Consultation
**GREEN PAPER on the European Workforce for Health**

**Comments** submitted by
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## Introductory remarks

Thank you for the opportunity to comment on the Green Paper. We congratulate the authors for a very comprehensive and concise presentation and discussion of the complex challenges that policy makers face concerning the health workforce in Europe. The recommendations on possible areas for action are very pertinent.

We acknowledge the references made to labour and social issues, including employment aspects. As rightly stated, the health sector is an important employment sector in the EU and therefore an important part of economies. Moreover, the health sector is one of the basic sectors of every society, contributing to the well-being of populations. Access to health services is considered a human right.

The information and discussion points in the paper address key aspects of health workforce concerns. This includes working conditions; gender equality; adequate education; training and continuous professional development; regional mobility and international migration of health workers; data availability; and others.

We will focus our comments on some key issues that we would like to suggest to taking into consideration in the debate.

## General Comments

*Decent work in the health sector*

There is widespread dissatisfaction with the slow rates of progress (or even regression in some countries) relative to most internationally agreed health goals, including the Millennium Development Goals (MDGs). Progress toward the MDGs can be partly achieved by addressing health workforce deficits.

"Health care deficits" are intertwined with the "decent work deficits", particularly since health policies and aid providers focus on countries' health plans and health services management. Historically, the size, nature and quality of health sector employment have been relatively neglected. The challenges of scaling-up and retaining the health care workforce are enormous. There is a "vicious cycle" between poor working conditions and the exit of workers from the health sector. Poor working conditions, including low wages and benefits, job insecurity and safety and health risks often deter people from entering the

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medical professions; promote migration to higher-income countries with better working conditions; or push them out of the professions altogether.

It is essential to incorporate the ILO Decent Work Agenda in tackling the challenges facing health systems in Europe and globally. The ILO's Decent Work Agenda responds to countries' demands for creating more and better opportunities in wage- and self-employment for men and women (including improvements in the quality of employment, skills, wages and working conditions) with respect for basic rights, and improvements in basic social protection and social dialogue.[2]

**Specific comments**

Working Conditions

While working conditions are mentioned in the paper, they are not elaborated on in as much detail as other issues (e.g. new technologies). Working conditions are central to attracting young people into the profession (p.4) and retaining them in the health sector as well as better managing migration of health workers (pp 9-10). As stated in section 4.4., poor retention may cause unwillingness to "risk investment" in the development of the health workforce. Therefore, investing in a work environment and in working conditions that are conducive to retain and motivate a well-qualified workforce is a critical first step.

These improvements cannot be achieved without ensuring the application of basic labour rights[3] and the implementation of other international labour standards specifically related and/or applicable to health workers.

The Nursing Personnel Convention, 1977, No. 149, for example calls on Member States to *"provide nursing personnel with*

*(a) education and training appropriate to the exercise of their functions; and*

*(b) employment and working conditions, including career prospects and remuneration, which are likely to attract persons to the profession and to retain them in it."*

(C 149, article 2., paragraph 2.)

This does of course not only apply to nursing personnel but to the overall health workforce.

We suggest this critical importance of addressing working conditions in the health sector for better retention of sufficient numbers of (domestically trained) health workers could be more emphasized in the paper.

[2] The ILO's Decent Work agenda has four strategic objectives: fundamental principles and rights at work and international labor standards; employment and income opportunities; social protection/security; and social dialogue. These objectives hold for all workers, women and men, in both formal and informal economies; in wage employment or self-employment; in all work settings. More information on the ILO approach and Agenda can be seen at: http://www.ilo.org/global/About_the_ILO/Mainpillars/WhatisDecentWork/lang--en/index.htm

[3] The standards pillar of the ILO's Decent Work Agenda includes eight "fundamental" Conventions covering four areas of "rights at work", which are reflected in several international instruments, including, for example, the ILO Declaration on Social Justice for a Fair Globalization (2008), the ILO Declaration on Fundamental Principles and Rights at Work and its Follow Up (1998), the UN Global Compact, the OECD Guidelines on Multinational Enterprises, several private certification instruments and enterprise codes of conduct, etc.

Social Dialogue

Within the ILO mandate social dialogue is considered a principle and a major means of action.

The vital role of governments, employers' and workers' organizations and the importance of social dialogue in addressing health sector concerns, including health workforce issues, have only been recognized recently. There is now wide recognition of the role of social dialogue in advancing and sustaining reform processes in many areas of the health sector, hence improving health care and mitigating any negative impact on public health. In order to ensure better delivery of health services, the institutions and capacity for social dialogue need to be strengthened.

The participants of the *Joint Meeting on Social Dialogue in the Health Services: Institutions, Capacity and Effectiveness,* held from 21 to 25 October 2002 at the International Labour Office (ILO) in Geneva, recognized the great potential of social dialogue to contribute positively to the development and reforms of health services, by enabling governments, employers' and workers' organizations to draw upon their knowledge and experience.

The Joint Meeting concluded:
*"Social dialogue in the health services may include all types of negotiation and consultation, starting with the exchange of information, between and among representatives of governments, employers and workers on issues of common interest relating to economic and social policy.*
*These elements of social dialogue are crucial to the outcome sought by the social partners and their choice depends on this targeted outcome. A common understanding has to be reached on the purpose of social dialogue. Therefore, at the outset of a process of social dialogue, the social partners should have clear ideas on the elements of social dialogue to be included and who will decide on the inclusion of these elements.*
(…)
*The social partners in health services are in principle public authorities as regulators or as employers, private employers' and workers' organizations in the health sector. However, in view of the financial implications of the health sector for other government structures, employers and workers, other stakeholders beyond the health sector may also be involved in policy developments, except on matters properly the concern of negotiating and collective bargaining parties. The organizations or institutions which represent the groups in the health sector have changed over the past two decades. A greater variety of government levels are also involved. New private employers have entered the health sector and related services."*

Addressing health workforce issues requires the involvement of the social partners and multi-sectoral government agencies. Depending on the subject of discussion, other relevant stakeholders should also be included. Social dialogue and stakeholder involvement are central to sustainability of outcomes.

Within the EU there is a grown tradition of social dialogue. The paper mentions the European social dialogue committee in the hospital sector ( p. 11). However, in general in the health sector awareness on the role of social dialogue needs to be raised. Therefore we would suggest to highlight the role of social dialogue in the development of the health workforce.

Health worker protection & migration of health workers

In general, we suggest strengthening the aspect of protection of health workers in the paper.

Especially, when it comes to develop a "healthy labour force in the EU" (p. 14) it needs to be stated that the health workforce itself deserves better protection from occupational hazards. Due to the nature of their work, health workers are particularly exposed to injury and other physical hazards, such as infection (TB, HIV, etc.) and psycho-social problems, including stress and burn-out, and workplace violence (24 % of all workplace violence occurs in the health sector).

Occupational safety and health standards have been neglected in the health services in many countries and should be observed and realigned, along with other gradual improvements in basic *social protection/security*, including greater coverage of unemployment compensation, old age retirement schemes and maternity coverage, HIV-AIDS prevention and treatment.

The aspect of **migration** has been addressed from the viewpoints of EU supported regional mobility as well as EU responsibility to help mitigate adverse effects of international recruitment on source countries.
There is one sentence that I personally do not agree with ( p 9, para 3): *"Free movement of students and workers helps to ensure that health professionals go where they are most needed."* The existing imbalances in the distribution of the workforce show that migration does not solve this problem. As rightly stated, workers rather tend to migrate to better opportunities than to where they are most needed. Migration, however, may contribute to balance some surpluses and mitigate shortages, if properly managed.

The protection of migrant health workers and their rights has not been mentioned at all in the paper. Issues of primary concern are the prevention of discrimination and providing for the equality of treatment and opportunities, including social protection/security, and integration. We recommend addressing this as part of the migration section as well as adding this to the recommendations.[4]

Effects of reforms and changes on health workforce

Policies commonly promoted through health care reforms have played a major role in determining (mostly negative) health outcomes in recent years. The 2008 report by the WHO and the Commission on the Social Determinants of Health (CSDH) found that the "toxic combination of bad policies, economics and politics is, in large measure, responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible."[5] The WHO's "World Health Report 2008" notes the problems with unregulated commercialization of health care and cost containment, which have shifted the growing cost of health services to users. [6]

Other reform policies included curbing the public wage bill and putting downward pressure on wages and benefits in the health workforce. Reforms have also led to increases in user fees

[4] An overview on key issues, provides for example, the ILO *Resolution concerning a fair deal for migrant workers in a global economy*, 2004, available from http://www.ilo.org/public/english/protection/migrant/download/ilcmig_res-eng.pdf
[5] WHO, CSDH, 2008, "Closing the gap in a generation".
[6] World Health Report 2008, Primary Health Care — Now More Than Ever, WHO, 2008, pp. 11, 13, and 14.

and decentralization. When responsibilities for health care are decentralized without assigning localities an appropriate health care budget, localities are often forced to commercialize health care. Adverse effects of health sector reforms as observed in the past, require the consideration of the health workforce in reform processes. [7] Similarly, changes in working practices, including new technology, require to be examined as to what the effects on the health workforce might be (section 5 of the paper), not only in terms of performance improvement but also in terms of quality of work life. This may also improve the motivation of health workers to accept changes.

**Concluding remark**

We will be pleased to provide further information on any of the issues addressed in the comments.

Thank you for your consideration.

Yours sincerely,

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[7] See WHO, ILO, ICN, PSI, 2001, "Public Service Reforms and their impact on health sector personnel- Critical Questions: A tool for practical guidance".