Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015
12h30 – 15h30
European Parliament
Altiero Spinelli
A3G-2
A civil society perspective on mobility of health professionals in the EU – ethical recruitment and policy coherence

Linda Mans
Project coordinator ‘Health workers for all and all for health workers’
Wemos Foundation, The Netherlands
Contact: linda.mans@wemos.nl

Brussels, 5 May 2015
Overview

- Health Workers 4 All
- Who are we?
- What do we want to achieve?
- Global context + WHO Code
- Current European context
- Civil society advocacy on HWF-issues
- A Call to Action
- With your endorsement...
What do we want to achieve?

✓ Contributing with **EuropeAid funding** (2013-2015) from Europe to a sustainable HWF worldwide, using a **rights-based approach** – promoting the right to health and the rights of internationally mobile health workers to fair treatment;

✓ 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 **WHO Global Code of Practice on the International Recruitment of Health Personnel** and other international agreements, mapping stakeholders, organizing meetings with stakeholders’ representatives = **multi-stakeholder approach**, sharing case studies;

✓ Bringing the work on the Code more at the centre of EU and global debate via **exchange and dialogue** between countries.
At a global level concerns have been developed into an ‘ethical’ approach to mitigate negative effects of international mobility of health workers: in 2010 the WHO CoP was adopted.
The WHO CoP establishes and promotes voluntary principles and practices for ethical international recruitment and strengthening health systems, taking into account the rights, obligations and expectations of source and destination countries, and migrating health personnel.
Current context Europe:

- Ageing population, demographic changes et cetera;
- Austerity and financial crisis;
- Fiscal constrains: budget cuts (targeted or not)

Intra-EU equitable distribution of health workers

Sustainability and rights of internationally mobile health workers

Brussels, 5 May 2015/9
Civil society advocacy on HWF: Creating networks of (non-state) actors

• Designated national and regional authorities responsible for the implementation of the World Health Organization (WHO) Code of Practice on the International Recruitment of Health Personnel (Code)
• Policy and law makers at European and national levels, Members of Parliament (EU and national)
• Ministries and health authorities concerned with health personnel mobility and migration, planning and training, including Ministry of Health, Ministry of Development Cooperation; Ministry of Internal Affairs, Ministry of Labor, Ministry of Education/University;
• Subnational authorities in the case of decentralized states;
• Semi- and non-state actors including inspecting agencies, health care institutions, employer organizations, health workers organizations, labor unions and health professional organizations, advisory councils, health personnel training institutions, recruitment offices and agencies, international health cooperation and advocacy Non-Governmental Organizations (NGOs) and networks, patient and/or consumer organizations, migrants’ organizations and organizations undertaking advocacy in the field of migration and integration;
• Individuals: health workers, patients, migrants, internationally mobile health workers, through organizations and media.
Civil society advocacy on HWF: Establishing dialogues on critical issues

- **E.g.**
  - **UK**: giving with one hand while taking with the other? Development cooperation versus domestic HWF policies
  - **Italy**: impact of austerity measures on health workforce – increased mobility of HWF within EU
  - **Belgium**: recruitment/retention domestic HWF
  - **Germany**: decent working conditions for nurses
  - **Spain**: need for data on HWF migration and mobility

Brussels, 5 May 2015/11
Civil society advocacy on HWF: Documenting efforts of WHO Code-implementation

✓ Mobility, migration, recruitment; planning and forecasting; rights, working conditions, protection; coherence, collaboration, solidarity

✓ Sharing details of lessons learned, increasing mutual learning, and spreading innovation among stakeholders.

✓ Showing that the Code is already being translated into practical measures in many local and national contexts.

✓ Confirming that the multi-stakeholder approach promoted by the Code is key to its implementation.
Romania – combating outmigration by cross border cooperation

✓ Cross-border cooperation covering the need for human resources in Calarasi County Emergency Hospital in - employing specialist MDs from Bulgaria:
✓ A local solution that involved equal treatment of the Bulgarian doctors who receive similar salaries and are likewise subject to similar working conditions and opportunities, and protection mechanisms.
Netherlands – corporate social responsibility in favour of the global health workforce

- Decentralization of health care;
- Awareness raising of ethical recruitment at local level;
- **WHO Global Code** of Practice on the International Recruitment of Health Personnel and the **EPSU-HOSPEEM Code** translated into hospital’s Corporate Social Responsibility policies;
- Collaboration with **social partners** and **trade unions**.

Brussels, 5 May 2015/14
EU – challenges and choices:
Health workforce: ethical international recruitment and policy coherence?

• **Greater coherence** – between ministries within a country and between countries – among health policies, as well as employment, education, trade, and development co-operation policies is required for all parties to gain more from mobility and migration.

• Need for **equal rights** and **social protection** for internationally mobile health workers.

• Need for **decent employment conditions and salaries** for all health workers.

• Need for systematically **integrating the voices of internationally mobile health workers and labour unions** in the dialogue on HRH.
We launched a Call to Action
“A Health Worker for Everyone, everywhere!”

- Planning long term and training self-sustainable health workforces
- Investing in the health workforce
- Respecting the rights of migrant health workers
- Thinking and acting coherently at national, regional and global level
- Take a firm stand in the global health workforce debate

At European level:
Brussels, 5 May 2015/17
Sign on to the Call:

interact.healthworkers4all.eu

Over 100 European organizations already signed!
Showing a community across Europe demanding WHO Code implementation
With your endorsement, we commit to:

Bring it to WHO, during the monitoring process of Code implementation, in 2015

World Health Assembly 2015: HW4All et al. will organise a side-event about WHO Global Code: initial achievements and future challenges
A sustainable health workforce starts at home!
Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015
12h30 – 15h30
European Parliament
Altiero Spinelli
A3G-2
Health workforce sustainability: A public health perspective

Sascha Marschang
Policy Manager for Health Systems
European Public Health Alliance (EPHA)
Presentation outline

- Background info: EPHA
- WHO Global Code of Practice: European relevance
- Root causes of mobility & migration
- Awareness-raising activities (EPHA members, partners)
- Public health consequences of unbalanced health workforce mobility
- Questions for panels
The European Public Health Alliance (EPHA)....

- Is a Brussels-based network representing the public health community, +/- 100 member organisations in EU-28, EEA/EFTA countries & beyond
- Includes disease-specific organisations (e.g. cancer, HIV/AIDS, mental health), health professionals (e.g. nurses, doctors, pharmacists), vulnerable groups (e.g. migrants, Roma), regional interests...
- **Mission:** (... To build public health capacity to deliver equitable solutions to European public health challenges, to **improve health** and **reduce health inequalities**.
- **Vision:** A Europe (...) where **all have access to a sustainable and high quality health system**; whose policies contribute to health, **within & beyond its borders**
- **Values:** **equity**, **sustainability**, diversity, **solidarity**, universality, good governance
WHO Global Code of Practice

"The Code enunciates principles for the ethical recruitment of health personnel (...)"

- The recognition of the right to migrate;
- The duty of recruiting countries to adequately inform migrant health workers of their right & provide them with the same working conditions enjoyed by nationals;
- Avoid recruiting actively in countries facing a health workforce crisis

The Code goes beyond setting norms for recruitment practices and addresses that issue in the broader context of the need for stronger and more self-reliant health systems. It promotes the planning of the education and training of health workers to meet future service needs and the development of working environments facilitating the retention of personnel.

The Code also proposes a framework for global dialogue and cooperation to address challenges associated with the international mobility of health workers (...)

Romania & Bulgaria: Significant loss of trained health workers since 2007
Root causes

Health workforce mobility & migration

- **Chronically underfunded health systems**
  - Very low remuneration / insufficient salary increases and retention efforts (can earn 10x more abroad!)
  - Insufficient funds for medicines, treatments, consultations, emergency services...
  - Outdated equipment and technology
  - Suffocating working conditions (increased workload, shortages, overtime, hierarchies, bad treatment, bureaucracy, under-skilling, lack of career development / CPD)
  - Dissatisfaction with rising health inequalities
  - Corruption, mismanagement, lack of long-term vision

- **Effects of economic crisis & austerity measures**
  - Amplification of existing health system deficiencies
  - (Mass) unemployment due to budget cuts
  - Shortages in ‘rich’ MS have led to targeted recruitment drives in CEE / Southern European countries
  - Expansion of recruitment agencies’ activities
Root causes

Health workforce mobility & migration

- **Lack of education & training opportunities**
  - Reduced number of publicly funded training places
  - Having to pay for specialist training vs. ability to get paid abroad
  - More health professionals studying abroad, few jobs for new graduates

- **Personal motives – difficult to influence**
  - International experience beneficial for career building
  - Cultural affinities / adventure
  - Joining family / friends
  - Onward / return migration
  - Higher expectations due to Internal Market, mutual recognition of Professional Qualifications
  - Easy access to advertised positions via Internet

How to ensure that WHO Global Code of Practice’s ethical principles are taken up at policy, institutional and personal level?
European Observatory on Health Systems and Policies  
Two volumes on HWF mobility (2011 & 2014)  

Detailed overview of mobility trends in a changing Europe  

- Country-specific analyses incl. ‘push’ & ‘pull’ factors  
- Impacts of economic crisis not homogenous  
- Qualitative data on motivations & barriers to mobility  
- Diverse landscape across EU, e.g. high vs. low dependency  
- Many types of mobility: Individual choice & right  
  - Livelihood migrant  
  - Career-oriented mobile professional (‘expat’)  
  - ‘Backpacker’  
  - Commuter / weekend worker / temp  
  - Undocumented worker  
  - Return migrant  
- Flows impossible to control in Internal Market  
- ‘Source’ and ‘destination’ countries = unfixed categories  
- Policy changes in MS with large health systems often have big impacts - not only a domestic issue  
- Sending & receiving countries must strive for sustainability  
- HWF data often incomplete / difficult to compare  

Importance of paying attention to nuances (at professional & country level)
Briefing on WHO Global Code of Practice (Nov 2011)


Joint Statement with Medicus Mundi & HW4All re: Tallinn Declaration (Oct 2013)

Civil Society Commitment, 3rd Global Forum on Human Resources for Health (Nov 2013)

Action Plan for the EU Health Workforce

Co-promoters of HW4All Call to Action ‘A Health Worker for Everyone, Everywhere!’
  - Four op-ed articles on HW4All case studies
  - Two joint events in 2015

Mobility debate at 2014 EPHA annual conference, ‘Tectonic tensions’

Impact of economic crisis / European Semester / HIAP / etc.

Sustainability not ‘resilience’
Report by Action for Global Health (January 2011)

- Compares how development cooperation and domestic health policies address the HRH crisis
- 5 EU countries & 2 case studies from developing world
- Analyses health workforce policy strengths & weaknesses
- Calls on EU-MS to take immediate action for full implementation of WHO Global Code & EU Programme for Action on the Critical Shortage of Health Workers

**Recommendations for EU-MS as donors & at home**
- National action plans with measurable goals, SMART & gender-sensitive indicators
- Coherent, sustainable & gender-sensitive national HWF policies
- National HWF information systems
- Regulation of private recruitment agencies
- Maintain levels of investment in health systems & adequate salaries

- Since then, increased intra-EU mobility (to DE, UK), different approaches to overseas recruitment
European Federation of Nurses Associations (EFN) Report ‘Caring in Crisis – The Impact of the Financial Crisis on Nurses and Nursing’ (Jan 2012)

Key messages:
- Health & productivity go hand in hand
- Investing in health can boost the economy: a way out of recession
- If no action, nurses, women & health will lose out!

Urges EU to take notice so that nurses can maintain high standards they are trained to uphold

Harsh reality for nurses across 34 European countries since the onset of the economic crisis, e.g.

- Actual reduction in nursing posts across Europe due to budget cuts
- Pay cuts & salary freezes, rising unemployment (50%+)
- Downgrading & substitution of work by unskilled workers (20%+)
- Growing concerns re: quality of care & patient safety (30%+): lack of equipment, reduced supplies, staff shortages, high turnover...
- Diminished recruitment & retention rates due to bad working conditions (workload, overtime, stress, lack of specialist skills, closures...) & non-replacement of staff (retirement, maternity, illness cover, etc.)
- Lack of career progression, new responsibilities and advanced roles in many countries; skill mismatches
- Increased migration (e.g., BG, RO, LIT, LV, GR, PT...)
- Recruitment from abroad at expense of domestic nurses (e.g., MT)
- Many nurses leaving the profession
- Women unequally and hardest hit
• Observations on social health determinants & health status of people facing multiple vulnerability factors helped by MdM

• Comparative data from 14 cities in 7 EU countries (BE, DE, FR, EL, ES, NL, UK) in 2012

• **Cruel effects of economic crisis & austerity measures**
  - Out-of-pocket expenditures & user fees lead to delayed / abandoned treatments & medication
  - Reduction in health providers, lack of supplies & equipment
  - New restrictions limit vulnerable groups’ access to healthcare
  - Increased administrative hurdles & lack of information
  - Children do not receive vaccinations due to high cost
  - Scapegoating of migrants & increase of violent acts

• **Changing user profile**
  - From most vulnerable (undocumented, etc.) to ‘regular’ people affected by the crisis (e.g. unemployed, pensioners) & destitute EU citizens
Example: United Kingdom - Compiling accurate data to inform ethical recruitment

Background:
- UK Code on Ethical Cross-border Recruitment (2001 / 2004) - Includes monitoring of recruitment agency activity (positive list)
- Long-term experience of using bilateral cooperation agreements, esp. with non-EU countries
- European sources have become more important for NHS in recent years
- Comparatively easy job market for EU health workers to enter & leave

HW4All case study - RCN Labour Market Review: comprehensive effort to capture real stocks and flows of nursing workforce, domestic & internationally recruited
- Based on different data sources
- ‘Frontline First’ reports
- Tool for planning, policy development & advocacy
Public health concerns

THERE IS NO HEALTH (SYSTEM) WITHOUT HEALTH WORKERS!

- The challenges of demographic changes & associated disease burden cannot be met across EU
- Unbalanced mobility will amplify inequalities within & between EU-MS
  - Underfunding coupled with shortages, low salaries, bad working conditions, attrition accelerate internal & international migration ‘push’
  - Universal access healthcare is further threatened, esp. in poor / rural / peripheral communities
  - Lack of medical specialists, doctors, nurses & other health workers negatively impacts on older people, disease-specific needs, ethnic minorities, etc.
  - Further closures of facilities, programmes and projects
- Patient safety & quality of care are at risk
- Economic crisis: Health impact assessments? Patient outcomes?
Public health concerns

- Solidarity with MS struggling under austerity & experiencing large inflows of migrants
- Threats of communicable diseases & AMR? Who will implement ‘EU prevention culture’?
- Migrants’ rights more difficult to protect as reliance becomes ‘institutionalised’
  - Danger of ‘social dumping’ & alienation of domestic workforces
  - Affected MS will only be able close gaps by recruiting themselves from international (non-EU) sources
  - Recruitment agencies may expand their activities
- Expansion of private at expense of public healthcare, growth of informal employment
- Difficult to implement new care models & technologies: need to expand skills & competences
- Europe 2020 strategy of ‘smart, sustainable & inclusive growth’? Contradiction between EU macro-economic demands & encouragement to improvement access & equity at the same time
- Vicious circle: If no health workers / affordable healthcare available, patients will be leaving, too
Health workforce
Policy options & questions

- Planning & educating for self-sustainability
- Circular migration (e.g. triple win approach)
- Bilateral / multilateral agreements
- Managed migration systems leading to permanent residence or citizenship status
- Revision of EU Blue Card Scheme
- Twinning, exchanges, internships
- Regional cross-border collaboration
- Temporary migration
- (...)

- What are the reasons for shortages & international recruitment?
- Does data accurately capture real flows? What information gaps are there?
- Can gaps be filled at national / regional level? Are they long or short term?
- How can planning and investments avoid future shortages?
- What are migrants’ aspirations? Do employers respect their rights?
- What if migrants’ circumstances change?
Some questions for panel discussions...

- What are the **main challenges and opportunities** for achieving sustainable health workforces?
- What policies are available at national & regional level to prevent disproportionate outmigration?
- What **role for the EU** beyond the Action Plan for the EU Health Workforce? How can **EU Cohesion Policy** support countries of origin to retain the health workers they have educated & trained (e.g. through improved working conditions & opportunities)?
- Who should be the main stakeholders for ensuring equitable distribution of health workers?
- How to achieve better **policy coherence** between health, social policy, development, education, employment, mobility / migration, etc.?
- What can politicians do to help raise awareness of the WHO Global Code and HW4All Call to Action, both at the EP and at national / local level?
Thank you for your attention!

Sascha Marschang
Policy Manager for Health Systems
European Public Health Alliance (EPHA)

Rue de Trèves 49 – 51, 2nd floor
BE - 1040 Brussels
+32 (0) 2 233 3883
s.marschang@epha.org
www.epha.org
Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015
12h30 – 15h30
European Parliament
Altiero Spinelli
A3G-2
MOBILITY OF HEALTH PROFESSIONALS IN THE EU – ETHICAL RECRUITMENT AND POLICY COHERENCE

Tuesday 5th May 2015 | 12h30 – 15h30
European Parliament | Altiero Spinelli | A3G-2
Brussels, Belgium

EQUITABLE DISTRIBUTION OF HEALTH WORKERS WITHIN THE EU

Remco van de Pas
Economic crisis, austerity and workforce impact

- European Semester & health sector reforms
- Workforce mobility from southern Europe
- Health professionals from EU accession countries
- Growing health inequalities within and between MS
- Recruitment from outside the EU continues
- Health budget cuts, user fees, salary freezes
- Unemployment of skilled staff, increasing workload
- Fiscal space and flexibility for retention of staff?
- Shortage of 1 million health workers (2020) ≠ poor working conditions, salaries and career prospects