



Health workers for all - CASE STUDY

BELGIUM

Charter proposed by Belgian development cooperation actors on the recruitment and support for the development of human resources for health (HRH) in partner countries – November 2012

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Contents

I. Description, of the practice:

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- The national/regional context of which the case study is part 4
- Description of the practice 4
- Results lessons to be learned 6
- Individual stories 6

WHO Code* correspondence:

Article 4.1. Health personnel, health professional organizations, professional councils and recruiters should seek to cooperate fully with regulators, national and local authorities in the interests of patients, health systems, and of society in general.

* *WHO Global Code of Practice on the International Recruitment of Health Personnel*

1) The national/regional context of which the case study is part

Belgium supported the drafting and adoption of the WHO Global Code of Practice on the International Recruitment of Human Personnel (2010). Moreover, the 2008 Belgian policy note, 'The right to health and to health care', identified the shortage of HRH, in terms of numbers, competences and motivation, as one of the key challenges to be addressed. This policy recognizes that these problems are caused by external and internal migration, as well as problems in the various countries of origin, and that they have repercussions for the quality of services and programmes.

2) Description of the practice

The Be-cause Health Platform (www.be-causehealth.be) comprises key Belgian players active in health development cooperation and committed to promoting universal access to quality health care and health care services. The platform aims to create a bridge between academia and development cooperation actors, both at headquarters and in the field, through a process of consultation, coordination and the organization of common activities. Working groups on different themes are active under the umbrella of the Be-cause Health Platform.

The HRH Working Group (GT-HRH) of Be-cause Health has taken the initiative to elaborate a charter on the recruitment and support of the development of human resources for health (HRH) in partner countries, targeting various Belgian development cooperation actors engaged in the health sector. It aims to harmonize, increase efficiency and render more equitable the practices of Belgian development cooperation actors in the field of recruitment and support for the development of health workers from partner countries. By putting the topic on the agenda of the Belgian political scene, it is asking for real engagement by the actors involved. This charter aims to strengthen the institutional development of partner countries, which is vital to the process of strengthening health systems and the objective of universal health coverage. To this end, it seeks to translate several of the objectives of the WHO Code of Practice into concrete engagements.

In signing this charter, the organizations promise to respect, within the limits of their respective mandates, the principles described in it. These aim, on the one hand, to actively support health workers' capacity-building and to reinforce sustainable health systems, and, on the other, to limit the negative effects that the international recruitment of health workers from partner countries might have on local capacity. These guiding principles will be implemented taking due account of the fields of operation of the signatory organizations and do not constitute an obligation to achieve particular results. The principles are to guide the work of organizations involved, where appropriate, with regard to their interventions and their policy choices.

¹ http://diplomatie.belgium.be/en/binaries/policy_note_healthcare_tcm312-195597.pdf

The organizations adhering to this charter assume certain commitments in the following fields:²

- With regard to partnerships and harmonization
- With regard to policies and development plans for HRH
- With regard to training
- With regard to recruitment
- Within the health sector in Belgium

In November 2012, eighteen Belgian actors involved in development cooperation signed the Belgian Charter. The main actors are the Belgian Technical Cooperation, NGOs, academic institutions and private companies. The charter was presented at the WHO side event of the project 'HW4all' in May 2013.

To monitor how the charter influenced the daily practices of the signatories, the working group developed a matrix³ for follow-up and evaluation, which allowed the establishment of a reference base and the follow-up of the progress made over the years by the individual signatories. This matrix is actually in a test phase, currently being used by different actors within the working group, with the aim of improving it and ultimately developing a final 'user-friendly' version that can be used on a wider scale.

A Master's student in Population and Development Sciences at the University of Liège is writing her thesis on the subject and has been accompanying this process and the different actors involved. She has also spent several months in Kinshasa (DRC) on an internship at the Department of HRH in the Ministry of Health, developing a proposal for a charter to participate in the process of the development of human resources for health. This Congolese Charter is based on the Belgian Charter and aims to encourage development cooperation partners, as well as national institutions active in the health sector in DR Congo, to unite around a common HRH policy and stimulate them to implement national HRH policy.

² For the full text see charter document at:
http://www.be-causehealth.be/media/37374/RHCharter%20English_FINAL%20revised%20accepted.pdf

³ <http://www.be-causehealth.be/en/member-area/human-resources-for-health/conferences-workshops/workshop-hrh-charter-on-the-recruitment-and-the-support-to-the-development-of-hrh-in-the-partner-countries>

3) What can we learn from the practice described?

The practice described was a success in bringing together different actors, all involved in human resources development, both in the North and the South. Academia, private actors, ministries, NGOs, and federal and regional agencies regularly met and shaped the Belgian Charter, with a specific focus on the interactions between developed and developing countries. The lessons learned were multiple, and some were striking. The WHO Code of Practice is usually ignored. The development of human resources by development partners in the partner countries is often done without alignment with the national planning context. Coordination between development partners is weak or non-existent, and last but not least, it should be emphasized that many development actors recruit the best national resources for the development of their projects, and while this allows them to successfully implement their projects, by doing so it weakens the national systems.

While the Charter does not pretend to solve all issues, the simple fact of creating consensus on how Belgian development partners can and will work together with their partner institutes is an enormous innovation. Placing emphasis on sound coordination, strengthening local planning in relation to human resources, improving the training capacities of the local institutes, and reducing the harmful effects of unethical recruitment in the partner countries, is an important first step in a long process of change.

4) Individual story

To illustrate the impact of the Belgian Charter and the way it is put into practice, we will look at the matrix for the follow-up and evaluation of the NGO Memisa.³

In summary, the following aspects have been strengthened and there is now enhanced focus on:

- Interventions supporting the implementation of national plans for the development of HRH
- Measures to make the profession of health workers more attractive
- Training for health workers
- Policy on recruitment and remuneration of HRH and measures taken to limit negative effects
- Sensitizing and informing the Belgian actors involved in recruitment of HRH from the South
- Production of documents/organization of events aimed at documenting and capitalizing on relevant experiences regarding support for the development