



An overview of Code Implementation in EU countries

good practices and stakeholder collaboration

Linda Mans



Chisinau, Moldova, 17 June 2013





Wemos Foundation

Wemos contributes to changes aimed at making structural improvements in health. We advocate:

- ethical conduct,
- coherent policy and
- equal access to care.





Before WHO Code adoption

Wemos and other CSOs have been involved regarding issues of

- brain drain, fair recruitment, retention strategies, data sharing, and
- affirming the right to mobility and work,
- but also affirming the obligation for states to provide essential health care.





Overview presentation:

- After Code adoption: from 'advocacy' to 'collaboration and advocacy';
- Mobility of health workforce in Europe;
- Country examples: Belgium, the Netherlands and Romania;
- Project 'Health workers for all and all for health workers';
- Lessons learnt





After Code adoption

- Awareness raising on the Code;
- Translation of the Code;
- Multi-sectoral stakeholder consultations on sustainable health workforce and fair recruitment;
- Mobility of health workforce in Europe



World Health
Organization

The WHO Global **CODE of Practice**
on the International Recruitment
of Health Personnel



Challenges:

- National health systems are under pressure of budget cuts due to economic austerity measures





Constructive collaboration

- Member States
- National authorities
- Professional groups
- Labour unions
- NGOs
- WHO Europe
- Etc.





Belgium

- **Charter based upon Code** to support the development of human resources for health in partner countries;
- In Belgium raising awareness of public and private actors, to **reinforce collaboration with diaspora communities** and universities and to capitalise and share experiences.





The Netherlands

- In 2009 Wemos initiated **multi-sectoral Human Resources for Health (HRH) Alliance**;
- Aims: to stimulate development of covenants for diversifying and expanding the national health workforce and limit the recruitment of foreign health employees;
- **Round table discussions with ministries and Designated national authority** on Code implementation in 2010 and 2011;
- Dialogue, sharing **policy brief with actor mapping and recommendations**
- **Challenge:** budget cuts up to 40% on home care





Romania (1/2)

- Low number of physicians and nurses per capita (compared to other EU countries and health spending levels);
- In July 2011 law issued by Government to reduce 25% salary of people working in public institutions, incl. doctors and nurses;
- Early 2013 open letter of Romanian College of Physicians to Prime Minister about alarming low levels of qualified health professionals: from 55,000 medical doctors in 1990 to less than 40,000 in 2013;
- Especially in rural areas access to health care is affected.





Romania (2/2)

- Initiatives to **push HWF issue on political agenda** (like open letter);
- Center for Health Policies and Services has started to conduct **stakeholder dialogues** about developing a **sustainable HWF**, mobility of health workers and the ways in which they can be **retained** in the national health systems and particularly in **remote areas**, in line with Code.





**HealthWorkers
4all**

Consortium:



Germany: terre des hommes

Netherlands: Wemos Foundation

Memisa Belgium

UK: Health Poverty Action

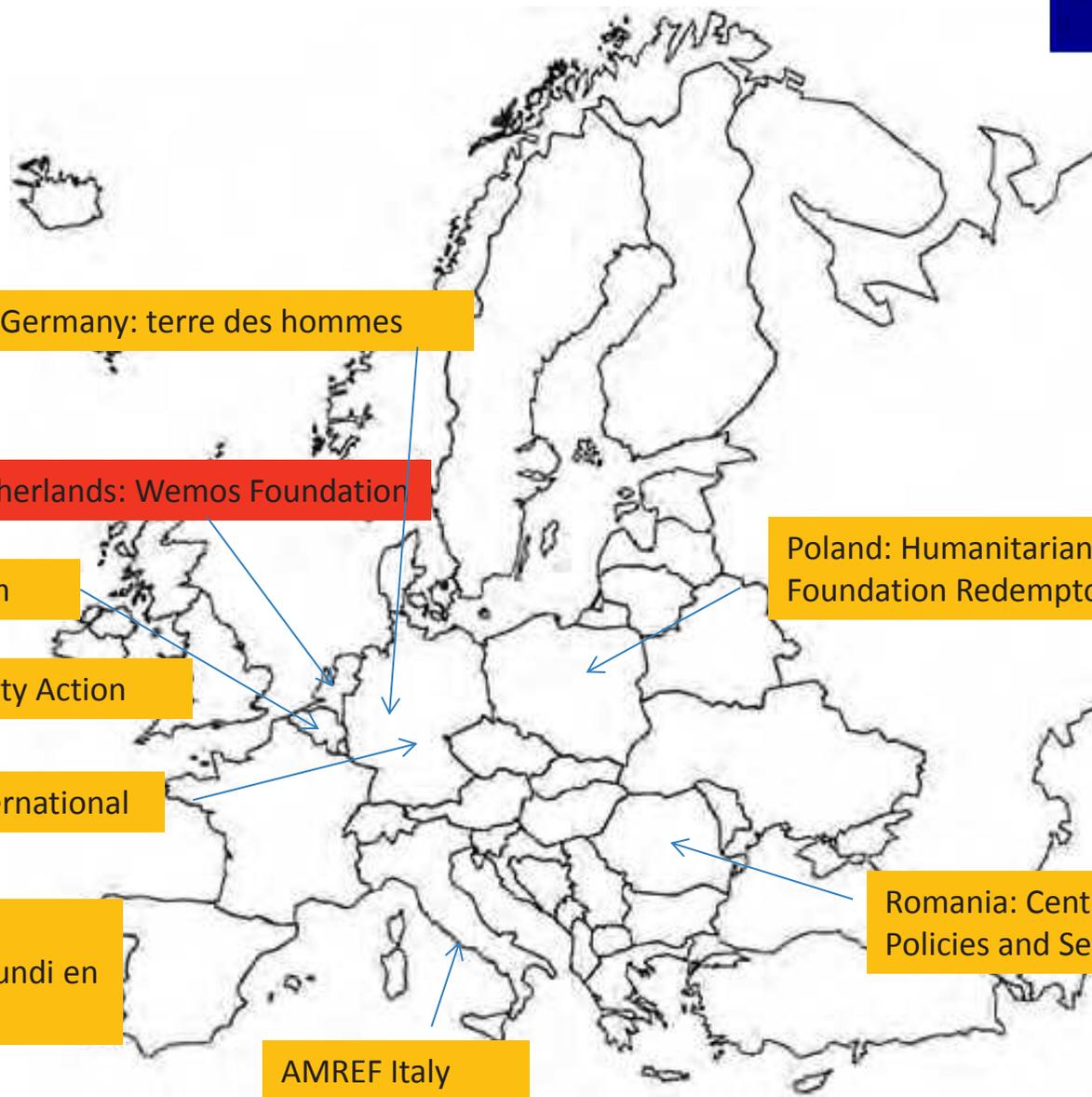
Medicus Mundi International

Spain: Federación de
Asociaciones Medicusmundi en
España

AMREF Italy

Poland: Humanitarian Aid
Foundation Redemptoris Missio

Romania: Centre for Health
Policies and Services





Aims:



- From January 2013 to December 2015;
- Contributing from Europe to a sustainable HWF;
- 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 Code, mapping stakeholders, organizing meetings with stakeholders' representatives, sharing best practices;
- Bringing the work on the Code more at the centre of EU debate via exchange and dialogue between countries.



**HealthWorkers
4all**

Connecting:



- Sharing experiences during international policy dialogue on Code implementation organized by WHO Europe and Western Pacific and getting a recruitment agency to present there (Amsterdam, early May 2013);
- Organizing side-event during World Health Assembly (Geneva, end May 2013);
- Collaborating partner in European Joint Action on Health Workforce Planning and Forecasting.



**HealthWorkers
4all**

Lessons learnt:



- The more, the merrier -> linking up with other countries -> linking up with other initiatives -> sharing best practices via interactive dialogue on internet;
- National context per country is different -> similar approach with different goals, outcomes and recommendations;
- Getting (groups of) migrant health workers (diaspora) involved;
- Economic climate urges further multi-sectoral approach, like ministerial groups including health, migration and economic affairs, in consultation with NGOs, professional organisations etc.;
- Local, national, regional (European) and global action towards a sustainable health workforce and health systems is needed.

www.healthworkers4all.eu



**HealthWorkers
4all**



Chisinau, Moldova, 17 June 2013