



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 the Department for International Development's Health Strategy

The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement; service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals.

We are pleased to be able to respond to the Department for International Development's Health Strategy consultation. The Faculty has over 350 overseas members. Many of its members currently based in the UK also have experience in developing countries. Over recent years the Faculty has sought to strengthen its links with counterpart bodies around the world. As part of this, the Faculty wishes to strengthen its links with DFID, so that the efforts to develop public health capacity can be effectively coordinated. Please find below our response to the specific questions raised in the consultation. We are also developing plans to scale up African public health programmes which we would be interested in discussing with you. This builds on an earlier workshop run by the Faculty on Africa and dialogue with partners.

The Faculty's response – which has been co-ordinated by its International Committee – will take each question raised in the consultation, in turn.

1. What are the most effective ways to support countries' efforts to scale up to universal access to essential health services, especially for the poorest and most vulnerable?

- A focus on human resources is crucial – without appropriate staff nothing will happen. Further details are provided in question 2, but clearly appropriate levels of staff needs to be identified, resourced and incentivised. People from the poor and marginalised communities need to be equipped to practice within their own locality.
- Health service management should not be neglected. The experience of many who have worked in developing countries is that good frontline staff end up frustrated by poor logistics and mismanagement of finances.

2. What are the most effective ways to support countries' efforts to build and retain their health work-force?

- This is a complex area, where the rights of individuals to travel and seek employment and training needs to be managed in order to retain health workers where they are most needed. The ethical recruitment policies developed by the Department of Health might form the basis of an international code of conduct for governments and recruitment agencies.
- Health workers who are reasonably well rewarded (in terms of both salary and job satisfaction) are less likely to migrate. There is anecdotal evidence from NHS Links (long term partnerships between NHS Trusts and counterparts in developing countries – see www.thet.org) that:
 - Establishing local training programmes for community health workers is a sustainable way of delivering public health programmes; and
 - The enhanced job satisfaction associated with training received during exchange visits results in better staff retention.

- However the evidence base on this issue remains weak, and is therefore a priority for further research.

3. What action needs to be taken to meet the off-track development targets: child, maternal and reproductive health?

- Maternal health is unusual in being highly dependant on good health services. Improving maternal health is therefore dependant on the development of health systems which provide effective emergency obstetric care. Whilst infrastructure is important, having well trained and motivated staff is fundamental (see 1 and 2 above).
- Good reproductive health and child health can be achieved without secondary care facilities. Indeed a public health approach (a population based assessment of health needs combined with the delivery of effective interventions which take into account broader determinants of health such as empowerment and poverty) is crucial.

4. In 2004 in *Taking Action* we set out how the UK would contribute to a more effective response to the prevention and treatment of HIV/AIDS. Should we be doing more?

- DFID, especially latterly, have invested increasingly large amounts into HIV/AIDS and are to be commended for so doing. However HIV/AIDS remains the public health challenge of our generation and it would be wrong to say that more could not be done.
- In our view, investment should be balanced between (although not necessarily equally) prevention and treatment. Within this the cross-cutting issue of reducing stigma is clearly vital, and perhaps represents an area where more could be done.

5. How should we respond to the health challenges in conflict and post-conflict environments and fragile states?

- This is a key area, and Iraq is a good case study. The Faculty of Public Health is engaged with both governmental and non-governmental agencies both internationally and in Iraq.
- In conflict and post-conflict environments and fragile states local public health capacity is crucial to ensure health needs are rapidly assessed and appropriate interventions are resourced. The international media profile of some of these situations (including Iraq) means that there is pressure on those providing development assistance to fund high profile projects which may not always be the public health priority.
- The Faculty of Public Health developed a draft of a distance learning public health training programme for Iraq which could be developed if resources were available. Such a programme would also be of value in countries affected by other humanitarian disasters such as tsunamis, earthquakes or famine.

8. Where should we focus efforts for maximum gain in addressing the broader determinants of health?

- Addressing the broader determinants of health is likely to produce the most efficient health gain.
- DFID already address many of these issues, including poverty and education which are key areas. However poor nutrition remains a fundamental determinant of health and issues from agricultural development to food security need to remain priorities.

9. Are there gaps in DFID's response to the current and future health challenges?

- Powerlessness remains a fundamental determinant of poor health. Whilst this will be a sensitive issue for national governments it is an area which cannot be neglected.