

Code Implementation: lessons learned from the Italian case and role of civil society organizations

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

Chişinău, June 17th, 2013

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AMREF Italy

- The Italian context: health workforce shortages in the context of the economic crisis.
- Which role for foreign trained health workers and informal care-givers?
- WHO Code of Practice implementation in Italy: what stakeholders did so far.
- Recommendations and possible collaboration.

Italy has one of the highest density of practicing **doctors**. However shortages will emerge in the next 5 years.

Density of **nurses** is low.

- 71.000 additional nurses required (source: IPASVI)
- The gap will widen



AMREF The crisis hits Italian health system

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- Italy spends 21% less than the EU-15 average
- Because of the severe financial speculation and consequent economic crisis hitting Italy, **health expenditure will need to be cut by over 30 billion by 2015**



Consequences of the reduced financial resources

- Despite existing shortages of health workforce, **unemployment** among graduates is on the rise (because of health system reduced employment capacity).
- **Numerus clausus** in Universities has been reduced this year for the first time.
- In some regions Certificates of Good Standing released to **Italian nurses going abroad** increased six fold in one year



The role of foreign trained health workers



In the context of health workforce shortages and of reduced financial resources they are an **essential part of the health system**:

- They partly cover the Italian training gap, as they arrive already trained
- Ensure service delivery for which Italian nurses are insufficient



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The role of foreign trained health workers

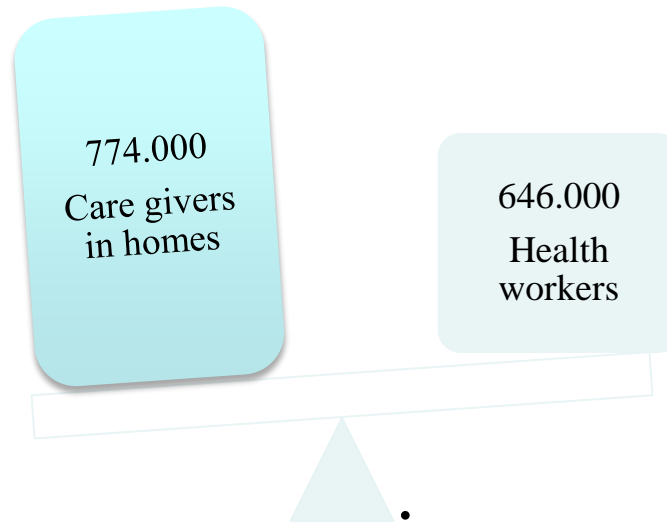


- Foreign nurses are 38.315, ie. 10-15% of total nurses (depending on regions)
- Most of them entered in service in the last decade.
- They often have short term contracts, with lower guarantees, often in the private sector.
- They may arrive with language/training gaps

The role of foreign informal care-givers



- In Italy there are today more informal carers in the homes than health workers in the formal system



- Most informal home care-givers are foreigners. They are paid by families, and fill the absence of social services for non self sufficient persons

The role of foreign informal care givers



- 1/3 of informal care-givers provide primary care in homes. Only few have specific training.
- In some regions the health system is trying to provide them training, to integrate them with the formal system.
- We lack data on skills of those care givers:
brain waste!

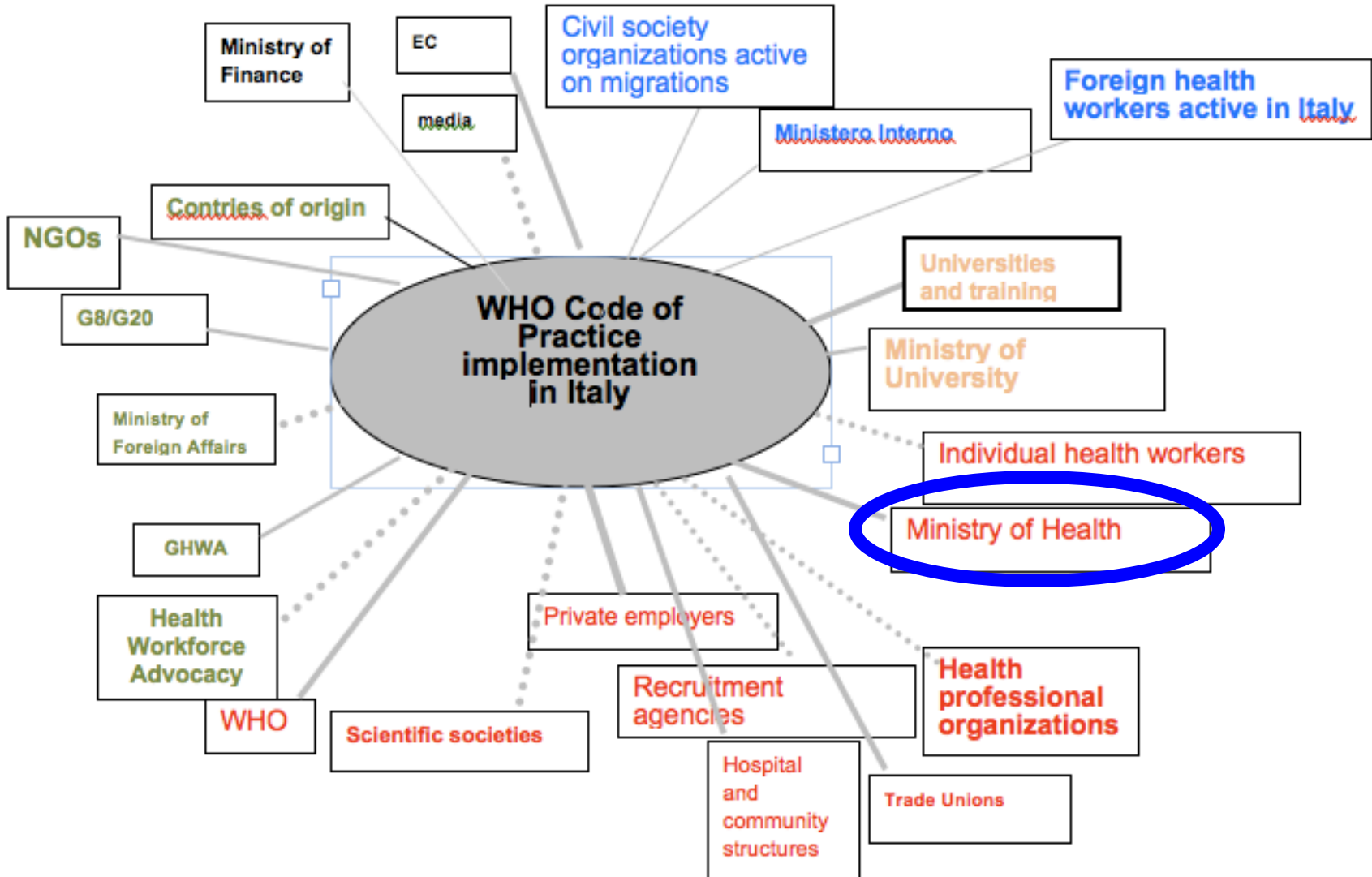
How implementation of WHO Code fits in this context?

Italy signed up to the WHO Code of Practice.

- Italy may not be considered as a champion in the implementation of the Code;
- Nevertheless, a number of actions are being taken to implement it.



What stakeholders did so far?



An effort to improve own health workforce planning

- Leads a workpackage of the EU-funded Joint Action on Health Workforce Planning, focussing on planning and forecasting models throughout the continent, with the internal aim of improving our own planning and forecasting processes

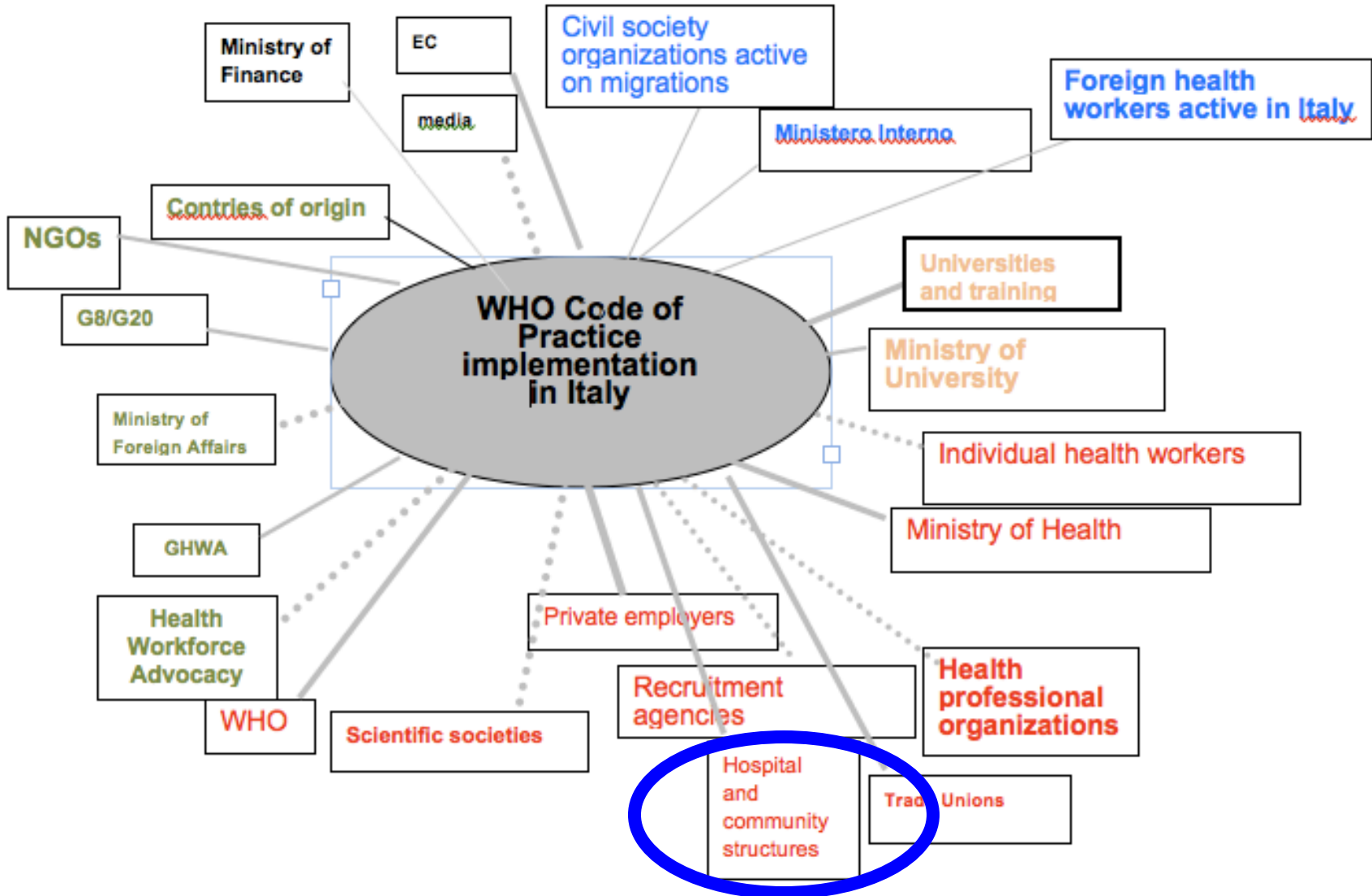
<http://www.euhwforce.eu/>



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What stakeholders did so far?



Test innovations in management + health professionals deployment, to use existing resources at best

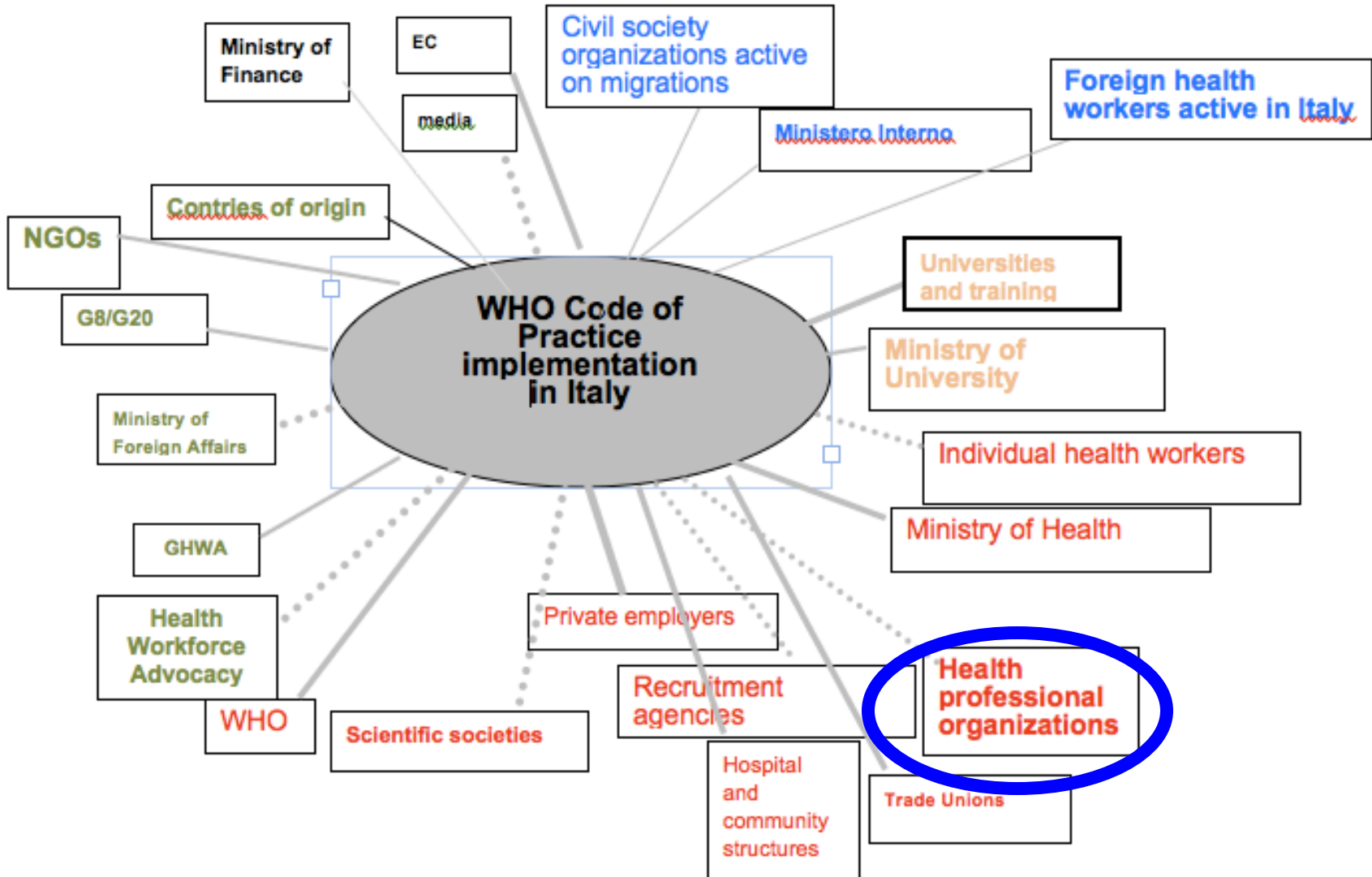
- Reorganization of hospitals by level of care intensity
- Association of General Practitioners, to ensure full time coverage at community level
- Task-shifting from doctors to nurses
- Differentiation within the nurses profession
- Introduction of new professional profiles: ie. auxiliary nurses



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What stakeholders did so far?



IPASVI (association of Italian nurses), has an **Info Point** in Florence, where **foreign nurses integration** is facilitated. Practical solution for:

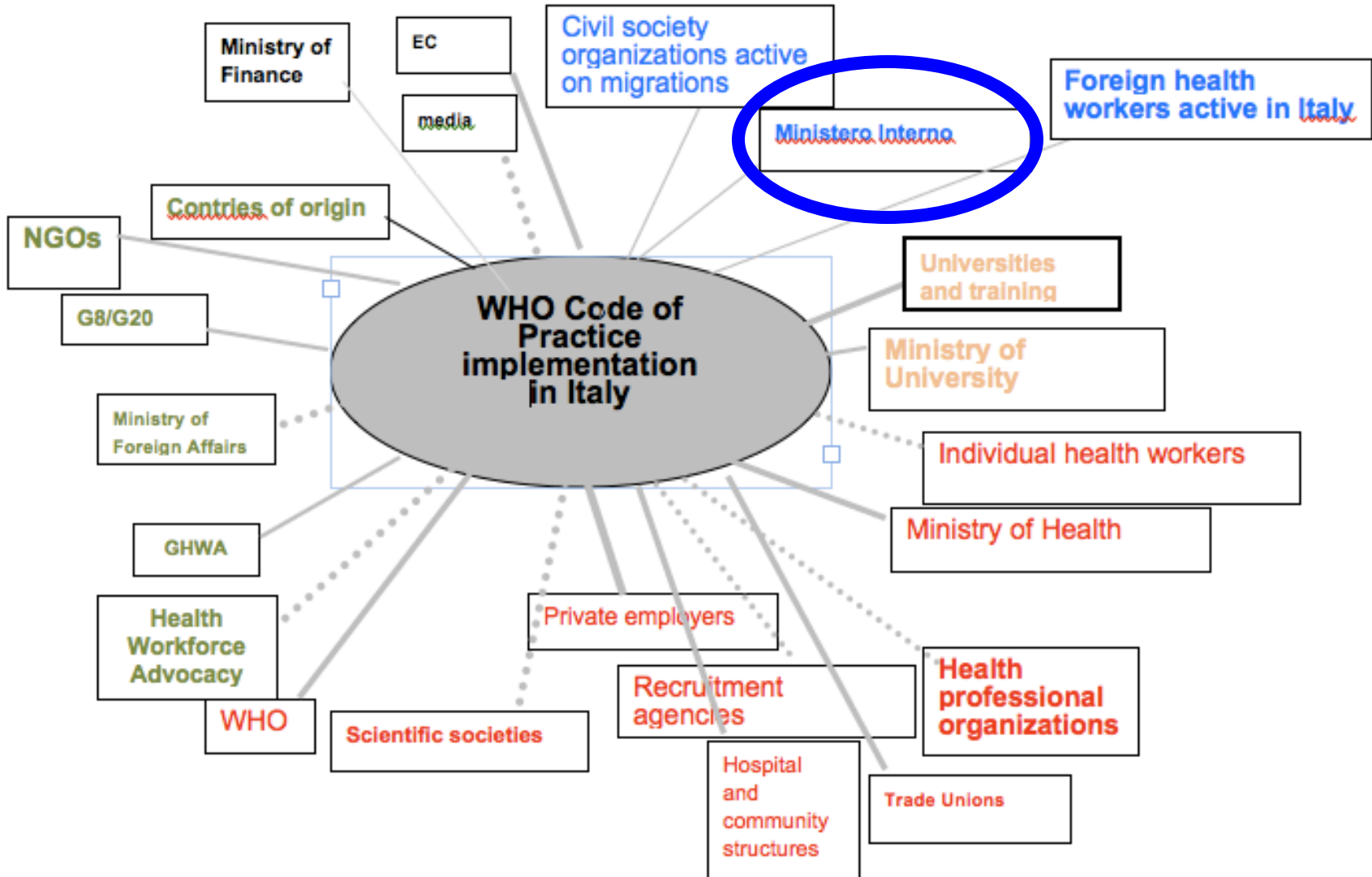
- Acknowledgements of foreign degrees;
- Renewal of the Permit to stay;
- Access to post-basic training courses;
- Search for a job;
- Salary not received from 4-5 months;
- “Atypical” contract of employment.



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What stakeholders did so far?



- Introduced in 2012 the European Blue Card Directive: a preferential access to employment in EU for skilled professionals, including doctors, nurses and other health professionals.
- However Italian law – unlikely the EU Directive - does not integrate an impact assessment on health systems of origin !



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Bilateral Agreement Italy-Moldavia for labour migration

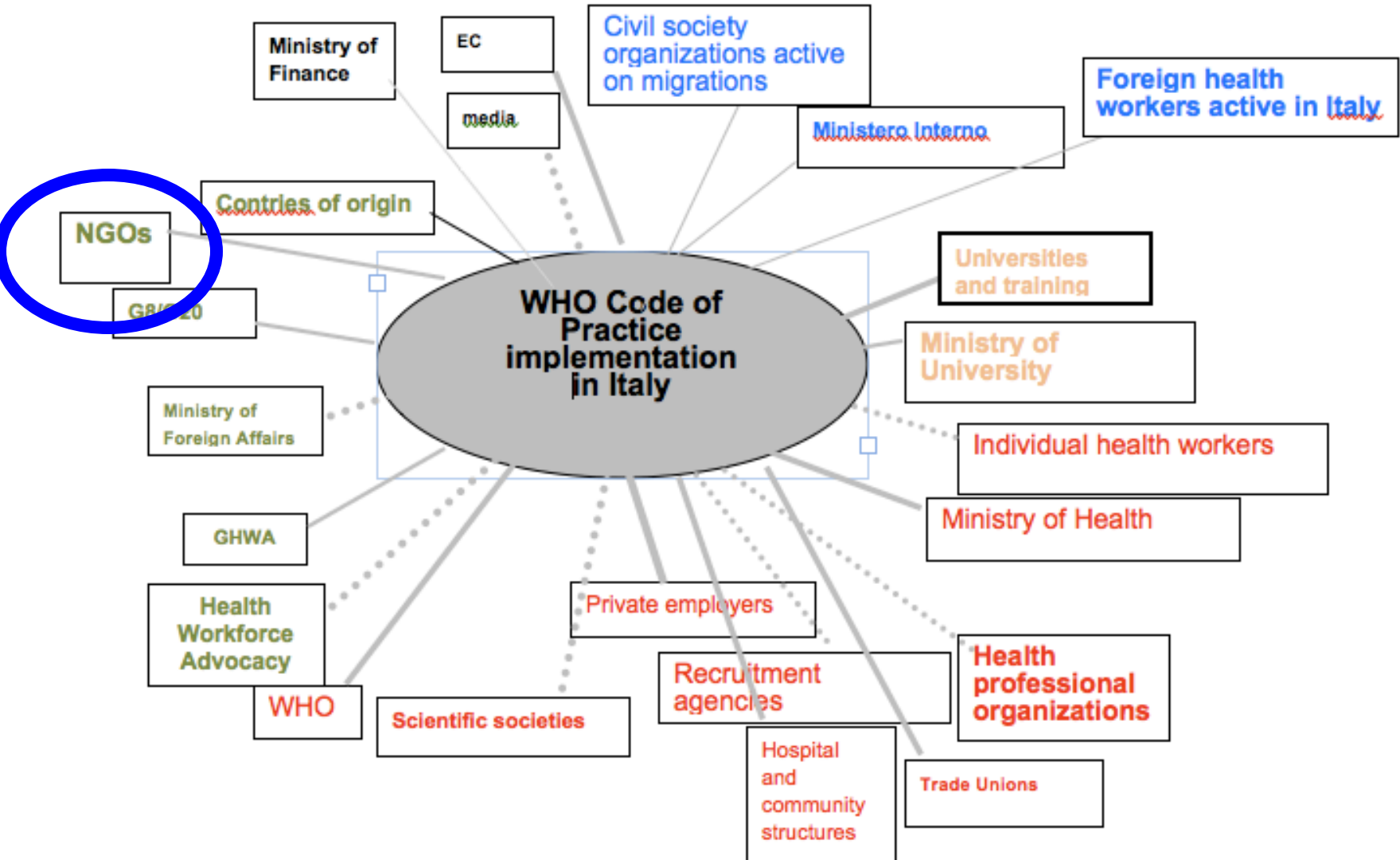
- Moldovan citizens benefit of a special entry quota in the framework of the existing quotas;
- 1/4 of the quota is managed by the Moldovan Ministry of Labour;
- Vocational training and Italian language courses are organized in Moldova for candidate migrant workers;
- Joint voluntary initiatives for Moldovan citizens residing in Italy, to promote circularity migration schemes
- Italy is committed to involve associations of Moldovan citizens
- Set up a process on monitoring and evaluation



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What stakeholders did so far?



- A number of development, migration and health NGOs and CSOs are **raising awareness** of WHO Code and health workforce mobility issues.
- A national campaign was developed in 2012 www.personalesanitario.it, which later connected to the European coalition "*Health Workers for all*"
- Stakeholders dialogues have been organised at national and regional level

The economic crisis is rapidly changing the landscape of health workforce mobility to Italy (and from Moldova, as a consequence!). 2 scenarios are possible for the near future:

- Italy will need more foreign health workers as private sector expands because of the vacuum left by public system
- Italians will have no money to go for private health services: need of foreign health workers will shrink and Italian HW will start working abroad

WHO Code implementation remains a valid framework for international dialogue on HW issues in both scenarios: its worth investing in it!

Lessons learnt and possible collaboration

Budget cuts on social protection push for more care to be conducted at home. Need international information sharing
on informal care givers mobility to avoid brain waste

Need for monitoring implementation of **bilateral agreements**
Need for stronger political dialogue about the implementation
of the Blue Card.

We have very little information on both these tools!

Moldovan diaspora in Italy may have a role in monitoring

Thanks !

<http://www.amref.it>