Addenbrooke's Abroad to **Cambridge Global Health Partnerships**

Our journey so far
2007 – 2017

Cambridge
Global Health Partnerships

OUR FIRST TEN YEARS IN NUMBERS

1	REGION - CAMBRIDGESHIRE
3	SUSTAINABLE DEVELOPMENT GOALS
11	PARTNERSHIP HOSPITALS
16	SPECIALTIES
59	COUNTRIES REACHED
84	NATIONALITIES IN CUH
198	ELECTIVE BURSARIES
467	UK VOLUNTEERS
3,860	PEOPLE TRAINED
10,105	DAYS ON PLACEMENT

Introduction

Health is becoming an increasingly global issue, as recognised in the UN Sustainable Development Goals (SDGs). The SDGs provide a clear and inspiring vision of a shared and sustainably developed world, with no one left behind. We share this vision and have been working for the last decade to realise it.

Healthcare systems are increasingly under pressure, and as resources become stretched, so new solutions emerge. In many low and middle-income countries procedures are often undertaken with a fraction of the resources deployed in the UK, and in much more challenging environments. In the UK multi-disciplinary team working makes more efficient use of the skills of healthcare professionals.

Health partnerships play a crucial role in facilitating the flow of ideas, information and innovation. At their core they inspire, equip and support health professionals to make a difference and to develop new relationships, skills and capabilities.

For the last ten years we have been at the leading edge of this approach, drawing specifically on the expertise of Cambridge's world-leading healthcare community to support projects in Botswana, El Salvador, Myanmar and many other countries; and bringing back fresh insights, motivation and skills to enrich and develop UK policies and practice. We have shared what we have learned, contributing to policy development including the NHS, DoH and DfID's Framework for Voluntary Engagement in Global Health.

Organisationally we are a close family member of Cambridge University Hospitals (CUH). We are grateful to our donors; to our Advisory Committee for providing detailed guidance; to Addenbrooke's Charitable Trust (ACT) for providing governance, finance and fundraising support; and to ACT's Board of Trustees for overseeing our work. Their help has been central to our success, and we look forward to working closely in the future.

As our work has grown so we have reflected on our direction and identity. Many of our volunteers have come from hospitals other than Addenbrooke's, especially The Rosie Hospital, and as we plan to widen participation further, so we wanted better to communicate that we work in true partnership across the world.

The result is our new identity as Cambridge Global Health Partnerships and our aim is to build on our ten years of success as Addenbrooke's Abroad. This report describes some of that journey.

A View From Cambridge

Dame Mary Archer
President
Cambridge Global Health Partnerships

Over ten years ago I sat, enthralled, listening to one of the visionaries of tropical healthcare, Sir Eldryd Parry[1], as he set out his vision of how NHS expertise could be used to support other countries' health systems.

Here in Cambridge it seemed that we had abundant skills and goodwill to support the vision, so how could we play our part?

Malcolm Kerr-Muir, an eminent ophthalmologist, was as enthusiastic as I was, and already had links with the Princess Marina Hospital in Gaborone, Botswana. This offered us a practical way forward; and so Addenbrooke's Abroad was born.

Now, ten years on, our links with Botswana remain strong and our health partnership there is a model of good practice. Along with our well-established health partnerships in Asia and Latin America, we have helped individuals and teams to deliver the very highest standards of safe, effective and ethical volunteering around the world - sharing their expertise and bringing back ideas that enrich and enhance our own practice.

Now with the rapid development of the Cambridge Biomedical Campus we are privileged to have even more of the finest minds, facilities and practice in the world beside us and we are keen to work with this wider family to increase our impact.

In recognition of these developments Addenbrooke's Abroad has now become Cambridge Global Health Partnerships.

We have had ten great years already, and the future promises to be even more exciting and fulfilling.

1 Sir Eldryd Hugh Owen Parry KCMG OBE was also the founder of the Tropical Health Education Trust (https://www.thet.org/) among many other roles and accomplishments

A View From Gaborone

Shenaaz El-Halabi
Permanent Secretary
Botswana Ministry of Health and Wellness

In Botswana we have been working hard for many years to deliver universal health coverage and raise standards in the face of major challenges, including the HIV-AIDS epidemic, and with very stretched resources. In this we have been greatly supported by our friends at Addenbrooke's Abroad, who have been invaluable in helping us to build our skills, knowledge and capacity.

Together we are committed to ensuring that we achieve the Sustainable Development Goals and that no one is left behind.

Our partnership started, in 2007, with improving training at the Princess Marina Hospital in Gaborone, but has now extended into even the most remote communities. Together we have worked to establish a healthcare leadership and management development programme; to develop childrens' vision services and screening for diabetic eye disease; to reduce neonatal mortality; and to bring in sophisticated maxillofacial surgery support. We are pioneering new work together, including tackling the growing burden of non-communicable disease.

The support we have received has always been respectful of the very different conditions and cultures in which we work; and we have been made as welcome in Cambridge as the volunteers from Cambridge have been here. I am sure that the volunteers to Botswana not only take back memories of making a difference in our beautiful country but have also discovered new ways of doing things, new ideas and new understandings.

We very much look forward to continuing our journey with Cambridge Global Health Partnerships for the next ten years, and beyond.

What we do

Evelyn Brealey
Programme Director
Cambridge Global Health Partnerships

We create and manage partnerships between hospitals and health professionals in Cambridge and our wider UK community; and governments and institutions in low and middle-income countries. Our aim is to help solve common challenges and contribute to the achievement of the Sustainable Development Goals.

Our role is both to enable our volunteers to work safely, effectively and ethically in their host countries, and to welcome our overseas partners to Cambridge to exchange ideas and develop good practice.

We work to inspire people, harness their expertise and provide the support they need to make the greatest impact. This ranges from recruiting and selecting individuals and teams, and training and preparing them on what to expect and how to achieve the most from their visit, to arranging the vital logistics of travel, visas, insurance and accommodation.

As the complexity and scale of our activities has grown we have developed our systems and processes to deliver efficient and useful support with clear and effective governance, ensuring that our activities are sensitive, sustainable, and rooted in the principles of partnership and International Development.

Just as we aim to develop deep and lasting health partnerships, we seek to establish enduring relationships with our volunteers. For many this may mean making several visits to our partners, for others it will mean continuing their engagement remotely.

We have always had very close links with Cambridge University Hospitals NHS Foundation Trust. All employees of the Trust can apply to volunteer with us, using up to two weeks of their annual holiday entitlement and other leave, or up to five days' paid voluntary leave. The Trust makes this opportunity available to all staff, providing equal access to international volunteering.

Whilst most of our volunteers to date have come from Addenbrooke's and The Rosie Hospitals, we work with other Trusts and organisations, both within and beyond the Cambridge Biomedical Campus. We also support global health researchers and help Cambridge University and other students to undertake ethical electives. We are eager to expand our work further across the health and life sciences community.

Although we work closely with NHS Trusts we receive no money from the NHS, so a vital part of our role is to raise funds to support our work.

How our Partnerships Work

All of our partnerships start with two-way scoping visits by expert teams to identify how we can most effectively support the delivery of local priorities and plans, and are founded on the Principles of Partnership developed by the Tropical Health and Education Trust (THET)[2], and the Health Partnership Scheme.

In 2017 we have a number of long-standing partnerships:

In **Botswana** our initial agreement was formalised with the Botswana Ministry of Health and Wellness in 2009. Our longest established activity is in eye health, which has developed into a nationwide project in close cooperation with the National Eye Health Programme. We are also working with our Botswana colleagues on maxillofacial surgery, and on specialist neonatal and ophthalmic nurse training.

Our work in **El Salvador** started with a visit in 2008 by staff from The Rosie Hospital to run a national three-day neonatal ultrasound workshop. This subject was especially important for our partners, as maternal mortality was high (68 maternal deaths per 100,000 live births compared to 12 in the UK in 2005 [3]). The partnership focus has been on national conferences for maternity and neonatal care hospital staff, combined with reciprocal working visits by clinical staff between the UK and El Salvador.

In **Myanmar** our partnership started in 2013 with a focus on improving care for trauma patients. Working with the Ministry of Health this project has been based on embedding good practice and 'training the trainers' at Yangon General Hospital, the oldest and most established hospital and medical school in the country. To date 30 trainers have been trained and through, and with them, a further 1,000 surgeons, pathologists, intensive care doctors, nurses, physiotherapists and laboratory technicians.

Under the Cambridge-Africa Programme there were already well-established research links between the Universities of Cambridge and of Makerere in **Uganda**. In 2015 we started a five-year plan to reduce maternal mortality, focusing on obstetric emergencies and maternal sepsis. Over 200 healthcare staff have been trained on developing and using clinical guidelines.

CUH is itself a very diverse community with staff from 84 different countries, and some of these personal histories and relationships have inspired and developed our partnerships. CUH has more staff of Filipino heritage than any other national group beyond the British Isles, and we are now in the process of establishing a formal partnership in **The Philippines**.

2 https://www.thet.org/principles-of-partnership/

3 https://data.worldbank.org/indicator/SH.STA.MMRT?locations=SV-GB

STRATEGIC

HARMONISED AND ALIGNED

EFFECTIVE AND SUSTAINABLE

RESPECTFUL AND RECIPROCAL

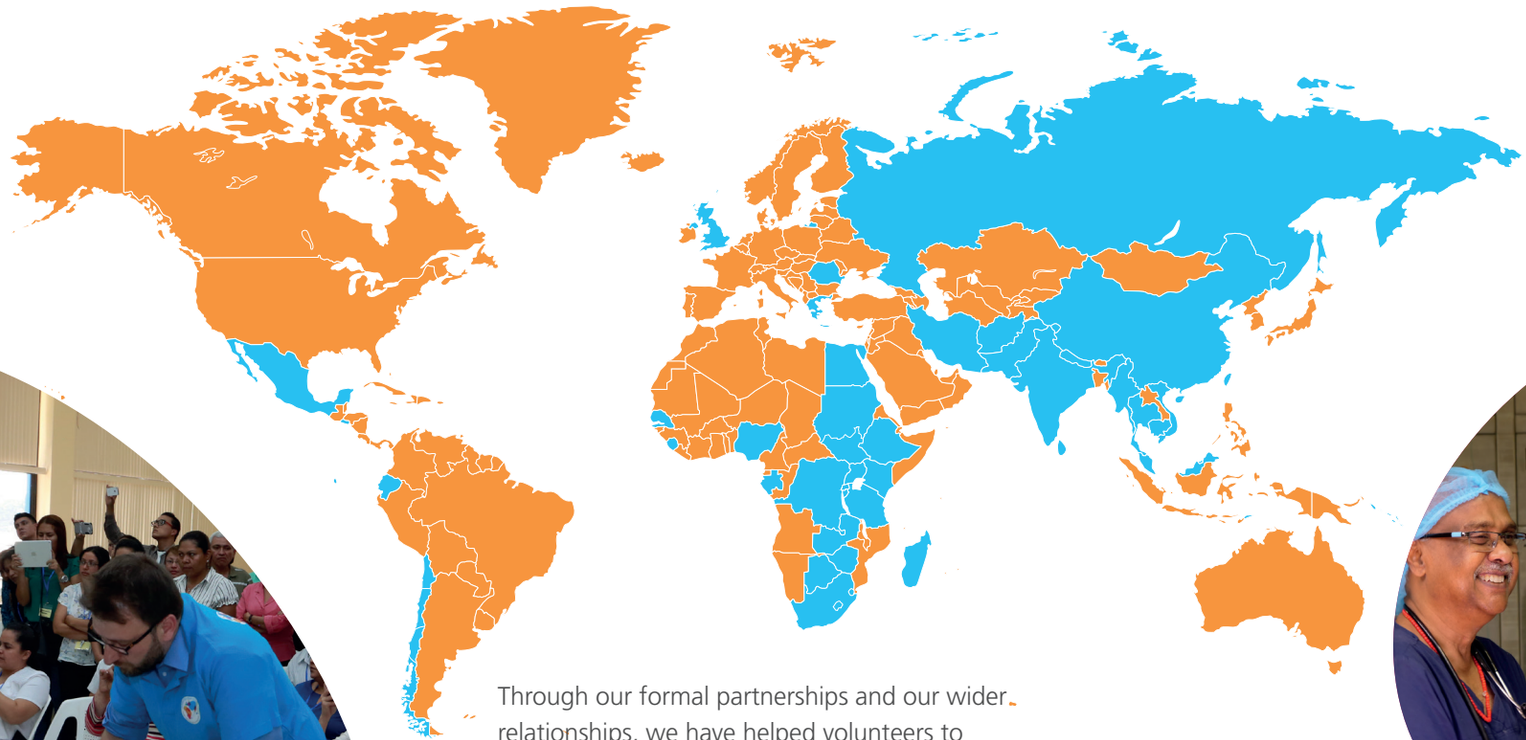
ORGANISED AND ACCOUNTABLE

RESPONSIBLE

FLEXIBLE, RESOURCEFUL AND INNOVATIVE

COMMITTED TO JOINT LEARNING

PRINCIPLES OF PARTNERSHIP



Through our formal partnerships and our wider relationships, we have helped volunteers to contribute to hospitals and healthcare services in **59 countries** around the globe.

The Resource Gap

The most striking initial impression for many of our UK-based volunteers, and the reason for much of our work, is the huge difference in resources between countries.

AVERAGE HEALTHCARE EXPENDITURE PER PERSON IN THE UK **$4,000**

ABOUT A TENTH OF THAT IN EL SALVADOR **($280)** BOTSWANA **($385)**

AROUND ONE HUNDREDTH IN UGANDA **($52)** MYANMAR **($20)**[4]

We have a small and congested unit, there is an infection risk because we cannot isolate babies who are infected. We have too many patients for such a small space. One nurse can have up to 25 babies. It is very difficult to provide quality care like this.

Minah Gaotlolwe
Neonatal Unit Nurse, PMH, Botswana

Technology can be limited or non-existent.

The fridge was the only technology in the room, no computers anywhere… when I said 'We've got you two computers' we all started to dance and hug each other.

Allan Morrison
Transfusion Specialist Lead, CUH, volunteer in Myanmar

Sometimes the absence of technology can change perspectives and bring patient and staff much closer together

This time highlighted to us how many things are competing for our attention when we see a patient in the UK and how free we were in Uganda to think solely about the patient before us.

Libby Brinkler, Chin Swain, Kimberley Skinner
Midwives, CUH, volunteers in Uganda

Our colleagues in the partner hospitals and clinics have to use their resources extremely efficiently and our volunteers have to be inventive in how they help, and learn to do much more with much less. This is invaluable in an increasingly resource-stretched NHS.

Our volunteers can bring expertise in team-working and cross-departmental cooperation that helps stretched resources to go further. There also has to be realism about what the teams can achieve and so effort is increasingly centred on demonstrating and 'cascading' knowledge and good practice through the systems.

4 mhttps://data.worldbank.org/indicator/SH.XPD.PCAP?locations=BW-SV-MM-UG-GB

Our Approach

In Cambridge we have a wealth of clinical expertise that spans every aspect of healthcare. We have highlighted two areas in which our health partnerships work has been particularly long-standing.

Eye Health Services

The Challenge

The incidence of vision impairment has reduced since the 1990s but its impact is still huge, and 80% of impairments could be prevented or cured.

Whilst more than four in five people living with blindness are aged over 50, 1.4 million children under the age of 15 are irreversibly blind, and 19 million visually impaired.[5]

Blindness is very much a disease of the poor – 90% of the world's blind live in low-income settings.

Our Response

In Botswana we have worked with the Ministry of Health and Wellness to develop nationwide eye health programmes through our joint *Pono Letlotlo* (in Setswana 'Sight is to be Treasured') project, which has improved services to prevent blindness and vision impairment amongst children, diabetics and those with refractive error.

The project set up five screening centres; trained 75% of all ophthalmic nurses in childrens' vision services and 543 primary schoolteachers and community health assistants in screening techniques; and arranged for Botswana technicians to go to India to learn about the maintenance of high value optical equipment.

We also established a national Vision Centre that provides low cost spectacles to vulnerable groups.

With our National Eye Health Programme partners we undertook a nationwide survey (Rapid Assessment of Avoidable Blindness). This provided data for the National Eye Health Plan 2015 – 2019 which we helped develop.

In continued partnership with the National Eye Health Programme we are facilitating a north-south-south partnership between UK, India and Botswana to reduce cataract blindness and build capacity in cataract management. Together with Peek Vision and the National Eye Health Programme we are aiming to achieve a world first by delivering comprehensive screening and eye health services to all school children in Botswana by 2020.

Our work in eye health is integrated with the World Health Organisation's VISION 2020 programme and its LINKS programme at the London School of Hygiene and Tropical Medicine. In Botswana many of our initiatives have been supported by 'Seeing is Believing', a joint programme of Standard Chartered Bank and the International Agency for the Prevention of Blindness.

5 http://www.who.int/mediacentre/factsheets/fs282/en/

Neonatal Mortality

The Challenge

The first 28 days of life – the neonatal period – represent the most vulnerable time for a child's survival. In 2016, 2.6 million deaths, or 46% of all under-five deaths, occurred during this period. Whilst the global rate of neonatal mortality declined markedly from 36 to 19 deaths per 1,000 live births between 1990 and 2015 it is still very high in some countries. Our work in this area has spanned Botswana (with an average of 40 deaths per 1,000 live births in 2010) and Kenya (44), which still have high levels of mortality, and El Salvador [6](19).

A study in Botswana [7] suggested that inadequate monitoring, treatment and care was part of the problem, brought about by staff resources being extremely stretched, and by a lack of specialist training.

Childbirth is also a period of considerable risk for the mothers especially in low and middle-income countries. Whilst the UK average was 9 maternal deaths per 100,000 live births in 2015, this was a small fraction of the deaths in Kenya (510), Botswana (129) and El Salvador (54).[8]

Our Response

Neonatal care has been central to our work in El Salvador. Whilst based in San Salvador, the capital, our teams work across the country, with reciprocal visits between El Salvador and Cambridge. Our work now forms the basis for national conferences, attended by health professionals from El Salvador and beyond which have reached 1500 participants.

Changes such as the introduction of 24-hour specialist cover and 'skills drills' have had a marked impact; and embedding a two-year programme for registrars in intensive care and gynaecological care has helped to ensure the sustainability of these changes.

Building on this work, in Botswana we identified specialist nurse training as being critically important, and introduced an Action Learning Model based on the Healthforce Leadership Mentorship Project. This focused on infant resuscitation, infection control, drug monitoring and equipment use. Again, the emphasis was on cascading good practice and sustainability, with six nurses selected to become Practice Development Nurses to train colleagues both in the capital Gaborone and in the second city, Francistown.

In Kenya, as part of a WHO funded project, one of our volunteers has delivered emergency obstetric skills training to midwives and doctors, with excellent results.

6 https://knoema.com/atlas/El-Salvador/topics/Demographics/Mortality/Infant-mortality-rate

7 Child Mortality Interim Results, University of Botswana, Ministry of Health and Princess Marina Hospital Nov 2013

8 https://data.worldbank.org/indicator/SH.STA.MMRT?locations=BW-SV-GB-KE


CAUTION: DO NOT LEAVE HOOD OPEN WITH INFANT UNATTENDED

Win-Win-Win Partnerships

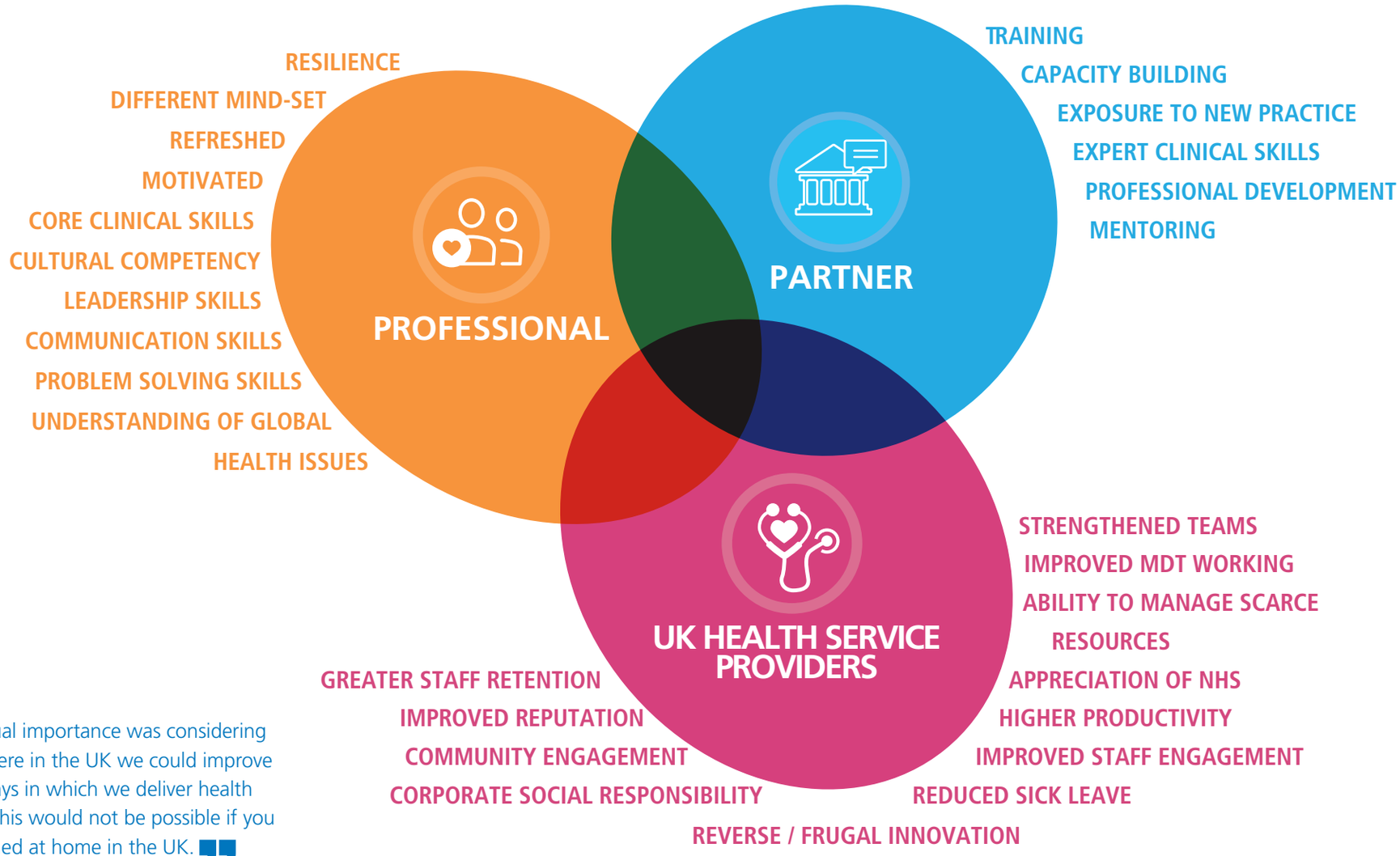
To be sustainable and enduring partnerships must bring benefits to all participants and we express this as a 'win-win-win' for those with whom we work.

As David Wherrett, our Chair and Director of Workforce at CUH, puts it: "I am convinced that global health partnerships are positive. They provide a win for our overseas partners; a win for the individual NHS staff members involved who return to the NHS with a refreshed view of healthcare and their role in it; and so a win for Cambridge University Hospitals as their employer."

Win-win-wins also occur at very human levels.

"Our daughter was born extremely prematurely and received great care at The Rosie. We were very conscious of how lucky we were and so we made a donation to enable Elsa, one of our neonatal nurses, and her colleagues, to volunteer in Botswana. It is an amazing experience for them and is going to save other babies lives."

Ellen Nisbet
Parent, Neonatal Intensive Care Unit, CUH, Cambridge



> Of equal importance was considering how here in the UK we could improve the ways in which we deliver health care. This would not be possible if you remained at home in the UK.

James Taylor
Trauma Centre Programme Manager, CUH,
Volunteer in Botswana

Our Partners

To make the most of the resources available, embed good practice in the systems and so make a sustainable difference, we train trainers as well as practitioners.

I organised an Intensive Care Course in Obstetrics for the Residents, and the leading nurse organised a training course for nurses. [This is] now held yearly at the National Hospital for Women, the main tertiary Maternity hospital in El Salvador.

Hannah Missfelder-Lobos
Consultant Obstetrician, CUH, volunteer and Project Director in El Salvador

The partnership with Cambridge changed our perspective on how to train our specialists. The Congresses and exchange visits resulted in qualitative improvements in service design, development of pathways, team training, individual knowledge, and a reduction in maternal mortality.

Xochitl Sandoval
Consultant in Intensive Care, National Maternity Hospital, El Salvador

The hunger for knowledge and support can be overwhelming.

The medical staff had finished work on the Friday evening, taken the overnight bus (an eight hour journey), arrived in Yangon on the Saturday morning, and come straight to the lecture theatre for a day's teaching. We marvelled at this manifestation of the hunger to receive teaching and training.

Chris Gooding
Consultant Orthopaedic Surgeon, CUH, volunteer in Myanmar

We sometimes find that responsibilities can be shared more broadly, for example with nurses or midwives taking responsibility for some tasks traditionally left to doctors – freeing them up to work elsewhere.

[The nurse] told me how happy she was that she was able to perform lifesaving interventions when the doctor wasn't there…she had learned how to intubate during a training given by a CUH team. In that moment, in my head and in my heart, I understood the true impact of [our] presence at PMH.

Elsa Afonso
Neonatal nurse, CUH, volunteer in Botswana

Specialist areas of practice are sometimes not undertaken locally due to the sheer demand for simpler interventions, as well as a lack of specialist skills. Here our volunteers can extend capacity and share techniques to enhance skills – whilst learning themselves.

We developed our surgical skills to deal with limited instrumentation, we also experienced clinical cases that we would not see in the UK. Having junior doctors shadow us creates a platform for learning and enhancing skills.

Julian Fraser
Maxillofacial Surgeon, CUH, volunteer in Botswana

To date we have hosted over 50 visits to Cambridge by more than 150 people from our partners, ranging from government ministers to lab technicians and from a few days to months.

We had never seen any modern laboratory [before]. We…hope that we would be able to use our training to improve pathology services in Myanmar.

Thinzar Thaint and Thae Su Mon
Laboratory Technicians, YGH, Myanmar


Addenbrooke's Abroad

Our Volunteers

For many of our volunteers working in a less well-resourced health system can come as a shock, but also as an opportunity to develop existing knowledge and skills.

Volunteering abroad gives me an additional sense of fulfilment alongside my work in the NHS, and I know that this opportunity will make me a more rounded individual and doctor, and hence enhance my clinical work when I return to Addenbrooke's.

Ruth Seager
Core Surgical Trainee, CUH, volunteer in The Gambia

[I gained] valuable experience … being challenged by exposure to differing diseases and patterns of common diseases; experiencing novel mechanisms of healthcare delivery; adapting communication skills to new environments; understanding new logistical challenges of healthcare delivery; and understanding and working with different cultures.

David Lomas
Professor of Radiology and Consultant Radiologist,
CUH, volunteer in Botswana

In many instances the professional relationships that are developed underpin the long term partnership and enable sustainable change.

The team were very welcoming, over the warm hospitality of Salvadorian meals we shared learning and knowledge and I made many new friends as well as catching up with old ones…This exchange continues. [The experience provides] so much opportunity to think carefully, differently and globally about newborn care.

Nick Fletcher
Operating Department Practitioner and Clinical Lead, CUH,
Volunteer in El Salvador

We also assist with the vital, but sometimes less visible, areas of systems and logistics support. Often it is not just that overall capacity is limited, but also the ability to get the right resource to the right place at the right time.

I have learnt a different perspective in terms of dealing with a large surgical campaign like this.... Undertaking so many surgeries in a day, there are different logistical and clinical challenges. I have learnt how to adapt better infection control practices which better suits this type of campaign, and I will continue to do this.

Ditso Oduetse
Ophthalmic Nurse,
Scottish Livingstone Memorial Hospital, Botswana

9 http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/

Volunteering can have a profound impact on individuals and their personal and professional development.

You become more confident in what you can do as a person… and it makes you realise your own potential and what you are capable of and it makes you want to expand in your work place.

Vicki Brown
Health Play Specialist, volunteer in China and The Philippines

My volunteering experience has given me increased confidence. I have recently been accepted on the Chief Resident programme at Cambridge University Hospitals and the Judge Business School which aims to develop future clinical leaders in the NHS.

Julia Neely
Senior Trainee Doctor, Anaesthetics, CUH, volunteer in Tanzania and Myanmar

The responsibilities and unfamiliar environments can be hugely refreshing and motivating, demonstrating new ways in which they can make a real difference in people's lives.

Our NHS has achieved so much and yet we could achieve so much more from what I have learned from our counterparts in El Salvador. The spirit to constantly improve and innovate to better care for our women and their babies was always there.

Chin Swain
Senior Midwifery Lecturer, volunteer in El Salvador and Uganda

Some of our volunteers come from the diaspora, bringing their unique cultural insights. This can work both ways.

I qualified as a doctor in Myanmar and the next 16 years I spent working and training in the NHS... With support from [Cambridge Global Health Partnerships] I took a 6 month sabbatical to return to Yangon to work. I decided to remain in Myanmar, and am delighted to continue supporting the important work of the Myanmar Cambridge Health Partnership as we build my country's health service.

Thinn Thinn Hlaing
Consultant Pathologist, Myanmar

CUH and the Wider NHS

Volunteers return to their jobs in the NHS with enhanced motivation.

… I wouldn't swap the volunteer experience for the world … As I head home, I am working on plans to meaningfully share my experience with others.

Maggs Hamilton
Staff Nurse, CUH, long term volunteer in Myanmar

There is evidence that sick leave is reduced, productivity increased and staff retention enhanced as a result of volunteering.

[It was] a completely positive experience. I came back highly motivated with an appreciation for all that we have in the NHS.

Tracy McClelland
Senior Nurse and Operations Manager, CUH, volunteer in Botswana

Working with fewer resources focuses minds and often leads to 'frugal innovation': rethinking how resources can be used and simplifying processes and procedures.

Our involvement has been a real source of pride for the Department …it also makes our staff think carefully about how we deliver our own service and how this can be done even more efficiently and cost effectively.

Keith Martin
Professor of Ophthalmology, CUH, volunteer in Botswana

The experience can also bring in new diagnoses and treatments.

[The patient] was only diagnosed correctly when the intensive care physician remembered talking to an obstetric anaesthetist from Mulago Hospital's maternity ward, in Kampala…the patient was correctly diagnosed, put on a respirator, and eventually recovered.

Charlotte Summers
Consultant in Intensive Care and Clinical Lecturer in Critical Care Medicine, CUH, volunteer in Uganda

The experience I gained in Zambia treating complex deformities has led me to set up a service at Addenbrooke's to straighten and lengthen bones. Patients are now being referred for this treatment from all over the East of England.

Alan Norrish
Consultant Orthopaedic Surgeon, CUH, volunteer in Afghanistan, Myanmar and Zambia


Abroad
Cambridge University Hospitals
Global Health
Volunteer

Estimating Value

Trying to value an activity that relies upon the goodwill of volunteers, and is based around saving lives and improving health, is particularly challenging. We approached this subject with caution and a strong caveat - that any result could only be a broad indicator of financial value, not a precise calculation of it.

We took the El Salvador–Cambridge partnership as our example and used a Social Return on Investment (SROI) analysis. The full calculation and methodology are available on the Cambridge Global Health Partnerships website.

The essence of the SROI calculation is simple:

- determine the costs of the programme; e.g. flights and accommodation, and the cost of cover for time away,
- determine the 'social' benefits of the programme; e.g. costs saved by reductions in mortality and morbidity, enhanced staff retention or improved skills,
- compare the costs and the benefits. If the costs are less than the benefits the ratio is greater than '1'. If the costs are more than the benefits the ratio is less than '1'. A higher ratio indicates a greater financial effectiveness.

An overview of the findings is below.

The intervention:

18 Cambridge health care professionals have volunteered in El Salvador over a period of 10 years.

Investment and return:

The total investment in the project was £179,000.

The total calculated benefit was estimated to be £591,000.

The benefit:cost ratio was over 3 to 1. In other words, £3 of social value was returned for every £1 invested.

For the NHS employer the direct investment was calculated to be £35,000, and the benefit £236,000. This produced an SROI ratio of nearly 7 to 1. The greatest benefits arose from increased staff retention, avoiding recruitment and orientation costs; and enhanced team-working and leadership skills calculated on an equivalent spend on training and development courses.

For El Salvador the direct investment was £29,000 and the benefit calculated as £283,000, giving an SROI ratio of nearly 10 to 1. The benefit is calculated based on the number of maternal deaths and illness avoided.

None of these social returns would have been possible without the direct support provided by Cambridge Global Health Partnerships, external agencies and individuals, which amounted to £115,000. Taking this into account the total ratio was 3.3 to 1.

Overall the analysis suggests that supporting staff to volunteer does not just make humanitarian sense as the right thing to do, but pays for itself many times.

Social Return on Investment 3:1

NHS SROI 7:1

El Salvador SROI 10:1

The Future

David Wherrett
Chair, Cambridge Global Health Partnerships
Director of Workforce, Cambridge University Hospitals NHS Foundation Trust

As the Chair of Cambridge Global Health Partnerships (formerly Addenbrooke's Abroad) I have seen our organisation grow in experience, expertise and ambition and have been delighted to see how our volunteers have contributed in various ways, environments and countries around the world. For many of our volunteers it has been a transformative experience, literally changing the course of their lives, and delivering new understanding and expertise to the hospitals in which they work including our hospitals in the UK.

Alongside this we are glad that our reputation is spreading into ever more countries with new opportunities for productive and beneficial partnerships. It has been a great journey so far and our name change gives an indication of where we are now heading.

Cambridge Global Health Partnerships is an important part of the Cambridge University Hospitals family, and will remain so. We are now reaching out to new partners across and beyond Cambridge and Cambridgeshire, providing mutual support and sharing best practice, building on the expertise and networks that we have developed over the last decade.

We have seen very material benefits in terms of motivation, team building and leadership, as well as changes to our own practices that have resulted from our volunteers' experiences. We would like to share this with other organisations and to learn from their experiences; working together with colleagues in other countries to overcome the global health challenges that we all face.

We have created a win-win-win. Our work helps to develop partner organisations, the NHS, and the volunteers themselves. The challenges, but also the opportunities are immense.

We hope that we are sharing this journey so far with you, if not please do contact us and find out more. I hope that we find ways that you and others involved in health and health care, from academic research through to clinical delivery, can join us in our work by volunteering, donating, or assisting in other ways.

If you have shared part or all of the last ten years with us, thank you for all that you do. We very much look forward to achieving great things together in the next ten years.


Y.N.T.S
Y.N.T.

Cambridge Global Health Partnerships

Box 126
Cambridge University Hospitals NHS
Foundation Trust
Cambridge Biomedical Campus
Hills Road
Cambridge
CB2 0QQ
+44 (0) 1223 349 824

For more information please:
Visit our website: www.cambridgeghp.org
Follow us on
Twitter @CambGHP
Facebook www.facebook.com/CambGHP

Researched, created, written and designed with Powering Partnerships www.poweringpartnerships.com.

All photos supplied by Cambridge Global Health Partnerships staff and volunteers

FSC Printed on FSC- certified paper