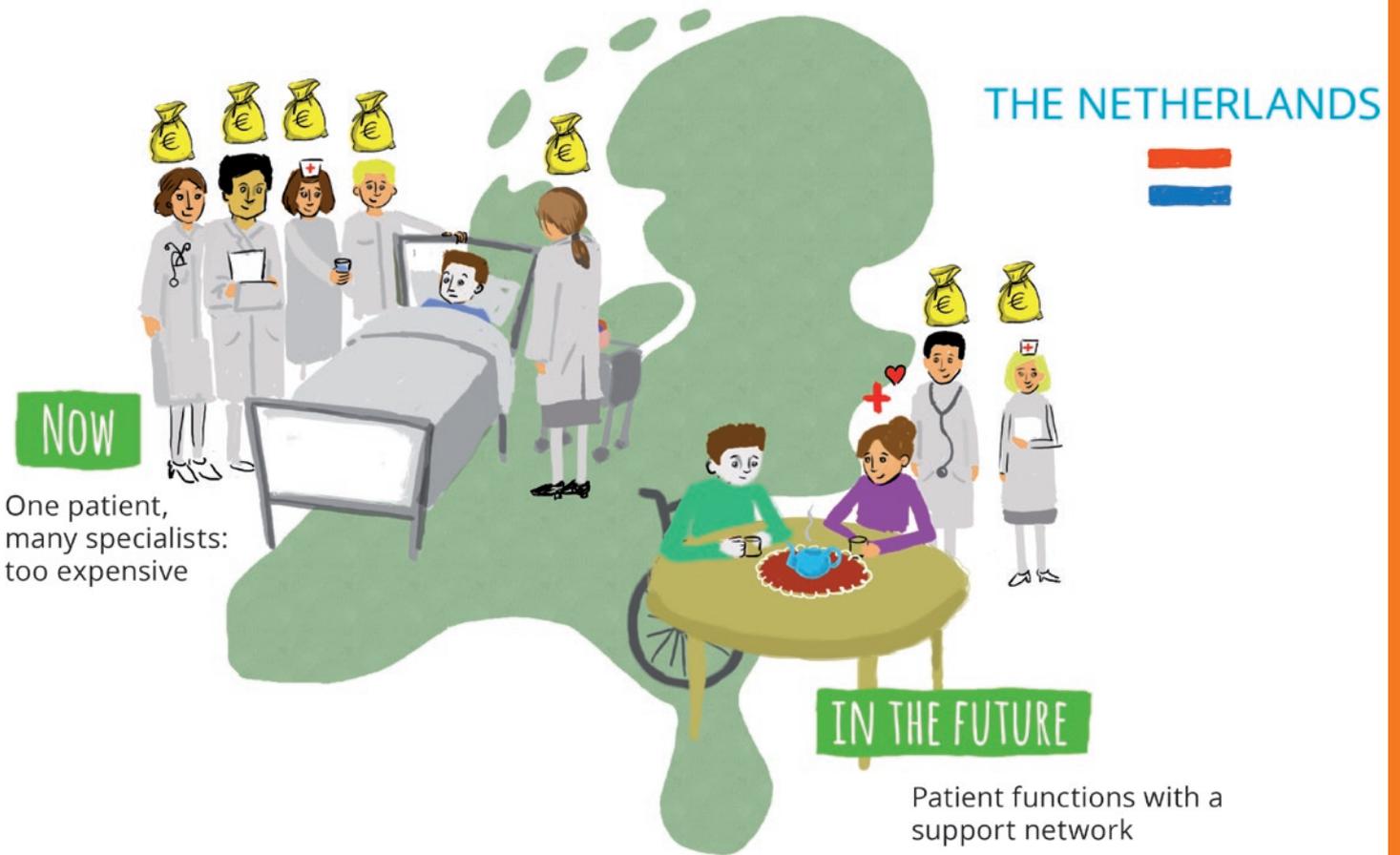


Health wemos FOR All



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Main achievements

- The Minister of Foreign Trade and Development Co-operation has engaged in a (written) dialogue about applying a coherent approach on migration and development with health personnel as a case study.
- During the Dutch presidency in 2016, the Minister of Foreign Trade and Development Co-operation has included policy coherence for development and SDG3 on health as focus area.
- Members of Parliament have asked questions about circular migration; about the need to invest in resilient health systems, including health workforce.
- The Municipality of Amsterdam councillor has commissioned a research on legal constructions for live-in migrant care workers in the 24-hour home care.

Introduction

Dutch stakeholders, especially trade unions, but also politicians and NGOs such as development organisations, have always held the position that the Netherlands should be self-sustainable in its health workforce. However, recruitment of theatre assistants from India and nurses from Spain (2012) suggests that when shortages occur in the Netherlands, active recruitment of foreign health personnel is used as a solution.⁴ How do we ensure, then, that our foreign recruitment policies will not have an adverse impact on the health care systems of those countries? One of the goals of the Health Workers for All project (HW4All) is to work together to promote the fair recruitment and distribution of health personnel.

Activities

During the project period, 1 January 2013 – 29 February 2016, Wemos Foundation was the overall coordinator of the HW4All project. We also carried out many activities in the Netherlands.

We produced a number of advocacy materials:

- A user kit for awareness-raising purposes;
- A factsheet with facts and figures about the situation regarding the human resources for health situation in the Netherlands;
- The WHO Global Code of Practice on the International Recruitment of Health Personnel translated into Dutch;
- A users' guide to the WHO Code with questions and answers.

In addition, Wemos mapped power relations and produced and published the stakeholders' analysis booklet with recommendations (Dutch and English version). The booklet has been printed (500 prints) and was distributed during the entire project period.

⁴ 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.

We conducted individual interviews with stakeholders (human resources for health representative bodies, migrant organisations, sector organisations, trade unions representing nurses and care workers, recruitment agencies etc.). They received information about the WHO Code and about the importance of fair and sustainable health workforce systems and policies.

Wemos participated and presented the HW4All project in different (working group) meetings and conferences at European level and global level (e.g. World Health Assembly, Third Global Forum on Human Resources for Health). This provided us with great opportunities to liaise with our contacts and establish relations with new parties. Moreover, from the start of the project we have strengthened our contacts with the Ministry of Health, Welfare and Sport, the Ministry of Foreign Affairs and politicians in order to raise the importance of human resources for health and ethical recruitment on the Dutch political agenda.

We have sent several suggestions for parliamentary questions about the recruitment of foreign health workers in our home-based care to a Member of Parliament.

We selected two case studies for in-depth elaboration and published these in two separate articles:

1. Responsible health workforce policies as an integral part of Corporate Social Responsibility policies.
2. Ethical recruitment in the home-based care sector.

These case studies were later also included in the case study reader with contributions from all project partners, which was produced by the Project and presented to Members of European Parliament on 5 May 2015.

On the 5th of June 2014, the HW4All project launched a Call to Action for European decision makers for strong health workforces and sustainable health systems around the world. The call was published in the project's online collaboration platform and included:

- Long-term planning and self-sustainable training of health workforces;
- Investments in the health workforce;
- Respect for the rights of migrant health workers;
- Coherent planning at national, regional and global level – without losing any of these perspectives;
- Implementation of the WHO Code.

All partner countries actively promoted the Call in order to collect endorsements from sympathisers. A total of 425 signatures were collected by partners (175 organisations and 250 individuals), 28 of which from the Netherlands.

On the 18th of June 2014, Wemos – in collaboration with the Netherlands Public Health Federation - organised the national working conference ‘Global access to health personnel is possible!’ in Utrecht. During this meeting, we discussed ways to ensure a future-proof and globally responsible health personnel policy aligned to the health challenges of the 21st century. The debates were lively and insightful, thanks to the participants with different backgrounds.

Many meetings with health workers’ representative bodies took place, both in the Netherlands and at EU level to further enlarge our constituency of stakeholders who contribute to the WHO Code implementation. In preparation of several EU level happenings, Wemos and Amref Italy, in collaboration with the European Public Health Alliance, took the lead in an extensive advocacy trajectory in order to put elements of the Call to Action on the European agenda.

Wemos organised an Expert Meeting on ‘The implications of work migration in the EU: the case of 24-hour in-home care in The Netherlands’ in September 2015. We aimed to provide input about labour mobility in the EU, with health care as a case study, for the Dutch Presidency of the EU during first semester 2016. 21 Participants from various backgrounds attended the meeting, including Ministry of Health and Ministry of Social Affairs & Employment; various 24-hour care providers; trade union representatives; civil society organisations; researchers. The meeting resulted in the online publication of the report ‘Labour mobility & the Health Sector’ on The Broker in January 2016, followed by an online open consultation.

Results

We have worked intensively together with trade unions in the Netherlands. Our research in the area of human resources for health has been extensively used in their follow-up activities.

Another notable result is that the City of Amsterdam has proceeded to undertake a serious inquiry into the possible negative effects of employing live-in migrant care workers in its 24-hour care arrangements.

Partners and cooperation

All these activities have enabled Wemos to maintain regular contact (face-to-face meetings, telephone calls or email contact) with the Dutch Ministry of Foreign Affairs, the Ministry of Health, the Ministry of Social Affairs and Employment, and with several members of parliament working on health or development cooperation. We acquired a considerable reputation on health-related topics (including the mobility of health workers and health policies) at Dutch governmental level. Members of Parliament and civil servants working with the above ministries repeatedly ask(ed) Wemos for input on the health worker discussion. At European level we have close links with the department dealing with the human resources for health of the WHO Regional Office for Europe. This strong link offers us the possibility to present the HW4All project at regional meetings and to exchange knowledge and information on the human resources for health crisis, the WHO Code implementation and sustainable policy measures to promote fair health personnel policies.

In addition, Wemos collaborates with:

- At EU level:
 - o the European Commission's Working Group on the European Workforce for Health;
 - o European Public Service Unions (EPSU);
 - o Joint Action on Health Workforce Planning and Forecasting. This specific collaboration has resulted in two reports in which Wemos took the lead: 'The applicability of the WHO Global Code of Practice on the International Recruitment of Health Personnel within a European context' and the 'Report on Circular Migration of the Health Workforce'
- At Dutch level:
 - o The Dutch Human Resources for Health (HRH) alliance;
 - o Organisation for Social Partners in Hospitals in the Netherlands (StAZ).

We established and intensified our contacts with trade unions, migrant organisations and some client organisations.

Follow-up

Our activities will continue at the national, European level and global level, a.o. through the Medicus Mundi International Network (HRH working group), of which Wemos is a member. The HRH working group has already prepared a work plan for 2016 which will ensure the continuity of work at national and EU level, drawing from the HW4All experience.

In the Netherlands, advocacy work on international migration of health workers will continue within the framework of the Health Systems Advocacy partnership, in which Wemos participates since the beginning of 2016. This Partnership allows us to continue our dialogue with both the Ministry of Development Cooperation and Foreign Trade and the Ministry of Health. We will continue to emphasise the importance of policy coherence for development, of proper implementation of the WHO Code and of sustained investments in health workforce planning and forecasting, both abroad (through our development cooperation funds) and domestically.

Lessons learned

The issues of health worker migration and the contents of the WHO Code are complex in nature. Their relevance to the Dutch national situation is even more difficult to explain because at this moment in time, our health care system suffers from austerity measures and budget cuts. This has resulted in layoffs rather than demand for more health workers (either domestic or from abroad). However, the need for long-term health workforce planning has been recognised in time. Our way of working is applicable in a new Strategic Partnership in which Wemos is involved, e.g. the stakeholders mapping exercise; organisation of stakeholder meetings; policy coherence (domestic/abroad).