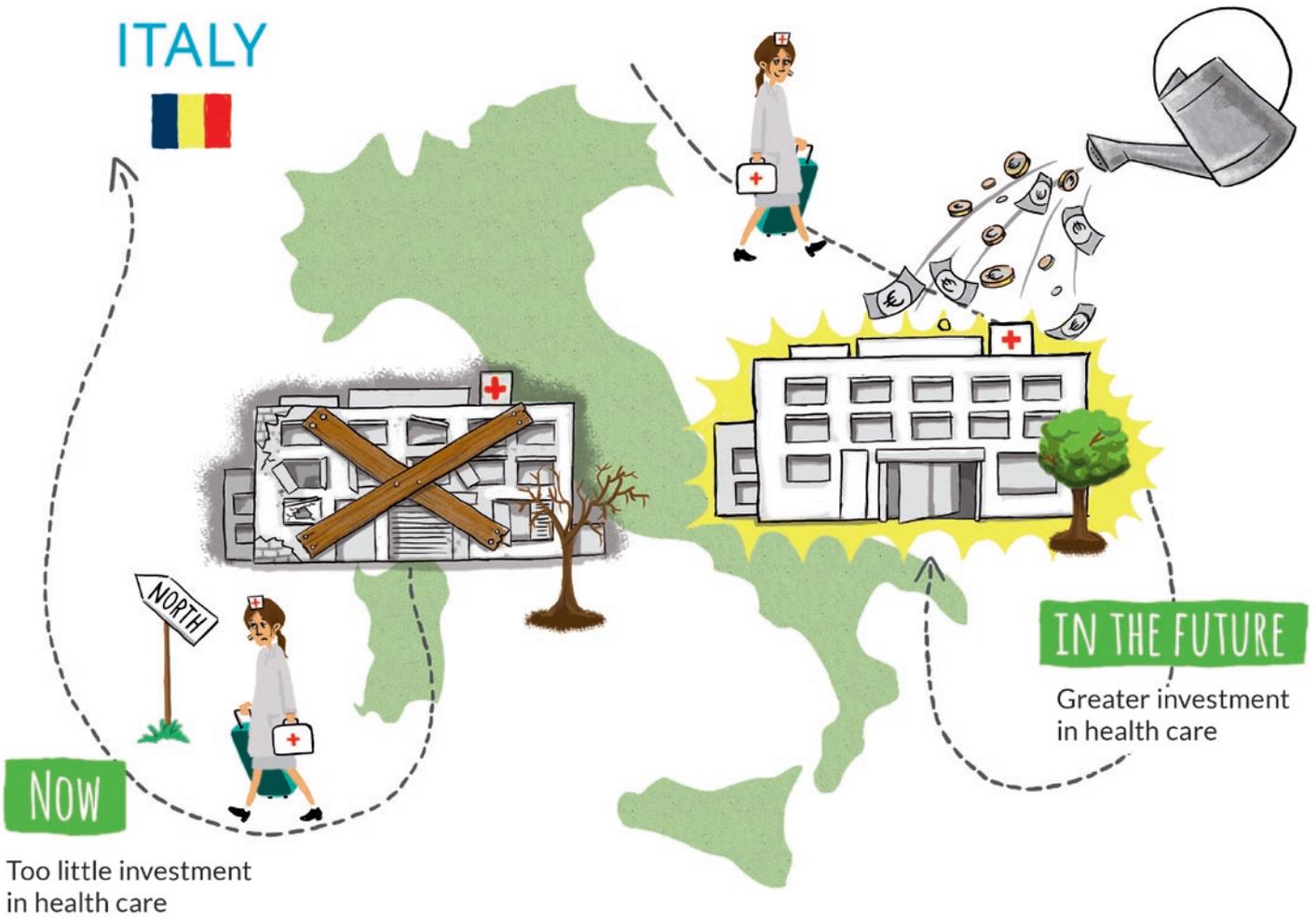




ITALY



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**HealthWorkers  
4all**

## Main achievements

- A multi-stakeholder Commission on Global health and international cooperation inside the structure of the National federation of Medical associations (FNOMCeO) has been created. It has promoted its activities in the course of the HW4All project.
- The Federation changed in 2014 the wording of the Italian ethical code for medical doctors, including global health as a perspective to be taken into account in health system programming as in daily medical practice.
- Meetings have resulted in the reform of National Guidelines on Development Cooperation referring to Global Health sector 5 years after their publication.

## Introduction

The Italian health service is undermined by public budget constraints caused by the financial crisis, and it runs the risk of slowly becoming a net exporter of health professionals. Italy currently ranks among the first countries in the world for density of practicing physicians, but is one of the last considering the number of professional nurses at work. There are around 391,000 nurses, according to a Ministry of Health survey, with the proportion of nurses and doctors close to parity, compared with the average OECD rate of 2.5.<sup>3</sup>

### Activities

The aim of this project, at advocacy level, was to increase coherence between development cooperation policies and domestic health policies and practices of EU Member States with regard to the strengthening of the health workforce in countries with a critical shortage of health workers. The awareness of incoherencies between development cooperation and health policies has increased during this action. The necessity of proper domestic human resources for health planning to avoid brain drain to and from Italy was central to the HW4All project work from the beginning, and was reflected until the end of the action.

In particular, after work with domestic health authorities at national level was carried out in year 1 and year 2, the HW4All project acted additionally in year 2 and 3 as a regular stimulus on the issue of international mobility of health workers in the Joint Action on Health workforce Planning and Forecasting. The Joint Action is largely an expression of Ministries of Health of Member States: the latter, in its 2015 report on 'The applicability of the WHO Global Code of Practice on the International Recruitment of Health Personnel within a European context', accepted both directly to the HW4All project's inputs to the report on policy coherence and ethical recruitment, and the results of previous dialogues carried out by the HW4All project at national level.

<sup>3</sup> 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.

Although the awareness of incoherencies between development cooperation and health policies increased during the action also thanks to the HW4All project contribution. However, the consequent investments in the domestic health sector needed to coherently implement and identified planning needs were not always made during the Action period, due to the current economic crisis which identified austerity policies as a solution, especially for Southern European Member States. This new incoherence was highlighted both by the HW4All Call to Action and by the European summary report.

Similarly, the awareness of incoherencies between development cooperation and migration policies has increased during the action: the new agenda on Migration contains a section dedicated to legal migration and includes a proposal for a review of the Blue Card, to which HW4All did contribute. However this review, which was carefully monitored by HW4All, has not yet come to an end.

Two risks that we can foresee are: The fact that the economic crisis in Europe has brought down extra EU migration to Europe and intensified intra-EU mobility, with brain drain impact within the EU; this implied that the action coupled attention to extra EU migration (central to the action) with that for intra-EU migration, the 2 having similar mechanisms and impacting on one another. On the other hand, after 3 years of attention by the EU Commission to issues related to human resources for health (see EU Action Plan on Health Workforce, 2012), the Commission now does not renew its interest in the sustainable development of human resources for health through a new Action Plan.

Finally, HW4All focused its work on pushing WHO Member States in which partners are based to report on the implementation of the WHO Code. However, Member States did not disclose until now their reports, as the deadline for reporting has now been extended until 31st of March 2016. Therefore we have only received informal reports from National authorities on their level of engagement.

Participation in all the activities has reached the targets in both quality and quantity of participants. The outreach has been huge and with concrete impacts on policy making process, at National, European and also global level. Thanks to the continuous involvement of international experts, as well as relevant global institutions such as WHO that have received the messages raised by HW4All constituency and allies, quoting the Action as one of the most relevant civil society initiatives in mainstreaming issues concerning human resources for health in global policy agenda.

A selection of our activities in 2015 (in addition to contract):

- Seminar 'WHO Global Code of Practice - initial achievements and future challenges. Side event to the 68th World Health Assembly' in Geneva (20 May 2015, over 120 participants);
- Meeting/briefing with European Commission (DG Home, Giulio Di Blasi 11 September 2015, 10 participants);
- Informal dialogue with Italian MEP Patrizia Toia (September 2015, 10 participants);

- Esther Madudu, AMREF Health Africa trained Midwife and candidate to the 2015 Peace Nobel prize, visited in Rome (9-10 November 2015, more than 50 stakeholders met);
- GCAP Seminars in MAECI (Rome, 6 July – Rome 15 September 2015, more than 80 experts and stakeholders participated);
- Joint Action Health Workforce Planning and Forecasting - Second Plenary Assembly (Madrid, 23-24 March 2015 more than 50 participants, 40 direct contacts).

## **Results**

Since the start of the HW4All project in 2013 Amref Italy actively contributed to the new guidelines for development cooperation in the health sector (including a priority on human resources for health and a reference to the WHO Code) of the Italian Ministry of Foreign Affairs (e.g. by organising seminars, providing input to the drafting, face-to-face meetings at the Ministry of Foreign Affairs). In the second semester of 2014 the reform of National Guidelines for Global Health in International Cooperation for development was approved. The European Advocacy Coordinator also commented and emended the Health area of the Documento di Programmazione triennale (Planning strategy of Italian Cooperation for development).

The outcome on the final beneficiaries is an increased awareness of where areas of incoherencies are located: the intersection between development and health, economic and migration policies. Reference to these incoherencies (i.e. the impact of domestic health workforce shortages on brain drain from extra-EU countries) are now generally well understood by decision makers at both EU and national levels, as demonstrated by their public statements (for example the report of the final European Conference) and thanks to the intense dialogue sustained by the HW4All project.

The contribution of the HW4All project went in the direction of systematically identifying and pointing decision makers towards intersectoral incoherencies relevant to human resources for health, where only few actors in Europe were in the position to read and interpret developments in different sectors such as health, migration and economic policies, trade and development.

At national level, a number of actors incorporated HW4All project's positions, i.e. doctors' trade union Anaa, NGO platform CONCORD Italy, the Ministry of Foreign Affairs and International Cooperation, doctors' health professional organisation FNOMCeO and, to a certain extent, the Ministry of Health and nurses' health professional organisation IPASVI.

However, it appears that the step from increased understanding of incoherencies towards concrete solutions of these incoherencies is in some cases prevented by conflicting interests introduced by the economic crisis (like in the case of investments in the health sector, where the interest of limiting public expenditure prevails on the interest of training and employing health workers according to identified needs), which were only partly foreseen at the beginning

of the action; sectorial divisions and the lack of staff training also made intersectoral dialogue limited in some cases.

The continuous contacts with Members of Parliament at national level and the push for more evident linkages between the growing brain drain of health workers from Italy and Europe with the austerity measures implemented by national policies as well as EU level, succeeded in the publication of a Parliamentary Relation on State and Perspectives of Health System. These contacts stimulated the approval of several Motions for a better programming, training and retaining of the health workers in the national health care system, as well as on brain drain and how to effectively address it in short/medium term.

In December 2015 several Members of Parliament, and between them the president of Senate Health Committee Maria Emilia De Biasi and Nerina Dirindin who participated to HW4All National Seminars in the 1st year of the project, presented project proposals for new national laws to support health workers, their training, recruitment and fair treatment, in coherence with the WHO Code of and HW4All advocacy agenda.

### **Follow-up**

The action will continue at European and global levels through MMI network/HRH working group, of which most HW4All project partners are members. The working group already produced a work plan 2015 which will ensure the continuity of work at national and EU level, drawing from the HW4All project experience.

In Italy the advocacy work on international migration of health workers will continue mainly with a focus on the needed coherence between development and migration agenda's, as both development and migration of health workers are identified as priorities in Amref Health Africa's national strategy for Italy, 2015; and as health workers migration is part of the new Amref international guidelines on migration.

Alliances developed through the action will continue to be sustained and developed, i.e. through Amref's renewed membership of the national platform CONCORD Italy (migration working group, in particular) and of NGO platform CINI (Italian coordination mechanism of international networks), both prioritising coherence issues at European and national level respectively.

Continuity of institutional dialogue with the Ministry of Foreign Affairs and International Cooperation on the Action's themes will be ensured by the membership of Amref Health Africa's director of the working group dedicated to 'Migration and development' within Consiglio Nazionale per la Cooperazione allo Sviluppo, the highest consultative mechanism with external stakeholders introduced by the new Law on Development Cooperation (Law 125/2014).

Finally, Amref Health Africa in Italy will also continue to provide financial and technical support to training and retention of human resources for health programmes in African countries where Amref Health Africa is active.

### **Lessons learned**

Amref Italia learnt a lot on the functioning and advocacy opportunities in EU institutions. Contacts in DG DEVCO, Home and SANCO were extended and deepened. Functioning of the European Parliament and its Committees was better understood as work was initiated in this field for the first time by Amref Italy. Contacts, not only with other national partners, but also with new European level networks in the field of health and migration were initiated.

For a health organisation like Amref the EU migration agenda and the impact of austerity policies on migration of health workers were also policy areas of learning. This learning has been utilised in a policy coherence perspective with the action's stated goals and objectives in mind. All learning informed the Call to Action and other HW4All project outputs and positions.

Amref Italia supported and obtained the inclusion of a specific point on migration of health workers in the Amref family's framework policy on migration, making the migration issue more relevant for all the national Amref organisations, in coherence with the overall goal of the HW4All project.

The major achievement on a national level has been to have the possibility to understand how:

- To enlighten the relevance of health workforce promotion, training and protection in Cooperation for development processes strengthening a vocal presence of Italian health workforce representatives in the decision making process of the concerned institutions (from the Ministry of Foreign Affairs, to the Ministry of Health, to the Regions);
- To better create synergic opportunities between the best practices developed in the global South and the work that national institutions are doing in order to address the impact of austerity measures the right to health with a sustainable presence of human resources in the national health system.

