A health worker for everyone, everywhere!

A Call to Action for European decision-makers, towards strong health workforces and sustainable health systems around the world

The world is short of 7.2 million health workers, and Europe is part of the problem. The health worker crisis is one of the biggest threats to global health, and it is having a particularly detrimental impact on the realization of the right to health in a number of medium and low-income countries.
Some European countries recruit internationally-trained health personnel, a practice which is unsustainable, increases inequality, and further weakens health systems inside and outside Europe.

Europe can be part of the solution by implementing globally agreed upon practices in the recruitment of health workers. In 2010, the international community and the World Health Organization (WHO) framed a roadmap for developing the global health workforce. Called the WHO Global Code of Practice on the International Recruitment of Health Personnel (the Code), it addresses the root causes of migration and brain drain, including health workers' education, retention, working conditions and remuneration, financing and rights.
Despite the Code, political consensus on the sustainable management of health workforces and of health workers' migration at regional and global level is still far from being a reality. Powerful - but sometimes short-sighted - interests are conflicting; in many countries austerity measures restrict health expenditure and limit the implementation of policy options.

The European Union and its Member States must take a firm stance in this debate. The health workforce is a fundamental element of a social and welfare model which underpins European identity and must be upheld at global level. The Code should be used as a framework to regulate the whole regional approach to human resources for health and to strengthen health systems within Europe and globally.

We herewith call on European and national level decision-makers to show leadership on this issue, and to apply the policy coherence approach to sectoral policies presently in place in order to develop sustainable health workforces both within and outside Europe. Recommendations contained in this Call to Action are addressed to EU institutions and Member States, as a contribution in this direction.

Plan long-term and train self-sustainable health workforces

Planning, forecasting and providing for domestic health workforces without resorting to international recruitment is key in the development of sustainable health workforces globally. It is also a fundamental step towards reducing brain drain. (CLICK HERE TO READ MORE)
We call on the EU and its Member States to:

- **develop and implement health workforce planning and forecasting processes.** This should involve multiple sectors, institutions and stakeholders - such as

professional associations and training institutions, patients and civil society representatives – and connect with decision making in the health and education systems;

- **develop and implement comprehensive national health sector and health workforce strategies**. This should link planning to a long term goal of non-reliance on internationally trained health personnel, through high quality training programmes focussed on goal-oriented rather than on disease-oriented care;
- **strengthen research and data collection on stock and flows of human resources for health** at a national level. To improve collaboration and data exchange at a bilateral, regional and global level, the EU Joint Action on Health Workforce Planning and Forecasting can be taken as a reference for collaboration platforms, and should receive adequate follow up.

Invest in the health workforce

Public expenditure in the health sector is a necessary investment. It can support health workforce development and has a positive impact on the health of populations, which are to be considereed as a global public good. It also tends to place countries in a stronger position in dealing with the impact of the current economic crisis: investments in health - and social protection - can in fact accelerate economic recovery. (CLICK HERE TO READ MORE)

We call on the EU and its Member States to:

- **protect cost-effective public health services - particularly preventive services and primary care - from budget cuts**; public health systems and health workforces must become an area of increased investment for European countries which need to recover from economic downturns and recession;
- **implement mechanisms for health impact assessments of fiscal policies**. Health Ministers should become an accountable part of decisions related to public expenditure, both in national and in EU level negotiations;
- **take the financing of public investment - and of health and social expenditure in particular - out of the national base for the measurement of deficit**: this will ensure that the implementation of recent European fiscal policies, including Six Pack and Fiscal Compact, will not reduce productive social expenditure beyond any sensible level;
- **include investing in the health workforce in the "Reflection process on modern, responsive and sustainable health systems**", based on the “investing in health” approach put forward by the European Commission.

Respect the rights of (migrant) health workers

Non-European trained health workers have every right to develop professionally and build long term careers no matter where they live. Their presence benefits European health systems, and their rights and professional competences must be valued.
(CLICK HERE TO READ MORE)
We call on the EU and its Member States to:

- **grant equal treatment and equal rights to migrant health workers** - including to workers with Intra-Corporate Transfers Permits - in both recruitment and employment, and ensure the full portability of social security and pension rights.

- **make recruiters the legal duty bearers** for fully informing migrants about their rights;
- **integrate the voices of health care workers in policy making at EU and national levels.** This must include migrant health care workers, their representative bodies and labour unions;
- **make the EU Global Approach to Migration and Mobility (GAMM) - and, more broadly, the entire *New Agenda for Home Affairs* currently under discussion - development-sensitive**. In the case of both highly skilled and low skilled workers the EU should ensure that existing and future mobility partnerships, Common agendas on migration and mobility, circular migration schemes, the Blue Card scheme and other relevant directives and tools are all coherent with the Code. They should allow facilitated re-entry rights to the EU and contain tangible incentives for health workers to resettle in countries of origin - after their experience in the EU - under good conditions, including the portability of social security and pension rights acquired in the EU.

Think and act coherently at national, regional and global level

Policy coherence with development objectives is a legal obligation enshrined in the Lisbon Treaty. Intersections discussed here between migration, health, development co-operation, fiscal and employment policies must be consistently addressed, while the impact of policy incoherencies needs to be redressed. (CLICK HERE TO READ MORE)

We call on the EU and its Member States to:

- **design and adopt a policy coherence framework for developing sustainable health workforces within and outside Europe**. This must align EU public health policies with development objectives, include the migration dimension and contain clear political goals and concrete actions.
- **develop implementation mechanisms for this framework**. These should be inter-institutional and cross-sectoral and be framed within larger implementation mechanisms for Policy Coherence for Development under discussion at EU level: among them, ex ante health impact assessments of policies, an arbitration system operated by the President of the Commission, policy monitoring and ex post assessments, multi-stakeholder dialogues including the level of EU delegations, a complaints mechanism open to non-EU actors and a clear policy review process;
- **reverse the current trend to contain or reduce development aid for health**. EU and Member States should ensure that 50% of aid for health is directed towards strengthening the health system, with 25% impacting directly on the training and retention of the health workforce, as recommended by WHO, by channelling funds through national health plans and related health workforce strategies;
- **develop a political dialogue with source countries of migration.** This should explore the loss of investment and skills, versus the benefit accrued to destination countries, and aim to redress this loss;
- **foster research and policy elaboration on viable compensation mechanisms**. This should clarify the actors to be compensated; the nature of the loss; the logic and methods of calculating how much is due; and the channels for administrating compensation funds;

- **fully exploit the potential of European Structural Funds** to re-orient health and social systems towards equity and improve the distribution of health workers within the EU. This can be done through specific support to health workforce retention measures in European sending countries and exchanges of good practices between professionals in sending and host countries. At national level a long term strategic approach and intensive capacity building are needed to exploit this potential;
- **promote adherence to codes of conduct with a view to protecting public health systems.** This should include all development actors, including NGOs and multilateral initiatives, with a view to protect public health systems.

Play your part in Code implementation

European actors need to take a firm stand in the global health workforce debate, putting the quest for equity in health in all countries firmly at the centre. (CLICK HERE TO READ MORE)

We call on the EU and its Member States to:

- **endorse statements at the highest political level** - where not yet existing - orienting public sector leadership and stewardship towards equity in health;
- **widely disseminate and discuss the Code** and translate key elements of it into enforceable national and regional legislation, including the discouragement of active recruitment from countries with a critical shortage of health personnel and those where this might become an issue in the near future
- **develop and implement sound accountability mechanisms**. These should include stakeholder consultations at national and regional level and transparent reporting on Code implementation at the World Health Assembly, the European Parliament and national Parliaments.

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Plan long term and train self-sustainable health workforces

Planning, forecasting and providing for domestic health personnel without resorting to international recruitment is the key towards the development of sustainable health workforces globally, and a fundamental step to avoiding the brain drain. As planning and training for self-sustainability requires the mobilisation of significant resources and technical skills, it is, politically, not an easy path. Addressing the brain drain brings benefits to both source and destination countries. It avoids the risks of instability: flows of foreign-trained health workers, in fact, may be "volatile", as they may disappear when conditions in countries of origin change. In the last twenty years, Spain changed from being a sending country, to being a receiving one, to reverting to sending again. Similarly, brain drain from Eastern and Southern European towards Western European countries may be seen in some cases as a ‘replacement option’ for not recruiting non-EU health workers.

It is estimated that in Europe there will be a potential overall shortfall of around 1 million health care workers by 2020, rising up to 2 million if long-term care and ancillary professions are taken into account. Many European countries, however, still lack the tools to anticipate their health workforce needs: indicators, data and planning tools are

not always available or scarcely used. The "Action Plan for the EU Health Workforce" sets out actions to foster European cooperation at this level.
Beyond numbers, a discussion is needed over the role and contribution of health professions in delivering the much-needed skill mix and paradigm shift from treatment to prevention and from disease-orientation to goal-orientation, given the new challenges faced by European health systems.

Invest in the health workforce

In the context of the austerity packages implemented since 2009, public spending on health fell and cuts in many countries focused on health workforce salaries and incentives. Pressure to achieve short-term savings was apparently greater than the desire to attain long-term equity and efficiency. Austerity measures are altering the relationship between investments in health workforce development and health workforce mobility, which are at the heart of the Code: new wage imbalances between countries or within countries are being shaped and have the potential to increase health worker brain drain and the volatility of health workforce mobility.

Fiscal tightening may also affect the capacity for European Member States to educate and retain a self-sustainable health workforce, a vital requisition of the Code. This could lead to a large-scale increase in the global shortfall. In light of recent EU fiscal policies - including Six Pack and Fiscal Compact - which will compel almost all EU Member States to further reduce public expenditure, health systems and the health workforce will inevitably become central to discussions about public expenditure in Europe in the near future, as they account for so much public spending that they cannot be ignored. It all recalls too closely the structural adjustments imposed upon African countries in the Eighties, which led to the dismantling of existing health services in those countries.

Research demonstrates that counter-cyclical public expenditure tends to place countries in a stronger position not only in terms of health indicators of their population, but also in dealing with the impact of the economic crisis: investments in health - and social protection - can in fact accelerate economic recovery.[1]

Overall, the capacity of Europe and Member States to provide for sustainable health workforces in times of crisis is closely linked to the political issue of their capacity to claim fiscal space for health. As resources are scarce, this should go hand in hand with more progressive national taxation, financial transactions taxation, reduced defence budgets and the fight against capital flight and tax evasion.

Respect the rights of (migrant) health workers

In many countries the participation of foreign trained EU and non-EU health professionals in public employment recruitment is made difficult by discriminatory provisions and/or practices. Migrant health workers often work in the private sector, with temporary contracts, lower wages and less social protection than their colleagues. This is particularly valid for the grey labour market of home care, where large numbers of women are employed.

Foreign trained health workers have every right to develop professionally and build long term careers no matter where they live. It is to be recognised that their presence is of benefit to European health systems and a sort of "perverse subsidy" in the form of "prêt

[1] Reeves Aaron, Basu S., McKee M., Meissner C., Stuckler D., 2013, Does investment in the health sector promote or inhibit economic growth? Globalization & Health. 9:43. doi:10.1186/1744-8603-9-43, http://www.globalizationandhealth.com/content/9/1/43

à porter" skilled professionals with no training costs attached.

The complicated immigration system proposed in the European Global Approach to Migration and Mobility (GAMM) intends to open avenues for legal migration of professionals. It risks, however, on one hand creating a class of low skilled 'health guest workers' called in temporarily, but who can be sent home or become undocumented when no longer needed. On the other hand, schemes for highly skilled health workers - including the Blue Card - are often too restrictive in their requirements and contain no incentives to return to countries of origin under good conditions. Finally, evidence of successful circular migration schemes remains limited, particularly in terms of their impact on the right to health of the populations of countries of origin.

The discourse on the migration of health personnel needs to be closely tied to the one about decent work and the job profiles in health care in destination countries: deteriorating working conditions can lead (as in Germany for example) to high dropout rates and insufficient numbers of new recruits in nursing and care. This, in turn, is a pull factor for foreign-trained health workers and leads to chain migration flows.

Think and act coherently at national, regional and global level

How do we address global health inequalities caused by the migration of health workers from poor to rich countries?

Policy coherence with development objectives, including therefore with global health objectives, is a legal obligation enshrined in the Lisbon Treaty for the EU and its Member States. All the intersections discussed here between migration, health, development co-operation, fiscal and employment policies need to be consistently addressed. It is a matter of drawing attention to cases of injustice: back in 2006 research estimated, for example, that the money saved by the UK through the recruitment of Ghanaian health workers may have exceeded that given to Ghana in aid for health.[2] It is vital the EU and Member States are not giving with one hand while taking with the other.

Coherence must not be limited to government policies, but include all development actors. Action is needed to tackle the brain drain from the public to private sector, in which NGOs attracting health workers to their own programmes in low income countries may drain the best brains from public health facilities.

Beyond coherence, then, redress. The outsourcing of the costs of education and training of foreign-trained health workers to other EU and non-EU countries are to be seen as a negative externality from poor to rich countries. The costs of this externality should be addressed, not only through development aid, but also through compensation mechanisms supporting the education and health systems of non-EU source countries, and in the context of wider agreements with countries of origin of health personnel.

In the case of the EU - where free mobility of health workers is already a reality - high income countries must recognise their responsibilities. Compensation mechanisms for EU source countries are already at hand: EU Cohesion Policy, which shapes the programming and deployment of Structural Funds, can be strengthened as a tool to increase support for an equitable internal distribution of the health workforce.

[2] Mackintosh M, Mensah K, Henry, L and Rowson M (2006) *Aid, restitution and international fiscal redistribution in health care: implications of health professionals' migration*. Journal of International Development 18, 757-770.

Play your part in Code implementation

Political consensus on the sustainable management of health workforce migration at the global level is still far from being a reality. Powerful, - but sometimes short-sighted - interests are conflicting: countries that are expanding their health coverage (such as Ecuador and the US) or dealing with aging societies (such as Germany and the UK), are hunting globally for trained health workers, looking for a quick and cheap fix to emerging shortages. Other countries (the Philippines, or various African countries) perceive the remittances sent home by their health workers abroad as a crucial priority. This leads to the paradox that a Canadian province, with a nurse to population ratio of over 8/1000, affirms that it has a shortage (and look for nurses in the Philippines), while the Philippines, with a ratio of 1.7/1000, affirm they have a lot, and are therefore ready to "export" them to Canada.

In keeping with "The EU Role in Global Health", Europe and Member States need to take a firm stand in this debate, putting the quest for equity in health in both origin and receiving countries firmly at the centre.