

Institution: University of Salford		
Unit of Assessment: 3		
Title of case study: Promoting 'No Harm' approaches to global health placements for professional volunteers and students in low- and middle-income countries		
Period when the underpinning research was undertaken: December 2013 – December 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Prof. (Helen) Louise Ackers	Chair in Global Social Justice	December 2013 – Present
Period when the claimed impact occurred: December 2014 – December 2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact		
<p>2020 has seen the culmination of paradigmatic shifts in the organisational infrastructure shaping global health. The establishment of the Global Engagement Directorate in Health Education England (HEE) coincides with the creation of the Foreign and Commonwealth Development Office. Both developments reflect growing concern about sustainability, efficacy and reciprocity in overseas development work and increasing interest in optimising opportunities for mutually beneficial knowledge mobilisation. Professor Ackers' research has directly contributed to national policy changes in England, Scotland, Norway and most notably Uganda, as well as to non-governmental organisation practices, resulting in more sustainable 'No Harm' approaches to the placement of volunteers in the health systems of low- and middle-income countries (LMICs). This has led to sustained health systems change in Uganda, where the first ever see-and-treat cervical screening programme in a Ugandan public health facility has been established and the continued presence of UK volunteers alongside Ugandan health workers has transformed a failing health centre into one of the best-performing Community Health Centres in the country.</p>		
2. Underpinning research		
<p>Placements in public health systems in low- and middle-income settings have become an increasingly essential component of many early career pathways in health professions, despite the lack of research on the impacts for the individuals and organisations involved. Ackers' research has provided a unique evidence base, raising significant ethical and pedagogical concerns about the quality of learning and the impacts on the National Health Service (NHS) and the health systems of low- and middle-income countries (LMICs).</p>		
2.1. Promoting optimal knowledge transfer for health systems change in LMICs		
<p>In response to concerns about aid dependency and the potential damages associated with overseas 'volunteering', Ackers' action-research approach assessed the role that volunteer deployment played in knowledge mobilisation processes and health systems outcomes [3.1]. The multi-method study combined observational methods with qualitative interviews, documentary analysis and quantitative analysis of volunteer impact data (n=50). This first major study to embrace volunteering as a component of aid revealed the damage caused in traditional volunteering models by labour substitution in health systems already plagued by absenteeism and the tendency of these models to focus on fly-in-fly-out, one-off training programmes which rarely, if ever, impact behaviour change. The evidence supported the development of an alternative <u>Sustainable Volunteering (SVP) Model</u> focussed on the co-presence principle and knowledge transfer through ongoing mentoring. Co-presence requires UK professionals to always be connecting with local health workers on a face-to-face basis in order to minimise risk and optimise knowledge transfer [3.1].</p>		

2.2. Production of evidence on the contribution of professional volunteering to the NHS skills base

In 2014, Health Education England's (HEE) Global Health Exchange (now the Global Engagement Directorate) commissioned Ackers to research into the benefits of professional volunteering for the NHS. The research combined a face-to-face electronic survey to capture levels of international experience amongst NHS staff; qualitative research with returning volunteers and a Delphi process (a structured communication technique used to arrive at a consensus view across subject experts) with key stakeholders [3.2, 3.3]. The findings provided evidence on the contribution that international volunteering makes to the transferable skills that lie at the heart of the NHS 15-year Strategic Plan (2014), with a particular emphasis on multi-disciplinary team-working; communication; attention to cultural diversity and resource management. This provided the evidence base to support a shift in policy in favour of releasing staff to volunteer during a climate of financial crisis [3.4].

2.3. Generation of an evidence-based model for undergraduate global health placements

In 2016, HEE Global Health Exchange funded research focussed on the development of a model of ethical ('No Harm') undergraduate placements - the Ethical Educational Placement (EEP) Model - to support skills development in the NHS without burdening LMIC health systems. Benchmarking work found evidence of international students effectively placed without support in facilities, substituting for absent local staff with no supervision, putting themselves and patients at risk and creating limited opportunities for skills enhancement. The action-research intervention (known as the Ethical Undergraduate Placement Project) involved detailed evaluation of over 80 placements [3.5, 3.6].

3. References to the research

3.1. Ackers, H.L. and Ackers-Johnson, J. *Mobile Professional Voluntarism and International Development: Killing Me Softly?*, Palgrave (2017). Book available at: <https://doi.org/10.1057/978-1-137-55833-6> (REF2)

Funded by a grant of GBP510,000 from the Tropical Health and Education Trust (March 2012 – April 2015)

3.2. Ackers, H.L., Ackers-Johnson, J., Tyler, N. and Chatwin, J., *Healthcare, Frugal Innovation, and Professional Voluntarism: A Cost-Benefit Analysis*, Palgrave (2017). Book available at: <https://doi.org/10.1007/978-3-319-48366-5>

Funded by a grant of GBP335,000 from HEE (May 2014 – December 2017)

3.3. Chatwin, J. and **Ackers, H.L.** (2016) Volunteering and overseas placements in the NHS: a survey of current activity, *BMJ Open* (6)10. <http://dx.doi.org/10.1136/bmjopen-2016-012160>

3.4. Tyler, N., **Ackers, H.L.**, Ahmed, A., Byrne, G. and Byrne-Davis, L. (2020) A questionnaire study of the negative outcomes for UK health professional volunteers in low and middle income countries, *BMJ Open* 10(6). <https://doi.org/10.1136/bmjopen-2020-037647>

Funded by a grant of GBP335,000 from HEE (May 2014 – December 2017)

3.5. Ahmed, A., Ackers-Johnson, J. and **Ackers, H.L.** *The Ethics of Educational Healthcare Placements in Low and Middle Income Countries: First Do No Harm?*, Palgrave (2017). Book available at: <https://doi.org/10.1007/978-3-319-48363-4>

Funded by a grant of GBP246,392 from HEE (January 2015 – May 2017)

3.6. Ackers, H.L., Ackers-Johnson, J., Ahmed, A. and Tate, N. (2019) Optimising student learning on international placements in low income settings: the contribution of cultural brokerage, *Open Journal of Social Sciences* 7(3). <https://doi.org/10.4236/jss.2019.73026>

Funded by a grant of GBP335,000 from HEE (May 2014 – December 2017)

All publications (books and journal articles) **3.1 – 3.6** have been subject to external peer review. With regard to output **3.4**, Byrne-Davis is based at Manchester University and was a Co-I on the MOVE project; Byrne is Head of the Global Engagement Directorate at HEE.

4. Details of the impact

Action-research studies involving the deployment of NHS professionals and undergraduate students (respectively) have **informed new, more ethical, models of volunteer and student deployment** and the potential for **sustainable systems change** in LMIC settings. All the work referred to has taken the form of action-research with an explicit focus on multi-level impact grounded in (and assessed through) health systems interventions in Uganda. This includes improvements in the deployment of volunteers, health systems and student placements, as well as influence on policy change in the UK and Uganda:

4.1. Deployment of professional volunteers under the SVP Model

The SVP Model has influenced policy change at a range of levels since 2015: in England, it has **shaped the policies** of the Global Engagement Directorate at HEE. The Director of Global Engagement confirmed: *'As a non-Departmental Body of the Department of Health and Social Care, we are heavily reliant, in the development of policy, [on] solid and reliable, evidence-based guidance. Professor Ackers has consistently provided this guidance and as a result has had **significant impact on policy in areas such as international ethical recruitment and professional volunteerism***, further stating: *'Professor Ackers is an outstanding academic working in a highly relevant field to healthcare policy creation. Her work is a **benchmark and reference point to an increasingly large proportion of policy development**' [5.1]. The Tropical Health and Education Trust (THET) further cited the influence of Ackers' research, stating that it *'uniquely introduced the concept of 'co-presence' into the national vocabulary around volunteering. This has contributed to an **important shift in understanding** of the role that volunteers can play in health systems change in LMIC settings'* and influenced policy on the *'ethics of different forms of mobility'* [5.2].*

In Scotland, the 2017 'Global Citizenship in the Scottish Health Service' report specifically *'commends the recommendations of Louise Ackers'* on the importance of aspects of **volunteer deployment and risk management** as well as **advocating adherence to the co-presence principle**, with NHS Scotland advised to **support global health work which is needs-led and follows these (Ackers') principles of effective partnership working** [5.3 p.62].

Ackers' research has also influenced policy in the Ministry of Health in Uganda, with the Assistant Commissioner acknowledging her *'unique approach to complex health system issues'* since 2014 that has *'**proven to deliver highly sustainable health systems change*** and highlighting the **specific value of 'co-presence' in preventing systems damage** in Uganda [5.4].

In a more immediate sense, the research has been directly applied through one of the major volunteer deployment health partnerships working in Uganda. Knowledge For Change (K4C) is a UK-registered charity, with a Ugandan-registered non-governmental organisation (NGO) which was set up in 2019, focussed on health systems change. K4C has embraced the SVP Model recommended in Ackers' research [2.1] within its professional volunteering programme and now powerfully advocates for its extension to all UK and international healthcare volunteering programmes [5.5]. K4C has deployed approximately **300 professional volunteers** using this approach, many of whom are now back in the NHS [5.5].

The concepts of 'professional volunteer' and 'co-presence' - both introduced by Ackers - are now prevalent in global health discourse. An example of this is the Manchester-Gulu Health Partnership's handbook for professional volunteers, developed in April 2017 with Manchester University NHS Foundation Trust, which specifically advocates the principle of co-presence [5.6]. The **embedding of this principle into the volunteering culture in Gulu** can be seen in

a film made by a local Ugandan doctor to improve relationships between professional volunteers and local health workers as part of a volunteer training programme and training materials package provided by the THET in 2020 [5.7]. This resource also includes a film specifically commissioned by THET from K4C as an implementation tool for Ackers' SVP Model [5.8].

The SVP Model remains unique in challenging the emphasis on medicine in global health and global health volunteering [2.1] and advocates extension of professional volunteering to all NHS cadres.

4.2 Deployment of undergraduates under the EEP Model

The concept of 'professional volunteer' has been invoked to differentiate the forms of mobilities of highly skilled professionals from student placements and electives. Ackers' research on educational placements, funded by HEE, responded to concerns about the potential burden that existing approaches to student electives were placing on already resource-constrained environments and the risks associated with these [2.3]. The research undertaken in 2016 set out the main features of an EEP Model grounded in principles of 'No Harm' and optimal and reciprocal benefit.

The generation of evidence-based models of ethical educational placements has **directly informed the policies and practices of organisations engaged in the placement of students** in medicine, nursing and allied health professions. K4C has actively recruited to the EEP Model, **placing approximately 350 students** (by December 2020) in Uganda and India from **10 Higher Education Institution partners in the UK**, as well as institutions in Germany, Spain, Norway and the Netherlands [5.5]. This Model will be further upscaled to other LMICs over the course of 2021/22, including Cambodia, Vietnam, Nepal, Tanzania, Ghana and the Gambia.

The Overseas Placement Manager at Oslo Metropolitan University, referring to the principles underpinning the EEP electives, confirmed that the University began placing students through K4C *'as a direct result of [...] the commitment to ethics in student placement processes'* [5.9]. Between September 2016 and February 2019, **38 students** were placed in Uganda through this programme (an additional 15 placements were planned for September 2020, but postponed due to the COVID-19 pandemic) [5.9]. The Placement Manager specifically commends the impact that the research has had on their placements policies, emphasising that the organisation has been *'impressed by the 'No Harm' approach'* and confirming that their students have *'gained significant and supported exposure to social welfare systems in a Low- and Middle-Income Country setting'* [5.9].

4.3 Impact of the SVP and EEP Models on health systems in Uganda

There is clear evidence of sustained systems change in Ugandan public health services, with both the SVP and EEP Models, deployed in an integrated fashion by K4C, playing a direct and attributable role [5.5]. K4C is actively involved in the strengthening of lower level health facilities to ensure timely and high-quality care. For example, the deployment of the SVP and EEP models in Kagote Health Centre in Western Uganda has resulted in a **transformation of services which has been sustained since 2015** [5.4]. Kagote was named by the Ministry of Health as the **best functioning Health Centre III in Uganda** in 2018. Prior to this, it was an ailing community health facility that had failed to provide the facilities to deliver a baby for over 16 years and yet had a full establishment of health workers [5.4]. Monthly deliveries of babies have since increased from **0 to a sustained average of 40 over 5 years**. The Assistant Commissioner of Health Services at Uganda's Ministry of Health confirmed: *'The Sustainable Volunteering Model deployed by Ackers is based on a principle of 'co-presence' requiring UK volunteers to at all times be working alongside their Ugandan colleagues [...] The continued presence of UK volunteers working alongside my health workers has transformed Kagote Health Centre to one of the best performing Community Health Centres in Uganda'* [5.4].

Building on this platform of success, K4C established the **first ever see-and-treat cervical screening programme** running in a public community health facility in Uganda in 2017 [5.4, 5.10]. The idea came from undergraduate nursing students deployed under the EEP programme and was developed using the SVP Model, with UK midwives working alongside their Ugandan peers for a sustained period of 2 years. Despite initial reluctance, the work has **established the principles of co-working and co-presence** and **reduced absenteeism** at the facility [5.4]. K4C subsequently applied to UKAid for a scale-up of this model, founded on SVP principles. Since this time, K4C has **trained 30 nurses/midwives; raised awareness of cervical cancer** through a major door-to-door programme **reaching approximately 3,000 households** and **screened approximately 1,500 women** [5.4, 5.10].

An independent evaluation of this UKAid programme commended the **'strong delivery of high quality services and establishment of an early sustainability model'** that K4C is in the process of scaling up [5.10]. The key achievements of the project include: exceeding the milestone target for the number of women's cervical screening by 50%; exceeding the number of health workers trained; benefitting marginalised women in particular beyond the life of the project; demonstrating a strong capacity-building approach for project staff and strengthening on-the-ground training in project districts [5.10].

5. Sources to corroborate the impact

- 5.1. Testimonial: Health Education England (February 2021), on the impact on policy in areas such as international ethical recruitment and professional volunteerism (4.1)
- 5.2. Testimonial: Tropical Health and Education Trust (December 2020), on the introduction of 'co-presence' and the shift in understanding (4.1)
- 5.3. Report: 'Global Citizenship in the Scottish Health Service: The Value of International Volunteering', produced by the Royal College of Physicians and Surgeons of Glasgow (April 2017). Ackers cited throughout (pp. 24, 37, 62) and in the references section (pp. 74-78) (4.1)
- 5.4. Testimonial: Ministry of Health, Uganda (November 2020), on the value of co-presence (4.1) and the impact of the SVP and EEP Models on health systems in Uganda (4.3)
- 5.5. Testimonial: Knowledge for Change, Uganda (January 2021), on the rolling out of the SVP Model (4.1), the placing of students overseas (4.2) and evidence of sustained systems change in Ugandan public health services (4.3)
- 5.6. Handbook: NHS Manchester Foundation Trust partnership with Gulu (April 2017), embedding the 'co-presence' principle in the volunteering code of practice (p. 14) (4.1)
- 5.7. Film: 'Dennish Discusses Volunteer Considerations', made by Knowledge for Change and funded by the Tropical Health and Education Trust, featuring a Ugandan doctor in Gulu (2020), available at: <https://www.goingglobalday.com/films> (4.1)
- 5.8. Film: 'Volunteer Perspectives: A Ugandan View', made by Knowledge for Change and funded by the Tropical Health and Education Trust for the purposes of training future professional volunteers planning to work with health professionals in LMICs (2020), available at <https://www.goingglobalday.com/films> (4.1)
- 5.9. Testimonial: Oslo Metropolitan University (February 2021), on the placement of students in Uganda and benefits for students (4.2)
- 5.10. Assessment: 'A Sustainable Model for Community-Based Cervical Cancer Treatment' project, UKAid (December 2020), on the key achievements of the cervical screening programme in Uganda (4.3)