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**MOBILE PROFESSIONAL
VOLUNTARISM AND
INTERNATIONAL
DEVELOPMENT**

Killing Me Softly?

**Helen Louise Ackers and
James Ackers-Johnson**



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We dedicate our book to the mothers and mothers-to-be of Uganda

FOREWORD

I believe we are entering a time when traditional approaches to overseas aid are giving way to new forms of development, involving new sources of finance and new partnerships. In this context, the health partnership model is increasingly relevant. It enables countries to work more collaboratively and at scale. It is an approach that is grounded in the powerful transformative concepts of mutual benefit of co-development and co-learning, themes central to this book – and to the Sustainable Development Goals which now shape our work.

The Health Partnership Scheme, funded by Department for International Development (DFID) and managed by Tropical Health and Education Trust (THET), has provided 50,000 training courses or other educational opportunities to developing-country health workers with over 60,000 UK health professional days spent volunteering. And so my interest was suitably piqued by the title of [Chapter 3](#) of this book, ‘Fetishising and commodifying “training?”’. I couldn’t resist and neither should you.

I expect readers, especially those with experience in health partnerships, will find this book challenging and important. Its frankness and willingness to take on big issues and suggest possible solutions is refreshing, and while I wouldn’t agree with all of its arguments or recommendations – and knowing the authors they would be frankly disappointed if I were to do so – this is a book to be engaged with.

We are not convinced, for example, that the authors are right in generalising from their experiences in the Sustainable Volunteering Project (SVP) to draw conclusions about the health partnership model. From our perspective, the SVP is one (albeit, very interesting) project amongst 200 that

were funded by DFID. Some of the challenges encountered in the SVP have been fully addressed by other projects, such as the management of trainees' expectations of per diem payments. We also have more sympathy, as you might expect, with the need for DFID ministers to communicate clearly with the UK public. This necessitates a simplification of messages, with some implications for evaluation. This is amply balanced in our experience, with an appetite for nuance and learning at DFID.

The case studies in [Chapter 5](#) are to be savoured. Based on the notion that you've got to fail in order to learn – an idea, incidentally, highly valued by THET as well – they provide a wonderfully detailed and valuable portrait of the challenges encountered by practitioners on the ground.

This book pulls no punches, and with a style both academic and personal the authors challenge us all to put our collective shoulder to the wheel to develop a more structured approach to professional volunteer deployment within health partnerships based on principles of negotiated conditionality. This is to be not only applauded but also acted upon for, as the book quite rightly argues, this way leads towards evidence-based incremental systems change.

The wide-ranging critique of aid, based on the authors' years of experience of managing programmes of work in Uganda, covers a great deal of ground examining the nature of development interventions, ethical standards in volunteer deployment as well as the efficacy of donations or the meaningfulness of prevailing evaluation methodologies. It also has a lot to say about the tough issues faced on the ground by health professionals working in development, such as corruption and labour substitution.

The challenges thrown down by this book, based on first-hand experience, are vital in helping us understand better the nature of the solutions. As we join together to co-create a better world I warmly welcome this book's important contribution.

Tropical Health and Education Trust

Ben Simms
Chief Executive

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We would also like to acknowledge the vision and support of our current employer and colleagues at the University of Salford, UK. Whilst many of us find the title of our School something of a mouthful, the multi-disciplinary and multi-professional character of the School of Nursing, Midwifery, Social Work and Social Science has created a fertile and supportive environment for this highly complex and time-consuming action-oriented intervention.

The past 8 years have been challenging and, at times, extremely frustrating, but ultimately very exciting. We have been working at the boundaries and intersections of knowledge. We have gained significantly, both intellectually and personally, from our relationships with the SVP volunteers. The UK and the NHS in particular should feel extremely proud of the professionals it has nurtured and the high levels of professionalism, compassion, innovation and commitment they demonstrate. They have

played a key role not only within the frame of their own disciplines but also as critical knowledge brokers, action-researchers and team players.

Finally, and most importantly, we would like to extend our sincere thanks to those Ugandan health workers who have become our colleagues and friends over the years. The context within which they are attempting to exercise professional responsibility and clinical excellence is punishing to say the least, and their ability to imagine a better reality, in which public services can be improved and mothers' and babies' lives saved, is challenged on a daily basis. Our conclusion, that development aid through professional voluntarism is largely failing to translate into sustainable systems change, in no way reflects on their capabilities or individual commitment. We would like to be able to name those of you who have played such a critical role in supporting the Sustainable Volunteering Project and ongoing work but we are aware that doing so may have damaging personal repercussions. You know who you are and we thank you. We hope that the honesty and trust that you have shown, and we have presented here, will generate new evidence-based opportunities for international professional relationships focused on systems change in the Ugandan Public Health Sector.

NOTE

1. The Sustainable Volunteering Project (SVP) is funded by the Tropical Health and Education Trust (THET) as part of the Health Partnership Scheme, which is supported by the UK Department for International Development (DFID). The views expressed are those of the authors and do not necessarily reflect the views of THET.