Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015

12h30 – 15h30

European Parliament
Altiero Spinelli

A3G-2

HealthWorkers 4all

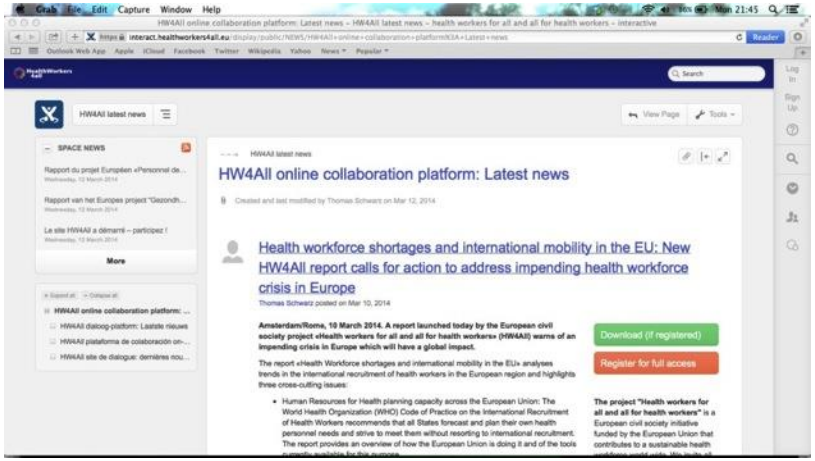
A civil society perspective on mobility of health professionals in the EU – ethical recruitment and policy coherence

Linda Mans
Project coordinator 'Health workers for all and all for health workers'
Wemos Foundation, The Netherlands
Contact: linda.mans@wemos.nl

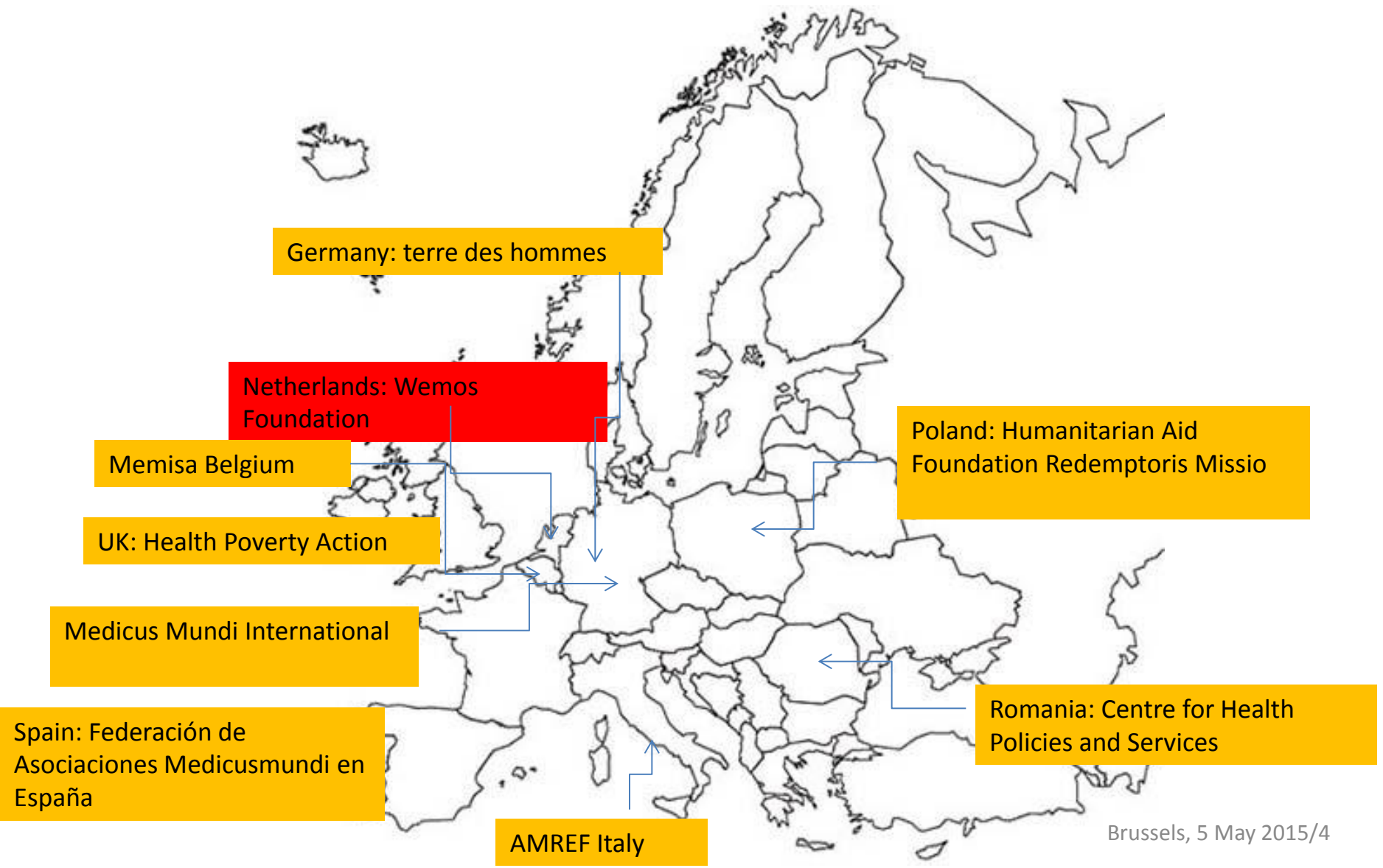
Brussels, 5 May 2015/2

Overview

- Health Workers 4 All
- Who are we?
- What do we want to achieve?
- Global context + WHO Code
- Current European context
- Civil society advocacy on HWF-issues
- A Call to Action
- With your endorsement…



Consortium


Germany: terre des hommes
Netherlands: Wemos Foundation
Memisa Belgium
UK: Health Poverty Action
Medicus Mundi International
Spain: Federación de Asociaciones Medicusmundi en España
AMREF Italy
Poland: Humanitarian Aid Foundation Redemptoris Missio
Romania: Centre for Health Policies and Services

What do we want to achieve?

- ✓ Contributing with **EuropeAid funding** (2013-2015) from Europe to a sustainable HWF worldwide, using a **rights-based approach** – promoting the right to health and the rights of internationally mobile health workers to fair treatment;
- ✓ Developing and sharing tools for **policy analysis** and (inter)action to increase knowledge and understanding of human resources from a global health perspective;
- ✓ Concrete: translation of the **WHO Global Code of Practice on the International Recruitment of Health Personnel** and other international agreements, mapping stakeholders, organizing meetings with stakeholders' representatives = **multi-stakeholder approach**, sharing case studies;
- ✓ Bringing the work on the Code more at the centre of EU and global debate via **exchange and dialogue** between countries.

Global context:

At a global level concerns have been developed into an 'ethical' approach to **mitigate negative effects of international mobility of health workers**: in 2010 the WHO CoP was adopted.

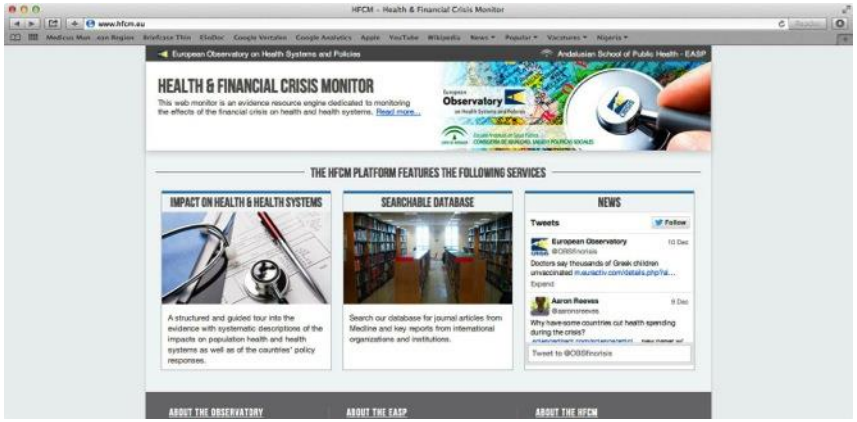
The WHO CoP establishes and promotes voluntary principles and practices for **ethical international recruitment** and **strengthening health systems**, taking into account the **rights, obligations and expectations** of source and destination countries, and migrating health personnel.

Current context Europe:

- Ageing population, demographic changes et cetera;
- Austerity and financial crisis;
- Fiscal constrains: budget cuts (targeted or not)

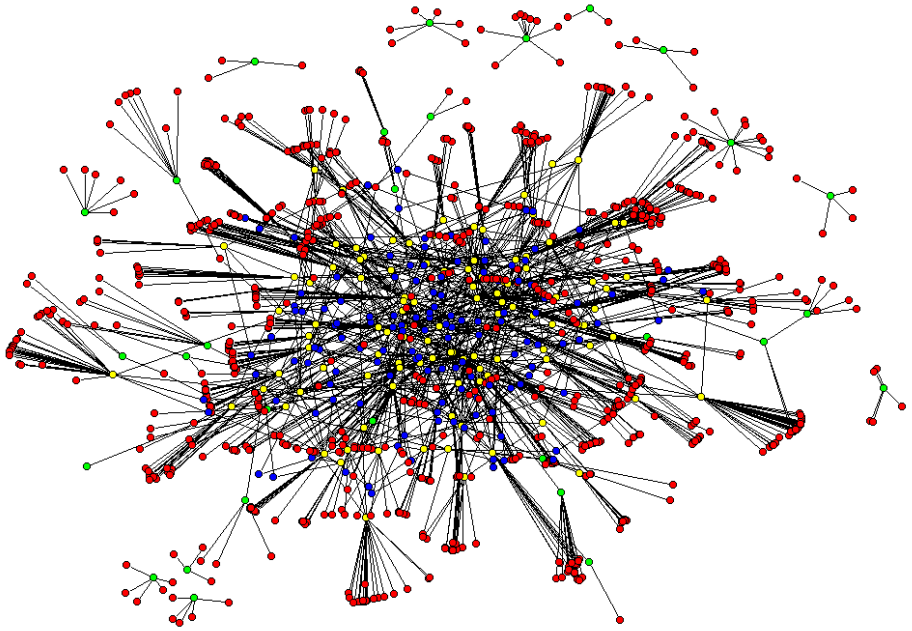
Intra-EU equitable distribution of health workers

Sustainability and rights of internationally mobile health workers



Civil society advocacy on HWF: Creating networks of (non-state) actors

- **Designated national and regional authorities responsible for the implementation of the World Health Organization (WHO) Code of Practice on the International Recruitment of Health Personnel (Code)**
- Policy and law makers at European and national levels, Members of Parliament (EU and national)
- Ministries and health authorities concerned with health personnel mobility and migration, planning and training, including Ministry of Health, Ministry of Development Cooperation; Ministry of Internal Affairs, Ministry of Labor, Ministry of Education/University;
- Subnational authorities in the case of decentralized states;
- Semi- and non-state actors including inspecting agencies, health care institutions, employer organizations, health workers organizations, labor unions and health professional organizations, advisory councils, health personnel training institutions, recruitment offices and agencies, international health cooperation and advocacy Non-Governmental Organizations (NGOs) and networks, patient and/or consumer organizations, migrants' organizations and organizations undertaking advocacy in the field of migration and integration;
- Individuals: health workers, patients, migrants, internationally mobile health workers, through organizations and media.



Civil society advocacy on HWF: Establishing dialogues on critical issues

.**E.g.**

- **UK:** giving with one hand while taking with the other? Development cooperation versus domestic HWF policies
- **Italy:** impact of austerity measures on health workforce – increased mobility of HWF within EU
- **Belgium:** recruitment/retention domestic HWF
- **Germany:** decent working conditions for nurses
- **Spain:** need for data on HWF migration and mobility

Civil society advocacy on HWF: Documenting efforts of WHO Code-implementation

✓Mobility, migration, recruitment; planning and forecasting; rights, working conditions, protection; coherence, collaboration, solidarity

✓Sharing details of **lessons learned**, increasing **mutual learning**, and spreading **innovation** among stakeholders.

✓Showing that the Code is already being translated into practical measures in many local and national contexts.

✓Confirming that the **multi-stakeholder approach** promoted by the Code is key to its implementation.

HealthWorkers4All: Collection of case studies

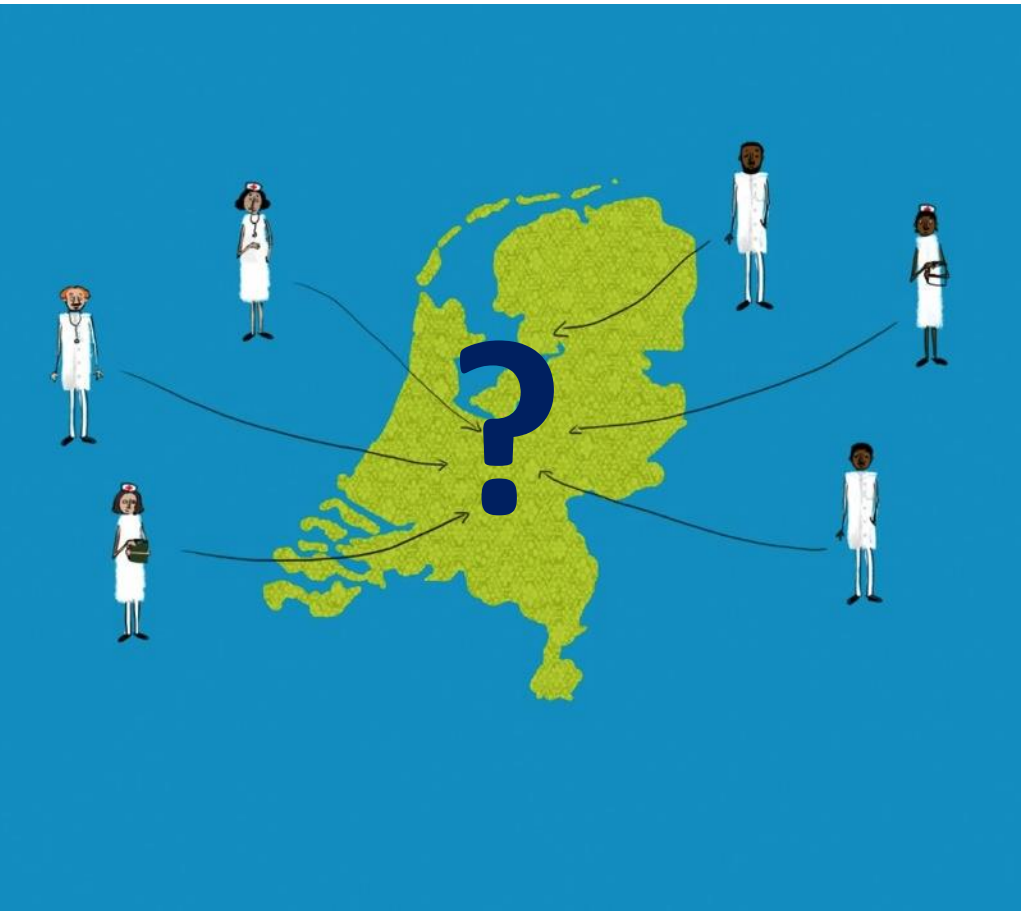
Practices of WHO Code Implementation in Europe: the role of non-governmental actors

Romania – combating outmigration by cross border cooperation

✓Cross-border cooperation covering the need for human resources in Calarasi County Emergency Hospital in - **employing specialist MDs from Bulgaria**:

✓A **local solution** that involved **equal treatment** of the Bulgarian doctors who receive **similar salaries** and are likewise subject to **similar working conditions** and **opportunities**, and **protection mechanisms**.

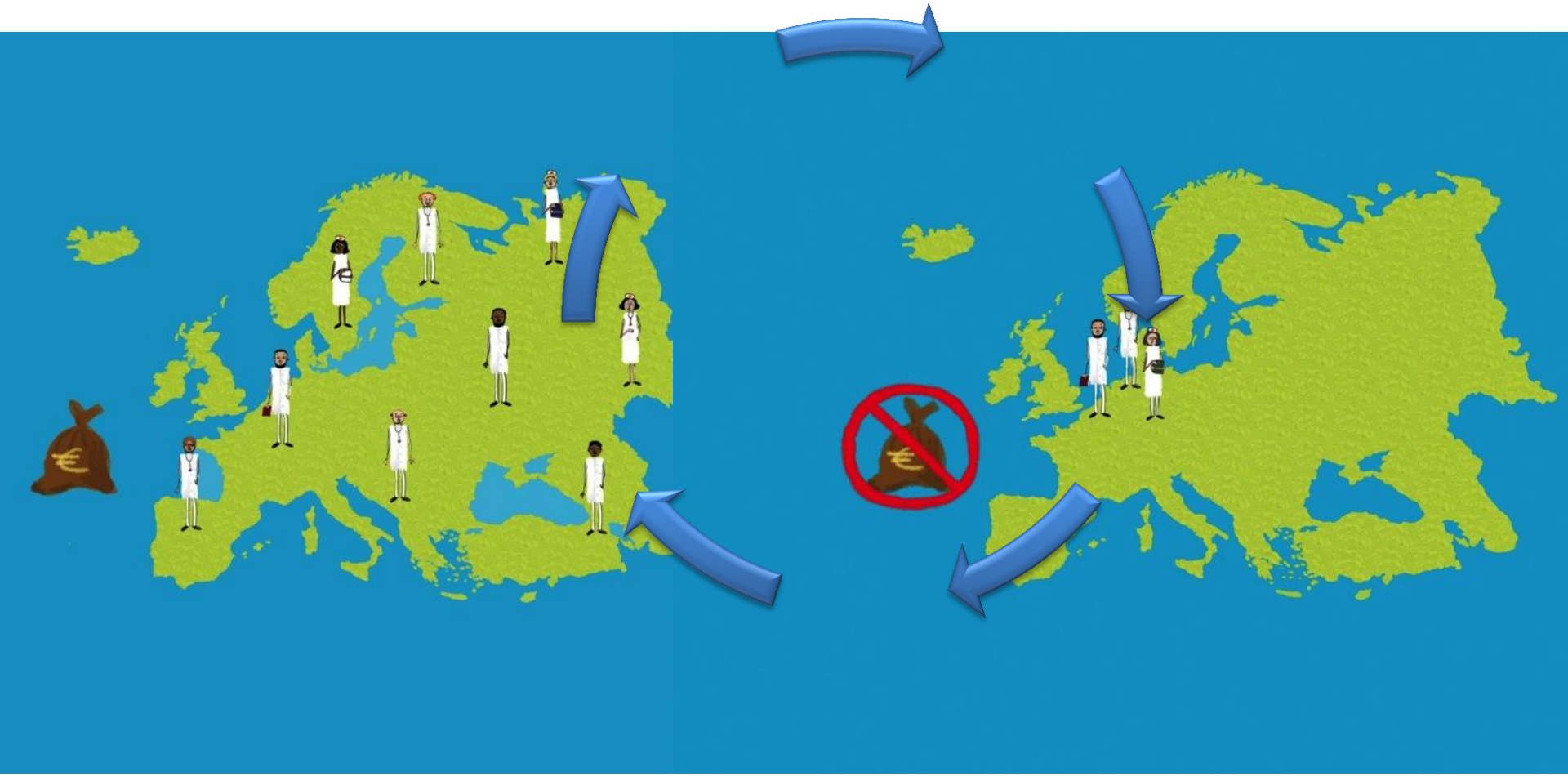
Netherlands – corporate social responsibility in favour of the global health workforce



- ✓Decentralization of health care;
- ✓Awareness raising of ethical recruitment at local level;
- ✓**WHO Global Code** of Practice on the International Recruitment of Health Personnel and the **EPSU-HOSPEEM Code** translated into hospital's Corporate Social Responsibility policies;
- ✓Collaboration with **social partners** and **trade unions**.

HealthWorkers 4all

EU – challenges and choices:



Health workforce: ethical international recruitment and policy coherence?

- **Greater coherence** – between ministries within a country and between countries – among health policies, as well as employment, education, trade, and development co-operation policies is required for all parties to gain more from mobility and migration.
- Need for **equal rights** and **social protection** for internationally mobile health workers.
- Need for **decent employment conditions and salaries** for all health workers.
- Need for systematically **integrating the voices of internationally mobile health workers and labour unions** in the dialogue on HRH.

At European level:

We launched a Call to Action
"A Health Worker for Everyone, everywhere!"

- ✓Planning long term and training self-sustainable health workforces
- ✓Investing in the health workforce
- ✓Respecting the rights of migrant health workers
- ✓Thinking and acting coherently at national, regional and global level
- ✓Take a firm stand in the global health workforce debate

Sign on to the Call:

interact.healthworkers4all.eu

Over 100 European organizations already signed!
Showing a community across Europe demanding WHO Code implementation

With your endorsement, we commit to:

Bring it to WHO, during the monitoring process of Code implementation, in 2015

20 May 2015 | 17:45 – 18:45 | Salle IX; Palais de Nations

Global HRH Governance: What are the Health Workforce implications of WHO Resolutions?
Organised by : World Medical Association. Co-organizers - International Council of Nurses, International Federation of Medical Students' Associations, International Pharmaceutical Federation, IntraHealth Inernational, World Confederation for Physical Therapy, World Dental Federation & Global Health Workforce Alliance

20 May 2015 | 19:00 – 20:00 | Salle IX; Palais de Nations

Global HRH Governance: WHO Global Code of Practice on International Recruitment of Health Personnel - Initial Achievements and Future Challenges
Organised by: Medicus Mundi International, Co-organizers – Health Workforce Advocacy Initiative, "Health Workers for All", WHO Expert Advisory Group on Code Review, Global Health Workforce Alliance

- ✓ World Health Assembly **2015**: HW4All et al. will organise a side-event about WHO Global Code: initial achievements and future challenges

A sustainable health workforce starts at home!

HealthWorkers 4all

wemos

Brussels, 5 May 2015/20

Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015

12h30 – 15h30

European Parliament
Altiero Spinelli

A3G-2

MOBILITY OF HEALTH PROFESSIONALS IN THE EU – ETHICAL RECRUITMENT AND POLICY COHERENCE

Tuesday 5th May 2015 | 12h30 – 15h30
European Parliament | Altiero Spinelli | A3G-2
Brussels, Belgium

Health workforce sustainability: A public health perspective

Sascha Marschang
Policy Manager for Health Systems
European Public Health Alliance (EPHA)

OVERVIEW

Presentation outline

- Background info: EPHA
- WHO Global Code of Practice: European relevance
- Root causes of mobility & migration
- Awareness-raising activities (EPHA members, partners)
- Public health consequences of unbalanced health workforce mobility
- Questions for panels

WHO ARE WE?

The European Public Health Alliance (EPHA)....

- Is a Brussels-based network representing the public health community, +/- 100 member organisations in EU-28, EEA/EFTA countries & beyond
- Includes disease-specific organisations (e.g. cancer, HIV/AIDS, mental health), health professionals (e.g. nurses, doctors, pharmacists), vulnerable groups (e.g. migrants, Roma), regional interests…
- Mission: (…) To build public health capacity to deliver equitable solutions to European public health challenges, to improve health and reduce health inequalities.
- Vision: A Europe (…) where all have access to a sustainable and high quality health system; whose policies contribute to health, within & beyond its borders
- Values: equity, sustainability, diversity, solidarity, universality, good governance

WHO Global Code of Practice

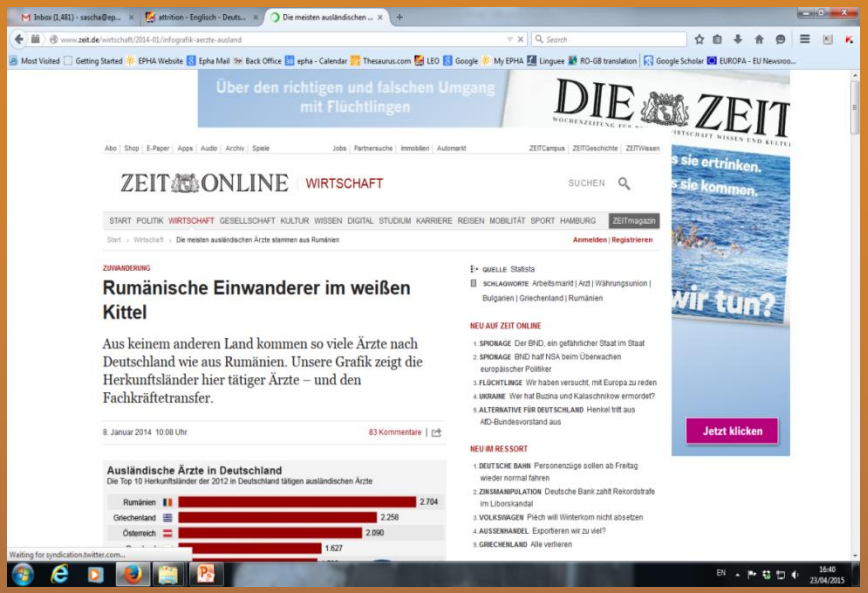
¨The Code enunciates principles for the ethical recruitment of health personnel (...)

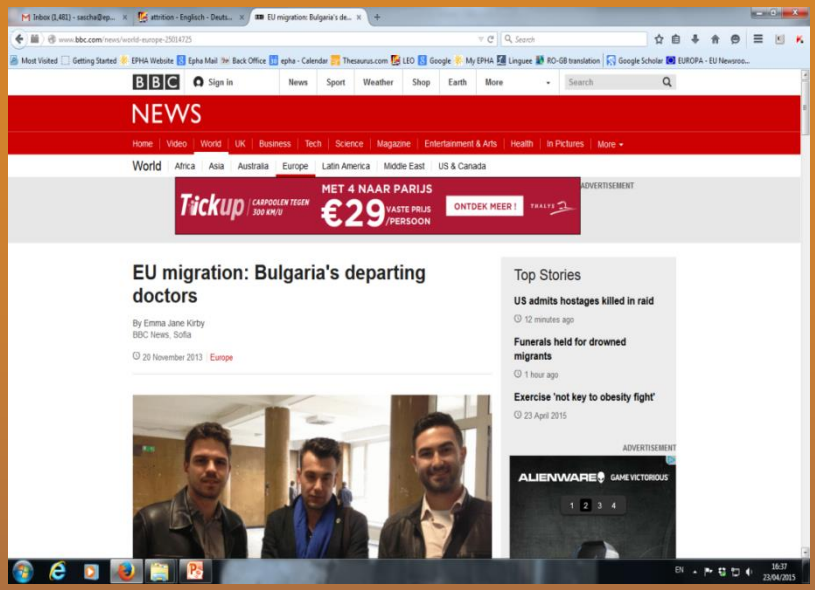
- ✓ The recognition of the right to migrate;
- ✓ The duty of recruiting countries to adequately inform migrant health workers of their right & *provide them with the same working conditions enjoyed by nationals*;
- ✓ Avoid recruiting actively in *countries facing a health workforce crisis*

The Code goes beyond setting norms for recruitment practices and addresses that issue in the broader context of the need for stronger and more self-reliant health systems. It promotes the planning of the education and training of health workers to meet future service needs and the development of working environments facilitating the retention of personnel.

The Code also proposes a framework for global dialogue and cooperation to address challenges associated with the international mobility of health workers (...)¨

(´Implementing the WHO Global Code of Pracitce in the European Region´ – Draft WHO Policy Brief, G. Dussault, G. Perfilieva & J. Pethick, 11 Sep 2012)





Romania & Bulgaria: Significant loss of trained health workers since 2007

Root causes
Health workforce mobility & migration

- **Chronically underfunded health systems**
  - Very low remuneration / insufficient salary increases and retention efforts (can earn 10x more abroad!)
  - Insufficient funds for medicines, treatments, consultations, emergency services…
  - Outdated equipment and technology
  - Suffocating working conditions (increased workload, shortages, overtime, hierarchies, bad treatment, bureaucracy, under-skilling, lack of career development / CPD)
  - Dissatisfaction with rising health inequalities
  - Corruption, mismanagement, lack of long-term vision
- **Effects of economic crisis & austerity measures**
  - Amplification of existing health system deficiencies
  - (Mass) unemployment due to budget cuts
  - Shortages in 'rich' MS have led to targeted recruitment drives in CEE / Southern European countries
  - Expansion of recruitment agencies' activities

Root causes
Health workforce mobility & migration

- **Lack of education & training opportunities**
  - Reduced number of publicly funded training places
  - Having to pay for specialist training vs. ability to get paid abroad
  - More health professionals studying abroad, few jobs for new graduates
- **Personal motives – difficult to influence**
  - International experience beneficial for career building
  - Cultural affinities / adventure
  - Joining family / friends
  - Onward / return migration
  - Higher expectations due to Internal Market, mutual recognition of Professional Qualifications
  - Easy access to advertised positions via Internet

How to ensure that WHO Global Code of Practice's ethical principles are taken up at policy, institutional and personal level?

European Observatory on Health Systems and Policies
Two volumes on HWF mobility (2011 & 2014)

Detailed overview of mobility trends in a changing Europe

Importance of paying attention to nuances (at professional & country level)

- Country-specific analyses incl. 'push' & 'pull' factors
- Impacts of economic crisis not homogenous
- Qualitative data on motivations & barriers to mobility
- Diverse landscape across EU, e.g. high vs. low dependency
- Many types of mobility: Individual choice & right
  - Livelihood migrant
  - Career-oriented mobile professional ('expat')
  - 'Backpacker'
  - Commuter / weekend worker / temp
  - Undocumented worker
  - Return migrant
- Flows impossible to control in Internal Market
- 'Source' and 'destination' countries = unfixed categories
- Policy changes in MS with large health systems often have big impacts - not only a domestic issue
- Sending & receiving countries must strive for sustainability
- HWF data often incomplete / difficult to compare

EPHA

Awareness-raising / advocacy

- Briefing on WHO Global Code of Practice (Nov 2011)
- EPHA / EFN article 'The WHO Global Code: A Lever for Stimulating Better Health Workforce Planning?' re: implementation challenges (Jun 2012)
- Joint Statement with Medicus Mundi & HW4All re: Tallinn Declaration (Oct 2013)
- Civil Society Commitment, 3rd Global Forum on Human Resources for Health (Nov 2013)
- Action Plan for the EU Health Workforce
  - Partner in study on 'Review & Mapping of Continuous Professional Development and Lifelong Learning (Oct 2013 – 2014, led by CPME)
- Co-promoters of HW4All Call to Action 'A Health Worker for Everyone, Everywhere!'
  - Four op-ed articles on HW4All case studies
  - Two joint events in 2015
- Mobility debate at 2014 EPHA annual conference, 'Tectonic tensions'
- Impact of economic crisis / European Semester / HIAP / etc.
- Sustainability not 'resilience'

Report by Action for Global Health (January 2011)

- Compares how **development cooperation** and **domestic health policies** address the HRH crisis
- 5 EU countries & 2 case studies from developing world
- Analyses health workforce policy strengths & weaknesses
- Calls on EU-MS to take immediate action for full implementation of WHO Global Code & EU Programme for Action on the Critical Shortage of Health Workers
- **Recommendations for EU-MS** as donors & **at home**
  - ✓ National action plans with measurable goals, SMART & gender-sensitive indicators
  - ✓ Coherent, sustainable & gender-sensitive national HWF policies
  - ✓ National HWF information systems
  - ✓ Regulation of private recruitment agencies
  - ✓ Maintain levels of investment in health systems & adequate salaries
- Since then, increased intra-EU mobility (to DE, UK), different approaches to overseas recruitment

European Federation of Nurses Associations (EFN) Report 'Caring in Crisis – The Impact of the Financial Crisis on Nurses and Nursing' (Jan 2012)

Key messages:

✓Health & productivity go hand in hand

✓Investing in health can boost the economy: a way out of recession

✓If no action, nurses, women & health will lose out!

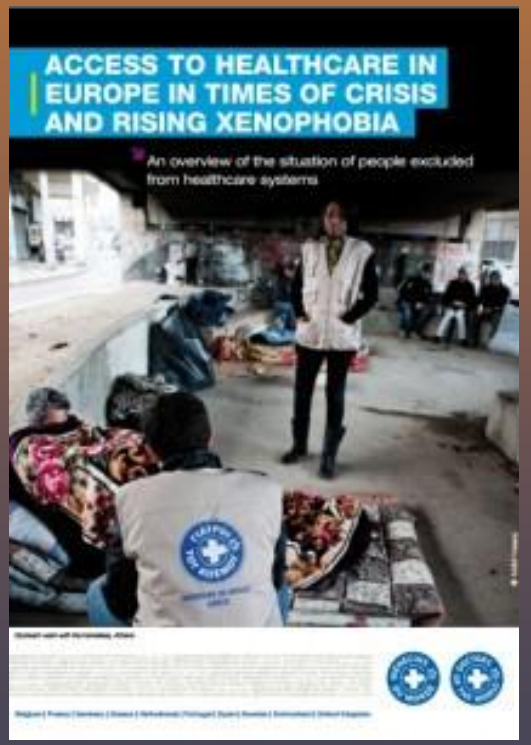
Urges EU to take notice so that nurses can maintain high standards they are trained to uphold

Harsh reality for nurses across 34 European countries since the onset of the economic crisis, e.g.

- Actual reduction in nursing posts across Europe due to budget cuts
- **Pay cuts & salary freezes, rising unemployment (50%+)**
- **Downgrading & substitution of work by unskilled workers (20%+)**
- **Growing concerns re: quality of care & patient safety (30%+)**: lack of equipment, reduced supplies, staff shortages, high turnover…
- Diminished recruitment & retention rates due to bad working conditions (workload, overtime, stress, lack of specialist skills, closures…) & non-replacement of staff (retirement, maternity, illness cover, etc.)
- Lack of career progression, new responsibilities and advanced roles in many countries; skill mismatches
- **Increased migration** (e.g., BG, RO, LIT, LV, GR, PT…)
- **Recruitment from abroad** at expense of domestic nurses (e.g., MT)
- Many nurses **leaving the profession**

- Observations on social health determinants & health status of people facing multiple vulnerability factors helped by MdM
- Comparative data from 14 cities in 7 EU countries (BE, DE, FR, EL, ES, NL, UK) in 2012
- **Cruel effects of economic crisis & austerity measures**
  - Out-of-pocket expenditures & user fees lead to delayed / abandoned treatments & medication
  - Reduction in health providers, lack of supplies & equipment
  - New restrictions limit vulnerable groups' access to healthcare
  - Increased administrative hurdles & lack of information
  - Children do not receive vaccinations due to high cost
  - Scapegoating of migrants & increase of violent acts
- **Changing user profile**
  - From most vulnerable (undocumented, etc.) to 'regular' people affected by the crisis (e.g. unemployed, pensioners) & destitute EU citizens

Médecins du Monde Report, 'Access to Healthcare in Europe in Times of Crisis & Rising Xenophobia' (Apr 2013)



Example: United Kingdom - Compiling accurate data to inform ethical recruitment

Background:

- UK Code on Ethical Cross-border Recruitment (2001 / 2004) - Includes monitoring of recruitment agency activity (positive list)
- Long-term experience of using bilateral cooperation agreements, esp. with non-EU countries
- European sources have become more important for NHS in recent years
- Comparatively easy job market for EU health workers to enter & leave

HW4All case study - RCN Labour Market Review: comprehensive effort to capture real stocks and flows of nursing workforce, domestic & internationally recruited

- Based on different data sources
- 'Frontline First' reports
- Tool for planning, policy development & advocacy

Public health concerns

THERE IS NO HEALTH (SYSTEM) WITHOUT HEALTH WORKERS!

- The challenges of demographic changes & associated disease burden cannot be met across EU
- Unbalanced mobility will amplify inequalities within & between EU-MS
  - Underfunding coupled with shortages, low salaries, bad working conditions, attrition accelerate internal & international migration 'push'
  - Universal access healthcare is further threatened, esp. in poor / rural / peripheral communities
  - Lack of medical specialists, doctors, nurses & other health workers negatively impacts on older people, disease-specific needs, ethnic minorities, etc.
  - Further closures of facilities, programmes and projects
- Patient safety & quality of care are at risk
- Economic crisis: Health impact assessments? Patient outcomes?

Public health concerns

- Solidarity with MS struggling under austerity & experiencing large inflows of migrants
- Threats of communicable diseases & AMR? Who will implement 'EU prevention culture'?
- Migrants' rights more difficult to protect as reliance becomes 'institutionalised'
  - Danger of 'social dumping' & alienation of domestic workforces
  - Affected MS will only be able close gaps by recruiting themselves from international (non-EU) sources
  - Recruitment agencies may expand their activities
- Expansion of private at expense of public healthcare, growth of informal employment
- Difficult to implement new care models & technologies: need to expand skills & competences
- Europe 2020 strategy of 'smart, sustainable & inclusive growth'? Contradiction between EU macro-economic demands & encouragement to improvement access & equity at the same time
- Vicious circle: If no health workers / affordable healthcare available, patients will be leaving, too

Health workforce

Policy options & questions

- Planning & educating for self-sustainability
- Circular migration (e.g. triple win approach)
- Bilateral / multilateral agreements
- Managed migration systems leading to permanent residence or citizenship status
- Revision of EU Blue Card Scheme
- Twinning, exchanges, internships
- Regional cross-border collaboration
- Temporary migration
- (…)

- What are the reasons for shortages & international recruitment?
- Does data accurately capture real flows? What information gaps are there?
- Can gaps be filled at national / regional level? Are they long or short term?
- How can planning and investments avoid future shortages?
- What are migrants‘ aspirations? Do employers respect their rights?
- What if migrants‘ circumstances change?

Health workforce

Some questions for panel discussions…

- What are the main challenges and opportunities for achieving sustainable health workforces?
- What policies are available at national & regional level to prevent disproportionate outmigration?
- What role for the EU beyond the Action Plan for the EU Health Workforce? How can EU Cohesion Policy support countries of origin to retain the health workers they have educated & trained (e.g. through improved working conditions & opportunities)?
- Who should be the main stakeholders for ensuring equitable distribution of health workers?
- How to achieve better policy coherence between health, social policy, development, education, employment, mobility / migration, etc.?
- What can politicians do to help raise awareness of the WHO Global Code and HW4All Call to Action, both at the EP and at national / local level?

Thank you for your attention!

Sascha Marschang
Policy Manager for Health Systems
European Public Health Alliance (EPHA)

Rue de Trèves 49 – 51, 2nd floor
BE - 1040 Brussels
+32 (0) 2 233 3883
s.marschang@epha.org
www.epha.org

epha
european public health alliance

Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015

12h30 – 15h30

European Parliament
Altiero Spinelli

A3G-2

HealthWorkers 4all

MOBILITY OF HEALTH PROFESSIONALS IN THE EU – ETHICAL RECRUITMENT AND POLICY COHERENCE

Tuesday 5th May 2015 | 12h30 – 15h30
European Parliament | Altiero Spinelli | A3G-2
Brussels, Belgium

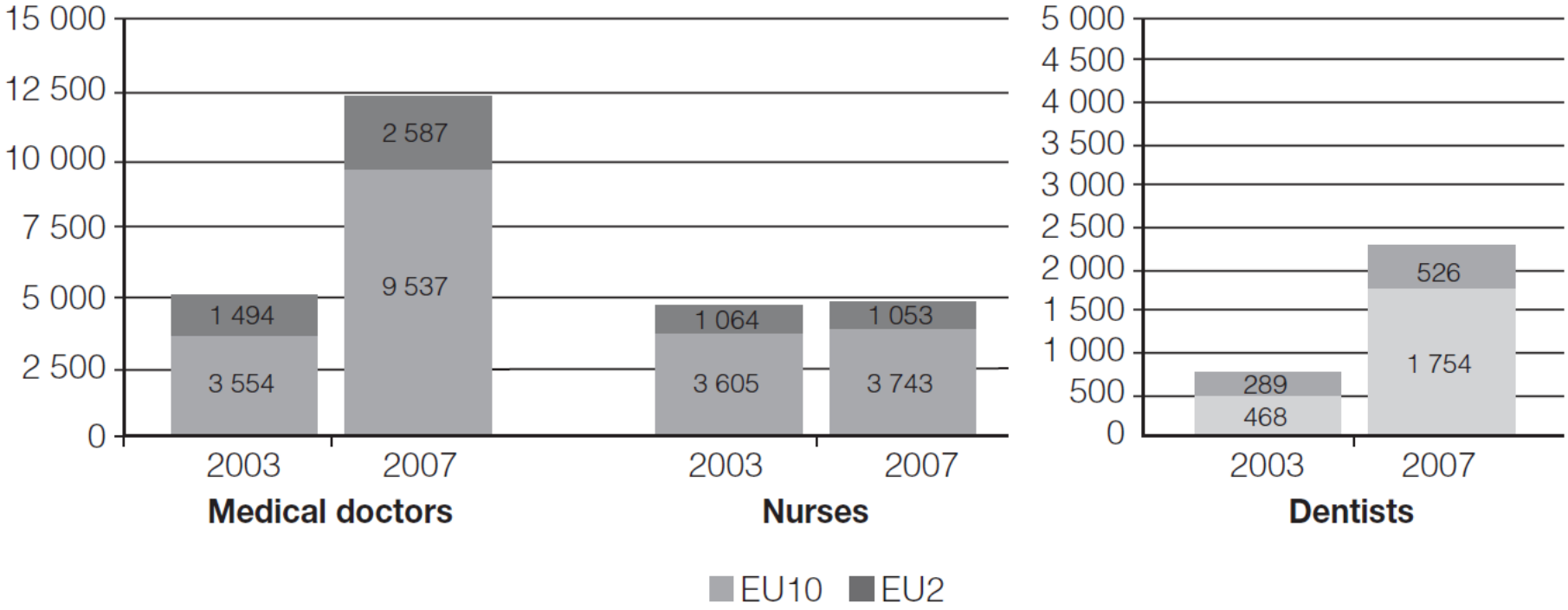
EQUITABLE DISTRIBUTION OF HEALTH WORKERS WITHIN THE EU

Remco van de Pas

Economic crisis, austerity and workforce impact

- European Semester & health sector reforms
- Workforce mobility from southern Europe
- Health professionals from EU accession countries
- Growing health inequalities within and between MS
- Recruitment from outside the EU continues
- Health budget cuts, user fees, salary freezes
- Unemployment of skilled staff, increasing workload
- Fiscal space and flexibility for retention of staff ?
- Shortage of 1 million health workers (2020) ≠ poor working conditions, salaries and career prospects

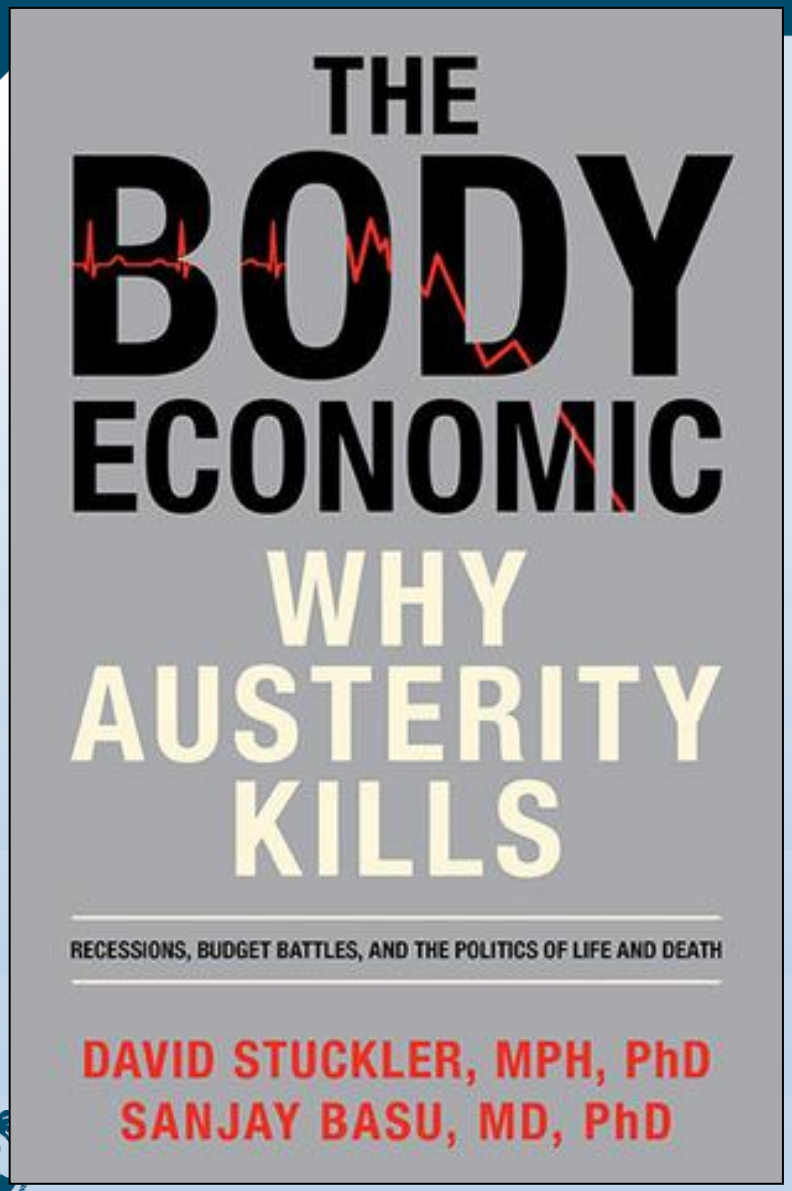
Fig. 4.2 *Stock of foreign-national/trained health professionals from the 2004/2007 EU accession countries in selected EU15 countries in 2003 and 2007 (see Annex 4.2 on data limitations)*



Source: See Annex 4.3.

Notes: EU10: Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia. EU2: Bulgaria and Romania.

Health professional mobility in a changing Europe (EU observatory on health systems and policies, 2014)



"Investment in intensive programmes to help people return to work; Active Labour Market Programmes reduce depression and suicides"

" The fiscal multiplier – the economic bang- for spending on health care, education, and social protection is many times greater then for money ploughed into, e.g. bank bailouts or defense spending"

(Stuckler, 2013)

“ A European Social Protection mechanism should be developed”

(James K. Galbraith, 2015)

http://www.etui.org/Events/Europe-s-dilemma-austerity-revisited-or-a-new-path-for-sustainable-growth

Reversing the trend?

- Without losing the benefits of labour mobility
- Improving data availability and analysis
- Coherence fiscal space and public investments
- Role European cohesion policy and structural funds
- Actors to be involved at national and EU level
- The role of the European Parliament
- Principles Global Code of Practice relevant for EU
- Beyond the Action plan for the EU workforce
- Requirements for investment in health workforce

Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015

12h30 – 15h30

European Parliament
Altiero Spinelli

A3G-2

Joint Action Health Workforce Planning and Forecasting

Report on the activity: applicability of WHO Code on international recruitment of health personnel in the EU

RÉKA KOVÁCS WP4
Semmelweis University, Hungary
Ministry of Human Capacities, Hungary

EU Joint Action on Health Workforce Planning and Forecasting
European Parliament
Brussels, 5th May 2015

Funded by the Health Programme of the European Union

Joint Action activities on mobility and migration

Work Package 4 on data – mobility activity

- will explore and summarize the current knowledge on HWF **mobility data situation (gaps)**

- **examines** existing HWF mobility data relevant **recommendations,** existing EU and international tools.

- examines which **mobility indicator(s)** could be suggested into international data collection.

WHO Code activity

- to initiate a discussion on the applicability of the WHO Global Code of Practice on the International Recruitment of Health Personnel

within a **European context**

including the mapping of best practices.„

JA deliverables contribute to the implementation of **Articles 6, 7 & 9**

WHO Code report

- JA Milestone - **report of the discussions**

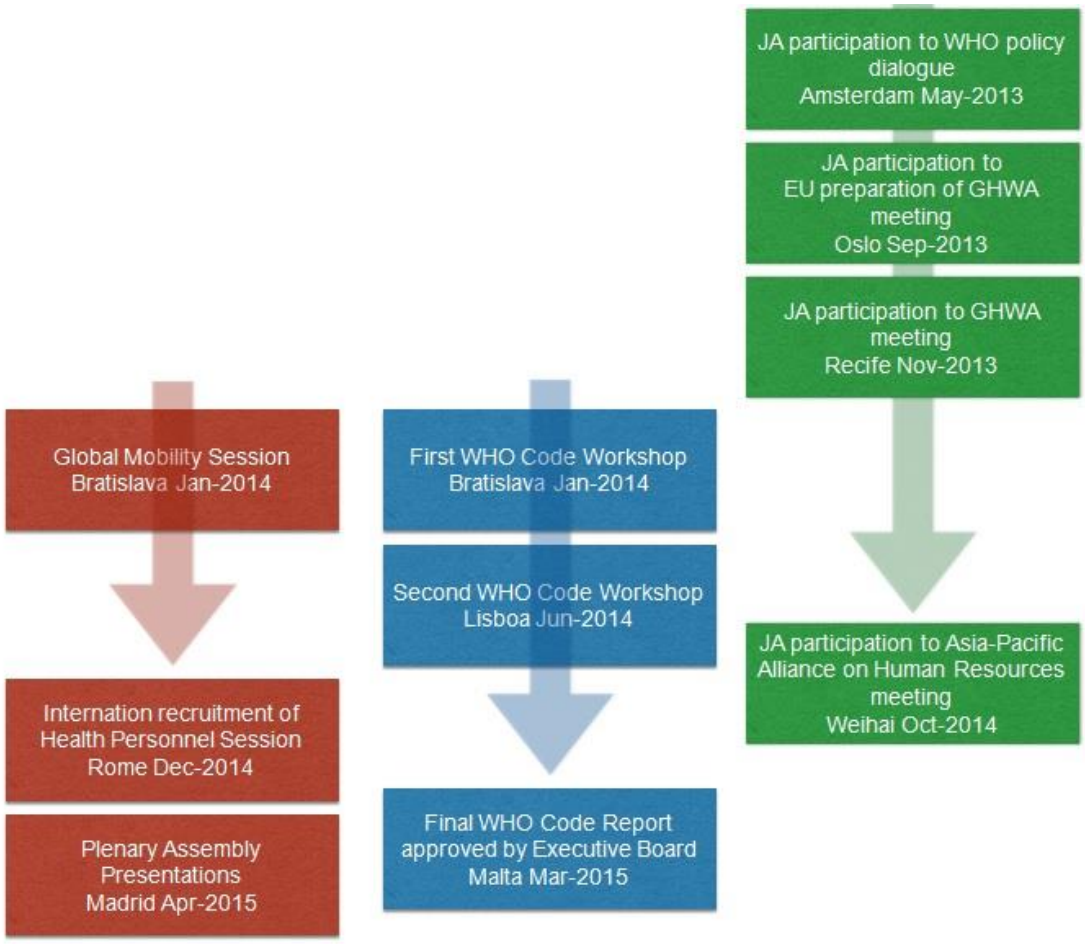
The report gives food for thoughts for WP7 activities:

- policy recommendations
- circular mobility

Joint Action Health Workforce Planning and Forecasting

Funded by the Health Programme of the European Union

Wider JA context



Funded by the Health Programme of the European Union

Working method

*„Discussion on the applicability of the WHO Code including the identification of best practices will be initiated **through workshops** and meetings taking also into account the measures taken with regard to implementation."*

***Bratislava** workshop – 30th January 2014*

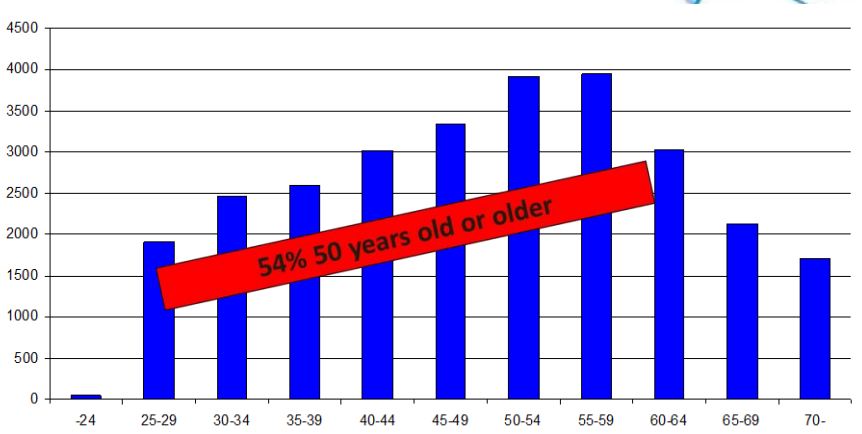
***Lisbon** workshop – 16th June 2014*

The applicability of the Code's principles within the EU - context

- ✓ **Implementation of the Code** in relation to the non-EU countries is a **priority**
- ✓ The European Union is an area of **free movement** of persons, however **equal access to health care** for all EU citizens also have to be ensured (Council Conclusions adopted on this with unanimity)
- ✓ **Since 2004 13 countries joined** the EU resulting in **distortions in the availability** of **health professionals** in adequate number in some countries or regions
- ✓ The question arises, whether the **WHO Code's principles can be applied** in such circumstances, and how? How good **implementation practices** can be applied?

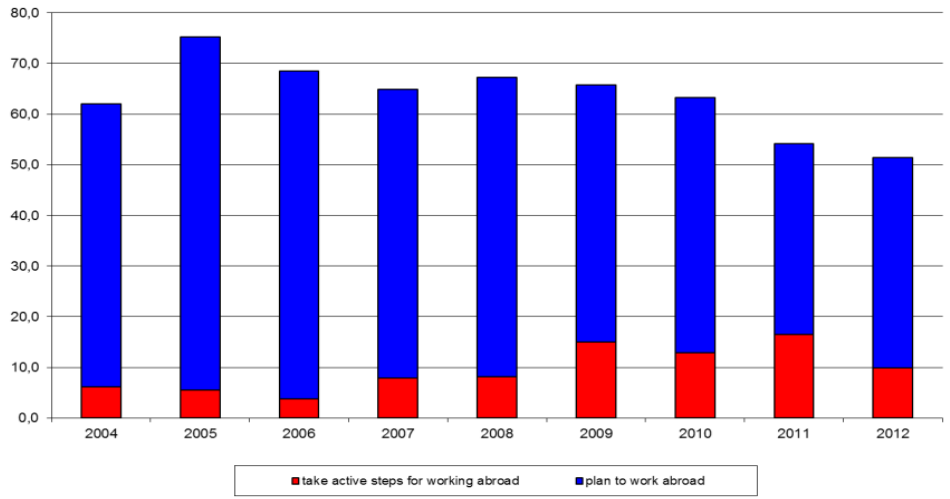
A country example - Hungary

age distribution	2004	2005	2006	2007	2008	2009	2010	2011
20-29	52	80	77	92	121	155	364	413
30-39	**243**	**263**	**228**	**229**	**312**	**360**	**431**	**466**
40-49	149	171	153	172	182	245	212	200
50-59	53	81	53	84	89	111	91	109
60-69	7	9	9	13	26	16	13	12
Total	**504**	**604**	**520**	**590**	**730**	**887**	**1111**	**1200**

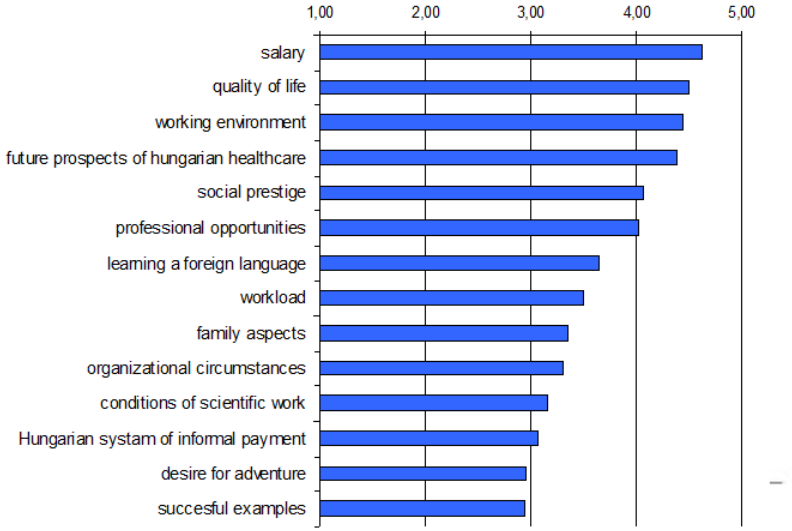


Age distribution of Hungarian active medical doctors

Age distribution of medical doctors, who applied for diploma certification - 2011 *(Office of Health*



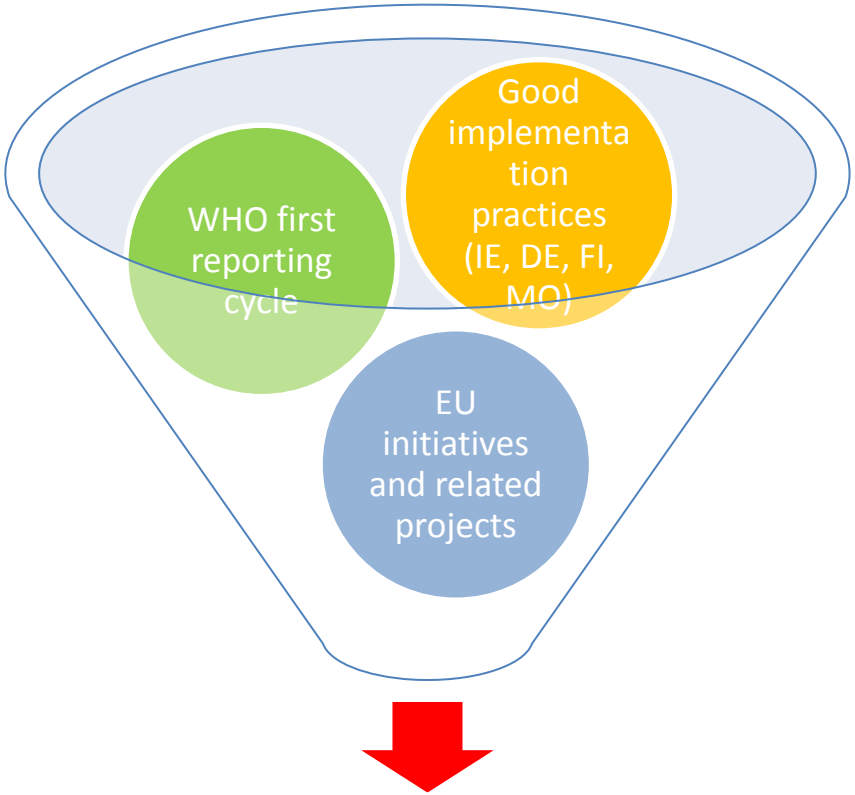
Migration potential *(Resident Survey, SU HSMTC, Hungary)*



Motivations to go *(Resident Survey, SU HSMTC, Hungary)*
(2010 residents, n= 294, Lickert scales with 5 grades, 5 = decisive influence, 1 = no influence at all)

Joint Action Health Workforce Planning and Forecasting
The Health Programme of the European Union

The knowledge base of the activity



12 relevant issues chosen, statements formulated and discussed

Implementation practices & WHO Code articles

	Number of the WHO Code Article and the focus point of the Article*							
Article	4	4	5 & 10	5	5	6	7 & 9	8
	Employer & State recognition of the need for ethical recruitment	Implementation of fair treatment and encouraging education	Collaboration between countries with mutual benefits	Developing evidence based HWF planning and taking measures for monitoring	Enhancing Education and building on creative curricula	Improve data collection, evidence based building and strengthening HWF research	Exchange information at Local & Global level	Promote the code and implement in local laws
Ireland	X	X	X	X	X	X	X	X
Germany	X	X	X		X		X	X
Moldova	X		X				X	X
Finland	X		X	X			X	X

* Please note that this grouping is based only on examples introduced during the activity

Issues chosen and connections to knowledge base

Issues identified specifically for EU context:

- EU level Code – *„do we need an own Code?"*
- EU level „best" practice book – *„shall we collect country examples?"*
- automatic data exchange between MSs – *„it would be useful, but feasible?"*
- intention to leave – *„behind free movement individuals motivation counts best?"*

Issues identified in country practices:

- integration of the migrant (DE, FI,IE,MO – equal treatment, training (language also)
- solutions of bilateral agreements (MO,DE,IE)
  - training cooperation
  - circular mobility
- recruitment agencies (DE – regulation on not recruitment from WHO-list countries)
- compensation (DE, – triple win idea,source country has to benefit as well, but how?)
- retention policies (IE – training and retaining, DE – fair wages, rec.of qualifications)

General issues to enhance implementation

- awareness-raising
- engagement of stakeholders

Funded by the Health Programme of the European Union

General conclusions

- ✓ The main result of EU-context discussion: **12 statement** containing often concrete **recommendations** - on topics identified as having relevance in the first round, and being formulated and to a certain extent **evaluated** during the second round.
- ✓ **Joint Action contribution to sharing knowledge** and building a room for **discussion** between various type of stakeholders is of very **high value**
- ✓ The **unfinished agenda** of the applicability of the WHO Code for EU is undoubtedly a **major topic for future networking**

Conclusions – most supported statements 1.

The principles of the WHO Code are relevant also within the EU, in the situation of free movement. However, some tools developed as part of the implementation of the WHO Code cannot be applied, and other solutions have to be found.

Retention measures seem to be the most feasible and effective way of keeping health workforce within the free movement conte… Creating fair, equ… working conditi… …he source cou… …cessary. Rete… …s can be enh… …European level …seminating best …tices and sharing case studies.

Retention policies – 23, 0

Free movement does not make it possible to set up EU systems of financ… compensation, so… have to be find… …nal level (loans… …rsement of tr… …sts when …, etc. could be …es). Ethical solutions …be supported by better use of cohesion policies and other funds.

Compensation – 18, 0

Joint Action Health Workforce Planning and Forecasting

Funded by the Health Programme of the European Union

Conclusions – most supported statements 2.

Circular migration has been identified as a tool which can also be effective wi… the EU context. Insti… level bilateral c… seems to… most feasib… …ed to the … of different …profiles of health professionals.

Circular migration – 14, 0

Employment of foreign health workforce also from other EU countries has to b… based also on ethic… principles, avoid… discrimination … …ering jobs. Dire… …5/36/EC (amen… …EU/2013/55) … be properly …mented and no extra …arriers introduced (e.g. disproportionate fees for recognition).

Employment of international HWF – 9, 0

Data exchange on mobi… should be as autom… possible, espe… …ta from receivi… …ties on the rec… …of foreign wor… …their system is …d. Use of existing …nels for data provision should be investigated.

Data and information – 7, 0

Joint Action Health Workforce Planning and Forecasting

Funded by the Health Programme of the European Union

What's next?

- ✓ Report has been **adopted by the JA Executive Board** on the 5th of March 2015
- ✓ The report will be **disseminated** to all MSs and EU Stakeholders in order to be channelled into the discussion around WHO Code of Practice
- ✓ The report will feed **deliverable D042 on mobility** and **WP7 policy recommendations** and **circular mobility** report
- ✓ The **WHO Advisory Group** working on the review of the Code' effectiveness and relevance will hopefully take on board some ideas coming from this activity, where **EU is represented by IE and HU**

Joint Action Conference on Mobility of Health Workforce in EU

18th & 19th of February
(Provisional date)

Bulgaria (Varna)

Joint Action Health Workforce Planning and Forecasting

Funded by the Health Programme of the European Union

Thank you for your kind attention!

Questions?

Funded by the Health Programme of the European Union

Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015

12h30 – 15h30

European Parliament
Altiero Spinelli

A3G-2

Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

European Parliament, Brussels

5 May 2015

Panel 2: EU Implementation of WHO Code of Practice: Sustainability and Rights of Internationally Mobile Health Workers

Experiences, Requests and Support from Germany and from a Trade Union Perspective

Gerd Dielmann

Vereinigte Dienstleistungsgewerkschaft (ver.di), Germany

EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment

- Negotiated and agreed with HOSPEEM in 2008
  - Document (13 languages): http://www.epsu.org/a/3715
  - Report on use (2012): http://www.epsu.org/a/8893
- **Main principles**
  - Starting point: Request for and provision of medical care of high quality that is accessible to all citizens in the EU
  - Policy: Effective planning and human resources policies at local, regional and national levels to meet the needs of safe staffing and the right mix of qualifications in the health sector
  - Different workplace-related aspects: 1) Fair and transparent contracting, proper training, 2) equal treatment and non-discrimination with regard to employment conditions and coverage by social protection, 3) the promotion of ethical recruitment practices and the use of agencies with demonstrated good practice and also 4) the right to organise in trade unions

Challenges to ethical recruitment and induction at the workplace

- Distinction between **different groups of migrant health (and elderly) care workers** – Example of Germany
  - (Female) nursing/personal care and household workers (mostly from Central Eastern Europe)
  - Crisis-induced migration from Southern Europe (E, GR, P)
  - Nurses and elderly carers from developing countries based on bilateral government agreements (PHI, PRC, VTN)
  - Lack of doctors
- **Conclusions and recommendations from a TU view (I)**
  - MS + EU: Creation of economic conditions enabling all EU MS to provide for quality health care for their population with systems pursuing public policy & general interest objectives
  - MS + EU: Governments, public authorities and the EU institutions to cooperate with the social partners on policies, strategies and financial support for recruitment & retention

TU support to ethical recruitment and induction at the workplace

- In a Europe of increased labour mobility, it becomes more **important to safeguard the rights of internationally mobile workers** and **to protect them from indecent working and pay conditions, discriminations or exploitation**
- **Conclusions and recommendations from a TU view (II)**

=> What can trade unions do to support migrant health workers?

  - Bilateral cooperation/agreements and mutual support (membership; access to TU services) between EPSU members to mitigate the negative effects of "brain drain" and "care drain"
  - Increase own efforts to improve training for shop stewards or representatives of staff in work councils and their awareness on questions and challenges related to ethical recruitment practices, to the employment, contractual issues, working and pay conditions as well as to the induction of migration workers
  - Support the provision of counselling of migrant workers in case of problems with employers when it comes to pay, working time and contractual arrangements

Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015

12h30 – 15h30

European Parliament
Altiero Spinelli

A3G-2

SANITAS FEDERATION FROM ROMANIA

- supports the idea of a sustainable workforce in health, in every European country

- advocates freedom of movement and cross-border mobility of health professionals

5 May 2015, Brussels, Belgium

WHY?

EUROPEAN UNION: European Commission estimates a potential shortfall of around 1 million healthcare workers by 2020

ROMANIA

Important numerical imbalance between Romania and EU average, meaning that Romania has a very low coverage for all medical staff, compared to most countries in EU

Uneven distribution of healthcare workers within the country - there are **serious imbalances between regions and areas of residence**.

Imbalances between medical specialties within the country.

High mobility of healthcare workers (the current trend of emigration and immigration is poorly analyzed).

Current information systems provide **limited and poor information about healthcare workers** .

There are **no clear public policies (on short, medium and long term) meant to improve the situation**.

Out of the 1 million shortfall of healthcare workers in 2020, we are aware that in Romania the situation can be a lot worse

Doctors migration

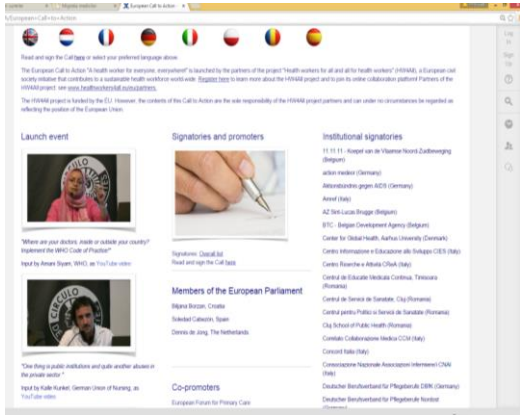
- 2007-2013 – 20% left Romania
- Migration continued in 2014 – in total, 2450 doctors asked for the so called current professional certificates (which are required when leaving to work abroad) from the Medical College of Romania.

Nurses migration

- 2007-2013 – 28% left Romania
- The situations is similar or even more - 3650 applications

What can we all do?

- **WHO Global Code of Practice** establishes voluntary principles and practices for
  - **ethical international recruitment** and
  - **strengthening health systems**, taking into account the **rights, obligations and expectations** of source and destination countries, and migrating health personnel
  - It can be a **good guide for practical solutions in each country**
- **Also, Europe seeks solution through projects like Health Workers for All**



- We need policy responses to healthcare workers mobility

- SANITAS decided to join forces with the Romanian partner of the project to help identify them

What did we do together with CPSS - the Romanian partner in the Project "Health Workers for All"?

- Bucharest, November 27, 2014 - debate meant to analyze the **healthcare workers** situation and the potential solutions
- Direct consultations to define the areas of interventions
- CPSS prepared a questionnaire meant to help us verify the proposed interventions
- Research done by SANITAS and the 42 SANITAS subsidiaries in hospitals

WHO Global Code of Practice – a useful guide for practical measures at European level

Article 5 – Health workforce development and health systems sustainability

5.1 (...)the health systems of both source and destination countries should derive benefits from the international migration of health personnel (...)

5.2 Member States should use this Code to promote international cooperation and coordination on international recruitment of health personnel.

Such arrangements should take into account the needs of developing countries and countries with economies in transition through the adoption of appropriate measures.

- *provision of effective and appropriate technical assistance,*
- *support for health personnel retention, social and professional recognition of health personnel,*
- *support for training in source countries that is appropriate*
- *support for capacity building in the development of appropriate regulatory frameworks,*
- *access to specialized training, technology and skills transfers,*
- *and the support of return migration, whether temporary or permanent.*

What do we intend to do?

An expanded partnership of "source" countries, which can generate viable solutions to ensure the sustainability of the health workforce in each Member State of the European Union.

This partnership should militate for:

- First step - moral reparation: recognition (by European Parliament and the European Commission) and turning the issue into a priority. We support it because the shortage of 1 million health workers from Europe can translate into a deficit twice as high in poor countries than in the richer ones.

- Second – to find remedies that can reduce the current inequities.

We can identify, for example, **EU funds dedicated to "source" countries** to finance:

- the medical staff register of mobility / information system,
- continuing medical education and training,
- better infrastructure in education (undergraduate and postgraduate studies),
- increased professional qualifications,
- incentives etc.

WHO Global Code of Practice – a useful guide for practical measures at national level

6.1 Member States should recognize that the formulation of effective policies and plans on the health workforce requires a sound evidence base.

6.2 Taking into account characteristics of national health systems, Member States are encouraged to establish or strengthen and maintain, as appropriate, health personnel information systems, including health personnel migration, and its impact on health systems. Member States are encouraged to collect, analyse and translate data into effective health workforce policies and planning.

What do we intend to do?

- **Current situation in RO**: Although various institutions /organizations (OAMGMAMR, CMR, universities and colleges, SANITAS etc.) can provide some data, these databases are not interconnected (and sometimes are incomplete, referring only to the production/inflows of health workers into the system, or their "intention" to migrate, but not the action in itself) and do not provide sufficient details for a correct and complete analysis of the phenomenon and cannot therefore offer a real basis on which sustainable public policies can be built.

- **Proposal**: Creating a coherent information system (national registry of human resources in the health sector), which can link the existing databases of different organizations / institutions, measure the annual in-out phenomenon and provide data whenever necessary

- There are different financing sources, including structural funds (eg information and communication technology or the development of central government) that can be used to create this register.

WHO Global Code of Practice – a useful guide for practical measures at national level

5.4 (...)Member States should take effective measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country, including areas of greatest need, and is built upon an evidence-based health workforce plan.

5.5 Member States should consider strengthening educational institutions to scale up the training of health personnel and developing innovative curricula to address current health needs.

5.6 Member States should consider adopting and implementing effective measures aimed at strengthening health systems, continuous monitoring of the health labour market, and coordination among all stakeholders in order to develop and retain a sustainable health workforce responsive to their population's health needs. Member States should adopt a multisectoral approach to addressing these issues in national health and development policies.

What do we intend to do?

Romania must admit, through a Health Pact, that the lack of human resources is a critical and urgent health problem for its population, must develop a long-term strategy (2025) accepted by all political parties and must then take the necessary measures to control the problem.

These measures may include:

1. identifying ways to remove medical personnel from the civil servants payment system and to pay them based on performance;
2. allocating the necessary budget;
3. providing public hospital managers with the opportunity to identify and implement local solutions for staff remuneration and motivation;
4. ensuring proper training for nurses on specialities;
5. regulating the independent practice for nurses to solve the primary problem in the most deprived areas which suffer most from the lack of medical staff,
6. implementing contracts for medical residents in which they have the obligation to maintain their position in the public system.

WHO Global Code of Practice – a useful guide for practical measures at national level

4.5 Member States should ensure that, subject to applicable laws, including relevant international legal instruments to which they are a party, migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work.

4.6 Member States and other stakeholders should take measures to ensure that

- *migrant health personnel enjoy opportunities and incentives to strengthen their professional education, qualifications and career progression, on the basis of equal treatment with the domestically trained health workforce subject to applicable laws.*
- *All migrant health personnel should be offered appropriate induction and orientation programmes that enable them to operate safely and effectively within the health system of the destination country.*

What do we intend to do?

Current situation in RO: in some cases, migrating health professionals do not enjoy the same working conditions (including wages) in the "destination" countries, as the local medical personnel.

Proposal: Autorization conditions for the recruitment companies selecting medical personnel so that to limit abuses and a code of ethics for these companies should be promoted alongside a contract with standard clauses.

A Governmental Decision could regulate the authorization of these companies and could force them to notify the professional health bodies about the personnel leaving based on a contract.

Professional health organizations - College of Physicians and the Order of Nurses - should advocate that those who leave are treated on equal terms in the destination countries. They can establish bilateral relations with other European Union countries to see how many doctors and nurses are registered with their counterparts in other European countries and promote common principles which ensure that the working conditions in the destination countries are equal for the local staff and the migrating personnel.

The following actions we are proposing

1. Continuing bilateral consultations with representatives of Romanian professional organizations, academia etc.

2. Meeting with representatives of the Parliament, Government and all stakeholders to discuss the measures

3. Sending a position paper to the Romanian MEPs

4. Promoting Romania's position on the project platform and at the partnership level

5. Further actions based on the results of the consultations

Thank you

Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015

12h30 – 15h30

European Parliament
Altiero Spinelli

A3G-2