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EVENT REPORT

‘Mobility of Health Professionals in the EU: Ethical Recruitment and Policy Coherence’

5 May 2015, European Parliament, Brussels

Hosted by Nessa Childers MEP (S&D, Ireland) and jointly organised by the Health Workers for All (HW4All) project, the European Federation of Public Service Unions (EPSU) and the European Public Health Alliance (EPHA), the participants discussed whether and to what extent the **ethical recruitment principles contained in the 2010 WHO Global Code of Practice on the International Recruitment of Health Personnel** are applicable in the European (EU) context, where professional mobility is encouraged in the Internal Market yet posing increasing challenges for the health systems of Member States experiencing significant out-migration such as Southern and Central/Eastern European countries.

Following MEP Childers’ opening, in which she described the importance of the issue in light of increased intra-EU flows due to the economic crisis but also a higher general level of professional mobility, Caroline Hager of the European Commission’s Directorate-General for Health and Consumer Policy described the role of the WHO Global Code in the context of the Commission’s Action Plan for the EU Health Workforce, which also included other activities including planning and retention. She stressed the importance of learning from other Member States’ efforts to retain health workers and encouraged Member States to make use of cohesion funds for training, capacity building, and health infrastructure in order to become more self-sufficient.

HW4All coordinator Linda Mans then presented the HW4All project and its numerous awareness-raising activities including the [Call to Action to European decision-makers](#) in support of proper WHO Global Code implementation and policy coherence. She underlined HW4All’s rights-based approach and informed participants about the case studies compiled by HW4All to shed light on good practices and lessons learned regarding Code implementation at country level. She also recalled that European and global aspects of the Code are interconnected since European policies have wider impacts.

EPHA’s Sascha Marschang shared information about health workforce advocacy undertaken by EPHA and its members in the context of the economic crisis and its effects on health systems, patients and professionals. He highlighted the important work of Action for Global Health and the European Observatory on Health Systems and Policies which reveals important nuances between different EU Member States in their approach to managing health

workforce mobility. The root causes of migration include, *inter alia*, chronically underfunded health systems, austerity measures, inadequate training and education opportunities and personal motives. Unbalanced mobility poses a threat to public health given Europe's ageing population and the associated rise in chronic diseases and care needs.

The first panel debate focused on equitable distribution of health workers in Europe, the second discussed sustainable health systems and the rights of internationally mobile health workers. Apart from MEP Childers, the discussants included MEPs Biljana Borzan (S&D, Croatia), Ismail Ertug (S&D, Germany), Soledad Cabezón-Ruiz (S&D, Spain) and Filiz Hyusmenova (ALDE, Bulgaria), which made for an interesting sample of perspectives by political representatives of countries affected by mobility flows. As the examples of Ireland and Germany demonstrate, categories such as 'source' and 'destination' are volatile since many receiving countries are themselves unable to retain domestically trained health workers. It is thus a pan-European challenge to create expedient conditions that allow them to remain working in their home countries.

The debate touched upon many of the drivers of health workforce mobility and migration including vast differences between Member States in salaries, working conditions and technology deployment, opportunities for training and specialisation, mismatches between the number of graduates and available jobs, increased pressure due to shortages, etc. In addition, broader health system topics including reserving fiscal space for health in times of crisis, the impact of austerity measures and the potential benefits of harmonising training contents and quality were also discussed.

In line with the report of the Joint Action on Health Workforce Planning and Forecasting drafted by Réka Kovács (Ministry of Human Capacities & Semmelweis University, Hungary), there appeared to be widespread agreement that the WHO Global Code's principles are applicable in Europe, especially given Member States' diverse health systems and unequal capacities to guarantee quality healthcare. As noted by Kovacs, the Joint Action found that stakeholders are particularly concerned about challenges related to health worker retention, achieving solidarity and equal access, and encouraging circular migration. A tailored version of the Code, focusing on retention, distribution planning and mobility data, motives for leaving and integration practices could work in Europe.

The following key points were highlighted by discussants during the debate:

- Cross-border cooperation between countries should be increased; the case study by HW4All about collaboration between Romania and Bulgaria on medical specialists provides a good example;
- EU Cohesion and Structural Funds should be available to all Member States for putting health workforce objectives into practice in line with the WHO Global Code;
- 'Source' countries require additional help from the EU for health workforce strengthening, creating partnerships, setting up professional registers, setting up continuous education programmes and improving education infrastructures given that the repercussions for these countries are more serious;
- Better information systems are required to obtain accurate data on stocks and flows, and investigate reasons for leaving;
- Governments should take a long term view to planning, recruitment and retention and aim for (self)-sustainability;

- Maintaining / creating a multi-stakeholder debate, including civil society organisations and the social partners, on policies, strategies and financial support.

Remco van de Pas (Institute of Tropical Medicine, Antwerp) moderated the first panel and pointed out that social protection mechanisms are prerequisites for reducing professional flows. He argued that, especially in times of crisis, investments in health and social policies are required in order to strengthen health systems and mitigate health inequalities within and between countries.

Heino Güllemann (terre des hommes/HW4All), moderator of panel 2, pointed out the poor level of protection of migrant health workers in some countries, the example of Spanish nurses in Germany being one of the best known breaches of the WHO Code in Europe.

Gerd Dielmann (ver.di, Germany/EPSU) called for a political framework for the protection of migrants' rights, supported by the EU and the Member States, and his Romanian colleague Razvan Gae (Sanitas/EPSU) called for better regulating the authorisation of recruitment companies. Dielmann presented the 2008 EPSU and HOSPEEM joint Code of Conduct on Ethical Cross-border Recruitment, the scope of which included fair and transparent contracting and training, equal treatment and non-discrimination, promotion of recruitment agencies with demonstrated good practices, and health workers' rights to get involved in trade unions.

MEP Ertug stated that, while financing is a national issue, the EU has an important role to play in policy development, the Professional Qualifications and Posted Workers Directives being good examples of legislation in this area. Participants stated that they would like to see an expanded EU role in the implementation and monitoring of policies that impact on health workforce mobility.

MEP Cabezón-Ruiz also stated that fair compensation measures for countries losing health workers should be considered given that migrants' home countries are effectively supplying workers for health systems in destination countries where shortages are experienced.

Finally, the need for further meetings on health workforce mobility issues was underlined by host Nessa Childers to ensure that politicians and policy makers keep them high on the political agenda and foster enough political will to create and implement European solutions.