



**HealthWorkers  
4all**



## **Health workers for all - CASE STUDY**

### **THE NETHERLANDS**

**Corporate Social Responsibility  
in favour of the global health  
workforce**



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Floor Adams

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This document has been produced in the framework of the project “Health Workers for all and all for health workers” DCI-NSAED/2011/106, with the financial assistance of the European Union. The contents of this document are the sole responsibility of the project partners and can under no circumstances be regarded as reflecting the position of the European Union.



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## ***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.**

**Article 4.2. Recruiters and employers should, to the extent possible, be aware of and consider the outstanding legal responsibility of health personnel to the health system of their own country such as a fair and reasonable contract of service and not seek to recruit them.**

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

## **The context**

If its policies remain unchanged, it is very likely that the Netherlands will face shortages of health workers who are capable of addressing twenty-first century health needs and challenges in the long term. A shortage of health workers in the Netherlands may lead to the recruitment of health personnel from abroad. However, if the recruitment is not carried out in a responsible way, it can have serious repercussions both for the individual worker and for the health system in the source country, which, with respect to the Netherlands, mainly concerns Eastern and Southern European countries such as Hungary, Romania, Spain and Slovakia. When health workers are recruited from already fragile health care systems, those systems can be dangerously undermined. Moreover, people who work in unfamiliar settings are vulnerable to various forms of exploitation. In short, relying on people from elsewhere is not a structural solution to the anticipated shortages of health professionals in the long term.

The Dutch government regards the health system as self-regulatory and takes a controlling, rather than a leading role in its development. The national government's role is primarily to define parameters and draw up an agenda.

In the Netherlands, health sector personnel policy is determined and implemented by a large array of actors. In other words, as a result of decentralisation, a wide range of actors must share responsibility for health personnel policy, each actor from their own angle. Therefore, a sustainable and globally responsible health personnel policy requires various actors, such as health care institutions, migrant organisations, recruitment organisations and labour unions, to contribute to developing solutions and methods for promoting a globally responsible and sustainable health personnel policy. Joint action to improve the training, recruitment, retention and deployment of personnel is key.

A case in point, for example, is that 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. As a result, health care institutions may develop sustainable personnel policies, but that policy is only workable with cooperation from other parties, such as professional training institutions and actual recruitment agencies.

## **Collective efforts for socially responsible change**

To avoid shortages at the national level, and beyond our borders, it is vital that Dutch stakeholders take the opportunity, while they still can, to work together to design their health personnel policies to ensure they are as sustainable as possible and do no harm to the access to health workers elsewhere in the world or to the individual situation of a health professional. In other words, globally sustainable and fair personnel policies for the health care sector are necessary and require collaborative and coordinated

action. This can all be done by linking the international guidelines on the recruitment of health workers to policies on the Corporate Social Responsibility of the actors involved, for which the Ruggie principles<sup>1</sup> could serve as an appropriate framework. From this CSR perspective, every actor can take on their share of the burden and contribute to a world in which everyone everywhere has access to health care.

The World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel (WHO CoP) and the EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention in the Hospital Sector, can both play an important facilitating role in realising sustainable and fair health personnel policies. The EPSU-HOSPEEM Code is intended to promote ethical and deter unethical health personnel recruitment practices in the EU, solely targeting hospitals in European countries, in contrast to the WHO CoP. It would be of great value to have both Codes translated into operational policies to achieve sustainable health personnel policies.

This can be done by integrating the principles of both Codes into Corporate Social Responsibility (CSR) and personnel and recruitment policies of the different actors involved (e.g. hospitals, recruitment agencies, social partners, etc.). The trend to CSR offers a perfect opportunity to link and foster the implementation of both Codes. CSR is becoming increasingly important in the health care sector, improving the social value of health care in the Netherlands. Health care actors are open to advice about ways to increase their social value and their status via CSR. As CSR is a 'fashionable' trend at the moment, it is a perfect vehicle to bring ethical recruitment into the limelight. Therefore, it is of utmost importance that the different organisations involved, such as civil society organisations, CSR advocates and trade unions, but also actors such as health care institutions or recruitment organisations who might play a role as 'good examples' and ambassadors, collectively raise awareness about the great opportunities to contribute to the global health workforce via CSR.

Collaborative efforts have already been made to generate publicity and an awareness of this topic. Through various endeavours, such as the publication of articles, reports, etc., various actors have attempted to focus attention on the possibility of enhancing CSR policies by integrating the Codes and to make actors aware that global responsibility can also be achieved through CSR. In the CSR transparency benchmark 2013, the consultancy firm Royal HaskoningDHV evaluated whether Dutch hospitals reported about or referred to one or both of the Codes in their (CSR) policies and annual reports. The main outcome of the evaluation was that in 2012 no hospital mentioned these Codes. The Amsterdam-based advocacy organisation Wemos and Royal HaskoningDHV have explicitly referred to this outcome in several publications in order to urge stakeholders such as hospitals and recruitment agencies to implement the principles set out in both Codes.

In December 2013, Skipr – an online magazine and platform for the health care sector – published an article<sup>2</sup> in which they elaborated on the results of the annual CSR benchmark evaluation by Royal HaskoningDHV and reflected in particular on how hospitals can integrate the WHO CoP and its European

<sup>1</sup> [http://www.ohchr.org/Documents/Publications/GuidingPrinciplesBusinessHR\\_EN.pdf](http://www.ohchr.org/Documents/Publications/GuidingPrinciplesBusinessHR_EN.pdf)

<sup>2</sup> Skipr (2013). Ziekenhuis ziet ethische werving over het hoofd.  
<http://www.skipr.nl/actueel/id16929-ziekenhuis-ziet-ethische-werving-over-het-hoofd.html> [Hospital overlooks ethical recruitment]

equivalent, the EPSU-HOSPEEM Code, into their policies on CSR. Another article<sup>3</sup> addressed the reasons why a fair and future-proof health personnel policy is so important, pointing out the value of both Codes to actors in the Dutch health care sector. These efforts resulted in a greater awareness and subsequently encouraged several actors to contribute to the process of awareness raising.

For example, the Dutch trade union Abvakabo FNV was inspired to take action. Trade unions in the Netherlands are able to take advantage of the Dutch consultative framework to exercise influence at various levels, sitting down with employers, government departments, various social organisations and their international partners. These discussions provide them with 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, international health workers in the Netherlands and the citizens of countries with vulnerable health care systems. The outcomes of the evaluation by Royal HaskoningDHV offered valuable opportunities for discussions about the Codes and to incorporate them into already existing policies in collaboration with employers and other social partners, including the Dutch Hospital Association. AbvakaboFNV uses the outcomes to raise awareness about the fact that many Dutch hospitals barely comply with these Codes of Conduct and is calling on social partners to put them back on their agendas. In doing so, they can also refer to good examples.

The Radboud University Medical Center (Radboudumc) is a good example. They indicated in their strategy document ‘Sustainability in the genes’<sup>4</sup> that they will apply a global perspective when recruiting personnel so that they do not inadvertently contribute to shortages of health personnel elsewhere. ‘Sufficient health personnel for anyone everywhere in the world is of utmost importance. We are therefore very keen to contribute to fair recruitment and distribution of health personnel worldwide by developing and implementing a globally sustainable health personnel policy’, says Harriette Laurijsen, Policy Officer Sustainability (Radboudumc). Their role as a frontrunner is highly valuable in the process of awareness raising, especially since the Radboudumc is a reputable and well-known hospital. Other hospitals and health care institutions, but also recruitment agencies and social partners, could follow the example of Radboudumc. All stakeholders could take the opportunity to expand their CSR scope and take responsibility for fair recruitment and distribution of health personnel at the global level. Every action we take, no matter how small, has ramifications. Together, these small acts can effect big change, building a world in which everyone has access to care.

<sup>3</sup> Skipr (2013). Mondiale kijk op werving is geen sprookje. Author: Linda Mans. <http://www.skipr.nl/blogs/id1703-mondiale-kijk-op-werving-is-geen-sprookje.html> [Global perspective on recruitment is not a fairy tale]

<sup>4</sup> Radboudumc (2013). Duurzaamheid in de genen. <https://www.radboudumc.nl/OverhetRadboudumc/duurzaamheid/Pages/default.aspx> [Sustainability in the genes]

## **Future possibilities**

The principles of CSR are becoming increasingly important in the health care sector. CSR takes many forms, including consideration of sustainability, ecological impact and the effects of policy on local communities. Fair (ethical) international conduct is entirely in step with CSR thinking, which could be further enriched by adding a global perspective on health. In doing so, global responsibility will also be taken into account and be reflected in and through CSR policies. 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. For example, for health care institutions, CSR means – among other things – anticipating future shortages and seeking sustainable, globally viable solutions.

While CSR policies are not directly binding on the stakeholders, CSR policies that take the global context into consideration can serve as guidance to the actors involved on how to ensure globally responsible behaviour. CSR often provides a framework for an organisation-wide approach to act responsibly and ethically. To ensure CSR policy is brought into practice, it is vital that the principles of CSR policy are translated into concrete measures and/or converted into specific policies. A good example is the integration of the principles of the Code into HRM policies. The accountability, monitoring and follow-up of these CSR practices need to be guaranteed. CSR should thus be ‘embedded’ in national protective legislation and international agreements (e.g. the ILO’s Recommendation concerning National Floors of Social Protection).<sup>5</sup>

To ensure the different actors involved incorporate the principles of both the WHO CoP and the EPSU-HOSPEEM Code into their CSR policies, it is of decisive importance that they are aware of the possibilities of broadening their horizon. Various actors such as civil society organisations, trade unions, health care institutions and recruitment agencies can help collectively raise awareness.

<sup>5</sup> [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_INSTRUMENT\\_ID:3065524](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524)