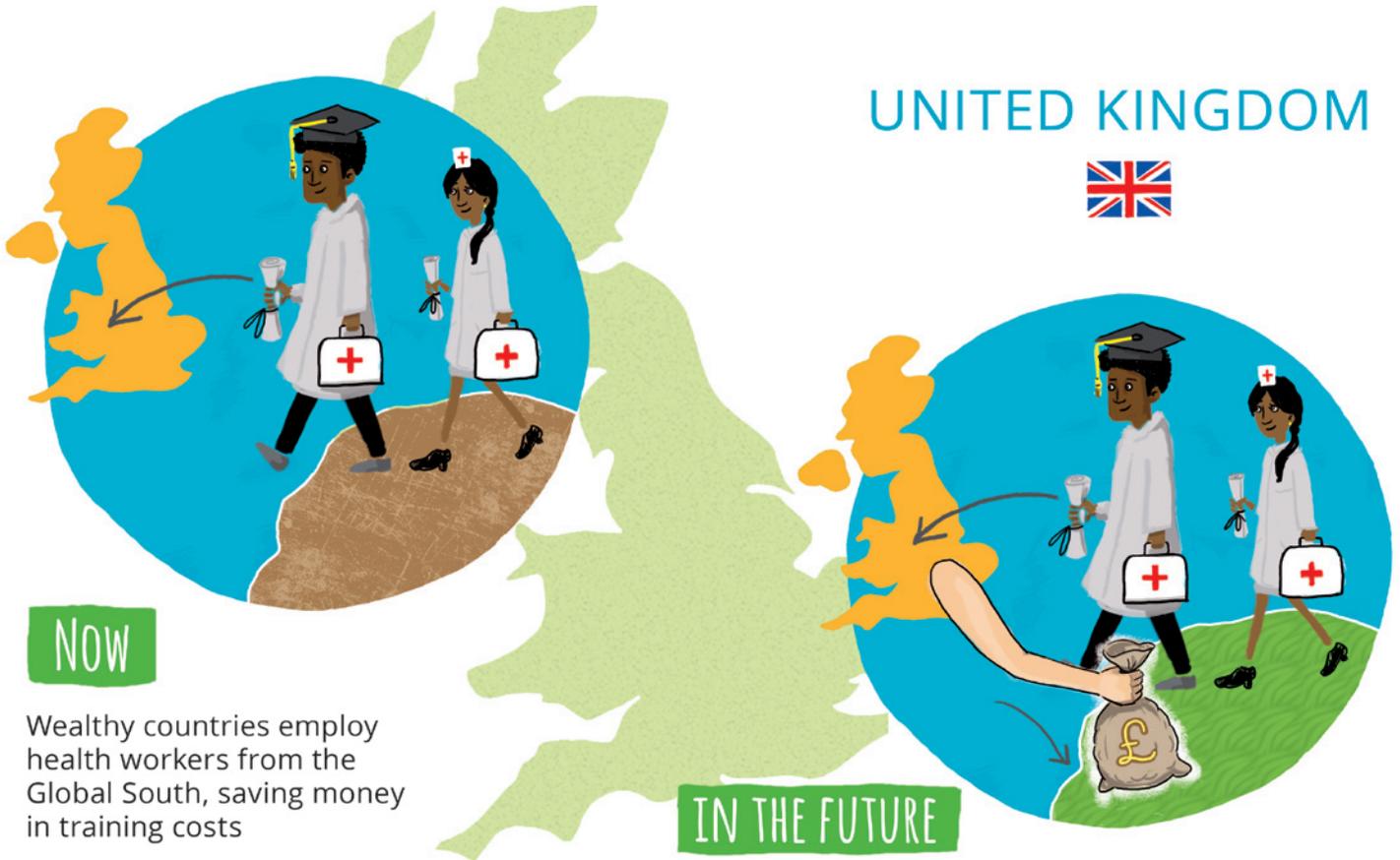


HEALTH POVERTY ACTION

UNITED KINGDOM



NOW

Wealthy countries employ health workers from the Global South, saving money in training costs

IN THE FUTURE

Southern countries are fairly compensated for the cost of training health workers

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**HealthWorkers
4all**

Main achievements

- Recognition of the issue of policy coherence and call for a compensation mechanism by the International Development Committee.
- The Department for International Development (DFID) sent a response, which includes reference to working with the Department of Health on the WHO Code, and to produce a framework for health systems strengthening.
- Commitment by Minister to review the International Recruitment of health workers into the National Health Service (NHS).

Introduction

The United Kingdom has a long history of actively recruiting health workers. Between the late 1990s and the mid-2000s, the number of internationally trained doctors and nurses migrating to the United Kingdom increased rapidly, when the Department of Health recruited international health workers as part of an attempt to scale up the numbers of National Health Service staff. The United Kingdom has traditionally taken a ‘boom and bust approach’ to health-worker migration.⁸

Activities

As a result of this project we chair Action for Global Health UK’s (AFGH) Human Resources Working Group. AFGH UK is the primary coalition of global health focussed NGOs in the UK. Whilst the group was previously in existence, the project has provided momentum and focus for the group and attracted new members. The group collaborates regularly through a Google group in addition to several face to face and telephone meetings. Regular attendees include: Save the Children UK, VSO, RESULTS UK; Royal College of Nursing; Malaria Consortium; AFGH Secretariat. The following organisations are also part of the Google group: AMREF UK; World Vision; Doctors of the World; Royal College of Paediatrics and Child Health; White Ribbon Alliance; THET; International Agency for the Prevention of Blindness. This has expanded throughout the project with membership increasing.

We represented the group at wider meetings of the AFGH network and have been involved in developing the AFGH UK strategy. This has meant that a focus on human resources for health is maintained within the network. We understand from civil servants that our work on health workers has been useful in raising the profile of human resources for health and health systems within DFID.

In year three we also attended meetings of a consortium of NGOs working on Ebola which has clear relevance for the issues of health workers enabling us to raise the issue of the migration of Sierra Leones’s health workers to the UK.

⁸ Chapter 2: Civil society’s contribution and advocacy for implementing the WHO Global Code in the European Region: Six country case studies. Linda Mans, Remco Van de Pas, and Giulia de Ponte. In: Migration of health workers: the WHO code of practice and the global economic crisis. Eds: Amani Siyam, Mario Roberto Dal Poz, 2014.

The activities of the project enabled us to reach out to senior decision makers. Activity has primarily focussed on influencing government and parliament on this issue. This includes correspondence with the Secretary of State for International Development, at least 9 parliamentary questions over the course of the project by a number of parliamentarians (including from the Shadow Secretary of State for International Development); meeting with and dissemination of information amongst DFID staff, engagement with 2 major All Party Parliamentary Groups and the attendance of a Minister and senior civil servants at our workshop. The Chair of the AFGH human resources for health group has been the main contact point between UK civil society organisations and DFID on the issues of health workers.

Alongside a number of other organisations we lobbied the UK International Development Select Committee to undertake a parliamentary inquiry into DFID's work on health systems strengthening – including human resources for health. This lobbying proved successful, and the inquiry was undertaken in year 2 of the project. We submitted written evidence to the inquiry and in addition coordinated the human resources for health section of a joint submission by the Action for Global Health UK Network. This proved successful as the final report of the inquiry made a number of points about human resources for health and picked up our key call for health worker compensation. In response DFID committed to a number of measures including to produce a framework for their work on health systems strengthening. We have had subsequent ongoing engagement into this process including providing comments to a draft of the framework.

We also briefed parliamentarians for a parliamentary debate on Ebola. Our briefing, which was sent to 528 Members of Parliament, focussed on the migration of Sierra Leone's health workers. This was picked up by the Shadow Minister from the Labour Party, the UK's major opposition party, who questioned the Minister on the issues we raised. The government responded by committing to review how the UK recruits health workers overseas.

As there was no recent report on the human resources for health crisis in the UK context, in year 1, Health Poverty Action, with the support of several other organisations, commissioned a researcher and produced a report on the crisis, with a focus on the UK. This helped in particular to feed into the production of the stakeholder analysis, development of case studies and briefing for the User Kit. This provided a strong basis to inform our advocacy work and increase our knowledge. It also generated awareness of the issues. This report gained good press coverage including in *The Independent* and *The Times of India*.

We also ran a public campaign action on our website for our supporters to contact their Members of Parliament at the end of year 1 and this is continuing into this year of the project. In total 713 supporter actions were taken through this.

In year 2 we have, in addition to our work on the project, also produced a report in collaboration with a number of different partners including Health Workers for All. This looked at the resource flows in and out of Africa across a range of areas. The migration of health workers was a focus of one chapter. This generated a large amount of press interest.

In year 3 we continued to build support, collect signatures for the Call to Action and include messages on the brain drain in our external communications. We have continued our ongoing work with DFID on the development of the Health Systems strengthening Framework they committed to develop in year 2 of the project. We have also strengthened our relationships with diaspora organisations, for example collaborating with an organisation of African health workers on a blog for *The Huffington Post*.

Collation of best practices

We have produced case studies on the UK's Code of Practice and the Royal College of Nursing Labour Market Review. These are available on the website. In addition, as part of the activities around our national workshop in year 1 we asked invitees to contribute case studies on the workshop themes which were used to inform discussion at the workshop. We received 13 case studies from a variety of organisations. These were available to delegates at the round table and following the event were published as part of a report on the workshop which was distributed to all invitees via email and is available on the website.

National workshop

We held our workshop on the 28th of October 2013 using the hook of the Third Global Forum on Human Resources for Health. Through contact with the Minister's office and parliamentary questions, we were aware that no UK Minister would be attending the Forum and we therefore decided to hold it in the run up to the Forum in order to focus UK attention and ensure that a UK Minister was engaged on this agenda. Policy recommendations developed by the group at the roundtable were presented to the Minister at the panel event. In order to be able to hold the panel discussion in parliament and again to expand our network, the panel discussion was hosted by two of the All Party Parliamentary Groups (Global Health chaired by Lord Crisp and Population, Development and Reproductive Health chaired by Baroness Tonge.) Approximately 35 people attended the roundtable and reception, and 80 attended the panel debate.

Results

The Action has been very successful in increasing the critical understanding of decision makers (specific objective) which has led to increasing commitment to coherence between development cooperation and domestic policies (overall objective). For example we have seen increased engagement of NGOs on these issues through the re-establishment of the AFGH HRH working group and have had regular engagement with DFID on this issue. We have increased engagement by parliamentarians, evidenced in a number of parliamentary questions

on human resources for health; the Shadow Minister quoting from our briefing in a parliamentary debate; attendance of a Minister and senior DFID representative at our workshop; and endorsement of one of our main policy calls by the International Development Committee in the context of their inquiry on health systems strengthening. Whilst it is always difficult to attribute policy change, it would appear that the above, along with the increased media profile has resulted in recognition of the need for greater policy coherence in domestic and development policies. This is evidenced in the answers to parliamentary question from DFID Ministers which reference the WHO Code and the commitments to review international recruitment into the NHS and to produce a framework for DFIDs work on Health Systems Strengthening which will include the issues of human resources for health and how DFID will work with other government departments and bodies such as the National Health Service.

One of the potential challenges is how these commitments will be translated into action as we have not yet seen the outcome of these commitments (e.g. the framework on Health Systems Strengthening is due to be published in 2016) However, we believe the action has been very successful in increasing understanding and the priority given to the issue. We have seen increasing recognition of the issue amongst government stakeholders, for example two government commitments to address it. It also appears to have impacted on parliamentarians for example, with at least 9 parliamentary questions tabled over the course of the project.

We have seen media coverage in some of the UK's main news publications, for e.g. *Daily Mail*, *The Independent* and *The Guardian* (including some specifically related to Health Poverty Action's work). It has helped to raise awareness of the brain drain amongst other NGOs and embed work on human resources for health within the AFGH coalition. Overall our assessment is that it very likely that it has contributed to move this issue up the political agenda as well as securing two specific government commitments on human resources for health.

Follow-up

We continue to work with DFID, including human resources for health and its framework on health systems strengthening which was strengthened through the project and will continue after its conclusion. We have joined the MMI working group on human resources for health to ensure sustainability of the issues and joint working by many of the partners. We will also continue to utilise messaging around human resources for health and some of the key findings that emerged from the project into our public and media narratives.

As result of this project, our relationship with the state authorities in the UK is much improved. We have strengthened our relationship with DFID who we have engaged with on an ongoing basis throughout the project. They also provided input to our case study. The project enabled us to become the civil society contact point on human resources for health between the UK NGO sector and DFID. We understand that the work has contributed to move the issues up DFID's agenda and making health workers and health systems strengthening (another part of

the Code) a lasting and greater priority within government. We have been told on more than one occasion by civil servants that this has been useful in raising the profile of the issues within government.

Lessons learned

The action has led to significant learning. Before the project, human resources for health had not been a core part of our work. The research undertaken in year one to inform the User Kit and other activities, enabled us to establish a sound grounding in the issues, understand the context and legitimately speak out on the issue and peruse ongoing advocacy work with DFID and other stakeholders. We have also learned quite a lot about the wider European context through the ongoing collaboration with the project partners.

We have used this to feed into Health Poverty Action's overall policy work on the structural causes of poverty and poor health. We have published and disseminated all reports and briefings widely online and on social media. We also have distributed specific communications to parliamentarians and other key stakeholders and in the media. We will continue to utilise some of the key findings that emerged from the project into our public and media narratives.