

Mutual Partnership with bi-directional input and learning – Ireland's experience with Brocher principles

Dr David Weakliam, Global Health Programme Director
Health Service Executive (HSE), Ireland
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Outline of Presentation

- The Brocher principles
- WHY we engage in health partnerships
- Overview of Irish health service partnerships with Africa
- HOW we have implemented mutual partnerships with bidirectional input and learning
 - What went well
 - Key challenges and lessons learned
 - Useful Resources

The Brocher Declaration

The QUESTION is:

- How do we maximise the value and minimise the harm of short-term engagements in global health?

The ANSWER is:

- By working in partnership with other countries

Principle 1: Mutual partnership with bidirectional input and learning

- Need to align short-term activities with the host workforce and health priorities
- Emphasise mutual partnership and bidirectionality
- Recognise the expertise and experience of host country health professionals

Mutual: “experienced or done by each party towards the other”

WHY do we engage in global health?

'Global Health' is about recognising the transnational nature of health issues, determinants and solutions. It is in the interest of all countries to work together to improve health and achieve equity in health for all people worldwide.

Health is Global!



We have a shared agenda



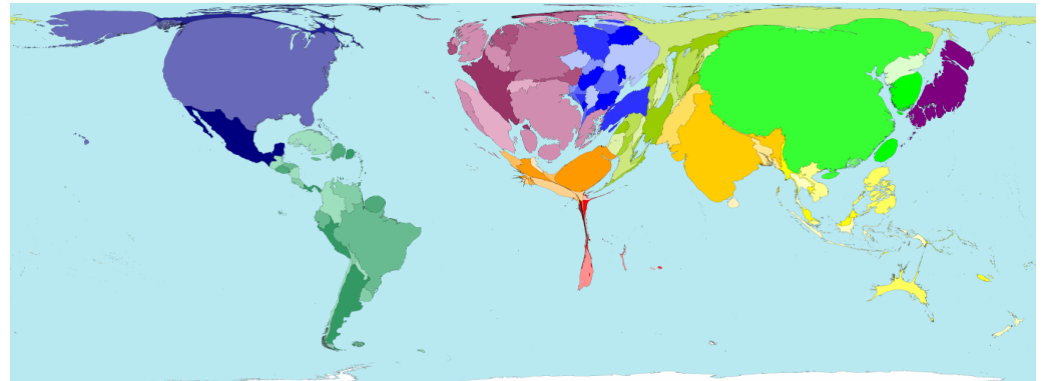
GOAL 3. Ensure healthy lives and promote well being for all at all ages

We should address global health inequity



Adults living with HIV
in the world

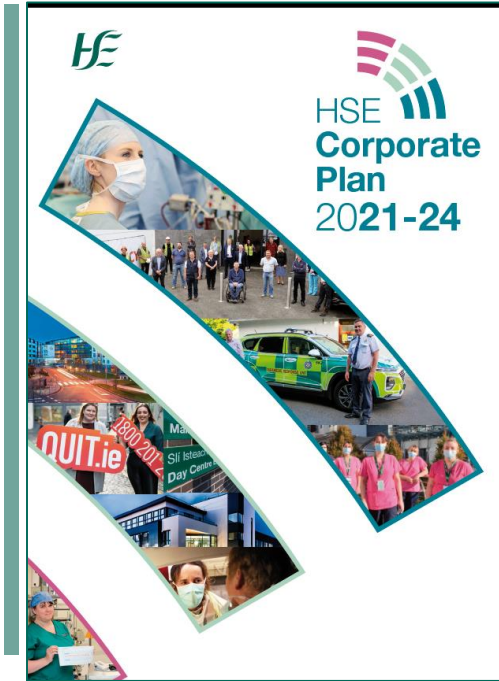
Physicians in the
world



All countries benefit from mutual engagement

1. HSE mandate

- To provide the highest standard of health and social care services for the population of Ireland



2. Ireland's international commitments



- Ireland has committed to the UN Sustainable Development Goals.
- The HSE is a partner in the Government's International Development Policy

"Think Global, Act Local"

Patrick Geddes, 1915



urges people to consider the health of the entire planet and to take action in their own communities and cities

- The HSE needs to work with other countries on health issues – pandemics, migration, climate change, etc.

3. Shared solutions for shared problems

HOW do we engage? – SDG 17 is key!



GOAL 17. Partnerships for the goals

From uni-directional to bi-directional engagement



Uni-directional

Traditional aid

Power imbalance

Short term projects

Priority of donor

Planned by experts

Resources managed by experts



Bi-directional

Best practice

Equality in relationship

Long-term partnerships

Aligned with locally set priorities

Co-production and co-creation

Shared decision making

HSE partnerships in Africa



Mozambique

Tanzania



Zambia



Sudan



Ethiopia



ESTHER Grants 2014-2023

Countries of Partnerships

Area of Partnerships

Total # of Grants: 79



Total Funding
€570,000



Bangladesh
Cambodia
Ghana
India
Kenya
Liberia
Malawi
Nepal
Nigeria
Sierra Leone
South Sudan
Sudan
Tanzania
Togo
Uganda
Zambia
Zimbabwe

Health Systems
Tuberculosis Care
HCW Health & Wellbeing
Microbiome
Pediatric Orthopedic
Surgery
Child Protection
Mental Health & Social Care
Albinism
Cancer/childhood cancer
Malnutrition
NCDs
Antenatal services
Neonatal/Infant Care
Surgical Skills Training
Leprosy
Dementia
Physiotherapy
Psychiatry
Blood Transfusion



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

HSE works under bilateral agreements with Ministries of Health in Africa



- Mozambique (2014)
- Zambia (2016)
- Sudan (2023)
- Ethiopia (2021)
- Tanzania (2024)

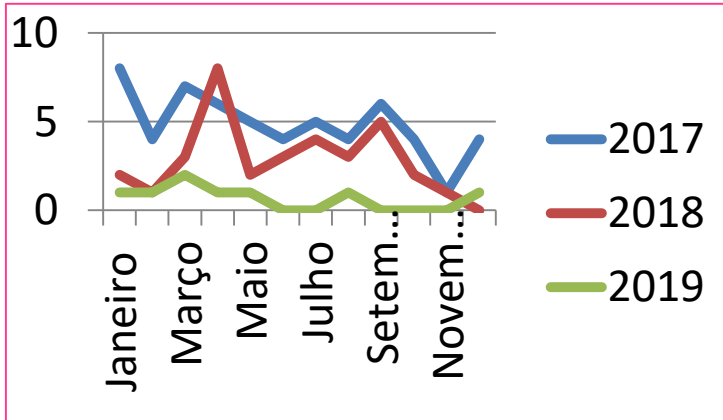


Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Improving quality of services in Mozambique

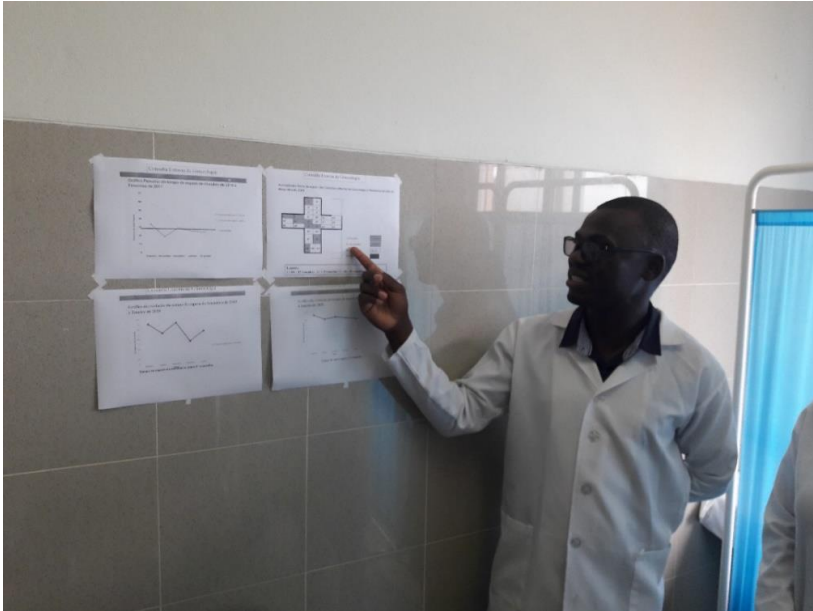


FICHA PADRÃO DE OBSERVAÇÃO GERAL PARA ADULTOS		ARREDO	SEXO
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	15		15
	10		10
	5		5
	100		100
	85		85
	70		70
	55		55
CIRCULACAO	230		230
	210		210
	190		190
	170		170
	150		150
	130		130
	110		110
	90		90
	70		70
	50		50
	30		30
	10		10
<small> Legend: A = normal, B = abnormal, C = abnormal, D = abnormal, E = abnormal, F = abnormal, G = abnormal, H = abnormal, I = abnormal, J = abnormal, K = abnormal, L = abnormal, M = abnormal, N = abnormal, O = abnormal, P = abnormal, Q = abnormal, R = abnormal, S = abnormal, T = abnormal, U = abnormal, V = abnormal, W = abnormal, X = abnormal, Y = abnormal, Z = abnormal. </small>			



Reduction in 24hr mortality
 2017 – 58 deaths
 2018 – 34 deaths
 2019 – 8 deaths

Example – Mavalene General Hospital



Aim (2016)

- To reduce gynaecology waiting times from 60 to 30 days

Progress (2020)

- Reduced to 20 days
- Improvement sustained to 2020
- Approach being applied in other wards

Developing a new partnership with Tanzania



Exploratory visit in November 2022

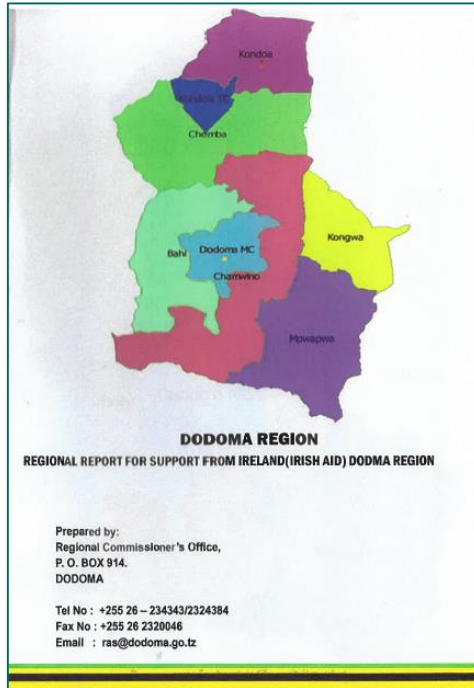


Ministry of Health sets the priorities

- Top priority is improving quality of care
- Focus on primary health care services
- NCDs emerging as urgent challenge



Second Visit 17-20 April 2023



Proposed Visiting Schedule, Dodoma			
Date	Time	Activity	Responsible person
17.04.2023	08.00-10.00	Courtesy call: PORALG (DHS and DPS-H) (Discussion with DHS staff)	
	10.00-10.15	Moving to Dodoma Regional Secretariat (RS)	
	10.15-12.00	Courtesy call: RMO & RAS (Discussion with RHMT members)	
	12.00-12.15 pm	Moving to Dodoma Municipal Council	
	12.15- 2.00 pm	Courtesy call: CMO & DED (Discussion with CHMT members)	
	2.00-3.00 pm	lunch	
	3.00-4.00 pm	Discussion (Review of Day 1 and plan for day 2)	
18.04.2023	08.00-10.00	Visit Makole Health Centre (Discussion with FMT and HFGC), Observations service delivery points	
	10.00-10.15	Moving to Nearby Dispensary (TBD)	
	10.15-12.00	Visit nearby dispensary (Discussion with FMT and HFGC), Observations service delivery points	
	12.00-12.30	Moving to MoH	
	12.30- 2.00	Courtesy call: MoH and discussion	
	2.00-3.00 pm	lunch	
	3.00-4.00 pm	Discussion (Review of Day 2 and plan for day 3)	
19.04.2023	08.00-10.00	Courtesy call: MOI (Discussion with HMT members), observe service delivery point at Dodoma Regional Referral Hospital	
	10.00-10.30	Travel to Bahi	
	10.30-12.30	Courtesy call: DMO & DED (Discussion with CHMT members)	
	12.30-12.45	Moving to District Hospital	
	12.45- 2.00	Courtesy call: MOI (Discussion with HMT members), observe service delivery point	
	2.00-3.00 pm	lunch	
	3.00-5.00 pm	Visit nearby dispensary and Health centre-TBD (Discussion with FMT and HFGC), Observations service delivery points	
20.04.2023	08.00-2.00	Wrap up meeting and action plan	



Meetings:

- PORALG
- Regional Secretariat
- Municipal Council
- RHMT
- CHMT
- MOH





Facility Visits:

- Dodoma Regional Referral Hospital
- Makole Health Centre
- Makole Dispensary
- Bahi District Hospital
- Bahi Health Centre



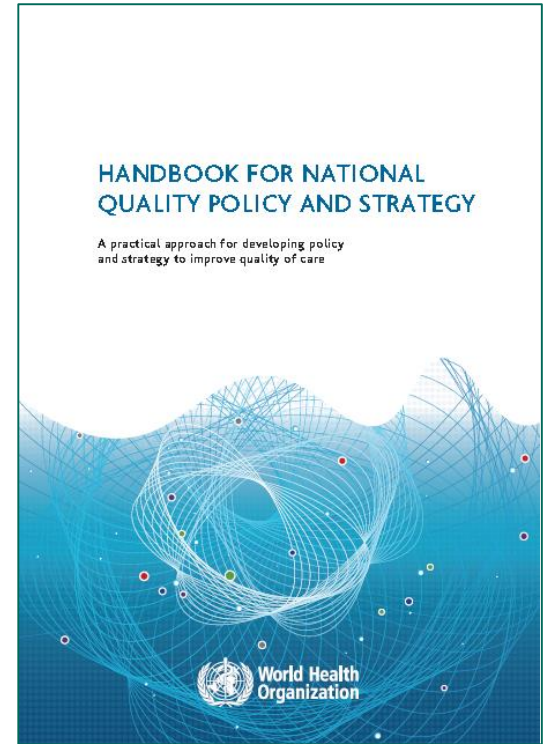
Workshop with Government and NGOs



Contribute to new national Quality Strategy



- We facilitated strategy development for improving quality services



Facilitate institutional partnerships



National Blood Transfusion Service

National Muhimbili Hospital



What went well?

Partnerships formalised	✓
Built strong relationships	✓
Achieved equality and respect	✓
Led by local leaders and champions	✓
Aligned with locally set priorities	✓
Adapted to challenges (COVID, floods, etc.)	✓
Long-term commitment	✓
Sustainable results	✓

Benefits of mutual partnership and bi-directional inputs and learning

In partner country

Improved national plans and strategies

Developed new services

Improved quality of care

Developed national training programmes

Maintained services during COVID-19

Strengthened health systems

International recognition

In Ireland

Staff learned from engaging LMICs

Staff learned from exchange visits

Cultural learning

Improved care practices

Improved management of services

Increased staff morale and satisfaction

Key Challenges

Lessons Learned

Limited capacity of MoH to engage

Be realistic about what can be achieved

Hard to co-produce and co-create

Listen to local stakeholders and ensure agenda is set locally

Key personnel in MoH change frequently

First build the relationships, then collaborate

Front line staff work in challenging conditions

Find local champions
Acknowledge and celebrate success

Slow pace of change

Be patient for right time to progress

Communication

Use what works best (e.g. WhatsApp, Aurum Guide, Portuguese speakers)

External challenges (COVID, weather events, insecurity)

Be flexible

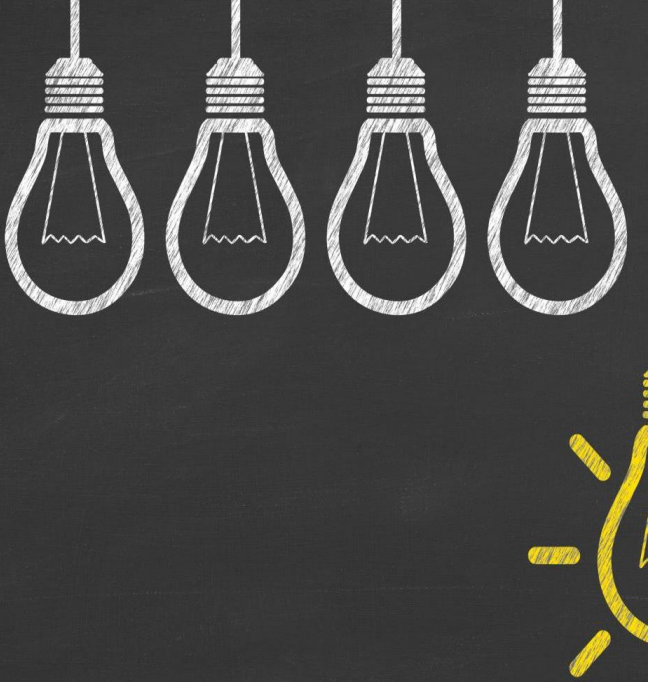
Tools and Resources



EFFECt Tool: Self Assessment Version



EFFECt Tool: Self-Assessment Version



What is the EFFECT Tool?

- ❖ It stands for: “**E**ffective in **E**MBEDDING **C**hange tool”
- ❖ Builds on existing evaluation frameworks and models from the health and development sectors with a particular focus on capacity development, implementation and institutional strengthening theories and proven practices.
- ❖ Provides a robust framework for health partnerships to assess and improve their own practice.
- ❖ Helps guide discussion about the quality of the partnership and identify potential areas for improvement.
- ❖ Does not replace routine project monitoring and evaluation but can be used to complement it.

**Three
Modules:**

Implementation best
practice

Embedding change

Adding Benefits to your
Institution

Implementing Best Practice

1 | Needs assessment: Identification of the need for the partnership initiative...

- did not involve the southern partner(s) or stakeholders.
- had limited consultation with the southern partner(s).
- was made jointly with the northern and southern partner.
- was made jointly, or solely by the southern partner(s), and their stakeholders.

Adding Benefits to your Institution

18 | Networking and partnership: Because of this partnership, my institution...

- is learning about the value of networking and considering other potential partnerships.
- participates in recognised local networks relevant to its work and has at least one other partner.
- participates in recognised national networks relevant to its work and has other partners.
- is recognised as a leader in national networks relevant to its work and has diverse and complementary partners.


Embedding Change

9 | Motivation for change: The motivation for institutional change is...

- mostly with one partner (define which one).
- growing with one or two champions for change within one institution.
- strong with champions for change in both (all) institutions.
- strong with leadership for continuous improvement throughout both institutions.

Document learnings from working with other countries and apply these in the HSE

2020
Mavalene General Hospital



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CHAMPION PARTNER ENABLE DEMONSTRATE www.qualityimprovement.ie @Nationalq

HSE Health Service Executive

Improving the Quality of Health and Social Care



TOOLKIT FOR THE COLLECTION AND APPLICATION OF LEARNING GAINED THROUGH PARTICIPATION IN GLOBAL HEALTH ENGAGEMENT



Look them up using the address: [https://www.healthserviceexecutive.ie/news/2020/10/15/cork-team-cut-waiting-list-and-win-hse-excellence-award#healthserviceexecutive.ie/news/2020/10/15/cork-team-cut-waiting-list-and-win-hse-excellence-award](https://www.healthserviceexecutive.ie/news/2020/10/15/cork-team-cut-waiting-list-and-win-hse-excellence-award#healthserviceexecutive.ie/news/2020/10/15/cork-team-cut-waiting-list-and-win-hse-excellence-award#healthserviceexecutive.ie/news/2020/10/15/cork-team-cut-waiting-list-and-win-hse-excellence-award)

Your Health **MORE ARTICLES**

Cork team cut waiting list and win HSE Excellence Award



Flu champion at Our Lady of Lourdes Hospital in Drogheda

15th October 2020

Martin Searcy, the 'flu champion' at Our Lady of Lourdes Hospital in Drogheda, was full of praise for the role of all staff in achieving this milestone.

globalhealth@hse.ie

david.weakliam@hse.ie