

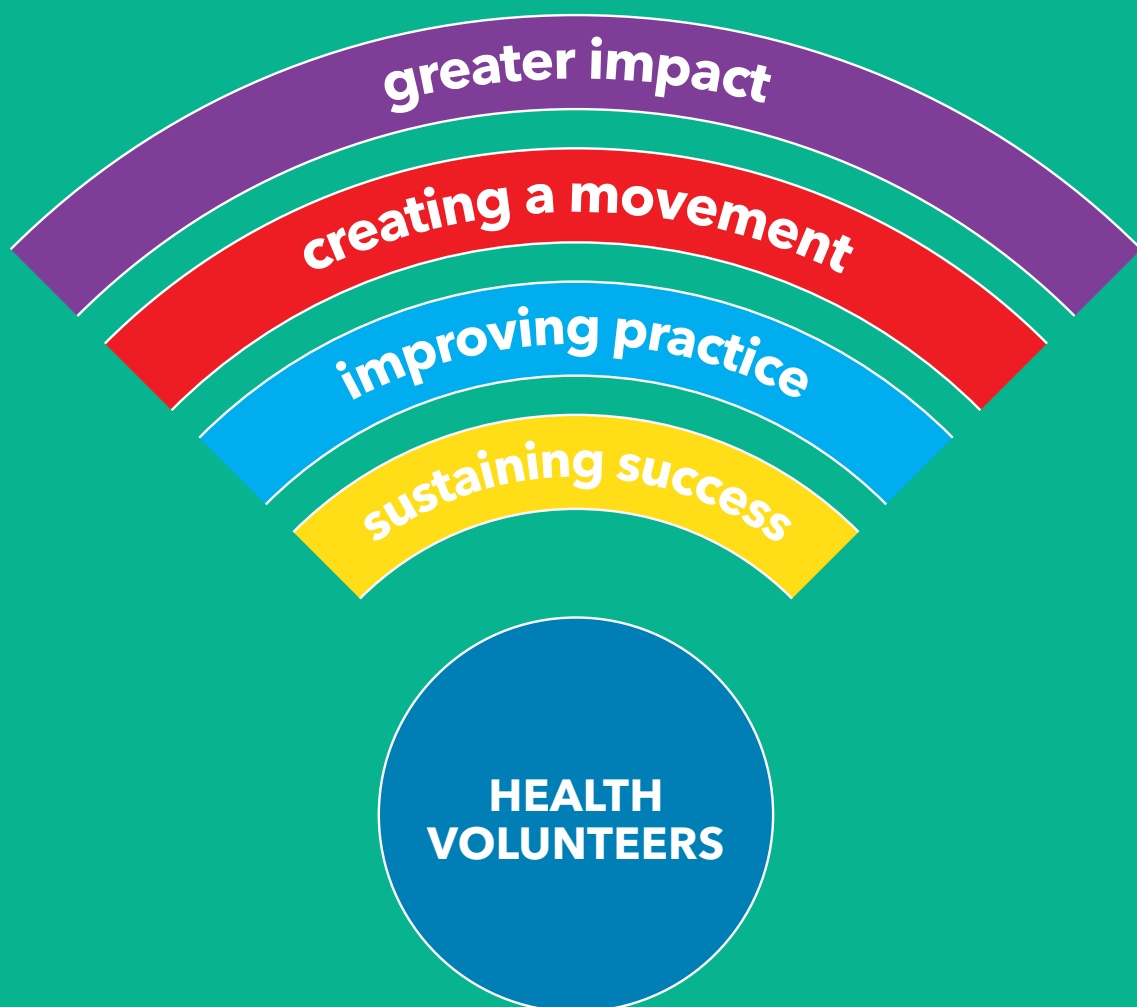


A report on overseas volunteering and international partnerships  
by the All-Party Parliamentary Group on Global Health

# Improving Health at Home and Abroad

How overseas volunteering from  
the NHS benefits the UK and the world

Executive  
Summary



# National Health Service: global context

*If all the foreign programmes of this sort were as well coordinated as the best, they would benefit the peoples of Africa even more than they do today.*

**Dr Francis Omaswa**  
Executive Director, African Centre  
for Global Health and Social  
Transformation

*A period overseas can broaden experiences and thinking in a whole host of new ways. "It changes people forever" is the quote that we hear directly back from people. It can revitalise people and helps them realise just how fortunate we are to have the NHS.*

**Ian Cumming**  
Chief Executive, Health Education  
England

*These partnerships continue to raise the bar in terms of their professionalism, their level of coordination, their understanding of global need and their ability to deliver and demonstrate effective projects. The extraordinary efforts of the health professionals involved, both in the UK and overseas, should be encouraged and celebrated.*

**Jane Cockerell**  
Chief Executive, Tropical Health and  
Education Trust

British health volunteers have for many years played a major role in improving health for people in other countries. Whether as individuals or as part of larger schemes, they have transferred vital knowledge and skills whilst at the same time bringing back valuable experiences to the UK. Their work has helped to build strong international relationships and spread Britain's influence around the globe. In a rapidly changing world, the role of these individuals and institutions is becoming ever more important.

The world has changed fundamentally in recent years – in health as in everything else. We are now all connected and interconnected at every level: facing the same risks from pandemics and non-communicable disease, relying on the same health workers, and sharing the same commitments to tackling illness among the poorest peoples of the world.

This interdependence means that it is vitally important that the UK health sector in general, and the NHS in particular, develops and maintains relationships with partners throughout the world. Volunteering schemes have a tremendously important role to play in this regard. They are helping to advance health globally and facilitate knowledge and skills exchange between the NHS and our overseas partners.

This report argues that great progress has been achieved in recent years in developing international partnerships between the NHS, NGOs and low and middle income countries. As a result, we are seeing gains in terms of service innovation, leadership development and international standing, as well as improved health for our global partners. The challenge now is to fully realise these benefits by accelerating efforts to professionalise the scale, quality and organisation of these programmes.

Overseas volunteering from the NHS needs to continue to become more professional and more ambitious: to move from a plethora of schemes to a movement. This report recommends how this can be done.

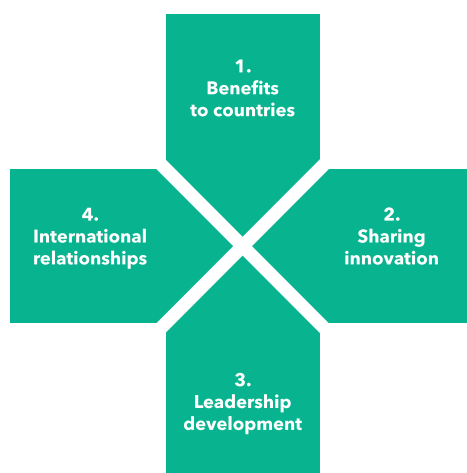
## Benefits for low and middle income countries – a few examples

<b>Local impact</b>	<b>Benefits for individuals and organisations on the ground</b> In practice: By 2015, grants given out by the Health Partnerships Scheme are expected to have enabled 13,000 health workers in low and middle income countries to have received training as a result of UK partnerships.
<b>National impact</b>	<b>Benefits for whole countries</b> In practice: The Zambia-UK Health Workforce Alliance is helping to bring together all UK health initiatives operating in the country, so that collectively these schemes are better aligned to national strategic priorities.
<b>Global impact</b>	<b>Benefits for entire regions and populations</b> In practice: Organisations like World Child Cancer not only help to improve care in low and middle income countries but also work with multi-country networks of specialists globally. This means they are able to improve standards and develop new approaches and treatment regimes for patients worldwide.

# Why should the UK support overseas volunteering from the NHS?

An extraordinarily long list of benefits from overseas volunteering was compiled during this review. These have been refined down to the four most compelling: health gains for developing countries, leadership development, innovation and international relationships. What emerges is that, although often ‘under the radar’, overseas volunteering is already a valuable asset to the NHS, and could be contributing much more still.

Despite limited academic literature on the effects of overseas volunteering on the developed country partner, submissions to this review were unequivocal in highlighting the value that UK institutions attach to their overseas programmes. The overall picture from contributors is that the gains of volunteering are not just one-way and closely align with many of the current goals for the NHS. Four domains of benefit stand out in particular:



## 1. Improving health in low and middle income countries

When done well, overseas volunteering strengthens the capacity of health systems, institutions, and professionals in the developing world. It helps to fill major knowledge and skills gaps among health workers in low and middle income countries, where weaker training structures mean the chance to be supported by UK professionals is highly valued.

## 2. Leadership development

Whether abroad for two weeks or two years, volunteers were observed to return with a greater understanding of how to enact change and communicate across professional cultures. Working in resource-poor settings gives opportunities to develop leadership skills in ways that few courses can compete with.

## 3. Sharing innovation

Overseas volunteering brings NHS staff into first-hand contact with novel approaches to healthcare delivery. Volunteers reported having a greater confidence to challenge and change established practice in their trust. Examples were collected of ideas from host countries being used to improve care back in the UK.

## 4. International relationships

Developing an international presence is a growing trend within the UK health sector. Overseas programmes were reported to give trusts a competitive advantage in recruitment and retention at home. Overseas, they helped to open up new opportunities for partnerships, research and revenue-generating activities with richer parts of the world.

*What their team can achieve in only a few weeks is huge. Not just in terms of surgical procedures or work done, but the education for the staff here and the motivation it brings to the patients.*

**Host country clinician** (via survey)

*Members of staff return from international work highly motivated, with increased work ethic and renewed vocation for the NHS. They are more adaptable and open-minded, innovative in their approach to service delivery and capable of leading change.*

**Sheffield Health and Social Care NHS Foundation Trust submission**

*I'd argue with a lot of conviction that overseas volunteering by NHS staff is of mutual benefit. But primarily we do this work because we have a lot to offer in the developing world, and I don't think we should be ashamed of that.*

**Sir Mike Aaronson**

Chair, Frimley Park Hospital NHS Foundation Trust

# Volunteering for Impact:

## 10 Goals for the next decade of progress

Ten characteristics of ‘volunteering for impact’ – the features of the best programmes and policies that should be spread everywhere over the next 10 years

**1. Not just permitted, but encouraged:**

The benefits of overseas volunteering to the NHS are widely and explicitly recognised at all levels of the system. This translates into tangible support at local and national levels.

**In practice:** Guys and St Thomas’ NHS Foundation Trust include in their trust-wide objectives working with global health partners (principally through their link with Zambia).

**2. A pipeline of NHS partnerships:**

Small-scale schemes continue to be funded, but priority is also given to mature partnerships that wish to scale up and expand. Grant givers are willing to support coordination costs of projects, recognising that this is key to effectiveness.

**In practice:** Addenbrooke’s Abroad (a charity working alongside Cambridge University Hospitals NHS Foundation Trust) has grown its link with Botswana from small, self-funded projects to now partnering with their Ministry of Health to deliver a \$325,000 PEPFAR grant to establish a leadership and management development programme. They have also secured a three-year, \$500,000 Seeing is Believing project grant to develop new and improved eye services aimed at eradicating avoidable and curable blindness.

**3. All the talents involved:**

The full range of professional disciplines in the NHS are involved. Projects are led by the needs of host countries, with managers, domestic service staff, allied health professionals, logisticians and others given equal opportunity to nurses and doctors.

**In practice:** Northumbria Healthcare NHS Foundation Trust brings the full diversity of its staff skills into its link with the KCMC, Tanzania. Visiting multi-disciplinary teams have involved engineers, computer programmers, project and department managers, estates staff, surgeons and nurses.

**4. Supply matched to demand:**

The current imbalance towards programmes focussing on hospital care is redressed, with many more schemes targeting primary care, public health, mental health and community care.

**In practice:** Public Health Leeds and the University of York have been supporting the establishment of an alliance of South Asian countries with an interest in tobacco control. The joint work builds on recent successful smoke-free homes interventions conducted in partnership with public health colleagues and local NGOs in Pakistan and Bangladesh.

## 5. Supportive employers:

NHS organisations recognise the value of overseas programmes to their workforce and see them as a competitive advantage. Mechanisms are developed to 'reap what is sown' by capturing the skills gained through volunteering.

**In practice:** See details of Wales employee entitlements and rules for Continuing Professional Development and Cambridge University Hospitals Volunteer Release Scheme (see full report).

## 6. Less fragmentation:

Different programmes work together to share ideas and coordinate their activity. Consortia of NHS organisations combine forces to take on more ambitious partnerships that no one trust would have been able to support.

**In practice:** The Zambia-UK Health Workforce Alliance, and its equivalents in Uganda and Sierra Leone, are bringing together the many UK-based organisations with health links to those countries. The Alliances aim to provide a focal point for their host governments so that joint work is more effective, less fragmented and aligned to the country's national priorities.

## 7. Global health expertise valued:

Opportunities for involvement exist at multiple career stages across all professions. This allows staff to develop valuable international health expertise over time.

**In practice:** The Improving Global Health Fellows Scheme run by Thames Valley and Wessex Leadership Academy (see full report).

## 8. More volunteers in scaled-up schemes:

Most schemes operate at a scale that allows a permanent presence in the host country. Well managed rotations of short-term volunteers are used as a supplement to this, bolstered further by distance communication between professionals afterwards.

**In practice:** The Ugandan Maternal and Newborn hub is an initiative that aims to improve the capacity of hospital and community health services through, among other things, teaching placements by UK doctors and other health professionals. The scheme uses a mix of placement lengths, with one long term Obstetrician volunteer (6-12 months) in Uganda at almost all times, supplemented by a number of short, targeted teaching trips by other senior professionals. The partnership also operates a hub model that incorporates six other international partnerships to coordinate their efforts in the country. The Hub receives support from THET and the Royal College of Obstetricians and Gynaecologists.

## 9. Better trained volunteers:

UK staff are appropriately trained for the work they are doing and for the needs and challenges of working in their host country. Programme coordinators are supported to understand and adhere to the principles of effective involvement in international development.

**In practice:** The UK International Emergency Trauma Register, which is hosted by the Manchester Academic Health Science Centre, has over 1000 NHS staff signed up as willing to be deployed during overseas emergencies, such as natural disasters. Before being allowed to volunteer staff have their skills and experience assessed, with DFID-supported training programmes organised to ensure they are properly prepared.

## 10. Volunteering in UK policy:

Through the above and other measures, the public, NHS staff and Government appreciate the role that NHS overseas volunteering contributes to the global public good and improvements in NHS care, with recognition of these efforts in future frameworks, policies and legislation.

**In practice:** Inclusion of staff volunteering in the recent Health Education England mandate.

- 
- A United Kingdom  
B Sierra Leone  
C Botswana  
D Zambia  
E Tanzania  
F Uganda  
G Pakistan  
H Bangladesh

# Conclusions

*It's not just doctors and nurses – we're talking about information specialists, human resources managers, people with expertise in medical equipment maintenance.*

**Sue Chandler**

Health Advisor, Department for International Development

*We need to align volunteering with professionals' careers... Though they do this work from the heart, people also return with knowledge that should come into play as part of their education and training.*

**Professor Mahmood Adil**

National QIPP Advisor, Department of Health

## Spreading good practice

To achieve the ambitions of a scaled-up movement of overseas volunteering, organisations involved in partnerships need to improve the way they support and manage their schemes. Many have found innovative ways to prepare volunteers, facilitate periods of leave and ensure they are operating effective, sustainable programmes – but few are doing all these things at once.

Three areas in particular stood out as having the greatest potential for improvement by spreading better practice:

- **Granting time out:**  
There is considerable variation in the supportiveness of local employers' policies to enable their staff to volunteer abroad. Some offer clear entitlements and a transparent process for granting leave. Most do not.
- **Ensuring effectiveness:**  
Not all schemes make a positive impact on their overseas partner. Further efforts to raise the bar, and a more critical eye on quality, are needed in some areas.
- **Preparing staff to work abroad:**  
Security assessment, pre-departure training and debriefing were among the most common areas where partnership leads said they felt they wanted to do better.

### Case study:

Cambridge University Hospital NHS Foundation Trust has worked with charity Addenbrooke's Abroad to improve the support given to its staff who wish to volunteer abroad. This includes a staff release policy, grants scheme and advice and facilitation service.

## Creating a movement

The small scale of many volunteering programmes will make it difficult to achieve the vision of 'volunteering for impact'. Expanding schemes is one answer, but there is just as great an opportunity in bringing together what exists already.

Improved collaboration at the regional and national levels would help to transform the current plethora of schemes into a movement across the NHS. This will be supported by better coordination in other countries too through schemes like the Zambia UK Health Workforce Alliance.

Working together could allow more ambitious projects to be taken on, enable a greater diversity of professional disciplines to get involved, create economies of scale and result in a less fragmented environment for overseas partners to engage with.

### Case study:

Greater Manchester has recently established a Centre for Global Health Volunteering to promote more effective and efficient overseas programmes across the region and beyond. Its aims include to create a proper accreditation and training process for staff, make efficiencies in the cost of running programmes and encourage more supportive HR policies with employers.

## Sustaining success

Government and other national bodies have made significant progress in removing barriers to overseas volunteering identified in previous reviews. It is vital that these policies are sustained to ensure the UK fully reaps the benefit of these investments.

Five areas in particular would benefit from continued commitment:

- Fostering a pipeline of maturing, sustainable overseas partnerships
- Guaranteeing some employment entitlements for volunteers, such as pensions
- Vocal support and encouragement from senior leaders
- Ensuring the need for revalidation does not prevent competent retired doctors from volunteering
- Using training pathways to develop global health skills in the NHS workforce



## Recommendations

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This report has three main recommendations to accelerate the movement of high-impact, mutually-beneficial volunteering:

**1. Spreading good practice:**

UK partnerships and volunteer programmes should consider between them setting up an accreditation or 'kite-mark' scheme to improve their impact and effectiveness. This could include a code of conduct, model human resource policy and a common way for monitoring volunteers' experiences and skills after return. It could be operated through an extension to the Health Partnerships Scheme and build on the experience of established organisations such as VSO, Merlin and Médecins Sans Frontières.

**2. Creating a movement:**

Health Education England should consider growing a network of regional health volunteering centres hosted within Local Education and Training Boards. Starting with one or more regions designated as pathfinders, a core set of functions could include coordination between local schemes, providing access to mentors and managing registers of interested staff. Some centres might also develop lead functions, such as operating larger overseas programmes on behalf of all regions, or coordinating UK partnerships with particular countries.

**3. Sustaining success:**

NHS England, the Department of Health and other national health bodies would reinforce the value and legitimacy of NHS involvement in global health by sustaining and extending successful policies. These include:

- a.** The Department for International Development renewing the Health Partnerships Scheme grants facility for a second phase beyond 2015.
- b.** Departments of Health and International Development ensuring that the existing pensions continuity scheme conditions are announced and widely distributed among employers and unions. An extension of this scheme, with more inclusive conditions, should be planned for beyond 2015.
- c.** Regulators and professional societies to support increased demand from NHS staff for overseas experiences. Improved global health education, removing barriers (such as inequalities in opportunity and revalidation) and better recognition of the skills gained in low income settings, would help to achieve this.

# Acknowledgements

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This review was conducted by the All Party Parliamentary Group (APPG) on Global Health, chaired by Lord Crisp and Meg Hillier MP. Members who took part in this review included Lord Crisp, Viscount Eccles, Meg Hillier MP, Baroness Jolly, Lord Kakkar, Baroness Masham, Lord Ribeiro, Lord Swinfen and Baroness Warwick.

The APPG on Global Health are supported by Jonty Roland (Policy Director), Colin Brown (Policy Advisor), Vanessa Halipi (Researcher to Lord Crisp), Louise Smith (Intern), Isaac Ghinai (Intern) and Teddy Hla (Intern).

## Thank you

The All Party Parliamentary Group on Global Health would like to express their sincere thanks to all those who attended sessions to provide evidence. These included:

Ian Cumming	Health Education England
Dean Royles	NHS Employers
Jane Cockerell	Tropical Health and Education Trust
Mike Aaronson	Frimley Park Hospital NHS Foundation Trust
Anthony Redmond	Manchester Academic Health Science Centre
Mahmood Adil	Department of Health
Claire Bertschinger	London School of Hygiene and Tropical Medicine
Sue Chandler	Department for International Development
Cris Scotter	Department of Health
Anthony Falconer	Royal College of Obstetricians and Gynaecologists
Peter Lees	Faculty of Medical Leadership and Management
Vivienne Nathanson	British Medical Association

A full list of people who provided evidence to this review can be found in the full report, available to download at [www.appg-globalhealth.org.uk](http://www.appg-globalhealth.org.uk)

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University of Oxford

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July 2013