

King's Global Health Partnerships 10-year strategy

 KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

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Foreword

Andy Leather



I am delighted to write this foreword for the King's Global Health Partnerships' 10-year strategy and want to share my excitement as I reflect back to where our story begins with a couple in southeast London.

It was a particularly stormy night in November 1992 and our three young children were in bed, friends were about to end a pleasant evening with my wife Sue and I, and the phone rang – we still used landlines in those days! The owner of a local hostel that accommodated refugee families was asking for help with a young family recently arrived from Somaliland. Our family life was about to change radically and the seeds of our health partnerships were being sown.

The foundations for today's King's Global Health Partnerships were laid in the trusted relationships of a refugee project in southeast London from 1992, later to be strengthened between 2000-2007 with many short visits to Somaliland by King's College Hospital clinicians. Initially we worked with one maternity hospital but gradually, with our UK partner THET, we expanded the number and diversity of Somaliland partners and scope of our work. The King's Somaliland Partnership catalysed the formation of the King's Health Partners (KHP) Global Health offices at Denmark Hill in 2010 and gradually new initiatives were started, including an intercalated BSc for medical students, and then in 2011, another partnership in Sierra Leone.

The King's Sierra Leone Partnership (KSLP) had a new vision from the outset – to put a small team into the main government hospital in Freetown. This happened in early 2013 just 15 months before Ebola hit West Africa! The tragedy of the Ebola crisis and the perspectives of our first KSLP lead have been well documented in a book: *Getting to Zero*. Thanks to our extraordinary Sierra Leone colleagues, our volunteers, our staff and the KHP leadership support – we not only stayed in country throughout the crisis, we also scaled up operations and moved from development to humanitarian response.

The King's Global Health Partnerships (now three in number with the addition of a third partnership in the Democratic Republic of Congo) are part of the King's Centre for Global Health & Health Partnerships. We are still a KHP initiative but now form part of the School of Population Health & Environmental Sciences within King's College London. We reach out to engage senior university researchers and students as well as NHS staff and international volunteers.

I have witnessed some remarkable changes in our health partnerships in recent years including: the professionalisation of all aspects of our work overseas; growing academic and professional services inputs from the university; clinical and support services NHS engagement – while still retaining the foundational principles of partnership working that are clearly described within this strategy.

I find the articulation of our ambition, approach and commitment to partnership working in Somaliland, Sierra Leone and the Democratic Republic of Congo both compelling and inspiring. I believe that we are laying a foundation upon which we can have greater impact in our partner countries, strengthen our partnerships, realise more significant benefit across King's Health Partners and have wider influence within the development, health professional and academic sectors.

As you read this strategic vision, may I suggest that you imagine yourself as a young medical student in Somaliland, or a patient from an urban slum in Sierra Leone, or a hospital manager in the Democratic Republic of Congo – these are the individuals that we are working alongside to support.

Director

King's Centre for Global Health & Health Partnerships
August 2018

Executive summary

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The King's Global Health Partnership strategy has drawn on the lessons from nearly two decades of partnership work, including in Somaliland, Sierra Leone and the Democratic Republic of the Congo, and sets out our vision for the next 10 years.

The strategy process began in June 2017 with terms of reference to define what success for the partnerships would look like in the long term. Over nine months the partnership teams met regularly to develop ideas and share lessons and priorities from the partnerships. We examined the published literature on health systems strengthening and reports from other health partnerships. We sought advice with our international partners and a wide range of external leaders in the field. Finally, we consulted extensively across the university and our NHS Foundation Trusts, culminating in a presentation to the leadership of our four institutions at the King's Health Partners board in March 2018, where the strategy was formally adopted.

The challenge we face is clear: nearly half of the world's population lack access to essential health services, which causes unnecessary suffering and prevents people from living healthy and productive lives. In response, our mission is equally compelling: to help governments to improve health care and its outcomes by empowering people, strengthening organisations and enhancing systems. We work with each of these constituent areas and where they intersect, recognising they are interlinked. We do this through long-term engagement, primarily with public-sector partners, bringing the health, academic and development communities together, drawing on the strengths of each.

Our ambition over the next 10 years is to have:

1. **Impact:** help our partners to make significant and sustained improvements in providing health care to their citizens.
2. **Strong partnerships:** create and sustain partnerships that are equitable, values-driven, accountable and jointly-led.
3. **Wider influence:** share lessons from our experience and research to inform how others approach health systems strengthening in policy and practice.
4. **Mutual benefit:** provide robust evidence on the benefits the partnerships bring to the university and its NHS partners through opportunities in education, research, service and staff development.

These four categories form the underlying framework for the strategy, enabling us to measure success through suggested key performance indicators and lay out the governance and resources we need for successful implementation.

Amongst the ideas and initiatives set out in this strategy, highlights include:

- ♦ Articulating our approach to health systems strengthening, explaining how we work with others across King's and the wider world.
- ♦ Establishing a partnerships research programme to strengthen our research and enable us to have wider influence.
- ♦ Developing postgraduate taught programmes and executive education courses in health systems strengthening.
- ♦ Creating a structured volunteering scheme and positioning ourselves as a 'Big Idea' for the university's service and international strategies.
- ♦ Ensuring that our NHS Foundation Trust partners are at the centre of our work going forward and including them in a revised governance structure.

About King's Health Partners

King's Health Partners was established as an academic health sciences centre in 2009 with the mission of pioneering better health for all. It comprises King's College London and its three partner NHS Foundation Trusts: Guy's & St Thomas', King's College Hospital and South London & Maudsley. Combined, these institutions have 40,000 staff, 30,000 students and a turnover of more than £3bn per year. King's Health Partners has 22 clinical academic groups that are currently leading over 600 clinical trials.

KING'S COLLEGE LONDON

Founded in 1829 and ranked one of the top 25 universities in the world, King's has the largest range of educational courses for the health professions in Europe, as well as significant strength in non-health faculties relevant to global health.

The nine faculties at King's College London:

- Faculty of Arts & Humanities
- King's Business School
- Dental Institute
- Institute of Psychiatry, Psychology & Neuroscience
- Faculty of Life Sciences & Medicine
- The Dickson Poon School of Law
- Faculty of Natural & Mathematical Sciences
- Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care
- Faculty of Social Science & Public Policy.

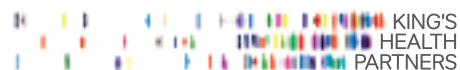
Within these faculties are renowned institutes and centres, which include:

- **The King's Global Health Institute**, which promotes interdisciplinary collaboration in global health research, particularly around health systems strengthening in Africa.
- **The Policy Institute** at King's, which supports the translation of research into policy.
- **African Leadership Centre**, which fosters leadership development on the African continent and has a campus in Nairobi, Kenya.

NHS FOUNDATION TRUSTS

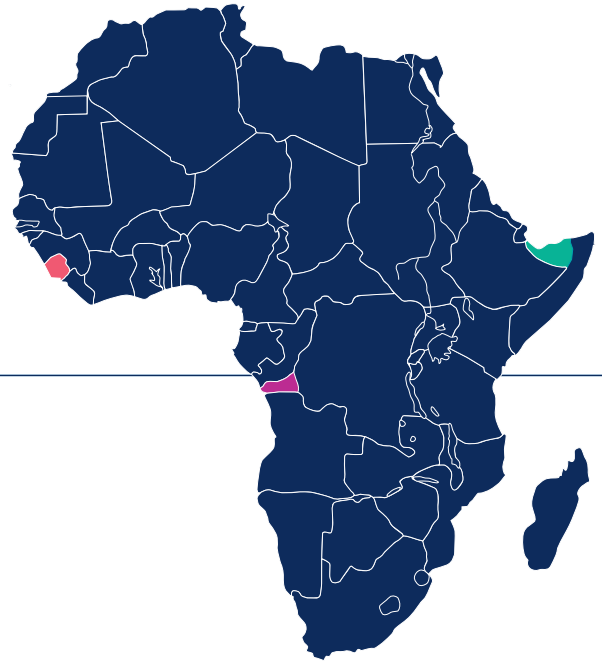
The three NHS Foundation Trusts combined have more than 4.3 million patient contacts each year.

- **Guy's and St Thomas'** alone has more than 1,000 beds, including 144 beds for children at Evelina Children's Hospital. It has 44 operating theatres, 263 dental chairs and 170 dialysis stations.
- **King's College Hospital** is a major trauma centre for London and a world-leading centre for liver transplants and haematology.
- **The South London & Maudsley** dates back to 1247, making it the oldest psychiatric institution in the world, and treats 45,000 patients in the community annually. Like the other NHS Trusts it has a diverse staff and patient community.



History of the Partnerships

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SOMALILAND

The first partnership began in 2000 at the invitation of the Somali diaspora, between King's College Hospital, the NGO THET and key partners in Somaliland. The country, which had declared independence from Somalia in 1991 after a devastating civil war, is still not internationally recognised.

The main focus of King's Somaliland Partnership has been to support the training of medical, nursing and midwifery students through the provision of online and face-to-face teaching by over 150 volunteers.

Achievements to date have included:

- Examining most of the doctors and many nurses that have graduated since Somaliland's founding.
- Introducing mental health into the undergraduate medical curriculum.
- Pioneering online teaching: the first to deliver a programme of real-time, interactive learning in a fragile state.

In 2016 the partnership was awarded a major grant from the UK Department for International Development's Strategic Partnerships for Higher Education, Innovation & Reform (SPHEIR) programme. The 'Prepared-for-Practice' project aims to reform Somaliland health education, putting practice-orientated learning, teaching and assessment at its centre.

SIERRA LEONE

Established in 2011, King's Sierra Leone Partnership works with the University of Sierra Leone Teaching Hospitals Complex and the College of Medicine and Allied Health Sciences and has a team of up to twenty long-term volunteers on the ground at any one time.

Those volunteers and a handful of King's staff are embedded within our partner institutions, working alongside partners on a daily basis across a wide range of areas – from hospital management and medical records, to infectious diseases and laboratories. The team of health workers, managers, and other NHS professionals is co-located with peers, providing daily mentorship and working together on projects to strengthen the organisation, whilst building the capacity of the individual. Key achievements have included supporting:

- The refurbishment of the country's first oxygen factory, reducing mortality rates in Connaught Hospital's intensive care unit by 20 per cent.
- The introduction of objective structured clinical examinations at COMAHS.
- The establishment of the first functioning adult triage system.

The partnership also played a key role in the country's Ebola response, helping to treat more than 10 per cent of all Ebola patients in Sierra Leone during the outbreak.

DEMOCRATIC REPUBLIC OF CONGO (KONGO CENTRAL PROVINCE)

Following an invitation from the UK Congolese diaspora, the King's Kongo Central Partnership was founded in 2013. Its focus was on addressing the high burden of trauma due to road traffic collisions on the arterial route connecting the Atlantic port cities of Boma and Matadi with the capital Kinshasa.

Over the last few years, a team of volunteers have travelled to Kongo Central to work with the Ministry of Health and Education, the Hopital Provincial de Reference de Kinkanda and the Universite Joseph Vubu. The partnership has worked across the trauma system to:

- Deliver primary trauma care courses to almost 100 health workers and train national instructors in the course.
- Develop a trauma registry.
- Improve surgical skills amongst junior doctors and infection prevention and control across the hospital.

The partnership has embedded a team for a year in Kongo Central, a province of around six million people. The team provided day-to-day mentorship and support for hospital and university staff. KKCP is committed to continuing to strengthen the health system. It works to train health workers and medical students, develop research systems and skills to inform policy development and the provision of quality clinical care.



1 Impact

Over the next 10 years we will have helped our partners to make significant and sustained improvements in providing health care to their citizens.

THE CHALLENGE

At least half the world's population lack access to essential health services¹. Governments are struggling to provide people with quality health care, which is causing unnecessary suffering and preventing people from living healthy and productive lives.

THE SOLUTION

Governments need support in strengthening their health systems. To achieve this, development needs to be done differently. A new approach is needed that tackles the root challenges for health services, one that uses a systems approach and builds strong foundations. We need to recognise that meaningful change takes time and only happens if it is truly owned by national governments and their citizens.

WHAT DRIVES US

We believe that every person should be able to access quality health care when they need it, and that the world shares responsibility with national governments for making this happen. We know that King's has the capacity to respond and make a profound difference to people's lives. We also need to learn from our partners if we are to address our local challenges in a shared world, through a process of co-development.

OUR MISSION

To help governments to improve health care and its outcomes by empowering people, strengthening organisations and enhancing systems.

LINKING TO WIDER DEVELOPMENT PRIORITIES

Our work in strengthening health systems is essential to achieving the World Health Organisation and World Bank strategic priority of universal health coverage, part of SDG 3, as well as directly contribution to three other UN sustainable development goals.



OUR APPROACH

The challenge is...

Governments are struggling to provide people with high quality health care

This causes unnecessary suffering and prevents them from living healthy and productive lives

In response...

We are helping governments to improve health care and its outcomes

By working through partnership to...

Empower people	Capability Opportunity Motivation
Strengthen organisations	Strategy Processes Accountability
Enhance systems	Networks Policy Information

By providing...

Technical advice
Mentoring and training
Research and evaluation
Access to resources
Opportunities to collaborate

IMPACT KPI FRAMEWORK

- 1.1 People have been empowered through support to maximise their capabilities, opportunities and motivation.
- 1.2 Organisations have been strengthened through being enabled to develop more effective strategies, processes and accountability.
- 1.3 Systems have been enhanced with better networks, policies and information.
- 1.4 A critical mass of partnerships will be established that enables South-South learning and greater overall impact.

Each partnership will produce an annual report that demonstrates how they have helped our partners improve health care and its outcomes, using a mix of quantitative and qualitative evidence. An early priority for the partnerships' research programme will be in improving the design and implementation of better impact metrics.

EXAMPLES OF OUR IMPACT



EMPOWERING PEOPLE

Dr Jinaw Qalib, the first female doctor to graduate in Somaliland, is now responsible for clinical training at the country's main hospital. Taught and examined by King's volunteers as a student, she then trained in regional clinics through the national medical internship programme that King's helped to establish.

Dr Qalib is now leading the undergraduate training working group within the King's-led, DFID-funded SPHEIR programme 'Prepared for Practice'.



STRENGTHENING ORGANISATIONS

Connaught Hospital, part of the University of Sierra Leone Teaching Hospitals Complex, has strengthened remarkably in recent years, with support from King's having helped the hospital to establish a quality improvement committee, a new medical records system and better clinical pathways for trauma and mental health.



ENHANCED SYSTEMS

There has been a rapid increase in unregulated medical schools in Somaliland in recent years. King's has facilitated three national medical education stakeholder meetings for the Ministries of Education and Health, the universities and the health and education regulators. A medical educational policy has been produced and we will support implementation over the next few years.

2 Strong partnerships

Over the next 10 years we will have created and sustained partnerships that are equitable, values-driven, accountable and jointly-led.

Alongside having impact, our approach to partnership is a central component to our success. We believe that the King's Global Health Partnerships (KGHP) can make a distinctive contribution because:

1. We bring the health, academic and development communities together, drawing on the strengths of each.
2. We work primarily with local, public sector partners.
3. We work through partnership. To us, this means:
 - **we work by invitation** working alongside our partners in all our work
 - **we are embedded** within our partner organisations and communities
 - **we are responsive** to our partners' needs and priorities and flexible as these change
 - **we engage as peers** and understand health systems
 - **we are trusted** because we are consistent and deliver what we promise
 - **we experience mutual benefit** through engagement with our partners.
4. We are committed for the long term, because real impact takes time.
5. We strive for the highest levels of rigour in everything we do.

This enables us to achieve meaningful and lasting change.

STRONG PARTNERSHIPS KPI FRAMEWORK

2.1	Score each year on THET Partnerships Health Check Tool.	140/160 by 2019
2.2	Public availability of meeting minutes, financial reports and other documents online according to a transparency charter.	All by 2020

WE ARE COMMITTED TO THE THET PRINCIPLES AS A KEY COMPONENT OF STRONG PARTNERSHIPS

1. STRATEGIC



Health partnerships have a shared vision, have long-term aims and measurable plans for achieving them, and work within a jointly-agreed framework of priorities and direction.

2. HARMONISED AND ALIGNED



Health partnerships' work is consistent with local and national plans and complements the activities of other development partners.

3. EFFECTIVE AND SUSTAINABLE



Health partnerships operate in a way that delivers high-quality projects that meet targets and achieve long-term results.

4. RESPECTFUL AND RECIPROCAL



Health partnerships listen to one another and plan, implement and learn together.

5. ORGANISED AND ACCOUNTABLE



Health partnerships are well-structured, well-managed and efficient and have clear and transparent decision making processes.

6. RESPONSIBLE



Health partnerships conduct their activities with integrity and cultivate trust in their interactions with stakeholders.

7. FLEXIBLE, RESOURCEFUL AND INNOVATIVE



Health partnerships proactively adapt and respond to altered circumstances and embrace change.

8. COMMITTED TO JOINT LEARNING



Health partnerships monitor, evaluate and reflect on their activities and results, articulate lessons learned and share knowledge with others.

These Principles of Partnership were developed by the Tropical Health and Education Trust (THET). Further details can be accessed at thet.org/principles-of-partnership

3 Wider influence

Over the next 10 years we will have pioneered a distinctive approach to health systems strengthening, helping to influence how others approach this work in policy and practice.

We believe that the lessons we are learning from our hands-on work on the ground and our robust evaluations and academic research can have wider relevance to how others approach health systems strengthening.

This learning ranges from specific interventions, such as models of care or health professions training, to broader experiences in achieving change at the systems level and developing effective partnerships.

WE BELIEVE WE CAN ACHIEVE SUCCESS IN OUR MISSION TO IMPROVE HEALTH CARE AND ITS OUTCOMES BY INFLUENCING ACROSS A WIDE RANGE OF STAKEHOLDERS:



WIDER INFLUENCE KPI FRAMEWORK

- 3.1** KGHP, with the Policy Institute at King's, is supporting consistent translation of partnership research and learning into national and global policy and practice.
- 3.2** An influence strategy is in place that maps out our priorities, who we want to influence and through what channels or events.
- 3.3** Annual masterclass in health system strengthening run by our partnership team (academics and partnership volunteers), set up as an executive education course, to develop the leadership of others in effective health partnerships.



4 Mutual benefit

Over the next 10 years we will have provided robust evidence on the benefits the partnerships bring to the university and its NHS partners through opportunities in education, research, service and staff development.

THE UNIVERSITY

The King's Strategic Vision 2029 emphasises the university's commitment to making the world a better place and dedicates itself to the service of society. Its ambition is to continue to focus on world-leading education, research and service and have an increasingly proactive role to play in a more interconnected, complex world.

This strategy makes clear that the partnerships can play a central role in delivering on all five pillars of that strategic vision, as a flagship initiative for the *service* and *international* strategies, and an innovative partner for *education*, *research* and *London*.

KING'S STRATEGIC VISION 2029 FRAMEWORK



THE NHS TRUSTS

KGHP also provide significant and distinctive opportunities for mutual benefit for our NHS Trusts.



The partnerships can support staff development in key domains such as staff motivation, developing leaders, working in teams, quality improvement and building individual resilience. They also create opportunities for engaging with diaspora staff and patient communities and promoting cross-cultural working.

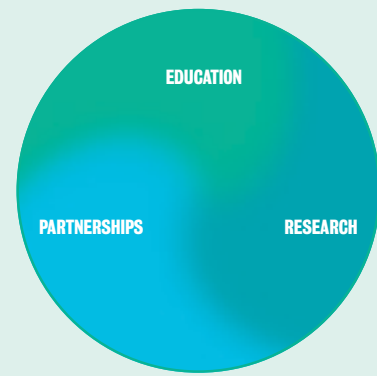
THE ACADEMIC HEALTH SCIENCES CENTRE

The partnerships bring together students, academics and professional services staff, alumni, health professionals, NHS managers, patients and local communities and engage actively with clinical academic groups. In doing so they help to strengthen King's Health Partners as an academic health sciences centre.

MUTUAL BENEFIT KPI FRAMEWORK

- 4.1** Partnerships are central to the delivery of the King's 2029 Strategy and are 'big ideas' within the *service* and *international* strategies.
- 4.2** Strong collaboration with global health education through MSc end executive education programmes, student placements, electives and teaching delivery.
- 4.3** Strong research output, including research grants, publications, a doctoral programme and contribution to REF and REF impact case studies.
- 4.4** Evidence of tangible staff development through partnerships, such as morale, leadership, diversity, innovation and resilience.
- 4.5** Launch of a structured volunteering scheme, supporting people to contribute more easily through their jobs, training placements and career breaks and King's recognised as an 'employer of choice'.

4 Mutual benefit Education



There are opportunities to create a more synergistic relationship between the partnerships, education and research at King's, where the three feed into and strengthen each other, ultimately delivering greater impact for our partners as well as on the priorities of the university.

This synergy can be realised within the King's Centre for Global Health & Health Partnerships, which runs its own teaching and research programmes, as well as through catalysing broader opportunities across the school and wider university.

A range of innovative new educational opportunities have been identified as part of the strategy. New programmes will train and prepare the next generation of volunteers and leaders for our partnerships, helping individuals to master the technical aspects of health systems strengthening alongside understanding the values and philosophy of our partnerships approach.

These programmes can also help us to have wider influence by engaging health system policymakers and practitioners internationally. For the university they present an opportunity for enrolling new students and bringing real-world scenarios and international and service-oriented perspectives to student learning.

There are also significant benefits to education to be gained by engaging with the partnerships. Students on the BSc and MSc courses within the King's Centre for Global Health & Health Partnerships can begin to understand the challenges of healthcare delivery in different settings, and the day-to-day issues involved in cross-cultural working. King's Global Health Partnerships will continue to extend its involvement in the modules delivered across the centre.

MSC PATHWAY

A new pathway for the existing Global Health MSc on health systems strengthening, for future volunteers and partnership leaders. Students would complete four core global health modules plus two new modules within this pathway, as well as undertaking a partnership-related dissertation.

CASE STUDIES

Case studies, simulations and teaching by returned volunteers drawn from partnership work as part of wider university international and service modules. These could be embedded in existing programmes and draw out key learning opportunities such as on leadership, cross-cultural working and interdisciplinary collaboration.

PLACEMENTS

Student placements in our partner countries facilitated by our partnership teams, for health student electives or undergraduate or postgraduate taught and research students.

EXECUTIVE EDUCATION COURSE

An intensive annual executive education course on running effective health partnerships for emerging leaders from the NHS, universities and development sector, which would be run for 1-2 weeks each summer.

FURTHER OPPORTUNITIES FOR INNOVATIVE CERTIFICATE, DIPLOMA AND ONLINE COURSES

A wider portfolio of innovative educational courses to help professionals transition into health partnership and health systems strengthening projects. These are still in early development and could include evening courses or online modules.



4 Mutual benefit Research



Research has been central to our partnership work providing baseline evidence to inform policy and programme design, building partner research capacity and allowing us to evaluate the effectiveness of our interventions and our partnership approach. This research informs to wider influence on policy and practice.

For the university and NHS partners, the partnerships are continuous generators of important and timely research questions across many disciplines of study – from clinical services and population health to anthropology, and public-sector reform. Research collaboration has strengthened long-term relationships with key individuals and institutions in our partner countries. The field of global health has become a top priority for many of the major research funders and has been identified as a potential opportunity to demonstrate research impact in the university’s research excellence framework (REF) return. We want to maximise research opportunities in a way that delivers for our partners, for the partnerships and for the university and is aligned with our values and approach.

We are setting out a method to better identify the research needs of our partners and communicate these to academics across the university and work to integrate individual strands of research to make them more than the sum of their parts.

We will plan to help our partners build lasting research capacity within their institutions, and will identify opportunities to invest in long-term research infrastructure with our partners.

A key part of the strategy is establishing a Partnerships Research Programme, based in the King’s Centre for Global Health & Health Partnerships, which can interface and coordinate between the partnerships, the School of Population Health & Environmental Sciences and the wider university. The programme will be led by a small team of academics within the centre who will oversee delivery across eight domains.

- **Baseline information**
- **Implementation research**
- **Improvement research**
- **Research on partnerships**
- **Research capacity building**
- **Research through partnerships**
- **Research careers**
- **Wider influence**

IN-COUNTRY PARTNER UNIVERSITIES, HOSPITALS, MINISTRIES AND OTHER ORGANISATIONS

KING’S SOMALILAND PARTNERSHIP

KING’S SIERRA LEONE PARTNERSHIP

KING’S KONGO CENTRAL PARTNERSHIP

PARTNERSHIPS RESEARCH PROGRAMME WITHIN SPHES

KING’S ACADEMIC COMMUNITY

Wider Faculty of
Fife Sciences & Medicine
Dental Institute
Institute of Psychiatry,
Psychology & Neuroscience

Florence Nightingale Faculty of Nursing,
Midwifery & Palliative Care
King’s Global Health Institute
Faculty of Social Sciences
& Public Policy

The Dickson Poon School of Law
Faculty of Arts & Humanities
King’s Business School
Faculty of Mathematics
& Natural Sciences

4 Mutual benefit Service

The partnerships also provide a broader opportunity to contribute to the university's service mission and to catalyse and harness the volunteer energy from across King's and the NHS Trusts. In doing so, they will inspire and motivate staff and students alike, contribute to professional development and strengthen the bonds between the institutions and their London and global communities.

The partnerships already recruit hundreds of volunteers and create opportunities for the lifelong engagement of students, health professionals, leaders, members of the African diaspora, academics, managers, development professionals and alumni.

This strategy shows how we can strengthen our engagement by more clearly demonstrating how KGHP can contribute to staff development across King's Health Partners in domains that are key to effective delivery within our own institutions.

- **Recruitment, motivation and morale**
- **Developing leaders**
- **Interdisciplinary team working**
- **Innovation and quality improvement**
- **Clinical and teaching experience**
- **Diversity and cross-cultural experience**
- **Resilience and efficiency**

Our proposal is to develop a structured programme for recruiting, supporting and funding volunteers with an emphasis on NHS volunteers from KHP.

This will enable us to achieve the following:

- **Brand:** develop a strong brand for the scheme that increases political commitment from across King's Health Partners and wider name recognition amongst prospective volunteers.
- **Funding:** attract sponsors for annual volunteer placements.
- **Job release:** negotiate with employers to make it easier for staff to be released from clinical or management day jobs to volunteer.
- **Induction and support:** develop a more rigorous and consistent induction and support structure for volunteers.
- **Return:** engage volunteers in fundraising, teaching or research and help share learning with employing organisation.

CASE STUDIES – STAFF DEVELOPMENT



'Volunteering in Sierra Leone was a life changing-experience which gave me a sharpened

sense of what really matters – I'm more discerning about the types of improvement approach that really add value, and more often challenge processes which don't. I'm also more self-reliant and confident in making decisions using the best evidence available. And I developed greater appreciation of the resources we have in the NHS and renewed determination to make absolute best use of these.'

LAURA SPRATLING
NHS MANAGER



'I had been a staff nurse on an inpatient unit in SLAM and in 2014 spent a year as our first mental health

volunteer in Sierra Leone, although I spent most of my time working on Ebola Response. I learnt a lot about service development and cultural awareness – invaluable in my roles in the NHS since returning. The experience directly led to me taking the role of a project development nurse working to improve mental health skills at an acute hospital.'


KATY LOWE
MENTAL HEALTH NURSE



'I got involved in the Somaliland Partnership as a student at King's and now co-lead the mental health group.

KHP's strong global health focus was a factor in my choice of NHS trust. My role helped me to plan my PhD in the field of global mental health. I am also working one day a week at KCH in liaison psychiatry, and continue to work out of hours on the SLAM Southwark on-call rota where I do my best to share my enthusiasm for research with trainees at SLAM.'

DR ROXANNE KEYNEJAD PSYCHIATRY TRAINEE
AND PHD CANDIDATE



'I studied at King's and volunteered as Clinical Lead in Sierra Leone after my core medical training. Later I taught in Somaliland and spent nine months with MSF in South Sudan. Working in the NHS taught me to be a clinician but it's through my global health work that I have learnt to be a leader. Every day on the wards I'm using what I learnt abroad – be that clinical skills, quality improvement, teaching or cross-cultural working – including my Krio.'

DR AHMED SEEDAT
RESPIRATORY TRAINEE

King's Global Health Partnerships is a King's Health Partners initiative that is line managed by the university. Strengthened governance will be achieved through two mechanisms.

THE SCHOOL OF POPULATION HEALTH & ENVIRONMENTAL SCIENCES

KGHP sits within and is led by the King's Centre for Global Health & Health Partnerships, part of the School of Population Health & Environmental Sciences and within the Faculty of Life Sciences & Medicine.

This role is in two main categories:

- The school is the academic base of the partnerships and where the education and research linked to KGHP is overseen.
- The individual partnerships work according to King's College London policies and processes, and the school has oversight of finances, human resources, legal compliance, risk assessment, grant management and contracts.

CO-CHAIRS OF THE STRATEGY DELIVERY BOARD



Jill Lockett



Rachel Parr

THE KGHP STRATEGY DELIVERY BOARD

Whilst KGHP sit within the school, it also draws on expertise and capacity from across the university and King's Health Partners and engages in the delivery of crosscutting strategic priorities. Furthermore, as KGHP primarily draws funding from development grants and foundations and operates in challenging environments, it benefits from external advisors from the development sector.

A strategy delivery board has therefore been established to:

1. Monitor and help to maximise the impact that the partnerships have on the ground in strengthening health systems and improving health and health outcomes, ensuring that their work is rigorous and sustainable.
2. Evaluate the strength of the partnerships, ensuring they are equitable, values-driven, accountable and jointly-led with our partners.
3. Advise on how KGHP can have wider influence on policy and practice in health systems strengthening.
4. Help to engage the wider King's College London and King's Health Partners communities in the partnerships and maximise the benefits they bring back to the university and NHS Trusts, including through education, research and staff development opportunities.

The board will meet four times per year and its membership will include:

- King's Health Partners Executive Member (co-chair)
- King's Health Faculties Executive Member (co-chair)
- Head of School of Population Health & Environmental Sciences
- Director, King's Centre for Global Health & Health Partnerships
- King's Vice Principal for *service*
- King's Vice Principal for *international*
- Director, King's Global Health Institute
- Representative of the executives of the three NHS Foundation Trusts
- Representative of KGHP volunteers
- Representative of students
- External members.

Funding model

The partnerships are resourced through a blend of funding sources. This is partly a result of the range of different activities and stakeholders they undertake, but also has the benefit in ensuring greater sustainability over the long term and independence from the shifting agendas of particular donors.

UNIVERSITY AND KING'S HEALTH PARTNERS FUNDING

The partnerships receive institutional funding from King's linked to their academic contribution (teaching and research) and to support leadership and coordination. In addition, KGHP receives an in-kind contribution from King's through professional services support and office space. In return, KGHP contributes to university finances through overheads on grants, as well as wider non-financial mutual benefit contributions. This core funding has been critical in enabling the partnerships to win competitive grants, to seed-fund new activities and to sustain the partnerships between major grants. A full business case has been developed alongside the strategy to map out the expected income growth of KGHP over five years and set out the additional resourcing that is needed to effectively implement the strategy. The business case anticipates increased revenue for the university from the new education programmes and from greater overheads from the projected growth in research and development grants. KGHP will be strengthening how we deliver for, and report against, King's and KHP priority metrics in order to grow and sustain internal funding.

DEVELOPMENT GRANTS AND CONTRACTS

Overseas development aid (ODA), such as from the UK Department for International Development and USAID, is a major source of medium-term funding for the delivery of projects on the ground. These are subject to shifting trends, gaps between grants and eligibility criteria that often exclude applications from universities. Adapting university processes to manage these grants is an on-going process. We will be continuing to improve our mapping, processes and relationships to obtain further funding in this area

RESEARCH GRANTS

Over the past few years, research grants have been a growing source of partnership income, sometimes as part of multi-country projects. Although the use of this funding is restricted to research rather than delivery, it can include opportunities for building partner research capacity and having wider influence. The university has provided important support for identifying and managing these grants. Establishing the partnership research programme will help us grow research grant income.

FOUNDATIONS, CORPORATES AND MAJOR GIFTS

KGHP has received a small number of major gifts in the past that have been important in establishing new projects and funding volunteers. Corporate partnerships have also provided significant funding for projects and infrastructure, although these can present reputation risk and are becoming less common. KGHP has been approved as a fundraising priority and we will work with KCL teams to expand our reach in this area.

FUNDRAISING

Small donations and fundraising events led to significant income during the Ebola response. Currently, this income stream is small but there is room for growth. Although this route is labour intensive for the partnerships team, the flexibility of the funds is greatly valued.

FUNDING STRATEGY

Our objective must be to maximise our income from each source whilst maintaining a diverse mix of income in each partnership to ensure flexibility, independence and sustainability. The two new leadership posts will support the development of our strategy.

OUR TARGET MIX

SOURCE	PROPORTION
KHP and College	10%
Development grants	50%
Research grants	20%
Foundations, corporate and major gifts	15%
Fundraising	5%

Key steps for implementation

The strategy identifies a range of significant opportunities to grow and strengthen the impact of the partnerships and the mutual benefit they can unlock.

In order to achieve that, strategic investment will be needed to develop the capacity of the partnerships, alongside strengthening their governance. Effective implementation will require deliver in three major categories:

1. NEW LEADERSHIP POSTS

- Partnerships director to lead the partnerships and strategy delivery.
- Senior lecturer to lead the partnerships research programme.
- Resourcing of wider business case for strategy implementation.

2. GOVERNANCE AND ENGAGEMENT

- A new KGHP strategy delivery board to strengthen the governance of the partnerships to ensure cross-KHP and cross-university engagement at the highest level with external representation on the board.

3. FUNDRAISING AND COMMUNICATIONS

- Strengthened communications and fundraising for the partnerships, including engagement with the communications teams of each of the KHP partners and closer collaboration with fundraising.

This would lead to a revised leadership team within the King's Centre for Global Health & Health Partnerships.

There is an ambition to develop one or more new partnerships in the coming years to complement the existing partnerships.

The added value of new partnerships would not only be to increase our overall impact but also to enable us to have wider impact on a larger scale and to complement our existing partnerships by creating more opportunities for South-South collaboration and mutual benefit.

Any new partnership will need to be approved by the strategy delivery board, based on a report and presentation that sets out:

- How the partnership meets the agreed selection criteria (see below).
- A theory of change for how the partnership will achieve impact over its first three years.
- A sustainability plan for funding, volunteer recruitment and leadership over the first three years.

An implementation plan should also be presented to the board for approval prior to establishing an in-country team.

CRITERIA FOR NEW PARTNERSHIPS

The strategy examined the range of opportunities and challenges that need to be considered when deciding on whether to enter into a new partnership, and developed the following criteria.

1. How great is the need that we would help address?
2. Do our approaches to health systems strengthening align?
3. How much impact could we have?
4. Is there a commitment to strong partnership?
5. Are there other organisations doing similar work already?
6. Would the partnership be sustainable (volunteers, financing, leadership)?
7. Would there be synergies with other partnerships?
8. What is the scope for mutual benefit at King's?
9. What are the risks of working in this country?
10. What are the logistics of working there?

Acknowledgements

None of this would be possible without trusted partner relationships. We salute our colleagues at Amoud, Hargeisa and Edna Adan universities and indeed many other colleagues in Somaliland – we have worked together through both untroubled and challenging times and continue to learn together after 18 years of partnership. We also salute our colleagues within the College of Medicine and Allied Health Sciences and across the University of Sierra Leone Teaching Hospitals Complex as well as so many other colleagues in Sierra Leone. We are also delighted to witness our growing relationships with individuals and institutions in the Democratic Republic of Congo.

Many thanks to Professor Sir Robert Lechler for challenging us in early 2017 to regroup, pause, reflect and work out a clearer forward strategy. Thanks to all our colleagues within the King's Centre for Global Health & Health Partnerships and to our overseas partners for many discussions over the last year. Thanks to Professor Charles Wolfe and colleagues within the School of Population Health & Environmental Sciences for their encouragement. Thanks to Oliver Johnson and Max Manning Lowe who have made such significant contributions to our partnership work and especially to the development of this strategy.

The final thanks must go to the hundreds of UK and international volunteers who have made significant contributions, often under considerable pressure, making the world a better place through strengthening health systems within challenging environments.

Many individuals, departments and centres across King's and our NHS Partners contribute to capacity building work and global health inter-disciplinary research – we at the King's Centre for Global Health & Health Partnerships welcome this growing emphasis on global health and look for opportunities to draw others into our partnership work. We are also ready to support and learn from colleagues across King's Health Partners and are delighted to be a part of an outward-looking academic health sciences centre.

King's Global Health Partnerships

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