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HSE support for health in developing countries - Report on staff survey (2009)

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Support for Health in Developing Countries

Report on Staff Survey

**HSE International Health
Interim Steering Group**

August 2009

This publication comprises a report of an HSE staff survey, undertaken in 2008. Our acknowledgments to all who submitted a completed questionnaire for the survey and contributed comments.

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Photographs

Taken by HSE staff – Catherine Tunney, David Weakliam



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Foreword

I am keen to develop the potential that exists within the HSE to contribute to health needs in the poorest countries.

Providing support for developing countries also has reciprocal benefits in terms of the learning and experience gained, which we can then apply in the Irish health service.

In my travels across the country, I have found it remarkable how many expressed an interest in this area. Equally striking is the number of people I have met who have experience working in developing countries.

This survey is one of the first steps to engage with individuals working in healthcare and social care and clarify the potential that exists. The report confirms the high level of interest and experience among staff, and it is evident that many with overseas experience have continued to be involved in some way after their return to Ireland.

The report reveals a wealth of understanding of the health and development needs in developing countries and how the HSE can respond appropriately to them. It is a valuable source of information as we consider how to take forward this initiative.

I would like to thank all those who participated in the survey. I would also like to acknowledge the work of the Steering Group, and in particular Dr. Miriam Owens who was the principal researcher for the project.

Professor Brendan Drumm
Chief Executive Officer, HSE

Executive Summary

Ireland has a strong tradition of supporting the developing world, and many HSE employees have significant experience of working in developing countries. An International Health Group was convened by the CEO, Professor Brendan Drumm, in 2007 to consider the involvement of the HSE.

An intranet survey of HSE staff was undertaken in 2008 to provide information on the type and amount of staff's experience, and to gauge the level of interest. The survey also looked for views on Irish health service involvement in different methods of support for developing countries and how staff could be personally involved.

The survey elicited 2,090 responses. The opportunity to participate was limited to those with an HSE email address and internet access, which excluded many hospital staff and GPs. Most respondents were medical, nursing and allied health professionals. One quarter of those who responded had experience of working in aid projects, mostly overseas with mission groups or NGOs. More than 100 respondents had spent more than three years overseas.

Experiences of staff ranged from running medical programmes (TB, Leprosy, HIV and Malaria) to working in district hospitals, training and monitoring health workers, emergency assistance, community and refugee health care.

Respondents expressed considerable support for the HSE contributing to the health needs of people in developing countries. The overwhelming majority of staff (82–97%) agreed that the HSE should support personnel who wish to volunteer or to support projects or communities in need, while not being in position to do so directly themselves. Many ideas were suggested as to how HSE support should be provided, following best practice in development and for effective delivery.

Some respondents questioned the motives and modus operandi of staff going overseas as well as the ethos of sending organisations. These opinions reflect the myriad of attitudes to development in general in our country as well as the issue of expatriate technical assistance. A strong plea for partnership was stressed as well as the community development and bottom-up rather than top-down model of development. Principles of local ownership, capacity building, sustainability, ethics and justice were also important to respondents.

Overall, the findings of the survey endorse the efforts currently in place for projects and programmes in developing countries and, in addition, support the idea to put these on a more visible and sustainable platform.

1 Introduction

The HSE is one of the world's larger healthcare organisations and has potential to provide support to people in the developing world. Ireland has a strong tradition of supporting health needs in the developing world and there are large numbers of staff working across the HSE who have significant experience in working in developing countries. Many staff working in the Irish health service continue to be involved in a mainly voluntary capacity through a variety of projects to improve health services and address health needs of people in developing countries.

Recognising the potential that exists in the HSE, the Board gave its support to the CEO, Professor Brendan Drumm, to convene an International Health Steering Group (see list of members, Appendix A) in 2007 to consider the involvement of the HSE with the developing world. One of the initial activities of the Group was to undertake a survey of HSE staff in summer 2008 to provide information on the type and amount of experience among interested people, gauge the level of interest and to provide a database of interested persons.

This information is being used by the International Health Group to develop a proposal on how to facilitate HSE staff to engage in international health and to provide guidance on how people at different levels in the HSE can participate.



Donating school and health books to teachers and health workers, Sudan.

2 Methodology

A questionnaire was developed and piloted by the Group and, with the assistance of the HSE Internal Communications, the survey was administered via the HSE intranet. An email was sent to all with HSE email addresses inviting them to participate in the survey and with a link to the questionnaire on the intranet. Participation was thus limited to those with an HSE email address and with internet access.

Message sent to all HSE staff

Staff were invited to participate in the survey by email with the following message:

“The HSE is Ireland’s largest employer, and of the workforce of over 100,000 strong, many hundreds of clinical and administrative staff have experience of working in the developing world. The HSE is interested in exploring how the Irish public health service could make a contribution to the development of projects overseas, and as a first step, the CEO, Professor Brendan Drumm, has asked a small group to help support this initiative.

“The group would like initially to gauge the level of experience and interest of HSE staff in development work both at home and internationally. We would ask any staff with experience, or who have suggestions or areas of interest that include work in developing countries, to take five minutes to complete this short survey. Visit <http://www.hseviews.ie/>.”

The survey questions are shown in Appendix B. Questions 1 and 2 looked for views on health service involvement in different methods of international health support and also elicited views as to how individuals would be interested in providing support on an individual basis. Question 3 asked for other comments on overseas aid/development work. Question 4 asked for the respondent’s job and staff group, and Question 5 asked people to specify type and duration of experience in projects for developing countries.

The individual questions are presented in the results section with the accompanying results. Comments were analysed qualitatively and organised according to the main themes that emerged.



Training traditional healers, Nepal.

3 Results

The survey elicited 2,090 responses. It is not possible to determine the response rate as the denominator is unknown, i.e. the number of HSE staff who have both email addresses and access to the HSE intranet. There were a few requests for hard copies of the questionnaire, and responses in hard copy format were incorporated in the analysis along with those received electronically.

The results presented are in a different order to what appeared in the questionnaire. This permits an initial description of the respondents in terms of their area of work and previous experience of working overseas.

3.1 Profile of respondents

The staff groups to which respondents belonged are shown in Figure 1 below. As would be anticipated, the majority of responses were from the medical, nursing and allied health professionals categories. Information on their area of speciality was provided by 1,124 respondents.

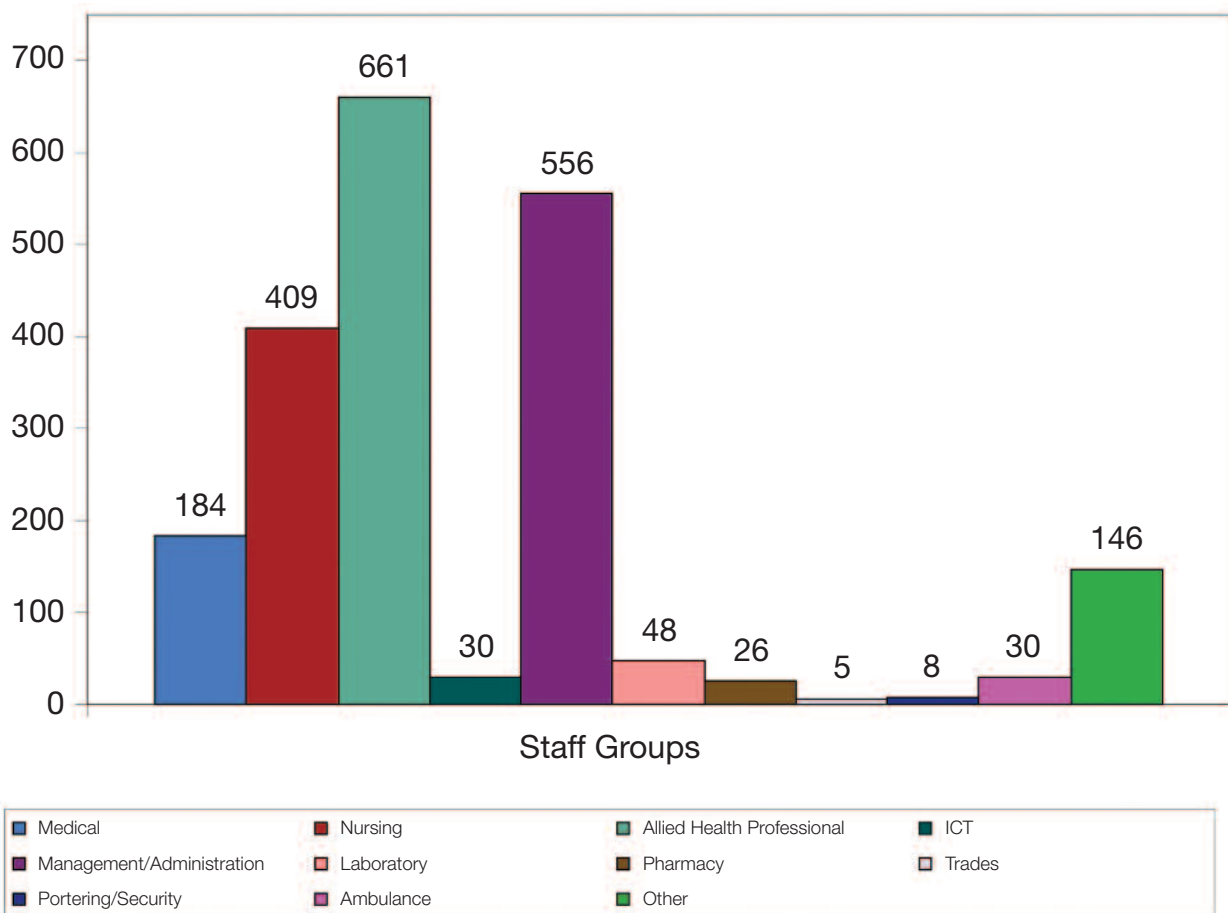


Figure 1. Number of respondents from different staff groups.

3.2 Previous/current experience of working on aid projects in/for developing countries

Of the 2,090 responses received, 562 (27%) had experience of working on aid projects in/for developing countries. Of these, the majority had experience with mission organisations and with NGOs. As it was possible to select a number of options to this question, the total numbers exceed the number of respondents with previous experience.

Table 1. Previous and current experience of respondents.

Q5 (a). Have you previous/current experience of working on aid projects in/for developing countries?	Yes		No	
	%	Number	%	Number
	27%	562	74%	1,542

If yes, select the type of experience	Based overseas		Based in Ireland	
NGO	11%	237	3%	69
Mission organisation	6%	136	1%	25
Government agency	4%	80	1%	19
UN agency	2%	47	0%	5
Local healthcare institution	4%	90	1%	12
Other (please specify)	11%	223		

Most of the reported previous or current experience of working on aid projects was acquired while based overseas. Among the 562 respondents, there were 813 experiences across the different categories, compared to 130 experiences while based in Ireland. In both sets the NGOs and mission agencies were the main source of experience. The duration of experiences is shown in Figure 2. More than one hundred respondents had more than three years' experience.

Total Duration of Experience

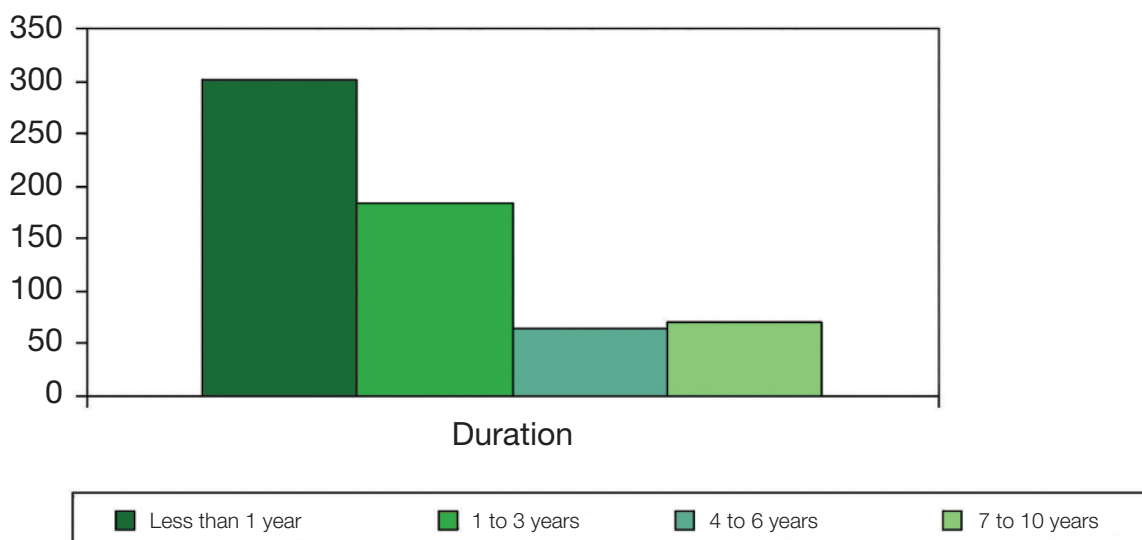


Figure 2. Duration of experience of respondents.

3.3 Types of experience gained

The types of experience gained by respondents while based either overseas or in Ireland is shown in Table 1 (previous page) and Figure 3 below.

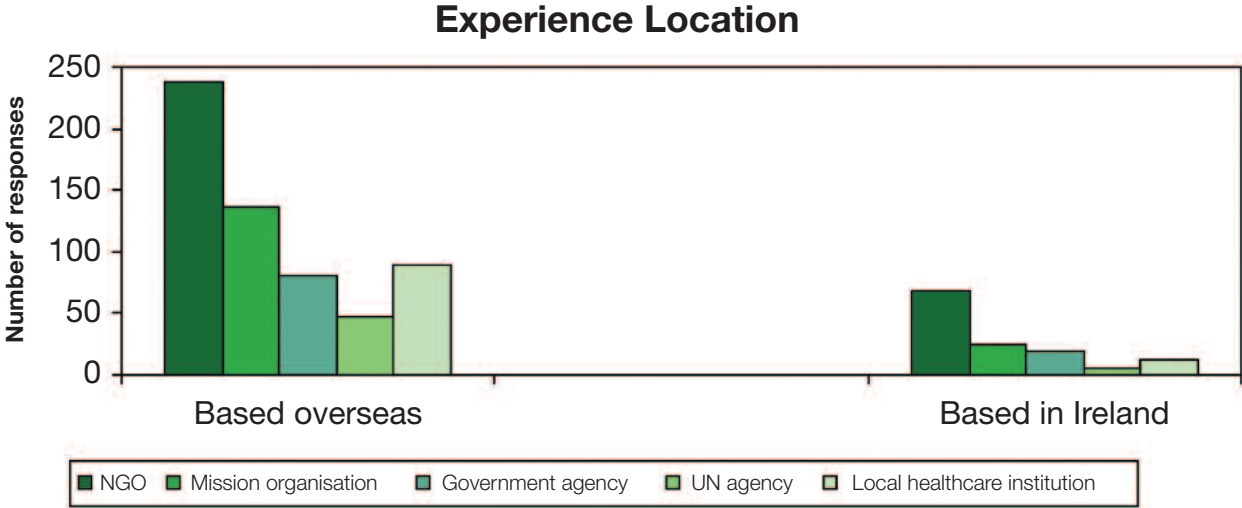


Figure 3. Type of experience of respondents.

When asked to specify other types of experience, 223 (11%) provided comments. While many of the comments could be categorised in the previous list of options provided in the question, they nonetheless provided very specific and interesting examples of the varied and rich experience of many employees of the HSE.

There were some quite specific examples of where either volunteer work or work with an NGO in the past led to present involvement in fundraising, equipment supply or educational links.

The following are direct quotes from some such responses:

“My experience is in the field of medical programmes, mainly Leprosy control, but these programmes have evolved over the years to include TB, HIV, Malaria and other tropical diseases. I have been involved in this field since the late 1980s, both as healthcare worker and volunteer with LEPRO, a UK-based NGO. Since my return to Ireland five years ago, I have been involved in setting up LEPRO Ireland and preparing funding applications and reports for Ireland Aid. I also worked for two years in a medical shelter for the homeless run by the Red Cross in Paris.”

“Worked for 10 years in a Nairobi-based children’s hospital in Kenya after one year’s service in an Irish (Mercy Sisters) Mission Hospital in rural Kenya. Intending to try to set up a Primary Health Care Project upon my return to Kenya in early July 2008. Am using my own funds to initiate the intended Primary Care Dispensary and, thereafter, if and when the project runs, with local support & input, I hope to possibly apply for assistance from Ireland. I therefore believe that the HSE might be in a position to assist this development as a main stakeholder/partner.”

“Funded as volunteer by Irish aid with Hospice Africa Uganda for one year: a palliative care

programme developing palliative care throughout sub-Saharan Africa. Currently on the board of Hospice Africa Ireland, a support group for professional development and funding of Hospice Africa Uganda.”

“Through years in Vol/Com Sector have been involved in info exchange, delivering training in Ireland to developing country staff. Spent short time on project in Kenya, and also went as part of European delegation to Mexico to deliver training on specific models of family & youth engagement.”

There were comments on a number of issues which would not be generally associated with traditional aid or development which highlight how experience gained would benefit Irish services in delivering care to a multicultural population:

“Worked with service for refugees in Accra, Ghana – training and consultancy; also conducted research on health and illness beliefs and treatment models in Ghana; report will be of use in informing content of cultural competence training for Irish health staff.”

“Humanitarian aid to Vesnova Children’s Mental Asylum, Belarus. Later I will train staff of an adult institution in the management of violence and aggression, which does not, as far as we know, exist there. I’m a tutor x8yrs in this area and have developed courses in this field in Ireland.”



Urban clinic, Nepal.

3.4 Views on HSE support for development countries (responses to Questions 1, 2 & 3)

While Questions 1, 2 and 3 in the questionnaire elicited Yes/No answers, large numbers provided additional comments (Q1: 337; Q2: 279; Q3: 700) in which a number of common themes emerged. It has not been possible to present all the views and comments in this short report; however, a number of consistent themes that emerged from all the questions are presented below and supported with examples of the comments received.

When asked about various ways in which the health services could be involved, large numbers were supportive of all options provided. When asked to specify other options, many (337) provided some practical examples of how the options (a) to (f) have been successful in the past and could be applicable for the HSE to pursue in the future.

Table 2. Views on Health Service involvement in supporting developing countries.

Q1. Do you think the Health Services could be involved in:	Yes		No		No Comment		Other	
	%	No.	%	No.	%	No.	%	No.
(a) Supporting staff who wish to volunteer/or take leave of absence to work in developing countries	97%	2041	2%	33	1%	19		
(b) Twinning projects (e.g. hospital/other health institution, healthcare in geographical location)	92%	1934	3%	71	4%	88		
(c) Support training/education in Ireland for health workers from developing countries	92%	1920	5%	95	4%	78		
(d) Support training/education for health workers overseas	88%	1847	6%	122	5%	97		
(e) Emergency response	89%	1858	5%	112	6%	123		
(f) Provide expertise/advice based in Ireland	86%	1792	4%	83	10%	218		
(g) Other (please specify)							16%	337

Table 3. Interest in being involved personally in supporting developing countries.

Q2. Would you personally be interested in:	Yes		No		No Comment		Other	
	%	No.	%	No.	%	No.	%	No.
(a) Working overseas	75%	1561	17%	353	4%	79		
(b) Twinning projects (hospital/other institution, healthcare in geographical location)	80%	1685	13%	271	7%	137		
(c) Supporting health worker training/education in Ireland	83%	1741	11%	222	6%	130		
(d) Supporting health worker training/education overseas	77%	1622	16%	327	7%	144		
(e) Emergency response	65%	1361	25%	519	10%	213		
(f) Providing expertise/advice based in Ireland	76%	1597	11%	222	13%	274	13%	279
(g) Other (please specify)								

While many diverse and interesting comments were received in response to these questions they mainly related to the various options posed in the question. Themes included volunteerism, fund raising, financial support, secondments, capacity building, twinning, emergency response, equipment donations, and learning from other countries. While it is not possible in this report to provide all of the comments received a number of comments will be given to reflect both the positive and negative views of respondents. Many of the respondents used the opportunity to give their own views and examples of their experience in relation to the options provided. Many expressed interest in further involvement and in sharing their expertise. Others provided some practical advice as to how the HSE should progress with this initiative.

3.5 General comments on providing support to developing countries

It is clear from the responses that there is a wealth of experience among HSE staff, and many have an insight into the complexities of international support which can only have come from first-hand involvement and experience. Respondents were keen that support be given in ways that are based on good development practice and ensure benefits to developing countries. Developing policies and services in developing countries, building capacity, and supporting community development were identified by many respondents as areas where support should be focused. Many expressed the importance of working in partnership – responsive to the needs identified by the country being supported, and empowering the country to take ownership of the response.

What type of support to give:

“HSE could participate in government-to-government projects, NGO projects and public-private ventures.”

“Get a balance between hospital and technical intervention support and primary health care and understanding and tackling inequalities and social determinants of health. This would send out a strong message to less developed health systems that health is not just about medicine and technology, it is also about improving access to affordable, appropriate and effective primary care for the most marginalised, as near as possible to their own communities, health promotion and protection, culturally compelling behaviour change interventions and information and facilitating social change.”

“Community development is a key aspect to overseas development work as it builds on the aspect of sustainability and not the charity aid model that is sometimes prescribed. In order for a community to be able to access any health service, it is essential that capacity building happens within that community. Community development in a health context maximises the potential of participation and empowerment of vulnerable people and this is a core aspect of any health service. As a health service, I feel it would be an important strategic connection for Dept of Foreign Affairs Irish Aid division and the HSE to link and share expertise. Dept Education already offers secondments to teachers to work for a period in Dept Foreign Affairs to design development education packs for schools. I feel that the same arrangement should be made between the two departments in regard to sharing health expertise and especially giving knowledge of how to deliver a community-based approach to the Department of Foreign Affairs, which I feel is currently lacking.”

“I feel the HSE should not necessarily represent itself as an NGO on the ground. I feel we would be of great benefit to already established NGOs as a pool of resources which they could access. Alongside this, the HSE could become involved in small-scale local initiatives in developing countries, with the aim of having a sustained effect on pockets of the population. Independent or privately funded initiatives which could benefit greatly from the expertise provided to them by the staff of the HSE. As with all development, provisions must be made for the population once the initiative itself has ceased.”

“As someone who has worked overseas in development and emergency fields, I would like to see the HSE taking an active role in supporting and contributing to Ireland’s overseas aid programme, and in particular the work of Irish NGOs such as Concern.”

“Focus on management, policies and service delivery.”

"I would support the strengthening of health systems abroad, thus improving local training applicable to local needs."

"Provide short, sharp services to government agencies and NGOs in developing countries."

"The most valuable resource one could provide is to help/assist in the creation of proven methods/systems of health care in the developing country itself. Training trainers locally, as this allows for the particular culture of the country to be accommodated within good health practice while also giving over a sense of ownership to the local communities."

How to provide support:

"Avoid making direct linkages with, and emphasis on, "charity," missionaries and faith-based linkages. Keep the focus on partnership, cooperation and capacity building. We should be about strengthening the government health system."

"I think it's an extremely interesting and worthy idea. However, as someone who worked for a third world development and relief agency before joining the Irish health service, I'd feel it was important that any work we undertook in this direction could be guided by organisations (i.e. such as Trócaire) who already have considerable knowledge/experience of health issues in development work. This may already be implicit in what Professor Drumm has in mind, but it would be dangerous/uncoordinated if the HSE were to develop this purely by itself. I'm not sure how this is to be carried forward, but should a steering/advisory group be formed to look at how this could be developed, I'd be happy to be involved, if it was helpful."

"Any initiatives could be linked to existing groups in Ireland as a partnership approach, rather than HSE starting another, and therefore would be linked into established initiatives."

"Everyone benefits from overseas experience, not least those targeted by western society such as ours. I would not support this initiative if it were to be delivered from a charitable perspective, but would certainly assist if it were operated from an empowerment perspective."

"Feel that we need to empower local people to run their own projects with our support. Do not agree with Irish staff going to developing countries for short periods of time, as this is ineffective. It tends to be of more benefit to the volunteer than the project."

"Any support/education provided must be geared towards empowering the developing country to establish its own systems and processes. Facilitating and enabling skills are key to ensure aid is not westernised."

"I think it is very positive provided buy-in is there from the recipients. They must be empowered to take ownership and manage it and eventually develop the service."

"Avoid allowing junior HSE staff to go to developing countries for short assignments when not at the request of a developing country government. These sorts of visits do little to support health systems in developing countries and are more like aid tourism for people from wealthy countries."

Suggestions were made as to how to ensure both an effective method of providing aid to developing countries and a reciprocal benefit to HSE personnel in terms of experience and career development.

“The process is most effective if based on mutual learning and dialogue. Current HSE strategies on Population Health/Social Inclusion/Primary Health Care were actually learned from wisdom created from the experience of developing countries and articulated by the WHO Declaration on Primary Health Care at Alma Ata in 1978.”

“Exchanges involving training/capacity building (worked both ways).”



Maternity ward, Zambia.

3.6 Volunteering

The concept of the HSE supporting staff wishing to volunteer for work overseas was generally well supported. Respondents emphasised the value of working with established organisations such as international NGOs and Irish Aid. These organisations have well established links with developing countries. Many comments were made regarding the practical issues and barriers which can arise when people wish to apply as a volunteer and engage with external agencies:

"It would be beneficial if all involvement was in collaboration with existing overseas, non-governmental organisations (NGOs) and local interests. The NGOs have knowledge and experience and have developed good relations with our overseas developing nations."

"Should link up with Irish agencies already involved in working with developing countries, such as Concern, Sightsavers, etc."

"Link up with Irish Aid to get involved in their rapid response area."

"There are a number of Irish organisations that potentially have gone through the process of establishing links with overseas partners; the expertise of aid agencies and volunteer groups may inform HSE developments in this area."

"I think volunteers should be able to volunteer their skills without the pressure of having to raise thousands of euro before they get to go overseas."

"Any support for staff to "volunteer" should be based on programmes with the expressed goal of providing local staff with the knowledge/skills, over the shortest timeframe practicable, to run and develop their own services. In this sense, helping to set up and train local training/education programmes, to be staffed by locals, would be a positive endeavour. People in developing countries are just as capable of running their own services, and assumptions that they require outside intervention at every level is both patronising and based on outdated and ineffectual models of development."

Many practical issues which confront staff members who have either volunteered in the past or who would like to do so in the future were highlighted. Issues raised included how the HSE could support staff who volunteer or who take leave of absence to work in developing countries; the need for a process to facilitate leave of absence in terms of pension continuity; ability to return to post on same incremental salary pay scale; post to be filled during absence, and recognition of overseas experience. The following comments illustrate these issues:

"Yes – provided I was able to return to my post on the same incremental pay scale, and tax credits/pension contributions were not affected."

"Recognition of work in developing world as valuable and part of a career."

"As long as resources are there, i.e. replacement staff and time allocated to train."

"Support and/or counselling for volunteers returning from traumatic situations."

"There would need to be a facility to employ more workers in the people's absence, however."

"Possibly help expediting the vetting process for health workers from Ireland who want to volunteer."

“Guarantee employees their jobs on completion of overseas assignment – pension continuity is a huge consideration for anyone considering overseas work, and limits the availability of personnel.”

“But there must be adequate cover for services on the ground. We are running at a very tight level as it is.”

“Have for many years now been deployed for short periods of time around the world as an elections monitor/observer and each year have had to use annual leave to take up my responsibilities on behalf of the Irish government. This has obviously curtailed my ability to fully use my expertise to maximum affect. Two weeks’ leave of absence at most once a year would have made a difference to all concerned. My trips have greatly added to the experience I bring to my role as project worker with refugees/asylum [seekers].”

Views on secondment arrangements for staff were explored in the context of volunteerism. The benefit to both the recipient country and to the individual was highlighted by a number of respondents: secondment rather than early-retirement option, where a fall in income is not feasible, and as a method of working with NGOs, and in terms of supporting staff who wish to participate in development work.

“Short-term paid secondments should be considered to meet urgent crisis need or ongoing development projects. Voluntary work not an option for most staff with mortgages to be paid!”

“I feel the HSE should offer a secondment programme to established Irish NGOs such as GOAL, Concern, etc, as these organisations are already expert in this field and, rather than duplicating processes, would be the most cost-effective way of making a real contribution to the developing world.”

“Government is putting an international emergency response unit in place with our UN army people; the HSE could support the Health piece of this initiative. HSE could second interested staff to volunteer work as opposed to early retirement?”

“Providing health professionals for small charities in developing [countries] could ensure that these charities can plan for the future. Short secondment for 3–6 months for individuals. This can invigorate the staff while also helping the charities a lot.”

“It can often eat into your holidays to do voluntary work. If a system where u had to use some annual leave and got ‘sponsored’ a few extra days by HSE, this, I think, would facilitate a lot more people to volunteer.”

3.7 Twinning/institutional partnerships

92% of respondents expressed support for the health service to be involved in twinning projects. The development of different types of partnerships with developing countries in terms of staff education and training, and in twinning projects, elicited a diverse variety of comments, both positive and negative. Views were expressed in terms of the benefit of twinning arrangements for both Ireland and developing countries. Some emphasised the importance of meeting local needs rather than the needs of the Irish “twin.” Others drew attention to the harm caused by poor partnership arrangements, while the danger of a “successful” twinned project leading to worsening health inequalities was commented on by a number of respondents. Engaging with staff from developing countries working in Ireland was cited as a way of strengthening links. The following comments demonstrate the range of opinions:

“I feel that any organisation is enriched by linking with development in the countries of the South. However, it needs to be on a partnership basis, and not just benevolence.”

“Twinning projects must not lead to inequities in health care in a host country. Support to developing countries must be according to local needs and not led by what we think we want to offer.”

“Taking advantage of the “foreign” working force inside the HSE to strengthen the links between their countries and Ireland.”

“One reservation I have about twinning projects is that if we support a high-class service in one small area it may lead to unbalanced migration within a larger area of those families with sick members, which may have consequences for food security down the line.”

“The Erinville (Maternity) Hospital, now Cork University Maternity Hospital, has unofficially been ‘twinning’ with a maternity hospital in Khartoum, Sudan.”

“Expertise and evidence-based practice is what the health service strives to achieve and deliver. However, innovation may be the achievable goal in the developing country because of lack of facilities. I think twinning projects have the potential to be of benefit to the Irish Health Service and health personnel in the developing countries. There is learning for all.”

“I think the idea of twinning projects is an excellent one. However, I do not think it should be restricted to developing countries only. Perhaps a staff exchange programme may be considered.”

“Twinning or mentoring projects with similar institutions or personnel in developing countries. We should also be aware that many innovative projects happen in developing countries, especially in the field of community health, and that we could learn from professionals there.”

“Twinning is excellent, but nothing new.”

“I think there are good opportunities for research in other countries which the HSE could take advantage of. This could be done in twinning projects as well as supporting training overseas. I think learning aid work while in Ireland may be insufficient for giving a person the necessary equipment for overseas work. On-site training is best.”

“With regard to twinning, two types of institution/organisation should be considered for each Irish institution/organisation. One from a developed European country whose Health Service is more advanced than ours. The other from a developing country whose Health Service is not as advanced as ours.”

3.8 Emergency and humanitarian response

The issue of either HSE organisational or individual involvement in emergency response provision was supported by a large number of respondents: 1,858 supported the HSE involvement and 1,361 were personally interested in participating. While the level of support was high, points were raised about the need for training, pension continuity, willingness to support efforts from Ireland and an opportunity to include personnel recently retired when compiling a list of responders. Comments below reflect the level of interest:

“Emergency response is a positive short-term action, again with the right-expertise people going (as opposed to those who just want to go and see if they can help). Inexperienced, helpful people are usually not safe or of much help out there, unfortunately. Set up teaching programme around clinical, development and backroom services according to need and country background – excellent idea.”

“I believe it is crucial that any emergency response by HSE staff is firmly linked to the Government’s own emergency response plans.”

“For emergency response, staff need to be routinely carrying out this work (regular responders) to be effective.”

“Would be happy to play an administrative role in organising an Emergency Response to an overseas crisis. This I would happily do voluntarily from an Irish base, but due to family commitments I could not work overseas.”



Children’s feeding centre at Goma, Democratic Republic of the Congo.

3.9 Support for training/education for health workers from overseas and training/development/education of HSE staff

The HSE involvement in supporting training/education for health workers from developing countries was endorsed by a large number of respondents: 1,920 supported the idea of training overseas workers in Ireland, while 1,847 supported training overseas. These responses are not mutually exclusive.

Opportunities to support or assist in the training on an individual level were well supported: 1,741 were interested in supporting training in Ireland while 1,622 were interested in providing training/education overseas. Many comments reflected an awareness of the shortage of health workers and the need to take care to avoid poaching and contributing to brain drain from developing countries. There was a general preference for training people in their own country rather than training them in Ireland.

While there was strong support overall for the provision of training opportunities for personnel from developing countries, some words of advice and caution were provided in the following comments:

"I think training should be based in the country where it is required rather than in Ireland."

"It is important that we adapt our expertise and clinical education to the needs of the developing countries. We can't expect them to work in the same way as we do here or the service provided will not be sustainable or relevant. We need to equip the professionals there and this would suggest that it is based in their countries."

"The biggest single assistance to health work in developing countries that could be made by Irish health services is to stop denuding developing countries of their qualified staff. After that, we should facilitate Irish health staff to work in developing countries for periods no shorter than six months at a time, so that they could develop an understanding of the challenges that face the majority world and, secondly, that they could utilise to the full the extensive training that they possess."

"I have previous experience of overseas work and presently work with asylum seekers. I would be cautious re providing training in Ireland for overseas staff as there is a risk of poaching badly needed professionals from developing countries."

"I also feel that people need to be able to function in an environment which is comparable in terms of available resources – a western setting may not therefore appropriately equip someone from the developing world – this comment is based on my own experience where resources available were frustratingly limited and influenced what was possible on a day-to-day basis. My own sense is that it is important not to put an unrealistic western health model into a situation where it is unworkable or has a negative effect on existing services, but rather to hone the skills of staff in situ through education and making the most effective use of all available resources locally – otherwise projects are unlikely to be acceptable to local people or viable once outside agencies leave."

"I think we need to be culturally relevant and it would seem a better approach to be based in the relevant country rather than only bringing people over to Ireland; it is both knowledge and being culturally relevant that will help to bring lasting positive change."

"While staff abroad have a right to travel for training, we have to be very careful not to poach critical staff from developing countries. Best way is to have sufficient staff coming up through our own training."

“Must be for benefit of population in developing country, not just for the personal benefit of the person being trained, etc.”

“I would feel that providing training in Ireland for health workers from developing countries would be very helpful as it provides a holistic working knowledge of interventions/service concepts which work globally. It would be more cost-effective in certain situations to get people to come here and then to educate rather than to go to each country.”

“Use of multimedia to aid training and cross-country working and recording of learning opportunities, e.g. conferences.”

“Consideration should be given to donations of medical supplies, equipment, I/T support. Overseas training/education could be tailored to include instructions on use. Consideration should be given to forming partnerships with Irish-based NGOs and Irish Aid so as to avoid duplication.”

“Collaboration between HSE and NGOs should occur to finance training and support.”

“Many important allied health services, or training for allied health services, do not exist in developing countries (e.g. physiotherapy, occupational therapy), although many countries are rebuilding post-war (e.g. Sierra Leone) where such services are needed. HSE and HEIs could potentially have a role to play by providing distance-learning opportunities and clinical placements for local health workers.”

“Help provide any materials needed for the ongoing education/service for which training has been given.”

“The HSE should be able to get working visas for overseas doctors so that they can be put temporarily on the Medical Register, so they can work in a training post in Ireland. The HSE should combine with the Ireland Aid fund to finance and populate groups doing charity work abroad.”

A number of respondents commented on the benefits for Irish workers of being involved with education/training initiatives, including through exchange programmes:

“Overseas development experience is obviously a great support to developing nations, but HSE could also get a major benefit. By encouraging staff to engage in a 4–6 month exchange/sabbatical, HSE can [motivate] staff to offer their skills and expertise to peers in developing countries. Many health providers have found this is an effective way to avoid burn-out and to recharge staff energy levels. Staff rust-out and burn-out costs HSE through absenteeism, presenteeism (turning up without tuning in) and staff turnover. In the NHS it has been shown that to recruit one nursing post costs £30,000. Many staff would return with a renewed sense of purpose and focus.”

“Develop training and events (e.g. in-house marking of global days related to health and development; co-sponsoring conferences and workshops with Irish Aid) to raise awareness within HSE staff of global health and linkages with Ireland. For example, infectious diseases have no borders and people are travelling more; the brain drain from developing countries to countries like Ireland of health professionals trained by low-income countries with huge health challenges.”

3.10 Donating equipment

There was considerable interest in the area of donating unwanted or obsolete equipment to developing countries. Care needs to be taken to ensure equipment can be used properly and maintained.

"I feel that some of the equipment that is currently not recycled here would be invaluable overseas. I also feel that if patients here knew that items could be recycled, they would return them to the departments here."

"I am aware of an organisation in the UK that sends unwanted insulin and diabetes equipment to underdeveloped countries. However, this is not possible to do from our country as apparently the government will not licence the re-supply of medication."

"Money needs to go directly to the project. Ensure people are qualified in the field to use equipment, i.e. when I was in Botswana, in the maternity unit they have the latest monitor but no one was qualified to use it, so it lay idle."

"More emphasis on recycling used equipment, e.g. TENs machines, walking frames, blood pressure monitors, etc. This may mean doing 'brief' safety checks to ensure equipment is safe. Quite often items are thrown away because they 'look' worn, when simple adjustments or replacements would make them quite useable."

"Perhaps recycling of out-of-date equipment that may have an application in less developed countries; transport and maintenance costs may be prohibitive, though."

"Donations are currently being made by the HSE, i.e. old beds and wheelchairs. I think this is an excellent idea and maybe this could be expanded to involve the public by having locations in the community where the public can bring blankets, toys, clothing, etc."

"Disability equipment (e.g. orthotics, wheelchairs) that can no longer be used in Ireland due to health & safety would be welcomed in many developing countries."

"Equipment, medicines and materials, in general non-human resources, could also be redeployed, donated or provided for in certain circumstances."

"Sending redundant equipment (e.g. computers) for re-outfitting."

"Supplying used/old or new equipment, e.g. wheelchairs, to developing countries, as many supplies are often in short supply or too expensive."

"Consideration should be given to donations of medical supplies, equipment, I/T support. Overseas training/education could be tailored to include instructions on use. Consideration should be given to forming partnerships with Irish-based NGOs and Irish Aid so as to avoid duplication."

"HSE should have a system to send equipment that is no longer required, but is still in working order, to developing countries. For example defibrillators, ventilators and dialysis units that are replaced with new devices could be reconditioned and sent abroad."

3.11 Fundraising/financial support

Comments on financial support varied from how money should be spent to practical suggestions as to how the HSE and its staff could raise and contribute same. There were also a number of comments on the financial burden experienced by volunteers.

“I think support to overseas aid should be supported by the HSE with financial support from the Irish government’s overseas aid division.”

“I think if staff voluntarily donated 50 cent or €1 per week, and had it deducted from their salary automatically, it would generate funding for emergency response/major disaster.”

“Financial support for medical equipments, health programmes/initiatives in developing countries is more valuable.”

“I would regularly support financially overseas aid, but I feel even facilitating workers to send money directly from payroll would help.”

“I think it needs a less patronising attitude. Often there are already very capable people in these countries and they just need practical/financial support.”

“When I did short-term voluntary work abroad in 2006, I took leave of absence with no pay. I would do it again, as the healthcare work and indeed life experience was very rewarding, if not a little surreal. However, it would have been an enormous help if the health service supported me in some way from a financial perspective, albeit minimal.”

“It is important that support and expertise be given both in clinical but also in management and financial skills.”

“While it is good to give financial aid to developing countries, I also believe that teaching/giving people the necessary skills so they can become independent and be allowed to develop on their own is vital.”

“Money needs to go directly to the project.”

“I think people have the preconception that not all of the contributions given towards this aid gets to the people who most need it and that a lot of the money goes towards administration; so I think maybe the HSE could offer some administration help towards the various organisations.”

“I think HSE employees should be asked if they would like to contribute in order to support this and have the money deducted from pay. A flyer to be issued giving facts and figures and showing what €1 can do in these developing countries.”

“Fundraising, perhaps organising GOAL Jersey Day on a national level across the HSE; one euro per employee would generate over €100,000 and no doubt some fun.”

One particular example of how the HSE in Cork and Kerry has supported projects in developing countries through staff contribution schemes was quoted by a number of respondents:

“I have been involved with humanitarian aid projects in northern Albania since 1994. Since 2005, I have been providing free nail surgery and training medical staff in nail surgery techniques in

three different Albanian towns. This year, from 20 June to 4 July, a small team will again be travelling to Albania and SHARP (Staff of the Health Service Executive (Cork & Kerry) Association for Relief of Poverty) have kindly donated €3,500 to buy a defibrillator, aspirator and a laryngoscope for a medical centre in the isolated mountain town of Fushe Arrez, Albania. All my trips are self-funded and I have to use my annual leave to do them. A grant or paid leave from the HSE would be a most welcome way that the HSE could support work by their staff overseas. In addition, I am always being asked by medical staff – doctors and consultants, etc – if there are any schemes where they could visit the HSE and receive training/upskilling/shadowing. It would be a valuable way to support medical services in countries overseas, if the HSE were to develop a mentoring scheme.”

“Funding through staff contribution schemes such as SHARP in Cork and Kerry (Staff of the HSE Association for the Relief of Poverty). Between 85% and 95% of contributions are used for the relief of poverty and famine abroad and the balance in Ireland. The scheme involves: no administration costs – funds managed by a committee elected by members; an agreed Constitution; a detailed application form for funding, and strict rules for making decisions on applications; contributions deducted at source by HSE South Payroll Department and sent to SHARP’s credit union account monthly, Such a scheme allows people to feel that they are helping if not able to actually travel abroad, and those on the Committee get an intimate understanding of the challenges faced by people in less developed countries and of the outstanding work being done by many Irish people in such countries.”



Primary health clinic, Mozambique.

3.12 Reservations about HSE support

While responses were overall very positive, there were a number of reservations expressed about the appropriateness of the HSE considering overseas support, especially in the current financial climate:

“This is a fantastic initiative but comes at a very difficult time for staff on the ground. I have just recently been refused funding for a two-day conference without my application being even considered. It was less than €500 and would have been a very practical conference that would have positive benefits to the department and in delivering patients results. How then can a department be asked to support training elsewhere when the HSE are perceived as not supporting their own?”

“As to providing leave of absence – we have had a couple of staff members who reduced their hours due to illness or family commitments. No locum provided but their colleagues understood and mucked in to get the work done. When the staff member wanted to return to normal hours, the line manager was met with resistance from the HSE. Maternity leave is not being covered, so how on Earth does the HSE propose to support leave of absences for this project?”

“The health services need to stabilise and regulate current services and devise appropriate strategies to oversee such projects. The health services appear to take on too much and are often unable to cope with the extra pressure because they have not budgeted accurately. The health services could offer each area the opportunity to form their own sub-committee to plan for such projects; such an opportunity would provide employees the scope for voicing their experience that is often lost and unnoticed.”

“Obviously because of Ireland’s tradition of working abroad, both as emigrants and missionaries, there is an inherent trait to help others even with our contribution of foreign aid relative to other developed countries. However, WE really need to get our own services on target, with outcomes and delivery, prior to advertising our health service workers and services abroad.”

“Because of limited funds for Irish health care at this time, we cannot afford to invest in projects outside our country.”

“I don’t think the Health Service should do any of the above unless it has sorted itself out. I am working with clients from different countries and would welcome some joint training from other countries.”

“Might ask why are you asking questions about supporting others when the HSE cannot support the staff it has already in a day to day? This is very much a wish list. People cannot even take a career break at the moment without fear that they won’t get their job back.”

“I am not a naturally cynical person and have always supported any national health service. Providing mutual support to agencies overseas is rewarding for both ‘us’ and ‘them.’ However, it is hard not to wonder if this is the right climate to be operating spin-off projects when current posts are under such scrutiny. For example, is it wise to enquire if we would be interested in time off to practice abroad when many posts have not been refilled following career breaks, etc?”

4

Discussion

Due to the methodology chosen, the survey was not representative of all staff working in the public health service. Personnel working in most of the Dublin teaching hospitals were not included due to difficulty of accessing them via email, etc. General practitioners and practice-based staff were similarly excluded. This is a limitation of the survey in that the level of interest and experience among this large number of people, which include many clinical staff, was not represented.

While not representative of all staff, the large number of responses provides a good cross-section of staff views. The level of response in itself indicates a high level of interest and this is further reflected in the answers and comments. There were more than thirteen hundred separate comments with some common expressed viewpoints, so a clear picture could be constructed around the major themes.

A number of technical difficulties were encountered during the survey period which resulted in a number of duplications being received. While this affects the apparent level of response, it nonetheless further demonstrates the level of interest among HSE staff in supporting health in developing countries.

A rough calculation shows that there were approximately 22 duplications. This reflects a fault with the technique in that the respondent did not receive acknowledgement that the responses had been accepted and that he/she had completed the survey; this is likely to have resulted in some people completing the survey more than once.



Rural clinic, south Sudan.

5 Conclusions

This study has found a considerable level of support for the HSE contributing to the health needs of people in developing countries. It does not fully represent the views of all staff working in the Irish public health service, but the large number of respondents (more than 2,000) constitutes a sizeable sample and reflects a high level of experience and interest in relation to supporting health services and needs in developing countries.

The breadth and depth of experience reported by the respondents is substantial. There is clearly an accessible resource of experience and expertise in the HSE with the potential to facilitate many initiatives to support health in developing countries. It is striking how many people with experience overseas have continued to be involved after returning to work in Ireland. The level of ongoing work described by respondents highlights the need to protect existing initiatives.

The survey has captured many ideas on how to ensure that HSE support for developing countries is delivered effectively and is based on best practice. The principles and approaches of partnership, local ownership, capacity building, health-systems strengthening and community development were repeatedly expressed.

There was strong support and interest for volunteering to work in development projects and humanitarian emergencies. The challenge raised is how the HSE can address the practical and financial constraints that currently make it difficult for a person to take leave from their job, even for short periods.

Twinning and other types of institutional partnerships received strong support. Twinning arrangements create opportunities for training, capacity building and development of services. The dangers of poor partnership were highlighted, pointing to the need for the HSE to have robust mechanisms in place to ensure best practice is followed.

Training was seen as an effective way to build capacity, both supporting training in developing countries and facilitating health workers to come to Ireland for training. Care is needed so as not to exacerbate the brain drain from developing countries. Respondents also expressed the reciprocal benefits to individual staff and to the HSE.

Respondents commented how individual staff can practically help through fundraising for projects, and a number of existing schemes were described. There was also considerable interest in donating obsolete medical equipment to developing countries.

Not all respondents were in favour of the HSE providing support to developing countries, some feeling that the HSE needs to focus on getting its own house in order first. Others felt that the HSE is constrained by lack of funds at the present time.

Overall, the large majority of respondents were in favour of the HSE providing support to developing countries. Many practical suggestions were given as to how to take this forward. The interest and spirit of volunteerism conveyed by many of the responses suggests that much can be achieved on a cost-neutral basis if the HSE puts in place mechanisms to facilitate institutional partnerships and involvement by individual staff. Suggested next steps include setting up a group to implement mechanisms of support and developing links with Irish Aid and NGOs.

Appendix A

Membership of HSE International Health Steering Group

Prof Kamal Sabra	Head of Corporate Pharmaceutical Unit, HSE	<i>Chair 2007–08</i>
Dr David Weakliam	Consultant in Public Health Medicine HSE, Dublin Mid–Leinster (Midlands)	<i>Chair 2008 to present</i>
Dr Margaret Fitzgerald	Consultant in Public Health Medicine HSE, Dublin Mid–Leinster (East)	
Catherine Tunney	Regional Practice Development Officer for Public Health Nursing, Dublin North–East	
Gretta Crowley	Local Health Office Manager, Cork	
Dr Miriam Owens	Specialist Registrar in Public Health, HSE	<i>Medical Secretary</i>
Daniel English	Press Officer, HSE	
Dr Davida De La Harpe	Assistant National Director Population Health, HSE	
Dr Philip Crowley	Deputy Chief Medical Officer Department of Health and Children	
Breda Byrne	Secretary to Prof Kamal Sabra	

HSE Support for Health in Developing Countries Questionnaire for HSE Staff

The HSE is Ireland’s largest employer, and of its over 100,000 strong workforce, many hundreds of clinical and administrative staff have experience of working in the developing world. The HSE is interested in exploring how the Irish public health service could make a contribution to the development of projects overseas, and as a first step, the CEO, Professor Brendan Drumm, has asked a small group to help support this initiative. The group would like initially to gauge the level of experience and interest of HSE staff in development work both at home and internationally. We would ask any staff with experience, or who have suggestions or areas of interest that include work in developing countries, to take five minutes to complete this short survey.

Q1. Do you think the Health Services could be involved in?

Supporting staff who wish to volunteer/or take leave of absence to work in developing countries?	Yes /No / No Comment
Twinning projects (e.g. hospital/other health institution, healthcare in geographical location)	Yes / No / No Comment
Support training/education in Ireland for health workers from developing countries	Yes / No / No Comment
Support training/education for health workers overseas	Yes / No / No Comment
Emergency response	Yes / No / No Comment
Provide expertise/advice based in Ireland	Yes / No / No Comment

Other please specify _____

Q2. Would you personally be interested in?

Working overseas	Yes / No / No Comment
Twinning projects (hospital/other institution, healthcare in geographical location)	Yes / No / No Comment
Supporting health worker training/education in Ireland	Yes / No / No Comment
Supporting health worker training/education overseas	Yes / No / No Comment
Emergency response	Yes / No / No Comment
Providing expertise/advice based in Ireland	Yes / No / No Comment

Other please specify _____

Q3. Do you have any other comments on overseas/aid/development work?

Q4. (a) What is your job title? _____

Q4. (b) Which staff group do you belong to (please tick)?

- Medical
- Nursing
- Allied Health Professional
- ICT
- Management/Administration
- Laboratory
- Pharmacy
- Trades
- Portering/Security
- Ambulance
- Other
- Area of speciality (if relevant) _____

Q5. (a) Have you previous/current experience of working on aid projects in/for developing countries?

Yes No (tick boxes)

If Yes, select the type of experience:

	Based overseas	Based in Ireland
NGO	<input type="checkbox"/>	<input type="checkbox"/>
Mission organisation	<input type="checkbox"/>	<input type="checkbox"/>
Government agency	<input type="checkbox"/>	<input type="checkbox"/>
UN Agency	<input type="checkbox"/>	<input type="checkbox"/>
Local healthcare institution	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) _____		

Duration of experience

Q5. (b) Duration of experience in total: months ____ years ____

Q5. (c) Length of experience (please select relevant time period for both “overseas” and “in Ireland”)

Overseas

0-3 months 3-12 months 1-2 years >2 years >5 years

In Ireland

0-3 months 3-12 months 1-2 years >2 years >5 years

Q6. Please provide your contact details if you would like to be contacted about this: OPTIONAL

Name: _____

Address: _____

E-mail: _____

