

# Cambridge Global Health Partnerships

## Impact and Evaluation Report 2021-22



**Cambridge**  
Global Health Partnerships

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## Background

Cambridge Global Health Partnerships (CGHP) mission is to work in partnership to inspire and enable people to improve healthcare globally contributing to Sustainable Development Goal 3 (to ensure the health and promote the well-being of everyone (of all ages)). This is underpinned by CGHP's values of safe, effective, and ethical working with healthcare providers, organisations, and governments internationally. This supports shared learning of expertise, encourages sustainable change, and strengthens healthcare systems. CGHP's approach is guided by the [Principles of Partnership](#), which are for partnerships to be strategic, harmonised and aligned, effective and sustainable, respectful and reciprocal, organised and accountable, responsible, flexible, resourceful and innovative, committed to join learning and embedding equity and inclusion. The Principles of Partnership are interwoven within CGHP's Strategy 2020+ of delivering, enabling, and achieving safe, effective and ethical health partnerships.



CGHP Strategy 2020+

As the world endured the effects of the COVID-19 pandemic, CGHP pivoted to online activity. During the financial year of 2021-22, CGHP has continued to facilitate shared reciprocal learning between low-and-middle income countries (LMIC), and the East of England. This happens in a variety of ways, operating on a [tiered](#) support system from advice and support for anyone with an interest in global health, through to managing active health partnerships. During the year there have been activity in partnerships with Kenya, Uganda, Myanmar, Sierra Leone, and Zimbabwe. The partnerships operate within different clinical areas - antimicrobial stewardship (AMS) and infection prevention control (IPC), critical care, stroke, paediatric cancer, telemedicine, maternal and neonatal health, and infectious diseases. Also, the first cohort of East of England Global Health Fellows, started their fellowships within this period. Global Health Fellows are recruited from HEE training programmes across the East of England, with funded time to be spent working within CGHP's health partnerships. A separate monitoring and evaluation report has been written specifically focused on the Global Health Fellowships programme.

# ACTIVITY HIGHLIGHTS

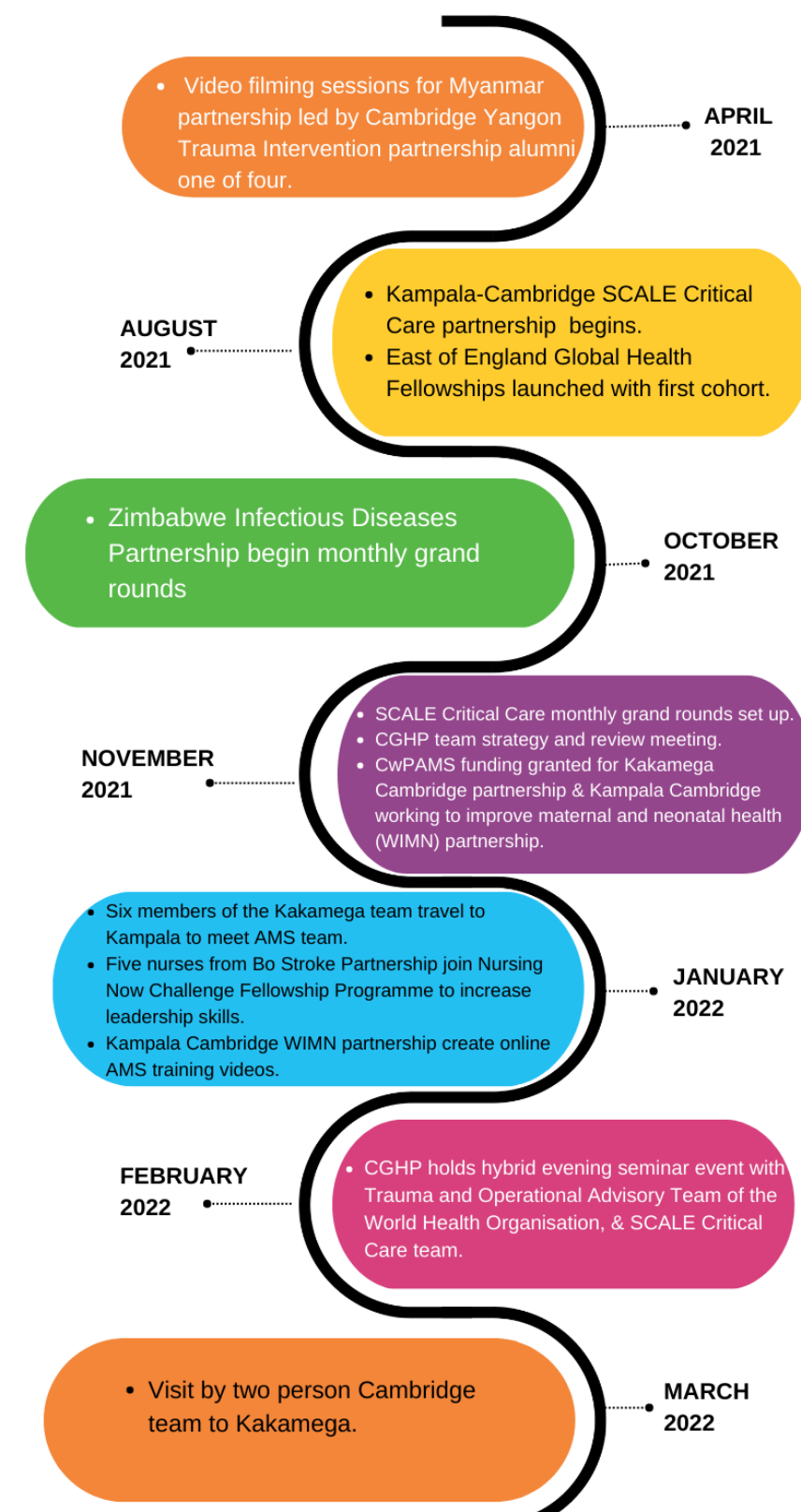


Figure 2 - Showing highlights of CGHP programme activity in the financial year 2021-22

## Aim

The aim of this report is to understand how CGHP's pivot to more online activity has affected the health partnerships, and the members and partners working within them. This report will consider the benefits of hybrid partnerships, and the challenges faced due to this.

## Methodology

This report analyses data from semi-structured interviews with members and partners. CGHP uses the term 'member' to refer to all individuals working through CGHP, on a voluntary or otherwise basis, to fully capture the contributions to partnership activity made by individuals. The term 'partner' is used to describe individuals in partnership teams based in LMICs. During the financial year 115 members and partners were involved. The interviews involved both clinical and non-clinical staff. In total, 15 interviews were undertaken, comprising of seven member interviews, and eight partner interviews. Some quotes from interviews have been anonymised to protect identity.

Unlike previous years, there was a significant reduction in trips taken, due to COVID-19. This has meant there is not an adequate number of Personal and Professional Development Questionnaires (PPDQ's) available to be analysed. PPDQ's are usually completed by a member pre and post an overseas trip with CGHP. As such, no quantitative evidence is available for this financial year which is a limitation of this report. Figure 2 above shows the activity over the past financial year.

## Report overview

This report will firstly discuss the benefits of partnerships and online working. It will then discuss some of the challenges of working online.

## What partnerships achieve

Through the data analysed, it was clear that CGHP's partnerships were a significantly positive experience for all involved, even without face-to-face interaction. There were several components of this including:

- personal development
- professional development
- a wider reach, enabling more individuals to become a member or partner
- greater sustainability
- proactive partnerships; partnerships continuing to be active even during the COVID-19 pandemic
- making Cambridge University Hospitals (CUH) and Royal Papworth Hospital an attractive employer.

## Personal development

Partnership work contributes to personal development in several ways. Members and partners frequently mentioned the sense of togetherness they felt within the partnerships. For example, issues faced within their own institution were often also a problem in partner institutions. This helped to motivate partners and members within their own lives, especially during the particularly challenging times of COVID-19.

**“There are so many things that I have enjoyed about the Kakamega: Cambridge AMS partnership, one, it has opened my mind and I currently know the issues that I have in Kakamega are big, global, they are not just specific to Kakamega.”**

Dr Lindsay Olima, Pharmacist, Kakamega County General Teaching & Referral Hospital.

UK members found partnerships to be a grounding experience and were more appreciative of infrastructure and their NHS teams. It has also helped them to utilise resources, adapt to unforeseen circumstances better, and to remain flexible.

**“People who have been involved in the partnership have found benefits in the way they work, the way they relate to people, the way they communicate and also just the recognition that we work in one health system, there are many other pressures around the world, and it gives [you] a much broader perspective about health generally.”**

Dr Jamie Whitehorn, Infectious Diseases, CUH.

**“I don’t think you ever stop learning; you don’t stop learning some of the difficulties, it makes you really reflective.”**

Dr Denise Williams, Paediatric Oncologist.

Partners overseas feel that being involved in partnerships broadened their perspectives, which is helpful to think of innovative ideas to manage different issues. For some UK members it has also helped to develop personal thoughts and ideas around the ethical dilemmas of global health. Being able to then discuss this within the wider CGHP network has helped to establish new ideas and beliefs without judgement.

**“... the ethical dilemmas and white saviourism and that sort of thing... that’s been useful and an ongoing thing for me to develop personally, so it’s been useful to think through that a bit more.”**

Dr Clare Leong, Infectious Diseases Doctor, CUH.

Another key personal skill developed for individuals was confidence. Being a part of a partnership made respondents feel more confident in themselves, and within their job role through the activities undertaken. Working within the partnerships, discussing ideas and best practice as well as brainstorming and planning projects improved their confidence. They felt more able to make contributions within team meetings and came away feeling more confident within their role and in their own hospital. In turn, people felt they gained a good reputation with their colleagues recognising them from communications about the partnership. Furthermore, it raised the reputation of the clinical focus within the healthcare setting.

**“The partnership also offered me gaining reputation among my peers, gaining leadership [skills], ...it has helped me knowing how to deal with people with interpersonal skills that I have, and they have improved, I lead the team...”**

Dr Lindsay Olima, Pharmacist, Kakamega County General Teaching & Referral Hospital.



Cristiano Serra and Dr Lindsay Olima at Kakamega County General Teaching & Referral Hospital

Individuals found partnership working to be exciting and rewarding. The exchange of ideas and knowledge rejuvenated members by adding excitement to their day-to-day work and lives. Partners also cited a sense of achievement and pride of working within a partnership, especially when grants or other activities were successful. This boosted morale and job satisfaction amongst members and partners; clear benefits of being involved in health partnerships.

**“It’s a motivation in itself when you discuss with likeminded people, where you want to go.”**

Dr Jane Nakibuuka, Internal Medicine, Mulago National Referral Hospital.



**“It [being involved in the partnership] was good for me, it gave me a good boost. A boost to continue pursuing paediatric pharmacy.”**

Shauna Aro, Pharmacist, Uganda Cancer Institute.

### Professional development

The personal skills individuals develop, as discussed above, feed into professional development. Higher morale and increased job satisfaction, results in more effective working and better patient outcomes (Locock L, Graham C, King J, et al. 2020). Furthermore, there are more specific professional skills which individuals felt they had developed. Respondents improved their leadership skills and ability to manage a team. In part, this is due to communication skills with several respondents having improved their diplomacy skills.

**“Leadership skills, management skills, overall diplomacy, tactfulness and flexibility and tolerance... developing those skills. Professionally, I sort of mixed them together ...learning about other realities and understanding the positive things that we have, and the things we can learn from others as well. Professionally, mostly the leadership and management skills, but also an overall exposure to different networks, different types of problems, increasing confidence, and in terms of antimicrobial stewardship contributing to improvement in the hospitals management of antibiotics and infections.”**

Cristiano Serra, Pharmacist, Royal Papworth Hospital.

An important feature of partnership working is individuals developing cultural sensitivity. Members and partners better understood different cultural sensitivities, and how these interact with healthcare. By having this greater understanding, it means clinicians can react more effectively if a culturally sensitive case was to present and think outside of their cultural norms. They can understand diverse patient groups better and respond accordingly. It also means clinicians are better at working in diverse teams.

**“... now I’m focusing on issues of health and behaviour change, issues of culture, and communication and gender.”**

Dr Lucy K.L. Mandillah, Senior Lecturer, Masinde Muliro University of Science and Technology.

Key to health partnership planning and meetings is time management and organisation. Through being a partner or member within a health partnership these skills are refined, to better manage and prioritise competing tasks. All respondents felt their organisation skills had improved through managing their usual caseloads and partnership work.

**“I think it is about being able to build on your personal skills for example communication, time management, organisation but also having a chance to think about, or getting different perspectives, is definitely helpful.”**

Usha Adhikari, Pharmacist, CUH

Repeatedly during interviews, the value of networking was brought up by respondents. Being involved in a health partnership was felt to be a great opportunity for networking with others interested in global health. This was both rewarding personally but has also enabled individuals to grow their professional networks.

Each partnership offers shared learning and research through clinical training, case discussions or grand rounds. In turn, this improves knowledge and skills for individuals and institutions. All clinical respondents stated that their clinical knowledge and practice have improved. This is seen on both sides of the partnerships proving there to be reciprocal learning. The positive impact this has on professional development, improves patient care.

**“Just to hear about that acronym alone SCALE, Strengthening Health Workforce Capacity through Global Learning in Critical Care was very exciting because ... we are expanding in the intensive care capacities.”**

Dr Jane Nakibuuka, Internal Medicine, Mulago National Referral Hospital.

Many individuals also gained the skills of presenting and grant writing. These were developed within the partnerships, as well as offering opportunities for research in new areas.

**“My participation in the development of the GESI toolkit, was also an eyeopener, so generally this partnership has improved my skills in terms of, grant writing skills, through the partnership I have developed networks, both in Cambridge, and in my institution and also Kakamega County Teaching and Referral Hospital.”**

Dr Lucy K.L. Mandillah, Senior Lecturer, Masinde Muliro University of Science and Technology.



Kakamega Cambridge Partnership Team

## Wider Reach

Interviews with members and partners highlighted how online partnership work increased access to more individuals. More people could join meetings remotely, or they could be recorded and then shared. This offered greater flexibility for those unable to attend the initial time slot. Being online, offers people away of still being involved in partnership work, regardless of their personal circumstances. Respondents felt this offered longer term planning for activity within the partnership, being able to know things would be able to go ahead, irrespective of COVID-19 or other issues. Activity was also able to be shared more widely so more people were able to join the partnerships.

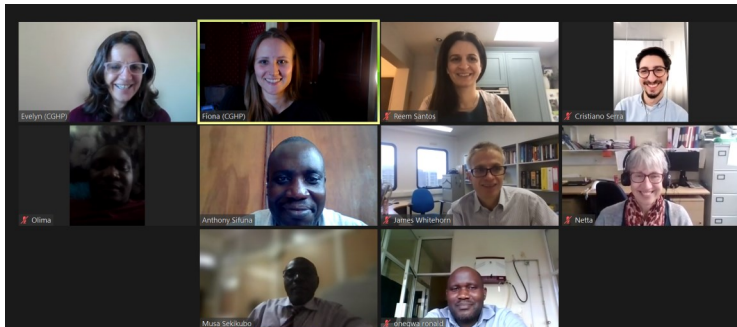
**“It would be a shame to lose online all together, because it definitely enables more access.”** Dr Clare Leong, Infectious Diseases Doctor, CUH.

## Sustainability and Resilience

Perhaps above all, the pivot to online partnership work exemplifies the resilience of health partnerships. What started as a response to the challenge of COVID-19 has enabled partnership work to progress and continue during this pandemic. All respondents were glad work with the partnerships was able to either continue, or begin, despite the pandemic.

**“I believe our biggest achievement is being able to work together as a team without anyone meeting outside physically. Our whole team is built entirely online and is functioning successfully.”**

Anonymous member



Kakamega and Kampala antimicrobial stewardship partnerships meeting online.

All respondents felt the partnership they were involved in was proactive and engaging. Although activity was online, they felt there were still able to communicate, with all stakeholders being engaged. This includes CGHP, which was spoken highly of in terms of logistical support, management, and advice it offers.

**“I think for the last one year it has been a very good interaction on both sides, and I think in terms of our ability for growth, what we have done over the last one year, on our side we see growth as much more likely to happen, and much more sustainable and it’s been a partnership and not a one-sided, both sides have shared and learnt from each other.”**

Dr Cornelius Sendagire, Cardiac Anesthesiologist, Uganda Heart Institute, Makerere University College of Health Sciences.

The environmental impact of travelling should also be noted. Several respondents discussed this, and the importance environmental sustainability now carries to them. With activity being online, the environmental impact was reduced, and respondents saw this as a real positive.

**“Online is a good way of doing things, and good to be mindful of environmental impact and doing more stuff online that is less travel.”**

Dr Jamie Whitehorn, Infectious Diseases, CUH.

## Attractive Employer

CUH and RPH are part of the few NHS Foundation Trusts to have a dedicated programme supporting staff and students to engage with global health. UK members believes CGHP’s existence and links with CUH and RPH makes the trusts more attractive employers. Members also commented on how this would influence the trusts retention rates.



## Challenges

Responses were unanimous that online partnership working was still effective and rewarding. However, several challenges to partnership working in this way were discussed. Although these challenges do not negate from the positive effects iterated above, they can provide recommendations for the future of partnership working at CGHP.

### Technical issues

A key challenge with online working is the technical side. Being able to have online video calls relies on good internet, webcams, and microphones. Although some partnerships had no issues with technical challenges, other members and partners deemed it to be their greatest challenge. Good internet connections were not always accessible, and caused meetings to become jilted, with members and partners dropping off calls, or unable to hear or speak. This in turn slowed down progress and momentum within the partnerships causing frustration.

**“I mean it’s just a nightmare sometimes, you’ve got together what you’re going to talk about. You agree it all by email, and then after 10 minutes everything’s gone, and then you’ve got to think about trying to find another date, and I think then everyone’s enthusiasm wanes a bit. It’s difficult to keep people on track and keep a momentum going.”**

Dr Denise Williams, Paediatric Oncologist.

### Online fatigue

Online fatigue also impeded momentum within the partnerships. During interviews this tended to be referred to in different ways, but many alluded to the mentally draining nature of online meetings, and the repercussions of this. Some felt less motivated towards partnership work because of this. Others felt more generally burnt out from the effects of managing COVID-19, as well as the state of the NHS, and consequently the reduced motivation related to all aspects of their work.

**“Everyone’s busy, a lot of the NHS is very burnt-out so trying to get momentum to get new exciting things has been a bit tricky.”**

Dr Clare Leong, Infectious Diseases Doctor, CUH.

Almost all respondents felt that online meetings and activities cannot substitute in person working. When asked why, many acknowledged it being more challenging to have honest conversations online when things are deviating from a plan, or an activity has not had the result it was expected to. Furthermore, ‘corridor conversations’ were unable to happen online. That is, discussions happening and ideas being discussed, without being formally set up as a meeting.

**“In terms of interaction we could have more, I know COVID has set things back, but I think it would be on a more personal basis if we interact, you learn better when you are ... I would love to have more inter-person meetings where you come and learn, and all those kind of those things, physical meetings. Because over the phone there is like internet dysfunction but also because someone cannot practically show you what you need to learn.”**

Shauna Arao, Pharmacist, Uganda Cancer Institute.

Finally, on a human level, people found it a challenge to constantly meet online, due to lack on human interaction. Simply, it was more enjoyable to meet in person to run training, meetings, or other partnership activities.

## Meeting times

With meetings and other partnership activity occurring online, issues of high clinical caseload and emergencies are more impactful. Partners and members found it harder to join online meetings during busy times opposed to if they were to go to a meeting in person. The knock-on effect of this meant that people had to cancel meetings last minute. This was frustrating for those who were able to attend the meeting, and often slowed down partnership activity due to needing to reschedule, or not receiving timely appropriate feedback. Due to not receiving timely feedback, some plans could not be formulated within the partnership, especially in terms of research. Furthermore, time differences created their own challenges of meeting times to ensure it was at an accessible time for everyone within the working day.

**“It’s been frustrating because of the competing pressures for the slots and also the fact that it means that things don’t happen at the same pace that they would if we were out there more frequently.”**

Dr Jamie Whitehorn, Infectious Diseases, CUH.

In some interviews it was explained the times of meetings were an issue, but that this was raised during the financial year, and dealt with simply by changing the day and time of meetings to when it better suited most attendees. It was also mentioned that minutes are sent out in a timely manner after a meeting, with enough information for those that missed the meeting. This ensures all members and partners are aware of what is discussed, which should continue.

## Recognition

The online nature of partnerships, with only one international trip for the reporting period, means the work done by partners and members is less recognisable to their colleagues, and to some extent patients. Recognition was bought up by many respondents. Suggestions of recognition included formal paperwork and documents explaining someone’s role within a partnership, as well as badges to show an individual’s involvement. This recognition would help members feel more valued, but also make it easier for partnership work to be valued for professional development. In terms of wider hospital teams, greater recognition would help to highlight to colleagues the genuine impact partnerships have, with the potential to encourage new members to join a partnership.

**“Within the Trust if you can give people a badge that says I am on the directors panel for CGHP which means I am running a country partnership is the kind of thing they can show to their line managers, maybe start getting CPD for.”**

Dr Tom Bashford, Anaesthetist, CUH.



Video filming session led by Cambridge Yangon Trauma Intervention Partnership and Burmese diaspora members.

Looking longer term, respondents recommended having protected time in their job plans for partnership work. As it would be beneficial for themselves and the health care provider, this time is justifiable. This would mean clinical work would have less of an impact of causing meetings to be cancelled and, give members more time to work on partnerships.

**“I think more broadly these discussions need to go on, about if we can get it [partnership working] recognised in job plans, but I think that’s pretty optimistic at the moment but longer term there might be an option.”**

Dr Jamie Whitehorn, Infectious Diseases, CUH.

### Siloed working

Online partnership activities have contributed to working in silos, especially across different partnerships. Individuals would like to engage in learning opportunities with other partnerships. COVID-19 travel restrictions meant that travel and in person member events were unable to happen and so this became a missed opportunity. Some respondents wanted to discuss with other partnerships lessons learnt so they could be applied within their own work, whereas others deemed it important to have a broad overview, especially if activities were occurring within the same country, as this could help new ideas formulate with contacts. For example, there are currently four partnerships running in Uganda, which could benefit from shared networks.

**“It’s quite hard sometimes to coordinate all the activities within a given place.”**

Dr Tom Bashford, anaesthetist, CUH.

### Attractive employer

As mentioned, employees at CUH feel the opportunity to engage in health partnerships through CGHP make it an attractive employer. However, it is felt this is not advertised enough. Everyone interviewed said their line managers were positive about partnership work, yet some colleagues do not fully understand how it works and the benefits it has.

**“They [management] see the value, my direct team, they think it’s all a bit of a jolly and like going away for fun, I think some of them see more value in it then others, but a lot of them are like yeah that’s a hobby that takes time away from clinical work.”**

Anonymous Member.

## Conclusion

Even whilst being online, working within a CGHP partnership is a positive and rewarding experience. Members and partners can develop personal and professional skills, online partnerships offer greater sustainability, and can have a greater reach, with more people able to access activities. However face-to-face meetings and visits cannot be replaced in entirety as this appeals to human nature and enables more challenging conversations to occur with greater ease. It also allows for ideas to develop in less formal structured meetings. Members and partners would like greater recognition for the work they do, and greater opportunity to discuss with other partnerships so that lessons can be learned and transferred across them.

Going forward this suggests online partnerships are effective, but that CGHP needs to support face-to-face activities too. Hybrid partnership working which includes carefully planned visits, and regular online meetings could strike the balance. This is perhaps however, a little idealistic with the challenges of online attendance. Yet the benefits of this, mean more people can access partnership work online, whilst maintaining close contacts enabling steady partnership progress.

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