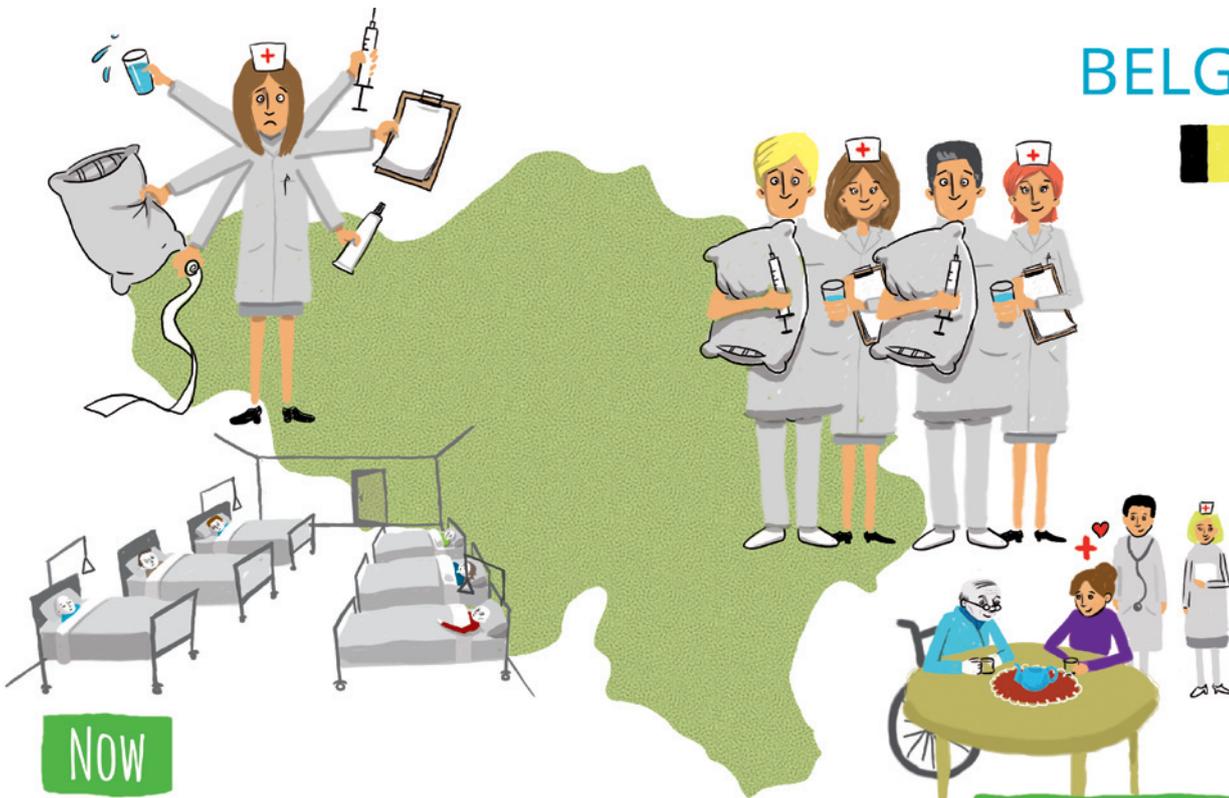


BELGIUM



NOW

Too few health workers; health professions are not attracting new recruits

IN THE FUTURE

Investments are made to make health professions more attractive

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**HealthWorkers
4all**

Main achievements

- The Ministry of Health is aware of the importance of human resources for health and the relation between domestic and external health policies and practices.
- The Public Health Expert of the Belgian Cooperation (the General Directorate for Development and Humanitarian Aid) has promised to integrate human resources for health their policies when according grants to future projects.
- Thousands of medical staff reached by press releases and media coverage.
- European Commissioner of Employment, Social Affairs, Skills and Labour Mobility Marianne Thyssen has encouraged us to continue the important advocacy work for human resources for health.

Introduction

The immigration of doctors, nurses and other medical personnel is a relatively recent phenomenon in Belgium, starting around 2000 and growing slowly but steadily. Although recent figures are not conclusive, from a total of around 400,000 people working in the health service, around 18% of all doctors and 4.4% of nurses are of foreign origin. Each year 300–500 doctors and 250–880 nurses enter the country. For both professions, around two-thirds are from European countries and 15% of African origin. Only 30% of the foreign-born doctors and 15% of the foreign-born nurses have not obtained their degree in Belgium.¹

Activities

The project kick-off took place in April 2013. It gained publicity in *MO Magazine*, 11.11.11. and for larger public through a number of articles in *Inflight magazine SN Brussels Airlines*. There were also several announcements on the *Magazine for Medicine* website and in the magazine. Some of Belgian good practices were presented at the side event at the 66th General Assembly of the WHO in Geneva (May 2013). Furthermore there have been preparations for an extended article in the *Magazine for Medicine* and contacts on online communication and the HW4All website. In April 2013, we also gave a presentation on human resources for primary health care at the public seminar of the Gent University. In the second half of the first year, the contacts with the different stakeholders were intensified and further interviews were carried out. Several contacts were made for publications in specialized magazines (such as *Tijdschrift voor Geneeskunde* and *Santé Conjuguée*), followed by a publication by M.Waals and dr. E. Van Belle. The national VRT TV News broadcasted an item on the importance of local doctors in Central Africa. To provide a broader visibility for the project, 10.000 leaflets were prepared and distributed as well as 200 promotion kits.

¹ Chapter 2: Civil society's contribution and advocacy for implementing the WHO Global Code in the European Region: Six country case studies. Linda Mans, Remco Van de Pas, and Giulia de Ponte. In: Migration of health workers: the WHO code of practice and the global economic crisis. Eds: Amani Siyam, Mario Roberto Dal Poz, 2014.

National Workshop

In March 22th 2014 we organised our National Workshop in Brussels with 10 prominent key speakers and more than 80 participants from different stakeholder groups. The opening speech was given by the National Minister of Health Laurette Onkelinx, followed by a speech by Lon Holtzer, Ambassador for Care Flanders from the Flemish Ministry of Health and a presentation from the Belgian Joint Action Force. On the scientific side, there were testimonies from the South and experiences from recruiting foreign personnel in a medical institution in Belgium, etc. A very interesting dialogue took place with the participants from the different and mixed stakeholder groups on three fundamental key issues. Clear conclusions, recommendations and points of interest were addressed to the Minister of Health and other important stakeholders.

The online collaboration tool was also launched in the first half of 2014, with the presentation of the HW4All study, the presentation of the WHO handbook on migration of health workers that included a presentation from Belgium. We edited 2 case studies: one on the Hospital for Hospital twinning program experiences (where 18 Belgian hospitals are partnering with African Health Districts) and one on issues concerning human resources for health and the experiences around the Be-cause Health Charter on the recruitment of foreign medical personnel within health programs. The latter was signed by the majority of the Belgian actors and health workers in development programs and the evaluation of the evolution in respect of these principles in the field (through a field survey in the Dem Republic of Congo).

Our further activities in 2014 were:

- Participation in the National Congress for Midwives where midwives were given information about the call to action;
- At a side event of the General Assembly of the WHO in Geneva Dr. Elies Van Belle provided a testimony on two good experiences in Belgium: the HfH twinning program and the Carter of members of the Because-Health group;
- A presentation at the VIVES Highschool in Bruges for student-nurses.

In 2015 prospectations for new stakeholders were made (e.g. meeting with 'Global Shapers') and once more we participated to the National Congress for Midwives where midwives were given information about the call to action. We organised our yearly partnering Hospital for Hospital-day where partners shared their experience on human resources for health policies. Further, Géraldine Saey spoke at the International Federation of Medical Students' Associations (IFMSA) General Assembly, in Ohrid, Macedonia, on the 4th of August. In the last semester of the project, we actively prepared the end of the project. Because of the importance of the subject and the end of the project, we decided to use the theme (human resources for health policies) for our national campaign of 2016. Therefore we found it important to develop the right tools to explain this message to our audience. The cartoon on human resources for health policies of Belgium was the first step for us in that direction.

We decided to develop a similar cartoon for the policies in DR Congo to compare both situations. We also intensified our contact with our stakeholders (Be-Cause Health mainly) and with our partners (through Skype, meetings, conferences). Finally we sent interpellations to Belgian politicians as a final appeal to sign the code of conduct and to invite them to the closing meeting in Madrid.

Results

We have assembled more than 80 signatures for the call to action on the online collaboration tool. Amongst them are various important institutions such as Zorgnet Vlaanderen and 11.11.11. (umbrella organisations of more than 100 medical institutions and NGOs). The icing on the cake were the letters of support and symbolic signature of the Ministers of Health (both Flemish & Federal), a Member of Parliament, and the European Commissioner of Employment, Social Affairs, Skills and Labour Mobility as a result of our political interpellations.

Our national workshop was a success - there were important key speakers, amongst them the Minister of Health. We also had several publications in scientific and political magazines that reached a broad audience. We enlarged our network by participating in several events and conferences. Unfortunately there is not a lot of media attention for health workers issues in the national (regular) press.

Our closest stakeholders, the (Belgian) hospital partners, were definitely more sensitive on the subject of human resources for health policies. We believe it will influence their specific human resources for health policies of their hospital and hope that this new mindset can last. We also believe that the program was of added value to our partners whilst engaging and meeting their African colleagues during their immersions in DR Congo (or other African partnering countries) or during communication. Those stakeholders were at the same time our target group. It was a two way street.

We believe that the health worker issue appeals to Belgian politicians, despite the change of government. In 2014 we lost contact with the former Minister of Health but new contacts with the current Minister of Health are made (see letter of interpellation and response). We also developed, intensified and maintained contacts with the Minister of Health of the Flemish Government, who stayed put after the elections of 2014. We also made first contact with the European Commissioner of Employment, Social Affairs, Skills and Labour Mobility Marianne Thyssen. She encouraged us to continue this important advocacy work. These first contacts haven't yet resulted in concrete changes (e.g. a change of law, a public statement), but are promising for the future.

Follow-up

Our national campaign of 2016 will put the importance of medical personnel as main point of focus. We will build a campaign to sensitize the Belgian audience about the importance of medical staff in rural areas in developing countries. The aspect of migration and its negative

consequences for those areas will be explained. Our expertise from the HW4All project will be put to use for this campaign, supported by the whole Memisa team. For this we developed 2 cartoons and a video to support our campaign.

Memisa confirmed its participation for the renewed working group of MMI at this initial stage. Memisa is happy to be part of an international network that unites experts and contributes to our (inter)national influence on global human resources for health policy and processes.

Lessons learned

Our NGO had not much experience in advocacy by so far. In the beginning, it was difficult to lobby because of the lack of initial contacts and skill: it is not our core activity, and within the scope of the HW4all project there was no one who could develop the activity on a full time basis. But we quickly developed a broad network of contacts with different stakeholder groups in Belgium. We also learned to cooperate with other organisations on the European scene. This was relatively new to us. Memisa works with Belgian partners and partners in our partnering countries (developing countries), but has never worked together on an advocacy project with EU neighbours. We find this very enriching and hope to keep this network alive.