Health professional mobility in a changing Europe (EU observatory on health systems and policies, 2014)
“Investment in intensive programmes to help people return to work; Active Labour Market Programmes reduce depression and suicides”

“The fiscal multiplier – the economic bang- for spending on health care, education, and social protection is many times greater then for money ploughed into, e.g. bank bailouts or defense spending”

(Stuckler, 2013)
“A European Social Protection mechanism should be developed”

(James K. Galbraith, 2015)

http://www.etui.org/Events/Europe-s-dilemma-austerity-revisited-or-a-new-path-for-sustainable-growth
Reversing the trend?

- Without losing the benefits of labour mobility
- Improving data availability and analysis
- Coherence fiscal space and public investments
- Role European cohesion policy and structural funds
- Actors to be involved at national and EU level
- The role of the European Parliament
- Principles Global Code of Practice relevant for EU
- Beyond the Action plan for the EU workforce
- Requirements for investment in health workforce
Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

Tuesday 5th May 2015
12h30 – 15h30
European Parliament
Altiero Spinelli
A3G-2
Report on the activity: applicability of WHO Code on international recruitment of health personnel in the EU

RÉKA KOVÁCS WP4
Semmelweis University, Hungary
Ministry of Human Capacities, Hungary

EU Joint Action on Health Workforce Planning and Forecasting
European Parliament
Brussels, 5th May 2015
Joint Action activities on mobility and migration

Work Package 4 on data – mobility activity

- will explore and summarize the current knowledge on HWF mobility data situation (gaps)
- examines existing HWF mobility data relevant recommendations, existing EU and international tools.
- examines which mobility indicator(s) could be suggested into international data collection.

WHO Code activity

- to initiate a discussion on the applicability of the WHO Global Code of Practice on the International Recruitment of Health Personnel within a European context including the mapping of best practices.

JA deliverables contribute to the implementation of Articles 6, 7 & 9

WHO Code report

- JA Milestone - report of the discussions

The report gives food for thoughts for WP7 activities:
- policy recommendations
- circular mobility
Wider JA context

- Global Mobility Session, Bratislava, Jan-2014
- Internation recruitment of Health Personnel Session, Rome, Dec-2014
- Plenary Assembly Presentations, Madrid, Apr-2015
- First WHO Code Workshop, Bratislava, Jan-2014
- Second WHO Code Workshop, Lisboa, Jun-2014
- Final WHO Code Report approved by Executive Board, Malta, Mar-2015

- JA participation to WHO policy dialogue, Amsterdam, May-2013
- JA participation to EU preparation of GHWA meeting, Oslo, Sep-2013
- JA participation to GHWA meeting, Recife, Nov-2013
- JA participation to Asia-Pacific Alliance on Human Resources meeting, Weihai, Oct-2014
Working method

„Discussion on the applicability of the WHO Code including the identification of best practices will be initiated through workshops and meetings taking also into account the measures taken with regard to implementation.“

Bratislava workshop – 30th January 2014

Lisbon workshop – 16th June 2014
The applicability of the Code’s principles within the EU - context

✓ Implementation of the Code in relation to the non-EU countries is a priority

✓ The European Union is an area of free movement of persons, however equal access to health care for all EU citizens also have to be ensured (Council Conclusions adopted on this with unanimity)

✓ Since 2004 13 countries joined the EU resulting in distortions in the availability of health professionals in adequate number in some countries or regions

✓ The question arises, whether the WHO Code’s principles can be applied in such circumstances, and how? How good implementation practices can be applied?
A country example - Hungary

Age distribution of Hungarian active medical doctors

<table>
<thead>
<tr>
<th>Age distribution</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<th>2011</th>
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<td>20-29</td>
<td>52</td>
<td>80</td>
<td>77</td>
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<td>155</td>
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<tr>
<td>30-39</td>
<td>243</td>
<td>263</td>
<td>228</td>
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<td>312</td>
<td>360</td>
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<td>466</td>
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<tr>
<td>40-49</td>
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<td>13</td>
<td>26</td>
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<td>504</td>
<td>604</td>
<td>520</td>
<td>590</td>
<td>730</td>
<td>887</td>
<td>1111</td>
<td>1200</td>
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</table>

Migration potential (Resident Survey, SU HSMTC, Hungary)

Motivations to go (Resident Survey, SU HSMTC, Hungary)
(2010 residents, n= 294, Lickert scales with 5 grades, 5 = decisive influence, 1 = no influence)
The knowledge base of the activity

12 relevant issues chosen, statements formulated and discussed
# Implementation practices & WHO Code articles

<table>
<thead>
<tr>
<th>Article</th>
<th>4</th>
<th>4</th>
<th>5 &amp; 10</th>
<th>5</th>
<th>5</th>
<th>6</th>
<th>7 &amp; 9</th>
<th>8</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Employer &amp; State recognition of the need for ethical recruitment</td>
<td>Implementation of fair treatment and encouraging education</td>
<td>Collaboration between countries with mutual benefits</td>
<td>Developing evidence based HWF planning and taking measures for monitoring</td>
<td>Enhancing Education and building on creative curricula</td>
<td>Improve data collection, evidence based building and strengthen HWF research</td>
<td>Exchange information at Local &amp; Global level</td>
<td>Promote the code and implement in local laws</td>
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<td>Ireland</td>
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<td>X</td>
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</tbody>
</table>

* Please note that this grouping is based only on examples introduced during the activity.
Issues chosen and connections to knowledge base

**Issues identified specifically for EU context:**
- EU level Code – „do we need an own Code?“
- EU level „best“ practice book – „shall we collect country examples?“
- automatic data exchange between MSs – „it would be useful, but feasible?“
- intention to leave – „behind free movement individuals motivation counts best?“

**Issues identified in country practices:**
- integration of the migrant (DE, FI, IE, MO – equal treatment, training (language also)
- solutions of bilateral agreements (MO, DE, IE)
  - training cooperation
  - circular mobility
- recruitment agencies (DE – regulation on not recruitment from WHO-list countries)
- compensation (DE, – triple win idea, source country has to benefit as well, but how?)
- retention policies (IE – training and retaining, DE – fair wages, rec.of qualifications)

**General issues to enhance implementation**
- awareness-raising
- engagement of stakeholders

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*Joint Action Health Workforce Planning and Forecasting*

*Funded by the Health Programme of the European Union*
General conclusions

✓ The main result of EU-context discussion: **12 statements** containing often concrete **recommendations** - on topics identified as having relevance in the first round, and being formulated and to a certain extent **evaluated** during the second round.

✓ **Joint Action contribution to sharing knowledge** and building a room for **discussion** between various type of stakeholders is of very **high value**

✓ The **unfinished agenda** of the applicability of the WHO Code for EU is undoubtedly a **major topic for future networking**
The principles of the WHO Code are relevant also within the EU, in the situation of free movement. However, some tools developed as part of the implementation of the WHO Code cannot be applied, and other solutions have to be found.

Retention measures seem to be the most feasible and effective way of keeping health workforce within the free movement context. Creating fair, equitable working conditions in the source country is necessary. Retention policies can be enhanced at European level by disseminating best practices and sharing case studies.

Free movement does not make it possible to set up EU systems of financial compensation, solutions have to be found at national level (loans, reimbursement of training costs when migrating, etc. could be examples). Ethical solutions can be supported by better use of cohesion policies and other funds.
Conclusions – most supported statements 2.

Circular migration has been identified as a tool which can also be effective within the EU context. Institutional level bilateral cooperation seems to be the most feasible, tailored to the needs of different types/profiles of health professionals.

Employment of foreign health workforce also from other EU countries has to be based also on ethical principles, avoiding discrimination in offering jobs. Directive 2005/36/EC (amended by EU/2013/55) should be properly implemented and no extra barriers introduced (e.g. disproportionate fees for recognition).

Data exchange on mobility should be as automatic as possible, especially after the registration of foreign workforce in their system is required. Use of existing channels for data provision should be investigated.
What’s next?

✓ Report has been adopted by the JA Executive Board on the 5th of March 2015

✓ The report will be disseminated to all MSs and EU Stakeholders in order to be channelled into the discussion around WHO Code of Practice

✓ The report will feed deliverable D042 on mobility and WP7 policy recommendations and circular mobility report

✓ The WHO Advisory Group working on the review of the Code’ effectiveness and relevance will hopefully take on board some ideas coming from this activity, where EU is represented by IE and HU
Joint Action Conference on Mobility of Health Workforce in EU

18th & 19th of February (Provisional date)

Bulgaria (Varna)
Thank you for your kind attention!

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

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

European Parliament, Brussels

5 May 2015

Panel 2: EU Implementation of WHO Code of Practice: Sustainability and Rights of Internationally Mobile Health Workers

Experiences, Requests and Support from Germany and from a Trade Union Perspective

Gerd Dielmann
Vereinigte Dienstleistungsgewerkschaft (ver.di), Germany
EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment

• Negotiated and agreed with HOSPEEM in 2008
  o Document (13 languages): http://www.epsu.org/a/3715

• Main principles
  o Starting point: Request for and provision of medical care of high quality that is accessible to all citizens in the EU
  o Policy: Effective planning and human resources policies at local, regional and national levels to meet the needs of safe staffing and the right mix of qualifications in the health sector
  o Different workplace-related aspects: 1) Fair and transparent contracting, proper training, 2) equal treatment and non-discrimination with regard to employment conditions and coverage by social protection, 3) the promotion of ethical recruitment practices and the use of agencies with demonstrated good practice and also 4) the right to organise in trade unions
Challenges to ethical recruitment and induction at the workplace

• Distinction between different groups of migrant health (and elderly) care workers – Example of Germany
  o (Female) nursing/personal care and household workers (mostly from Central Eastern Europe)
  o Crisis-induced migration from Southern Europe (E, GR, P)
  o Nurses and elderly carers from developing countries based on bilateral government agreements (PHI, PRC, VTN)
  o Lack of doctors

• Conclusions and recommendations from a TU view (I)
  o MS + EU: Creation of economic conditions enabling all EU MS to provide for quality health care for their population with systems pursuing public policy & general interest objectives
  o MS + EU: Governments, public authorities and the EU institutions to cooperate with the social partners on policies, strategies and financial support for recruitment & retention
TU support to ethical recruitment and induction at the workplace

• In a Europe of increased labour mobility, it becomes more important to safeguard the rights of internationally mobile workers and to protect them from indecent working and pay conditions, discriminations or exploitation.

• Conclusions and recommendations from a TU view (II)

=> What can trade unions do to support migrant health workers?

  o Bilateral cooperation/agreements and mutual support (membership; access to TU services) between EPSU members to mitigate the negative effects of "brain drain" and "care drain"

  o Increase own efforts to improve training for shop stewards or representatives of staff in work councils and their awareness on questions and challenges related to ethical recruitment practices, to the employment, contractual issues, working and pay conditions as well as to the induction of migration workers.

  o Support the provision of counselling of migrant workers in case of problems with employers when it comes to pay, working time and contractual arrangements.
Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence

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SANITAS FEDERATION FROM ROMANIA

- supports the idea of a sustainable workforce in health, in every European country

- advocates freedom of movement and cross-border mobility of health professionals

5 May 2015, Brussels, Belgium
EUROPEAN UNION: European Commission estimates a potential shortfall of around 1 million healthcare workers by 2020

ROMANIA
Important numerical imbalance between Romania and EU average, meaning that Romania has a very low coverage for all medical staff, compared to most countries in EU

Uneven distribution of healthcare workers within the country - there are serious imbalances between regions and areas of residence.

Imbalances between medical specialties within the country.

High mobility of healthcare workers (the current trend of emigration and immigration is poorly analyzed).

Current information systems provide limited and poor information about healthcare workers.

There are no clear public policies (on short, medium and long term) meant to improve the situation.

Out of the 1 million shortfall of healthcare workers in 2020, we are aware that in Romania the situation can be a lot worse

Doctors migration
• 2007-2013 – 20% left Romania
• Migration continued in 2014 – in total, 2450 doctors asked for the so called current professional certificates (which are required when leaving to work abroad) from the Medical College of Romania.

Nurses migration
• 2007-2013 – 28% left Romania
• The situations is similar or even more - 3650 applications
What can we all do?

- WHO Global Code of Practice establishes 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
  - It can be a good guide for practical solutions in each country

- Also, Europe seeks solution through projects like Health Workers for All

- We need policy responses to healthcare workers mobility

- SANITAS decided to join forces with the Romanian partner of the project to help identify them
What did we do together with CPSS - the Romanian partner in the Project “Health Workers for All”?

• Bucharest, November 27, 2014 - debate meant to analyze the healthcare workers situation and the potential solutions

• Direct consultations to define the areas of interventions

• CPSS prepared a questionnaire meant to help us verify the proposed interventions

• Research done by SANITAS and the 42 SANITAS subsidiaries in hospitals
WHO Global Code of Practice – a useful guide for practical measures at European level

**Article 5 – Health workforce development and health systems sustainability**

5.1 (...)the health systems of both source and destination countries should derive benefits from the international migration of health personnel (…) 

5.2 Member States should use this Code to promote international cooperation and coordination on international recruitment of health personnel.

Such arrangements should take into account the needs of developing countries and countries with economies in transition through the adoption of appropriate measures.

- provision of effective and appropriate technical assistance,
- support for health personnel retention, social and professional recognition of health personnel,
- support for training in source countries that is appropriate
- support for capacity building in the development of appropriate regulatory frameworks,
- access to specialized training, technology and skills transfers,
- and the support of return migration, whether temporary or permanent.
What do we intend to do?

An expanded partnership of "source" countries, which can generate viable solutions to ensure the sustainability of the health workforce in each Member State of the European Union.

This partnership should militate for:

• First step - moral reparation: recognition (by European Parliament and the European Commission) and turning the issue into a priority. We support it because the shortage of 1 million health workers from Europe can translate into a deficit twice as high in poor countries than in the richer ones.

• Second – to find remedies that can reduce the current inequities.

We can identify, for example, **EU funds dedicated to "source" countries** to finance:
- the medical staff register of mobility / information system,
- continuing medical education and training,
- better infrastructure in education (undergraduate and postgraduate studies),
- increased professional qualifications,
- incentives etc.
WHO Global Code of Practice – a useful guide for practical measures at national level

6.1 Member States should recognize that the formulation of effective policies and plans on the health workforce requires a sound evidence base.

6.2 Taking into account characteristics of national health systems, Member States are encouraged to establish or strengthen and maintain, as appropriate, health personnel information systems, including health personnel migration, and its impact on health systems. Member States are encouraged to collect, analyse and translate data into effective health workforce policies and planning.
What do we intend to do?

- **Current situation in RO**: Although various institutions/organizations (OAMGMAMR, CMR, universities and colleges, SANITAS etc.) can provide some data, these databases are not interconnected (and sometimes are incomplete, referring only to the production/inflows of health workers into the system, or their "intention" to migrate, but not the action in itself) and do not provide sufficient details for a correct and complete analysis of the phenomenon and cannot therefore offer a real basis on which sustainable public policies can be built.

- **Proposal**: Creating a coherent information system (national registry of human resources in the health sector), which can link the existing databases of different organizations/institutions, measure the annual in-out phenomenon and provide data whenever necessary.

- There are different financing sources, including structural funds (e.g., information and communication technology or the development of central government) that can be used to create this register.
WHO Global Code of Practice – a useful guide for practical measures at national level

5.4 (...) Member States should take effective measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country, including areas of greatest need, and is built upon an evidence-based health workforce plan.

5.5 Member States should consider strengthening educational institutions to scale up the training of health personnel and developing innovative curricula to address current health needs.

5.6 Member States should consider adopting and implementing effective measures aimed at strengthening health systems, continuous monitoring of the health labour market, and coordination among all stakeholders in order to develop and retain a sustainable health workforce responsive to their population’s health needs. Member States should adopt a multisectoral approach to addressing these issues in national health and development policies.
What do we intend to do?

Romania must admit, through a Health Pact, that the lack of human resources is a critical and urgent health problem for its population, must develop a long-term strategy (2025) accepted by all political parties and must then take the necessary measures to control the problem.

These measures may include:

1. identifying ways to remove medical personnel from the civil servants payment system and to pay them based on performance;
2. allocating the necessary budget;
3. providing public hospital managers with the opportunity to identify and implement local solutions for staff remuneration and motivation;
4. ensuring proper training for nurses on specialities;
5. regulating the independent practice for nurses to solve the primary problem in the most deprived areas which suffer most from the lack of medical staff,
6. implementing contracts for medical residents in which they have the obligation to maintain their position in the public system.
WHO Global Code of Practice – a useful guide for practical measures at national level

4.5 Member States should ensure that, subject to applicable laws, including relevant international legal instruments to which they are a party, migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work.

4.6 Member States and other stakeholders should take measures to ensure that

• migrant health personnel enjoy opportunities and incentives to strengthen their professional education, qualifications and career progression, on the basis of equal treatment with the domestically trained health workforce subject to applicable laws.

• All migrant health personnel should be offered appropriate induction and orientation programmes that enable them to operate safely and effectively within the health system of the destination country.