

The EC Green Paper on the European Workforce for Health **A response from VSO**

3 pages

About VSO

Voluntary Service Overseas (VSO) is an international development agency working to fight poverty in developing countries. We provide skilled volunteers who work in health, education or other programmes for periods of, on average, two years. For over three decades we have provided health workers (HW) for health systems in Asia and Africa. At present we have health or HIV/AIDS programmes in 26 countries and our main focus is to strengthen health systems and provide training for health workers.

This paper outlines VSO position only on the **global migration of health workers** and is intended as a response to section 4.5 of the Green Paper.

VSO believes:

1. It is crucial that Europe begins to reduce the negative impact of HW migration on countries experiencing a health worker shortage.

All the African countries where VSO has Health programmes have very serious shortages of HW. Around the world 57 countries have a critical shortage of HW which impedes their ability to achieve minimum standards of health for the population.

In Mozambique for example the population is 21 million, yet there are only 850 doctors, of whom half are in the capital. In Ghana so many health workers have come to the UK that there has been a reverse subsidy of £200m in training fees, to the benefit of the UK and detriment to Ghana.

2. Health workers have a right to migrate but their skills must be well used and their rights must be protected.

Health workers have the right to freedom of movement, and should have the opportunity to use and increase their skills. Instead of restricting individual mobility, it is important to deal with the consequences in a way that benefits the sending country, the migrant and the receiving country. The EC/EU should support the homogenisation of qualifications so as to avoid 'brain waste' where qualified doctors are working in care homes etc.

3. There is a need to tighten up the set of principles to guide ethical recruitment of health workers from developing countries to the EU, and introduce methods for monitoring.

VSO welcomes the use of codes and protocols, such as the WHO Global Code of Conduct and the UK Code of Practice for international recruitment, to govern the ethical recruitment of health workers. However, these voluntary principles have limitations. VSO believes:

- Coverage needs to be extended to the whole of the independent (private) health sector in the EU.
- A mandatory acceptable minimum service in home country should be introduced. It is especially unjust for richer nations to remove recently

trained HW from their countries of origin immediately after training. VSO recommends that *no HW from a developing country is recruited to Europe within the first 3 years after completing training.*

- Compliance mechanisms for these codes of conduct need to be improved as relying on tip-offs and whistle blowing are insufficient.
- The effectiveness of these principles relies on the extent to which their use can be monitored and evaluated. Data on migrant's country of origin, their country of medical training should be collected and recorded on a system that can be interrogated.

4. The EC/EU should provide support for Diaspora organisations and other initiatives that facilitate 'brain circulation' and transfer of knowledge

Some Diaspora groups in Europe are engaging in creative and innovative ways to build the development impact of migrants. VSO currently supports a number of diaspora groups in the UK and Canada, working with them to formalise innovative mechanisms to facilitate transfer of knowledge, particularly volunteering programmes for their members to return on a short-term basis to their home country/continent to provide advanced training for national health workers. In the UK, VSO is supporting Diaspora organisations' programmes in Nepal, Malawi and Ghana, The EC should increase funding and support given to Diaspora organisations to support health programmes in their home countries.

Mechanisms to encourage **circular migration** should be emphasised and formalised through the use of bilateral and plurilateral agreements with source countries. The EC should support research into ways to encourage circular migration. Additional attention is necessary to ensure that smaller (or local) health units/services also benefit from these agreements.

Any European institution that invites HW from the South to Europe for training should replace these HW during their absence with reciprocal HW from the North. Institutions in the south should not be left short of staff because HW are in Europe on training courses.

5. European countries should increase their own production and retention of national health workers in order to become self-sufficient

European countries should invest in training a sustainable national workforce capable of delivering high quality health services. Fair pay, terms and conditions are vital to attract and retain an adequate workforce in all health sectors. When European countries are self-sufficient in their own HW there will be a long-term reduction in the 'pull' aspect of HW migration.

6. The EC/EU should improve incentives for volunteer service of European health workers to developing countries.

The EC should create opportunities to encourage voluntary service of health workers from developed countries to work in developing countries. Examples of what can be done include funding of Volunteer Sending-organisations, support to training exchanges, creation of appropriate incentives (eg tax relief) and removal of impediments (eg pensions penalties). The *European Year of the Volunteer 2011* is a major opportunity to encourage health volunteers and planning should begin now for this.

7. The EC and EU states should increase aid to governments in countries experiencing a health worker shortage, to enable them to produce, recruit and retain health workers.

Long-term, sustainable and pooled funding should be increased and should be used to support Sector Wide approaches (Health SWAs). Salaries, incentives and management need to be improved to increase the satisfaction of health workers and in turn, reduce migration. Increased aid budgets should support ministries to improve all stages of the health workers' career lifespan, including entry to health training, job recruitment, professional development, CPD and phased retirement.

8. The EC and EU states should increase aid to health-related civil society in developing countries, to enable the voice of health workers and patients to be represented.

There should be more funding and support given to 'Health Rights' groups in the South, and civil society organisations that represent and facilitate the opinions of patients. VSO considers that the standard of public health care in many countries is poor partly because there is little pressure from civil society for improved services. The EC should make available funds for civil society to promote HW accountability, and to carry out research programmes such as 'budget monitoring', to assess where health funds are being spent or going missing. Funds can be made available by DG Development through Calls for Proposals, both in-country or to international NGO intermediaries.

Further Research and information

VSO advocates for an improvement in the dire situation of human resource crisis in developing countries so would be happy to contribute to any future work on this topic. We are currently carrying out various pieces of research including

- Initial research called '*Valuing Health Workers*' in Uganda, which looks at HW morale and motivation ('push' factors for migration to Europe).
- Research on **Circular Migration**, looking at Malawi, Uganda and Guyana, which will provide recommendations for how to increase the benefits of Circular Migration.
- We are part of the UK review of the Department of Health involvement in International development, which will report later this year.

We would be happy to share the research with you later in the year if it would be of interest – please contact us if this would be useful.

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