THE HEALTH PARTNERSHIP MODEL

Global Health Partnerships
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This document sets out Global Health Partnerships' (GHP's) interpretation of the Health Partnership model. It is not intended to define, judge or limit the many other forms of health partnership that exist outside GHP-supported programmes. Rather, it describes the characteristics, principles and approaches that underpin Health Partnerships supported by GHP. GHP's interpretation aligns with broader international thinking on partnerships for health systems strengthening. WHO and other global health actors emphasise the importance of collaboration, local ownership, mutual accountability, shared learning and long-term institutional capacity development in delivering sustainable improvements in health systems and workforce performance. These principles underpin the GHP Health Partnership model and are reflected throughout this document.

THE VALUE OF THE HEALTH PARTNERSHIP MODEL

Health partnerships provide a practical mechanism for strengthening health services and systems through long-term collaboration between institutions. By bringing together complementary expertise, experience and perspectives, they enable partners to address shared challenges, build workforce capacity and support service improvement in ways that are locally relevant and sustainable. Evidence suggests that well-designed health partnerships can contribute to sustainable capacity strengthening, service improvement and professional development for all partners involved. They also create opportunities for reciprocal learning, innovation and the exchange of knowledge between institutions, benefiting both partner organisations and the health systems in which they operate.

WHAT ARE HEALTH PARTNERSHIPS?

Health Partnerships are long-term, institutionalised relationships between health institutions in different countries, built on shared purpose, mutual benefit and reciprocal learning. They aim to strengthen health services, workforce capacity and health systems through the exchange of skills, knowledge and experience between partners. Partners work together to identify priorities that are aligned with nationally identified priorities, co-design interventions and programmes and share responsibility for implementation, learning and improvement. In line with GHP's Principles of Partnership, effective Health Partnerships are collaborative, accountable, equitable and committed to sustainable change.

The partnership itself is typically long-term, while the projects it delivers are discrete and tailored to specific needs and contexts. These projects provide a mechanism for partners to test approaches, strengthen practice, generate learning to inform policy and practice, and contribute to wider improvements in health services and systems. Many Health Partnerships begin through professional relationships between individuals and become increasingly institutionalised as engagement broadens across organisations. As the partnership develops, partners establish shared goals, formalise ways of working, and create structures that support joint decision-making, accountability and long-term collaboration.

Partnerships may focus on workforce education and development, regulation, service improvement, research, quality improvement or other health priorities identified by partners and relevant stakeholders. Activities are often delivered through collaboration between institutional teams, volunteers, mentors and technical experts, using a combination of in-person and virtual approaches.

Health Partnerships can take many forms. Some involve two institutions working together, while others bring together multiple organisations with complementary expertise. Whatever their structure, successful partnerships are characterised by a clear shared purpose, effective governance, equitable participation and alignment with relevant health priorities and plans.

WHO CAN FORM A HEALTH PARTNERSHIP?

NUMBER OF PARTNERS INVOLVED

A Health Partnership can contain as many partners as are necessary to achieve its agreed objectives but should have clear governance mechanisms with clearly identified lead partners, and roles and accountabilities agreed from the outset to ensure that partnership work remains strategic, equitable and focused. Partnerships may be structured in different ways: as a bilateral relationship between two institutions, as a consortium involving several institutions with complementary expertise, as a regional or multi-country collaboration, or as a thematic network focused on a shared health priority. Whatever the model, all partners involved should have a clear role and rationale for their involvement. A Memorandum of Understanding or partnership agreement should exist between the lead partners and can include other partners as well.

MULTI-COUNTRY AND PEER-TO-PEER PARTNERSHIP MODELS

Health Partnerships may take a range of forms, including peer-to-peer collaboration between institutions facing similar service delivery challenges, multi-country partnerships that support regional or thematic priorities, and networks that bring together institutions with complementary expertise. These models can be particularly valuable where partners are seeking to adapt learning across contexts, scale innovations, or strengthen practice across a wider system. The value of a partnership should be judged by the quality of the relationship, the clarity of shared purpose, the relevance of each partner's contribution, and the extent to which governance, decision-making, learning and benefits are equitable. As with all Health Partnerships, these models should be based on mutual benefit, reciprocal learning and alignment with relevant national health sector plans and stakeholder priorities.

TYPE OF PARTNERS INVOLVED

Lead and supporting partners may include a range of institution types, provided that each has a clear role, relevant expertise, and a commitment to the principles of partnership. In the context of GHP grant funding, eligible partner institutions may include:

- Health delivery institutions, such as hospitals, primary care facilities, community health services or specialist services
- A health training/education institution
- Regulatory, professional or standards-setting bodies
- Public health bodies, health system agencies or institutions with responsibility for service improvement, workforce development or quality assurance
- Professional, membership or representative associations
- Academic, research, training or education institutions
- Not-for-profit organisations with relevant experience in health systems strengthening, service improvement, workforce development or programme delivery

PARTNERS NOT NORMALLY ELIGIBLE IN THE GHP CONTEXT

Where two offices or branches belong to the same organisation, they do not normally constitute a Health Partnership. A Health Partnership should be based on a relationship between distinct institutions, with jointly agreed priorities, shared accountability and mutual benefit. Companies or other organisations that are accountable to shareholders and aim to make a profit are not normally considered eligible partners in the context of GHP grant funding. This includes for-profit health institutions, such as private, for-profit hospitals, but does not include private, not-for-profit hospitals.

WHAT CAN HEALTH PARTNERSHIPS DO?

Typical areas that GHP Health Partnerships can support are:

- Collaborative research including clinical audit
- Continuing Professional Development and in-service training
- Curriculum development
- Development of systems, protocols and policies
- Development or improvement of clinical pathways
- Equipment provision and maintenance capacity development
- Innovation (new ways of working to solve problems and effect change)
- Introducing new technology
- Remote learning
- Strengthening existing services
- Training the trainers/supervisors
- Undergrad/Postgrad training

Health Partnerships are usually most effective when they focus on a small number of jointly agreed priorities where partners can make a practical contribution. Their resources are often modest compared with larger international programmes, and partners' time is usually limited. Activities should therefore be proportionate, realistic and clearly linked to the partnership's objectives, with roles, inputs and expected results agreed from the outset. In practice, support to the areas above commonly happens through:

- Reciprocal visits and/or virtual volunteering (e.g. to deliver agreed training or capacity development initiatives)
- Support through mentoring, donation of equipment and sharing training materials
- Technical assistance (e.g. on the development of services)
- Monitoring and evaluating the work to plan future activities and scale up support

Health Partnerships should be clear about the scale of change they can realistically influence. A well-planned partnership can make an important contribution by improving practice, strengthening skills, testing new approaches, and generating learning that others can use. However, lasting health system changes usually depend on a wider set of factors, including policy, leadership, financing, workforce planning and the engagement of other health sector actors.

Smaller partnerships are often well placed to pilot practical solutions, develop tools or training approaches, and demonstrate what works in a particular context. Larger or more established partnerships may be better placed to embed proven approaches across institutions, support wider service improvement, or contribute to national or regional priorities. In both cases, partnerships should plan from the outset how learning will be captured, shared and, where appropriate, adapted or scaled by others.

Partnerships are also more likely to add value when they are focused on defined regions, services, health worker cadres or health themes. A clear focus helps partners avoid spreading effort too thinly, align with national, regional and global priorities, and identify opportunities for collaboration, synergy and shared learning with other programmes and stakeholders.

WHAT ARE THE BENEFITS OF HEALTH PARTNERSHIPS?

Health Partnerships can create benefits at multiple levels: for individuals, institutions and health systems. While the scale and nature of these benefits will vary, partnerships commonly contribute to improved services, strengthened workforce capability, increased professional networks and opportunities for leadership development

Health workers and institutional teams involved in Health Partnerships often develop strong, rewarding professional relationships with colleagues across the partnership. Through contributing valued expertise and learning from different contexts, participants can develop skills, confidence, leadership and a greater understanding of how to innovate in delivering healthcare with available resources. These benefits can strengthen the institutions and health systems in which partners work.

For individuals, participation in Health Partnerships can enhance professional skills, confidence and leadership capabilities, while providing opportunities to learn from colleagues working in different contexts. For institutions, partnerships can strengthen capacity, improve practice and support innovation through the exchange of expertise and experience. At a wider level, partnerships can contribute to service improvement and wider health system priorities through the development, testing and sharing of effective approaches.

ADDITIONAL INFORMATION AND FURTHER READING

- Principles of Partnership – GHP's "PoPs" have been developed to support health partnerships, and to improve the quality and effectiveness of what they do.
- Guidance for New Health Partnerships – this guidance summarises everything new partners need to consider before starting a Health Partnership

For more information, please visit https://www.globalhealthpartnerships.org or contact us at grants@globalhealthpartnerships.org