

Evaluation of CGHP Impact on Partners, Members and the NHS (FY 2018/19)

Background

Cambridge Global Health Partnerships (CGHP) is a charity that has made a substantial contribution to the UK's status as a global health leader.¹ Founded in 2007 after a growing realisation of the mutual benefits of global health volunteering, to overseas healthcare workers and those within the NHS, CGHP's *raison d'être* has been to improve healthcare worldwide using a health partnership model of sustainable development. Over its 13-year history, CGHP has facilitated and managed a number of partnerships between hospitals, governments and health organisations in Cambridgeshire and those in and in low- and middle-income countries. Each of the partnerships has a specialist clinical focus. In Botswana, for example, CGHP oversees a Neonatal Nurse Education Programme (NNEP). The infographic below (fig. 1.0) gives an indication of CGHP's partnership activity in the financial year of 2018/19. While this shows CGHP's outgoing visits the charity also hosted several incoming delegations, depicted in fig 2.0.



Fig 1.0 Timeline of CGHP Projects in the financial year 2018/9

CGHP's vision to promote healthy lives and wellbeing for all reflects the UN Sustainable Development Goal 3. This goal was implemented in response to the gross health inequalities around the world today, such that 1 in 7 of the global population will never see a qualified

¹ Formerly 'Addenbrooke's Abroad' until rebranding in 2017.

healthcare worker in their lives.² As part of this goal, the UN set 13 targets to be met over the next few decades. Among them are:

- Target 3.1: ‘to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.’
- Target 3.6: ‘to halve the number of global deaths and injuries from road traffic accidents by 2020.’

Three out of four of the CGHP partnerships directly work towards these targets, across countries as diverse as Uganda, El Salvador (maternal mortality) and Myanmar (trauma intervention). CGHP offers a tertiary system of support to NHS staff and Cambridge University medical students, ranging from advice to governance and funding. The graphic in fig 2.0 represents the total number of ‘members’ assisted in their global health work by the charity.³ CGHP organises and advises on placements in accordance with the Principles of Partnership developed by the Tropical Health Education Trust (THET). These principles provide guidance for ensuring partnerships are equitable and reciprocal, harmonious and strategic; facilitating a flow of ideas across both sides of the project.



Fig 2.0 CGHP’s output in the financial year 2018/19

Aims & Methodology

In addition to the principles discussed above, one of CGHP’s primary aims is to demonstrate the impact of its partnership work.⁴ This report is a realisation of this goal, which will

² See <https://sustainabledevelopment.un.org/sdg3> for more information.

³ Used throughout this report to replace the term ‘volunteers’, which CGHP argues does not adequately acknowledge the efforts of staff working overseas on long-term, sustainable projects.

⁴ The other two main aims of CGHP are to expand its reach and maximise opportunities. See CGHP Strategy 2020+ for more details: <https://cambridgeghp.org/about-us/our-strategy/>

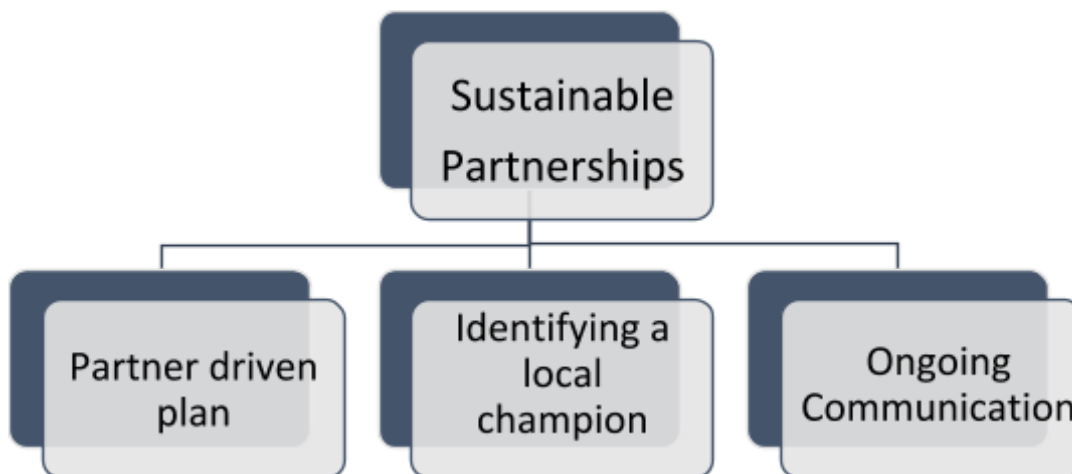
interpret CGHP’s impact through analysing the personal and professional development of three distinct groups: partners, members and the NHS, in the financial year 2018/19. It is in this sense that the global health volunteering facilitated by CGHP represents a ‘win’ to all those involved. Contributing to the report’s findings are qualitative and quantitative data gathered from the following 4 sources:

1. Personal and Professional Development Questionnaires (PPDQs)
2. Member interviews
3. Trip reports
4. Member grant scheme reports

The quantitative evidence pulled from the PPDQs was analysed using Microsoft Excel to calculate the percentage of agreement with a number of prepositions.⁵ The qualitative responses were coded according to theme using the QRS software NVivo.

Evaluation of CGHP’s Impact on Partners

In the financial year 2018/19, the individuals and institutions in CGHP’s partner countries ‘won’ as a result of their participation in a sustainable health partnership, which brings three key advantages outlined below. The term sustainability is used here to refer to the long-lasting, effective and environmentally friendly nature of the health partnerships facilitated by CGHP.



Partner Driven Plan

Embedded in the health partnership model of development is the principle that, although projects are equally managed by partners on both sides, the change itself should be driven

⁵ Questionnaires that must be completed by CGHP members to assess the impact that their experience has had on their personal and professional development.

and articulated by the LMICs (low and middle-income countries). Putting partners first is a process that occurs in every step of CGHP's partnership work.⁶ Numerous trip reports document planning meetings between CGHP and partner health institutions, exemplifying the joint agreement around the goals and outcomes of a developing partnership project. The partner driven aspect of the partnership also underpins subsequent stages of the project, such as pre-departure workshop training and overseas visits. This illuminates that for CGHP, creating a partner driven plan is more than just an elusive principle: it is made actionable by members.

"We ensured that health partnership activity aligned with hospital priorities and plans, and complementing the activities of any other development partners."

Trip Report from The Phillipines

"As much as they did learn, and they did learn an awful lot from us, we learnt from them about how resourceful they are and how they're doing the best they can given the resources they have. It's about giving them that extra boost to get the things that they need and they know that but they can't quite get there."

Christine Moody, Infection Control Nurse, Uganda

Allowing partners in the Global South to steer the direction of change ensures sustainability because the training they receive accurately reflects the needs of their health system - rather than what those in the Northern partner country *think* they need. It is also sustainable in the sense that LMIC input in their own development motivates their continuation with the project, having invested so much in the earlier stages of the partnership. As CGHP's Ugandan partners have reported:

*"I really liked the **interactive format**. It is different from our usual courses because there are so many facilitators. I would be keen to continue this training, even at distance."*

Elizabeth Namutebi, Nurse, Mulago Specialised Women and Neonatal Hospital

*"I enjoyed the **level of engagement**, the structure was good. I would love to come again."*

Ali Mwoota, Pharmacist, Mulago Specialised Women and Neonatal Hospital

*"The course had good balance, it is a very good system, I would not miss it! **The partnership should not stop here** – we need more training, only two people from my department were able to attend this training and we want more."*

Tom Okwel, Anaesthetist, Kawempe National Referral Hospital

Identifying a Local Champion

⁶ Or, as THET's Andrew Jones eloquently described it: 'a partnership is mindset not a formula and concerns relationships, not systems' (Knag, 2017).

After ensuring the plan has received significant input from partners, CGHP works carefully to avoid project disintegration once members have returned to the UK. Identifying a local champion, a common theme in academic literature on health partnerships, is one strategy that the CGHP team and its members have used to sustain projects.⁷

“A previous volunteer taught the nurses to sit the patients at a 30-degree angle to help with respiratory problems, only to return to the ICU the next day and find them flat on their backs! Then he started talking to one of the lead nurses and she took it on board and championed it. And when we returned a few years later the patients are all sitting up still. That stuck, which is exciting.”

Livi Rees, ICU Nurse, Myanmar

Practically speaking, identifying a local champion is conducive to sustainable development because it improves the efficiency of the training. In non-English speaking countries, language barriers can hinder learning and members must think of creative ways to get around this problem. Many members mentioned in interviews how they would seek out cultural mediators to help with translation and to make sure the rest of the group were on board.

“Using those who were on side to help with the people who found it tricky to keep up was useful. And using people whose first language was Arabic and who understood the concepts was incredibly useful.”

Colin Hamilton, Physiotherapist, Gaza

Ongoing Communication

To further expound the win for partners in the Global South, the final part of this section will focus on the aftermath of partnership visits and how members maintain contact with partners in their absence. The long term investment CGHP pours into its partnership work is powerfully demonstrated in the following interview snippet from a long term member:

“The Intensive Care Unit [in Myanmar] is littered with posters from various organisations who have clearly come for whatever length of time and the posters have remained but nothing else has. Being able to have a long term relationship with them, so that they know they still matter to you is really important and that’s one of the reasons why I really like this partnership style of working.”

Livi Rees, ICU Nurse, Myanmar

⁷ See Ramaswamy, R. *et al.* ‘Global health partnerships: building multi-national collaborations to achieve lasting improvements in maternal and neonatal health.’ *Global Health* 12, 22 (2016)

Project Management

A key finding from this analysis is that global health volunteering provides individuals with the skills needed to become leaders in the NHS. Project management is one example of this. Many of those who embarked on overseas programs had limited prior experience coordinating projects of such magnitude, which involved personnel across multiple disciplines and nationalities. With CGHP support, however, they became involved in all stages of partnership work, including budgeting, logistics and the development of teaching materials.

“The benefit for me is project management, we multitask a lot in our day to day lives but this was on a different level; thinking about the budget and how far it would stretch, or simple things like transport accommodation and flights, logistically getting from here to there. All of these things that wouldn’t usually be top of my list.”

Reem Santos, Lead Pharmacist, Uganda

Part of THET’s evaluation of the DFID Health Partnership Scheme (HPS) looked at the impact of global health programs on NHS staff, finding that participants gained a ‘greater understanding of how to innovate in delivering health care with limited resources’.⁸ Similarly, the research conducted for this report also indicates that involvement in such projects help equip CGHP members with creative problem-solving skills when resources are lacking.

“You realise that there’s quite a lot you can do with a couple of people and an empty bed space. Sometimes great is the enemy of good and you can make some real progress without having to go straight away for this very hi-tech singing-dancing-talking mannequin in the simulation room. I think we underestimate the power of people – we are the best resource the NHS has.”

Livi Rees, ICU Nurse, Myanmar

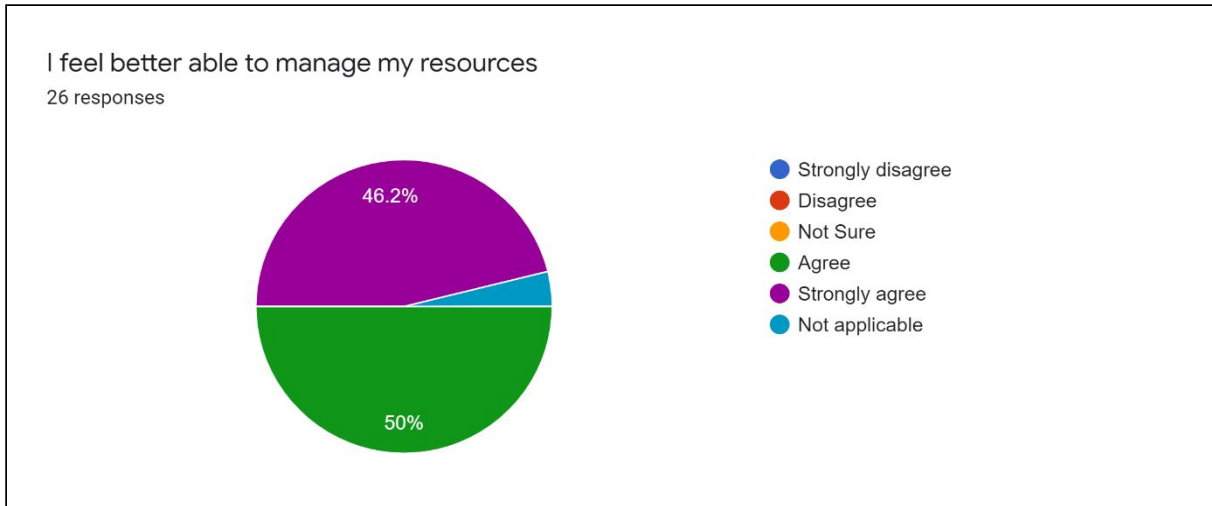
“I was impressed with the ways they improvised on expensive equipment, and made low-cost alternatives to the same effect.”

Mary King, NICU Nurse, Botswana

“I learnt that in resource limited health care environments one has to prioritise the allocation of these resources to the most clinically important and urgent areas of medicine. In the UK it may be that with the ever increasing demand, and without the necessarily increase in resources, similar prioritisations may need to come into play.”

Graham Wood, Pathologist, Myanmar

⁸ Taylor, G et al. *Health Partnership Scheme Evaluation Synthesis Report* (2016), 6



Adaptability

Working within other cultures can mean different approaches to time keeping, which also brought its challenges to CGHP members. Oftentimes meetings would be delayed or cancelled at the last minute, a situation that created the need for patience and adaptability, deterring the tendency to over-plan rather than improvise. In an NHS that is increasingly placed under huge pressure, staff who are equipped with patience, adaptability and problem-solving skills will undoubtedly be in demand. This too reflects the win, not only for individual members, but for the departments they work in.

“I also feel this has improved my ability to think on the spot developing skills when things do not always run exactly to plan. It has also certainly increased my awareness of working on a more strategic level and the associated decisions/things this involves.”

Toby Meek, Physiotherapist, Myanmar

“I learnt the importance of being flexible in delivering training in Yangon General Hospital. It is not always possible to plan every detail in advance, and I have learnt to adapt in changing circumstances.”

Faye Triggs, Physiotherapist, Myanmar

Communication

Moreover, during partnership visits members developed their communication skills by learning how to teach diverse groups of people, both in terms of culture and skill level. At times members lectured to rooms of over 100 people from various backgrounds – thus the challenge lay in adapting teaching style and content to meet a variety of needs. On top of professional development, improving teaching and communication skills also lends itself to

personal development, insofar as members attain greater self-awareness of their own behaviour and the way they address others. This echoes a 2010 report by the NHS investigating its scope for international development, which cited cultural sensitivity towards individual patients as one of the key benefits gained by NHS staff who get involved with this work.⁹

“Trying to give everyone in the room something was another big challenge. There were academics in the room, we had some practicing paediatric physios from a variety of specialities and we’re in theory going to teach them all the same content. But if you work with children with brain injuries, then my work on acute respiratory care will be completely new to you. So trying to get all those levels together was difficult.”

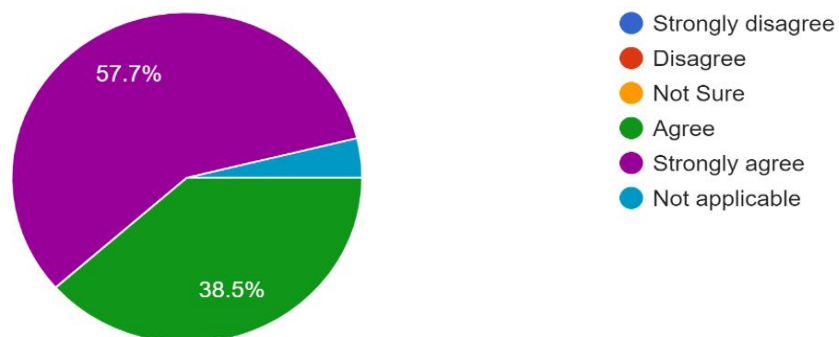
Colin Hamilton, Physiotherapist, Gaza

“Although our colleagues’ communication skills are strong it has certainly made me focus on exactly what I say and made me understand the importance of focusing on key items and repeating these to ensure understanding. I also feel this has improved my ability to think on the spot developing skills when things do not always run exactly to plan.”

Toby Meek, Physiotherapist, Myanmar

I have developed my communication skills

26 responses



Interdisciplinary Learning

Another important point to raise about the impact on members is the huge scope for learning, not only in terms of the soft skills already outlined but also the technical skills related to the member’s own clinical area as well as others. As THET’s Principles of Partnerships numbers 4 (respectful and reciprocal) and 8 (committed to joint learning) indicate, a strong partnership should entail *co-development*, such that Northern partners attain new skills alongside their Global South collaborators.¹⁰

⁹ Department of Health. *The Framework for NHS involvement in International Development* (2010).

¹⁰ See <https://www.thet.org/principles-of-partnership/>

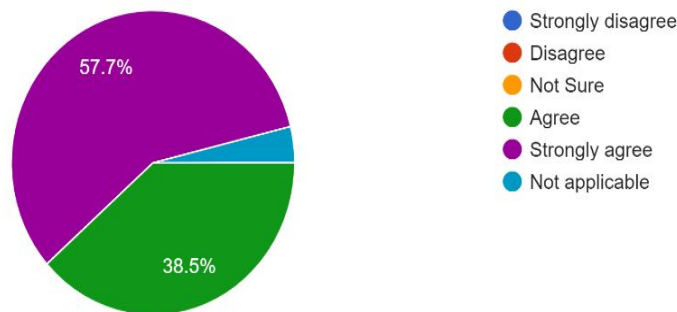
“Their clinics were like living medical textbooks of the weird and wonderful conditions we rarely see here in the UK so I learnt a lot from them.”

Tom Bashford, Specialist Registrar, Myanmar

“I had the chance to evaluate and treat a lot of different pathologies, consequently gained a lot of knowledge that would only be possible in these conditions. Also, I had the chance to develop new skills that came with having a very limited stock of resources.”

Trip Report from Guatemala

I have developed understanding of areas and systems outside of my usual scope of activity
26 responses



The expansion of global health knowledge on both sides of the partnership is also vital in preparing health systems for widespread disease outbreaks – which are increasingly likely in the globalised world. As a report examining NHS involvement in international development states, ‘working to strengthen health systems throughout the world is crucial if we are to protect the health of our population [...] our ability to prevent and manage a pandemic is greatly diminished if there are inadequate health systems in other parts of the world’ (NHS & DH, 2010). The current COVID-19 pandemic is a case in point. Once more this highlights the many professional benefits developed by CGHP members through their global health work, which extend to the trusts in which they work.

Staff Retention

An additional, and arguably more potent, ‘win’ that global health engagement can bring to CGHP members and to the NHS, is improved staff retention. At a time when the organisation is underfunded and understaffed, it is paramount that the NHS leadership deploy measures to keep their staff in the job. Yet as demonstrated throughout this report and by the quotes below, trust engagement in global health, in the form of staff

development opportunities, will have a hugely positive impact on staff retention. CGHP members return from visits feeling refreshed and resilient, with a far greater appreciation of the unique institution that is the NHS. It is for these reasons that NHS staff are more likely to want to stay in their position in the long term.

“Each time I visit I am reminded of how fortunate we are in healthcare provision in the UK. I also am reminded of the importance of clinical diagnosis and appropriate use of resources. Whilst it is not a holiday I always come back feeling differently about work at home.”

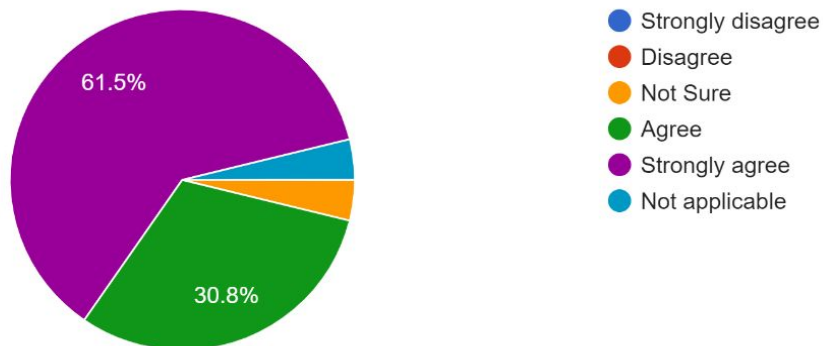
Charlotte Patient, Consultant Obstetrician, Uganda

“I definitely think that it makes CUH a more attractive employer, being able to be involved with global health projects is one of the reasons I continue to work at CUH.”

Jacqueline Wilson, NCCU Nurse, Myanmar

I felt refreshed and more motivated toward my job on return

26 responses



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