



An overview of Code Implementation in EU countries

good practices and stakeholder collaboration

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Wemos Foundation

Wemos contributes to changes aimed at making structural improvements in health. We advocate:

- ethical conduct,
- coherent policy and
- equal access to care.





Before WHO Code adoption

Wemos and other CSOs have been involved regarding issues of

- brain drain, fair recruitment, retention strategies, data sharing, and
- affirming the right to mobility and work,
- but also affirming the obligation for states to provide essential health care.





Overview presentation:

- After Code adoption: from ‘advocacy’ to ‘collaboration and advocacy’;
- Mobility of health workforce in Europe;
- Country examples: Belgium, the Netherlands and Romania;
- Project ‘Health workers for all and all for health workers’;
- Lessons learnt





After Code adoption

- Awareness raising on the Code;
- Translation of the Code;
- Multi-sectoral stakeholder consultations on sustainable health workforce and fair recruitment;
- Mobility of health workforce in Europe



World Health
Organization

The WHO Global **CODE** of Practice
on the International Recruitment
of Health Personnel



Challenges:

- National health systems are under pressure of budget cuts due to economic austerity measures





Constructive collaboration

- Member States
- National authorities
- Professional groups
- Labour unions
- NGOs
- WHO Europe
- Etc.





Belgium

- **Charter based upon Code** to support the development of human resources for health in partner countries;
- In Belgium raising awareness of public and private actors, to **reinforce collaboration with diaspora communities** and universities and to capitalise and share experiences.





The Netherlands

- In 2009 Wemos initiated **multi-sectoral Human Resources for Health (HRH) Alliance**;
- Aims: to stimulate development of covenants for diversifying and expanding the national health workforce and limit the recruitment of foreign health employees;
- **Round table discussions with ministries and Designated national authority** on Code implementation in 2010 and 2011;
- Dialogue, sharing **policy brief with actor mapping and recommendations**
- **Challenge:** budget cuts up to 40% on home care





Romania (1/2)

- Low number of physicians and nurses per capita (compared to other EU countries and health spending levels);
- In July 2011 law issued by Government to reduce 25% salary of people working in public institutions, incl. doctors and nurses;
- Early 2013 open letter of Romanian College of Physicians to Prime Minister about alarming low levels of qualified health professionals: from 55,000 medical doctors in 1990 to less than 40,000 in 2013;
- Especially in rural areas access to health care is affected.





Romania (2/2)

- Initiatives to **push HWF issue on political agenda** (like open letter);
- Center for Health Policies and Services has started to conduct **stakeholder dialogues** about developing a **sustainable HWF**, mobility of health workers and the ways in which they can be **retained** in the national health systems and particularly in **remote areas**, in line with Code.





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Consortium:



Germany: terre des hommes

Netherlands: Wemos Foundation

Memisa Belgium

Poland: Humanitarian Aid
Foundation Redemptoris Missio

UK: Health Poverty Action

Medicus Mundi International

Romania: Centre for Health
Policies and Services

Spain: Federación de
Asociaciones Medicusmundi en
España

AMREF Italy

Aims:



- From January 2013 to December 2015;
- Contributing from Europe to a sustainable HWF;
- Developing and sharing tools for policy analysis and (inter)action to increase knowledge and understanding of human resources from a global health perspective;
- Concrete: translation of the Code, mapping stakeholders, organizing meetings with stakeholders' representatives, sharing best practices;
- Bringing the work on the Code more at the centre of EU debate via exchange and dialogue between countries.



Connecting:



- Sharing experiences during international policy dialogue on Code implementation organized by WHO Europe and Western Pacific and getting a recruitment agency to present there (Amsterdam, early May 2013);
- Organizing side-event during World Health Assembly (Geneva, end May 2013);
- Collaborating partner in European Joint Action on Health Workforce Planning and Forecasting.



- The more, the merrier -> linking up with other countries -> linking up with other initiatives -> sharing best practices via interactive dialogue on internet;
- National context per country is different -> similar approach with different goals, outcomes and recommendations;
- Getting (groups of) migrant health workers (diaspora) involved;
- Economic climate urges further multi-sectoral approach, like ministerial groups including health, migration and economic affairs, in consultation with NGOs, professional organisations etc.;
- Local, national, regional (European) and global action towards a sustainable health workforce and health systems is needed.



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