



Global Health Partnerships anti-racism progress

Following a series of anti-racism seminars for CEOs hosted by Bond and the subsequent formation of the Bond CEO Anti-Racism Working group, we asked three CEOs to take us through their progress on anti-racism within their organisation.

In the first in our series, we hear from Ben Simms, CEO of Global Health Partnerships (formerly THET) on their strategy.

About you: This work is personal – about the individual and the organisation

1. What made you engage in this work?

Organisationally, the impulse to engage in conversations around racism dates to 2019 when we began to unpack some of the unconscious bias at play in our work in global health. We built on earlier conversations about [how power plays out in the Health Partnerships](#) that we promote between health institutions in the UK with those in the global south. But these conversations were electrified in 2020 when Black Lives Matter arrived fully in the mainstream. In my view, the Black Lives Matter movement has changed our world forever.

I felt comfortable embracing this conversation in the following sense: I have campaigned alongside disabled people since the early 1990s. I have worked alongside people living with HIV. Allyship is not a new concept for me. But none of my previous experience prepared me for the root and branch change of outlook triggered by the Black Lives Matter movement. I have had to learn and ‘unlearn’ like never before in the almost 40 years since I graduated from university.

My sense of self, of my organisation and sector, and of the UK, has fundamentally shifted. Active reading has helped. Books like ‘Empireland’ by Sathan Sangera helped me re-think a great deal of the history that I had studied as an undergraduate; ‘Decolonizing Global Healthcare Innovation’ by Matt Harris helped me appreciate the depth of knowledge and expertise across the Global South and how much the UK can learn from this, and books such as ‘Assembly’ by Natsha Brown, taught me just how damaging and toxic racism has been to people, in our relationships, and to us all.

I have learnt a great deal from the sustained and thoughtful work on anti-racism by Bond and, more specifically, from being part of the Bond CEO Anti-Racist Group. This has been an empowering, safe space, to pursue thoughts around allyship, and to sharpen my sense of responsibility as a Chief Executive, to drive systemic change.

Most of all, I am indebted to the people around me. Aside from my personal networks, I have learnt most from my colleagues working at Global Health Partnerships (formerly THET). I regularly re-read an email sent to me by one colleague on 9 June 2020, in which he argued that it is important to be proactively anti-racist. “I think this is a precious opportunity for us all to evaluate, learn, and improve together to be part of building a better society.” I agree, and I am glad he is still working with Global Health Partnerships and helping to make this happen.



Theme: Anti-racism and organisational strategy

2. Why is it important to focus on building anti-racist practices and incorporating an anti-racist perspective into your organisation's strategies?

I am going to emphasise the positives. We embrace an anti-racist agenda because there is so much to be gained: it benefits us all, as individuals, and as an organisation.

For individuals, it is vital that we become adept at creating spaces where people feel safe, valued, thrive, and where we can influence each other. This is important for our staff, and it is important in our work with partners in the wider health community, many of whom have seen the effects of racism playing out in the NHS and beyond. As one of my colleagues said to me: it's important we are intentional about how we address this.

And we know what success looks like.

The profile of NHS staff involved in our work is far, far more diverse than it was five years ago and the more talented people we involve in our work, the greater our impact can be.

Organisationally, we are far more open to learning from our non-UK-based partners, further along the journey of establishing truly equitable partnerships. I will never tire of telling the story of how NHS East London Foundation Trust has reconfigured its mental health services because of the learning acquired from their partners in Uganda. This has been captured in this [profile of Moses Mulimira](#), one of the people who has driven this learning exchange. It is the kind of learning that you only get when you set aside the notion that the NHS is innately superior to other health systems.

3. How have you been able to amplify diasporic voices in your strategies at Global Health Partnerships?

This is perhaps the most important work we have done and which I have personally championed. In 2019, we were asking ourselves: '[How can the NHS learn more from Africa and Asia?](#)' in an inquiry chaired by our Patron, Lord Crisp. After a year of discussion, we realised we had been focused on the idea of sending British clinicians overseas to study health systems when, in our midst, we have people with a knowledge of those health systems. Today, 1 in 5 of NHS staff report a non-British nationality, connecting us to over 200 health systems around the world. But no one, including us, had stopped to ask those staff about their expertise and how it is benefiting patients in the UK, but also in countries of heritage through their global health work. Racism is an important factor in explaining why this is the case.

At a policy level, we have [published two reports highlighting this analysis](#) (in 2021 and 2023) and celebrating the expertise of diaspora staff. We pushed for recognition of the intellectual contribution diaspora make in the White Paper published in November 2023 and are thrilled that the new Labour government is picking up on this view of diaspora, not just as sources of remittances, but as engines of knowledge and learning-exchange between the UK and health systems overseas. We have also engaged in people's workplaces, running a series of engagements in NHS Trusts and Boards across the UK which help those institutions to better value the staff who identify as diaspora.



Reflections on Challenges

4. There have been many conversations around anti-racism and changing the way we work as organisations, what are the challenges that come with changing your strategies?

In a word: manageability. Global Health Partnerships is a small-medium sized charity hell-bent on making the world a better place and we see the need for change in so many areas of our work. Our passion to advance anti-racist approaches is distinctive and all consuming, but it sits alongside our passion for gender equality, the rights of disabled people, a recognition that people are often excluded from accessing healthcare because of their sexuality... It's an enormous agenda and it is sometimes difficult to know where to start, and how to sustain processes of change.

We have struggled, for example, to create enough time for discussions, and we have been vulnerable to the movement of staff, each of whom brings knowledge, lived experience and energy in particular areas about which they are passionate.

If there was one piece of advice I would share about how to deal with this challenge it would be: try and look holistically at how power works to include and exclude people across your organisation and its work. This takes you down a path of understanding intersectionality. This is a slower process perhaps, but I think you can make more substantial progress in the longer-term.

My favourite approach is that advocated by Alex Cole-Hamilton who has introduced me to thinking around [Organisational Integrity](#). We are just beginning to embark on this next exciting chapter at Global Health Partnerships.

5. Tell us a time when you failed. What made you keep going?

When the riots happened across the UK in the summer of 2024, I made two mistakes. First, I was slow to recognise how the racism and Islamophobia driving that violence was affecting my colleagues.

One of my senior colleagues, who has British Asian heritage, understood this agenda immediately and she convened a safe space for us to reflect on what was happening around us. It was only by listening to my colleagues that I realised the full impact of what was happening. It was a sobering reminder of the importance of listening to people with lived experience of racism and of recognising the limits of my ideological and intellectual commitment to anti-racism.

I then felt I was slow in understanding the importance of making a public statement. It fell to another, more junior colleague, also a person of colour, to propose and draft our statement. It was a good statement, which we published, but I felt I had placed the burden of responsibility to respond to racism exclusively on the shoulders of people of colour – the exact opposite of what I am trying to do.

Conversely, it was a reminder that driving anti-racist positions in an organisation requires the leadership of everyone working in the organisation, not just the Chief Executive or senior leaders.



Reflections on creating Change

6. What changes have you been able to implement in your organisation's strategies?

Significant and substantial change has both happened and is underway. Most obviously, we have renamed the organisation to Global Health Partnerships, shifting away from the term 'tropical health' and its associations with the priorities of Empire. We have changed our Memorandum and Articles to recognise the mutual benefit for everyone who engages in global health work – gone are the patronising, and now embarrassing, references to 'poor countries'.

We have refreshed our organisational structure in ways that distributes power and opportunity more evenly across the organisation, regardless of where people live. And our work to celebrate the expertise of diaspora staff working in the NHS and across our own programmes, continues to be transformational. We have substantial evidence that the ideas we have promoted since 2019 are being adopted across the NHS and UK government policy and decision-makers, and we are now in dialogue with partner governments in Africa to pursue this agenda further. We have also shifted our policy and advocacy work, redesigned our grants and programme work, and invested heavily in a three-person team that drives this agenda forward internally and externally. I am incredibly excited about this momentum.

7. Can you share with us a time you have felt that you've managed to progress work on anti-racism?

I'm hoping I've already answered this question, so perhaps I can conclude with a final story about allyship? I was invited to give a [speech to the Ugandan Nurses and Midwives Association UK in 2023](#). I wasn't sure what to expect but prepared carefully and thank goodness I did. Before I spoke, an NHS nurse of 40-years standing spoke of her experience of racism in the NHS, the disproportionate impact COVID had on people of colour in the NHS, and the experiences of the Windrush generation.

It was an incredibly powerful speech. I spoke next, telling the story of what I have described here, and in a way that echoed some of her insights. But what I said is not the point, it is the warmth with which I was received. My allyship was welcome, and that has fuelled my ambition to be of value to broader anti-racism efforts. I am deeply grateful for the encouragement.

8. Why have you found this method of engaging with anti-racism worthwhile and useful for the past 18 months?

The approach I have championed, has been to focus on the positive benefit for us as individuals, and for our organisation. That has been, if you like, my 'northern star'.

Embracing anti-racism approaches opens the door to a world of expertise that had previously been excluded. It improves the impact of our work. It makes Global Health Partnerships a better place to work.

A big part of this, is creating those safe spaces for people to talk, internally and externally. For me, that has been about the learning and unlearning that I referred to earlier. I feel I am a better person for this, and I certainly hope I am a better development professional and Chief Executive Officer as a result.



As Lisa VeneKlasen has written: “Let’s consider again the potential of old fashioned, slow processes of political education and organising that allow us to quietly unlearn and relearn about power to imagine and build a multiracial, democratic and sustainable future.”

9. Reflections on the whole process

I’ll end by returning to the support provided by Bond CEO Anti-Racism Group. This has been sustained over many years now and is making a major contribution to the momentum that I have described here, and that is happening elsewhere.

All of us working in our sector, I would argue, are impatient to see change happen, but the real challenge is to sustain this over time. Bond understand this and the Anti-Racism Group has been an invaluable source of inspiration to me.