Recruiting Health Workers for Emergencies and Disaster Relief in Developing Countries

Report of a Survey

1992

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Foreword

The Response to Emergencies and Disaster Relief in Developing Countries

EMERGENCY AND DISASTER relief covers very varied situations. These might include war or civil conflict, famine, natural disasters and the population movements which frequently occur as a result.

The past year has seen spiralling crises in former Yugoslavia and Somalia. The International Federation of Red Cross and Red Crescent Societies have noted the toll in human lives, citing "the Gulf War and its impact on the civilian populations in the area of the conflict, the Kurdish tragedy, the harmful effects on the indigenous population of the economic embargo against Iraq, the cyclone in Bangladesh, the eruption of Mount Pinatubo in the Philippines, the collapse of the USSR, the economic disintegration of East European countries, the splintering of the Horn of Africa, and the 17 million refugees ..." (1).

Typically, the people most vulnerable to disasters are those whose lives are already undermined by poverty, lack of food and clean water, inadequate education or health care. As their ability to cope has already been weakened, they are in most need of assistance. Water, food and shelter are essential to effective relief. So too are transport, communications and medical care. In a natural disaster the first 24 hours are the most acute, and needs must be met by local people and whatever resources are available. When international relief agencies are involved, what is most often called for are money and supplies.

The key agencies involved in relief programmes are United Nations bodies including UNHCR (United Nations High Commissioner for Refugees); the ICRC (International Committee of the Red Cross); the International Federation of Red Cross and Red Crescent Societies; and non-governmental organisations in many countries (NGOs) including for example the Save the Children Fund, Oxfam, CARE, Medecins Sans Frontieres. The British Government's Overseas Development Administration launched its Disaster Response Action Plan in August 1991.

When expatriate field workers are required, it is usually at short notice following urgent requests from the field to agencies' personnel departments. Therefore, it is crucial that potential fieldworkers can be assured of the support of their employers.

Health personnel with a range of skills and experience are needed for the different requirements of relief programmes. A sound understanding of primary health care and public health in the context of emergencies is essential including, for example: communicable disease control, water and sanitation, mother and child health, nutrition, feeding, immunisation, health promotion etc. Surgical skills are needed only in very specific circumstances.

Emergency fieldworkers must expect to work in very difficult conditions. As well as having to witness death and distress, and cope with cultural and climactic differences, they may be working where basic services such as running water and electricity are sporadic or non-existent. Posts often entail living in a team with little respite

or privacy. Maturity of outlook, ability to work in a team, interpersonal and communication skills are essential. It is also important to be aware of the frustrations of working in a fast-changing environment where communication and coordination between agencies may be lacking.

Agencies aim to keep expatriate posts to the minimum as skilled local people, once identified, are usually available for employment. This means that most expatriates work with, or manage, a team of local staff. Training and organisational skills are invaluable, and it is important for those considering work in relief programmes for the first time to be aware that the solutions must come from a cooperative approach, with maximum involvement of the local population.

Many agencies have long-term involvement with countries vulnerable to emergencies. Food security programmes and development of famine early warning systems are an important part of strategies aimed at strengthening capacity to resist future crises. Response to emergencies must be seen in the context of such programmes, and it is important to take into account the continuum from relief to rehabilitation to development. The UN General Assembly Resolution "Strengthening the Coordination of Humanitarian Assistance" (December 1991) has explicitly acknowledged the need not only to respond to emergencies when they occur, but to find effective ways to address their root causes.

The solutions cannot, of course, be found by individual fieldworkers. But as individuals within a relief system stretched to its limits they need to be aware of the considerable challenges facing the international community to provide more effective responses to the disasters.

Stephen Halpern, Chair, International Health Exchange.

Isobel McConnan, Director, International Health Exchange.

(1) *Operations Report 1991/92*, International Federation of Red Cross and Red Crescent Societies.

Executive Summary

PREPARATION AND PLANNING, and placing greater value on the experience of health personnel working in emergencies in developing countries are key priorities for health service managers, health workers and relief agencies.

1. Field workers

Field workers identified lack of briefing and debriefing by agencies as major problems in recruitment for emergencies. They said that the debriefing of returned field personnel should be used as a briefing tool for others and a learning mechanism for all concerned. Lack of cooperation in the field with other organisations, conflict within the team and lack of support from headquarters, particularly regarding stress and illness, were cited as recurrent problems (4.5/4.6).

Personal aptitude for emergency work conditions was considered to be an essential criterion for accurate recruitment. There was dissatisfaction with recruitment of unsuitable individuals (4.8).

Major concerns about resuming emergency positions were lack of job and financial security and disruption to personal life (4.7). Deep-rooted problems relating to the nature of international responses to emergencies were given as important causes of dissatisfaction (4.7).

Use of a central personnel register and a standby alert procedure were considered the two main priorities for improvements to emergency recruitment (4.8). Field workers also made suggestions for training for those working in emergencies (4.9).

2. Agencies

All agencies hold their own registers but inability to maintain accurate and up-to-date records seriously limits the scope of recruitment at short notice for emergencies. Medecins Sans Frontieres (France/Holland) recruit successfully because they pursue a policy of active recruitment for and updating of their registers. Experienced staff are also consistently redeployed (5.1/5.2).

All agencies send headquarters staff to emergencies, usually to carry out assessments, though this can result in high stress levels (5 3).

All agencies stated that formal briefings are given (5.4) and all except for the ICRC and Con-cern claim to operate formal debriefings (5.5).

Personnel most needed are those with previous relevant experience, especially relief coordinators, logisticians and generalists. Nutritionists, health workers with extensive public health experience, water and sanitation experts are also needed (5.6).

All agencies interviewed were interested in making use of a central register and in having access to details of personnel provided by other organisations (5.7/5.8).

Only the Irish agencies had set up regular links with health authorities (5.8).

3. NHS Managers

Managers gave a clear impression of support for the principle of release of

health personnel for emergencies. They do not have any knowledge of formal mechanisms for the release of personnel for emergencies, but made a range of suggestions based on advance arrangements with health authorities (6.1).

Overseas experience in general was seen as personally and professionally beneficial. Improved motivation and wider vision would also bring benefits to the health service employer, but there was concern that overseas contracts could be seen in a negative light by other colleagues but that this could be overcome by good information (6.2/6.3).

Cost and cover were considered main obstacles to release of personnel (6.3), but these could be overcome through development of a national policy for the health service which would recognise the importance of release of staff for emergencies in developing countries. Such a policy would incorporate advance arrangements for cover of absent staff and would acknowledge the potential for professional development (6.4).

The NHS reforms were perceived as being both a threat and an opportunity for the release of personnel. Trust status could offer more flexibility and a more imaginative approach to personal development (6.4).

Further information is needed about the nature of emergency work to enable negotiation for the release of personnel for emergencies in developing countries (6.4).

4. Proposals to improve recruitment

The emphasis of the proposed improvements is on the need for preparation and planning, information and training and the recognition of experience at all levels, within the health service and within the agencies.

The NHS requires a national policy containing practical guidelines for the release of health personnel for emergencies. It is proposed that a network of health authorities prepared to release personnel should be established and linked clearly to the Emergency and Disaster Relief Register held by International Health Exchange (7.1).

Agencies will be able to improve their recruitment by supporting such a policy and by cooperating in the expansion of the IHE register, which would complement "in-house" registers. The experience of returned field workers should be maximised and briefing, debriefing and support mechanisms for field workers should be radically reviewed. Agencies should consider use of individuals without overseas experience for emergencies, subject to training and careful selection (7.2).

1. Introduction

EXISTING ARRANGEMENTS for staffing of emergency relief operations are unsatisfactory mainly because suitably experienced/trained personnel are hard to recruit at short notice. This means that relatively inexperienced personnel must often be deployed because those with more experience have accepted more secure employment elsewhere. Hastily recruited relief teams, whose members may never even have met before, must then learn to work together under extremely stressful conditions. Under these circumstances it is likely that resources are inadvertently misused and lives lost unnecessarily.

In the wake of the Kurdish crisis and the African famines, the inadequacy of existing systems was discussed in some length in the press, with particular reference to the issue of staffing (Pearce 1991; McCall Judson 1991; Clwyd 1991; Guild 1991; Adam 1991; Kelly and Marlow 1991).

Health workers with experience of relief programmes move out of this field because of 'burn out', lack of job security and anxiety about their career at home. One nurse deployed in Turkey in 1991 during the Kurdish crisis was threatened with disciplinary action on her return, despite having secured agreement for one month's unpaid leave. UK health service managers have been seen by health workers as being reluctant to allow their release. As a result, health workers have been unwilling to 'rock the boat' by requesting leave to assist on relief operations.

Despite awareness of the problems of emergency recruitment, preparation and training among British agencies most frequently involved in disaster relief (Save the Children Fund, Oxfam, CARE, British Red Cross) there has been little exploration of the reasons for such problems, and no formal consideration of possible strategies for overcoming them.

Since demand for emergency personnel is likely to increase, International Health Exchange proposed to research the problem in greater depth, with a view to making recommendations about methods to improve recruitment for emergencies. It was expected that the survey findings would have a direct impact on the strategies employed by IHE to expand and maximise the effectiveness of the Emergency and Disaster Relief Register established early in 1992.

2. Objectives of the Surveys

THE OBJECTIVES outlined in a proposal prepared in August 1991 were to:

- identify problems encountered by agencies in staffing relief operations;
- to analyse the reasons for these problems;
- to consider specific ways of solving them, with particular benefits to the costs and benefits of each.

Consideration of the costs of options for improvement to recruitment was not possible at this stage. Further consultation will be required as to detailed procedures, at which point a cost benefit analysis may be appropriate.

3. Methods and General Information

THREE INTEREST GROUPS were identified as follows:

- Former fieldworkers with experience of emergency/relief work (health professionals). 200 questionnaires were sent out to individual fieldworkers from the IHE register and SCF's personnel lists. All had previous overseas experience.
- Employers (relief/development agencies). The 13 agencies surveyed were:

  Save the Children Fund (UK); Oxfam; British Red Cross Society; MSF France; MSF Holland; Goal and Concern (Ireland); Action Aid; Health Unlimited; WHO; UNHCR; ICRC; International Federation of Red Cross and Red Crescent Societies.

- UK health service managers. 1,000 randomly selected members of the Institute of Health Services Management were surveyed by questionnaire. The sample covered Great Britain and included health authorities and directly managed units and trusts. It covered senior management from unit managers to chief executives.

Questionnaires were designed for each group with a view to identifying their specific needs and interests.

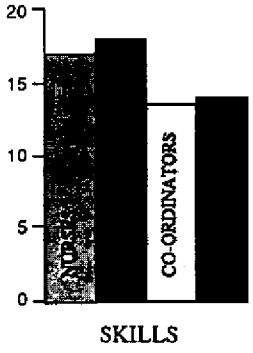
For the purpose of the surveys the term 'emergency' was defined as a crisis in a developing or low-income country requiring expatriate personnel at short notice.

4. Analysis: Field Workers

ALL 64 RESPONDENTS had strong opinions on the subject of recruitment, and their enthusiasm to communicate their experiences appears to reinforce the perceived need for more thorough debriefing (see below).

4.1 The Sample

The professional groups represented were mainly nurses, doctors and coordinators. 43% of respondents were UK-trained health staff.



* Nutritionists, health educators, teachers, agriculturalists etc.

4.2 Overseas experience at the time of appointment to the emergency position

The majority already had experience in relief or development situations.

4.3 Postings

The emergency postings ranged from long-established refugee situations (eg Thai-Burmese border or Lebanon) to continuing conflicts such as south Sudan and Somalia and natural disasters such as in Bangladesh. Some 13 were working in the field when they responded to the questionnaire.

4.4 Recruitment

Recruitment methods were largely informal: 67 per cent of fieldworkers, including all those who had extensive relief/development experience, had either been approached directly by the agency who knew them or held their CVs, or through the grapevine. Only 14 per cent had answered specific job advertisements. 15% were appointed through IHE, while less than one per cent had approached the agency 'cold'.

Once recruited, 32 per cent of the fieldworkers had to resign their post at home in order to take up their new post overseas. 16 per cent had

obtained leave of absence and the rest were either unemployed, self-employed or studying at the time of their appointment.

4.5 Briefing and debriefing

Both were found to be inadequate, in stark contrast to the stated willingness by all respondents to have been used on their return. 73 per cent either had no job description or had been given an inaccurate one. Over half said that they had received no briefing literature at all in advance, and the same number said that they were not given an opportunity to meet others in similar posts.

One very experienced fieldworker wrote: **"Ten years later, lack of briefing is still to me one of the biggest problems. I do not think there is an excuse to forget it, especially in an emergency situation".**

The respondents made clear that debriefing was an essential part of the process of adjustment to the home environment for those who had been working under stressful conditions. The debriefing of returned fieldworkers should be used as a briefing tool for others and a learning mechanism for all concerned. Another respondent wrote: **"This should be encouraged and we should be given support and guidance. It can help others and also help ourselves".**

4.6 Work conditions

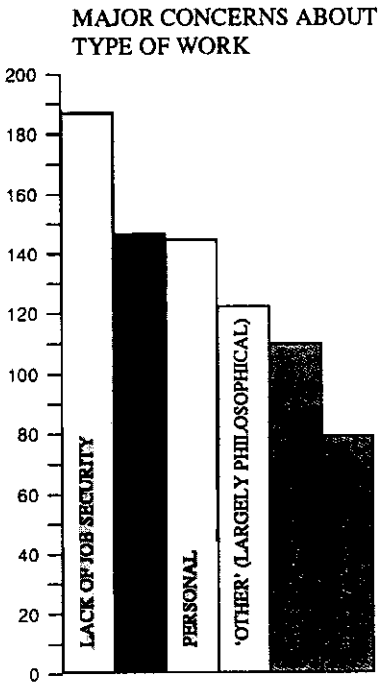
Lack of cooperation in the field with other organisations, particularly UN bodies, was a major cause of concern. Conflict within the team and lack of support from agency headquarters were also cited as recurrent problems. Most said, though, that they were prepared to tolerate problems in the field relating to the crisis itself but were much more frustrated by the agency side of their employment in the UK. It was noticeable that only 43 per cent responded to the question about culture shock, illness, exhaustion and stress and its impact on their professional performance. 'Illness' was given as the major problem. It could be concluded that field workers tend to accept these factors as conditions of the job. A respondent with ten years experience in relief and development posts said:

"During the course of my work overseas, I have frequently suffered from exhaustion, illness and stress. There should be much more support for us in dealing with these problems".

4.7 Reasons for leaving the emergency posting

Major concerns about resuming emergency positions were lack of job and financial security and disruption to personal life. Comments included: **"lack of career structure"** and **"problems adjusting on return to the UK".** Also important was **"damage to one's own career path"**, a problem evoked by respondents to the health service managers questionnaire (above opposite).

Many respondents stated that their main cause of dissatisfaction lay in more deep-rooted problems, which were not specifically raised in the questionnaire. One commented: **"Is this type of work really needed, or is it simply to satisfy donors?" "Lack of long term**



Lack of job and financial security account for fieldworkers' main concerns about emergency postings.

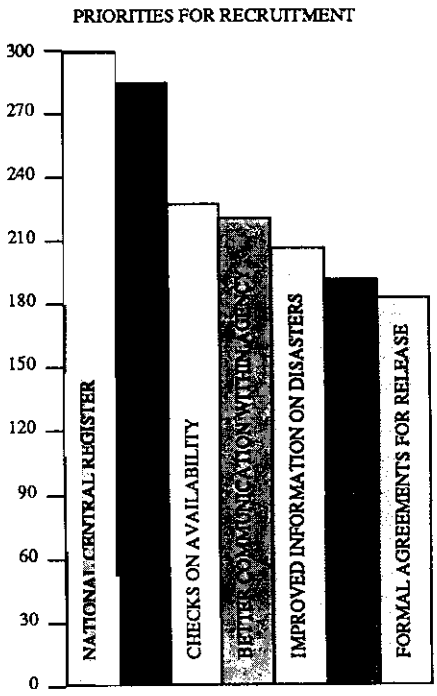
solutions"; "impotence in the face of problems"; "irrelevant demands of the UN"; "dissatisfaction with project policies" were also cited.

Only 16 per cent of field workers were *not* offered a renewal of contract. Only two per cent left because of dissatisfaction with terms and conditions. This experience reflects comments made elsewhere in the questionnaire that respondents perceive agencies' priorities to be to ensure that a post is filled, sometimes at the expense of accurate recruitment.

All but five respondents were interested in being considered for another emergency post, and 86 per cent were interested in considering a long-term development position. All respondents felt that the best ways of finding new posts were through IHE, their previous employer and the grapevine. This high level of interest probably reflects a bias inherent in the sample, which was drawn from IHE and SCF registers.

4.8 Improvement to the recruitment procedure

Respondents were asked to rank seven options for improvements to recruitment in order of importance. They were ranked as follows:



Priorities for improvement to recruitment

Many felt that more effort should be made to ensure that professional competence should not be the only factor in assessing the suitability of candidates. Personal aptitude to work in difficult circumstances was equally, if

not more important. Comments included: **"(there were) too many incompetent people working in situations over their heads"; "willing does not necessarily mean able"; "expat workers with little or no relevant experience 'parachuted' in".**

Despite the high level of dissatisfaction with recruitment procedures, the respondents gave a clear impression of commitment to the concept of emergency and disaster relief.

4.9 Training

Ideas for further training for personnel working in emergencies included:

- stress management
- group dynamics
- updates on emergency response
- logistics, communication systems and planning
- staff management
- 4 wheel driving
- first aid/casualty
- basic survival and coping strategies
- refresher training for retired health workers

5. Analysis: Agencies

RESPONDENTS to the questionnaires did not give information in great detail, although there is clear interest in the need to improve the effectiveness of recruitment for emergencies. The individuals replying to the questionnaires may understandably have been reluctant to pinpoint operational problems too closely, given that the information would be publicised in the survey findings, and that they were responding as representatives of an organisation rather than as individuals. These constraints should be borne in mind.

5.1 In-house registers

Individuals on in-house registers vary between 20 and 3000, although several hundred is the more usual figure. All systems are computerised to some degree, or are in the process of being computerised. All agencies categorise those on their registers by skills and profession. Concern, MSF France and Holland and the International Federation also include knowledge of languages and other relevant experience.

Only the two MSFs actively recruit for their registers (MSF Holland in Holland, Canada and the UK; MSF France in France, the USA and Greece). All the other agencies keep the details of those who send in CVs or who approach them directly. SCF is developing a smaller 'elite' register of those tried and tested within their organisation.

Respondents stated that the main problems associated with in-house registers are lack of staff and time to maintain accurate records. UNHCR, MSF Holland and Goal update their registers every 6 months, while MSF France updates continually. The other agencies do not have any organised system for updating.

The ICRC and Federation of Red Cross and Red Crescent Societies operate different systems to the NGOs, drawing extensively on local Society staff (BRCS in the UK). Their recruitment depends on the effectiveness or otherwise of individual Societies.

Little information was available from WHO's Emergency Unit.

MSF (France) stated that they are satisfied with the effectiveness of their retrieval system.

5.2 Recruitment procedures and problems

Short-notice recruitment is characterised by phoning round to individuals known to the agency, or whose CVs are easily accessible, and who may possibly be available. Publicity or advertising is usually a last resort. This is found to limit the scope of potential candidates, and is hampered by the fact that registers are rarely updated and are not properly maintained.

MSF France phones individuals on their

database, but have a much larger pool to draw on than other agencies since experienced staff are consistently redeployed. Their satisfaction with their recruitment procedure probably reflects the fact that the register is regularly updated, and that they actively recruit for it.

All agencies except MSF France quoted finding of personnel and their availability as their principle recruitment problems, whereas MSF France said that speed was their main problem.

The UK and Irish agencies gave the impression of adhoc, arbitrary arrangements that belie the frequency with which they send staff into emergency situations.

5.3 Standby teams

Except for GOAL and Health Unlimited, all organisations on occasion send HQ staff to emergencies. This is usually to carry out assessments.

Oxfam and UNHCR have emergency standby teams, and MSF France is in the process of doing the same. Oxfam feels that their standby team (Emergency Support Personnel) operates well, and is to be expanded to include an accountant and another coordinator. However, the two year contracts for each team member results in high stress levels and can mean working abroad in different locations for up to 46 weeks per year.

5.4 Briefings

All agencies gave a standard reply to the effect that they had a briefing system organised. However, this does not correspond with the replies given by the field workers (above) and must suggest that either the briefing that takes place is not valuable, and/or that in the pressure of an emergency, much of it is dropped.

5.5 Debriefings

All agencies, except ICRC and Concern claim to operate formal debriefings. This is surprising in the light of the fact that 73 per cent of field workers said that they were inadequately debriefed, and would suggest that the perceptions of field workers and agencies differ as to the value of existing debriefings.

MSF France said that they make sure that all the details of a returned fieldworker are logged into their database. Other agencies appear to maintain informal contact with returned field workers, for example through newsletters.

5.6 Shortages

Five agencies said that they experience difficulty in recruiting experienced relief coordinators, logisticians and generalists. Nutritionists, health workers with extensive public health experience, water and sanitation experts are also most needed.

One agency believes that the shortage of coordinators and generalists lies in the fact that unlike health workers or

engineers, they tend not to have a formal professional background which would enable them to fit back into a UK-based career. Hence they do not stay in overseas work for long. This means that experience gained is 'lost' to the agency.

5.7 Centralised register

All the agencies interviewed were interested in making use of a centralised register. All except MSF France stated clearly that they would be happy to inform those on their databases about a central register.

5.8 Relations with health authorities

Only the Irish agencies had set up regular links with health authorities.

5.9 Exchange of personnel details

All agencies said that they welcome details of personnel provided by other organisations.

6. Analysis: NHS Managers

Of the 1,000 health service managers surveyed, 277 replied. Overall, there was positive interest in the principle of support for emergencies overseas, but very few had an understanding about the type of work involved. Only 19 per cent knew personally of other health service personnel working overseas. Ten per cent had worked overseas themselves, and two per cent of these had worked in the Middle East.

Health service managers were asked for their views of release of all health service staff for developing country programmes, but a considerable number were only able to answer questions as if relating to their own discipline.

6.1 Obtaining release

Despite the seniority of many respondents, 50 per cent did not know how to obtain release for short term contracts overseas, or said that no mechanism existed for release. The other 50 per cent made suggestions about obtaining release, the most common of which was a personal approach through line managers. They included formal arrangements with the health authority, study leave, career breaks, secondment and special leave. Annual leave was suggested (NB the stressful nature of emergency work would necessitate a recovery period before resuming work in the health service). Other suggestions were not appropriate for emergencies

One chief executive felt that many people would simply be too afraid to ask for any special leave, as they would expect to be turned down.

6.2 The effect of overseas experience on the individual and the organisation

Many managers focused on the personal rather than specifically career-oriented benefits of overseas developing country experience. The majority of respondents felt that the experience would be entirely beneficial to the individual. One respondent said that such experience would be **"a very valuable part of individual development (through which) to gain a new and different perspective on one's own work and values".**

One General Manager said that she saw overseas experience **"as very positive, and would regard it as a 'plus' on a CV."**

Attitudes towards clients/users of the health service would be improved as would the awareness of the needs of black and ethnic minorities.

Understanding about health priorities in the context of limited resources would be enhanced. One Director of Public Health noted that overseas work experience in a developing country, **"brings reality to bear in relation to NHS funding issues and highlights the need for integrated health services and an emphasis on preventive and primary care."**

He added: **"If the total budget for health is $1 per head per year, this tends to make a health service manager concentrate on priorities and broaden his/her understanding of the determinants of health".**

Another respondent said:

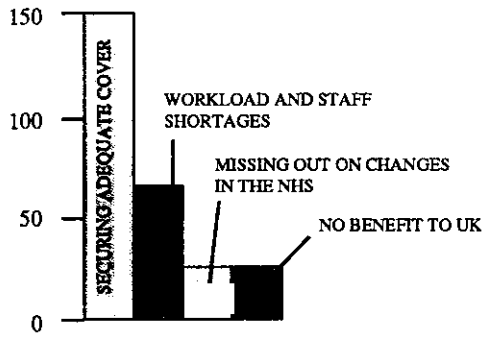
"Study tours often focus on comparisons with systems with a similar economic and social standing to that of UK. The challenge of ensuring that scarce resources are focused on key preventive and therapeutic services to maximise the health status in developing countries is both challenging and rewarding".

Most respondents felt that the benefits of such an experience would also accrue to the health service employer, and would result in **"improved motivation of staff"** and **"wider vision"**.
Some respondents saw the release of an employee as a benefit to the individual's organisation because it would provide those covering for the absent staff member with the experience of 'acting up'. Others saw the benefit deriving only for the individual released for the emergency, but necessary as a moral obligation to suffering nations.

However, many stressed negative effects on the individual career. One respondent said that an overseas contract would be seen as an **"unacceptable deviation from standard career paths"**. This was implied in many other answers, contrasting significantly with the individual positive response to the nature of such work experience.

6.3 Obstacles

83 per cent of respondents felt that covering for absence of staff members and the current staff shortages were the most serious obstacle to release for emergencies. It was suggested that the cost of this might be met by the Department of Health, the Overseas Development Administration or the agency employer. It was also made clear that the quality of locum pools or cover systems was of paramount importance, if the existing level of service was not to suffer.



The need to secure adequate cover was considered the main obstacle to release of staff

The pace of change within the health service, along with pressures of work, and limited resources were given as reasons which would inhibit the release of valuable staff (see below).

Others thought that the major problem was attitudinal rather than about resources or workloads. Some felt that other managers viewed work abroad as an **"extended holiday"**. Such attitudes could be overcome with good information.

6.4 Overcoming the obstacles

Suggested ways of overcoming obstacles to short-term release were:

- the development of a national policy for the health service which would recognise the importance of release of staff for emergencies in

developing countries;

- improved information about the nature of overseas emergency appointments;
- pre-planned cover schedules for specific individuals who might be called up;
- the planning of overseas work into individual career plans;
- the use of 'acting up' for absent colleagues;
- the use of central funds for covering absence;
- restriction of overseas contracts to under 3 months.

Many respondents advocated making good use of returned health workers so as to **"fully realise the benefits resulting from the individual's developed perceptions and skills".** They thought that this would have a number of benefits: the hospital or unit could enjoy the public relations associated with a member of their organisation working on a relief programme; any prejudice against the value of overseas work would be more likely to break down; morale would be improved by the general interest.

If those left behind have to work extra hard to cover for an absentee, they should be allowed to share in the experience of the person who has been abroad. This would enable them to see how the unit has benefited from the person's experience and their own efforts. All should be encouraged to see the mutual benefits of such releases.

6.5 NHS Reforms

Reforms in the NHS were perceived as being both a threat and an opportunity to the release of personnel. Pressure of work, tighter targets and financial priorities were a major concern. It was felt that contracts should not be impeded at any cost. Absence from work at a time of considerable change would be detrimental to the individual.

The changes to the NHS were also seen as offering an opportunity. Some respondents felt that trust status would offer more flexibility and a more imaginative approach to personal development. Trusts could also use release for emergencies overseas as a public relations benefit, which may even indirectly enhance income generation.

A number of respondents offered to act as contact points for identification of personnel for release for emergencies.

The survey provides a clear impression that respondents support the principle of release for emergencies. More information is needed about the nature of emergency work and procedures for release need to be negotiated. However, all managers are under great pressure within the health service, and some individuals would be obstacles in themselves. The following remark sums up some of the problems, but also highlights the need for improved communication and information about the need for international support for countries in crisis:

"My prime responsibility is to the patients and purchasers of my unit's services, not to some overseas area. Why can't you employ staff full-time? There seem to be enough disasters to keep them occupied".

7. Proposals to Improve the Recruitment of Health Personnel for Emergency Programmes Overseas

THE FOLLOWING PROPOSALS aim to provide a starting point for a coherent approach to recruitment for emergencies which recognises the needs and interests of agencies, fieldworkers and health service employers. The emphasis is on the need for preparation and planning, information and training and the recognition of experience at all levels, within the health service and within the agencies.

7.1 National policy and practical guidelines for the release of health personnel for emergencies

- Agreement should be secured with the Department of Health for the release of health personnel for emergencies overseas.

- Information on the nature of emergency relief operations and current emergencies should be gathered centrally and disseminated to health service managers, and interested units, trusts and hospitals within the NHS.

- Information about the mutual benefits of overseas work experience should be provided to health service managers and others in the NHS.

- A network/database of units, trusts and hospitals prepared to release personnel should be established. This should be clearly linked to the IHE Emergency Register.

- A framework for the release of personnel from the NHS, taking into account cost, cover and mutual benefits, should be drawn up in consultation with health service personnel, agencies and health workers. Key interested units within the NHS prepared to pilot such a scheme should be identified.

7.2 Improvements to agency recruitment

- A coherent approach to recruitment for emergencies should be supported at all levels in the National Health Service (above).

- Agencies and IHE should cooperate to maximise the effectiveness of the Emergency and Disaster Relief Register held at IHE. Agencies should pass CVs and particulars of current, past and interested health professionals to IHE, while maintaining manageable records in-house. IHE should identify other interested individuals through the informal 'grapevine'.

- A policy of active 'recruitment' for the EDR Register should be pursued by IHE, supported by the agencies (information, speakers etc). Training and focused information should be provided to individuals without overseas experience but with potential for emergency programmes IHE should draw up criteria for the selection of this group who would act as a reserve on the EDR Register.

- The experience of returned field workers should be used to its full extent: a central database of those willing to act as a resource for briefings and support etc, should be established.

- Briefings should be made more effective by placing the emphasis on advance preparation: agencies and IHE should cooperate in the production of information packs, information workshops etc targeted at members of the EDR Register.

- Individual agencies should review their country-specific briefing procedures.

- Debriefing: IHE should provide debriefing workshops for health workers returning from emergencies and should facilitate a support network for returned fieldworkers, in association with the agencies, who should recognise their responsibility to provide more effective support for personnel in the field and returning from emergency programmes.

- Training: all members of the EDR Register should be made aware of training for emergencies already on offer. IHE should liaise with other agencies (including REDR) to identify new training needs. A specific requirement is for preparation for the stressful conditions of emergency programmes.