



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Global Health and ESTHER Alliance

Report on staff survey

January 2013

HSE Global Health Programme
Quality and Patient Safety Directorate

This publication comprises a report of an HSE staff survey, undertaken in 2012.

Our acknowledgments to all who submitted a completed questionnaire for the survey and contributed comments.

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Foreword

The goal of ensuring high quality safe services for patients and clients is faced by all countries, but nowhere is the challenge greater than in the least developed nations. Unsafe care affects nearly 1 in 10 patients in African countries, posing a serious public health problem and economic burden in these resource poor settings. The HSE Global Health Programme was established in 2010 to help improve health in less developed countries, by availing of the experience and expertise within our own health service.

This is the second global health survey undertaken by the HSE and the report demonstrates once again that there is considerable interest and capacity within the Irish health service to support less developed countries. This can best be facilitated through partnerships involving hospitals and other health institutions, which can be implemented without diverting any resources from critical services here in Ireland. Indeed, the experience of working in partnerships will enrich our own services and catalyse improvements in quality and patient safety in our institutions.

In 2012 Ireland joined the European ESTHER Alliance. The Alliance works through a model of institutional twinning and this provides a framework for the HSE to facilitate and foster high quality partnerships. This survey has provided helpful inputs to the development of Ireland's ESTHER Programme which will be fully established during 2013.

I would like to extend my thanks to all those who participated in the survey. The contact details provided will enable us to maintain communication with those who expressed interest to be involved with the programme.



Dr. Philip Crowley
National Director
Quality and Patient Safety

Executive Summary

In 2012 Ireland officially became a member of the European ESTHER Alliance, a network which facilitates partnerships between European and developing world healthcare institutions. Consequently, that same year, the HSE's Global Health Programme undertook an internet based survey of health service personnel to quantify their experience and interest in linking with developing world organisations. The survey specifically requested responses on how Irish healthcare institutions could create effective and sustainable partnerships with similar ones in the developing world.

A total of 1,028 persons completed the web based survey. It was recognised that it was not possible to contact all staff via email to notify them about the survey, particularly hospital staff and those who work in General Practice. The largest group of respondents were medical personnel followed closely by allied health professionals and nursing staff. Approximately one quarter of participants had previous experience of working in the developing world, mostly with NGOs or Mission organisations. The survey documented that the majority of this experience was for 12 months or less duration, however 89 respondents have spent 2 or more years working overseas in developing countries.

Projects that HSE staff have been involved with cover a wide range of disciplines. Specific examples include; assisting with telecommunications in the Pacific Islands, setting up a paediatric oncology unit in Dar es Salaam, providing medical support to AIDS patients in Uganda and assisting schools in rural Pakistan.

Interestingly, the majority of respondents (59%) did not know if their organisation provided any support to developing world institutions. Where assistance was provided it was usually in the form of donated equipment.

Contributors to the survey overwhelmingly (69%) supported becoming involved in ESTHER Alliance partnerships. This support from staff will be crucial if Irish institutions are to form sustainable links with developing world organisations.

Respondents provided a rich framework of ideas for creating and strengthening partnerships. These included the use of the internet as a means of sharing knowledge, joint scientific research for advancing patient care and the creation of registries to indicate what certain institutions can offer while highlighting what other institutions need. The importance of reciprocal staff training and having partnerships built on mutual respect was repeatedly emphasised.

Very few negative comments were received regarding the HSE's Global Health Programme/ESTHER Alliance. Overall the survey documents that there is broad support for linking similar Irish and developing world health care institutions. The challenge for the HSE's Global Health Programme is to translate this good will into meaningful partnerships that benefit both Ireland and the developing world nations.

1. Introduction

Ireland is one of many countries that have a long and distinguished history of working with developing nations to improve available healthcare. In 2007 the HSE convened an International Health steering group to consider how the HSE could create partnerships with developing world countries regarding the delivery of sustainable healthcare. One of the initial activities of this group was to undertake a survey of HSE staff to provide information on the type and amount of experience among employees and to assess their level of interest for future collaboration. The findings of this survey were published in the report entitled “HSE support for health in developing countries” (1) and confirmed that the breadth and depth of experience reported by respondents was substantial with a large majority of them in favour of the HSE providing support to developing countries.

Following the initial survey, in 2010 the HSE established a Global Health Programme with the aim of improving health in less developed countries. The programme is aligned with Irish Aid, the Government’s official aid programme, and the HSE signed a Memorandum of Understanding with Irish Aid.

In 2012 Ireland officially became a member of the European ESTHER Alliance (2). The ESTHER programme was initiated by France in 2002 with the mandate of creating partnerships between European and developing world hospitals. The ESTHER Alliance has expanded and now involves 12 European and 40 developing world countries resulting in constructive partnerships across hospitals, universities and community care programmes. To date forty thousand healthcare professionals have received training through the ESTHER Alliance.

As a consequence of Ireland’s membership of the ESTHER Alliance the Global Health Programme decided to carry out another HSE survey to provide an updated picture of the level and type of experience among health service personnel and to offer them further information regarding the European ESTHER Alliance.

The information from this survey will be used by the programme to facilitate institutions within Ireland forming partnerships (or strengthening already existing partnerships) with developing world institutions through the ESTHER Alliance.

2. Methodology

A questionnaire was developed and piloted by the survey team. As many personnel as could be contacted were invited to participate in the survey. An email was sent to all individuals with HSE email addresses inviting them to participate through a link to Survey Monkey (3). Hospitals were also requested to circulate the message through their email lists. Nurses and doctors were invited to participate through messages from the Irish Nurses and Midwives Organisation and the Royal College of Physicians of Ireland. The survey group acknowledges that it was not possible to obtain the email addresses of all employees within the Irish health service. Consequently participation was limited to those with access to email and the Internet.

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

“In 2010 the HSE established a Global Health Programme with the aim of working to help improve health in developing countries.

The Programme is now situated in the Quality and Patient Safety Directorate and will build on many initiatives already undertaken by health staff. Dr David Weakliam, Consultant in Public Health Medicine is the national Programme Lead.

Ireland joined the European ESTHER Alliance in February 2012. This is a network of countries working to improve the health of people in developing countries through twinning associations between European hospitals/health related institutions and similar institutions in developing countries. ESTHER Ireland will be developed by the HSE in partnership with Irish Aid.

Membership of the ESTHER Alliance provides an opportunity for staff working in the health service to be involved in projects with developing countries.

As a next step we would like to find out what initiatives and projects health service staff are currently involved with and to develop a database of people who are interested in more information. Following the survey potential ESTHER projects and other initiatives will be identified.

This survey will take less than five minutes to complete. The closing date is the 29th June 2012. Thanks for taking the time. If you have any queries in relation to the survey please contact: globalhealth@hse.ie

The survey questions are detailed in Appendix B. Questions 1, 2 and 3 focused on previous developing world experience, type of organisation and duration of assignment. Questions 4 and 5 investigated if current work locations provided support for developing countries and in what format. Question 6 asked if staff would be interested in becoming involved with the ESTHER programme and questions 7 and 8 requested respondents contact details and job classification. Question 9 invited staff to provide comments on how they believe constructive links could be created between Irish and developing world institutions.

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.

The replies to this survey were compared with those in the 2008 report entitled "HSE support for health in developing countries". Similarities and differences were highlighted.

3. Results

The survey prompted 1,028 responses. Unfortunately it is not possible to calculate the response rate as the denominator cannot be ascertained, i.e. the number of staff reached by email and with access to the internet. The results are presented with an initial description of the respondents in terms of their area of work and previous developing world experience.

3.1 Profile of respondents

A total of 729 respondents provided details of their staff category. A breakdown of these categories is provided in Figure 1 below. Medical staff represented the largest proportion of respondents (27.7%), closely followed by allied health professionals (25.8%) and nursing staff (23.5%).

		Response Percent	Response Count
Medical		27.7%	202
Nursing		23.5%	171
Allied Health Professional		25.8%	188
ICT		0.8%	6
Management/Administration		12.5%	91
Laboratory		1.8%	13
Pharmacy		1.5%	11
Trades		0.1%	1
Portering/Security		0.0%	0
Ambulance		1.0%	7
Other		5.3%	39

Figure 1. Number of respondents from different occupational groups

3.2 Current or past experience of working on aid projects in/for developing countries

Of the 1,028 responses analysed, 237 (23.1%) had gained experience working on aid projects in or for developing countries. NGOs (51.3%) and mission organisations (25.9%) comprised the majority of platforms through which staff interacted with developing nations as detailed in Figure 2.



Figure 2. Previous and current experience of respondents.

Among the 251 respondents who provided details on the duration of their experience, the majority (52.2%) spent 12 months or less working on aid projects. Interestingly 89 respondents have spent 2 years or more working with developing countries. A breakdown of the duration of experiences is given in Figure 3.

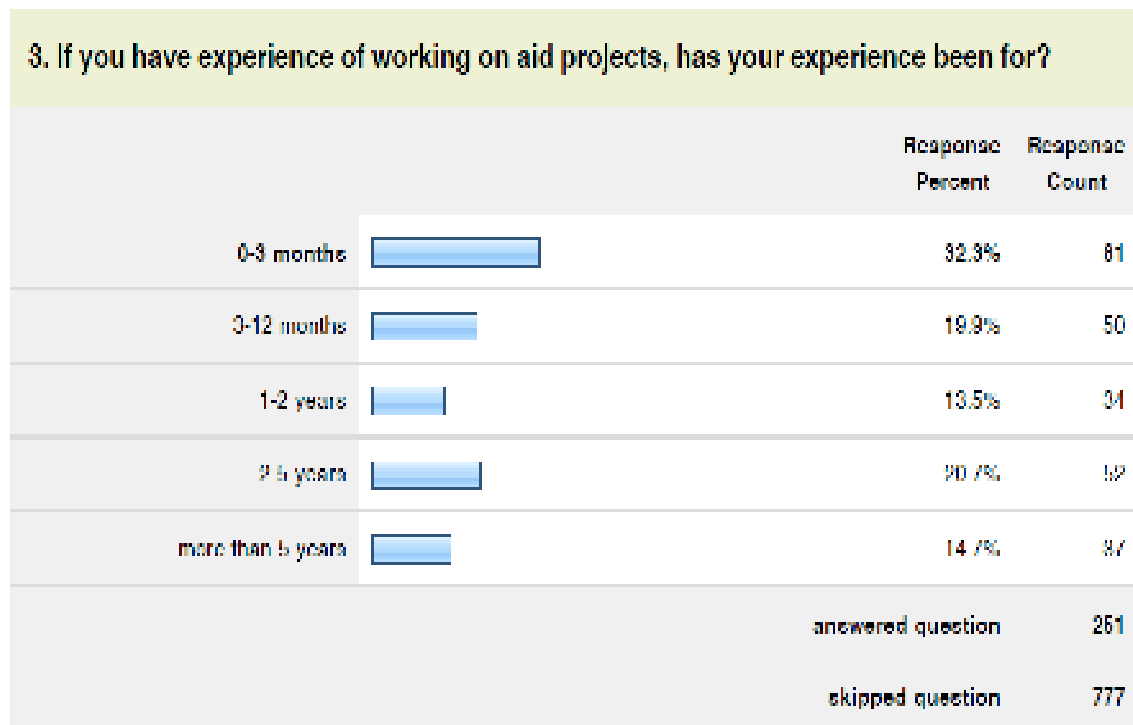


Figure 3. Duration of experience of respondents.

3.3 Types of experience gained

The various types of aid organisation that staff have worked for is outlined in Figure 2. When asked in question 2 to select their type of experience, 56 individuals chose “other” and provided comments. Many of those who selected “other” could be categorised in one of the five types already listed in question 2. Nonetheless the comments received gave a detailed insight into the type of projects staff have been involved with and in some cases are continuing to be involved.

On review of the 56 comments a number of themes about the type of experience emerged that are listed below with the associated direct quotes.

The theme of commencing as a student, with work placements in the developing world was repeatedly evident:

“Medical student voluntary body”

“Surgeon Noonan fund as a medical student”

“Medical students overseas relief, UCD”

“Voluntary hospital agency for medical students”

There were some specific examples of individuals starting up their own programmes:

“Set up a school for poor children in a rural area of Pakistan. The school provides free education to poor children and employment to staff of the area.

The project is maintained by people who can afford to pay and by my own contribution.”

“Established my own programme in Vietnam.”

The comments also revealed the diverse nature of the projects staff have been involved with in the developing world:

“In a previous job with Spectrum management agency in Australia I was involved in training staff from developing countries in Africa, Asia and the Pacific Islands in radio communications management and satellite coordination under the auspices of the International Telecommunications Union (ITU) a UN body.”

“I am recently returned from working with VSO in Guyana for 14 months. I worked with the country's ministry of health strengthening their services in the area of speech and language therapy.”

“Irish paediatric oncologist runs unit in University Hospital Dar es Salaam, Tanzania. Funding received from a variety of governmental and outside charity sources.”

“Ran a clinical trial into cryptococcal meningitis treatment in Malawi. Provided medical care for these patients and did general medical work on the wards. Staffed HIV clinics as well.”

3.4 Current support provided by Irish institutions

When asked if their workplace provides support to developing countries, the majority of respondents (59.3%) did not know. Only 147 (14.3%) staff members indicated their institution / hospital provided assistance to developing nations as shown in Figure 4.

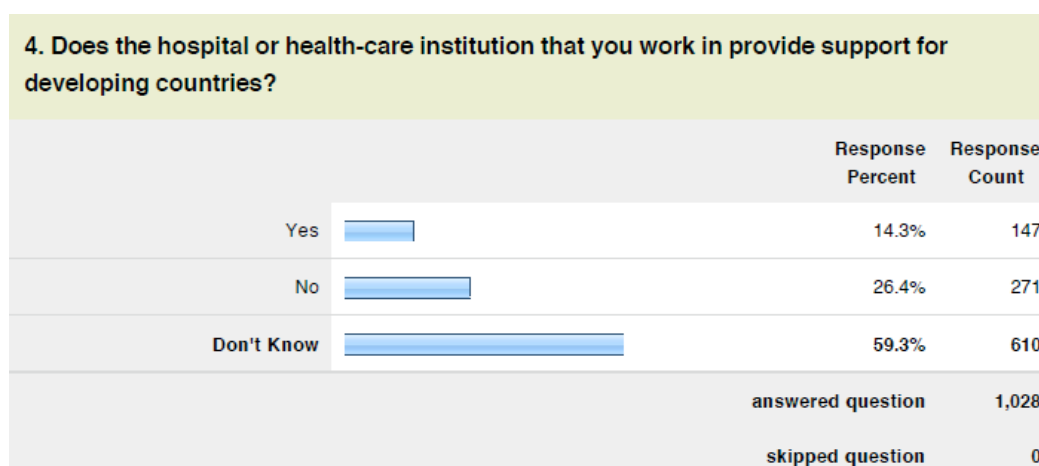


Figure 4. Proportion of hospitals / health-care institutions providing support for developing countries.

While 147 staff indicated their workplace supports developing world projects, 130 of these staff gave further details of this assistance in question 5. The most common format of aid was the donation of equipment (50.8%) followed by the provision of healthcare and then training (Figure 5).



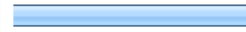
5. If you answered Yes, is the support?			
		Response Percent	Response Count
provision of healthcare		27.7%	36
training		21.5%	28
donation of equipment		50.8%	66
	Other (please specify)		59
answered question			130
skipped question			898

Figure 5. Type of support provided by hospitals / health-care institutions

A total of 59 staff specified “other” and added comments regarding the type of support their workplace was engaged with. A large number of these comments fell into the categories as stipulated by question 5, nevertheless these comments provided additional insights into the various forms of assistance being offered by Irish institutions to the developing world.

Aid is not only limited to traditional models of healthcare as evidenced by the following comments:

“Involved in HISRC (health information systems research centre) in UCC which is involved in projects using internet and mobile phone technology in Malawi.”

“ENSH Global of which Ireland is a founder member supports poorer countries to develop innovative ways of managing the burden of tobacco addiction by using existing tools and processes.”

Another important theme identified was the number of staff actively providing financial support to projects in the developing world through contributions from their salary deducted by payroll:

“Financial help by facilitating staff to contribute directly from their salary”

“Contributions collected through SHARP (Staff of the Health Service Executive (Cork & Kerry) Association for Relief of Poverty)”

“Salary contribution scheme”

“My involvement with a Camillian mission in Uganda was inspired by our former chaplain setting up a mission to assist, in the main, AIDS victims and their families. I set up a support group to contribute, through payroll deduction to the mission. This could be done throughout the health and social services. We have raised and provided direct funding of 100k [euro] in the past 10 years or so, going directly to care.”

The donation of equipment to developing countries was repeatedly highlighted in the comments section of question 5, however aid is also necessary within Ireland as emphasized by the following remark:

“HSE refugee clinic Baleskin Dublin provides accommodation and health care support to newly arrived asylum seekers and programme refugees”

3.5 ESTHER Alliance support

A total of 723 individuals provided information on their preference for working with the ESTHER Alliance. The majority of respondents (69.3%) indicated they would be interested in projects that allowed Irish hospitals and institutions partner with similar organisations in the developing world (Figure 6)



Figure 6. Interest of respondents in being part of ESTHER Alliance projects

3.6 General comments on deepening the links between the Irish health service and developing countries.

As part of the survey, question 9 asked respondents to provide comments on how to deepen links between the Irish health service and developing countries. A total of 203 staff offered observations covering a wide range of areas including the use of internet resources, fundraising, reciprocal exchange of staff between institutions, equipment donations, scientific research, capacity building and learning from NGOs' experience. The breadth and depth of responses received clearly indicates that there is currently a significant amount of relevant experience among staff working in the Irish healthcare environment. The comments submitted have been grouped according to themes identified using qualitative analysis and documented below.

3.6.1 The use of the internet and e-learning as a basis for partnership

A recurring theme identified among the comments was the need for greater utilisation of the internet as a means for strengthening partnerships between institutions. This theme is of particular importance in our current financial environment as the internet is a relatively low cost method of creating links between health care organisations. The following comments demonstrate the extent of support for this concept:

“Yes, the area of e-learning is very promising; provision of learning / training materials is an essential part and really lacking in third world. We considered this approach and we welcome ideas for mutual work that could benefit Sudan and other countries. The Sudan health library project www.sdmedlib.com can be used not only for Sudan but many other countries in Africa/Asia. I'm sure our organization will welcome any ideas in that direction.”

“I would be interested in replicating successful models of training and education for health professionals in developing countries especially

through e-learning and follow up support/ mentoring, and developing /implementing training the trainers.”

“Use IT to enable managers to mentor staff in similar units in developing countries (eg Skype calls and teleconferences).”

“Video linked tele-conferences. Adopt a project”

“Periodic short update blogs on current projects that could be circulated through the general network info system of Irish health service.”

“More info through the system on peer led education & health initiatives Opportunities to share experience and skills- opportunities to volunteer on short pieces of work or develop peer mentoring programmes where skills could be exchanged via links and computer”

“By maintaining links between where we previously worked abroad, and where we currently work, eg providing library access, video link journal clubs etc etc.”

“Advise on health policy, use of internet and tele- medicine [ie video phone] to discuss issues”

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

A significant number of comments related to the training of staff both from Ireland and the developing world in order to augment partnerships between institutions. A degree of support was evident in bringing staff to Ireland for training as documented by the following comments:

“A programme to facilitate training doctors in developing countries to do fellowships in Europe.”

“Open higher medical training to doctors from developing countries without attaching employment in Ireland or Europe to training! You should not feel obliged to give these doctors jobs after specialist training. They should just go home after training! It would make a huge difference in these countries! Masterclasses for continuous training to improve standards should be offered to twinning institutions in developing countries by video linking with them.”

“My recent links have not been with AID programmes but examining in medical schools and contributing to a seminar or laboratory quality – we could do a lot more on educational links both undergraduate and postgraduate - short term supernumerary registrar/training levels posts is one that I have been approached about for example.”

“Bringing key frontline staff to us for field training.”

“Educating overseas students from these developing countries in Ireland e.g. ring fencing one or two places each year for one or two students from a developing country to study e.g. occupational therapy or allied and health professions”

In addition to bringing developing world staff to Ireland for training, a number of respondents supported sending Irish staff to developing nations to support partnerships:

“Approve a certain amount of work in developing countries for training purposes.”

“Training programs including time abroad in developing countries with NGOs would facilitate both learning and teaching for each individual and would help the receiving NGOs and countries those professionals would go to.”

“Make frequent visits to the developing countries, including medical equipments & medical staff to train doctors & medics in those countries. I will be happy to be in the co-ordination to my country -Sudan.”

“A project in which sending skilled workers out to the developing country for 3 - 6 months, where they would take a sabbatical leave from the Irish Health Service.”

At present the Irish healthcare system is supported by a large number of non-EU doctors who are originally from the developing world. A number of comments suggested this resource should be utilised to better understand and promote partnership between Irish and developing nation institutions:

“People from developing countries who are working and have Irish healthcare experience must be involved in this initiative because they have an idea and experience of the two different healthcare systems. This I believe will be an added advantage and will go a long way to make the project successful.”

“Regular meetings with doctors from developing counties , who are working in Ireland, so we can have ideas about local problems and how to help”

An important point raised by some of the comments was the issue of “brain drain” whereby health professionals from the developing world are poached by richer nations:

“I think it would be helpful to share experience gained to date on such linkages and to focus on what has worked well as well as what hasn't. I suspect that a formal system in maintaining links with personnel who have returned to their home countries from Ireland would be useful - I'm thinking of personnel who may have worked here or studied here or have an affiliation with one of the professional bodies. Establishing a robust support system, with workers in particular, could go some way in re-dressing the

current imbalance whereby we have encouraged health professionals from resource poor jurisdictions to work with and for us!"

"Education which can be enhanced by data sharing solutions. - Some core training for staff delivered in these countries. Would be some way of giving a small amount back for the larger amount of brain drain the developing countries are impacted by."

While exchange of staff will no doubt improve the depth of partnership between institutions, it will also benefit the Irish health service as detailed in the following comment:

"I did visit Uganda 4 years ago to view an Irish Aid project in the fight against Aids. Arts & health is an emerging field particularly in the area of mental health in Europe. Participation and social inclusion are key components of this approach in decreasing social isolation and promoting mental health recovery. In Uganda I witnessed how the arts are integrated into everyday life in ways that promote positive mental health. I think it is important developing countries should be involved in projects where they can contribute expertise in return for aid and I would be interested in investigating the potential of this idea further"

3.6.3. Donating equipment

Throughout the comments submitted there was considerable interest regarding the donation of equipment and medication to the developing world. It is imperative that equipment donated is of actual use to the receiving institution.

"YES, EQUIPMENT THAT IS BEING REPLACED COULD BE SENT DIRECTLY TO HOSPITALS IN NEED IN DEVELOPING COUNTRIES INSTEAD OF BEING DUMPED"

“Sharing of ideas/ medical & nursing protocols. Donation of functioning equipment not required by Irish Hospitals”

“Donation of near expiry drugs, obsolete equipment etc.”

“Yes - waste management and e-waste management policy should be to investigate whether what is no longer useful in our system would be of assistance elsewhere - in particular e-waste does not seem to be utilised to best advantage.”

Interestingly some comments suggested the setting up of a register listing items/services that individual developing countries need and a corresponding register dedicated to advertising what items/services certain countries and institutions can offer. This would no doubt be a much more efficient way of matching resources with need.

“The establishment of a data base of most needed Pharmaceutical Products by developing countries.”

“By perhaps setting up a directory of overseas services, that those developing countries could see what the Irish Health service has to offer to their countries.”

3.6.4 Twinning/institutional partnerships

The concept of twinning similar healthcare institutions to form productive partnerships over time received broad support from respondents. Comments emphasised the benefits such partnerships would bring both to Irish and developing world organisations:

“I think the idea of twinning a project with a health centre or hospital would give greater ownership to the Irish Health community involved.”

“Twinning of services in terms of education and experience could be useful and it would support local interest. When I visited Malawi I noted the amount of wastage of charitable donations of equipment etc therefore projects require consistent governance.”

“The World Federation of Haemophilia already has a well organised global program to extend access to diagnosis and treatment to the 75% of the world’s population with bleeding disorders who currently have inadequate or no treatment. The Irish Haemophilia Society is currently “twinned” with counterparts in Vietnam. I would envisage further work in this area between our centre and centres in the developing world.”

“One area may be working through schools, transition year students travelling with accredited aid agencies abroad to do voluntary work, presentations of their experiences on return, better communication, review and assessment to see where we may be able to improve our input in future work. Twinning of Irish health services with like services abroad. Communication and exchange of ideas.”

“Human capacity development, Training, twinning, etc”

“TWIN HOSPITALS AND COMMUNITY SERVICES WITH SIMALER HEALTH SERVICES.”

3.6.5 The provision of support to allow staff from Irish institutions obtain leave to work with developing nations

Staff who provided comments frequently mentioned the need for management within hospitals to provide leave arrangements for those wishing to pursue healthcare related activity in the developing world:

“I think if department managers were given locum cover to replace a staff member or members in their depts this would allow Irish health care professionals to go to developing countries for defined period e.g. 6 months to share expertise and help instigate programmes e.g. nutrition screening and support, education.”

“Increase awareness of hospital staff by conducting information days within the hospital and support from hospital management for staff members who have interest in getting involved in projects in developing countries.”

“Make leave accessible to any staff wanting to bring their skill sets to developing countries. More opportunities for healthcare professionals from developing countries to come to gain experience/learning in our health service/learning institutions.”

“The HSE could provide practical supports for their staff regarding working in developing countries - such as i) information as to how the HSE can support/facilitate staff to work in developing countries- detailing the type of leave required, impact on reckonable service, PRSI/ Welfare entitlements etc; ii) Training & education programmes for staff who are interested in this type of work; iii) highlight the specific areas where expertise/skills are specifically required..”

“encourage special leave to go to these countries.”

3.6.6 Learning from Irish NGOs and missionaries

A number of observations were submitted that suggested using links already created by Irish NGOs and missionaries as a foundation and model for future partnerships:

“Using contacts with existing Educational Projects run by Religious Orders

and Aid Projects run by N.G.O.”

“Link in with National charities... Link in with the Sisters of Charity (they are the nuns and there are a lot of nuns who are qualified nurses working and living permanently in the developing countries. They would understand first hand how best to help.”

“By examining existing links and initiatives in existence and establishing where any gaps may lie in these links and initiatives and attempting to address these gaps.”

“By organising contact between the Irish Health Service and Health Organisations of the developing counties. This can be done both through NGO participation and the state departments of health.”

“Utilise existing structures such as Irish Aid, utilise diplomatic links to facilitate placement of overseas health care staff on educational sabbaticals in HSE healthcare facilities.”

“We could deepen our links through involvement in committees and boards of aid organisations, thus participating in the development of projects where they are most needed in developing countries.”

3.6.7 Sharing experience and knowledge

Respondents repeatedly commented upon the theme of “sharing” experience and knowledge with developing world institutions.

“Could share expertise on cancer prevention e.g. smoking legislation initiatives; experience of screening”

“Share ideas”

“Sharing of ideas/ medical & nursing protocols. Donation of functioning equipment not required by Irish Hospitals.”

“I think it would be helpful to share practice initiatives with developing countries e.g. improving self management of diabetes through group interventions targeting management of mood e.g. depression, anxiety, self neglect.”

“Sharing of resources, experiences, training.”

“Sharing Resources, expertise and practical experience. Enabling countries, administrations and facilities to build on work we've done so they are not starting with a blank page and can avoid expenditure on research and development and commence projects at a more advanced stage with reduced risks and better chance of success.”

“To encourage sharing of expertise and ideas, closer co-operation and work placements.”

3.6.8 Scientific research links

One of the main drivers of health improvement in both Ireland and the developing world is active research. This theme was remarked upon numerous times by respondents. Healthcare research in all its forms allows practitioners to question how they can improve patient care to the benefit of individuals and society.

“research with equal partnership between Irish and developing institutions - focus on changes in health care that are practical in developing countries.”

“One such project that I could recommend would be organisations like Shoukat Khanum Cancer and research Centre in Lahore Pakistan. It is run purely on charity basis where 90% people are being treated for free. I am aware of its working condition and very impressed from the high level of care that providers to its patients and all for free. This project was the brain child of famous cricketer Imran Khan who single handily raised funds for it. Today Shoukat Khanum is a very successful institution.”

“Cross engage academic research institutions in both countries. Research is known to be a key driver. Also provides early engagement of next generation of potential global health workers and leaders.”

“Joint links with higher educational institutions / training bodies involved in training health care staff. Provide training for healthcare staff who are interested in working in DCs. Research partnerships. Formalise links with selected NGOs.”

“My experience of working with developing countries was at university. Forging links between universities in Ireland and those in developing countries fosters an interest in and passion for overseas aid in students and often they will take this forward and build on it during their careers.”

3.6.9 Reservations about HSE support

Analysis of all comments received shows that only two observations contained a negative attitude towards forming partnerships through the ESTHER Alliance. This finding is particularly impressive when one considers the current economic crises facing Ireland and Europe.

“Maybe they could help us out! I work in a specialty where the numbers working in developing countries is 4 times the numbers in Ireland so they are much better off then us! For example Argentina has 3 consultants in

Clinical Genetics for every million population whereas the Republic of Ireland has < 1 per million.”

“Education and self help programmes are the best way to ensure sustainability for future for these countries. Handouts are not the way to go.”

3.6.10 Key similarities and differences between this survey and the one performed in 2008

A number of similarities and differences can be identified between the surveys carried out in 2008 and 2012.

Overall there were a significant number of comparable themes between the two surveys. Topics common to both included the importance of twinning and institutional partnership, support for training of health workers from overseas and the education of HSE staff, donating equipment and providing financial support through fundraising. Reservations about support for developing countries were noted in each survey however the number of negative comments received were extremely small compared to the positive feedback provided. Broadly similar proportions of respondents had experience of working on aid projects across the two surveys with 27% having previous experience in the 2008 and 23% in the corresponding 2012 report.

Interestingly several differences were identified between the two surveys. The most obvious of these was the number of respondents. In 2008 a total of 2,090 staff responded while in 2012 that number was 1,028, just under half the 2008 level. Also the profile of respondents had changed over the four year time interval with allied health professionals forming the largest representative group in the 2008 survey and medical professionals being the more dominant classification of respondents in 2012. A number of new themes repeatedly emerged in the 2012 report that had not been emphasized in the previous

survey. These included the use of information technology as a cost effective infrastructure for partnership, scientific research as a means of improving health and the provision of structured managerial support to allow staff protected time to work on institutional partnerships.

4. Discussion

As a consequence of the methodology selected, the survey was not representative of all staff working within the public health service. Unfortunately it was not possible to access the contact details of those working within general practice in Ireland who represent a large cohort of medical, nursing, allied health professional and administrative staff. Additionally a comprehensive list of contact details for non consultant hospital doctors who move working location on a regular basis was not available. A large percentage of these non consultant hospitals doctors currently in Ireland are non EU nationals, therefore they are potentially a rich source of information for building partnerships between Irish and developing world institutions.

The lower number of respondents to this survey (1,028) compared to the previous one (2,090) is a matter for consideration. This may reflect the decreasing interest of staff in developing world issues due to the significant economic difficulties facing Ireland at present. Nevertheless over 300 detailed comments were submitted through the survey showing that those who responded have an extensive interest in the subject.

A review of the responses indicated there were no duplications received. Additionally no technical issues regarding the survey were notified through the dedicated email support set up with the survey.

5. Conclusions

This study has demonstrated that there continues to be considerable support for the HSE entering partnerships with developing world healthcare institutions. The developing world experience of staff within the HSE as captured through this survey is substantial. It represents a foundation for creating knowledgeable partnerships through the ESTHER Alliance as these respondents are keen to continue their work with developing nations.

The concept of partnership and the sharing of knowledge and resources were strongly supported throughout the survey. This is reassuring to see as it indicates staff are aware that future progress depends on strong relationships built on mutual respect over time.

Reciprocal training of staff between partnership organisations was another core component regularly described by respondents. The survey found that staff acknowledged from previous experience that this would benefit the receiving and sending institutions. An important downside of reciprocal training is the ever present risk of “brain drain.” This occurs when developed nations poach health care staff from developing countries where they are in short supply. Respondents requested that appropriate measures be put in place to prevent this from occurring.

An important observation from the survey is what role the internet will play in current and future partnerships. It has the ability to allow joint ward rounds across oceans through mobile video conferencing. This is obviously much cheaper than sending staff in person by plane and other forms of transport. How organisations utilise the ever increasing ability of the internet will form a significant component of any partnerships developed.

Obviously not all staff can be actively involved with partnership organisations however they can show their support through financial donations. The survey captured this view with numerous examples of how staff were either directly

contributing with payroll deductions or actively organising fund raising activities. Although the ESTHER Alliance aims to create links between institutions that are cost neutral to the HSE, it is inevitable that some costs will be incurred at various times and it is because of this very reason that fundraising and financial donations are critical for allowing partnerships to flourish.

The few negative comments received through the survey focussed on the HSE improving the provision of healthcare within Ireland as a priority before attempting to find solutions for developing world nations.

This study has demonstrated the wealth of experience and commitment residing within the public health service. The major challenge facing the HSE is how to channel this ability into effective partnerships with developing world institutions which support the provision of high quality healthcare to the Irish population as well as in the partner countries.

Appendix A

Membership of the HSE Global Health Programme Survey Team

Dr David Weakliam	Programme Lead, Global Health Programme (Chair) Quality and Patient Safety Directorate, Dr Steeven's Hospital, Dublin 8
Dr Margaret Fitzgerald	Director of Public Health Public Health Department, Dr Steeven's Hospital, Dublin 8
Dr Gabriel Fitzpatrick	Specialist Registrar Public Health Medicine, Department of Public Health Dr Steeven's Hospital, Dublin 8
Laura Monaghan	Communications Department Dr Steeven's Hospital, Dublin 8

Appendix B

Questionnaire for HSE Staff

Q1.

Have you past or current experience of working on aid projects in/for developing countries?

Q2.

If yes, select the type of experience:

NGO

Mission Organisation

Government Agency

UN Agency

Local healthcare institution

Other

Q3.

If you have experience of working on aid projects, has your experience been for?

0-3 months

3-12 months

1-2 years

2-5 years

More than 5 years

Q4.

Does the hospital or health-care institution that you work in provide support for developing countries?

Yes

No

Don't Know

Q5.

If you answered Yes, is the support?

Provision of healthcare

Training

Donation of equipment

Q6.

Ireland's membership of the ESTHER Alliance will facilitate development of projects by Irish hospitals and health institutions in partnership with developing countries. Are you interested in being part of such projects?

Yes

No

Q7.

If you would like to receive information in the future about the ESTHER Alliance and other HSE initiatives with developing countries please provide your contact details below

Name

Work Title

Contact Address

Phone number

Email

Q8.

Which staff group do you belong to?

Medical

Nursing

Allied Health Professional

ICT

Management/Administration

Laboratory

Pharmacy

Trades

Portering/Security

Ambulance

Other

Q9.

Have you other ideas how we could deepen our links between the Irish health service and developing countries?

Appendix C

References:

1. Owens M, Weakliam D. HSE support for health in developing countries. Dublin: Health Service Executive, 2009.
2. Lamara F. The European Esther Alliance. France2012 [28 December 2012]; Available from: <http://www.esther.eu>.
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