UK AFRICA HEALTH SUMMIT THEMATIC REPORT: Understanding the contribution and impact of the Global Health Workforce Programme towards strengthening the health workforce

Introduction

The Summit aimed to address pressing priorities for global health in 2025 and was shaped in the context of broader UK Government ambitions to restore trust and modernise its partnerships with African countries, amplify opportunities for the deployment of soft power, and provide a platform for disseminating information to important stakeholders about the UK Government's positions in relation to Africa. It reflected its origins as a Summit established by diaspora staff working in the NHS and served as a platform to celebrate the ways in which this community connects the UK to health systems across the continent of Africa.

Background

Achieving Universal Health Coverage (UHC) is central to Sustainable Development Goal 3 (SDG 3) – ensuring healthy lives and promoting well-being for all. However, with just five years remaining until the SDG target date, progress has been significantly disrupted by the COVID-19 pandemic and recent shifts in global health policy. At the heart of every health system lies the health workforce, yet many countries continue to face acute challenges: critical shortages of health workers, skills gaps, unequal distribution of staff, and issues with motivation and performance. Strengthening the health workforce is therefore critical to advancing UHC and building resilient health systems.

In recognition of this need, the Global Health Workforce Programme (GHWP), funded by the UK Department of Health and Social Care (DHSC) and managed by Global Health Partnerships (formerly THET), was established to support health workforce development in Ghana, Kenya, and Nigeria (Phase 1), and later Ethiopia, Malawi, and Somaliland (Phase 2), helping drive post-pandemic recovery and sustainable health systems strengthening.

Purpose and objectives

As we approach the conclusion of Phase 1 of the GHWP in Kenya, Ghana and Nigeria, and the launch of the new phase in Somaliland, Ethiopia and Malawi, the purpose of this theme was to create a platform for Health Partnerships (HPs) to share learning and good practice, discuss research findings, and disseminate information about this programme to important stakeholders. Additionally, discussions around the GHWP facilitated the exploration of the theme of mutual benefit and multi-directional learning, using examples from NHS engagement in Africa.

Collectively, the sessions explored:

- Strategies used under the GHWP to improve the motivation, job satisfaction, and management of the health workforce to strengthen retention and overall well-being — critical elements in building resilient and responsive health systems.
- How the GHWP is empowering health workforce leaders and building institutional capacity to drive sustainable change.
- The long-term effects of GHWP-supported capacity development on healthcare quality, access, and equity, assessing how curriculum development, skills enhancement, and influencing policy under the GHWP contributes to broader health system strengthening goals.
- How the GHWP is fostering equitable and mutually beneficial Health Partnerships through bi-directional learning and supporting sustainable engagement between the NHS and African health systems.

Discussion

The various sessions showcased the GHWP's multifaceted impact across Ghana, Kenya, and Nigeria, underscoring its role in driving health system strengthening, health workforce wellbeing, and equitable partnerships. Below are selected examples from GHWP-supported projects presented at the Summit that illustrate this impact. From the discussions and presentations across the four sessions, seven themes emerged:

1. Evidence of impactful practices

- **Workforce wellbeing & retention:** Health worker wellbeing and retention are key challenges, with significant numbers of health workers in Ghana, Kenya, and Nigeria experiencing burnout. The preliminary findings from a research study, led by the Institute of Applied Studies and Research, and conducted through a South-South Partnership across the three countries, revealed that over 80% of hHealth wWorkers reported experiencing burnout in their profession. Targeted interventions like mentorship, self-care training, and retention and wellbeing charter for the health workforce, were identified as useful interventions to address and improve health worker wellbeing.

  The HP between Liverpool School of Tropical Medicine (LSTM) and the School of Public Health, University of Ghana used participatory action research undertook a project to co-design district-level retention interventions resulting in measurable improvements in job satisfaction and health worker retention, especially where the participatory approach had helped to identify and guide localised responses.
- **Skills development & clinical practice:** Dharura: Global Emergency Care UK and Nanyuki Teaching and Referral Hospital Kenya partnership discussed how they strengthened skills in emergency medicine through training. Trainees not only enhanced their clinical competencies but also developed leadership, mentorship, communication, and facilitation skills in simulation-based education and training through this intervention. Training was provided to national and county-level trainers, who then delivered simulation training at facility level. The partnership reflected on the training experiences and how they had shared their learning at conferences to support adaptations in other settings. Due to the positive results achieved and demonstrated through this intervention, other hospitals have expressed interest in establishing their own simulation teams.
- **Child Health Innovations:** The Royal College of Paediatrics and Child Health (RCPCH) UK and Obafemi Awolowo University Teaching Hospital Complex (OAUTHC) Nigeria partnership introduced Early Childhood Development (ECD) referral strategies in Osun State, Nigeria. This collaboration strengthened early diagnosis of developmental delays at the primary healthcare (PHC) level. Health workers were trained in screening, identification, and referral of ECD issues at 19 primary centres, and triage and management of mild/moderate conditions at secondary hospitals. As a result, PHC workers are better equipped to identify developmental issues early and have increased appropriate referrals to secondary-level care. The ECD screening checklist developed under this project was integrated into existing childhood immunisation cards, providing a simple yet powerful way to integrate early developmental screening into routine child healthcare. The HP also established an ECD specialist centre at OAUTHC to effectively manage referrals and developed a roadmap for statewide roll-out, which has been endorsed by the Osun State Health Board.

2. Policy influencing and systems change

- Speakers shared how good practice and lessons learning from GHWP HP projects and interventions have informed **national and sub-national policy discourse,** with uptake into advocacy briefs and health strategies. For example, at various national fora in **Ghana**, outputs from GHWP HPs have informed policy dialogue and the National Health Workforce Strategy.
- The involvement of **diaspora and local partners in the projects** was important for embedding innovations and driving momentum for scale-up. Many projects that were spotlighted at the Summit involved diaspora health professionals working through local policy structures to influence national strategies. For example, the HP between the Royal College of Psychiatrists (RCPsych) and the Ghana College of Physicians and Surgeons (GCPS) worked collaboratively on capacity building for subspecialty psychiatry training in Ghana, engaging UK based diaspora groups through the partnership, to inform the approaches to training and maximise bi-directional learning.
- Institutions have begun to adopt and institutionalise practices (e.g., implementing a Simulation Lead for emergency care, as mentioned above), demonstrating the potential sustainability of practices beyond the project lifespan.

3. Equity, partnerships, and mutual benefit

- GHWP promotes **equitable partnerships**, emphasising mutual learning and shared benefits—with UK and LMIC partners gaining leadership and adaptability skills, and co-developing tools, training models, and system innovations. The Royal College of Emergency Medicine (RCEM) described how UK staff working in Ghana had gained a deeper appreciation of the resources available in the NHS. These experiences encouraged more innovative problem-solving upon their return to the UK, highlighting how exposure to different health system challenges can **enhance NHS staff adaptability and creativity.**
- LSTM shared an example from their partnership with Homabay County in Kenya. Homa Bay County has a well-established community health programme, while Liverpool has a long-standing Primary Care Network (PCN). The partnership provided valuable opportunities for mutual learning of successes and challenges in the two contexts, and through this, both partners were able to take meaningful steps toward improving healthcare delivery in their regions. One of those steps was the development of a community health strategy for Liverpool. These changes exemplify **mutual learning in strengthening global health systems.**

4. Capacity building and curriculum integration

- To date, over **17,000 health workers have been trained** during the 12 months (February 2024 – January 2025) of GHWP Phase 1 implementation. Seven new curricula were developed, and six health policies contributed to—demonstrating both the scale of the institutional change that has taken place.
- The partnership between Florence Nightingale Foundation (UK) and the Nursing Council of Kenya (Kenya) shared how they have equipped nurses and midwives with leadership skills through the delivery of an intensive leadership development programme. Trained nurses and midwives have cascaded the knowledge, skills and competencies acquired through the training down to facility co-workers, with ongoing mentorship support provided by the Kenyan diaspora nursing community in the UK: the Kenya Nurses and Midwives Association UK (KENMA UK) and Royal Berkshire NHS Foundation Trust. By creating a Community of Practice among nursing professionals in Kenya and the UK, this Partnership has facilitated bidirectional learning and successfully embedded leadership development across health workforce levels. This intervention has therefore enhanced the performance and retention of the nursing and midwifery workforce - translating to improved quality of health service delivery and patient care.
- A partnership between Power for the People (UK) and Homa Bay County Department of Public Health and Medical Services (Kenya) and Power for the People Africa Trust (UK) shared how they aligned curriculum development to the national curriculum, creating consistency with local and national priorities from the outset and ensuring this alignment was on the agenda of all leadership meetings. The HP also developed learning videos for Community Health Promoters (CHPs) – producing videos in local languages and including disability/ sign language versions of the videos. Local leadership and ownership within this project enabled the activities to be more responsive to the needs of the communities involved.

5. .Sustainability and replicability

- Sustainability was built into HP implementation plans, in some cases through **local champions and peer mentoring**. For example, the aforementioned Community of Practice model adopted by Florence Nightingale Foundation (UK) and the Nursing Council of Kenya (Kenya), where participants supported each other through peer mentoring, co-consulting, and supportive enquiry.
- Integrated ECD care across **primary, secondary, and tertiary levels** was shown to be critical in ensuring early detection and effective referral in the ECD HP mentioned above. For example, by integrating developmental screening into routine immunisation at the primary care level in Osun State, Nigeria, children were identified and referred earlier, closing a critical 4-year gap in care. This led to the creation of an ECD centre, improved hospital resources, and stronger referral systems—supported by training, mentoring, and diaspora engagement, showing how every contact can count in strengthening health systems.
- The partnership between LSTM and the School of Public Health at the University of Ghana, used participatory action research to empower managers and community actors to identify and implement low cost, locally driven interventions that resulted in improved job satisfaction and health worker availability and retention, providing a scalable approach for other regions and districts in the country. The partnership engaged stakeholders early, including the Ghana Health Service and district health management teams, to ensure alignment with national and local priorities.

6. Community engagement and systems integration

- HP initiatives have tackled real-world health workforce priorities through **community-led approaches.** For example, the Power for the People and Homa Bay County Department of Public Health and Medical Services in Kenya and Power for the People Africa Trust partnership is improving the capacity of healthcare workers to respond to the triple threat of gender-based violence, teenage pregnancy, and new HIV infections.
- This same partnership identified task-shifting to Community Health Workers (CHWs) as an enabler of effective, sustainable care delivery. Under the GHWP this HP has delivered training to more than 60 health workers and over 130 community health volunteers through train-the-trainer sessions; provided mental health first aid training to 30 health workers; and adapted three curricula to the local context. Trained health workers then cascade skills to their peers to build health worker capacity in gender-based violence and sexual and reproductive health care, embedding good practice, contributing to improved community health outcomes and advancing gender equity in healthcare.

7. Knowledge sharing and learning ecosystems

- GHWP advocates against **knowledge silos** — within and across countries and partnerships — and the importance of more intentional, cross-partnership learning. Suggestions for more structured mechanisms for shared learning included shared learning platforms, peer-to-peer exchanges, and joint seminars, to actively connect programmes and distribute learning equitably across geographical areas.
- The need for shared spaces and repositories to **exchange insights and prevent duplication** was emphasised as a priority going forward. The example of Institutional Libraries was used, showing that through embedding co-created curricula into national learning libraries, knowledge can be preserved and made accessible beyond individual partnerships. The HP between RCPsych and the Ghana College of Physicians and Surgeons (GCPS) developed resources which have become part of their curriculum as well as accessible through their national library. These efforts institutionalise knowledge and skills gained, ensuring it is locally owned, retained and cascaded.

8. Gender Equity and Social Inclusion (GESI)

- GESI was a core component across projects, with initiatives focusing on supporting women's leadership capacity, promoting inclusive project design, and utilising GESI Champions to foster supportive work environments and encourage retention. For example, the HP between the Royal College of Obstetricians and Gynaecologists (UK), the African Centre of Excellence for Population Health and Policy (ACEPHAP) (Nigeria), and the Society of Obstetricians and Gynaecologists of Nigeria (SOGON), embedded GESI Champions within the project to integrate equity and inclusion in both service delivery and health workforce development. The partnership developed an online course for GESI Champions and built their capacity to facilitate ongoing GESI training. The HP also collaborated with the Federal Ministry of Health and Social Welfare (FMOH&SW) to validate training manuals for the Nigerian context, with a full launch planned for 2025. Institutionalising GESI training supports health workforce retention by creating a more inclusive and supportive workplace culture, improving health worker wellbeing and satisfaction in a sustainable way.

The themes outlined above align closely with those presented in the report "Advancing Universal Health Coverage through Health Partnerships," which was discussed during the Summit. While the UHC session covered a broader mandate, several examples from GHWP were referenced, including the community-based care model developed by LSTM and Homa Bay. The approach, with its emphasis on strengthening primary health care as the cornerstone of UHC, has demonstrated potential to inform behaviour change within the NHS.

Conclusion

In summary, the GHWP has empowered local managers and communities to co-design low-cost, context-specific interventions that improve health worker job satisfaction, wellbeing, and retention. Training initiatives have built clinical, leadership, and communication skills, with cascading Training of Trainers models ensuring sustainability and equitable access and coverage. Participatory approaches have enabled locally driven solutions that are scalable across geographies. Community-led strategies have addressed gender-based violence, teenage pregnancy, and HIV, with task-shifting to community health workers enhancing service delivery. Partnerships have fostered mutual learning, with UK and country partners exchanging insights that inform both local and global practices. Policy influence has been significant, with outputs contributing to national strategies and the institutionalisation of practices like simulation-based training and referral systems. Diaspora engagement has strengthened capacity building and policy development, bridging global expertise with local needs. Gender equity and social inclusion have been embedded through leadership development, inclusive design, and GESI Champions and training. Knowledge sharing has been prioritised, with calls for structured platforms and national repositories to preserve and disseminate learning. Overall, the GHWP has demonstrated a sustainable, equitable model for health systems strengthening through collaborative, locally embedded partnerships built on mutual benefit and bi-directional learning.

In conclusion, the session discussions highlighted that the GHWP has driven forward tangible health system improvements, supported equitable international partnerships, and contributed to global health learning. Its success lies in co-design, local ownership, and commitment to inclusive, sustainable impact — offering a powerful model for future global health collaborations.

Recommendations

1. Foster locally led, inclusive, and sustainable leadership and learning environments

- Co-design training, curricula, and interventions with local partners, for example through a participatory approach, to ensure relevance, ownership, and appropriate scalability.
- Embed leadership development across all health workforce levels—particularly for underrepresented groups, female health workers and mid-level managers—by creating supportive learning environments that build confidence, encourage mentorship, and promote shared decision-making.
- Incorporate train-the-trainer approaches, participatory methods, and make materials accessible (including in local languages and other GESI considerations) to support inclusive capacity building.
- Support diaspora-led mentorship to meet local needs with global expertise.

2. Prioritise health workforce wellbeing and retention

- Integrate systemic support for mental health and wellbeing into project design and workforce environment (e.g., wellbeing and retention charters for the health workforce).
- Leverage local champions and opportunities for structured mentorship to foster supportive work environments and encourage retention (e.g., supporting GESI Champions in Nigeria which was shown to improve work satisfaction and wellbeing).
- Integrate participatory approaches to identify local retention drivers and co-design solutions.
- Include wellbeing indicators in health workforce management and performance frameworks.

3. Plan for sustainability, scale, and mutual learning

- Include cost analysis, scalability planning, and exit strategies from the outset.
- Systematically capture and share mutual learning—including successes authored by Global South partners—and foster cross-partnership exchange.
- Involve stakeholders from community to national levels where appropriate throughout project co-design and implementation. Align interventions to national policies, curricula, and broader system reforms to maximise sustainability and scale.
- Align training and curricula with national policies and strategies as well as local needs

4. Document and share evidence across partnerships to enable cross-partnership learning and influence policy

- Build networks and Communities of Practice to sustain knowledge, motivation and skill development beyond project funding.
- Advocate for the institutionalisation of successful practices within national strategies (e.g. referral systems, simulation training) to invest in local and mutual resilience to global health challenges.
- Embed learning products in national libraries or digital platforms to ensure accessibility.
- Facilitate regional learning communities that cut across countries and cadres.

Author:
Anne Buglass
Jessica Fraser

Credit:
Menaka Jayakody
Mathilde Wangen

Global Health Partnerships
FORMERLY THET

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