

Reducing Modern Slavery in the Health Sector's Supply Chains for Personal Protective Equipment: Stakeholder Engagement Report

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Key findings

- Negligible improvements in workers' living and working conditions since 2020. The living and working conditions of workers in Malaysian medical gloves factories often remain poor.
- NHS Supply Chain has restructured, bringing more buying teams in-house (previously out sourced), allowing more oversight over buying behaviour, including ethical procurement.
- NHS Supply Chain is continuing to reform its Labour Standards Assurance processes, including increased training, improved pre-tender mapping of high-risk products and geographies, and monitoring labour standards throughout the contract.
- Medical gloves supply chains have increased sourcing from China. This may be an unintended consequence of the labour rights focus on Malaysian medical gloves factories.
- There is optimism that changes in national human rights due diligence legislation from individual European countries and from the European Union will promote positive change.
- The US import bans seem to have been effective but may require follow up actions and more research into longer-term effectiveness.
- The UK Modern Slavery Act is insufficient. Smaller supplier companies to the NHS with a lower turnover threshold than that required by the Act often believe the Act does not apply to them and require capacity building to address NHS requirements.

Ongoing Challenges

- Embedding ethical considerations in NHS procurement practice. Ongoing training and organisational culture change is required.
- Most NHS suppliers lack awareness of modern slavery issues in their supply chains.
- Private sector buyers in the UK are still primarily driven by commercial considerations.
- Supply chains are complex and often change, creating transparency issues.
- Lack of political will: Efforts to reform the Modern Slavery Act stalled over 2022-2023.
- Low human rights standards and capacity in Malaysian gloves producers.

Key recommendations

- UK public procurement and intermediate suppliers should not source medical gloves or PPE from any location with known risk of labour rights abuses, and where there is insufficient transparency.
- UK public procurement at every level should mainstream modern slavery as a core buying consideration.
- UK government should review legislation to require all suppliers to UK public procurement, including SMEs, to take measures to address modern slavery in their supply chains. Government should provide capacity building support to SME firms to do so.
- More research is needed to understand the impact and effectiveness of public procurement's recent efforts to address modern slavery.
- Manufacturers should immediately take steps to remediate all workers' recruitment fees and implement zero-fee recruitment.
- Manufacturers should reform grievance mechanisms, establishing effective social dialogue mechanisms which empower workers and their representatives to negotiate with company managers.
- Manufacturing countries should remove any legal barriers which may prevent effective social dialogue or from workers forming or joining trade unions.

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1. Introduction

Funded by the Arts and Humanities Research Council (AHRC), our 'Reducing Modern Slavery in the Health Sector's Supply Chains for Personal Protective Equipment' project (2023-2024) was conducted to maximise the impacts of our previous AHRC-funded project titled 'Tackling Modern Slavery in Malaysian Medical Gloves Factories Using a Whole Systems Approach to the Supply Chain' (2020-2021). That project provided robust evidence of forced labour issues in the medical gloves industry supplying the UK's National Health Service (NHS) before and during the COVID-19 pandemic, and suggested opportunities for prevention and remedy.

Our recommendations, listed in two published reports (Bhutta et al 2021a; Bhutta et al 2021b) and in two academic papers (Hughes et al 2023; Brown et al 2024), were disseminated nationally and internationally in a series of workshops, and were well received by a range of relevant stakeholders, including the Department of Health and Social Care, the Home Office Modern Slavery Unit, the Cabinet Office, NHS and European procurers, gloves suppliers, manufacturers in Malaysia, and organisations advocating for labour rights in global supply chains. Our findings were reported in national and international media outlets, including The Independent (Lovett 2021) and Voice of America (Peter 2021). They have also been cited in, among others, the Home Office's first Modern Slavery Statement (Home Office 2024), the first published NHS assessment of modern slavery risk in supply chains (NHS England and NHS Supply Chain Coordination Limited 2023) and in European Union (European Parliament 2023) and International Labour Organization reports (ILO 2023).

With the 2023-24 follow-on impact and engagement work we aimed to harness government, commercial, civil society, and media interest in order to both support and broaden the adoption of our recommendations for tackling modern slavery in Personal Protective Equipment (PPE) supply chains within and beyond the medical gloves sector and UK procurement from Malaysia. Research findings and recommendations from the 2020-2021 project on medical gloves can inform the ways in which modern slavery is identified and tackled through labour standards improvement plans and corrective action in other PPE supply chains, including those for masks, gowns, and aprons, which are known to face similar issues. Moreover, there is scope to engage governments beyond the UK who are grappling with the same challenges. Engagement with the public sector in improving the ethical sourcing of healthcare goods contributes to a wider agenda of leveraging government procurement for social good.

Four areas of challenge identified by stakeholders through consultations during the 2020-2021 research and described in the Background section below, feed into the following four objectives for the 2023-2024 follow-on work:

- To use research findings to help stakeholders tackle modern slavery in the UK health sector's PPE supply chains, including through labour standards assurance systems, contract conditions and management, and ethical procurement.
- To engage with workers' experiences in order to monitor and communicate back to stakeholders if and how workers' grievances highlighted in the research are being addressed, to identify workers' insights on potential avenues for improving this, and to advocate for such avenues to be provided in the supply chain.
- To develop international knowledge exchange opportunities between governments and to facilitate possibilities for aligning different approaches to modern slavery remedy in PPE supply chains.
- To identify, share, and establish best practice associated with evolving procurement legislation, labour standards systems and approaches to reducing modern slavery through improvement plans and corrective actions across PPE supply chains globally.



2. Background

Our initial (2020-2021) research focused on identifying evidence of forced labour in the production of medical examination gloves in Malaysia, and their supply to the UK's National Health Service (NHS) before and during the COVID-19 pandemic. It was funded by the AHRC via the Modern Slavery Policy and Evidence Centre (MSPEC) and their open call for proposals to examine the impacts of the COVID-19 pandemic on modern slavery. This research was conducted between August 2020 and April 2021 and took a supply chain approach, including a survey of 1,491 (mainly migrant) workers in Malaysia, 11 interviews with migrant workers, and 14 interviews with manufacturers in Malaysia, UK-based suppliers and procurement managers, and UK and Swedish government officials. The study focused on labour issues associated with the presence of forced labour, defined by the International Labour Organization (ILO) as "all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself [sic] voluntarily" (ILO 1930). We recognise that forced labour is aligned, though not synonymous, with modern slavery, which is understood as "the severe exploitation of other people for personal or commercial gain" (Anti-Slavery International 2016).

Our initial research provided detailed evidence of labour issues in the medical gloves sector before and during the pandemic and their drivers.

Key 2020-2021 findings were:

- Increased demand for medical gloves during the COVID-19 pandemic led to a significant change in operation of the supply chain for medical gloves from Malaysia to the UK's NHS. There was a shift in power from buyers towards manufacturers, causing increased pressure on existing workers, and reduced opportunities for ethical procurement.
- Using the ILO's 11 indicators of forced labour as a framework, we found evidence of all forced labour indicators before and during the COVID-19 pandemic, with evidence that four of the 11 indicators worsened during the pandemic – restriction on movement, isolation, abusive working and living conditions, and excessive overtime.
- The ongoing presence of forced labour issues demonstrated a need for existing legislative and policy measures at all points in the supply chain to go further to address modern slavery, labour exploitation, and poor working conditions in supply chains.

3. Priority recommendations from the initial research

Our 2021 research report (Bhutta et al 2021a) makes detailed recommendations addressing the issues identified by the evidence.

Priorities are:

- Purchasing power of government institutions must be leveraged in ways that mandate greater transparency in supply chains and more meaningfully address labour and working conditions.
- Procurement organisations, as well as suppliers sourcing gloves from their own manufacturing facilities or separate producers, should require evidence of forced labour diagnosis and remedy as a condition of contract.
- Manufacturers should provide functioning, confidential external grievance mechanisms operated by independent third parties for workers and those being recruited.
- Manufacturers should also engage with third-party expert support to diagnose forced labour indicators and develop robust corrective action plans.
- Workers should engage with third-party grievance mechanisms and with worker representatives where these exist, to report issues whenever possible.
- Manufacturers, the Malaysian government, and governments and recruitment agencies in migrant workers' countries of origin should work together to improve labour recruitment processes and provide workers with accessible and accurate information about available jobs.
- Where there is brazen or persistent breach of contract over issues of forced labour, buyers should take action for financial or legal redress.



4. Responses and challenge areas identified through stakeholder consultation

The findings and recommendations from the initial research were disseminated between June and August 2021 in the form of two reports (a more detailed one (Bhutta et al 2021a) and a shorter research summary (Bhutta et al 2021b)), and various online workshops with key national and international stakeholders, including manufacturers in Malaysia, an international procurement policy group, and medical professionals (the latter in cooperation with the British Medical Association). Workshop participants across stakeholder groups expressed the need for more research, and for follow-on engagement and impact. In line with our recommendations, identified areas of challenge included:

- **Addressing modern slavery through procurement contract requirements, corrective action beyond audits (such as effective grievance mechanisms and worker representation), creating greater supply chain transparency, and training for procurers.**

In line with our initial (2020-2021) recommendations, these challenges identified during stakeholder consultations indicate the need to critically evaluate current approaches to tackling modern slavery in global supply chains, to raise awareness of modern slavery amongst PPE supply chain stakeholders, and to establish what works, or could work best in terms of prevention and remedy.

- **Ensuring that responses to workers' grievances meet workers' needs.**

There must be improvements in addressing workers' grievances. Our 2020-2021 research showed that 18% of workers were uncomfortable raising a grievance with their employer, and many workers stated that managers rarely responded to the issues raised. In addition to engaging with manufacturers, engaging with workers is key to developing appropriate corrective actions.

- **Sharing and aligning state procurement approaches nationally and internationally.**

There is recognition that different national and regional organisations and governments take different approaches to and have different legislation and guidelines for addressing forced labour and modern slavery. The US for instance uses import bans as a key regulatory mechanism, and Australia and the European Union (EU) are looking to mirror this. The UK is currently developing new ethical procurement guidance and tools and is also integrating modern slavery statements into supplier framework agreements. The Procurement Act 2023 also stipulates modern slavery offences as grounds for exclusion. We can learn from successes and challenges of different regulatory and strategic approaches, and there is potential for greater national and international harmonisation of modern slavery efforts.

- **Identifying, sharing, and facilitating adoption of best practice across global PPE supply chains.**

Bringing existing and currently fragmentary modern slavery tools, resources, and approaches together for use in PPE supply chains is challenging. There is a need to bring the whole healthcare gloves sector and wider PPE sectors up to speed in tackling modern slavery. Currently, standards vary within and between sectors and between national and regional economies. It is vital to align approaches and fill important gaps in policy and practice.

5. Follow-on project aims and activities

Our 2023-2024 work aimed to support and promote the uptake and implementation of these recommendations in pursuit of more sustainable supply chains, using government procurement to leverage positive change.

To fulfil these aims, the project team undertook a carefully planned set of work packages:

- **Desk-based document analysis** aimed at gathering up-to-date information on developments in public procurement legislation and the NHS's recent efforts to address modern slavery in supply chains. This scoping study included two research interviews with NHS procurement directors.
- **Semi-structured interviews** with former (7) and current (11) medical gloves workers in the Malaysian medical gloves industry, aimed at scoping potential changes in working and living conditions and understanding how labour rights developments in Malaysian medical gloves supply chains since 2020 are experienced by workers.
- **Stakeholder engagement workshops.** We delivered five online workshops with different groups of stakeholders. During these workshops, team members presented initial (2020-2021) and follow-on (2023-2024) research findings and recommendations as a starting point to engage stakeholders in the discussion of advances, challenges, and potential solutions, including their views on our recommendations and their application and usefulness. A final workshop with international procurement stakeholders also discussed different regulatory systems and strategic approaches, including the potential use of import bans. The stakeholder groups were:
 - UK-based healthcare procurement managers
 - PPE industry (including manufacturers and intermediate suppliers)
 - UK cross-government civil servant working group on modern slavery ¹
 - Civil society organisations
 - European healthcare procurement managers and government officials
- **A short modern slavery awareness-raising film** was co-produced with NHS Commercial Solutions. The film will be used by public sector PPE procurement managers as part of ethical public procurement training for procurers and suppliers, and is complementary to the PPE procurement guidelines developed by Impactt and commissioned by the UK Home Office. It is freely accessible online, see page 18.

¹Engagement of this stakeholder group focused on presenting project research findings to the group, with limited discussion, and so is not included in section 7 below.

6. Summary of insights from research and knowledge exchange activities

This section summarises the key themes raised during scoping interviews and by participants during the stakeholder engagement workshops mentioned above.

6.1. Negligible changes in workers' living and working conditions

Despite some improvements, the living and working conditions of workers in Malaysian medical gloves factories often remain poor. Workers report some improvements in the repayments of recruitment fees and instances of zero-cost recruitment. Workshop participants stated new workers also continue to pay recruitment fees. Workload pressure and excessive working hours have also declined (partly due to fewer orders post-pandemic). Interviewed workers also reported that problems persist in various areas, including working conditions, accommodation, and grievance mechanisms.

6.2. Public Procurement developments in the UK-Malaysia supply chain

NHS Supply Chain has restructured. A central part of this has been to bring more buying teams in-house (previously outsourced), allowing more oversight over buying behaviour, including ethical procurement.



NHS Supply Chain is continuing to reform its Labour Standards Assurance processes.

Key changes include:

- Training staff to embed ethical factors as a core consideration in tenders and contracts.
- Improved pre-tender mapping of high-risk products and geographies.
- Integrating mechanisms to monitor labour standards throughout the contract and not only at pre-tender stage.

Medical gloves supply chains have increased sourcing from China. An unintended consequence of the labour rights focus on Malaysian medical gloves factories has been that various buyers have moved to source from China. There may be less visibility into labour conditions in China than in Malaysia.

6.3. Legislative Approaches

There is optimism that changes in national human rights due diligence legislation from individual European countries and from the European Union will promote positive change.

Private companies, including buyers and suppliers, have been motivated to address modern slavery in their supply chains by upcoming and recently passed legislation. Companies are likely to require capacity building to meet multiple and often confusing requirements.

The general sentiment among participants is that the US import bans have been effective but may require follow up actions. Import bans seem to have temporarily influenced the repayment of recruitment fees and some improvements in accommodation and working conditions. There are however also concerns about the longer-term effectiveness of import bans. They may have encouraged buyers to switch sourcing to China, where it may be harder to assess and remediate conditions of forced labour. The EU import ban on items made with forced labour is a positive change, but it will require significant actions to ensure that it is implemented effectively.

The UK Modern Slavery Act is insufficient. The Modern Slavery Act as it is currently written may make it harder to address modern slavery in supply chains. Smaller supplier companies to the NHS with a lower turnover threshold than that required by the Act may not think it applies to them and require capacity building to address NHS requirements.

6.4. Summary of Ongoing Challenges

Embedding ethical considerations in NHS procurement practice. Ongoing training and organisational culture change is required.

NHS suppliers lack awareness of modern slavery issues in their supply chains. This is especially the case for smaller suppliers. Suppliers often struggle to meet requirements due to low awareness, multiple and rapidly changing requirements and legislation, and low capacity to address modern slavery.

Private sector buyers in the UK are still primarily driven by commercial considerations. Cost, quality and on-time delivery continue to be the most important criteria when procuring PPE, with little focus on sustainability or responsibility.

Supply chain complexity. Supply chains are complex and often change, creating transparency issues.

Lack of government will to reform UK legislation. Efforts to reform the Modern Slavery Act stalled due to a lack of political will over 2022-2023, as the government instead focused on its political challenges in a pre-election period. Legislative reform efforts also stalled in other European countries such as Spain.

Low human rights standards and capacity in Malaysian gloves producers. Some Malaysian producers, especially the smaller ones, do not meet international labour standards and still require significant capacity development to enable them to meet standards. Improvements are also stalled due to lack of will and low impacts of demands or sanctions of individual buyers.

7. Current Research Findings

7.1. NHS Interviews

The project conducted two semi-structured interviews with NHS procurement directors. These interviews focused on gaining updates on changes to NHS procurement structures and systems to address modern slavery in supply chains since 2021.

According to informants:

The Health and Care Act 2022 and lessons from the pandemic are spurring reform effort within the NHS. Lessons from the pandemic included the review and recommendations of pandemic procurement detailed in the Boardman Review of Government Procurement in the COVID-19 pandemic (Boardman 2020). In particular, the need to conduct more supply chain mapping was a key lesson, so that NHS procurement actors had a better understanding of the risks and impacts of their supply chains.

NHS Supply Chain has brought previously outsourced buyers in-house. This included transitioning 600 staff from third parties into NHS Supply Chain. This is intended to allow NHS Supply Chain management to be more targeted at different priorities within particular procurement categories, such as away from a commercial focus and towards priorities such as addressing modern slavery in cotton supply chains.

NHS Supply Chain is currently reforming supply chain mapping. There has been a focus on identifying high risk geographies and product categories, rather than systematically conducting labour standards risk assessment for all product categories.

There is a new focus on managing forced labour risks through the duration of tenders. An emerging effort is underway to embed mechanisms to monitor forced labour risks also during the tender, not only in the pre-tender phase.

There has been increased forced labour and ethical procurement awareness training for frontline procurement staff. The current NHS strategy is to embed ethical considerations as core considerations of frontline staff negotiating tenders.

According to NHS stakeholders, the remaining key challenges include:

- Consistently training staff in their roles.
- Maintaining a consistent approach across buying teams (historically buying teams have had different approaches).
- Promoting ethical considerations as a core value among buyers who have been doing the job for a long time in another way.
- Contract management to embed monitoring of labour standards performance through the license contract.
- Supply chain complexity and the reliability of the data and recommendations received through assessment tools such as the Modern Slavery Assessment Tool. Supply chains change constantly so the data received by procurement teams may not always be accurate or usable.



7.2. Worker Interviews

We conducted 18 semi-structured interviews with current (11) and former (7) workers from medical gloves factories in Malaysia. These interviews were not intended to provide a fully representative picture of the current situation lived by workers as this was beyond the scope of this project. The scoping interviews however allowed us to gather a snapshot update on current conditions in the Malaysian medical gloves sector and identify improvements and ongoing challenges.

Interviewed workers joined the Malaysian gloves industry between 2013 and 2022 and were able to report on employment conditions in the Malaysian sector before and after the COVID-19 pandemic. 61% worked at factories before, during and after the main pandemic period (2020-2021), with others leaving before (28%) or joining after this period (11%). Workers were asked whether they had had recruitment fees reimbursed, whether they had experienced any changes in working and living conditions since the pandemic and their views on what may have influenced these changes.

Key findings included:

- 82% of the workers had recruitment fees reimbursed. One (7%) worker (who had left the company before the start of the repayment process) had not. 11% reported not paying fees.
- 50% of workers reported positive changes in accommodation, although most of them admitted that the changes were mostly cosmetic. 39% reported no accommodation changes.²
- 39% of workers reported no improvement in grievance mechanisms; 28% reported improvements.
- 44% of workers reported positive changes in working conditions; 5% reported no changes. A key change in working conditions was that the work environment was less pressured, due to a reduction in gloves orders post-pandemic.
- 66% of workers reported increases in wages. These were only due to an increase in the Malaysian statutory minimum wage. 5% of workers reported no increase in wages.
- Both workers who had been recruited post-pandemic in 2022 reported they had not had to pay for recruitment.

²Not all workers answered each question. percentages reported are from the total sample, with the percentage rounding to 100% offering no answer on a particular issue.

8. Findings from stakeholder knowledge exchange workshops

8.1. Civil society and advocacy stakeholders

This online workshop was attended by five participants working in UK-based civil society organisations fully focused on issues of modern slavery and social justice.

The key themes raised by participants were:

The role of the UK government. The UK government has an opportunity to lead the way with public procurement in terms of human rights but policymaker attention is focused on other political priorities and there seems to be a lack of political will in the UK to reform policy and legislation. A lack of public attention on the issue is one cause of political inattention.

Low level of awareness among buyers. There is a low level of awareness among many buyers, including care home providers and local authorities, of modern slavery issues, including the legislative changes of the Health and Social Care Act.

Grievance mechanisms. For grievance mechanisms to be appropriate they should be co-designed with workers.

Import bans. Import bans could be an option but there is no political will for this in the UK. Participants highlighted that there is still the need for evidence of the practical benefits of import bans and the circumstances in which they work, which will assist participants' lobbying efforts.

8.2. UK-based healthcare procurement managers

This online workshop was attended by five healthcare procurement managers from within the NHS and UK government.

The key themes raised by this group of participants were:

The reform process in the NHS. The NHS has been standardising and improving processes in line with Public Procurement Note 02/23 (Tackling Modern Slavery in Government Supply Chains) and Public Procurement Note 03/23 (Standard Selection Questionnaire), which contains modern slavery questions, and the Health and Care Act 2022, which contains provisions obligating the NHS in England to eliminate products produced with modern slavery. However, responsibility for this function remains unclear as there are different functions within NHS Supply Chain (e.g. buying, contracting), and there is also suggestion for capacity development in local health service providers. With regard to the latter, health service providers opined to us the expectation that NHS Supply Chain, as the main procurement provider, will perform labour standards assurance for them. Health providers should nevertheless consider labour standards when procuring outside the NHS Supply Chain.

NHS suppliers often find modern slavery requirements challenging. Many suppliers are not aware of modern slavery issues and would benefit from training. Smaller suppliers in particular even often struggle to provide information on their supply chains. Many also struggle with the concept that they need to know where they source their goods from, and that assurances and standards must apply to it. Many also find it difficult to believe that NHS procurement needs to know this. Part of this misunderstanding is due to the way in which the Modern Slavery Act is written, with smaller suppliers under a certain turnover believing that this regulation does not apply to them. Currently, small suppliers often need a significant amount of support and coaching from buyers to meet labour standards assurance requirements.

Ongoing need for modern slavery training. There has been a focus on training procurement staff on modern slavery and social value, with, for instance, the NHS having a mandatory course for all staff on modern slavery, and NHS Supply Chain commercial staff encouraged to undertake multiple training modules. In the reform of processes, NHS Supply Chain is now also emphasising to staff across procurement functions what is expected of them regarding modern slavery.

Supply chains complexity. Supply chains are highly complex. There are over 600,000 items in NHS Supply Chain's catalogue, and market dynamics are different across these. In addition, supply chains for each product, such as cotton, may change every year. There is a longer-term strategy in the NHS for more direct contracts with suppliers but this will not be easy due to supply chain complexity.

Modern slavery within wider sustainability considerations. NHS work on modern slavery is taking place in the context of a wider drive to Net Zero. Many products are single-use items and there is a shift towards using more reusable products, which may change market dynamics. Modern slavery should have the same importance as climate indicators in supplier reporting.

8.3. PPE industry

This online workshop was attended by three participants from three different industry organisations, a Malaysian gloves manufacturer, a UK medical supplies company, and a UK life sciences company. In addition, a separate semi-structured interview was conducted with two participants from an industry coalition focused on ethical business.

The key themes raised by these participants were:

Changes to supply chains. Post-pandemic, power has gone back from the manufacturer to the purchaser. In medical gloves more nitrile production is moving to China. This may be an unintended consequence of the media focus on modern slavery in Malaysia since the pandemic, with other markets not under the same scrutiny. The Malaysian market is currently struggling, with one company under a US Withhold Release Orders (import ban) closing. The import bans have also had reputational as well as financial costs.

Private sector buyer challenges in addressing modern slavery. Private sector buyers in the UK are still driven by cost, quantities, quality, and on-time delivery - with little focus on sustainability or responsibility. Many buyers are still buying from known unethical suppliers, and in sectors including adult social care pressure is needed for positive change. The private sector seems to have little knowledge of modern slavery, and little understanding of factors such as debt bondage. There is therefore a need for awareness raising and education, as many private sector buyers apparently have little visibility into supply chains for private buyers beyond the first-tier suppliers.

Private sector supplier challenges in addressing modern slavery. On the supply side, medical gloves companies in Malaysia would benefit from capacity building. Most smaller gloves companies remain non-compliant with international labour standards, work with recruitment agencies (and reforming recruitment and recruitment fees) remains challenging, and some participants considered Malaysian government's action to address modern slavery on the ground have been poor. There are industry efforts to address modern slavery. The Responsible Glove Alliance (RGA) was established in March 2022 by leading Malaysian gloves companies with the aim of identifying, preventing, and remediating conditions which contribute to modern slavery in the medical gloves industry. However, its high labour standards requirements often put companies off joining, and the RGA still needs to demonstrate to potential members a cost-benefit analysis of membership. In addition, it is still difficult to confirm if the RGA's audits indicate what truly happens, especially in China, and they have found evidence of worker coaching during audits. SMEs at lower tiers who supply inputs to medical gloves are at high risk of labour rights issues, and most have no experience of enacting forced labour requirements. These companies need plenty of forced labour support, starting from the basics.

Modern slavery within wider sustainability considerations. Environmental sustainability and labour standards are linked because they both consider where and how goods are made, and because risks of environmental and labour violations tend to occur in the same contexts (Brighton and Sussex Medical School et al 2023). In this sense, reducing glove usage can also improve NHS sustainability. There are efforts in this direction within the NHS, which involves outreach to social care providers to educate them on reducing glove usage.

According to PPE industry informants, potential drivers of change are:

The NHS could drive change because it is a large player, and suppliers will respond to it. There is also a possibility that NHS requirements for responsible procurement will extend to other areas of government purchasing. Current changes in European (EU and national country) legislation are also significant and will drive more companies towards due diligence. Medical gloves companies in Malaysia are paying serious attention to legislative developments in Europe. However, the recent legislation is multiple (EU, national) and has multiple requirements which are confusing for companies and may be difficult for them to follow. Clear guidance, such as is contained in the EU import ban, is useful to companies. However, upcoming legislation appears more focused on the private sector than the public sector, limiting its potential impact. Quality certifications are also a possible avenue for addressing modern slavery. Incorporation of labour rights into quality standards could signal labour standards assurances to buyers and incentivise producers to improve labour standards as they wish to keep their quality certificates.

8.4. International government procurement officials

This online workshop included civil servants with PPE procurement responsibilities and government officials from Norway (1) and Spain (4), including Barcelona City Council and the Government of Catalonia.

Legislative and policy development.

Catalonia: There is political will in Catalonia, with various local government changes and efforts having been dedicated to promoting sustainable public procurement over the last years. Political changes and scarce resources have however limited progress. Over the last years, Catalonia has developed collaborations with other autonomous regions of Spain and with various European countries (including the UK, Norway and Sweden) in order to learn from their experiences and efforts before implementing procurement guidelines, contract conditions, and procurement policy. Policy development has been also informed by our initial research (Bhutta et al 2021a). There was an opportunity to pass modern slavery in supply chain legislation in 2022, but the moment passed due to political changes and it is currently not yet on the political agenda.

Norway: For about 10 years Norway has conducted national-level tenders, including code of conduct and qualification demands for their suppliers to be able to qualify as suppliers. Suppliers must comply with the code of conduct and their manufacturers must have publicly available statements that they do not operate with recruitment fees. They must also routinely follow up their supply chains to ensure pre-tender recruitment fee and other conditions are met. The Norwegian Transparency in Supply Chains Act has provisions for a living wage responsibility and responsibility all the way back to raw materials. However, they have not been able to implement living wage or raw material provisions at the current time.



Participants reported that there is still the need for more evidence that import bans work. The recent EU changes are a positive change in the right direction, but it depends on how it follows up. It is also worth noting that healthcare is not the first area the EU is looking into with regards to import bans of products, so it is uncertain if it will have an effect on PPE goods.

9. Modern slavery awareness raising film & webpage

We partnered with NHS Commercial Solutions, the NHS procurement shared services hub, to co-produce a short film on modern slavery in healthcare supply chains. This seven-minute long film will be used by public sector PPE procurement managers as part of ethical public procurement training for procurers and suppliers.

The film:

- Introduces viewers to the concept of modern slavery and some of the forms it can take.
- Incorporates worker voice through an interview with a former gloves factory worker.
- Highlights particular supply chains in which modern slavery is a risk for NHS procurement.
- Offers practical advice to procurement professionals on actions they can take to address modern slavery in their supply chains.



The film was specifically designed to be a usable resource now and in the future. It therefore does not reference current NHS systems or UK legislations, which may change and cause the film to date. Rather, it focuses on broad courses of action available to procurement professionals, such as partnering with external expert organisations, and collaborating with suppliers to improve working conditions.

The film has a dedicated landing page (www.tacklingmodernslavery.com). This landing page, also co-created together with NHS Commercial Solutions, will include the film and a list of tailored resources useful for suppliers and procurement teams in European countries, including Belgium, Denmark, England, France, Germany, Italy, Norway, Portugal, Spain, Sweden and Switzerland. The research team will be able to track the use and impact of the film as it is used across England and more widely.

10. Conclusions

Our project indicates that buyers, governments and manufacturers are making efforts to reduce modern slavery in PPE supply chains. The pandemic shone a light on PPE procurement and supply chain modern slavery and supply chain actors are enacting an ongoing response. Significant challenges remain however in implementing synergistic and effective measures along the supply chain (Brown et al 2024).

Key challenges include:

Mainstreaming modern slavery considerations in PPE buying behaviour: NHS managers, industry and civil society both raised the issue that modern slavery is not yet embedded in buyer behaviour in public procurement or private sector buying. Amongst buyers there is still a mindset focusing strongly on commercial considerations such as price, volume and product quality. Training materials and courses have been developed to better integrate modern slavery considerations into buying practices but these must reach all suppliers and procurers, including the smaller ones. Our research also indicates that not all modern slavery issues in PPE supply chains can be solved solely with training and awareness raising; resources and political will are also necessary.

Conditions in production countries remain problematic: Worker testimony and participants from industry indicate that working conditions in Malaysian glove companies remain suboptimal, despite some improvements. Various manufacturers do not meet international labour standards, and the Malaysian government has reportedly taken limited action.

Due diligence and forced labour legislation is potentially impactful but has limitations: Incoming human rights due diligence and forced labour import ban legislation is potentially impactful but requires careful implementation to be effective. There is also a need to better understand the longer-term impacts of import ban legislation on workers and supply chain dynamics, in addition to documented positive shorter-term impacts (Bhutta et al 2021a). Manufacturers and suppliers often require support and capacity building to meet the demands of the multiple (and changing) pieces of due diligence legislation. It is also still unclear how governments, including the EU, will implement legislation, especially in medical goods supply chains. Despite positive legislative and policy developments (including NHS PPE procurement), there is still a significant challenge in the enactment of policy into real world change.

Independent and uncoordinated efforts are taking place: The limitations posed by complex and divergent procurement requirements and the case of Catalonia investing efforts to learn from the processes and experiences of Scandinavian countries and the UK demonstrates the need for developing mechanisms to economise and harmonise ethical public procurement practices within and across institutions and countries.

11. Recommendations

- UK public procurement and intermediate suppliers should not source medical gloves or PPE from any location with known risk of labour rights abuses (Abbott et al 2024), and where there is insufficient transparency. These locations should be considered high risk because compliance with UK legislation cannot be assured.
- UK public procurement at every level should mainstream modern slavery as a core buying consideration. UK public procurement should provide modern slavery training to buyers.
- The UK government should review legislation to require all suppliers to UK public procurement, including small and medium enterprises, to take measures to address modern slavery in their supply chains. Government should provide capacity building support to SME firms to enable them to meet legal requirements.
- More research is needed to understand the impact and effectiveness of public procurement's recent efforts to address modern slavery. For instance, research can be undertaken on forced labour indicators in UK public procurement-linked supply chains. There remains an ongoing need for research on various healthcare product categories such as PPE, surgical instruments and other consumables. Research should also be undertaken to assess the impact of recent human rights due diligence and forced labour import ban legislation on workers, companies and supply chain dynamics.
- Manufacturers should immediately take steps to remediate all workers' recruitment fees (including the workers who had left the jobs) and implement zero-fee recruitment.
- Manufacturers should also reform grievance mechanisms. In the first instance this should involve establishing effective social dialogue mechanisms which empower workers and their representatives to negotiate with company managers. Factory level grievance systems should be implemented in line with the UN Guiding Principles on Business and Human Rights' effectiveness criteria for non-judicial grievance mechanisms.
- Manufacturing countries should remove any legal barriers which may prevent effective social dialogue or from workers forming or joining trade unions.

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