Faculty of Public Health
of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Faculty of Public Health response to DFID's *Eliminating world poverty: a consultation document*

Number questions refer to the original DFID consultation document.

1. What determines economic success and promotes economic growth in poor countries?

- Health and other social inequalities need to be central in any development policies to avoid those who are already richer benefiting disproportionately.

- The Faculty of Public Health has extensive experience through it's membership of tackling such inequalities both in the UK and internationally.

- There is a great deal of interest in exploring how UK experience could be of value in developing countries and equally how experience from developing countries might inform health inequalities work in the UK.

- As the Africa Commission made clear, Africa lags behind other regions in terms of health and development. The Faculty of Public Health has held a workshop on Africa for its members and has developed an action plan to support the development of public health on the continent. The Faculty would be pleased to be engaged in a broader initiative aimed at enhancing public health in Africa.

- Official development assistance clearly needs to meet real need and avoid creating dependence. The Faculty of Public Health's curriculum places emphasis on health needs assessment and developing sustainable responses and would be of value in any country, but particularly one with resource constraints.

4. How best can donors and developing countries increase access to basic services, such as health and education, in poor countries?

- Access is complex and multi-faceted. There is considerable support for health and education initiatives in poor countries from civil society in the UK, including from the membership of the Faculty of Public Health. However historically those initiatives without a public health focus have often been based in major cities or regional facilities. Perversely these may reduce access by draining resources away from community based services.

- Guidance and support needs to be provided so that well-meaning civil society engagement in development from the UK, including from the NHS, is more effectively used and has a clear public health focus. It must be clear how such engagement fits with DFID strategy both at international and national level.

6. What impact does wider UK Government policy have on developing countries?

- Trade is going to be the only long term solution to international development. The Faculty of Public Health wishes to encourage the UK government to be a 'good global citizen' and lead by example. The NHS has huge purchasing requirements. Ensuring

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a proportion of it buys fairly traded products and supports suppliers from the developing world would be a valuable contribution as well as representing good value for the tax payer. A precedent has been set by many local authorities. Similarly the UK should use its influence in the EU to promote fairly traded products and promote access to EU markets for developing country suppliers.

- Department of Health (DH) policy will affect developing countries in a variety of ways including recruitment, health protection (e.g. influenza, TB, HIV), NHS plc and the pharmaceutical industry. There is scope for 'development proofing' new health policy to consider its impact on poorer countries.

8. How can international migration be managed better – so that migrants can safely pursue opportunities in a way which benefits both their own countries and those to which they move?

- Department of Health has done much to address this issue, but there may be scope to do more. Most effort to date has been about controlling the 'pull' factors through better UK regulation and guidance, but there is interest in contributing to controlling the 'push' factors.

- The NHS may be well placed to offer support to health systems in developing countries in areas such as financial management, human resource management and system reform. These factors could well reduce the dissatisfaction of health workers in developing countries and reduce the 'push' to migrate.

- Anecdotally, good 'NHS Links' (partnerships between NHS Trusts and counterparts in developing countries) appear to reduce migration through improving local conditions. However this needs to be properly researched and DFID may wish to consider funding research into how civil society support for developing countries can best reduce 'brain drain'.

9. How can the UK Government make sure that international trade negotiations deliver the benefits needed for developing countries?

- As Q.6 above, is there scope for the DH/NHS to better engage with developing country suppliers when tendering internationally?

11. How can the international system work better to deliver humanitarian assistance and security in developing countries, and prevent conflict and state fragility?

- The Nuffield Trust has done work on how health might contribute to the reduction in conflict.

- The small arms trade has a considerable impact on global public health and the UK government should be at the forefront of controlling this.

- Punitive sanctions have dramatic impact on people's health and should never be used as an international instrument of compliance.

ENDS

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