



Institutional Health Partnerships – How They Adapted in Response to the COVID-19 Pandemic

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AS THE WORLD LOOKS TO FIND AN END TO THE COVID-19 PANDEMIC, HEALTH PARTNERSHIPS WILL REMAIN VITALLY IMPORTANT IN PREPARING FOR FUTURE HEALTH CRISES

INTRODUCTION

Health partnerships typically involve long-term institutional relationships between high-income countries (HIC) and low- and middle-income countries (LMIC). Effective collaboration towards a common goal lies at the centre of institutional health partnerships (IHP). The purpose of this paper is to highlight the role of IHPs' responses to the COVID-19 pandemic in maintaining essential health services in LMICs.

METHODOLOGY

Desk-based research was utilised to collect data for this paper. Analysis was based on information gathered from organisations and partnerships involved with the ESTHER Alliance for Global Health Partnerships.

RESULTS

1. Initial Response - Health partnerships quickly adapted and sustained their commitment to their partners during the pandemic.
2. Intermediate Response - As HICs and LMICs were suddenly faced with insufficient resources and forced to develop new solutions under extremely pressured circumstances, previous established relationships between health partnerships provided global solidarity and the rapid sharing of knowledge through online tools.
3. Later Response - IHPs allow for greater awareness and action by member institutions that have access to vaccines to advocate for their partners and friends who are prevented from the same privilege.

CONCLUSION

The model of IHPs encouraged long term collaboration that proved to be effective in the urgent needs of the COVID-19 pandemic. As the world looks to find an end to the COVID-19 pandemic, health partnerships will remain vitally important in preparing for future health crises.

KEY MESSAGES

- IHPs have been able to adapt and effectively transition their programme focus to the changing needs of frontline healthcare services and co-developed successful initiatives in low resource settings.
- IHPs showed adaptability by moving from face-to-face meetings, training, and conferences to online digital platforms, sharing of PPE and medical equipment, and sharing knowledge bidirectionally on how to deal with this evolving crisis.
- The continued sharing of knowledge and provision of PPE has proven vital in maintaining essential health services and rapidly equipping health workers with accessible equipment and skills as the pandemic continues.
- The vast divide between HICs and LMICs in access to the COVID-19 vaccine demands urgent action, and the direct relationships between health partners puts vaccine equity at the forefront of organizational efforts and advocacy.



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INTRODUCTION

Health partnerships typically involve long-term institutional relationships between high-income countries (HIC) and low- and middle-income countries (LMIC)¹. The key feature of health partnerships is that they are a two-way relationship, a collaborative arrangement in which both parties mutually benefit and gain knowledge, skills, and expertise from each other. Effective collaboration towards a common goal lies at the centre of institutional health partnerships (IHP). Behind some of the most successful health partnerships is the ability to communicate key findings with reciprocal benefits to all partners involved. North-South partnerships, by their very nature require an extra level of adaptability in the physical distance between member organizations. In practice, North-South partnerships have been able to produce a strengthened health workforce, improved quality of service delivery, and better health outcomes for both HICs and LMICs.

The purpose of this paper is to highlight the role of IHPs' responses to the COVID-19 pandemic in maintaining essential health services in LMICs. IHPs have been able to adapt and effectively transition their programme focus to the changing needs of frontline healthcare services and co-developed successful initiatives in low resource settings. The implementation of North-South partnerships as supported by various organizations such as ESTHER Ireland has allowed further collaboration and sharing of knowledge to better prepare for future health crises.

COVID-19 PANDEMIC CONTEXT

The novel coronavirus SARS-CoV-2 was first reported on December 31st 2019, and rate of progression increased rapidly in North America, East Asia and Europe over the next few weeks.² On March 11th 2020 the World Health Organization (WHO) declared the COVID-19 outbreak to be a global pandemic.³ By April 2020 more than 3.9 billion people in more than 90 countries were under varying degrees of lockdown procedures. The rapid closures of international borders, and increased frequency of asymptomatic and symptomatic cases, forewarned many health partner institutions who had planned travel.

METHODOLOGY

Analysis was based on information gathered from organisations and partnerships involved with the ESTHER Alliance for Global Health Partnerships. Desk-based research was utilised to collect data for this paper. The researchers reviewed partnership webinar recordings and conference learning papers from 2020, and partnership webpages, to identify relevant partnerships and activities for analysis.

Once collated, this information was analysed and synthesised to produce the findings.

FINDINGS - HEALTH PARTNERSHIPS' RESPONSE TO THE PANDEMIC

The Gorey-Malawi Health Partnership

The Gorey-Malawi Health Partnership was established in 2016 between the Palms GP Surgery in Gorey, Ireland and Mzuzu Central Hospital and St John's Hospital in Mzuzu, Malawi, focusing mainly on Non-Communicable-Diseases (NCDs). The partnership had planned to have doctors and researchers from Palms GP Surgery in Gorey, Co Wexford, Ireland to Mzuzu Central Hospital in Malawi on March 21st 2020 to scale up the work of the partnership in the care of noncommunicable diseases (NCD's). The unknown nature of the emerging virus forced partners to cancel the trip. As Ireland reeled from their first wave, local outbreaks were just starting to emerge in Malawi. This slight delay in local outbreaks provided enough time for partners in Ireland to send over thermometers, viral swabs and pulse oximeters.

Later, the **Gorey-Malawi Health Partnership** teamed up to develop educational videos aimed to increase institutional resilience in low resource settings. The videos reached 30 African countries and were viewed by more than 2 million people. The experience of healthcare workers already working in reduced healthcare facilities became vital information during COVID-19, where resource use is often more rational and practical. The video series provided health workers with an informative, digestible format to learn about key principles of delivering essential health services during the pandemic. The invaluable experience of clinicians in Malawi working in low resource settings was shared worldwide to clinicians suddenly facing low resource situations. The ability of health partnerships to produce, edit and disseminate this information allowed for greater access under very pressured time, generating over two million views on Facebook and a total of 4607 views on YouTube.

EQUALS Initiative Partnership

The EQUALS Initiative is a joint collaboration between the Royal College of Physicians of Ireland (RCPI) and the Health Service Executive (HSE) in Ireland, established in 2013. The initiative is based around donations of medical equipment from Irish hospitals to institutions in low- and middle-income countries, and the provision of training to improve service quality. After the onset of the pandemic, RCPI coordinated and funded the shipment of four 40-ft containers of decommissioned medical equipment to the Ministry of Health in Zambia. Additionally, building on the collaboration with the Zambian College of Medicine and Surgery (ZACOMS), RCPI curated a programme of online educational courses to support the learning of doctors on various specialist training programmes in Zambia. A further 'Train the Trainer' course for delivery to senior ZACOMS faculty members is currently under development.

The Friborg Cantonal Hospital – Tashkent Medical Academy Health Partnership

The Friborg Cantonal Hospital-Tashkent Medical Academy Health Partnership was established in 2016 and its focus is on building clinical capacity of laparoscopy surgeons in the Aral Sea basin of Uzbekistan.

The Friborg Cantonal Hospital-Tashkent Medical Academy Health Partnership allowed for video streaming of laparoscopic surgeries in Uzbekistan to be translated to Switzerland to provide for training and upkeep practices for introducing spinal anesthesia in laparoscopic surgeries. These established relationships facilitated remote learning strategies to ease the burden of hospitals nearing maximal capacity and improved access for non-COVID cases seeking treatment during peak times of the pandemic.



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Health Service Executive – Mozambique Ministry of Health Partnership

The partnership between the Irish Health Service Executive (HSE) and the Ministry of Health in Mozambique (MISAU) commenced in mid-2014, and focuses around the sharing of knowledge of different health systems, and improvement in capacity and capability through coaching conversations, training of team leaders, and improving quality with local resources. During the course of the pandemic, the **HSE-Mozambique Ministry of Health Partnership** maintained its focus on quality improvement initiatives by continuing with quality improvement training and capacity building online. It has also written guidance documents and shared information on COVID-19, and addressed COVID-19 in coaching webinars. The Mozambique Ministry of Health has kept its focus on maintaining essential services, and this has been supported by the partnership.

Mayo University Hospital – Londiani Sub-County Hospital Kenya Partnership

The Mayo General Hospital - Londiani Sub-County Hospital was first formalised in 2009 and its focus is on provision of basic community services, starting with essential access to water, health and education.

In September 2020, **Mayo University Hospital-Londiani Sub-County Hospital Partnership** received an ESTHER Ireland COVID-19 Response grant to develop capacity and shared learnings on COVID-19 through delivering COVID-19 training, and to provide essential personal protective equipment (PPE) stock to Londiani Sub-County Hospital. Staff training was delivered jointly by the partners in protection of healthcare workers during COVID-19, and management of patients with COVID-19. Through these interventions, the partnership aimed to reduce healthcare worker risk of being infected with COVID-19 in the workplace, reduce healthcare workers sick leave due to COVID-19, reduce transmission of COVID-19 between both healthcare workers and patients receiving treatment at Londiani Sub-County Hospital, and maintain essential health services during the COVID-19 pandemic.

Our Lady's Children's Hospital Crumlin - Muhimbili National Hospital Tanzania Partnership

The **Our Lady's Children's Hospital Crumlin – Muhimbili National Hospital Tanzania Partnership** was formalised in 2015 and the long term objective of this partnership is to provide childhood cancer services to all the children in Tanzania achieving national annual cure rates that match international standards for children's cancer in Tanzania.

The COVID-19 pandemic resulted in shortages of personal protective equipment (PPE) and caused supply chain disruptions of routine medications. In response, Muhimbili National Hospital adopted efficient PPE practices by re-using equipment such as N-95 masks, goggles, and visors, by safely sterilising them between uses. It also mobilised the local community into providing cloth reusable PPE such as gowns, which were washed and sterilised daily. Essential medicines and medical equipment were also stockpiled which meant that essential services were secured.

Edenpark Surgery – Standing Voice Malawi Partnership

The **Edenpark Surgery – Standing Voice Malawi Partnership** was formed in 2019 and its purpose is to defend the rights of people living with albinism in Malawi.

The partnership originally planned to expand its services to a new district in 2020, and to run two new training workshops. However, COVID-19 changed things. Instead, they distributed care packages to people with albinism containing sunscreen, health information and hygiene kits (masks, soap and sanitary products for women). They increased the number of clinical locations, but reduced clinic sizes, limiting the number of patients per clinic to facilitate social distancing. They also helped patients avoid public transport by holding clinics nearer to their communities. They also developed and distributed an animated video to Malawian health workers on how to care for people with albinism in the midst of the pandemic, and delivered training and surgical workshops to clinicians and health administrators.

ESTHER Alliance – Irish Global Health Network

With disruption to travel caused by COVID-19, partners used innovative approaches with digital platforms to share learning on maintaining essential services. The **ESTHER Alliance and Irish Global Health Network (IGHN)** launched a webinar series 'Conversations on COVID-19' via Zoom with a specific focus on LMICs. The webinar series was aimed at healthcare and development workers, serving to educate, inform, share best practice and evidence-based responses around COVID-19 in LMICs. Most topics directly or indirectly addressed the challenges of maintaining health services in the context of the pandemic and included: Funding Challenges; Hospital Readiness; North-South Partnerships during COVID-19; Lessons learned from HIV & Ebola epidemics; Leveraging Research and Evidence; Protecting Health Care Workers; Health Systems Impacts of COVID-19; Essential Services for NCD Patients in Ethiopia; Malnutrition. Overall, 18 weekly webinars were held with over 92 speakers from different backgrounds and a range of countries.

THET - ESTHER Alliance - ACHEST Conferences

In April 2020, the **Tropical Health and Education Trust (THET) Partnerships for Global Health in the UK**, held a one-day online conference which attracted 28 speakers from three continents and 750 registered attendees from 54 countries. It showed how technology could be used to sustain relationships built up over time, and provide for the rapid and low-cost exchange of views and advice. The conference reflected on the fact that health partnerships can help with finding the balance between essential services and the COVID-19 response however, there is a need to redefine the health partnership model during these times and the need for direct technical exchange focusing on, for example, clinical care for COVID-19 patients with specific attention to compassion, quality and innovation.

In March 2021 **THET** held another conference which explored Partnerships in a Time of COVID-19. This conference boasted 48 speakers and over 400 attendees, from 44 countries. This conference covered themes such as maintaining essential health services during the pandemic, fighting misinformation, advocating for vaccine equity, and the need for compassion in healthcare.



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ANALYSIS

Initial Response: The Need to Adapt (March-May 2020)

At the onset of the COVID-19 pandemic, North-South health partnerships were some of the first systems to become directly impacted in their work. By March 2020, the effect of the SARS-CoV-2 virus on health systems were felt on a catastrophic scale, both personally and professionally. As resources and focus redirected towards frontline responses for COVID-19, the capacity of other healthcare services diminished due to the urgency of infection control, social distancing, and the prioritization of high-risk cases. Visits between partners were affected due to the COVID-19 travel restrictions. Furthermore, the physical, emotional, and psychological toll of the pandemic on healthcare workers further challenged daily operations. However, health partnerships quickly adapted and sustained their commitment to their partners during the pandemic. Moving from face-to-face meetings, training, and conferences to online digital platforms, sharing of PPE and medical equipment, and sharing knowledge bidirectionally on how to deal with this evolving crisis, adaptability was demonstrated by partnerships such as **The EQUALS Initiative, THET and ESTHER Alliance.**

Intermediate Responses: The Power of Sharing Knowledge (June-August 2020)

Through May and June 2020, as countries began to prepare for additional waves of outbreaks and new variants, perhaps some of the greatest advantages that health partnerships afforded was the sharing of knowledge between established networks. Essential health services to most countries have been affected by the COVID-19 pandemic to a varying degree. Healthcare workers around the world continue to face high levels of burnout and absenteeism due to infection, and lack of PPE equipment resulted in challenges to maintain a high quality of service and care. As HIC's and LMIC's were suddenly faced with insufficient resources and forced to develop new solutions under extremely pressured circumstances, previous established relationships between health partnerships provided global solidarity and the rapid sharing of knowledge through online tools.

The continued sharing of knowledge and provision of PPE through initiatives such as the **Gorey - Malawi Health Partnership**, the **Mayo University Hospital-Londiani Sub-County Hospital Partnership**, **The Friborg Cantonal Hospital-Tashkent Medical Academy Health Partnership**, and **HSE-Mozambique Ministry of Health Partnership**, has proven vital in maintaining essential health services and rapidly equipping health workers with accessible equipment and skills as the pandemic continues.

Later Responses: A Focus on Health Preparedness and Vaccine Equity (September to December 2020)

The consequence of global shutdowns and healthcare service in LMICs could become just as deadly as the virus itself, such as food insecurity, lack of preventative medicine access and delayed treatments. However, as hospitals and clinics become more familiar using remote tools through late 2020, health partnerships have been able to continue their essential work and assist in improving operational resilience and capability.

As the end of 2020 sought the rapid development of late phase vaccine trials and the authorization of several vaccines for emergency use, the health partnership approach still remains vital to ending the COVID-19 pandemic. Vaccine inequity and hesitancy continues to prolong the pandemic and continues to have catastrophic effects worldwide. The vast divide between HIC's and LMIC's in access to the COVID-19 vaccine demands urgent action, and the direct relationships between health partners puts vaccine equity at the forefront of organizational efforts and advocacy.

The work of organizations with previously established health partnerships such as the **Gorey-Malawi Health Partnership** has encouraged further advocacy efforts towards suspending intellectual property rights and endorsing the WHO COVID-19 Technology Access Pool (C-TAP). A community of scientific and medical experts came together to voice their concerns about global COVID-19 vaccine inequity. They aim to effect action that will facilitate access to COVID-19 vaccines to all countries and are petitioning the Irish government to support the TRIPS waiver, to ensure vaccine makers facilitate the open sharing of know-how and tech transfer to all relevant vaccine producers through C-TAP, and to facilitate urgent global redistribution of current vaccine supplies and commit to rational purchasing to avoid vaccine hoarding and wastage. This is a joint initiative by Peoples Vaccine Alliance Ireland, the Doctors for Vaccine Equity, the Irish Global Health Network, Oxfam Ireland and Amnesty International Ireland. **The Gorey-Malawi Health Partnership** support this initiative and have added their name to this petition.

Overall, the IHPs allow for greater awareness and action by member institutions that have access to vaccines to advocate for their partners and friends who are prevented from the same privilege.

CONCLUSION

As the world moved out of the first year of the pandemic, the future of health preparedness was foreshadowed by the lessons learnt from international responses to the COVID-19 pandemic. The model of IHPs encouraged long term collaboration that proved to be effective in the urgent needs of the COVID-19 pandemic. As the pandemic continued, IHPs were able to support frontline health services, develop digital technologies to share knowledge, and advocate for a more equitable health system. As the world looks to find an end to the COVID-19 pandemic, health partnerships will remain vitally important in preparing for future health crises.



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