



World Health
Organization

Partnership preparation package

**A practical guide to
implementing twinning
partnerships**

WHO Twinning
Partnerships
for Improvement



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ABBREVIATIONS

AHRQ	Agency for Healthcare Research and Quality
AMR	antimicrobial resistance
APIC	Association for Professionals in Infection Control
APPS	African Partnerships for Patient Safety
EEA	ESTHER Alliance for Global Health Partnerships
GLL	Global Learning Laboratory
HSA	Health Surveillance Assistants
IHF	International Hospital Federation
IPC	infection prevention and control
LMICs	low- and middle-income countries
M&E	monitoring and evaluation
NHS	National Health System
NUH	Nagasaki University Hospital
OECD	Organisation for Economic Co-operation and Development
PDSA	Plan-Do-Study-Act
QI	quality improvement
SARA	Service Availability and Readiness Assessment
SDGs	Sustainable Development Goals
SMS	short message services
SWOC	Strengths, weaknesses, opportunities and challenges
THET	Tropical Health Education Trust
TMH	Tellewayon Memorial Hospital
TPI	Twinning Partnerships for Improvement
UHC	universal health coverage
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WISN	workload indicators of staffing needs
WHO	World Health Organization



INTRODUCTION

BACKGROUND

Twinning partnerships between health institutions are an innovative approach that can be used to improve various aspects of health service delivery. The WHO Twinning Partnerships for Improvement (TPI) model supports long-term efforts on quality health service delivery within the context of achieving universal health coverage (UHC). The work can contribute to building resilient health systems. Fundamental in the approach is to prioritize alignment with national health plans and strategies, while working to achieve the Sustainable Development Goals (SDGs).

TPI builds on the learning from the WHO African Partnerships for Patient Safety (APPS) programme (1). These rich lessons and the subsequent application of twinning partnerships in the recovery effort in Ebola-affected countries have facilitated the design of WHO TPI. The key aim of WHO TPI is to support health care facilities in the improvement and enhancement of the quality of their service delivery, while aligning with the overall national strategic direction on improving quality service delivery.

Institutional health partnerships can play a critical role in health systems strengthening. This has been increasingly recognized across the world. Many global health groups¹ have highlighted the need to “promote the utility of institutional health partnerships in strengthening health systems and in delivering effective health services.” Recognizing the synergy that comes from a partnership approach, national policy documents over the past decade have also begun to highlight the potential for institutional partnerships as an entry point to strengthen services and health systems.

In addition to the APPS programme, TPI also builds on the work undertaken in applying the Twinning model to support recovery from the 2014 West Africa Ebola outbreak. TPI Recovery focused upon building resilient health systems and reactivating safe essential health services in those countries most affected by the outbreak. The aim of TPI Recovery was to rebuild the health services in order to support implementation of national recovery plans (2).

Implementation of twinning partnerships involves addressing a variety of service delivery and clinical care areas, including, but not limited to, infection prevention and control (IPC); patient safety; and specific clinical services. Health workforce capacity-building is embedded within the model. TPI can feed into work at the national level to improve the quality

WHO TPI Snapshot

- Twinning Partnerships for Improvement focuses on the value of institution-to-institution partnerships in catalyzing health service improvement.
- The hospital-to-hospital model developed by ‘African Partnerships for Patient Safety’ (APPS) is the foundation on which TPI has been developed. The emphasis is on a ‘doing while learning’ model (3).
- As a global network of twinning partners develops there is an opportunity to learn from and share learning across the TPI network.
- The approach promotes collaboration, co-development and sharing of both tacit and explicit knowledge thus enhancing spread of successful approaches to improvement.

¹ For more information on global health groups and to view the consensus statement, please visit WHO's web site at: <http://www.who.int/patientsafety/implementation/apps/global-catalyst-group.pdf?ua=1>

of service delivery. These partnerships can act as a valuable tool for health improvement strategies and bring real benefit to the front line of service delivery and ultimately to the health of an entire population. The power of twinning partnerships working together can bring effective health improvements beyond what an individual organization or team could achieve alone (4). Furthermore, the work of such twinning partnerships can feed into national strategic efforts to improve quality service delivery elsewhere.

PURPOSE OF THE TPI PREPARATION PACKAGE

The aim of this document is to provide a practical step-by-step approach for any health institution interested in improving the quality of health service delivery through twinning partnerships.

The model is based on a 6-step cycle which begins when two or more partners agree on the establishment of the partnership. TPI guides the partners through a systematic process which involves identifying some specific areas for improvement, developing an action plan to implement improvements, and then evaluating the progression and changes made towards improvement.

Institutional health partnerships have the potential not only to work as individual partnerships, but also to collaborate with other partnerships to support a national network of similar partnerships. This can support national efforts through joint problem-solving and sharing experiences in order to develop a body of evidence and experience that can inform national and district authorities. This can further encourage application of the partnership model at all levels of the health system.

TARGET AUDIENCE

The target audience for this partnership preparation package are those committed to improving the quality of healthcare and service delivery including, but not limited, to those in:

TPI brings an opportunity to support improvement in the delivery of care at the local, sub-national and national levels. It can act as a catalyst for change in efforts to enhance quality in the context of UHC.

Who benefits from TPI?

- Health workers
- Hospitals
- Health facilities
- Patients
- Communities
- Quality strategists
- National policy-makers

- health institutions
- health facilities
- academic/research institutions
- professional associations
- donor organizations
- health authorities
- policy making
- governments.

The TPI preparation package also aims to inform decision-makers and authorities working at the national level that are responsible for planning, developing, implementing and evaluating national health strategies, including WHO country offices and ministries of health.

When to use the package

The package will be useful to any new or existing twinning health institutions in order to work through a partnership-based approach to improve the quality of health services and embed the effort within long-term service improvement.

What is APPS?

The WHO **A**frican **P**artnership for **P**atient **S**afety (APPS) was a results-oriented hospital-to-hospital approach to improvement. The emphasis of APPS was on the joint development of solutions based on mutually beneficial partnerships. Infection prevention and control, safe surgery, waste management and health worker safety were central elements of the APPS partnership work providing a common goal. APPS resulted in a range of implementation experience across the participating countries and reinforced the value of partnerships in motivating staff, increasing commitment to change, strengthening capacity-building and ultimately impacting on the quality and safety of patient care. The APPS approach is an example of how partnerships have the potential to strengthen the delivery of health services for the benefit of the wider community, as well as the participating health facilities themselves (1).

PART 1: TPI OBJECTIVES

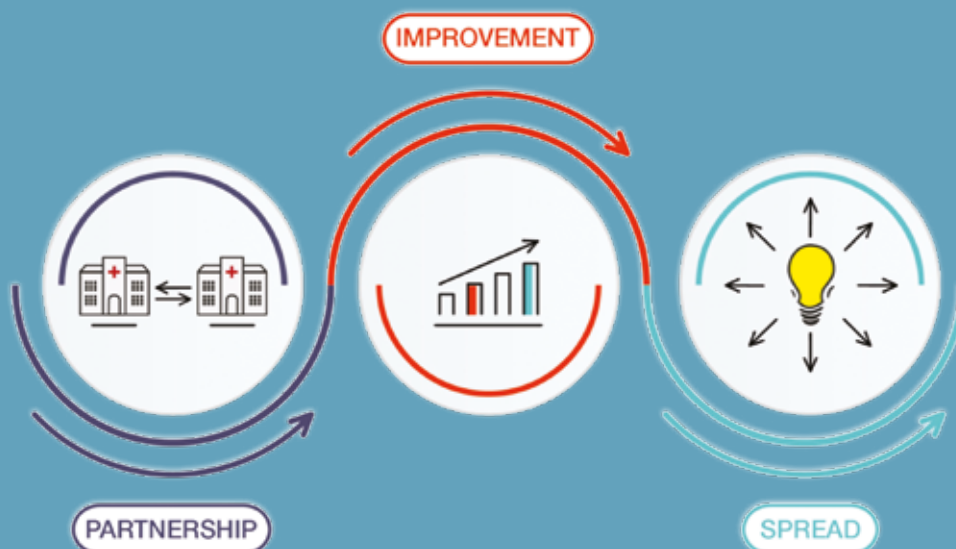
OVERVIEW OF OBJECTIVES

TPI focuses on the value of institution-to-institution partnerships in catalysing health service improvement following a “doing while learning”² model. TPI takes into account a variety of entities, including health facilities, academic institutions, private institutions, etc.³ It provides the potential for implementing different types of

² “Doing while learning” refers to the experiential learning theory where one learns from experience in order to develop skills or new ways of thinking. (Lewis and Williams 1994, p.6)

³ While a variety of entities can be involved in the partnerships, the TPI preparation package will use the generic term institutions to cover all types of entities.

Twinning Partnerships for Improvement - Objectives



partnerships, at local, sub-national and national level, and also across continents. Institutions from high-income countries or from low- and middle-income countries (LMICs) can initiate partnerships to support other institutions within LMICs and thus provide unique opportunities to catalyse the move towards quality health services, all within the context of achieving universal health coverage.

Within the TPI model, there are three objectives that each partnership should focus on achieving.

1. The first objective is the development of the partnership. This objective focuses on fostering a strong bi-directional partnership between health institutions.
2. The second objective is improvement through implementing effective interventions based on needs identified at the front lines of service delivery.
3. The third objective is to spread the learning and experience within the local and national health system and also beyond.

The ultimate benefits of TPI are bi-directional learning and improvement, motivated and committed staff; strengthened delivery of health services; and better patient and health worker outcomes.



The Recovery Toolkit

The TPI approach provides a measurable improvement process that uses a validated set of tools. By participating in TPI, partners gain knowledge, cultural awareness and share learning on innovative approaches towards improvement. As a global network of twinning partners emerges, there is an opportunity to learn from and share learning across the larger TPI network, to promote collaboration, co-development and sharing, and support the spread and replication of improvement.

What is co-development?

A process that brings together the collective intelligence for a collaborative development and applies joint decision-making that enhances trust.

OBJECTIVE 1 – PARTNERSHIP

The formation of a partnership is the first step in the TPI journey. Under the first objective, two or more institutions come together to agree upon a common goal and define the partnership priorities which they hope will result in sustainable improvements at the health facility. Building on the APPS definition of partnership, which encompasses a sociological perspective focusing on the interaction of people, TPI has identified several values essential in building successful partnerships (1). These are:

1. collaborative relationships
2. trust
3. equality
4. mutuality
5. shared accountability
6. transparency.

Building on the TPI values and the APPS partnership definition, the TPI principles below can be applied when implementing a partnership⁴. These principles can provide a foundation for forming and maintaining an effective and sustainable partnership.

Shared vision and joint planning

- Coordination and mutual agreement in setting objectives, time frames and an approach to evaluation.
- Co-developing and establishing partnership plan and activities.
- Mutually agreeing on key performance measures to assess impact.



Definition of partnership

“A partnership can be defined as a **collaborative** relationship between two or more parties based on **trust**, **equality** and **mutual understanding**, for the achievement of a **jointly agreed goal**. Partnerships involve risks as well as benefits, making **shared accountability** critical.”

~APPS, 2009-2011

⁴ These are a set of principles that have emerged from previous partnerships but should be adapted to the context of each partnership. It is important and useful to recognize similar partnership principles that have been established by a range of organizations (e.g. THET; ESTHER Alliance for Global Health Partnerships).

Ownership

- Ensuring that ownership is supported by each arm of the institution and not individuals.
- Involving and engaging stakeholders by developing an effective stakeholder strategy that emphasizes roles, responsibilities and commitments.
- Strategizing and planning for the involvement of all levels of the health system.

Good relationships

- Building relationships based on trust, non-judgement and commitment.
- Harnessing the passion and power of individuals.
- Respecting and understanding local rules, culture and customs.

Good communication

- Communicating effectively to facilitate decision-making and information-sharing.
- Agree on and securing channels for decision-making.
- Clearly identifying focal points⁵ and the roles of each team member.

Ways of working

- Nurturing individuals to be self-motivated and considering the value of having a good sense of humour.
- Building transparency, flexibility and adaptability into the partnership (while keeping an eye on the changing external environment).
- Celebrating what went well and modifying what has not gone well.

⁵ Focal point can be defined as the designated or referent person serving as a coordinator of information related to a project, a programme or a specific activity.

The power of partnerships

There is a growing understanding that health partnerships work in synergy to yield powerful results – the combined efforts often having greater impact than work in isolation.

Both arms of the partnership benefit⁶ from learning about innovative practices coming from unique and unexpected sources. Sometimes this leads to lower costs for the same or better outcomes. For example, the partnership between Church of Uganda Kisiizi Hospital and Countess of Chester Hospital NHS Foundation Trust maximized the local resources and was able to obtain alcohol from local agriculture to produce hand-sanitizer. This innovative approach exposed and sensitized both arms of the partnership to “out of the box” thinking in order to make improvements.

“We were able to move faster towards our goal than we would have on our own” (5).

~Dr Emanuel Addo-Yobo, Komfe Anokye Teaching Hospital, Ghana APPS Partnership Strength Survey, 2012.

SDG 17

Revitalize the global partnership for sustainable development (6).

Targets relating to TPI

- SDG Target 17.6: “Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism.”
- SDG Target 17.9: “Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation.”

⁶ More information about benefits for each partner can be found here: <https://www.ache.org/pdf/nonsecure/White-Paper-International-Hospital-Partnerships.pdf>

Partnerships and the global goals

The twinning partnership approach provides a link between local institutional change, national health systems and the global arena. The SDGs acknowledge the importance of partnerships (Objective 17) by recognizing that partnerships help to “mobilize and share knowledge, expertise, technology and financial resources.” The SDG goes further to highlight that “a successful sustainable development agenda requires partnerships between governments, the private sector and civil society. These inclusive partnerships built upon principles and values, a shared vision, and shared goals that place people at the centre, are needed at the global, regional, national and local level” (6). Linkages with multiple SDGs are evident, particularly 3.8 on UHC, but a range of others are clearly evident too. For example, a partnership approach can contribute to the reduction of maternal mortality ratio (SDG 3.1) by improving the quality of care for mothers.⁷

While TPI focuses on local, front-line improvements in the quality of health services, the compounding results from all partnerships around the world can lead towards global cohesion and overall impact. It is important to note that the benefits produced by twinning partnerships not only enhance institutional capacity to deliver improved health services, but also contribute to strengthening of the entire health system, if designed and implemented effectively.

OBJECTIVE 2 – IMPROVEMENT

Improvement is at the core of the partnership. In general, improvement focuses on the act or process of making something better. In hospital settings, improvement implies organizational and structural change, in addition to a necessary change in attitudes and behaviour, very often - all of which makes this process complex since it involves people and often requires a culture shift. Gaps existing in quality of care within health care facilities should be agreed



⁷ Royal College of Midwives and Ugandan Midwives Association. Case study in THET: <https://www.thet.org/case-studies/aligning-partnership-plans-institutions-strategic-plan-2/>

Partnership development and continued strengthening – Japan and Liberia

The Partnership between Nagasaki University Hospital (NUH), Japan, and Tellewayon Memorial Hospital (TMH) in Lofa County, Liberia, was formed in August 2016. At the time, TMH was recovering from the West African Ebola outbreak of 2014 and relying on international support to reactivate its essential health services and moving forward with recovery efforts in alignment with national recovery plans.

During the recovery at TMH, it was quickly realized that the impacts of the Ebola response had depleted many resources and that extensive work was needed in order to improve quality. NUH saw that the needs at TMH were extensive and agreed to form a partnership with TMH. The Ministry of Health and the County authorities in Liberia supported this partnership at the onset of the formal TPI agreement. Careful consideration was given to the architecture of the partnership, recognizing the distinct culture and context of the respective partners. Principles and definition of partnerships were carefully considered in recognition that success of the partnership would depend on the foundations developed in the early stages. This proved pivotal in the roll-out of the partnership.

Moving forward from this initial partnership, a situational assessment and gap analysis were completed at TMH in October 2016. Following the gap analysis, an official “action planning” meeting took place in December 2016 where both partners agreed to improve infection prevention and control, with specific attention being given to hand hygiene and waste management. It was noted that by improving these two areas, the foundation could be created for overall quality improvement throughout the whole hospital.

The partnership undertook two partnership exchange visits in Liberia and Japan respectively. The principles of the partnership were reinforced throughout while the improvement work proceeded. The bi-directionality of the partnership learning was emphasized. For example, the TMH team leader gave a talk about their experience in the Ebola response. NUH stated they benefited greatly from because they learned about the realities of diagnosis and treating Ebola affected patients.

upon. Based on these identified gaps, one or several priority action areas are identified to steer the focus of the partnership. The ultimate aim is to improve the quality of care and overall health outcomes through the successful implementation of interventions using effective improvement methods. Both arms of the partnership need to establish common goals and priorities in order to develop a strong, effective and sustainable partnership. Additionally, when defining areas of improvement, it is necessary for the focus to involve and engage local stakeholders, teams and individuals within the health system who will be the ones to sustain the efforts put forth by the partnership.

Objective 2 involves the following necessities.

- Both arms of the partnership needing to jointly agree on improvement entry points. This collective approach promotes an atmosphere of ownership, learning and innovation through a safe space supporting an open mind-set, the use of skills and an opportunity to work and learn together.
- Achieving common goals set between partners. This includes defining clear targets, agreeing on the best methods of spread, setting clear reporting mechanisms and monitoring standards, methods and ways of working.
- Coordinating the implementation of improvement activities through regular contact supported by a communication plan that holds people accountable for their own work.
- Testing several changes until a desired process that leads to a desired outcome is achieved, allowing for a certain degree of flexibility, permitting necessary changes and adaptations.

The TPI approach provides a measurable improvement process that uses a validated set of tools. By participating in TPI, partners gain knowledge, cultural awareness and share learning on innovative approaches to improvement. Areas of improvement can include a variety of service delivery and clinical care areas influenced by the baseline assessment,

Improvement

“The combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning).”

Batalden, P. B., & Davidoff, F. (2007). What is “quality improvement” and how can it transform healthcare? *Quality & Safety in Health Care*, 16(1), 2–3.

<https://qualitysafety.bmj.com/content/16/1/2>

such as infection prevention and control (IPC), patient safety, and specific clinical services.

Examples abound but the unifying concept is that improvement in service delivery needs to have a direct and lasting impact on the quality of the entire health system⁸. The linkages between service delivery and health workforce are clearly evident. The inter-relatedness with each of the health system components is highlighted through all partnership action. In the example below, the partnership in Ethiopia illustrated how improvements in both service delivery and clinical care at the facility level have had a direct impact on the wider health system. Ultimately, achieving quality at the facility level can bring balance and improvements to the entire health system.

OBJECTIVE 3 – SPREAD

Spread allows for sharing and scale-up of improvement experiences and learning within the local and national health system, and beyond (7). This enhances the reach and impact of the partnership by sharing what did and did not work well. When considering *Spread*, a strategy to help document successful experiences should be developed and early conversations should be held on the following topics:

- (1) **What** are the new and creative health service improvements that have been made? Spreading the emerging success stories of improvement can help drive large scale spread.
- (2) **What** are the ways in which this improvement will be sustained? A way to sustain improvement is to allow sufficient time for new practice to become fully integrated as the standard (e.g. incorporating new practices in policies, procedures, job description, etc.).
- (3) **How** was the improvement made? For example, demonstrating the benefits and advantages arising

⁸ A health system has traditionally been described by WHO as comprised of six building blocks which include: leadership and governance; health information systems; health financing; essential medical products and technologies; human resources for health; and service delivery.

Improvement – Gondar, Ethiopia and Leicester, England

The partnership formed between the University of Gondar Hospital, in Ethiopia and the University Hospital of Leicester NHS Trust, in England, aimed to implement the WHO Surgical Safety Checklist in the operating theatres of Gondar Hospital. Through regular audits, staff feedback and multidisciplinary learning sessions, the monitored results showed that the Checklist had successful implementation, compliance and adherence among staff. Additionally, there was consistent focus on joint learning and participation which helped to build research capacity. This resulted in a multi-country research project to look at Checklist implementation in a partnership context. After monitoring the implementation of the Checklist programme, it was found that its use rose from 17% to 53%, with a 100% application in emergency procedures. Multi-professional groups are now trained in its use. Importantly, the research also provided an opportunity to critique the work of the partnership and enable further improvements. Of note, this long-standing partnership benefitted from the support of both THET and WHO (8).

from a new practice encourages both spread and sustainability.

(4) **Who** is the target audience of the Spread? In considering the target audience, it is important to acknowledge if the spread will focus on individual buy-in, whole facility buy-in, or entire health system adoption. These details help to organize and structure a plan to disseminate the information and experiences of success.

The work of the partnership, particularly in relation to spread, needs to take careful account of the national strategic direction on quality, where this exists. Many countries are now developing or refining national quality policies and strategies. The formation of these policies and strategies can be informed by experiences that emerge from twinning partnerships. When these national strategies already exist, the work of the twinning partnerships should be carefully aligned with the national direction. This allows the effort of the partnership to have maximal impact by supporting implementation of a nationally owned drive for quality. The initial situational assessment can identify the national quality direction and both arms of the partnership need to be fully aware of this at all stages of the partnership.

Spread can be considered in three ways - horizontal, vertical and spontaneous (7)(9). From the onset of the partnership, the following should be considered.

1. As soon as partners begin planning for health facility improvement, spreading this improvement should also be discussed.
2. Consider broadcasting your improvement message through different channels, such as conferences, professional journals, media, word-of-mouth and first-hand accounts.
3. Make it as appealing as possible for others to want to copy your improvement.
4. Build a network to sustain and grow spread.



5. Finally, consider, at the outset, how the experience arising from this project could be used to feed into learning systems, both at the national and global levels.

Horizontal spread refers to spreading improvement across people and organizations within the same level of a health care system. An example of horizontal spread is replicating improvements from one unit in a health facility to another.

Vertical spread refers to spreading the information and improvement efforts throughout the national, subnational and local levels of a health system. Vertical spread is particularly important because while national level can drive local change, local can also drive national level change. It is important to collect quantitative data and analysis of the improvements as it lays the groundwork for evidence-based practice and can be a critical component of vertical spread, and thereby influence changes in policy.

Spread requires strong connections between quality improvement evidence in conjunction with both facility and national quality policies. This evidence and clear alignment with existing policy could help to facilitate the improvements made from TPI into facility and national quality policies.

Spontaneous spread, is not planned for, but can spontaneously occur through informal channels such as social networks, or opinion leaders, which sometimes cross country's borders. An example of spontaneous spread is the engagement that occurs between partnership facility leaders and key influencers within the health system. The power of human interaction and storytelling – often in informal meetings and gatherings – in achieving change then becomes clearly evident.

Of further note is the necessity to consider the spread of ideas, competencies and skills from low-income countries to partners in high-income countries. This is inherently related to concepts of mutuality that are enhanced through partnerships.

The critical role of the community

Involving patients and communities can stimulate spread and strengthen implementation and the sustainability of improvement programmes. Connecting with the local community can improve the quality of care and make services more people-centred. This is particularly important in low-resource settings where demand for health care is high. Co-developing health services around the needs of patients and the community, by empowering patients and communities by informing them and giving them the ability to make decisions in order to instigate change, can enhance the patient's experience, health outcomes, confidence and trust in health care providers (10). Ideally, patient, family and community engagement should be part of all national health plans. In the absence of a formal mechanism to engage patients and the community, health care workers can carry out simple actions to engage them, such as providing practical training (e.g. on hand hygiene, waste management, use of medicines, etc.), invite patients' representatives or community leaders to participate in orientation meetings and provide on-going support.

Advocating for the partnership and the successes achieved will promote the work and lead to further interest within communities. This work can be celebrated and advertised to maintain motivation and create a positive atmosphere. When community spread occurs, the knowledge generated through an improvement process in the health care facility becomes part of normal practice and standards that have positive implications for the population's health, e.g. hand hygiene improvement.

The example below highlights horizontal and vertical spread.

Spread - Yagaldo Ouedraogo Hospital, Burkina Faso and Montpellier Hospital, France

Yagaldo Ouedraogo Teaching Hospital in Burkina Faso started partnering with the Teaching Hospital of Montpellier in France, and implemented a pilot project to improve hygiene in the neurosurgery ward in 2013. The objective was to meet the standards of hospital hygiene in this specific ward. Four areas were targeted: hand hygiene, waste management, management of nosocomial infections and capacity-building of health workers. The idea was to concentrate efforts on the selected activities in one of the wards of the hospital in order to understand what kind of improvements could then be replicated in other wards and units of the hospital. Improvement was spread horizontally, making the entire facility benefit. Furthermore, convinced of the advantages of partnerships work, Expertise France secured support from the European Commission to spread this improvement to other health care facilities across the country. Nine partnerships involving national and regional hospitals have been implemented since February 2017 with positive implications for the entire health system of Burkina Faso. Thus, horizontal and vertical spread is taking place simultaneously (11).



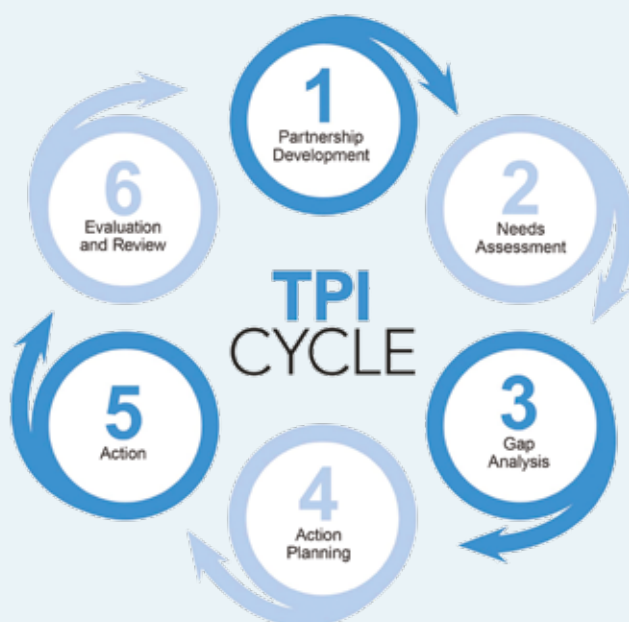
PART 2: OVERVIEW OF THE 6-STEP CYCLE

The partnership approach is a step-wise approach which facilitates the development of partnerships, the systematic identification of gaps and the development of an action plan and evaluation cycle.

1. **Partnership development** begins the formal establishment of a fully functioning, communicative twinning relation between two or more health institutions. Both arms of the partnership agree to work together to improve the quality of health care.
2. The **needs assessment** allows for the baseline needs of the health facility to be identified and understood. This forms the basis for the gap analysis and ultimately, guides all future improvement activities of the partnership.

3. The **gap analysis** involves a review of the needs assessments and reveals key priority areas for action. From the gap analysis, the foundation for action planning is established in a systematic way, in order to help partners to implement a more focused improvement effort.
4. **Action planning** brings partners to a jointly agreed written plan of action. This action plan is grounded in the gap analysis and sets clear short-term and long-term targets for the twinning partnership. In this step, it is important to look at communication, spread and budget.
5. **Action** is the start of implementing the agreed improvement activities set forth by the action plan. By this stage, partners have established and strategized about methods of action and have secured communication channels for ongoing partnership action.
6. **Evaluation and review** enables twinning partnerships to assess the impact of both their technical improvement work and the strength and functioning of their twinning relations. This reflects on the strengths and gaps of the partnerships so that refinements can be made.

A variety of tools and resources are available (Annex 2) to support each step and will guide the partnership implementers throughout the process.



PART 3: DIGGING DEEP - PUTTING THE 6-STEP CYCLE INTO PRACTICE

At each step of the cycle, one or more tangible outputs or deliverables to work towards is expected. These outputs are designed to help the TPI partnership move the action forward. To assist partners, a list of supportive tools and resources is provided in annex 2.

Implementing organizational and structural change is often complex, because in many cases it involves people and a cultural shift needs to take place. For this reason, when seeking appropriate tools for any given technical action area, it is important to consider how they can support planning for the partnership activities, their implementation, and in addition important cross-cutting themes, such as community engagement, knowledge management and communication/advocacy.

It is also important to consider the broader national context, policies, frameworks and national strategic priorities and existing initiatives in planning twinning activities. Technical improvements must align with national policies and strategies. This will be particularly important in achieving objective 3 and spreading the experience from the twinning partnership improvement process both in the short and long term.



Core resources
for Step 1 – Partnership
(see annex 2)

STEP 1: PARTNERSHIP DEVELOPMENT

This is the beginning of the formal establishment of a fully functioning, communicative twinning relation between two or more health institutions (1)(4). Both arms of the partnership agree to work together to improve the quality of health care, focusing on different aspects of service delivery, including clinical care.

A requirement of successful partnership implementation is to have a stable funding structure. This has to be defined from the beginning, as the activities that the partners will undertake will depend on the availability of human and financial resources (4). Partnerships established through international cooperation⁹ can benefit from direct funding of one arm of the partnership. In other cases, partners can agree to share the costs or compete successfully for external funds. This requires the partners working together to identify potential sources of funding and develop joint proposals. Whatever model of funding is applied to implement the activities of the partnership, it is vital that partners agree on clear systems and procedures.

Main activities

1. Secure formal management and leadership agreement on both sides of the twinning partnership to take joint action. This can be done through a written statement of understanding across the institutions, such as a letter of commitment.

Outputs or deliverables

1. Exchange of letters between institutional management as required (it can be a letter of commitment or a Memorandum of Understanding).
2. Agreement on a definition of the twinning partnership.
3. Team members on each arm of the partnership selected and contact details exchanged.
4. Communication plan drawn up.
5. Kick-off meeting notes indicating potential areas of work, next steps and a tentative date for conducting the needs assessment.
6. Official designation of a lead and deputy trained in the approach using the outline provided in this preparation package.

⁹ The concept of international cooperation makes reference to the interaction of persons or groups of persons representing various nations, in the pursuit of a common goal or interest.

7. Identify a twinning lead and deputy at each partner institution. Ideally the Quality Improvement Officer should be the designated lead. In the absence of a Quality Officer, a focal point responsible for quality and safety can be designated instead.
8. Ensure the engagement of multi-disciplinary staff committed to being part of the “improvement team”. For example, a dedicated person that collects data and monitors evaluation activities. Involving motivated staff will make the change process happen smoothly and positively influence staff who resist change.
9. Consider the suggested definition of partnership; refine and agree on it across the twinning partners as a foundation for moving forward.
10. Negotiate with managers to secure protected time for the improvement team to work on the identified technical action areas.
11. A kick-off meeting with the twinning teams is recommended for the teams to get to know each other. If an in-person meeting is not possible, the alternative is a virtual meeting.
12. Establish a schedule of regular communication (a minimum of once a month is recommended) using a variety of methods (telephone, SMS, text messaging, email, skype, etc.).
13. Establish a budget for the planned activities, including overheads.

STEP 2: NEEDS ASSESSMENT

The **needs assessment** allows for the baseline needs of the health facility to be identified and understood. This forms the basis for the gap analysis and ultimately, guides all future improvement activities of the partnership.¹⁰



Core resources for
Step 2 – Needs assessment
(see annex 2)

¹⁰ For an example of a “How To” tool developed for the TPI partnership situational analysis between NUH and TMH, see annex 3.

Main activities

1. Conduct a desk review on existing national, sub-national and institutional documents on quality of health services. Possible documents include: national health sector policy/plan, national quality policy or strategy.
2. Identify experienced and motivated leads to coordinate the assessment, as well as their assessment team members. The composition of the team will depend on the scope of the assessment, the time and resources available. Ideally the team should include a member from the district health management, the health care facility management and an expert of the technical area to be assessed.
3. All members of the assessment team should be briefed before starting the assessment and have an overview of the expected results of the exercise, including the data collection process.
4. Communicate to other facility staff about this exercise as it requires the collaboration of other teams when collecting data, ensure buy-in from the start and discuss confidentiality.
5. Undertake a specific needs assessment within the selected technical area using appropriate assessment tools. Examples of themes that could be assessed are:
 - a. infection prevention and control
 - b. patient safety and health worker safety
 - c. essential surgical care
 - d. waste management
 - e. Water, sanitation and hygiene (WASH)
 - f. maternal and newborn care
 - g. health workforce.
6. Consider the use of a standardized tool to complete the needs assessment. See annex 3, as an example of the tool developed and then used for the TMH needs assessment.

Outputs or deliverables

Completed baseline and situational analysis report appropriate to technical area of focus.

Consider any assessments that have been undertaken in any of these areas in the past 6-12 months and gather together assessment results and expertise that can be a source of valuable learning.

STEP 3. GAP ANALYSIS

The Gap analysis is a review of the needs assessments and reveals key priority areas for improvement action. The systematic gap analysis is the foundation for action planning that can help partners to implement a more focused improvement effort. While analysis can reveal several gaps, not all of them would be appropriate for addressing within the context of the partnership. It is recommended to choose two or three areas of priority intervention to ensure that the desired improvements can be made.¹¹



Core resources for
Step 3 – Gap analysis
(see annex 2)

Main activities

1. Organize a face-to-face or virtual meeting with the improvement teams of each arm of the partnership to discuss the results of the situational analysis conducted in Step 2.
2. Analyse and interpret the data and information collected.
3. Using the findings of the baseline and situational analysis, develop a list of gaps that require improvement action and whenever possible, the causes of the gaps.
4. From the list of gaps, identify priority areas based on urgency and the human and financial resources available.
5. Define the indicators to be included in the improvement plan.
6. Focus on small-scale, simple actions.

Outputs or deliverables

1. A gap analysis report containing the current situation and desired improvements. This report should outline what constitutes the gap and the factors contributing to it.
2. A list of priorities and indicators based on the capacities of both arms of the partnership to address the gaps identified.

¹¹ In completing the gap analysis following Step 2, the TPI between TMH and NUH conducted a Partnership Planning Workshop to review the gaps and determine the priorities moving forward. For a full report, see Step 3 of Annex 2.

7. Outline specific steps that can be taken to fill the gaps.
8. Organize a meeting with senior leadership to secure endorsement and approval of the findings of the gap analysis and the priority areas identified.

Quality Improvement (QI) at the core of TPI

The TPI Preparation Package outlines all six steps and provides support and guidance for initiating the partnership and prioritizing which areas in service delivery or care need improvement. In addition to this TPI Preparation Package, a detailed practical field guide entitled “Taking Action: Steps 4 and 5 for Twinning Partnerships for Improvement” can be read alongside the overview of Steps 4 and 5 below. “Taking Action” dives into QI models and approaches and supports the planning, action, implementation, and guidance of QI within partnerships. “Taking Action” reviews the theories of practical application of action in a partnership and can be used by any QI team that has identified a quality challenge, specific needs and current gaps in services; and also that is ready to develop targeted action plans for intervention and improvement in health care setting.

The “Taking Action” document also includes a list of common barriers and key factors for successful quality improvement gathered through the WHO Global Learning Laboratory for Quality UHC. The seven countries which provided feedback on common barriers and key factors for success included India, Malawi, Mexico, Nigeria, the United Kingdom, Venezuela and Zimbabwe. The feedback provided critical insights from the front line on the challenges and opportunities for quality improvement at the facility level. For additional information and for the common barriers and key factors, please refer to “Taking Action: Steps 4 & 5 in Twinning Partnerships for Improvement.”

For additional information on the WHO Global Learning Laboratory, visit:
<http://www.who.int/servicedeliverysafety/areas/qhc/gll/en/>

STEP 4: ACTION PLANNING

Action planning brings partners to a jointly agreed written plan of action. This action plan is grounded in the gap analysis and sets clear short-term and long-term targets for the twinning partnership (12). In this Step, it is important to also consider matters related to communication, spread and budget.¹²



Core resources for
Step 4 – Action Planning
(see annex 2)

Main activities

1. Hold a team meeting at the partnership facility
 - Identify and confirm the key team members at the partnership facility:
 - Facility leader or manager to endorse the partnership
 - QI team leader with dedicated time for the project
 - Technical/clinical/subject matter expert
 - Measurement and evaluation leader
 - Community/patient representative
 - QI team staff to provide technical and administrative support
 - Ensure consensus and common understanding of key definitions
 - Outline preparation activities
 - Review activities taken to date on Steps 1 to 3 of 6-Step Cycle
 - Ensure team is prepared with priority areas already identified
 - Assess ground level interest and capacity
 - Estimate expected costs in terms of personnel, time and money.
2. Agree on an intervention
 - Review evidence for possible interventions, focusing on improved outcomes
 - Seek relevant resources on all relevant

¹² For an example of action planning templates, see Annexes 4-6

literature on the subject area

- Consult with experts on site and at partnership sites
- Consult with other health workers
- Select intervention with largest benefit, lowest barriers to use, and greatest potential for sustainability
 - Carefully consider how technical exchanges can support the intervention
 - Note sustainability of interventions post-partnership
- Break down interventions into necessary behaviours, structural and procedural changes.

3. Outline implementation activities

- Outline implementation plans
 - Summarize roles and responsibilities for implementing various aspects of the intervention
- Identify local barriers to implementation and design accordingly¹³
 - Engage stakeholders to identify potential concerns
 - Identify needs based on local context
 - Identify potential gains and losses associated with implementation
- Evaluate current communication methods and adapt as needed.

4. Outline roles and ensure capacity

- Estimate expected expenditure
 - Estimate costs/time for team members
 - Estimate costs/time for supplies/equipment
- Estimate amount of inputs and capacity available

¹³ For a list of common barriers, see [Taking Action Steps 4&5](#).

- Determine roles and responsibilities of each team member and how they will contribute to the improvement aim
 - Ensure protected time and support for staff
 - Obtain the necessary approval from the facility leader to protect time for key staff
 - Designate an administrative support person or other assistance
 - Ensure clear roles are defined for team members in the partnership institution and communicated clearly across the partnership.
5. Outline monitoring and evaluation activities
- Outline monitoring activities
 - Examine hospital epidemiology and existing measures taken by hospital
 - Identify key indicators of success in implementation
 - Identify key methods for collecting evaluation data
 - Outline evaluation activities
 - Identify key indicators of outcomes
 - Identify key methods for collecting evaluation data
 - Strive for simplicity in evaluation and monitoring
 - Consider benchmarking success from other hospitals in similar contexts.
6. Complete written action plans
- Share preliminary plans – ensure teams in partnership health facilities are in agreement
 - Schedule a series of partnership visits with defined objectives, including twinning partner, other partners, country/WHO lead (if applicable)
 - Agree on a schedule of partner progress reports (see annexes 4-6).

Outputs or deliverables

1. Complete written 2-year Partnership Plan
2. Complete written 6-month initial short-term action plan.

STEP 5: ACTION

Action marks the start of implementing the agreed improvement activities set forth by the action plan. By this stage, partners have established and strategized about methods of action and have secured communication channels for ongoing partnership action. Reviewing progress every six months will allow corrective measures to be taken, if needed. The improvement team should carry out regular and planned monitoring reviews using the indicators previously defined. During this action stage, a method for tracking the budget is advised (12).

Main activities

1. Put Partnership Plan into action with partners
 - Ensure continuous consensus in action between partners
 - Ensure continued alignment with national and sub-national efforts to strengthen quality of health services
 - Ensure that partners working within the same facility are continuously aware of improvement activities
 - Align existing improvement efforts already under way at the facility level
 - Mark the moment of initial action on both arms of the partnership
 - Choose a date.
2. Manage the implementation of activities
 - Set up a regular schedule for the QI team to share updates on progress of the project
 - Ensure methods are used to make data regularly visible to staff
 - Ensure involvement across the institution, including staff members not directly involved in the specific improvement intervention
 - Ensure regularly scheduled communication across the partnership on implementation activities.

3. Coach the team to implement the QI activities

- Provide facilitation and QI methods training for QI team leader
- Provide mentoring, coaching and general on-site QI support using all assets available (local- and partnership-based)
- Build in time for QI knowledge transfer from the team leader to team during team meetings, with the intention of creating cohorts of health workers who can act as catalysts and mentors.

4. Implement the quality initiatives and test changes

- Implement intervention
- Measure performance through small test of change – PDSA cycles or other agreed methods
- Keep track of progress against the planned activities and budget
- Make adjustments to intervention based on information received, e.g. outcomes and feedback in response to small test of change
- Document issues that arise in a log, and how they were tackled
- Set up rapid response mechanisms for trouble-shooting with partners.

5. Assess and refine the interventions

- Implement review every six months
 - Develop interval reports
 - Adjust team efforts accordingly
 - Adjust any changes due to staff turnover, need for capacity-building, or need for re-training or training of additional staff
 - Report back to the partnership on issues that arise¹⁴

¹⁴ For an example of a partnership that confronted failure, see annex 1.

- Celebrate small or large victories on both arms of the partnership.

6. Share learning and spread changes

- Continuously refine change until ready for implementation on a broader scale
- Implement a spread plan, taking careful consideration of sub-national and national contexts
- Spread changes, taking a successful implementation process from pilot and replicating change throughout the organization
 - Identify opportunities to use partnership activities to bring about change in other institutions, encouraging national spread.

7. Document and disseminate the improvements observed

- Distil the change stories
- Distil learnings on implementation by developing knowledge products¹⁵ such as knowledge briefs and action briefs
- Synthesize any learning to have emerged from one arm of the partnership that benefitted the other arm, emphasizing the bidirectional nature of learning
- Disseminate a progress report using appropriate bodies at national, subnational and local levels to maintain to maintain dialogue and connection to overall national plans.

Outputs or deliverables

1. Develop a series of reports outlining action and progress in partnership plan
2. Conduct mid-term review of implementation activities.

¹⁵ Visit the [WHO Global Learning Laboratory](#) for more information on Knowledge Briefs.

STEP 6: EVALUATION

Evaluation and review enables twinning partnerships to assess the impact of both their technical improvement work (against their baseline) and the strength and functioning of their twinning relations. This reflects on the strengths and gaps of the partnerships so that refinements can be made.

Monitoring and evaluation are key components for a successful partnership and must be implemented from the outset of the partnership cycle (13). This step marks the closure of the cycle and allows the partners to review and assess how well the partnership has met its objectives, but also the partnership's true impact. The evaluation is the final stage, but the monitoring has taken place thorough the cycle and the results will inform the overall assessment. In addition to local review meetings and partnership discussions, each twinning partnership provides periodic monitoring reports (6-month reports; 1-year repeated baseline assessment; and a 2-year review).

Some suggest an external evaluation by specialists to ensure objectivity and others suggest using the teams within the project to gather optimal learning. A combination of the two approaches can generate better results and partner satisfaction (13). Whatever is decided, the partners should be involved in the exercise; specialists should be responsible for certain aspects of the evaluation, and the evaluation and monitoring process must be planned for at the beginning of the partnership.

By including the three objectives as an underpinning structure of the evaluation, a successful evaluation reflects on the strength of the partnership, the priority areas of improvement, along with its spread.

Main activities

Initial evaluation planning activities should be conducted in earlier parts of the 6-step partnership cycle. This planning activity should include consideration of:



Core resources for
Step 6 – Evaluation
and Review (see annex 2)

- key indicators on the effectiveness of the improvement effort
- assessment of partnership strength
- spread beyond the partnership
- training on evaluation approaches for those involved in the partnership
- periodicity of reporting.

Evaluation activities are conducted throughout the 6 steps. Step 6 is focused on activities to synthesize findings, as well as conducting any necessary assessments.

1. The partners together review the monitoring reports and decide how to synthesize evaluation (collection of statistical data, interviews, focus group, surveys, etc.)
2. Synthesize findings from key indicators that demonstrate effectiveness of the activities conducted, as well as the long-term impact of the partnership.
3. Prepare an evaluation report based on the actions outlined in the partnership plan (and informed by appropriate evaluation tools).
4. Reflect on the success of the evaluation training.
5. Conduct a repeat of the baseline assessment/ situational analysis to consider progress.
6. Conduct assessment on the strength of the collaboration.
7. Conduct assessment of the spread activities.
8. Synthesize all findings and agree on key lessons learned (consider limiting to top ten).
9. Prepare an evaluation report to demonstrate impact and to advocate for financial support. The reports will focus on the achievement of project outputs and outcomes.
10. Disseminate findings internally and externally.

Outputs or deliverables

1. For a 2-year project, three monitoring reports should be generated and shared across the partnership and with hospital leaders outlining action and progress towards achieving the Partnership Plan (at 6 months, 1 year and 2 years).
2. Repeated baseline assessment/ situational analysis.
3. Evaluation report



KEEPING THE LEARNING GOING

There have been notable successes among the hospitals and health systems that have participated in partnership-based approaches to improvement. These include sustained partnerships, co-developed products and programmes and spread. It has become clear, that in many cases, neither the technical experts from high-income settings, nor the local providers from low-income institutions have sufficient knowledge and know-how to affect improvements. Strong, trusting, inter-institutional partnerships are therefore needed to co-develop solutions that can lead to success and spread. Linkages with national efforts to enhance quality are key to successful cascading of learning for maximal impact on health outcomes.

The 6-Step Partnership Improvement Cycle and the TPI Preparation Package provide a practical blueprint for action. It should be noted, however, that each partnership is different - adaptation will invariably be required. Learning will certainly emerge, and this document will also be improved over time.

Quality improvement is still an evolving science, and humility is essential for partners on all sides of the TPI. Indeed, successful partnering is rewarding for all those involved. There is much to be learned about how to apply the principles and practices of quality improvement to strengthen the delivery of health services and build resilient health systems in developing countries, yet, lessons also flow back to the so-called developed world. The prototype partnership between Tellewoyan Memorial Hospital in Liberia and Nagasaki University Hospital in Japan proved invaluable in informing the design of the larger TPI initiative. The experiences from this and other efforts will help refine the different approaches to quality improvement. These experiences can also inform and be informed by wider efforts on quality, which have become increasingly prominent in the context of continued advancement of global efforts to achieve universal health coverage.

Resources are limited, and continued global learning about quality improvement will depend on the sharing of knowledge, experiences and ideas. Entities such as the [WHO Global Learning Laboratory \(GLL\) for Quality UHC](#) can foster such sharing. The GLL is also a space where successes can be celebrated and knowledge, experience, and ideas shared. Sometimes there is failure, but resilience is needed to find a way to succeed – a huge body of learning resides in these initial failures. The words of Benjamin Franklin ring true - “Tell me and I forget, teach me and I may remember, involve me and I learn.” That is the power of human interaction that lies at the heart of a partnership.

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ANNEXES

ANNEX 1

Case study - Adjusting action when it's not working

Developing a culture of learning in Malawi¹⁶
Partnerships work together to identify what works, what does not and what can be learned from this. The Zomba Mental Health Services (Malawi) partnered with the Department of Health Sciences at the University of York (UK) and worked together on a project designed to strengthen the system of community mental health care in Zomba District, Malawi. The project aimed to develop the role of local village-based health workers, known as health surveillance assistants (HSAs), through training and support, in delivering mental health interventions

¹⁶ This partnership was supported by THET.

for the first time. Planning and delivery of the project involved key professionals in Zomba from mental health services and district health offices, as well as discussions with the HSAs.

To collect data, the project manager of Zomba conducted visits to the village-based HSAs on a monthly basis. This allowed him to capture relevant data and discuss it with them. This process allowed them to engage HSAs in the project as a whole. "It enthused people, kept them motivated and interested, and kept the momentum of the project going. This wouldn't have happened if we hadn't built in face-to-face visits", admitted the project manager.

There were practical difficulties and the data required for monitoring and evaluation was not efficiently collected. The project manager of Zomba had planned to capture all data on his laptop on a monthly visits, but this proved too time-consuming. Having realized the data collection system was not working, the team agreed that

paper copies of the data would be taken off-site between visits, and that the timescales should be allowed to slip. This affected the progress of the partnership improvements and the colleagues involved agreed to improvise and adjust the action planning.

The project manager of Zomba believes that learning has been facilitated by the partners having respect for each other's views and ideas, and making decisions collectively. "The UK partner was very supportive of our new ideas on the implementation of the work. This has helped the partnership to work better together for one common goal, evidenced in the successful results. In the process, the Malawi partners have gained knowledge and learnt skills, including in relation to good project and financial management, and analysis, interpretation and reporting of data."

Acknowledging problems allows partners to look for solutions and turn challenges into lessons learned.



ANNEX 2. TOOLS AND RESOURCES

The tools and resources listed below aim to provide support in the development and execution of your action plan. The resources are diverse and span, not exclusively, advocacy, business/financial, guidance/policies/standards, templates, toolkits and selected academic publications. The resources are included after careful review of WHO materials. Inclusion of a resource is based on its perceived usefulness and also its availability. Inclusion of a resource does not imply endorsement by WHO of any specific organization associated with the resource.

Many tools and resources that are applicable in hospitals can be accessed through the WHO website of Hospital of the XXI Century: <http://www.who.int/hospitals/en/>

Core resources for Step 1 – Partnership development

Type of resource	Location
Starting a health partnership (THET)	https://www.thet.org/wp-content/uploads/2017/09/How-to-start-a-Health-Partnership.pdf
Example of letter of commitment	http://www.who.int/patientsafety/implementation/apps/APPS_registration/en/
Example of memorandum of understanding	https://www.thet.org/wp-content/uploads/2017/09/Memorandum-of-Understanding-Template.pdf
La coopération internationale hospitalière – guide des bonnes pratiques. (French Hospital Federation)	https://www.fhf.fr/Europe-International/La-cooperation-internationale/Guide-cooperation-internationale-hospitaliere
Guide de la coopération hospitalière pour l'aide au développement	https://www.cultura.com/guide-de-la-cooperation-hospitaliere-pour-l-aide-au-developpement-9782859526849.html
Successful partnerships, a guide of OECD	https://www.oecd.org/cfe/leed/36279186.pdf
Position Statement - Global Catalyst Group for Institutional Health Partnerships	http://www.who.int/patientsafety/implementation/apps/global-catalyst-group.pdf

Core resources for Step 2 – Needs assessment

The needs assessment tools that you see below are not exhaustive. They were identified from the process undertaken by the partnership prototype between Tellewoyan Memorial Hospital and Nagasaki University Hospital.

	Type of resource	Location	Year of publication
IPC and patient safety	Situational analysis for patient safety. A tool to assess the current level of patient safety in a health care facility based on 12 action areas	http://www.who.int/servicedeliverysafety/twinning-partnerships/tools/en/	2009, revised in 2015
	WHO Hand hygiene Self-Assessment Framework. A critical first step in improving hand hygiene in a health facility is to complete this assessment	http://www.who.int/gpsc/country_work/hhsa_framework_October_2010.pdf	2010
	Twinning Partnerships for Improvement. Situational assessment report: quality and patient safety- Tellewoyan Memorial Hospital and Lofa County Health System	http://apps.who.int/iris/bitstream/10665/253523/1/9789241511872-eng.pdf?ua=1	2017
	A tool for Infection prevention and control for supporting national implementation through effective baseline assessment and evaluation	http://www.who.int/infection-prevention/tools/core-components/ICPAT2.pdf	2017
Workforce	Human Resource Management Rapid Assessment Tool for Public and Private-Sector Health Organizations	http://www.imgforhealth.org/sites/default/files/HRM_Rapid_Assessment_Tool_0.pdf	2005
	Guidelines: Incentives for health professionals. This underlines both financial and non-financial incentives as critical to ensuring effective recruitment, retention and performance of health workers across the world.	http://www.who.int/workforcealliance/documents/Incentives_Guidelines%20EN.pdf	2008
Water, sanitation and hygiene	WASH FIT. A practical guide for improving quality of care through water sanitation and hygiene in health care facilities	http://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en/	2017
Health service delivery management	Service availability and readiness assessment (SARA). A tool to assess and monitor service delivery in terms of availability and readiness of the health sector and to generate evidence to support the planning and managing of a health system	http://apps.who.int/iris/bitstream/10665/104075/1/WHO_HIS_HSL_RME_2013_1_eng.pdf	2015
	Situational analysis of quality improvement in health care, Tanzania. This analysis covers the current status of QI work, standards and their assessment, indicators for QI, methods and approaches in use, progress made, SWOC analysis.	http://www.tzdpq.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/Sub_Sector_Group/Quality_Assurance/11.a_Situation_Analysis_of_Quality_Improvement_in_Health_Care_Tanzania_-_Final.pdf	2012
Essential surgical care	Tool for Situational Analysis to Assess Emergency and Essential Surgical Care	http://www.who.int/surgery/publications/s15986e.pdf?ua=1	2012

Core resources for Step 3 – Gap analysis

	Type of resource	Location	Year of publication
Gap analysis	Implementing a gap analysis framework to improve quality of care for your patients. USAID case study showing a gap analysis step-by-step.	https://www.usaidassist.org/sites/assist/files/hci.ghc_gap_framework_workbook.14jun10_1.pdf	2010
Gap analysis	AHRQ Quality indicators toolkit – Instructions for doing a gap analysis	https://archive.ahrq.gov/professionals/systems/hospital/qitoolkit/d5-gapanalysis.pdf	2012
Practical resource	Twinning Partnerships for Improvement. Japan-Liberia Partner Planning Workshop Report	http://www.who.int/servicedeliverysafety/twinning-partnerships/partnership-planning-report.pdf	2016

Core resources for Step 4 – Action Planning

The WHO Recovery Toolkit, [accessible here](#), is a library of guidance resources in a single place which can be quickly and easily accessed, to guide action. A key purpose of the Recovery Toolkit is to support countries in the reactivation of health services which may have suffered as a result of a large-scale emergency. These services include ongoing programmes such as immunization and vaccinations, maternal and child health services, and noncommunicable diseases. In addition, and because the Toolkit contains core information needed to achieve functioning national health systems, it also supports countries with implementation of their national health plans during the recovery phase following a public health emergency.

	Type of resource	Location	Year of publication
Knowledge translation	Translating evidence into practice: a model for large scale knowledge translation	http://www.bmj.com/content/337/bmj.a1714	2008
Planning and implementation	WHO planning and implementation of district health services	http://www.who.int/management/district/planning_budgeting/PlanningImplementationDHSFROMd4.pdf?ua=1	2004
	WHO implementation strategy and tools. A guide to implementation of the WHO Multimodal Hand Hygiene Improvement Strategy	http://apps.who.int/iris/bitstream/10665/70030/1/WHO_IER_PSP_2009.02_eng.pdf?ua=1	2009
	Implementation tools and resources for supporting facility and national level implementation of the WHO Guidelines on Core Components of Infection Prevention and Control Programmes	http://www.who.int/infection-prevention/tools/core-components/en/	2018
	Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Evidence-based guideline to support countries as they develop and execute their national antimicrobial resistance (AMR) action plans.	http://apps.who.int/iris/bitstream/10665/251730/1/9789241549929-eng.pdf?ua=1	2017
	Planning and implementation of district health services. 10 steps in planning, essential health package, health systems research, disaster preparedness	http://www.who.int/management/district/planning_budgeting/PlanningImplementationDHSFROMd4.pdf?ua=1	2004

	Tools for assessing the operationality of district health. A set of tools aimed at district health management teams to generate the information that will serve as a basis for improving the operationality of health districts	http://www.who.int/management/district/assessment/assessment_tool.pdf	2003
	WHO Safe management of wastes from health care activities. Provides comprehensive guidance on safe, efficient and environmentally sound methods for the handling and disposal of health care waste in normal situations and also emergencies.	http://www.searo.who.int/srilanka/documents/safe_management_of_wastes_from_healthcare_activities.pdf?ua=1	2014
	Sanitation Safety Planning (Implementation tool). Manual for safe use and disposal of wastewater, greywater and excreta.	http://apps.who.int/iris/bitstream/10665/171753/1/9789241549240_eng.pdf?ua=1	2015
	WHO - Workload indicators of Staffing Needs (WISN) – User's Manual	http://www.who.int/hrh/resources/WISN_Eng_UsersManual.pdf?ua=1	2010
	Association for Professionals in Infection Control and Epidemiology (APIC) HAI cost calculator:	http://www.apic.org/Resources/Cost-calculators	

Core resources for Step 6 – Evaluation and Review

	Type of resource	Location	Year of publication
Monitoring and evaluation	M&E planning tool for both implementing and reviewing M&E plans	https://www.thet.org/resources/hps-monitoring-evaluation-plan/	2014
Evaluation FAQs	Step-by-step guide for health partnerships to effectively carry out an evaluation of their projects and partnerships in the form of frequently asked questions.	https://www.thet.org/resources/health-partnerships-evaluation-faq/	2014
APPS -Evaluation Handbook	A guide to evaluate five domains of a partnership: situational analysis, partnership strength, patient safety improvements, patient safety spread and annual evaluation report	http://www.who.int/patientsafety/implementation/apps/Evaluation-Handbook_EN.pdf?ua=1	2012
Monitoring, evaluation and learning	Webinar: sharing of experiences to provide some reflections around M&E	https://www.youtube.com/watch?v=v_oHEvgE_aA	2016
Monitoring and evaluation	Health partnership symposium on monitoring, evaluation and learning. Document gathering tips to understand the value of M&E. Examples and exercises are provided.	https://www.thet.org/wp-content/uploads/2017/09/Monitoring-and-Evaluation.pdf	2017
Monitoring and evaluation	EFFECt tool stands for EFFective in Embedding Change. This tool focuses on assessing implementation best practice, embedding change and the added benefits to individuals and institutions using a partnership approach	https://esther.eu/index.php/effect-tool/	2017

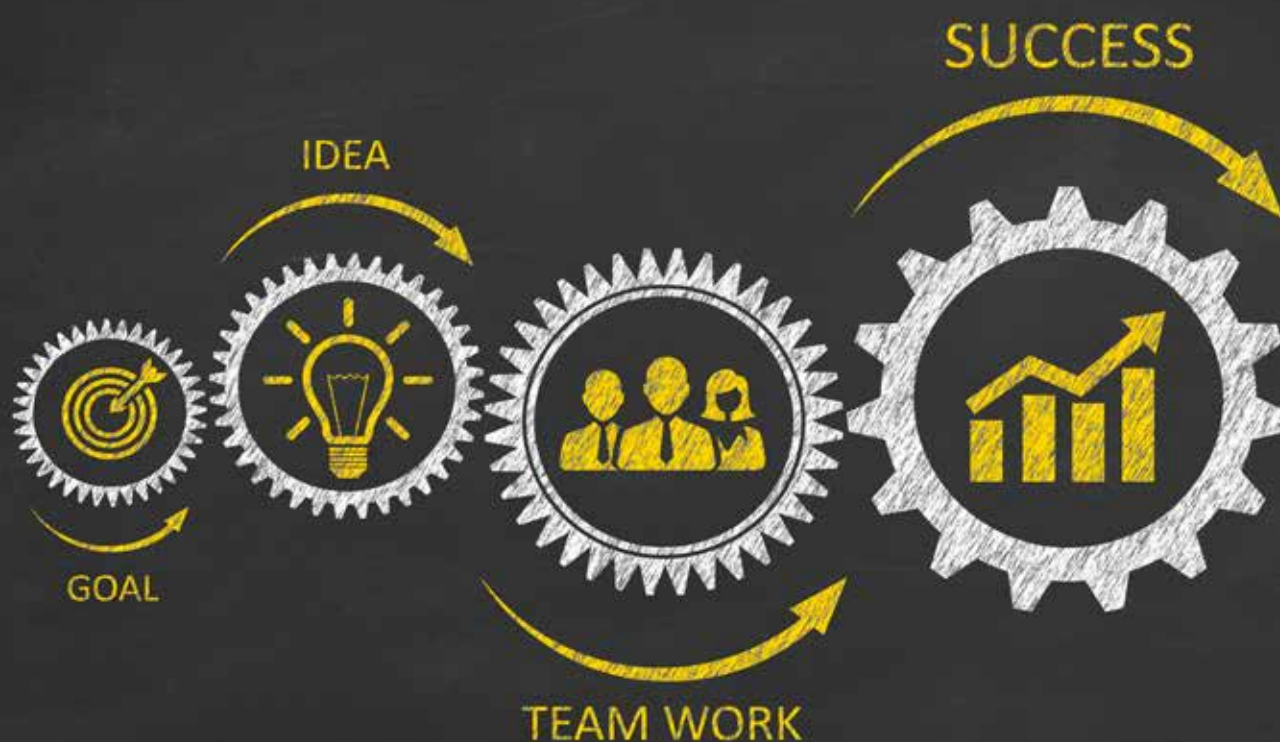
Core resources for improvement

	Type of resource	Location	Year
PDSA Cycle (Plan-Do-Study-Act)	Systematic process for gaining valuable learning and knowledge for the continual improvement	https://deming.org/explore/p-d-s-a	2018
Model for improvement	The Model for Improvement, is a simple, yet powerful tool for accelerating improvement	http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx	2018
Confronting staffing issues and turnover of health facility staff	Understanding the barriers to setting up a health care quality improvement process in resource-limited settings: a situational analysis at the Medical Department of Kamuzu Central Hospital in Lilongwe, Malawi	https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-14-1	2014
WHO Multimodal Improvement Strategy	A one-page visual describing the five-part multimodal strategy to support IPC improvement in a health care facility	http://www.who.int/infection-prevention/publications/ipc-cc-mis.pdf?ua=1	2017

ANNEX 3. TPI SITUATIONAL ASSESSMENT “HOW TO” TOOL EXAMPLE

Step 2: TPI Situational Assessment “How To” Tool

The following “how to” tool is presented as a practical guide explaining steps to plan and execute an in-depth situational assessment to inform a twinning partnership initiative between two interested partner institutions. This assessment seeks to provide a foundational basis for the co-development of an effective and sustainable twinning partnership between partner institutions. This “how to” tool informs the process of conducting Step 2 of the 6-Step Partnership Improvement Cycle. The “how to” document is to be used together with the TPI Preparation Package and its associated resources.



Pre-Assessment: Deconstruct (minimum 4 weeks prior to assessment)		Assessment: Learn (10 days in-country)		Post-Assessment: Build (4 weeks post-assessment)	
OBJECTIVE: REVIEW IN-COUNTRY NATIONAL DOCUMENTS, IDENTIFY QI OPPORTUNITIES AND RELEVANT IN-COUNTRY PARTNERS	<ul style="list-style-type: none">Identify experienced and motivated lead person to coordinate assessmentInform WHO country office and regional office of impending situational assessmentConduct desk review of existing national, sub-national and institutional documents on quality and safety. Possible documents include:<ul style="list-style-type: none">National health sector policy/planNational quality health strategyDistrict/county-level operational or work planHealth facility annual plan or workplanartner coordination mechanismsIn-country quality of care measurement documents/projectsIdentify areas you intend to evaluate during the assessment. Ideally, all five assessment thematic areas should be considered:<ul style="list-style-type: none">Quality ImprovementPatient Safety (PS)Hand Hygiene (HH)District-level health systemPatient & Community PerspectiveReview long-form of interview guide addressing any unanswered questions that ariseDetermine situational assessment schedule and share with WCOWCO country office to schedule meetings in-country and facilitate facility/ district site visitIdentify composition of mission team and assign lead roles for five thematic areasIdeally, team should include representation from MOH, multiple levels of the organization (if available) and the partner institutionsEnsure availability of relevant skill set, aligned with selected thematic areasIdentify relevant development partners/stakeholders to be consultedInitiate series of coordination calls and email exchange with assessment team to discuss technical scope of mission and logisticsIf funding allows, initiate scoping mission to sensitize Ministry officials and partners in-country (if funding does not allow, initiate as part of in-country assessment)	OBJECTIVE: BUILD RELATIONSHIPS AND LEARN FROM FRONT-LINE PERSPECTIVES	<ul style="list-style-type: none">Conduct team exercise with health facility staff and district health team to gain:<ul style="list-style-type: none">an understanding of the partner institutionscurrent understanding on quality and safety within local context.Consult TPI Preparation Package for core technical tools and resources used for Step 2Identify key informant(s). Individual(s) should be a respected person amongst his/her peers.Review interview guide with key informants or group and collectively refine tool to adapt to local context.Key informant schedules interview times with health worker (HW) cohort. Recommendation for focused group discussions (FGD) with homogenous health worker cohort, if total cohort number exceeds five. Small homogenous groups allow for open discussion and confidentialityDuring day of HH and PS assessment, do not hold any FGD. This is to allow limited HW participation in assessment.Collect, analyse and crosslink data for all five thematic areas dailySummarize and present preliminary findings to:<ul style="list-style-type: none">Hospital staff and district level staffWHO Country Office/Ministry of HealthRelevant partners such as funding agencySummarize preliminary recommendations according to actions needed for different stakeholders:<ul style="list-style-type: none">TPI initiativeHealth facilityDistrict health teamMinistry of HealthHold daily assessment team meeting to debrief from day's activities, address emerging key issues and prepare for next day	OBJECTIVE: TRANSLATE FINDING, SHARE WITH KEY STAKEHOLDERS AND INITIATE ACTION PLANNING PROCESS	<ul style="list-style-type: none">Develop and finalize detailed assessment report in collaboration with the thematic lead persons, seeking any approvals where requiredDevelop short story from assessment highlighting quality improvement and safety opportunities and share with WHO Learning Laboratory for Quality Universal Health Coverage networkParticipate in action-planning workshop for the twinning partnership initiative presenting summary of the scoping mission findings and recommendationsCo-develop a partnership plan around the focused action areas identified by partner institutionsUse the assessment results to form the basis of the TPI partnership plan developmentProvide feedback to WHO TPI team on assessment planning checklistDiscuss opportunities to leverage partner initiatives to support bottlenecks identified at district-/country-levelDuring Steps 4-6 of TPI cycle, consult quality improvement resources in TPI preparation package for action steps and evaluation/ review.Conduct evaluation assessment as part of Step 6 of partnership Improvement cycleConduct Situational assessment on an annual basis (as needed)Align and build monitoring and evaluation system for the partnership with in-country quality of care measurement initiativesConsult TPI quality improvement resources for hospital partnerships to inform monitoring and evaluation system of the partnership
	EXAMPLES OF HEALTH WORKER COHORT		<p>FACILITY- LEVEL</p> <ul style="list-style-type: none">Clinical staff: doctor, physician assistant, nurses, midwives, pharmacist, lab technician, aides etc.Non-clinical staff: maintenance staff, cleanersHospital ManagementPatient & Community RepresentativesPartners within Health Facility		<p>DISTRICT/COUNTY-LEVEL</p> <ul style="list-style-type: none">Health BoardsManagement TeamsHealth Structure DirectorsDistrict/County Superintendent, District Commissioners, Traditional chiefsPartners

ANNEX 4. TPI PLANNING TEMPLATE

SUMMARY INFORMATION	
Name of twinning institution 1:	Name of lead:
Name of twinning institution 2:	Name of lead:
Name and date of situational analysis/ baseline assessments used:	Names of individuals completing the plan:
Technical action areas for focus: Partners to consider specific areas to work on, based on situational analysis (experience highlights the need to focus on 2-3 areas maximum)	<p>Example:</p> <p>Project 1: Infection prevention and control</p> <p>Project 2: Knowledge and competency on quality improvement.</p>
For each action area, complete the template below. Use as many forms as required depending on the additional action areas addressed.	
Project number and action area	<ul style="list-style-type: none"> E.g. Project 1: Infection prevention and control
Brief description of project	<ul style="list-style-type: none"> Provide a 1-2 sentence outline of the project
Project goals	<ul style="list-style-type: none"> List the change the project will contribute to in 1-2 sentences. Where possible, link to national and/or local policies and plans including the national direction on quality. Try to emphasize how the goals of the project respond to the needs identified in the baseline assessment.
Project outcome(s)	<ul style="list-style-type: none"> Describe the improvement that you hope will result from the project. Outcomes often relate to changes in practice or health outcomes. The outcomes should contribute to the achievement of the goal.
Project output(s)	<ul style="list-style-type: none"> The direct results of the project e.g. 20 people trained in infection control. The outputs should lead to achievement of the outcomes.
Main activities	<ul style="list-style-type: none"> List all planned activities. For each activity, briefly outline what will be done; where and who will be involved on each side of the twinning partnership; how long it will take; methods to be used; and associated costs. List technical exchange schedule ie. Fortnightly skype connection, monthly leads 1-to-1, 6-monthly visits, ... Is a visit planned in conjunction with this project? (if yes, list likely human and financial costs.) Twinning visit plans for year 1 should be thought through in detail. Plans for year 2 may be more general. Include a draft timeline. What mechanisms are planned to allow receipt of just-in-time input to technical issues? How will you connect with WHO efforts to support quality improvement?

Beneficiaries	<ul style="list-style-type: none"> • Include information about the people who will benefit (directly and indirectly) from the project e.g. lab technicians; hospital managers; nurses and different groups of patient and community members. • Describe how they will benefit and provide realistic estimates of how many people in each group will benefit. • Will benefits span both sides of the twinning partnership?
Stakeholders	<ul style="list-style-type: none"> • Identify the key stakeholders and their interest in the project (e.g. other department, district and national health offices) i.e. any individual or group that may exert influence over the project activities and outcomes (across both arms of the partnership). • Consider the local community and key stakeholders, including patients and families who could contribute and add value to the planned efforts. • Outline which stakeholders the twinning partnership will report to and how often.
Monitoring and evaluation	<ul style="list-style-type: none"> • Define key indicators to be used to monitor whether the outcomes of your project have been achieved. • Provide an overview of your monitoring and evaluation plans, providing an outline of methods, who will be involved, how the process will be managed, and how partners will learn together.
Sustainability and spread	<ul style="list-style-type: none"> • Describe how long the activities will continue and what the plans are for long-term funding. • What benefits will continue after the initial 2-year project ends and how? • List your plans for building on project achievements. • Describe how you will actively disseminate new information gathered and consider activities to support vertical, horizontal and spontaneous spread opportunities.
Risks	<ul style="list-style-type: none"> • Identify potential risks associated with the plan e.g. key personnel moving on, changing institutional priorities, conflict between twinning partners, and how you will manage each of these risks. • List external risks and how you will manage them (e.g. ICT breakdown, problems with visas, political uncertainty).
Project management and support	<ul style="list-style-type: none"> • Outline project responsibilities including division of responsibilities across the twinning partnership. • Provide details of the key personnel involved in each arm of the partnership. • Consider key management questions: What systems will be used to manage finances in both locations? Who will have the main responsibility for budgets? How will you ensure that communication is effective and that all partners know what is happening?
Approved by	
Date of approval	

ANNEX 5. TPI VISIT PROPOSAL TEMPLATE

The Visit proposal template should be completed once a visit has been agreed, to ensure that the visit has clear objectives and contributes to the overall partnership planning.

Twining partnership (list both institutions within the partnership):	Institution 1: Institution 2:
Name of person completing the visit proposal form:	
Purpose of visit - describe which partnership project(s) the visit relates to:	
What are the dates of the proposed visit?	Start date: End date:
Is the visit aligned with existing in-country activity with no duplication of training or policy development work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Does the visit clearly meet the needs of the twinning partner institutions?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Briefly describe the expected outcomes of the planned visit (outcomes are clear, realistic and logical):	
Briefly describe the outputs of the planned visit (outputs are clear, realistic and logical):	
Briefly describe any risks you think might be associated with the visit:	
List estimated costs of the visit:	
Briefly describe how the proposed visit will contribute to monitoring and evaluation of the associated partnership plan:	
List the number of people involved in the proposed visit and their role in achieving the visit objectives:	
Has the visit been jointly planned and agreed across the partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the visit offer potential benefits to both twinning partners (if yes, describe briefly)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Briefly describe how the visit will help achieve sustainability and spread of effective essential health service delivery.	

ANNEX 6. TPI ACTION REPORT TEMPLATE

The Action report template allows key outputs of each period of the partnership to be documented, lessons learned and actions arising logged. This is part of developing a strong, effective, action-focused partnership and contributes to partnership governance.

Twinning partnership (list both institutions within the partnership):	
Name of person completing the report and date completed:	
Time period covered by this progress report:	
Key actions undertaken:	
Key achievements resulting from action taken:	
Key challenges faced:	
Date of next expected progress report:	

ANNEX 7: DEFINITIONS

Accountability: The obligation to report, or give account of one's actions – for example, to a governing authority through scrutiny, contract, management, regulation and/or to an electorate.

African Partnerships for Patient Safety (APPS)

programme: The WHO APPS programme is a hospital-to-hospital focused approach that was results-oriented and co-developed by hospital partnerships. Infection prevention and control, safe surgery, waste management and health worker safety were central elements of the African Partnerships' work providing a common relevant goal that everyone was committed to improving. As a result, substantial implementation experience and learning have been achieved in this field across the African Region. The APPS approach demonstrated how working in partnership results in more motivated staff, increased commitment to change, strengthened capacity-building, focused drive and a desire to find appropriate solutions that will impact immediately on the quality and safety of patient care. This in turn can be used to strengthen the delivery of health services to communities globally.

Clinical effectiveness: The application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimal processes and outcomes of care for patients.

Community partner: Member of a quality improvement team representing a unit of population, often generally geographically defined, that is the locus of basic political and social responsibility and in which everyday social interactions involving all or most of the spectrum of life activities of the people within it takes place.

Continuous Improvement: The process of making something better or of getting better.

Integrated People-Centred Health Services (IPCHS)

framework: The IPCHS Framework calls for a fundamental shift in the way health services are funded, managed and delivered to respond to these

challenges. The IPCHS vision is that “All people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment.” WHO recommends five interwoven strategies that need to be implemented in order to achieve IPCHS. Application of the approach can build robust and resilient health services and are critical for progress towards universal health coverage and fulfilling the Sustainable Development Goals.

Partnership: A partnership is a collaborative relationship between two or more parties based on trust, equality and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical.

Patient-centredness: Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.

Patient safety: The reduction of risk and unnecessary harm associated with health care to an acceptable minimum.

Performance: How well a person, team, project, programme, organization, or policy is being implemented against expected results.

Quality: Quality has been defined and understood in different ways around the world. Two of the main definitions are below.

- The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
- The totality of characteristics of an entity that bear on its ability to satisfy stated and implied needs.

Quality audit: a systematic and independent examination to determine whether quality activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve objectives.

Quality assurance: all the planned and systematic activities implemented within the quality system, and demonstrated as needed, to provide adequate confidence that an entity will fulfill requirements for quality.

Quality control: A process to evaluate actual performance, compare actual performance with quality goals, and take action on the difference.

Quality improvement: A process to create beneficial change and attain unprecedented performance.

Quality planning: A process to establish quality goals to develop goods and services that meet customer needs.

Stakeholder: An individual, group or organization that has an interest in the organization and delivery of health care.

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