

Peer Exchange

Deep dive and practice guidance for HSP



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Table of Contents

Introduction	3
Why Peer Exchange Matters for ASEAN Health Security and Systems Resilience	3
1. Example Peer Exchanges	3
2. HSP’s Approach to Peer Exchange	4
Practical Applications and Modalities.....	5
Good Practices and Tips for Effective Peer Exchange	5
3. Alignment Considerations	7
National, Regional and Global Health Plans and Frameworks	7
ASEAN Health Sector Thematic Priorities	8
IHR 13 Core Capacities	9
4. Implications for Practice	10
Prospective Grantees	10
Reviewers.....	10
ASEAN/UK Stakeholders.....	10
Conclusion	10
Resources	10

Introduction

Peer exchange is a catalytic force behind stronger, more responsive health systems in ASEAN and globally. As the ASEAN-UK HSP pursues resilience, equity, and innovation, peer exchange links institutions and professionals to share practical expertise, foster two-way learning, and align with shared priorities—all vital amid climate risks, equity gaps, and evolving health threats.

Why Peer Exchange Matters for ASEAN Health Security and Systems Resilience

Peer exchange addresses critical gaps by enabling context-driven, practical collaborations:

- **Local Adaptation of Solutions:** ASEAN's health challenges—such as emerging diseases and gaps in primary care—are best addressed through real-world sharing and co-creation of solutions among practitioners who understand regional realities.
- **Accelerating Impact & Innovation:** Cross-border and multidisciplinary learning fosters rapid adoption of new technologies, practices, and governance approaches, as exemplified in digital surveillance adaptations and workforce development projects.
- **System Strengthening and Equity:** Peer exchange mobilises resources, nurtures country ownership, builds trust, and closes gaps in capacity—key to achieving universal coverage and regional sustainability.
- **Building Communities of Practice:** Peer platforms consolidate fragmented expertise and experience, creating communities that sustain learning and adaptation over time.

1. Example Peer Exchanges

Successful peer exchange facilitates cross-country collaboration to address public health challenges, and enables professionals from different regions to share expertise, observe best practices, and co-develop solutions through structured learning activities such as study tours, workshops, and mentoring. The examples below – presented here to inspire and provoke thoughtful design – emphasise mutual learning and capacity building by connecting institutions or networks with complementary strengths, thereby fostering sustainable improvements:

- **Digital Health and Surveillance** – A study tour for health IT officials from Cambodia and Lao PDR to Malaysia to learn about Malaysia’s integrated digital disease surveillance system, followed by virtual mentoring on adapting digital tools for rural contexts.
- **One Health Workforce Development** – A peer exchange between veterinary public health institutes in Vietnam and the UK to co-develop training modules on zoonotic disease surveillance and outbreak response.
- **Climate and Health Adaptation** – An exchange where Indonesian and Philippine public health officials visit Thailand to observe climate-resilient health facility design and disaster preparedness protocols, with follow-up webinars on implementation challenges.
- **Food Safety and Nutrition Surveillance** – A partnership between food safety authorities in Myanmar and Singapore to share best practices on rapid response to foodborne illness outbreaks and laboratory testing methods.
- **Non-Communicable Diseases (NCDs)** – A series of virtual workshops connecting primary care networks in one member state and the UK to exchange strategies for community-based NCD screening and management.
- **Gender and Social Inclusion in Health Emergencies** – A peer learning initiative where women’s health NGOs from across ASEAN collaborate with UK counterparts to develop inclusive risk communication strategies for marginalised populations during health crises.
- **Biosafety and Laboratory Quality** – Technical staff from two member states participate in a job-shadowing program at a regional reference laboratory in Singapore to learn about biosafety protocols and quality assurance systems.

2. HSP’s Approach to Peer Exchange

HSP operationalises peer exchange across its activities through:

- **Genuine Mutuality and Reciprocity:** All exchanges must foster two-way knowledge sharing, respecting the diversity and equality of partner expertise.
- **Strategic Alignment:** Exchanges are guided by ASEAN Cluster priorities and the HSP Theory of Change; each project must clearly connect to health system resilience, One Health, and equity goals.
- **Inclusivity and Equity:** Peer exchange designs must prioritise GEDSI considerations, enabling meaningful participation by all stakeholders, including marginalised groups.
- **Flexible and Adaptive Delivery:** Proposals should anticipate the need to pivot activities in light of new learning or contextual changes, allowing the exchange to remain relevant and impactful.

- Sustainability: Exchanges should commit to follow-up, scaling, and ongoing engagement, such as regular reconvening and creation of knowledge hubs or communities of practice.

Practical Applications and Modalities

Peer exchanges may leverage a mix of modalities, tailored to objectives and context:

- Study Visits and Observational Exchanges: Foster learning-by-seeing and direct experience transfer (e.g., site visits to observe surveillance or lab systems).
- Mentoring and Job-Shadowing: Connect professionals across borders for in-depth, hands-on capacity building.
- Virtual Exchanges and Online Forums: Sustain engagement, foster continuity, and include stakeholders unable to travel; design must address barriers to meaningful participation.
- Structured Workshops and Communities of Practice: Enable joint problem solving, co-created knowledge products, and ongoing learning.
- Competitive and Challenge Formats: Apply in contexts where innovation needs to be jumpstarted or solutions pursued across multiple actors or countries.

Good Practices and Tips for Effective Peer Exchange

Drawing on ASEAN, global, and recent sectoral guidance, key tips include:

Recommendation	What applicants should demonstrate
Institutional Commitment + Peer Focus	While peer-to-peer relational exchange is the key aim for peer exchange awards, institutional-level commitment is a critical factor for future success. An engagement letter from the head of the institution, indicating in-kind support or a formal agreement to collaborate, will be required to ensure sustained engagement and resource alignment throughout the project. Prospective applicants should also consider including individuals with experience of managing change from within institutions/ organisations. This will promote institutional/ organisational change (where appropriate), promote buy-in of the exchange and encourage long-term sustainability.
Potential for Sustainability and Scale-Up	Peer exchanges with clear pathways for continuation, scale-up, or integration into future initiatives beyond the project period will be prioritised, as they contribute to long-term regional benefit. Peer exchanges should consider ways to maximise impact by leveraging investments from other sources, or by outlining an approach to engage other countries/organisations in a catalytic manner. Peer exchanges that link with or integrate HSP grant projects are encouraged.

Recommendation	What applicants should demonstrate
	Peer exchanges and associated learnings should be an ongoing process, rather than an 'ad hoc' event. Proposals should include plans for regular reconvening to discuss processes and lessons which helps create a community of practice and to reinforce knowledge sharing and ongoing collaborations.
Strategic Alignment	Clear link to HSP priorities, national/regional strategies, and Theory of Change. Alignment with ASEAN Health Priorities and National Needs: Activities should address regional health priorities and respond to specific country-level gaps, ensuring relevance and impact within the ASEAN context.
Co-Design & Mutuality	Evidence of joint project design and mutual benefit for all partners.
Cross-Sectoral Collaboration	Addressing health challenges often requires a One Health or multisectoral approach. Proposals that promote collaboration across human, animal, environmental, and other relevant sectors are strongly encouraged under this peer exchange initiative.
Preference for multi-country exchanges	Proposals involving multiple ASEAN Member States (AMS), ideally two or more, in partnership with a UK institution, are encouraged. This approach facilitates resource mobilisation, cross-country learning, and effective matching of expertise. The UK partner can offer global technical assistance, while ASEAN partners ensure contextual relevance. It is preferable for the Sponsor to be based in the region to support project management and strengthen regional capacity.
Demand-Driven & Contextual Fit	Stakeholder consultation and alignment with local needs; evidence of demand
Structured, Goal-Oriented Activities	Clear objectives, milestones, deliverables, and a realistic timeline and budget.
Inclusivity & Equity	Measures for GEDSI, accessibility (language, digital, resource barriers), and focus on IAI/Timor-Leste and marginalised groups
GEDSI Sensitivity	Where relevant, incorporating GEDSI considerations into the proposal will enhance the overall effectiveness and inclusivity of the project. These elements may be included in the initial proposal or integrated during implementation, depending on the project design and context.
Capacity Building & Sustainability	Plans for ongoing collaboration, knowledge retention, and network-building post-award. Methods and approaches to sustain the partnership beyond the life of the peer exchange should be considered. This could include establishing 'centres of excellence' or 'knowledge hubs' where peer exchange participants from other countries could visit for capacity building or training opportunities.
MEL & Adaptive Management	MEL plan with clear indicators, feedback, and adaptive strategies. Proposals should identify concrete outputs such as manuals, handbooks, educational programs, online platforms, or other knowledge products. While peer exchange can take the form of co-working on implementation or experiential learning, the expected outcomes must be clearly described and measurable to demonstrate the value and impact of the exchange. Processes should be in place to capture change and learning as a result of the exchange.

Recommendation	What applicants should demonstrate
Risk Management	Identification of risks and mitigation/adaptation strategies should be considered to demonstrate critical thinking about potential challenges and defining realistic and proactive plans to address them.
Compliance & Safeguarding	Address safeguarding, fraud, GDPR, and “do no harm”.
Flexibility	Ability to pivot and adapt the peer exchange mid-course based on learnings and emerging priorities should be considered. This allows the peer exchange to be driven by demands and needs.
Two-way knowledge exchange	Peer exchange should be a two-way knowledge exchange rather than a single, one-way transfer of knowledge. Consideration should be given to the shared goals, challenges, and political, social and economic environment of the peer exchange partners involved.
Country ownership	Country ownership is critical, and relevant stakeholders should be included in the peer exchange to achieve this.

3. Alignment Considerations

When designing their proposed exchanges, HSP peer exchange applicants are expected not only to articulate how the project will contribute to the HSP Theory of Change, but also to take into account:

- Health plans and frameworks at a number of different levels
- ASEAN’s Health Priorities, and, if possible
- The 13 Core Capacities of International Health Regulations.

While not all of these tools, frameworks, and plans will apply to every applicant, they collectively can help applicants ensure their project is relevant, impactful and more likely to contribute to sustainable outcomes.

National, Regional and Global Health Plans and Frameworks

HSP grants and peer exchange awards are expected to align with regional, national, and/or global frameworks to ensure coherence, maximise resource use, strengthen systems, enhance accountability, support innovation, and leverage political will. This alignment is essential for a coordinated, effective, and sustainable response to the complex challenge of health security. Applicants should review and consider thematically relevant plans and guidelines from WHO, FAO, World Organisation for Animal Health and other coordinating health sector expert bodies, in addition to relevant national plans and strategies in the countries where the work will be focused.

ASEAN Health Sector Thematic Priorities

HSP supports activities aligned with relevant national and regional health strategies that contribute to ASEAN's vision of a healthy, caring and sustainable ASEAN community. To this end, HSP funding must align with the Health Priorities for ASEAN Health Clusters 2, 3 and 4. For this Terms of Reference, applicants should plan to contribute to at least one or more of the priorities below:

ASEAN Health Cluster	Health Priority <i>See the ASEAN Post 2015 Health Development Agenda (2021-2025) for details: https://asean.org/wp-content/uploads/2022/07/Summary_ASEAN-Post-2015-Health-Development-Agenda-2021-2025_FINAL_adopted-15th-AHMM_May-202239.pdf</i>
Cluster 2: Responding to All Hazards and Emerging Threats	HP 8: Prevention and control of communicable diseases, emerging infectious diseases, neglected tropical diseases and zoonotic diseases
	HP 9: Regional preparedness and response to public health emergencies
	HP 10: Strengthening laboratory capacity
	HP 11: Combatting antimicrobial resistance (AMR)
	HP 12: Environmental health, health impact assessment (HIA) and health impact of climate change
	HP 13: Disaster Health Management
Cluster 3: Strengthening Health System and Access to Care	HP 14: Traditional & Complementary Medicine
	HP 15: Reproductive, Maternal, Neonatal, and Child Health
	HP 16: Universal Health Coverage, including health financing and health service delivery
	HP 17: Migrants' health
	HP 18: Pharmaceutical development
	HP 19: Human Resources for Health
	HP 20: Digital health and health information system
Cluster 4: Ensuring Food Safety	HP 21: Food safety

IHR 13 Core Capacities

The 13 Core Capacities of the International Health Regulations (IHR) stem from years of international collaboration to control infectious diseases, culminating in the IHR (2005), which became legally binding in 2007. These capacities were designed to help countries detect, assess, notify, and respond to public health risks, drawing on lessons from outbreaks like SARS and emphasising a coordinated, global approach to health security. For national preparedness, the core capacities provide a framework for building health systems that can identify and manage a wide range of hazards, ensuring countries can fulfil their international responsibilities and prevent local threats from becoming global crises.

HSP Peer Exchange Awards recognise these capacities as tools to strengthen ASEAN countries' ability to prevent, detect, and respond to health threats. Although it is not mandatory, where relevant HSP encourages applicants to submit proposals that enhance these capacities:

Recommendation	What applicants should demonstrate
National Legislation, Policy, and Financing	Countries must have appropriate laws, policies, and sustainable financing in place to support all aspects of IHR implementation, including public health emergency preparedness and response.
Coordination and National Focal Point Communications	A functional mechanism should exist to coordinate IHR activities across sectors, with an established National IHR Focal Point responsible for timely communication with WHO and relevant national authorities.
Surveillance	A robust surveillance system is needed to detect, assess, and report public health events rapidly, using both indicator- and event-based surveillance methods.
Response	Countries must have the capacity to respond promptly and effectively to public health risks and emergencies, including the ability to mobilise resources and coordinate multi-sectoral response teams.
Preparedness	This involves developing, testing, and updating national and local public health emergency preparedness plans, including hazard mapping and resource identification.
Risk Communication	Effective mechanisms must be in place to communicate risks and health information to the public and stakeholders before, during, and after emergencies to ensure informed decision-making and public trust.
Human Resources	A sufficient and well-trained public health workforce is essential, with ongoing training and capacity building to ensure readiness for surveillance and response activities.

4. Implications for Practice

Prospective Grantees

- Clearly identify mutual benefit, co-design processes, and stakeholder consultation mechanisms.
- Detail explicit plans for ongoing engagement, knowledge dissemination, and integration with institutional strategies for health system strengthening.
- Incorporate GEDSI, flexibility, capacity building, and early wins for demonstration value.

Reviewers

- Assess evidence of two-way exchange, strategic and contextual fit, risk mitigation, and a clear MEL plan.
- Pay attention to sustainability plans, community engagement, and participant safety and accessibility.

ASEAN/UK Stakeholders

Use peer exchange to accelerate the implementation of cluster work programmes, support policy coherence, and build a pan-ASEAN culture of innovation and mutual support.

Conclusion

Peer exchange is a pillar of HSP's approach to resilient health systems in ASEAN. Implemented well, it produces transformative results: stronger communities of practice, improved equity, system-wide impact, and scalable innovation. Embedding these global best practices—trust building, country ownership, dynamic modalities, robust MEL, and strategic alignment—ensures exchanges build capacity and lead to lasting health improvement and collaborations.

Resources

Peer Learning & Collaboration in Health

- How Peer Learning and Collaboration Drive Better Health Outcomes?
<https://propharmaresearch.com/en/resources/diffusion/how-peer-learning-and-collaboration-drive-better-health-outcomes>

- Peer-to-peer sharing in public health interventions: strategies when ...
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11210409/>
- Development of a Best Practice Guidance on Online Peer Support ...
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11428312/>
- Development of Best Practice Guidance on Online Peer Support for ...
<https://www.sciencedirect.com/org/science/article/pii/S1929074822004267>

Community of Practice & Learning Exchange

- Facilitating learning exchange and building a community of practice ...
<https://innovations.bmj.com/content/8/3/155>
- South-South Peer Exchange Knowledge Platforms: Good Practice ...
<https://opendocs.ids.ac.uk/ndownloader/files/51519209>
- Design and validation of a cross-cultural virtual exchange ...
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11897259/>

Health Systems Strengthening & Regional Cooperation

- Building a Resilient Health System to Strengthen Regional Health ...
https://asean.org/wp-content/uploads/2024/08/ASCC-RD_Flagship-Report_Health2-2024.pdf
- Guidelines-for-a-peer-to-peer-and-cross-border-partnership ...
<https://tehdas.eu/app/uploads/2022/04/tehdas-guidelines-for-a-peer-to-peer-and-cross-border-partnership-for-the-secondary-use-of-health-data.pdf>