



CARING FOR CARERS – A RELEVANT CONCERN?

Globally sustainable and fair personnel policies for the Dutch
health care sector

Foreword

Our world is getting smaller. More and more people are spending part of their lives working abroad. This can offer all sorts of benefits: they gain experience, may earn more and make a special contribution to their host country. However, it can also have some less desirable consequences, both for the worker and for their home country. This publication by the Wemos Foundation explores the issues surrounding the responsible and fair recruitment of foreign health personnel.

How can Dutch organizations and the Dutch government contribute to sustainable staffing policies in the health care sector? What are the consequences of recruiting staff from other countries? How do we ensure our foreign recruitment policies don't have an adverse impact on the health care systems of those countries? How can we prevent exploitation? Are there any other negative repercussions for the people we recruit abroad, and how can we mitigate them? Or, in positive terms: How can we work together to promote the fair recruitment and distribution of health personnel?

This information booklet is intended for anyone directly or indirectly involved with the problem of impending staff shortages in the Dutch health care sector and similar sector shortages in other countries' health care sectors. It outlines the possible effects of Dutch health personnel policy and Dutch foreign policy for global health. We begin by briefly describing the background of this problem in the Netherlands and abroad. We then present a number of general recommendations for actions based on a multi-sector and multi-stakeholder approach. Ultimately, this publication is intended to encourage people and organizations involved in the training, recruitment, retention and deployment of personnel in the Dutch health care sector to work together and develop practical activities that will make a tangible difference to health worldwide. Suggestions for the specific parties involved are presented in the appendix.

This publication is part of the European 'Health workers for all and all for health workers' project, in which Wemos collaborates with nongovernmental organizations (NGOs) from eight European countries – Belgium, the United Kingdom (UK), Italy, Germany, Poland, Romania, Spain and the Netherlands – to promote the responsible recruitment of health personnel both within the European Union (EU) and beyond.

1. Health personnel: global and local shortages

Global shortage of health personnel

At the global level, the availability of health workers is one of the main obstacles to the provision of accessible care for all. If nothing changes, one in every seven people worldwide will never see a health worker: no obstetrician or midwife, no nurse, no doctor. In other words, one billion people will be denied the most basic forms of care.

Fifty-seven countries, mainly in Africa and Southern Asia, are facing a serious shortage of health personnel. In fact, the World Health Organization (WHO) estimates that an additional 4.3 million health workers are needed to grant the entire world population access to health care.

By comparison, the situation in the West is a lot better. Nevertheless, the Netherlands and other European countries also face a threat of health personnel shortages in the decades ahead, mainly due to the ageing population. After all, older people typically require a higher level of care. Moreover, an ageing population also means there are fewer working-age people to provide such care. Currently, however, there is no shortage of health personnel in the Netherlands; indeed, in most fields of care labour supply actually exceeds labour demand. This is an issue to which we will return later.

Shortages of health workers in richer countries can lead these countries to recruit professionals abroad. For someone living in a low-income country, this prospect can be attractive because of the higher pay and better facilities. However, if recruitment is not carried out responsibly, it can have serious repercussions both for the individual worker and on a far larger scale. When health workers are recruited from already fragile health care systems, those systems can be dangerously undermined.

Equally, people who go to work in unfamiliar settings are vulnerable to various forms of exploitation. In some cases, foreign health workers are seriously underpaid and forced to work far longer hours than the law allows. Considering all these factors, filling future gaps in the Dutch health sector workforce with workers recruited from other countries would be a bad move. We therefore advocate a solution that provides a win-win for all parties involved.



Image: Floor Adams

'The global shortage in health workers is at crisis point'

(Natalie Sharples, Health Poverty Action 2013)

So does all this mean that the recruitment of health workers from other countries should be prohibited? Almost no one regards this as a desirable or effective solution. To begin with, the exchange of professionals between countries can profit everyone. The recruiting country can temporarily relieve its shortage of personnel. When health workers go to work in a richer country, they often send money back home. They also gain experience, which can enhance the quality of care in their own country when they return. Furthermore, the international movement of people can promote mutual understanding and the exchange of knowledge and goods. A ban on international recruitment would eliminate such benefits. Instead, what is needed, is to develop a long-term vision for personnel policy in the health care sector.

A neglected problem

In the fifty-seven countries that have serious shortages of health personnel, there are fewer than twenty-three health workers for every 10,000 people. The WHO estimates that another 4.3 million health workers are needed to provide full global access to health care. The shortage of health workers is a stumbling block in the organization and operation of health care services that has been largely ignored. Vaccinations, medical equipment and health centres are of little value without properly trained health workers. In places where there is insufficient access to good care, the population is likely to be less healthy, which also hurts the economy. And a poorly performing economy detracts still more from health care as there are fewer resources available to pay health personnel, for example. This sets up a vicious circle that only exacerbates global inequalities.

Notwithstanding the central and key role that health workers play in the health care system, Dutch and international debates on the promotion of national and global health have paid little attention to the shortage of health workers. This is also clearly reflected in thinking on future shortages. All too often, we look only at circumstances in our own immediate surroundings and neglect to consider the implications for other countries. In this information booklet we therefore advance the need for a global perspective (see box on page 7) in framing both our health personnel policies and our foreign policy. By taking that broader perspective, we'll be able to see how our own policy decisions might contribute to a fair distribution of health personnel worldwide. In other words, planning future-proof and ethically responsible recruitment strategies now will obviate the need for massive foreign recruitment down the line.

The Netherlands now: oversupply of labour and an evolving health care sector

In the Netherlands, warnings about an impending shortage of health professionals have been sounded for years. Like other Western countries, the Netherlands has an ageing population, meaning that demand for care is increasing while the working-age population is shrinking. And yet, at this point in time, health care supply still exceeds health care demand. This situation can be attributed partly to the economic crisis: with flagging demand for labour from sectors like manufacturing and construction, young jobseekers are more likely to look to the health care sector, where they can usually readily find work. Moreover, people are now working longer, as attested by a rise in the average age of the health sector workforce in recent years. Another factor is current government policy. The measures currently being undertaken by the Dutch government are contributing to a surplus of health personnel in the short term. Over the longer term, however, the transfer of sections of the Exceptional Medical Expenses Act (AWBZ) to the Social Support Act (WMO), paired with the reduction of budgets, will result in major job cuts.

Taking a short-term view brings a danger of complacency: when there's no shortage of staff, it is easy to conclude that there's no problem to be addressed. However, demographic change – in the guise of an ageing population and fewer young people joining the health sector workforce – is ineluctable. In the decades ahead, the health care sector will likely face a serious shortage of health personnel. It is therefore vital that we take the opportunity, while we still can, to design our health personnel policies to be as sustainable as possible. We need to focus on organizational efficiency and robust personnel deployment strategies, on sustainable recruitment and retention policies and on promoting a broad view that incorporates the global consequences of our health personnel policies.

Which is not to say that this will be easy. That very same economic crisis is also putting the Dutch health care system under pressure. Each day brings new reports of further spending cuts. Because of the economic situation, but also due to changes in our society, there has been much debate about directions for the future as considered in the light of various visions on care. There is now a discernible trend towards encouraging patients and clients to accept more personal responsibility, alongside an associated shift from institutional care towards care in the home environment. In parallel with these developments, the national government is taking steps to transfer responsibility to municipalities. In other words, various fields of health care are facing significant changes. This can make it difficult to step back from our immediate concerns and take a global perspective on health. And yet, we believe that such a global perspective can actually be a key to setting the right priorities at the local level. After all, as the familiar saying goes: *Think globally, act locally.*

Global perspective on health

National and trade boundaries are disappearing, globalization is continuing apace and the food, energy, climate and financial crises are having repercussions around the world. Global interdependence is a fact. Health issues, too, have taken on global proportions. Today, health issues transcend international boundaries to unite us all. An influenza epidemic at the other end of the world can quickly have implications for our own country. Conversely, what we do at home also affects people elsewhere. If the Dutch food industry markets unhealthy products in other countries, that can contribute to increasing global obesity. We therefore call on various actors to adopt a global perspective on their own activities. It is imperative that the broad spectrum of relevant actors look not just beyond the boundaries of their own institution, organization or company, but also beyond their national borders to consider the effects of their policies and operations on the health of the world population today and in years to come. The issue of health personnel recruitment – the topic of this booklet – well illustrates how national policies impact public health in other parts of the world. Actors in various fields must demonstrate their willingness to accept responsibility for their policies and operations and to care for carers, both here and around the world. Every action we take, no matter how small, has ramifications. Together, all those small acts can effect big change, building a world in which everyone has access to care.



Image: Floor Adams

Unfortunately, the short-term outlook for the Netherlands is dominated by continuing financial constraint. Even when taking a longer-term view, Dutch policymakers' main concern has been that the cost of care is rising at a pace that outstrips even the most favourable economic growth forecasts. Consequently, various steps are being taken to address existing and anticipated future problems. In some fields, these changes look set to yield more sustainable health personnel policies and achieve positive international effects. In other fields, trends are less encouraging. Home care and long-term care have been in a state of flux for years, and the period ahead is set to bring still more upheavals. The future of extended care regime (under the Exceptional Medical Expenses Act, or AWBZ) is similarly uncertain. In this arena of change and economization, hiring cheap health personnel from abroad can seem an attractive option. Recent reports on the exploitation of cheap foreign labour in the 24-hour home care sector corroborate these concerns and underline the need to remain alert.

The way forward: what Norway and Ireland can teach us

The issues surrounding sustainable personnel policy in the health sector are not limited to the Netherlands. By looking at the different approaches taken in other countries, policymakers can learn from each other's mistakes and best practices. This was among the aims of a conference held in Oslo at the start of September 2013, where delegates from a range of government agencies and other organizations in fourteen European countries shared their experiences. Among the many interesting presentations were those by the delegates from Norway and Ireland – two countries that have actively embraced the WHO Code of Practice on the International Recruitment of Health Personnel (WHO Code of Practice). For Ireland, the WHO Code of Practice presents a particular challenge as this country employs relatively large numbers of nurses and doctors from outside Europe. Norway has been one of trailblazers for the WHO Code of Practice. Both countries have prioritized the creation of an effective registration system that can serve to signal areas in which shortages may arise. Additional effort is being put into education and in-service training, partly with a view to increasing staff retention. Steps are also being taken to make careers in care more attractive, such as by improving pay. Where recruiting health workers from other countries is the only option, Norway and Ireland address the ethical aspects by making firm agreements with those countries. In 2006, Norway also formally announced it would cease recruiting health personnel from countries with vulnerable health care systems. Furthermore, both Norway and Ireland provide aid to low-income countries to help them strengthen their health care systems, including by looking after the interests of and investing in health workers. As member states, these two countries are active voices in discussions surrounding these issues within the WHO. At home, regular meetings on global public health issues between officials from the respective ministries of health and foreign affairs enable them to coordinate with each other and thus ensure the coherence of their policy interventions.

Europe in the same boat

The EU's internal market (including its labour market) places no restrictions on the movement of people or services. Dutch health workers are therefore free to look for work in other European countries and, in the event of a shortage of health personnel in the Netherlands, health care institutions are similarly free to recruit in other European countries. However, relying on people from elsewhere in Europe is not a structural solution to the anticipated shortages of health professionals. After all, other European countries are being affected by similar demographic developments. In the decades ahead, they will need to retain their health professionals just as much as we do. Forecasts suggest that, by 2020, Europe will need one to two million additional health workers. Moreover, some European countries also have vulnerable health care systems, particularly East European countries such as EU member Bulgaria and EU trading partner Moldova.

The Ministry of Health, Welfare and Sport (VWS) has advised a cautious approach to the recruitment of health personnel from Europe, whether within the EU or beyond. Nevertheless, foreign personnel are being recruited in some cases to tackle waiting lists or other problems as needed. In 2009 and 2010, for example, there was a limited amount of recruitment from India. At the time of writing (2013), there is a discernible trend towards the recruitment of foreign personnel by private providers of care for older people (as mentioned in the previous paragraph).

From global WHO Code of Practice to practical local policy

In 2010, 193 member states of the WHO, including the Netherlands, drew up a code of practice for the ethical recruitment of foreign health personnel. In the WHO Code of Practice on the International Recruitment of Health Personnel, member states committed to the following:

- Self-sufficiency in the planning, training, deployment and retention of health personnel;
- Fair and equal treatment of foreign health personnel relative to local health personnel and the protection of their rights, including the freedom to migrate;
- To make sure that health systems in source countries are not undermined by the international migration of health personnel, since both source and destination countries should derive benefits from such international migration;
- To collect data on health personnel, the migration of health personnel and local employment of foreign health personnel using existing information systems and with a view to monitoring migration flows and developing appropriate policies.

The Dutch government has adopted the WHO Code of Practice and, alongside various other Dutch actors, is responsible for the Code's implementation in the Netherlands. This means ensuring that recruitment, retention, training and employment practices in the health sector are compliant with the Code. The actors involved run the gamut from ministries to health care institutions, recruitment and employment agencies, umbrella organizations, municipalities and professional associations. In the second part of this booklet, we give some practical recommendations for all of these different actors. These recommendations feed into the wider debate on the future of health care, personnel issues within the sector, and their global implications. Other parties also have an important role to play in this debate, including the media, trade unions, research institutes and NGOs.

Translating the WHO Code of Practice into operational policy will require the involvement of all these actors, each of whom have their own role to play. This is what we mean here by a 'multi-sector and multi-stakeholder approach' (also see box). Together, all these actors must meet the challenge of ensuring a continuing sufficient supply of professionals for the Dutch health care sector and that Dutch policy also achieves positive effects at the worldwide level.

Multi-sector and multi-actor approach: towards coordinated action

"A sustainable and globally responsible health personnel policy for the Netherlands depends on a multi-sector and a multi-stakeholder approach," says Linda Mans of the Wemos Foundation. "In other words, we need various sectors, such as the Ministry of Health, Welfare and Sports, the Ministry of Social Affairs and Employment and the Ministry of Foreign Affairs, plus a wide range of actors such as health care institutions and migrant organizations, to contribute to developing solutions and methods for promoting a globally responsible and sustainable health personnel policy, with each actor addressing the issue from their own angle and in the light of their particular area of responsibility. It's also important that all these actors' contributions are coordinated. We would like to see more joint action to improve the training, recruitment, retention and deployment of personnel. The national government can establish parameters, but it doesn't actually hire health workers, for example. What it can do is take steps to ensure that its regulations line up with the solutions developed by employers and employees. So, local health care institutions may develop sustainable personnel policies, but that policy is only workable with cooperation from other parties, such as professional training institutions or actual recruitment agencies. By adopting a multi-sector and a multi-stakeholder approach, we believe that everyone everywhere can have access to health workers whenever needed."

2. Recent initiatives in the Netherlands

In the Netherlands, affordability of health care has been a hot political issue for years, and has somewhat overshadowed any discussion of the threat of future health workforce shortages. Likewise, there has usually been insufficient attention for the global picture (see box ‘Global perspective on health’, on page 7). The WHO International Code of Practice clearly needs to be given greater prominence in debates on health care and health personnel.

Three-track policy

Labour market bottlenecks can be prevented in various ways; Dutch policy follows three specific tracks. First, emphasis is being placed on **increasing productivity** within the Dutch health sector. As well as helping to control rising costs, more efficient deployment of people and resources will make future labour shortages less likely. Second, measures are being designed to support the **recruitment and retention of health personnel**. Examples include funds for training health workers and bolstering regional labour market policy. While most regions have no shortage of personnel at present, that picture is expected to change in the years ahead. The third policy track is about **containing growth in demand for care**. The coalition agreement (‘Building Bridges’) frames objectives relating to prevention, promotion of a healthy lifestyle and combating overtreatment, overcapacity and waste. As with the first track, such measures promise to simultaneously reduce costs and prevent personnel shortages.

Actors

Health sector personnel policy is determined and implemented by a large number of different actors. National government policy is geared towards decentralization, which means that the government itself can exert little direct influence. The national government’s role is primarily to define parameters and draw up an agenda. Decentralization has already led to a transfer of certain responsibilities to the municipalities, and this process is only set to continue under the latest plans. This will put much of the responsibility for health care and welfare in the hands of municipalities.

For years now, the national government has also been emphasizing self-regulation, such that responsibility for health personnel policy now lies almost entirely with health care institutions. It is the health care institutions, therefore, that define personnel recruitment and retention policies.

FRANCIS BOLLE V&VN – DUTCH NURSES’ ASSOCIATION

“Sustainable healthcare personnel policy is a key issue for the V&VN Dutch Nurses’ Association. It means ensuring that there are sufficient numbers of health care staff (both in work and in training), that the sector is able to retain these people, and that their jobs offer good fringe benefits. If this three-track policy is effectively taken up by health care managers and those in political circles, then we will not have to take the unfortunate step of actively recruiting personnel from abroad.”

Sustainable and globally responsible health personnel policy can be influenced by professional associations, trade unions, sector organizations, employers' organizations and NGOs in various ways. Such groups have a direct influence on policy through their collective labour agreements and other agreements with their members. They can also play an important role in keeping responsible and sustainable health personnel policies on the national agenda.

Below, we consider each of the relevant actors in turn:

Dutch health care institutions are independently responsible for their personnel policies. Various health care institutions have already taken active steps to prevent future shortages of health workers and eliminate any need to resort to systematic recruitment from other countries. Most health care institutions recognize the importance of sustainable personnel policies and are investing in long-term employability and in identifying new potential recruitment pools.

As employers, health care institutions have primary responsibility for their employees' terms and conditions of employment, including for employees from other countries. Health care institutions are supported by the labour market policies of their sector organizations and the collective labour policies and labour market fund policies of the social partners.

Dutch sector organizations and employers' organizations represent the collective labour market interests of health care institutions. They work to establish parameters that are as favourable as possible for these institutions' labour market position. Sector and employers' organizations maintain a close watch on changes in the health sector and keep abreast of the challenges confronting health professionals. Several organizations also gather information about the health sector labour market through the Labour Market and Welfare Survey.

Dutch medical professional associations and trade unions recognize and respect the individual's right to immigrate, and yet they also deem that the recruitment of health personnel in other countries entails certain risks, and that the rights and interests of foreign health personnel should be better protected. Recruitment in other countries has negative effects on those foreign health systems and can also adversely affect the quality of care in the Netherlands. As good care depends on good communication between health professionals and their clients and colleagues, language barriers can be an obstacle.

Professional associations and unions would prefer a greater emphasis on improving terms of employment via collective labour agreements, on better contracts and on reducing workloads. If working in the health sector can be made more attractive to both the current and potential workforce, large-scale recruitment in other countries will be unnecessary.

Dutch municipalities have been gaining increasing responsibility for health care and welfare, including the associated personnel policy. Together, the government and municipalities have reviewed the existing rules on the influx of foreign employees, leading to agreements for improving registration, combating exploitation, better housing and the repatriation of migrants who are not working. It should be noted that these agreements do not pertain specifically to health personnel.

Dutch Ministry of Health, Welfare and Sport (VWS) is responsible for the implementation of the WHO Code of Practice on the International Recruitment of Health Personnel. As the designated national authority, the Ministry provides the WHO with information about the situation regarding the implementation of and compliance with the Code in the Netherlands. In 2011, the Ministry had the WHO Code of Practice translated into Dutch, which has been disseminated by the Wemos Foundation and other organizations. Measures taken by the Ministry of Health, Welfare and Sport seek to support innovation in the health sector and stimulate the influx and retention of health workers, for example through the creation of a designated hospital training fund. Where shortages arise, the Ministry has stated that it prefers health providers to recruit their personnel in the Netherlands or, if international recruitment is necessary, to do so only in countries that belong to the European Economic Area (EEA), in conformity with work permit regulations. Health personnel should only be recruited from outside the EEA in exceptional circumstances. The Ministry has directed considerable attention to striking a balance between short-term and long-term needs. In the short term, cutbacks will mean job losses in the health sector. Over the longer term, a risk of shortages looms. The government has indicated its intention to draw up a 'health sector plan' in consultation with stakeholders, designed to keep as many people as possible working in the health sector through measures aimed at mobility, retraining, refresher training and additional training. Currently, the Netherlands is participating in the Joint Action on Health Workforce Planning and Forecasting project, a European project set up to improve and synchronize statistical health personnel databases.



Image: Floor Adams

The **Dutch Ministry of Security and Justice** (Migration Policy Directorate), the **Dutch Ministry of Social Affairs and Employment (SZW)** and the **Ministry of Foreign Affairs** are jointly responsible for foreign access to the Dutch labour market. With the exception of citizens of Croatia, workers may move between EU countries without need for registration. Recruiting employees from non-EEA countries is permitted only if the employer cannot find a suitable candidate inside the EEA. Non-EEA citizens need work permits, as do citizens of Croatia. Without a permit, they cannot work in the Netherlands. The government wants to change the rules so that, from 2013, a work permit is only valid for a year and that workers from outside the EEA will not be entitled to a long-term ‘unrestricted employment’ residency permit until they have worked in the Netherlands for at least five years (currently three years). At present, highly trained workers from outside the EEA normally don’t need a work permit, which serves to simplify procedures for the recruitment of highly trained health personnel from low- and middle-income countries outside the EEA.

The **Dutch Ministry of Education, Culture and Science (OCW)** is responsible (in conjunction with the Ministry of Health Welfare and Sport) for training health personnel and for planning health personnel training capacity at the central level.

TJITTE ALKEMA NVZ – DUTCH FEDERATION OF HOSPITALS

“I think it’s vital that the Netherlands and other EU countries make every effort to be self-sufficient in terms of training their own health personnel. In the short term, that should definitely be feasible. In the long term, it is important to ensure that effective financial incentives are in place, to adequately support the training of the necessary staff. The “hospital training” fund is a major resource in efforts to prevent the unethical recruitment of health workers from abroad.”

Among the areas in which the **Dutch Ministry of Foreign Affairs** (Minister for International Trade and Development Cooperation) is involved are HIV/AIDS and sexual and reproductive health and rights, with policy aims that will require universal access to quality public and private health services as delivered by well-trained health workers. Yet Dutch recruitment of personnel in countries affected by – serious – labour shortages is liable to hamper the fulfilment of these requirements.

Various **Dutch NGOs** are active in projects and programmes aimed at strengthening the health systems of countries affected by health workforce shortages. At the same time, various NGOs are campaigning for fair and responsible health personnel policies in the Netherlands, Europe and worldwide.



Image: Floor Adams

3. Recommendations for sustainable future health personnel policies at home and abroad

General

The publication of the WHO Code of Practice has put the international recruitment of health personnel on the global agenda. In these dynamic times, it is important to continue to draw attention to the importance of sustainable health personnel policies and conscientious international recruitment, and to do so at various levels – international, national, regional and local. The development of sustainable and globally aware health personnel policies depends on the involvement of a wide range of players and sectors. Yet, if they can successfully lay down fair and coherent policies, it will benefit the Dutch entire health care system as well as provide an inspiring example to other countries.

As reported in the previous chapter, the possibility of future shortages in health sector personnel is already receiving attention at various levels in the Netherlands. Even if most health care fields are seeing a surplus of personnel, it does not follow that we can simply continue on the same course. Much is uncertain. The economy is anything but stable and, in the years ahead, large parts of the Dutch health care system will change dramatically as a result of policy changes and cutbacks. While demographic developments (population ageing and a declining working-age population) can be predicted, trends in demand for care are more difficult to forecast. Nor can we be sure how policies pursued in the meantime will influence those developments. It is therefore crucial that we work together to find robust solutions anchored in the principles of the WHO Code of Practice to ensure that, even in less favourable scenarios, there are no adverse consequences for people or health systems in other countries.

Designing sustainable health personnel policy for the health sector therefore requires long-term vision and discussion about core ethical values, on the one hand, and the ability to quickly change course and act on the basis of new developments, on the other. This makes it vital to have access to up-to-date data at all times. It may be something of a cliché, but ‘to measure is to know’. Gathering and analysing data is a joint responsibility of the national government and social partners (also see box: Health Personnel Data System). Regular consultation between all the relevant parties is also an important precondition for framing appropriate policies for the longer term, thus safeguarding against the danger that the hot issues of the day prevail over the need for sustainability and global responsibility.

Health personnel data system

As the examples of Norway and Ireland illustrate (see page 8), a sector-wide information system can contribute to sustainable and globally responsible health personnel policies. After all, the problems surrounding the health sector labour market cannot be influenced without recourse to reliable and comparable data. Information about all aspects of the health sector workforce, including competences, training levels, employment figures and other relevant parameters need to be readily accessible to employers, trade unions and policymakers, while responsible international recruitment additionally requires data on migration and migrant workers. Setting up and maintaining such a health personnel data system is a complex operation, spanning a wide range of activities that must be coordinated by a central body such as the Ministry of Health, Welfare and Sport. Activities would include:

- Coordinated data collection on the scale of labour migration in the health sector (including groups that are often not monitored, such as care assistants, home helps and health researchers). A national authority could be appointed to coordinate the collection and collation of data on the international recruitment of health personnel, in accordance with the requirements of the WHO Code of Practice.
- Development of clear indicators for the health sector labour market. At present, data from different sources can vary considerably, despite ostensibly relating to the same indicators (e.g. levels and distribution of employment).
- Development of international links for the exchange of data on health personnel shortages in other countries and to share tools and information about good health personnel policy practices. The European Joint Action of Health Workforce Planning and Forecasting project, in which the Netherlands is a participant, includes the development of such a health personnel data network among its objectives.

ANKE TIJTSMA – WEMOS

“In the future we will undoubtedly require greater numbers of health personnel. It is essential that we do not wait until our heads are barely above water in terms of staff shortages. I would much prefer us to be well ahead of the curve, in terms of anticipating our future needs for health workers. The task now is to ensure that we in the Netherlands implement as many national measures as possible, to enable us to meet these needs without having to fall back on recruiting health personnel from abroad.”

The following sections set out our recommendations for the various actors involved in the health personnel policy arena. A more detailed list of recommendations is provided in the appendix.

Health care institutions and their sector organizations

As employers, health care institutions are directly responsible for the recruitment and retention of personnel, as well as for defining their terms of employment, including for personnel from other countries. Employers must make their own ethical judgements, for which they may be held to account by local and national organizations.

Health care institutions differ considerably and provide a wide variety of services, including home care, outpatient care, long-term intramural care, hospital care and so forth. They also employ people in a wide variety of professions, each of which has its own labour market, its own labour supply conditions and its own scope for international recruitment.

The various sector organizations work to support their member institutions' policies and make sector-wide agreements. While sustainable personnel policy has always been a priority, it is also important to regularly review the international implications of recruitment in other countries. The national introduction of the EPSU-HOSPEEM Code of Conduct for the hospital sector could serve as a useful model as it deals with the ethical recruitment of hospital personnel in European countries.

Corporate Social Responsibility

The principles of corporate social responsibility (CSR) are becoming increasingly important in the health care sector. CSR takes many forms, including consideration for sustainability, ecological impact and the effects of policy on local communities. Fair (ethical) international conduct is entirely in step with CSR thinking. For health care institutions, CSR means – among other things – anticipating future shortages and seeking sustainable, globally viable solutions. For example, by integrating the principles set out in the WHO Code of Practice into their CSR policies and personnel and recruitment policies.

European Code of Conduct on ethical recruitment within the EU

The EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment and Retention in the Hospital Sector is the product of European social dialogue in the hospital sector. Intended to promote ethical and deter unethical health personnel recruitment practices in the EU, the Code sets out principles agreed between the European Federation of Public Service Unions (EPSU) and the European Hospital and Healthcare Employers' Association (HOSPEEM).

In November 2010, the Dutch trade unions and the Netherlands Association of Hospitals agreed to adopt the EPSU-HOSPEEM Code in the Netherlands. The implementation, monitoring and application of this Code could serve as a model for the similar adoption in the Netherlands of the WHO Code of Practice, which extends to a broader range of actors – not just hospitals – and beyond the EU.

Trade unions and professional associations

The Dutch consultative framework enables trade unions and professional associations to exercise an influence at various levels, by sitting down together with employers, government departments, various social organizations and their international partners. These discussions afford them the opportunity to call attention to sustainable and globally responsible personnel policies in the health sector. The promotion of such policies is in the interests of their own members, of foreign employees and of people in countries with vulnerable health care systems. The WHO Code of Practice can provide valuable openings for discussions with employers and others.

Cooperative action between unions and professional associations can increase the effectiveness of such efforts. Working together, these organizations can signal problems and put forward solutions. Extending that cooperation to migrant organizations would furthermore help towards promoting the rights of foreign health personnel in the Netherlands.

Other organizations

Organizations such as NGOs, migrant organizations, recruitment and employment agencies and others are also involved in formulating health personnel policies and in the recruitment of health personnel from other countries, and, as such, can contribute to the promotion of sustainable and responsible policies. For example, NGOs can lobby for the strengthening of health care systems and investments to expand the global health sector workforce. Recruitment and employment agencies can integrate the principles of the WHO Code of Practice into their operational and CSR policies. A number of specific recommendations are set out in the appendix. On a general level, considering the need for a broad, concerted approach on this issue, cooperation and information exchange will be key to achieving the targeted outcomes.

Towards a reliable certification scheme

In 2008, the Dutch Association of Health Sector Organizations (BoZ) introduced the Quality Certification Scheme for Agencies Supplying Foreign Personnel. The scheme can play an important role in the ethical and responsible recruitment of health personnel by recruitment and employment agencies. With a reliable scheme in place, employers can be pushed to work only with certified agencies.

At present, however, this certification scheme does not yet have sufficient status, and no agencies in the Netherlands have yet been certified. Furthermore, the certification criteria do not yet reflect all the relevant principles of the WHO Code of Practice. For this scheme to be effective, the scope of the certification needs to be extended (e.g. by integration with the WHO Code of Practice) and Dutch recruitment and employment agencies have to be audited and certified. Once that has happened, the scheme will make it possible to ensure the quality of health personnel from other countries, good working conditions and fair recruitment procedures.



Image: Floor Adams

National government

The Dutch ministries can do various things to create parameters that are more conducive to sustainable and ethically responsible personnel policies in the health sector:

- By calling for a greater emphasis on this issue in their meetings with relevant actors, particularly on the global impact of recruiting personnel from other countries.
- By helping to call attention to this issue in international discussions and seeking solutions through bilateral and multilateral cooperation.
- By including this issue as an agenda item at internal work meetings and discussions.
- By requiring targeted inspections and enforcement measures aimed at protecting foreign workers' interests and monitoring compliance with agreements.
- By tackling inconsistent and contradictory elements in Dutch policy and practice (e.g. in relation to immigration, medical training and knowledge migrant schemes).

Details of the contribution that each government department could make are set out in the appendix.

Municipalities

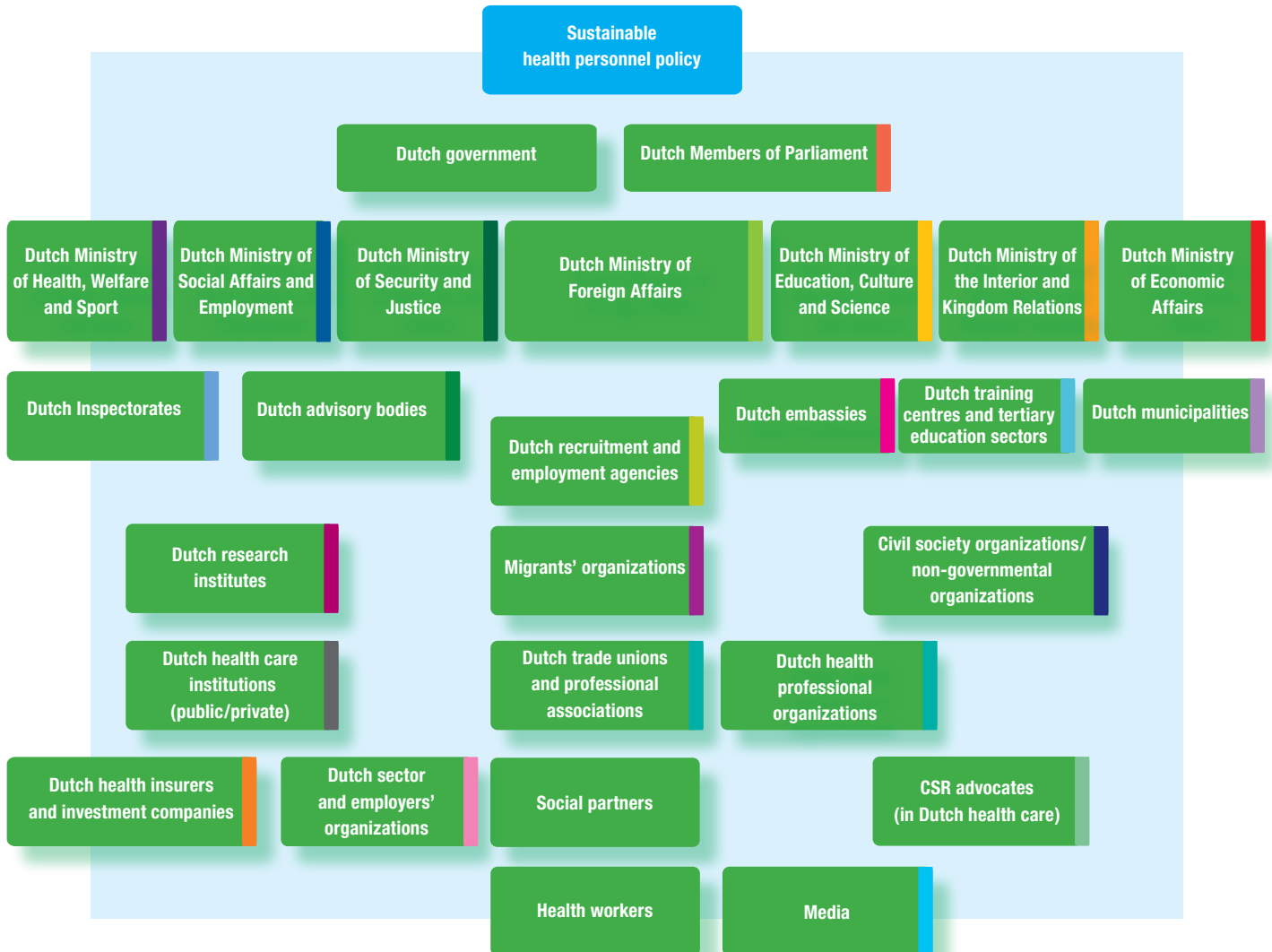
Dutch municipalities face substantial challenges in the years ahead. Their responsibilities will be expanded considerably, particularly for health care, while their overall budgets will decrease. Although it would be understandable if the need to manage this transition process draws attention away from the issue of international health worker recruitment somewhat, the sector's reorganization actually presents a unique opportunity for ensuring that recruitment is put on a sound footing. Both on their own and jointly in the Association of Netherlands Municipalities (VNG), municipalities can actively formulate personnel policies geared towards sustainability and global responsibility. The transfer of responsibility to the municipalities is intended to promote the integration of health and welfare – an objective that dovetails well with the desire for sustainability and global responsibility.

Conclusion

This publication contains recommendations intended to inspire Dutch stakeholders to take coordinated action to promote the fair distribution of health personnel around the world. While each actor has its own responsibility, the success of their efforts depends on cooperation. By working together, the various stakeholders can propel the implementation of the WHO Code of Practice and compliance with its principles, thus leading to concrete improvements – starting with sustainable and responsible health personnel policies for the Netherlands. The Dutch health care system is renowned for its high quality and its universal access. We would like everyone everywhere to have access to similar care. Sustainable and responsible national health personnel policies that are aligned with the principles of the WHO Code of Practice can make an important contribution to the fulfilment of that objective. By taking steps that help to promote global access to health workers, everyone will benefit!

Appendix: Specific recommendations

Numerous different actors are in an excellent position to help improve the distribution of health personnel around the world and to contribute to fair labour conditions for foreign professionals working in the Dutch health sector. We believe that such opportunities can be maximized through a multi-sector and multi-stakeholder approach based on close alignment of the policies and activities of all sectors and actors involved. This appendix presents specific recommendations for a wide variety of actors.



The **Dutch Ministry of Health, Welfare and Sport (VWS)** is the National Designated Authority responsible for implementation of the WHO Code of Practice. The Ministry prefers self-regulation within the health sector, meaning health care institutions are responsible for the recruitment and retention of their own personnel. The Ministry's role is to create conditions that will prevent health personnel shortages from occurring.

Recommendations

- The Ministry can contribute to the development of a consistent and coherent plan for achieving national self-sufficiency. Cooperation with other ministries and actors in the field will be crucial.
- The Ministry can encourage actors in the field to use the WHO Code of Practice as a basis for determining what is ethical.
- In consultation with the WHO, the Ministry can develop a plan for promoting the implementation of the WHO Code of Practice in the Netherlands.
- The Ministry can provide technical assistance and take the lead on health personnel policy in international forums such as the EU, WHO, WHO Regional Office for Europe (WHO Europe) and the Organization for Economic Cooperation and Development (OECD).
- An effective health personnel policy should form part of the national strategy for global health (on page 24). The Ministry can develop such a strategy in consultation with other relevant ministries.
- Together with the Wemos Foundation and other stakeholder organizations, the Ministry of Health, Welfare and Sport can contribute to the dissemination of the translated WHO Code of Practice.
- The Ministry can commission the development of an effective Health Personnel Data System (see also page 17). Employers, trade unions and other stakeholders will then be equipped to monitor developments and intervene where necessary.



Image: Floor Adams

A national strategy for global health

The EU and several countries including the UK and Norway have developed global health strategies that place health care in an international context. The Netherlands could follow their example and develop its own interdepartmental strategy for global health. In this era of globalization, public health in the Netherlands is inextricably linked to public health in other parts of the world. Events in distant countries can quickly impact the health of people in the Netherlands, with infectious diseases such as 'bird flu', SARS and tuberculosis spreading rapidly from one region to another. What we do and the policies we pursue at home have implications for health in the rest of the world, and what happens there also affects us. Globalization emphasizes the fact that all people are equal and that we all have a responsibility for each other's welfare and that of future generations. Health personnel policy illustrates this point well.

In the Netherlands, debate has tended to focus on the costs of health care. The government would do better to shift this focus to the great benefits that can be secured, both nationally and globally. Issues that a global health strategy might then address include the mobility of health workers, health inequalities in and outside the EU and workforce sufficiency in the health care sector. Such a strategy would protect and improve public health in the Netherlands and beyond.

The **Dutch Ministry of the Interior and Kingdom Relations (BZK)** works with other ministries to improve safety in the health sector.

Recommendations

In conjunction with other departments, the Ministry of the Interior is responsible for the Action Plan on Safe Working in the Health Sector. This plan contributes to sustainable personnel policy in the health sector by creating safer conditions for employees. Safer working conditions help to make careers in the health sector more attractive and to prevent professionals from leaving the sector to work elsewhere. Continuation of this plan is therefore desirable.

The **Dutch Ministry of Economic Affairs** invests in ways to make the nation stronger and to foster enterprise, thereby also contributing to sustainability. By encouraging technological innovation, the Ministry can help to reduce work pressure in health occupations and thus contribute to sustainable health personnel policy in the Netherlands.

The **Dutch Ministry of Security and Justice** (Migration Policy Directorate) and the **Dutch Ministry of Social Affairs and Employment (SZW)** are jointly responsible for the regulation of foreign health personnel on the Dutch labour market. The admission, residence and repatriation of migrants are the responsibility of the Ministry of Security and Justice, as are supporting and supervising immigrant procedures. Policy and legislation, integration, assimilation and access to the labour market and monitoring of the labour market, social affairs and labour inspections are the responsibility of the Ministry of Social Affairs and Employment.

Recommendations

- The Ministry can ensure that the issue of work permits and permits for highly trained knowledge migrants is in line with policy on immigration and development, circular migration and training pathways for foreign health workers.
- The Ministry can ask the Social Affairs and Employment Inspectorate to step up its enforcement of foreign health professionals' rights to fair and equal treatment and to safe and healthy working conditions.
- The Ministry can provide the Ministry of Health, Welfare and Sport with practical information about ethical recruitment methods.
- The Minister of Social Affairs and Employment can join forces with European counterparts to put the problem of the exploitation of health personnel at the top of the European agenda and to tackle this issue.
- The Minister of Social Affairs and Employment can demand the European Commission to amend the law on the free movement of services to better protect the rights of self-employed and temporary workers (including in the health sector).
- The Minister of Social Affairs and Employment can advocate the amendment of European enforcement rules to expand inspectorates' authorities to investigate the exploitation of workers.

The **Dutch Ministry of Education, Culture and Science (OCW)** shares responsibility for the training and central planning of health personnel training capacity with the Ministry of Health, Welfare and Sport.

Recommendations

- Using forecast data, the two ministries can work together to ensure that training programmes are keyed to future demand for health workers. This will require continued and intensified cooperation between the Ministry of Education, Culture and Science and Ministry of Health, Welfare and Sport.

Ministry of Foreign Affairs

Working under the **Ministry of Foreign Affairs, the Dutch Minister for Foreign Trade and Development**

Cooperation seeks to improve the quality of and the access to public and private health services, which ties in with the Ministry's aims on HIV/AIDS and sexual and reproductive health. The international recruitment of health personnel could hamper the Ministry's efforts to bolster health systems in low-income countries.

Recommendations

Recommended national activities

- Cooperation with the Ministry of Health, Welfare and Sport with a view to supporting the latter's efforts to develop and implement a sustainable and globally responsible personnel policy for the health sector. This responds to the need for a national global health strategy and the explicit embedding of global public health considerations in Dutch foreign policy.
- The Minister of Foreign Trade and Development Cooperation can inform relevant Dutch parties about the potential domino effects of recruiting health personnel from other countries. When health personnel shortages develop in other European countries, those countries will recruit elsewhere, possibly also in countries with vulnerable health care systems. In other words, even recruiting from countries currently not affected by serious shortages can have indirect adverse effects.
- The Ministry can commission research into ways in which recruitment countries can benefit from the emigration of their health personnel (e.g. circular migration, personnel exchange programmes and institutional cooperation), and what the preconditions are. This knowledge is vital to inform decision-making about responsible and ethical recruitment from other countries.
- The Ministry of Foreign Affairs can help to address the global shortage of health personnel by funding Dutch NGOs engaged in the development of global solutions, particularly for countries with a serious shortage of health personnel.

Recommended bilateral activities

- The Ministry should promote and facilitate long-term strategies for health personnel training in countries at which Dutch foreign policy is aimed. The availability of a sufficient and well-trained health workforce is essential to improving global public health and to the success of interventions oriented towards sexual and reproductive health and rights and food security.
- The Ministry can work to ensure that Dutch embassies have sufficient expertise on health personnel and are alert to possible problems

- The Ministry can help to protect and improve health in countries with vulnerable health care systems by providing financial and technical support for developments related to the health sector labour market, including the introduction and enforcement of the WHO Code of Practice.
- The Ministry can contribute to increasing the training capacity of both the public and the private health care sector, such as through the Netherlands Initiative for Capacity Building in Higher Education (NICHE), NUFFIC and the Netherlands Fellowships Programmes (NFP).
- The Ministry can work to coordinate donors and to strengthen health systems (as a whole), including efforts and investments on behalf of health personnel, through cooperation with like-minded donors and global health funds (e.g. Japan, the UK, the EU, Norway and Sweden and the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)).

Recommended multilateral activities:

- The Ministry of Foreign Affairs can encourage global health funds, international organizations and donors that support disease-related programmes to include support funding for health systems and health personnel in their activities.
- The Ministry of Finance, the Ministry of Foreign Affairs (Foreign Trade and Development Cooperation) and the EU can jointly call on the International Monetary Fund (IMF) and the World Bank to increase the fiscal space for low-income countries so they can invest in their public health and social sectors and address serious health workforce shortages. Furthermore, macroeconomic negotiations must engage a wide range of stakeholders, including ministries of health, to contribute to the development of sustainable health personnel policies.

Various **Dutch inspectorates** (Health Care Inspectorate (IGZ), Social Affairs and Employment Inspectorate (SZW)) are involved in monitoring public health, health care and working conditions for domestic and foreign health personnel in the Netherlands. The inspectorates report to and advise the government and health care institutions on the basis of their findings. (Reporting to and advising health care institutions is the task of the Health Care Inspectorate.)

Recommendations

- It is recommended that the Social Affairs and Employment Inspectorate closely monitor recruitment and employment agencies and the employment sector as a whole to prevent exploitation and malpractice, particularly at lower levels of the health care system and in relation to the exploitation and underpayment of foreign health personnel. This will allow appropriate action to be taken in the event of abuse.

- The Health Care Inspectorate can monitor how foreign recruitment and staffing agency activities in the health sector affect the quality of care.
- In cases of noncompliance with employment rules or sham arrangements, the Health Care Inspectorate can alert the relevant bodies, such as the Social Affairs and Employment Inspectorate.

Dutch Members of Parliament (MPs) supervise the government (executive authorities) and, where necessary, draw ministers' attention to issues that fall under their responsibility. They monitor compliance with existing agreements and correct policy formulation.

Recommendations

- MPs can advocate a health personnel data system that also gathers information on foreign health personnel (including care assistants, home helps and health researchers) and on the international recruitment and migration of health workers.
- MPs can work with the Dutch Human Resources for Health (HRH) alliance (see box 'Human Resources for Health alliance') to help relevant actors find ways to minimize the adverse effects of international health worker migration for source countries. MPs can highlight the global problem of health personnel shortages and remind the Dutch government of its responsibilities, including those under the WHO Code of Practice.
- MPs can raise the issue of future health personnel shortages in the Netherlands and advocate sustainable and nationwide solutions.
- MPs can place abuses such as irresponsible staff procurement practices in the informal and formal health sector on the political agenda and remind the government of its responsibility to deal with and prevent malpractice.

Human Resources for Health alliance

The Dutch Human Resources for Health (HRH) alliance is made up of a wide range of organizations (mainly active in health care, sustainability and personnel policy in the Netherlands, or in protecting employee interests and rights) that are concerned about the adverse effects that the foreign recruitment of health personnel has on foreign health care systems and on the situation of individual health workers abroad. Together, alliance members call on actors that are directly or indirectly involved with health personnel policy in the Netherlands or health care in other countries to develop and implement sustainable and responsible health personnel policies conforming to the WHO Code of Practice. The alliance also campaigns to ensure consistency in Dutch policy and to eliminate contradictory elements (e.g. relating to immigration, medical training and knowledge migrant schemes).

Dutch municipalities are becoming increasingly involved in health sector employment policies. It is important that they now develop strategic sustainable health personnel policies that take account of the long-term forecasts on demand for care in all branches of the sector. Such policies can reduce the pressure to recruit health professionals from other countries.

Recommendations

- Regional labour market consultations (between e.g. municipalities, health care institutions, education institutions, regional labour market organizations and the Employee Insurance Agency (UWV)) are important for ensuring a steady and stronger supply of new recruits to the sector, and for the training and retention of sufficient health personnel. Municipalities can use the findings of national and regional labour market studies to shape regional health personnel policies.
- In concluding agreements with health suppliers, municipalities can impose certain conditions, for example requiring providers to have responsible and sustainable personnel policies with appropriate provisions for any foreign employees.
- In the private home care sector, and particularly when client-related budgets (PGBs) are involved, using foreign employees is relatively attractive. Subject to almost no inspection, workers in this sector are more susceptible to exploitation. As municipal personnel often have ready access to home care recipients, they could potentially signal abuses.
- Municipalities can inform residents and organizations about responsible foreign recruitment methods and about the adverse effects of hiring foreign health personnel.
- Municipalities can sit down with migrant organizations to discuss working conditions for foreign health personnel.

Dutch health care institutions decide for themselves who and how they recruit, within the parameters of the labour market and government policy. As employers, Dutch health care institutions have both the opportunity and a moral obligation to ensure that their recruitment practices are responsible. Naturally, they also need to consider the interests of their clients/patients, such as the need to assure the quality of the care provided.

Recommendations

- Health care institutions can use the current period of labour market surpluses to develop policies for the long term. This should be done in coordination with other employers, training institutions, municipalities and other actors in the region.
- Health care institutions can contribute to the fair global distribution of health personnel by directing their personnel policies towards staff retention and local recruitment.
- When recruiting personnel abroad, health care institutions should consider the implications for individual employees and for the health care systems in the country of recruitment.

- It is important to respect the rights of individual employees. We discourage attracting foreign health personnel for roles that are not consistent with their training (except where a person specifically wishes to be employed in a lower-level role). And migrants should not be asked to make unreasonable contributions to the cost of accommodation, additional training or other facilities.
- More generally, institutional cooperative partnerships could be set up to support countries of recruitment.
- Health care institutions can place fair health personnel policies on a firmer footing by incorporating the principles of the WHO Code of Practice into their CSR policies and their personnel and recruitment policies.
- Health care institutions can take steps to encourage foreign health workers to use opportunities for personal development (e.g. training opportunities).
- When cross-border personnel recruitment is necessary, health care institutions can help protect migrants' rights by working only with agencies that can demonstrate adherence to ethically responsible working methods.
- Health care institutions can contribute to the retention and influx of health personnel by cooperating with regional actors such as municipalities, education institutions and other health care institutions. Such cooperation should include continuing and intensifying effective partnerships with training institutions to ensure sustainable strategic health personnel policies.
- Health care institutions need to ensure that 'paper' agreements are translated into ethical and responsible health personnel practices. This includes incorporating the principles of the WHO Code of Practice into the Quality Certification Scheme for Agencies Supplying Foreign Personnel, the Health Sector Governance Code and the EPSU-HOSPEEM Code of Conduct (see box on page 19).
- Health care institutions can keep the implementation of the WHO Code of Practice on the agenda of their social dialogue with the Ministry of Health, Welfare and Sport and the trade unions.
- Health care institutions can promote sustainable and strategic health personnel policies by contributing to the creation of a national health personnel data system.
- Health care institutions can contribute significantly to the sustainability of personnel policies by continuing to make careers in the medical sector more attractive, increasing efficiency and reducing workloads.
- Health care institutions can use innovation to contribute to better deployment of personnel now and in the future. For example, e-health technologies and other innovations can be used to increase patients' capacity for self-management.

**THOMAS SCHWARZ -
'HEALTH WORKERS FOR ALL AND ALL FOR HEALTH WORKERS' PROJECT**

"I do not believe in local solutions creating problems elsewhere. Because Europe is contributing to the global health workforce crisis, let us also contribute to finding sustainable solutions!"

Other possibilities include:

- Ensuring sufficient training opportunities and internships for health professionals; even though we currently have an oversupply of labour, we must invest in a future that is likely to be characterized by shortages.
- When labour market shortages arise, it will be important to be creative in identifying new target groups for health sector jobs (teenage mothers, people who receive unemployment benefits, men and ethnic minorities).
- Investment in the long-term employability of health sector personnel (career planning, special arrangements for older employees).
- Intelligent use of automated systems can reduce the administrative burden on personnel.

Dutch sector- and employers' organizations can help shape and implement national sustainable solutions for the anticipated shortage of health personnel.

Recommendations

- Sector organizations and others regularly commission studies of the health and welfare labour market. Their findings paint a picture of labour market demand both now and in the future. Researchers could additionally include indicators relating to international recruitment and the migration of health personnel. Sector- and employers' organizations possess a wealth of information that can contribute to creating future-proof health personnel policies. They monitor developments, identify problems and challenges and can therefore advise their members, related organizations and the national government.
- Sector- and employers' organizations can promote the implementation of the WHO Code of Practice by disseminating information about the Code to member organizations.
- Sector- and employers' organizations can encourage social innovations that promote the retention of health personnel. A good example of this in the health sector is the reorganization of work at hospitals, resulting in a 'smart' division of duties between doctors and nurses.
- Many health care institutions are already looking at factors that attract and retain employees, such as greater independence and control over their work, and the reduction of workloads through a better design of processes. By informing members about such best practices, sector- and employers' organizations can contribute to the retention of personnel.
- Sector- and employers' organizations can help their members to recruit health workers from groups in the Dutch population that have not traditionally sought employment in this sector.

The **Dutch trade unions and professional associations** have a responsibility to improve working conditions for health personnel and promote social and professional recognition for what they do. This responsibility is not restricted to Dutch employees, but also extends to those recruited from other countries.

Recommendations

- Trade unions and professional associations have long campaigned for an ethical approach to the recruitment of foreign health personnel and for equal rights for health professionals from foreign and minority backgrounds. It is important that they continue to do so, for example in their social dialogue with the Ministry of Health, Welfare and Sport and employers.
- Cooperation on this issue between professional associations, trade unions and other stakeholders is very important. Together, they can contribute to the development of national, sustainable measures to prevent future health personnel shortages as well as to promote ethical international health care recruitment.
- Cooperation with migrant organizations is needed in order to obtain information about violations of the rights and interests of foreign health professionals, which can then be used for interventions aimed at safeguarding those rights.

Dutch advisory bodies, including the Social Economic Council (SER), the Council for Health & Care (RVZ) and organizations such as the Capacity Body, can advise on sustainable measures that can be taken to guarantee a sufficient supply of health personnel over the short and long term.

Recommendations

- In their recommendations, advisory bodies can propose responsible and sustainable solutions for anticipated health personnel shortages, which should be consistent with the WHO Code of Practice.
- As already indicated in its draft report for 2012, the SER can provide more detailed advice on addressing the forecast shortage of health sector personnel. It can also incorporate the principles of sustainable health personnel policy into its new report.
- The Capacity Body could take account of the influx of foreign medical specialists in its estimates and share its conclusions with the health sector and government.
- The Netherlands Care Institute (previously the Health Care Insurance Board (CvZ)) can continue to advise the government on innovations and improvements in health sector professions and training. Optimal deployment of professionals depends on a coherent, integrated vision on the core professions and their responsibilities. Training must ensure that workers also possess the necessary competencies. The challenge will be to keep this overarching structure flexible and stable even as demand for care increases and labour supplies fluctuate.

In conjunction with the Ministry of Health, Welfare and Sport and the Dutch health care institutions, **employment and recruitment agencies** can take steps to ensure fair and ethical recruitment practices and the implementation of and compliance with the WHO Code of Practice.

Recommendations

- Employment and recruitment agencies can seek certification under the Quality Certification Scheme for Agencies Supplying Foreign Personnel and can integrate the WHO Code of Practice into their operational and CSR policies (e.g. by committing to fair working conditions and terms of employment).
- Employment and recruitment agencies can supply information to the central Health Personnel Data System (see also box on page 17) on shortages of (certain types of) health personnel and on foreign health professional recruitment figures and recruitment countries.
- Where possible, employment and recruitment agencies should seek to recruit health personnel in the Netherlands. They should also be aware of which countries have or are expected to develop shortages so that they can take a conservative approach to recruitment in those countries.

Dutch research institutes such as those conducting the Labour Market and Welfare research programme and NIVEL can play an important role in gathering, analysing and publicizing information about anticipated domestic and international health personnel shortages and about the international recruitment of health personnel (including care assistants and health researchers). By doing so, they can contribute to the development of a health personnel data system. They also have a role to play in the investigation of possible ways of improving public health in order to reduce demand for care and thus demand for health personnel.

Recommendations

- By gathering and analysing data, research institutes can shed light on future health personnel requirements and can make recommendations on how to meet those requirements in a sustainable manner.

THOMAS PLOCHG NPHF – NETHERLANDS PUBLIC HEALTH FEDERATION

"We have to recalibrate our professionals and our healthcare system to meet present-day problems, which involve a wide and varied range of chronic issues. If we stick with the current system, long-term staffing issues will be inevitable. It is imperative that we make the system future-proof, that we focus specifically on the quality of health personnel, and on how these health workers can jointly organize an edifice of knowledge."

- Research institutes can gather data on the migration of health personnel, the circumstances under which this migration takes place and its effects on the health care systems in countries of origin. Such data can be shared with the various stakeholders.
- Research institutes are already contributing to a reduction in the demand for care and the associated need for health personnel in various ways, such as by improving the effectiveness of prevention measures, efficiency in the health sector and self-management by patients and clients. Such contributions should certainly be continued.

Dutch NGOs can advocate steps to strengthen health care systems and investments to increase the health sector workforce worldwide, particularly in countries with personnel shortages. In that context, NGOs can pool their capabilities and expertise in order to promote coherent policy.

Recommendations

Recommendations for Dutch NGOs active in the Dutch health care sector and members of the HRH alliance:

- Dutch NGOs can propose concrete measures to politicians and policymakers with a view to promoting globally responsible health personnel policies and the fair recruitment of foreign health personnel.
- Dutch NGOs can engage in dialogue with other stakeholders to highlight the problems outlined in this information booklet and to jointly seek solutions. Mutual support and cooperation are required at all levels and among all actors to advocate the implementation of and compliance with the WHO Code of Practice.
- NGOs can advocate the incorporation of the WHO Code of Practice into health care institutions' CSR and human resources policies. Going one step farther, they can call for action to protect the rights of domestic and foreign health professionals and for fair terms of employment in the health sector.
- NGOs can call attention to the effects of the migration of health personnel from low-income countries to (richer) Western countries among MPs, policymakers and other policy-shaping and advisory bodies, such as the SER, and so help to raise awareness amongst politicians and policymakers in general.
- NGOs can work with research institutes, employment and recruitment agencies, health care institutions, universities, academic institutions and municipalities to draw attention to less visible forms of labour migration in the health sector (e.g. low-skilled private sector health personnel, via client-related budgets, as well as the migration of researchers to work in the Dutch health care sector ('brain drain')).
- NGOs can promote awareness about the WHO Code of Practice among actors who can play a role in the development and implementation of sustainable and globally responsible health personnel policies in the Netherlands and in the protection of the rights of migrants working in the health sector.

- NGOs can campaign for the expansion of the Quality Certification Scheme for Agencies Supplying Foreign Personnel to include an explicit emphasis on the globally responsible deployment of health personnel.
- NGOs can work together to disseminate information about how health and health systems in different countries are interlinked and to advocate the development and implementation of a global health strategy in the Netherlands (see box on page 24). Such a strategy could be an excellent vehicle for promoting sustainable health personnel policies in the Netherlands.
- NGOs can forge ties with other stakeholders in Europe (e.g. through the European Health Workers 4 All project). At the global level, such networking could serve to ensure a continued international focus on the issue of health personnel and to exchange knowledge and information about good practices.

Recommendations for Dutch NGOs that work with partner organizations in low- and middle-income countries:

- The principles of the WHO Code of Practice can serve as a point of reference for providing long-term support for health structures in other countries and can enhance the programmes of actors directly or indirectly involved with international development cooperation.
- NGOs can support partner organizations in low- and medium-wage countries to help them develop policies and domestic and international lobby activities focused on improving the health personnel situation.
- NGOs can help partner organizations to define precise standards and criteria for the determination of shortages in the public and private health sectors, which could also provide a stimulus for national public health ministries to improve their personnel forecasting models.
- NGOs should adhere to the existing NGO Code of Conduct on Health Systems Strengthening and join forces with other social organizations concerned with health personnel.

Dutch training centres (public and private), secondary and tertiary vocational training institutions and universities can all contribute to the development of training programmes keyed to current and future health sector labour demand.

Recommendations

- Education institutions can introduce their students to the WHO Code of Practice by providing copies to trainee health providers and to human resource management students in the health sector.
- Students who develop an interest in global health personnel shortages can be encouraged to undertake projects that address this issue.

Migrant organizations have insight into the working conditions of migrants employed in the health sector (including those in informal professions). This information could be shared with research institutes, trade unions and other organizations active in the sector in order to gain an overview of the current position of foreign health personnel and enable unions to campaign for the protection and improvement of migrants' rights. Migrant organizations have access to unique sources of information about groups that are difficult to monitor, such as informal health providers.

Recommendations

- Migrant organizations can establish the extent to which migrants' rights and terms of employment are protected and whether they are engaged on fair contracts. This can be assessed based on the level at which foreign health personnel are employed in the Netherlands, what they are paid, what training opportunities they have and how they are protected against unfair dismissal. The rights of employees are formally defined in national legislation and regulations, such as health and safety standards and collective labour agreements. Various European directives are also relevant, including those on the prevention of discrimination and human rights treaties such as the Convention on the Elimination of Discrimination Against Women (CEDAW). Migrant organizations can report rights violations not only to government bodies (inspectorates) but also to trade unions and stakeholder groups.
- Migrant organizations can disseminate information about the conditions under which migrants work in the Dutch health sector.
- Migrant organizations can advocate a centralized system for reporting labour abuses in the health sector (and other sectors).

Health insurers and investment companies monitor the quality of health service management and delivery as part of their purchasing and investment policies. Ethical recruitment is closely related to the quality of management and the ultimate delivery of health services.

Recommendations

- Dutch health insurers and investment companies can monitor the quality, training and recruitment of foreign health personnel when consulting with and auditing health care institutions.
- Dutch health insurers can promote the quality of care by attending health care institutions to the importance of strategic and sustainable health personnel policies.
- Dutch health insurers and investment companies can use their influence within the health care sector to promote responsible health personnel policies. They could even consider making ethical personnel recruitment a basic criterion for professional cooperation.

Naturally, the **Dutch media** are indispensable when it comes to disseminating information and shaping public views. Health care is a subject that always receives a lot of coverage. However, the particular problems surrounding future personnel shortages in the Netherlands and the existing shortage at the global level could be highlighted more often and more forcefully. A media focus on such matters would contribute to public and political awareness.

Recommendations

- The media can communicate the urgent need for future-oriented and sustainable personnel policies in Dutch health care by reporting on anticipated problems. There is a need both to provide factual information and to illustrate the situation by means of real-life examples that personalize the issues.
- The media can also show people that, globally, the issue is even more urgent. They can show that, if nothing is done, one billion people will never see a health professional, as well as spotlight the tangible and visible implications for individuals and the influence that our recruitment activities have on health systems abroad.
- The media can show the link between a global shortage of health personnel and the adverse effects of irresponsible health worker recruitment in other countries.
- The media can highlight areas where things are going wrong (and right) when it comes to employing foreign workers in the Dutch health sector.
- The media can present examples of how the WHO Code of Practice is being applied to good effect, so that, as well as pointing out problems, it can also highlight positive aspects.
- The media can publish information about what is being done to prevent future shortages of health personnel.
- The media can offer NGOs, trade unions, employers' organizations and others a platform for publicizing innovative plans in this area.

Dutch embassies and envoys in low- and medium-wage countries can play an advisory role in tackling issues relating to the shortage of health personnel.

Recommendations

- It is important that Dutch embassies have sufficient expertise on issues surrounding health and health personnel. Such experts should be aware of the need for broad training programmes for health workers.

Organizations that promote sustainability and Corporate Social Responsibility (CSR) policy in Dutch health care, such as the Health Sector CSR Network and the Netherlands CSR Council, can do much to promote sustainable and responsible health personnel policies by making them integral to the concept of CSR.

Recommendations

- The issues surrounding the recruitment and migration of health personnel are closely linked to the CSR debate. Actors that advocate CSR and sustainability in the Netherlands can place an explicit focus on ethical personnel policy and international recruitment as part of the concept of CSR.
- Naturally, CSR in the health sector means that health care institutions must take steps to anticipate future shortages and seek sustainable, globally viable solutions.
- The existing codes of practice (WHO Code of Practice and EPSU-HOSPEEM Code) can serve as guides in this context.

IN THE WORDS OF THE WHO

“The health workforce crisis is a global, multidimensional challenge. It requires a comprehensive global strategy to transform the production of health workers, encompassing labour market analysis as well as the transformation of education and training of health workforce, at national and transnational levels. It is essential that countries wanting to improve access to health care meet the challenge posed by shortages in the health workforce.” (WHO Secretariat report, 2013)



Image: Floor Adams

‘Health workers for all
and all for health workers’

Colophon

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A Dutch publication with the title *Zorgen voor zorgende handen – ver van ons bed?* is available.

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