Twinning Partnerships for Improvement
building quality health services for COVID-19 recovery and beyond

World Health Organization
Advocacy brief
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Introduction

The COVID-19 pandemic has caused untold disruption and placed resource strains on health systems at the national, district and facility levels all around the world. According to the fourth round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic, conducted from November 2022 to January 2023, essential health service disruption persists globally, though some countries are reporting the first signs of recovery. Of the 125 participating countries, 84% reported some level of disruption to at least one essential health service (1). Disruptions continued to be reported in all service delivery settings, including in primary care, rehabilitation and palliative care, and community care. These services were particularly affected in the acute phase of the COVID-19 pandemic, however, this crisis forced a reorganization and reprioritization of health services, with a renewed emphasis on the ability of systems to respond to and recover from emerging health threats. (2, 3).

In May 2023, Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), declared an end to COVID-19 as a public health emergency, noting the downward trend in numbers of cases and deaths, but stressing that this did not mean that the disease no longer represented a global threat. Widescale vaccination programmes and increasing immunity have contributed to the decline in overall cases, but inequalities in access to testing, treatment and vaccination persist (4). The rate at which countries are progressing in this recovery phase and the capacity to re-establish essential health services are factors to take into consideration.

In this regard, the WHO Twinning Partnerships for Improvement (TPI) approach represents a way through which WHO supports institutions to establish strong relationships, implement effective improvements and spread learning across local, regional and national health systems, providing opportunity for a reorientation of health systems towards primary health care. For example, a partnership between institutions in Liberia and Japan (5), focusing on infection prevention and control (IPC) at the facility level, has led to the development of the Liberian National IPC Guidelines.

Many partnership-focused global health groups, such as Advocacy for Global Health Partnerships, ESTHER Switzerland
(the Network for Therapeutic Solidarity in Hospitals), the Hospital Partnerships Programme of the German Agency for International Development, and the Tropical Health Education Trust, both best known by their respective acronyms, namely GIZ and THET, have all highlighted the need to promote the utility of institutional health partnerships as a way of strengthening health systems. Indeed, during the early stages of the COVID-19 pandemic, the exchange of lived experience and knowledge through health partnerships was borne out during a one-day online conference Partnerships in a time of COVID-19, where 750 registered attendees from 54 countries shared and discussed over 100 useful resources.

When the COVID-19 pandemic began, international global health partnerships had to adapt, not only to the new health care demands and priority changes within their own institutions, but also to further challenges to their ways of working resulting from restrictions on international travel. During this time, the TPI initiative witnessed numerous examples of partnerships using innovative ways to continue to work collaboratively to support each other with COVID-19 preparedness and response efforts.
How this advocacy brief was developed

To develop this advocacy brief we used the already existing WHO documents related to twinning partnerships, a coping of pertinent literature related to COVID-19 pandemic, and on the use of institutional health partnerships was also conducted to feed into this development. However, the core of this advocacy brief draws on reports of the various activities carried out from 2020–2022 by the global health partnerships community. Partnerships were selected according to whether they:

i. had initiated health partnership twinning prior to the start of the COVID-19 pandemic;

ii. had adapted their original partnership implementation plan and activities to respond to the COVID-19 pandemic; and

iii. had proposed innovative solutions to overcome the restrictions and challenges resulting from the COVID-19 pandemic.

The experiences gathered highlight the decisive role played by twinning partnerships in strengthening and building quality health services for a smooth and rapid COVID-19 recovery. They demonstrate that international institution-to-institution relationships can provide a vehicle for real-time implementation of effective improvements and shared learning, an approach that can contribute to an overall strengthening of health systems, making them more able to resist and adapt to, as well as recover effectively from, health threats now and in the future.
Objectives of this advocacy brief

The primary objective of this advocacy brief is to raise awareness and provide a deeper understanding of the value of WHO’s TPI approach as a mechanism for improving the quality of care during the recovery phase of the COVID-19 pandemic, or other health events of this nature.

In addition, the advocacy brief can:

- help mobilize the global health partnership community to support the application of the TPI approach and continue to learn lessons for further refinement of the model; and
- help leverage the power of partnerships as a driving force for developing and sustaining quality health services.

This advocacy brief represents a starting point to share the TPI learning from recent years and to facilitate improvement in quality of care across health systems.

The target audiences of this advocacy brief are institutions and individuals operating at all levels of the health system, health partnership community, as well as international development partners.

The WHO Twinning Partnerships for Improvement at a glance

The Twinning Partnerships for Improvement approach is built around three objectives.

1. Partnership — Two or more institutions come together to agree upon a common goal to achieve sustainable improvements at the facility level.

2. Improvement — Institutions decide to implement improvements based on specific needs identified.

3. Spread — Institutions learn, share and scale up the improvement experiences within the health system.
To accomplish these objectives, the TPI model follows a six-step cycle which begins when two or more partners agree to establish a partnership (step 1). The TPI process then guides the partners through a systematic process to set the areas for improvement through a needs assessment (step 2) and gap analysis (step 3). This leads to the development of an action plan (step 4), and the implementation of a number of jointly-chosen actions (step 5). An evaluation and review of the activities conducted is then carried out, culminating in a synthesis of findings (step 6).

The model is fully explained in the Partnership preparation package (5) which also considers the architecture of the partnership and recognizes the cultural and contextual differences of the partners. Success of the partnership is dependent on the principles and mutual values defined at the outset. This partnership preparation package is pivotal in a successful roll-out of twinning partnerships.

The TPI model promotes the involvement of a variety of entities as partners, including health facilities, academic institutions, quality directorates, primary health care directorates, and private institutions. It provides the potential for implementing different types of partnerships at the local, subnational and national level, and even across continents. Institutions from high-income countries or from low- and middle-income countries can form partnerships to support other institutions in other low- and middle-income countries and thus provide unique opportunities to generate and share learning and catalyse moves towards improving the quality of care and health services.
The TPI approach and how it can help support COVID-19 recovery and beyond

The success of the Twinning Partnerships for Improvement lies in the innovative and collaborative approach to enhancing the quality of care and health service delivery. The TPI process facilitates two-way learning by creating opportunities for the partners (institutions) to learn from each other in ways that support long-term, sustainable efforts to deliver quality care. The search for equity is at the heart of these relationships, recognizing the value of learning for all partners involved.

This advocacy brief explores three main aspects of the TPI approach within the COVID-19 context: first exploring the overall added value of the TPI approach within the current COVID-19 recovery context; then reviewing the adaptation and evolution of the three TPI objectives during the pandemic; and finally considering the six steps of the TPI approach during the recovery phase.

1. What is the added value of the TPI approach within the current COVID-19 recovery context?

Although COVID-19 has had a disruptive effect on health service delivery and on some health partnerships themselves, the twinning partnerships have continued to play an important role...
in responding to the COVID-19 pandemic and in maintaining essential health services. Improving the quality of care has been at the heart of actions undertaken across many partnerships. The added value of the TPI approach resides in the flexibility, solidarity, adaptability and rapidity of response, with innovative solutions. For instance, during the COVID-19 pandemic, some twinning partnerships provided psychosocial support to health care workers through mindfulness practices and other activities. Many partnerships experienced an increase in the use of technologies and rapid learning, while one partnership working in a conflict area decided to install referral clinics and mobile clinics in undisclosed locations to safely meet the emerging needs of the local population. These examples of rapid innovation show how the COVID-19 pandemic has reinforced the value of the TPI approach in improving health services.

It is important to consider the role of primary health care (PHC) in the context of the COVID-19 pandemic and how it can help build resilient health care systems. Strong PHC-oriented systems in some countries have been able to maintain access to essential health services and minimize complications and deaths from COVID-19 (6), along with taking care of the ongoing health needs of communities. The TPI initiative supported this finding, noting a number of twinning partnerships that were able to spread their actions to primary care and community care facilities during the COVID-19 pandemic, and indeed, those partnerships that utilized a primary health care framework could be utilized to deliver COVID-19 health messages.

As countries emerge from the response phase of the COVID-19 pandemic and move to COVID-19 recovery, there is a need to reallocate emergency resources towards the provision of quality essential services disrupted during the COVID-19 pandemic. Twinning partnerships are well placed to support the recovery efforts through cross-country solidarity between health and health care workers.
Box 1. Example of a primary health care approach which provided a mechanism for community education on COVID-19.

Improving child survival through an integrated approach to tackle childhood malnutrition in rural Tanzania: capacity-building, screening and family-based care implementation (Attainlife project): Partnership between Ifakara Health Institute, United Republic of Tanzania, and the Swiss Tropical and Public Health Institute, Switzerland.

"Community awareness-raising and screening events were carried out in four villages, including Kibaoni, King’urung’uru, Taweta and Hiari ya moyo. Taweta and Hiari ya moyo villages are situated more than 50 km from the closest health centre with challenging means of transport. Reaching such disadvantaged communities has always been one of the goals of both participating institutions."

Although implementation of the project was slowed due to the restrictions on physical meetings, when the screening events took place, they also provided a useful vehicle for delivering community health education on COVID-19.

Box 2. Example of a primary health care-orientated approach to maternal and child health outcomes during the COVID-19 pandemic

Optimization of maternal and child health in rural Gabon: Partnership between the Centre de Recherches Médicales (CERMEL) in Lambaréné, Gabon, and the Bernhard Nocht Institute for Tropical Medicine (BNITM) in Hamburg, Germany.

To enhance maternal and child health in a remote area located in the middle of the tropical rainforest in Gabon, Sindara, the partners, established a health dispensary that provides basic primary health care services, including perinatal consultation, detection of higher-risk pregnancies, along with the introduction of general paediatric consultations in children up to age 5, and the provision of access to information about birth control options. During the pandemic, the partnership engaged midwives from previous hospital partnership projects and worked with local health authorities to develop this primary health care approach to mother and child health.
2. Adaptation and evolution of the three TPI objectives during the COVID-19 pandemic

Twinning partnerships for improvement - Objectives

Objective 1: Partnership

The nature of partnerships can be reshaped based on new ways of working that have emerged during the COVID-19 pandemic. Many countries have already navigated the transition from the COVID-19 response phase to the recovery phase, and can share this experience and the learning with others through the establishment of partnerships for improvement. The TPI model can help to facilitate new partnerships between institutions willing to share, collaborate and learn from each other, on quality improvement during the recovery phase of the COVID-19 pandemic.

The TPI initiative had previously identified several values essential to building successful partnerships, namely collaborative relationships, trust, equality, mutuality, shared accountability and transparency. During the COVID-19 pandemic, a further set of principles emerged within international health partnerships that emphasized the originally identified values.

- **Local ownership.** COVID-19 was a new infection that required all countries to learn about and initiate prevention
and treatment measures. This created a shift in the usual direction to the flow of learning, which historically, in many partnerships, had tended to flow from high-resource to low-resource settings. It provided a deeper understanding of the daily hurdles encountered in low-resource settings due to more visible differences in resource availability between partnership countries, and highlighted the importance of local context and adaptations. In some partnerships, a halt to international travel meant that teaching and training had to be delivered by local staff, and their capacity for this was built through online learning. The dynamics of many partnerships become more equal through this shift in responsibilities and increased bi-directional learning.

“We established a South-South-North partnership. Especially in the southern partners, we have seen increased staff motivation and empowerment. Additional professional skills that were mentioned by most of the partners include: research skills; multidisciplinary team working; the ability to take greater personal initiative. Management and communication skills: a range of skills was acquired, but networking and facilitation skills were highlighted.”

*Project coordinator from a partnership between the Centre for Infectious Disease Research, in Zambia, the National Cancer Registry, South Africa, and the Swiss Tropical and Public Health Institute, Switzerland.*

• **Strengthened leadership and management.** Skills in leadership, management and decision-making emerged through the challenges imposed by the COVID-19 pandemic. Partnership teams showed a real willingness to learn and develop new skills to manage themselves, to manage teams and to manage the work. For some, the value of leadership skills learnt from working in low-resource settings only became realized when their own high-resource setting environment became stressed during the COVID-19 pandemic. What became evident in the COVID-19 pandemic context was that partnerships have a key role to play in developing leadership capacity across different levels and health worker cadres.
“I learnt a lot about leadership in low-resource settings. When COVID happened, I found that I could apply what I had learnt here [in the United Kingdom of Great Britain and Northern Ireland]... The skills I had learnt in stress management and operating in high-pressure environments were extremely helpful.”

A volunteer doctor reporting on experiences and learning through a partnership between Cambridge University Hospitals NHS Foundation Trust, United Kingdom of Great Britain and Northern Ireland, and Makerere University Department of Obstetrics and Gynaecology, Uganda.

- **Trusted relationships.** The COVID-19 pandemic forced TPI partners to build an understanding of each other’s needs, expectations and requirements, outside the work plans established prior to the COVID-19 pandemic. Regular open conversations allowed teams to stock-take and jointly consider new directions.

- **Regular communication.** To build trusted relationships in the time of the COVID-19 pandemic, more communication was required through open conversations, in which honesty and transparency were key to continuously assessing the situation, take corrective action and meet established commitments. Social media and other online communication tools helped partners to stay connected, at a time where communication became essentially virtual.

- **New ways of working.** The COVID-19 pandemic disrupted in-person twinning partnerships’ activities and forced the partners to rapidly adopt different ways of working, that are very likely to continue. This involved, but was not limited to:
  - virtual meetings;
  - formal and informal communication through digital technology;
  - remote training sessions using tools such as e-learning and e-simulation technology;
  - engaging local partners in the planning and delivery of training when in-person training was needed.
Adaptation to these new ways of working has required a building up of people's digital skillsets and establishing the necessary infrastructure to ensure successful virtual engagement. This increased capacity in digital engagement will be an asset for partnerships moving forward. It has also opened up collaboration to a larger cohort of individuals and institutions who can now contribute effectively without the need for expensive travel. Reliable access to digital technology must go hand-in-hand with reliable training, and this is likely to be a consideration in partnership planning in the future.

“The collaboration was established and consolidated thanks to a relationship of mutual respect and trust between the partners. Regular and effective communication made it possible to adapt the initial format of the training, which had involved exchange visits, into a full remote training with very successful local management.”

Swiss partner of a partnership between the Hopitaux Universitaires de Genève, Switzerland and the Centre hospitalier de référence du district d’Ambaranja, Madagascar.

**Objective 2: Improvement**

The needs of an institution or health system, identified via a situational analysis in the COVID-19 context, have helped to inform and guide the relevant interventions to prioritize and implement improvements within the recovery phase. Many of these interventions will benefit from already having been implemented and can be adapted to match the needs and resources of the partner institution/country.

The focus on “learning by doing” emphasized in the TPI approach has the advantage of being rapidly adaptable to any kind of situation, while bringing real benefit to service delivery. Furthermore, twinning partnerships align their activities to national health plans and strategies. During the COVID-19 pandemic, many worked across the entire health sector, which places them in a good position to support those who work on health system recovery and resilience-building processes, whether at the national, subnational or local health levels. In focusing on improving the quality of care and services, particular
attention can be given to adopting an overarching primary health care approach that is widely regarded as the most inclusive, equitable and cost-effective way of achieving universal health coverage.

As both arms of the partnership work jointly to agree on the improvement entry points, the following focus areas can support the COVID-19 recovery phase.

• **Restoration of essential health services.** The focus here is to identify and address weaknesses in the system and progressively move to recovery and long-term health systems resilience and preparedness.

• **Quality of care in priority areas.** Improving the quality of health care delivery in often-neglected areas such as primary care, mental health, noncommunicable diseases (since 75% of countries reported interruptions to NCD services) and tuberculosis were commonly highlighted during the COVID-19 pandemic.

• **Application of QI methods.** Identifying and then addressing bottlenecks in service delivery using quality improvement methods.

• **Active preparation for future emergencies.** A joint identification of lessons learnt can help assess what strengths can be leveraged through the partnership and what needs to be improved.

**Objective 3: Spread**

It has been important, during the recovery phase, to identify both examples of best practice and needs for further capacity-building, and to ensure that health workers have access to the tools and learning which will better equip them to respond to future emergencies. Twinning partnerships are well placed to support such activities given their focus on learning and spread.

Sustaining and spreading service delivery innovations during the recovery phase is key. As health care systems move forward, discussions on how to capitalize on the lessons learnt should take place, with commitment to sustain improvements. For instance, teams or units can be given the freedom to propose
Box 3. A partnership example of working across the wider health system and at different levels within the health system

Crossing the last mile of tuberculosis care in the rural south of Madagascar: a partnership between The Charité – Universitätsmedizin Berlin and Doctors for Madagascar.

This multi-stakeholder initiative commenced in 2019 with the aim of improving access, screening and quality of care related to tuberculosis in Ampanihy, a remote rural district in southern Madagascar. It brought together national, regional, and local stakeholders to assess the multifaceted challenges in the field and to co-design the activities of the intervention. The overarching principles of the intervention were:

1) promoting national tuberculosis guidelines; 2) building on best practice experiences; and 3) prioritizing low-cost activities to enable scale-up.

During COVID-19, the assessment and gap analysis led the partners to focus on the following activities: 1) Fostering community engagement; 2) Decentralizing service provision; 3) Providing nutritional support; 4) Improving quality of care; 5) Ensuring field support and supervision.

The intervention resulted in a significant increase in the tuberculosis notification number in a rural district in Madagascar from 178/100 000 in 2018 (before the intervention) to 424/100 000 in 2022 (during the intervention), demonstrating an improvement in health services at a time when many countries were reporting difficulty in delivering essential health services.

The key learning points that emerged from this partnership included:

• **Community engagement** and motorbike-based mobile clinics offered an effective, innovative solution for reaching rural populations at a time when travel restrictions made attendance at hospitals difficult.

• **Involving stakeholders from different levels of care**, including locally experienced health care staff, was reported to be the key to success.

[Learn more about this partnership](#)
Box 4. Example of a partnership that adapted during COVID-19 and is now spreading its approach during the recovery phase of the pandemic.

Partnering for Community Mental Health: a tri-partite partnership between SHOFCO (Shining Hope for Communities, Kenya), the University Medical Center Hamburg-Eppendorf, Germany, and CORESZON (Community Resilience Network, Germany).

CORESZON is a non-profit capacity-building programme based at the University Medical Center, Hamburg-Eppendorf in Germany. Its goal is to improve mental health equity by building a network of trainers who share knowledge and tools for social and mental well-being from peer to peer. SHOFCO (Shining Hope for Communities) is a grassroots movement that catalyses large-scale transformation in urban slums by providing communities with the tools they need to escape survival mode and lift themselves out of poverty. The goal of this partnership is to integrate mental health promotion where people live, work, play and learn together. Co-development of the context adapted trainer programme and pilot hospital partnership project took place between 2020 and 2022.

Adapting the CORESZON training programme to match the local context and integrate it with existing programmes has been described as key to the collaboration’s sustainability. Feedback from the community about the training’s relevance, practicality and efficacy is a vital source of knowledge, not only for the SHOFCO team, but also for CORESZON’s overall capacity-building approach. Expansion to other Kenyan organizations is planned to take place during 2022-2023.

Learn more about this partnership
innovative solutions while remaining aligned to the recovery strategy. This will enhance teams’ capabilities to work in complex adaptive systems that evolve in changing environments. This approach can be further tested and implemented system-wide.

3. Consideration of the six TPI steps within the COVID-19 recovery context

6-step partnership improvement cycle

While the six TPI steps remain relevant across the recovery context, refinements and adaptations may help improve the success of partnerships during this critical and challenging time for health services. Below, under each of the six steps, considerations and advice are provided for partnerships to help guide implementation of the TPI approach, as partners support health systems recovery.

Step 1: Partnership establishment

This stage involves formally establishing or redefining a twinning relation between two health institutions. Both partners can agree to work together to improve quality of care in the COVID-19 recovery phase and to adopt new ways of working in partnership, considering the following actions.

- **Broaden collaborations.** During the COVID-19 pandemic, established twinning partnerships broadened collaboration with cross-sector partnerships. It showed the power of collaboration in a common cause. Concrete actions were
implemented rapidly and effectively, where, in normal times, this would have taken months of planning. Recovery is a matter of all sectors and partnerships continuing to look for these synergies, whenever possible. Consider engaging other partners and relevant stakeholders from the onset of the collaboration. The more connectivity is established with different actors in the recovery phase, the better the outcomes that can be achieved. As highlighted from examples above, community engagement should be placed at the forefront of the activities to ensure local context alignment.

- **Keep flexible and adaptive** as the recovery process may not be linear: while some settings will progress, others might regress. There are differences in the recovery phase across the world which provides continued opportunities for real-time shared learning between partnerships.

- **Align the partnership activities to the national/local recovery plans and strategies.** This can guide partners on the prevention, preparedness and recovery process.

- **Secure funds for the planned recovery activities.** Working in partnerships can facilitate access to funds from sources supporting countries in the recovery phase.

**Step 2: Needs assessment**

Through the needs assessment, partners can support restoring access to the most affected services, while always maintaining a focus on quality of care. Baseline needs in relation to the COVID-19 pandemic, and areas for intervention that are specific to the recovery phase, will be key to this. Some of the following activities can be considered by twinning partners.

- **Identify which essential health services were disrupted** totally or partially. Partners are encouraged to incorporate this within specific assessments and to identify national and global sources of data on health service disruption and performance.

- **Conduct a desk review of existing documents** related to the COVID-19 response, and above all the national/subnational health sector recovery plan and strategy.
• **Identify multidisciplinary teams** to participate in needs assessment exercises. Ideally, the teams would include a member of the facility or district health security/health recovery team (when this exists), a member of the COVID-19 management team of the health care facility (when this exists), and an expert from the technical area being assessed. The same team can then also support monitoring and evaluation throughout implementation of the activities.

• **Consider the use of a standardized tool** to complete the needs assessment.

**Step 3: Gap analysis**

In this stage, partnerships can build on the needs assessment to identify and focus priority areas for quality improvement, such as those severely impacted or compromised by the COVID-19 pandemic. The following activities should be considered.

• **Identify gaps in health worker capacity.** During the outbreak, the need to train more health workers in different areas became quickly evident. The recovery phase is an opportunity to fill those gaps and be better prepared for future health threats.

Identify gaps in practical support. This may include the immediate needs for the provision of personal protection equipment, resources for alcohol-based hand rub production, IT support, medical equipment, and so on, but also more post-acute needs that require attention. Many partnerships adapted the initial activities to respond to practical support challenges during COVID-19, for example by investing in IT infrastructure with the money that was saved on flights that were no longer needed due to restrictions on international travel, or setting up alcohol-based hand rub production.

• **Identify gaps in psychological support.** The outbreak had a deep psychological impact on health care workers, patients and their families. Several twinning partnerships identified gaps in psychological support for health workers during the COVID-19 pandemic and responded quickly to this urgent need. (See example here). For the recovery phase, it is important to determine which interventions will reinforce the active and positive coping skills that enable health workers to better manage their emotional and psychological reactions,
while managing patients during health crises. Considering psychosocial support for patients and relatives is also important.

- **Consider organizing a meeting** with senior leadership to secure endorsement and approval of the findings of the gap analysis and the priority areas identified.

### Step 4: Action planning

This phase allows partnerships to set short-term and long-term targets for the twinning partnership, keeping an eye on early recovery as well as long-term health service resilience, based on a primary health care approach. Some activities to support the recovery phase can include the following:

- **Organize a meeting among the partnership team members** to define individual roles and responsibilities and incorporate team experience in the COVID-19 pandemic and recovery context. To maximize impact, key stakeholders should also be part of this meeting, to ensure consistency in the actions to support the recovery.

- **Agree a written action plan.** This can be a formal document such as a letter of commitment or memorandum of understanding stating what will be done, when and by whom. The resources required and expected outcomes should also be included. Maintaining a formal agreement but with flexibility on implementation will allow teams to adapt to any situation which arises during the current uncertain context.

- **Assess ground-level capacity and agree on some contingency activities.** (This applies only to partners that have already initiated activities) For instance, several partners held virtual meetings to discuss contingency plans to meet the project objectives virtually, if travel could not take place during the outbreak. Such plans include ensuring partner organizations are well equipped (sufficient computers, internet access, etc.) to facilitate virtual workshops, as part of the new ways of working.

- **Estimate expected contingency costs and capacity.** Partnerships identified, for example, the need for additional funds for data bundles to enable health care workers to attend virtual meetings. Digital literacy has become a
requirement and training on how to use teleconference apps such as Zoom, Google Meet, Teams and other IT solutions should be planned for.

- **Agree on the ways of working.** When exchange visits cannot take place, virtual communication and collaboration should be planned. Partnerships have identified that one advantage of virtual platforms is the ability to expand outreach of the training programmes. This is part of a “transformative thinking enabling people to be more adaptable, collaborative and able to span boundaries and networks”\(^{(8)}\).

- **Plan for spread of actions to other teams and/or facilities.** For instance, cascade through the training of trainers, or by centralizing the production of alcohol-based handrub, making it accessible to other facilities.

**Step 5: Action**

In this phase, partnerships set in motion the implementation process of the agreed action plan for the TPI, using adapted approaches that are tilted towards the recovery phase. To support this, the following considerations are proposed.

- **Engage the community and ensure alignment with national and sub-national efforts to improve health services.** Some partnerships were able to establish inroads to the community. These relationships, in addition to facilitating understanding of the community’s needs, enabled partners to help communities to respond to the COVID-19 pandemic by developing appropriate sensitization resources, such as songs and guidance in local languages.
“The strength of this partnership has been its ability to develop very productive and human collaborative relationships. Within a pandemic and isolation context, collaboration between North and South has overcome several obstacles. Technology has supported educational alternatives to traditional face-to-face training, but only the personal and professional commitment of each partner has made this project possible.”

A doctor from Madagascar sharing her experience of the partnership between the Hopitaux Universitaires de Genève, Switzerland and the Centre hospitalier de référence du district d’Ambanja, Madagascar.

• **Be flexible.** Partnerships have developed a new understanding of the importance of being adaptable to changing and challenging contexts, particularly as mid-way through their projects they have adapted to the unprecedented circumstances created by the COVID-19 pandemic.

• **Implement, assess and refine interventions in a flexible and iterative manner.** As the post-outbreak context is still fragile, putting the partnership plan into action will require to be creative and implement the activities within a process perspective instead of a one-off activity. Regular realignments might be necessary after initiating and executing an action. Tracking the implementation and monitoring the results will be key and can be used as feedback for continuous adjustment. Both arms of the partnership need to be flexible with the ability to modify activities depending on the evolving situation. Application of quality improvement methods may be helpful in this context.

• **Adjust the interventions based on the changing environment.** For example, changing the number of trainees, the schedule, the time planned for the interventions, etc.

**Step 6: Evaluation and review**

This will involve assessing the impact of both the quality intervention and the functioning of the twinning partnership. For some established partnerships, this will look at the COVID-19 response phase to identify lessons for the partners and the partnership in the recovery phase. For others, it will focus on...
the post-COVID-19 recovery phase itself. This may support a review of the facility’s ability to maintain essential health services in future public health emergencies. It can also provide an opportunity to think through the work of the partnership and how it supports the primary health care approach. Some specific actions can include, but are not limited to, those suggested below.

- Set up a monitoring plan from the beginning, which allows for corrective measures and adjustments.

- Conduct periodic evaluations and document them.

- Synthesize findings from key indicators that demonstrate the effectiveness of activities and the long-term impact of the partnership. For example, to what extent have the disrupted health services been restored, when compared with the baseline assessment?

- Determine what additional training, or other resources and interventions are required to adequately support recovery and improve the quality of care.

- Produce a more substantive evaluation report to demonstrate the impact of partnership work, of which outputs and outcomes will be key elements.

- Assess the strength of the partnership and adaptation to new ways of working, for instance, virtual versus face-to-face methods.

- Agree on the key lessons learnt and get ready for wider dissemination.

- Assess the spread of the activities, by looking at whether other facilities/communities are benefiting from the partnership’s activities, and whether findings have been disseminated internally and externally.
Call for action

The partnership community

• *Continue to support learning and sharing.* There is much to be learned about how to apply the principles and practices of quality improvement for optimal health services. The experiences of TPIs can inform and advance these efforts on improving the quality of care and health services. There are several platforms available within WHO, and outside, such as the WHO Global Learning Laboratory, the Health Services Learning Hub, Pulse Partnerships, Health Information for All (HIFA), among others.

• *Use and adapt the WHO TPI model.* The well-tested approach provides a systematic approach with a practical blueprint for action.

• *Use the best of digital technology to set up new ways of working to build front-line health workers’ capacity. But do not forget that human interaction really counts too.* Technology transfer can be enhanced through TPIs, and they can reduce the need for travel in a time of climate crisis, but experience from partnerships suggests a good combination of both online and human interaction can create better outcomes.

• *Seek opportunities to support neglected areas such as noncommunicable diseases, or areas that require attention based on the local context.*

International developmental partners

• *Establish and support twinning partnerships in local communities or with the international community.* This offers an opportunity to gain knowledge and cultural awareness, and to share learning on innovative approaches towards improvement. Partnerships work in synergy to yield powerful results, the combined efforts often having greater impact than work in isolation.

• *Invest in twinning partnerships as an investment in people’s health, supporting sustained improvements and better health outcomes.* The COVID-19 pandemic has shown the power of human interaction that lies at the heart of such partnerships.
• **Invest in twinning partnerships as a means of leveraging system-wide engagement and re-enforcing the value of health systems learning from cooperating together.**

• **Support the formation of twinning partnerships to enhance health education, training and research.** The approach offers opportunities to bring together theory and practice. Efforts put into a twinning partnership for improvement can result in skills development of the current and future health workforce to deliver higher quality care with better health outcomes.

• **Support the systematic gathering and sharing of learning by the partnerships community as a means to driving innovation and improvement in health systems.**

**Institutions and individuals**

• **Support the establishment of twinning partnerships.** These partnerships not only enhance institutional capacity to deliver quality care and improve health services, but can also contribute to strengthening the entire health system. By their nature, twinning partnerships support efforts at the service delivery level and are well placed to support local authorities in their endeavours through peer-to-peer support, coaching, online training, and application of quality improvement methods among other activities.

• **Consider using, promoting and adapting the WHO TPI approach to support the radical reorientation of health systems towards primary health care.** Systems for improving quality of care are one of the operational levers of the WHO primary health care operational framework.

“Systems at the local, subnational and national levels should be equipped to continuously assess, assure, evaluate and improve the quality of primary care, as well as other health services, through tailored interventions selected from a wide range of evidence-based quality improvement interventions to best suit their needs.” (9)
References


