can also be useful in ensuring efforts involving multiple high-income country partners are synergistic.

**7. The evidence-base** on the utility of institutional health-care partnerships in improving health systems capacity is emerging. Formal evaluation mechanisms are being utilized to enhance the knowledge base on the merits and demerits of the approach. There is a clear need to build on these early efforts to further develop this field of enquiry, including validated costing and economic evaluation of the use of institutional health-care partnerships.

**8. Global innovation flow** is critical in driving improvement in global health systems. Innovation flow from north to south is well recognized. However, examples of innovation flow from “south to north” exist in all six WHO health systems blocks.<sup>10</sup> Innovation flow in all directions (north-south; south-south; south-north) can be fostered through the channel of institutional partnerships.<sup>11</sup>

**9.** Health partnerships can foster effective ways of utilizing **health technology** to build frontline capacity for health workers. In particular, the contribution of E-health can be channelled effectively through health-care partnerships. Further, technology transfer can be enhanced through health partnerships.

## Conclusion

There is an increasing body of evidence that institutional health-care partnerships are an effective channel to strengthen health systems through harnessing the passion and energy of individuals. Such partnerships and the resultant human interactions at the heart of the model can form a critical component of bilateral and multilateral cooperation in global health.

<sup>1</sup> *Health Systems Strengthening: Current Trends and Challenges. Report by the Secretariat. A64/13. World Health Assembly 2011.*

<sup>2</sup> *Crisp, Nigel. Global Health Partnerships: The UK Contribution to Health in Developing Countries. COI. 2007.*

<sup>3</sup> a) *Annual Review. Tropical Health & Education Trust (THET). 2011.* (b) *Activity Report. Network for Therapeutic Solidarity in Hospitals (ESTHER). 2011.* (c) *African Partnerships for Patient Safety: Building Momentum for Safer Healthcare. World Health Organization. 2012.* (d) *Guide de la coopération hospitalière pour l'aide au développement, Ministère des Affaires Etrangères Edited by Ecole nationale de la santé publique, 1997* (e) *Une voie d'avenir pour la coopération : le partenariat hospitalier – E de Roodenbeke -Cahiers d'études et de recherches francophones / Santé -Vol. 4 No. 2 - Mars-Avril 1994*

<sup>4</sup> *Global Health Workforce Alliance. Human Resources for Health: Critical for Effective Universal Health Coverage. World Health Organization. 2013.*

<sup>5</sup> *Resolution WHA55.18, Quality of care: patient safety, World Health Assembly, Geneva, World Health Organization, 2003.*

<sup>6</sup> *The World Health Report 2010: Health Systems Financing – The Path to Universal Coverage. World Health Organization. 2010.* See also [http://www.who.int/universal\\_health\\_coverage/en/](http://www.who.int/universal_health_coverage/en/)

<sup>7</sup> *The World Health Report 2013: research for universal health coverage. World Health Organization. 2013.*

<sup>8</sup> *Non communicable Diseases and Mental Health. 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non communicable Diseases. World Health Organization. 2009.*

<sup>9</sup> *The World Health Report. Primary Health Care (Now More Than Ever). World Health Organization. 2008*

<sup>10</sup> *Syed et al. Developed-Developing Country Partnerships: Benefits to Developed Countries? Globalization and Health, 8:17. 2012.*

<sup>11</sup> *Syed SB, Dadwal V, Martin G. Reverse innovation in global health systems: towards global innovation flow. Globalization and Health, 9:36. 2013.*