



Response on the EC Green Paper on the European Workforce for Health

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The worldwide shortage of health personnel is having a detrimental effect on health systems, particularly in developing countries. This is stated correctly in the Green Paper. Wemos would like to suggest therefore that the Green Paper explicitly acknowledges the duty of each Member State to ensure sound national workforce planning is undertaken. This responsibility was also acknowledged in the Kampala Declaration that was developed during the first forum of the Global Health Workforce Alliance in Kampala in March 2008¹. Exchange of best practices in this area between Member States should be part of the possible areas for action. The Dutch labour market policy letter of 2007 from the Ministry of Health, Welfare and Sports has several elements that might be of interest for other Member States. Wemos would like the EC to incorporate such exchange of practices between Member States and non-EU countries. Moreover, the EC should ensure that all Member States are enabled to improve their workforce policies towards self-sufficiency. The guiding principle should be that recruitment from developing countries should always be avoided.

The universal right to health of all people forms the basis for all governments to ensure good quality health care. Having enough health staff is essential to deliver care. Apart from a national responsibility, each government has the obligation to assist other countries to implement the Right to Health. One side of the coin is to avoid demand and competition for staff across the developed world. The other side reflects the need to give assistance to developing countries based on their needs/priorities as reflected in national plans. The EC should therefore reiterate in the Green Paper the importance of implementation of the EU Strategy for Action on the crisis in HRH in developing countries. Bilateral (sector) support from the EC and its Member States will allow many developing countries to directly invest in health system strengthening and HRH. Such predictable and longterm financial and technical support will enable developing countries to establish greener pastures in order to retain staff. This approach is in alignment with the Paris declaration and the Accra Agenda for action.

Wemos argues that sectoral budget support has more impact than allocating funds for circular migration initiatives. The Green Paper states: *'The EU is developing a common immigration policy which includes approaches to avoid undermining development prospects of third countries through, for example, exacerbating "brain drain", by instead promoting circular migration.'* We wish to see that all EU policies and approaches, at all times, avoid any negative impact on development of third countries. Promotion of circular migration should not be the only approach to avoid undermining development prospects. The immigration policy should be coherent with already existing policies and strategies for action (such as the above-mentioned), including the EU – Africa strategy. Moreover, any initiative to avoid brain drain should be needs based and in alignment with national priorities. Country ownership is essential for the longterm effect.

¹ www.ghwa.org

Wemos contributes to the structural improvement of people's health in developing countries: *health for all.*

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Wemos agrees with the suggestion to stimulate bilateral and plurilateral agreements with source countries. However, we would encourage more research and needs assessments on circular migration prior to encouraging the *'development of mechanisms for support of circular migration.'*

We agree with the need to deliver on the commitments made in the EU Strategy for Action on the crisis in HRH in developing countries. Therefore, we suggest the EC to explicitly encourage the development of an EU Code of Conduct. This should become part of the areas for action that are suggested on page 12. Such Code will also guide the process of establishing bilateral and plurilateral agreements with source countries.

Meanwhile, Wemos will encourage the Dutch government to consider development of a Dutch Code of Conduct to avoid any recruitment from source countries with shortages.

We agree with the support from the EC and its Member States to the WHO in its work on a Global Code. During the Executive Board meeting of the WHO in January 2009, several WHO Member States called for strengthening the code's *draft* text regarding the obligations of the so-called destination countries to pay compensation. Malawi explained that sixty percent of its medical doctors work abroad. Based on a human resource plan, it now receives financial assistance from destination countries to top up the salaries of the health workers who choose to stay in Malawi. Such interventions will contribute to retaining staff in *greener pastures* in Malawi! Wemos and her African partner organizations agree that the code does not sufficiently reflect the obligation of destination countries to take responsibility and contribute to solving the personnel crisis in source countries. Despite the fact that all EU Member States have committed themselves to take joint action, few clear steps have been taken yet to work together.

The Green Paper should encourage the following areas for action:

- Stimulate Member States to develop sound national workforce planning and policies
- Finalise the EU Code of Conduct
- Encourage the development of national codes of conduct for each Member State which will guide the possible bilateral and plurilateral agreements
- Ensure the implementation of the EU Strategy for Action on the crisis in HRH in developing countries, at all levels
- Stimulate Member States to contribute to 'greener pastures' in developing countries
- Explore potential compensation mechanisms and check their feasibility with the actual needs of the source countries.

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