

Title

The role of North-South institutional health partnerships in maintaining essential health services in LMICs during the COVID-19 pandemic

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Key Learning Themes

- Institutional health partnerships are an effective model for maintaining essential health services in LMICs during the COVID-19 pandemic and in other health crises.
- Health partnerships provide direct support to front line services through peer-to-peer collaboration between health professionals in HICs and LMICs. These direct links enable partnerships to adapt quickly to evolving needs at a local level.
- Capacity building activities have continued throughout the pandemic, including coaching, training, education and quality improvement. Thus, health workforce skills are enhanced for all health services and not just for COVID-19.
- While the focus of institutional health partnerships is typically on the needs in LMICs, the COVID-19 pandemic has affected all countries and there is enormous scope for reciprocal flow of knowledge and experience to HICs.
- The IHP model has played an important role in mobilising and securing additional resources for essential healthcare services in LMICs.

Context

Most countries have experienced some degree of disruption to essential health services during the COVID-19 pandemic. Multiple factors have played a part, affecting both the availability of and access to services. While countries have diverted resources to services for COVID-19, health systems capacity has been further reduced by the wider impact of COVID-19. Facilities have been able to see fewer patients due to infection prevention and control (IPC) measures such as physical distancing and patient cohorting, and this has been compounded by absenteeism of health workers. Disruption to services and travel within and between countries has affected supply chains for essential medical supplies and equipment. It has been a challenge to maintain standards of quality and safety of care.

Even when essential services continued, some patients have stayed away from hospitals and clinics because of restrictions to movement, uncertainties about being able to access care, and fears of contracting the virus. COVID-19 has also impacted on people's mental health and well-being, placing yet a further demand on stretched health services, especially for people living in fragile, conflict and vulnerable settings.



Photo: Credited to Standing Voice, 2020

High-, middle- and low-income countries have responded with a range of measures to maintain essential health services, assisted by operational guidance from WHO. They have prioritised the most essential services, such as maternal and child health care, and screening and treatment for major communicable and non-communicable diseases.

Institutional health partnerships have played an important role in LMICs through their collaboration with front line services at hospitals and clinics. Institutional partners from HICs and LMICs have pivoted their programmes to the changing needs and co-developed innovative responses. A host of successful initiatives have been implemented across these low resource settings, ranging from maintaining supplies of essential medicines, IPC measures, quality improvement projects, services for marginalised populations, health worker training programmes, and patient education. Networks of IHPs, such as the ESTHER Alliance, have used their wide networks to facilitate rapid sharing and learning of knowledge and experiences through webinars, conferences and online education and coaching.

Learning Needs

- The model of Institutional health partnerships (IHPs) involving long term collaboration and a focus on **strengthening health systems** has helped to maintain essential services in the face of urgent responses to COVID-19
- IHPs have been an effective approach to **improving quality** and safety of care during the pandemic
- IHPs partnerships are based on equality and mutual respect which has enabled **co-development of innovative solutions** to maintain essential services
- IHPs are flexible and have been able to re-direct resources to ensure **continuation of essential medications and equipment** in the face of supply chain disruptions
- IHPs have built on established experience with digital technologies to effectively **share practical experience and knowledge** between countries

Further Reading

Examples of initiatives to maintain essential health services through institutional health partnerships:
(for further information see **ESTHER Alliance website**)

- The **ESTHER Alliance** used digital platforms for sharing learning on maintaining essential health services in the context of North-South partnerships.
- The **Gorey-Malawi Health Partnership** produced animated videos to deliver information on COVID-19 and maintaining essential health services.
- **Muhimbili Hospital, Tanzania** found local solutions to maintain adequate supply of PPE and essential medicines.
- Institutional partners in **Madagascar, Burkina Faso** and Switzerland co-developed a video on keeping up services for pregnant women during the pandemic.
- The **Lusaka College of Nursing & Midwifery, Zambia** maintained training in trauma and emergency, and critical care through a blended learning train-the-trainer package for nurse educators.