



Health Workers for All and All for Health Workers

**Country and joint activities and results
European project 2013-2015**



Colophon

©Wemos and HW4All participants, April 2016

Text: HW4All participants

Editing: Wemos, Netherlands

Final editing: Heleen Willems

Graphic Design: Inger van der Made - ingerdesign

Illustrations: Jacqueline Hofstra ontwerp

This document has been produced in the framework of the project 'Health Workers for all and all for health workers' DCI-NSAED/2011/106, with the financial assistance of the European Union. The contents of this document are the sole responsibility of the project partners and can under no circumstances be regarded as reflecting the position of the European Union.



Content table

Introduction	4
Country reports	
● Belgium – Memisa	9
● Germany – terre des hommes	15
● Italy – Amref	21
● Netherlands – Wemos	29
● Poland – Redemptoris Missio	35
● Romania – CPSS	39
● Spain – Medicus Mundi	45
● United Kingdom – Health Poverty Action	51
● European Union	58
Joint activities at European and Global level	62



Introduction

Today over 50 countries, mainly in Africa and South Asia, suffer from a critical shortage of health personnel, while they carry a large part of the global burden of disease. In the aging societies of European countries, the number of people who need long-term care is growing, thus fuelling demand for health workers. As the labour market becomes more globalized, rising demand is driving migration and mobility amongst health personnel. The recruitment of health workers abroad is a way of meeting the domestic demand, but can worsen the shortage of qualified personnel in both low- and middle-income countries and Europe.

Therefore, the project 'Health Workers for All and All for Health Workers' (HW4All) wanted to increase the coherence between development cooperation policies and domestic health policies and practices of European Member States with regard to the strengthening of the health workforce. The main emphasis was on countries with a critical shortage of health workers. Thereby the project aimed at contributing to a sustainable health workforce worldwide.

Within the 3-year project period¹, the project partners have implemented all planned activities at national and EU level, and even more. The result is rich, as shown in the following chapters about our achievements at national and transnational level.

Changing context

After adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Code) by the World Health Assembly in 2010, European Civil Society Organizations (CSOs) have met with a number of new challenges in relation to health workforce mobility.

First, their role as advocates has changed to one of cooperation and promotion of the WHO Code at national level at a time that national health systems are under pressure for budget cuts because of economic austerity measures. Secondly, as a result of the treaty of Lisbon that facilitates mobility of employees within the European Union as well as more stringent EU migration policies, the attention has now shifted towards internal imbalances within the distribution of health workers in the EU. Thirdly, the CSOs involved in health workforce migration not only need to unite organizations that have a background in international development cooperation. But also organizations that work on health system sustainability at national level, like patient federations, labour unions and professional associations. CSOs have also urged their government that several ministries should be involved in the matter, e.g. foreign affairs, health, education, labour, and migration. This needed multi-sectoral approach has proven challenging but feasible.

¹ With permission of the European Commission the 36 months' period 01-01-2013/ 31-12-2015 was extended to 38 months; end date 29-02-2016.

The HW4All project took up these challenges in a partnership by bringing together civil society actors from 8 EU countries (Belgium, UK, Italy, Germany, Poland, Romania, Spain and the Netherlands). Advocacy activities of this partnership – carried out in alignment with the WHO – included the development and dissemination of tools for policy analysis (as users' kits, stakeholder analysis and a collection of best practices) and the creation of a community of practice of national and international stakeholders (through workshops at national and European level, the involvement of health workers representative bodies and through the launch of a Call to Action), in order to achieve a sustainable health workforce.

Key points

The dialogue initiated by the HW4All project has covered various items of discussion in EU countries. The following are some of the key points of national level discussions:

- Belgium: A need for awareness raising about the WHO Code and especially about its principles for the recruitment and retention of the domestic health workforce;
- Germany: The need for decent working conditions for nurses and the Germany-Philippines bilateral agreement about the recruitment of nurses;
- Italy: The impact of austerity measures on health workforce resulting in a growing emigration of health workers;
- The Netherlands: The need for sustainable health workforce policies and the consequences of the informalisation of care that has resulted from the increased migration of care workers;
- Poland: In 2014 the government adopted a new law on healthcare services, which allowed paediatricians and physicians (specialists in internal medicine) to open primary health care practices. This change, which was the result of public consultations, should lead to better access to primary health care, especially for children;
- Romania: The need to develop an intra-EU compensation mechanism, including greater transparency and programmes dedicated to countries that lose health personnel in favour of countries with higher GDP and hence higher budget allocations for health;
- Spain: The importance of collecting data on health workforce migration to follow the impact of austerity measures and the resulting unemployment and emigration from the public health sector;
- United Kingdom: The contradiction between providing international aid for the strengthening of health systems in lower and middle-income countries and the active or passive recruitment from the same countries.

The HW4All project also developed a dialogue at EU level, building on the Action Plan for the EU Health Workforce, proposed by the European Commission in 2012. In particular, it monitored the way in which Member States equip themselves to foresee future shortages of health workers and plan accordingly, in the perspective of a sustainable domestic health workforce provided by the WHO Code. Partners from the project actively contributed to the Joint Action on Health Workforce Planning and Forecasting that initiated discussions of the applicability of the WHO Code on the International Recruitment of Health Personnel within a

European context, including the mapping of best practices – and reported about it. This topic was also part of the workshop with Members of Parliament that the HW4All project organised in collaboration with the European Public Health Alliance and the European Public Services Union at the European Parliament in May 2015.

Migration and mobility

Parallel to this, the project has advocated that health workers have every right to develop professionally and build long-term careers no matter where they live. And that also applies to migrant health workers trained outside Europe. National level discussions explored the challenges of providing decent working conditions to immigrant health workers of both EU and non-EU origin, which should be equal to what is provided to domestic health professionals. Their presence benefits European health systems and their rights and professional competencies must be valued. Their presence could even be considered as something of an unintended ‘subsidy’ in the form of ready, skilled professionals who come with no training costs attached.

However, at EU-level, the EU Global Approach to Migration and Mobility – and, more importantly, the new European Agenda on Migration currently under definition – appear to be scarcely development-sensitive. In its provisions for both highly skilled and low-skilled workers, the EU should ensure that existing and future tools are all coherent with the WHO Code. This includes mobility partnerships, circular migration schemes, and the Blue Card scheme. These tools should create for health workers possibilities of return to their countries of origin - after a period of work in the EU under good conditions. They should include the portability of social security and pension rights acquired in the EU in an overall effort to alleviate brain drain and connecting health and social protection systems. This was discussed during the HW4All conference ‘Exploring the migration-development nexus; Global health aspects of the implementation of the WHO Code of Practice’ (9 Dec 2015). Partners of the HW4All project also contributed to the Delegation to the ACP-EU Joint Parliamentary Assembly Meeting together with civil society colleagues from the East and Southern African regions: ‘Brain drain in the health sector. An update on the implementation and impact of the WHO Global Code of Practice on the International Recruitment of Health Personnel in EU and ACP regions.’ The meeting itself was postponed by the Assembly to 19 March 2016, after the end date of the HW4All project (29 Feb 2016).

Implementation of the WHO Code

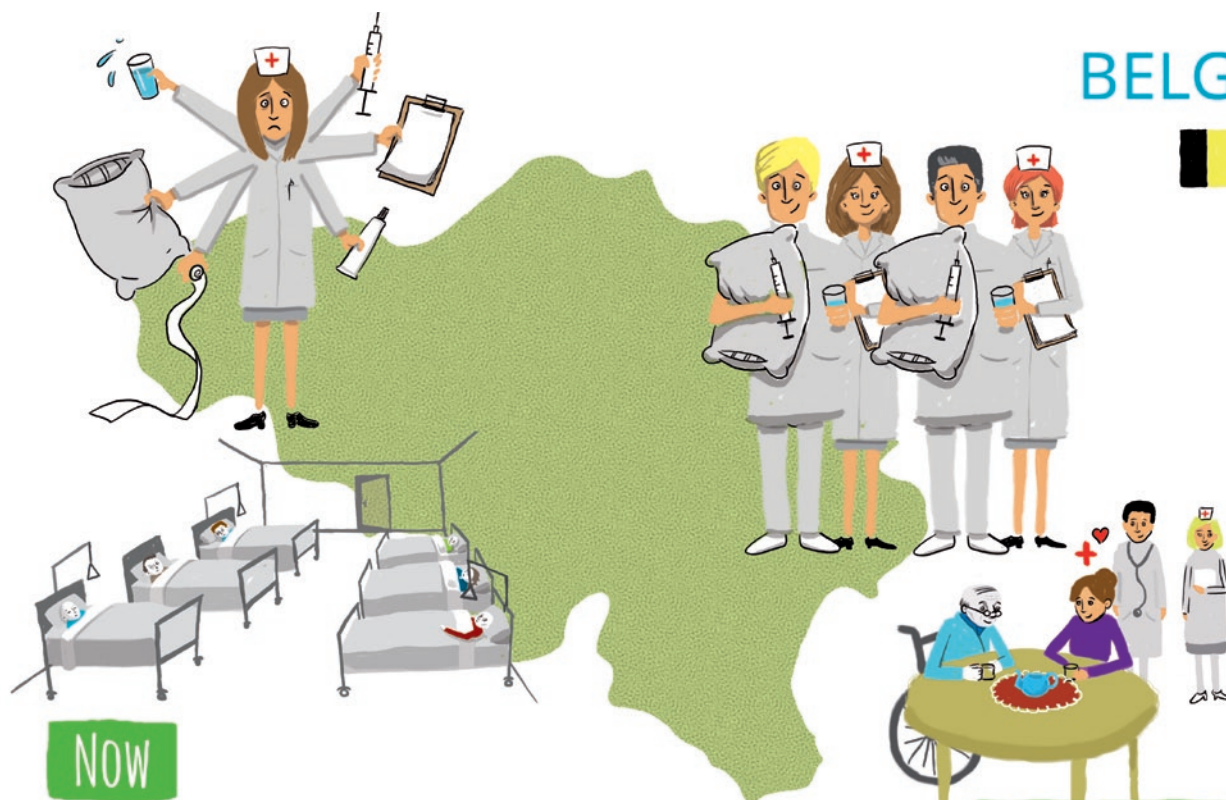
In our contribution to the HRH Journal about the implementation of the WHO Code, ‘The Code of Practice and its enduring relevance in Europe and East and Southern Africa’ (forthcoming), we concluded:

‘When it comes to the relevance and effectiveness of the Code in the European and East and Southern African regions, the picture is ambiguous. In a number of European countries, the

Code is effectively implemented, partly due to a dynamic civil society engagement. The financial crisis, the related austerity agenda and the internal European policy context have made the Code even more relevant within the EU in recent years. In the ESA region, the Code remains very relevant due to the high attrition rate of health workers migrating abroad. The Code is however far from being effectively implemented, mainly because policy makers and civil society do not think the Code brings many benefits. Hence, it does not have a high priority for the governments and societies in the region. There are limited resources for dissemination, advocacy and policy support to implement the Code. The non-binding character and lack of compensation have led to a somewhat similar fate for the global Code as the bilateral and regional Codes of practice that were created over a decade ago. Solutions to overcome this situation would be to further clarify certain definitions within the Code; develop a governance structure and a sustainable, binding financing system to reimburse countries for health workforce losses due to migration. Likewise it is needed to address the governance of HRH migration more in the context of global international labour migration frameworks, the sustainable development agenda and the development of global and regional free trade agreements. A human rights based approach, universal access to health care and health equity should underpin such a global governance regime.'

We have achieved a lot, but there is still a way to go.

BELGIUM



NOW

Too few health workers; health professions are not attracting new recruits

IN THE FUTURE

Investments are made to make health professions more attractive

www.memisa.be



**HealthWorkers
4all**

Main achievements

- The Ministry of Health is aware of the importance of human resources for health and the relation between domestic and external health policies and practices.
- The Public Health Expert of the Belgian Cooperation (the General Directorate for Development and Humanitarian Aid) has promised to integrate human resources for health their policies when according grants to future projects.
- Thousands of medical staff reached by press releases and media coverage.
- European Commissioner of Employment, Social Affairs, Skills and Labour Mobility Marianne Thyssen has encouraged us to continue the important advocacy work for human resources for health.

Introduction

The immigration of doctors, nurses and other medical personnel is a relatively recent phenomenon in Belgium, starting around 2000 and growing slowly but steadily. Although recent figures are not conclusive, from a total of around 400,000 people working in the health service, around 18% of all doctors and 4.4% of nurses are of foreign origin. Each year 300–500 doctors and 250–880 nurses enter the country. For both professions, around two-thirds are from European countries and 15% of African origin. Only 30% of the foreign-born doctors and 15% of the foreign-born nurses have not obtained their degree in Belgium.¹

Activities

The project kick-off took place in April 2013. It gained publicity in *MO Magazine*, 11.11.11. and for larger public through a number of articles in *Inflight magazine SN Brussels Airlines*. There were also several announcements on the *Magazine for Medicine* website and in the magazine. Some of Belgian good practices were presented at the side event at the 66th General Assembly of the WHO in Geneva (May 2013). Furthermore there have been preparations for an extended article in the *Magazine for Medicine* and contacts on online communication and the HW4All website. In April 2013, we also gave a presentation on human resources for primary health care at the public seminar of the Gent University. In the second half of the first year, the contacts with the different stakeholders were intensified and further interviews were carried out. Several contacts were made for publications in specialized magazines (such as *Tijdschrift voor Geneeskunde* and *Santé Conjuguée*), followed by a publication by M.Waals and dr. E. Van Belle. The national VRT TV News broadcasted an item on the importance of local doctors in Central Africa. To provide a broader visibility for the project, 10.000 leaflets were prepared and distributed as well as 200 promotion kits.

¹ Chapter 2: Civil society's contribution and advocacy for implementing the WHO Global Code in the European Region: Six country case studies. Linda Mans, Remco Van de Pas, and Giulia de Ponte. In: Migration of health workers: the WHO code of practice and the global economic crisis. Eds: Amani Siyam, Mario Roberto Dal Poz, 2014.

National Workshop

In March 22th 2014 we organised our National Workshop in Brussels with 10 prominent key speakers and more than 80 participants from different stakeholder groups. The opening speech was given by the National Minister of Health Laurette Onkelinx, followed by a speech by Lon Holtzer, Ambassador for Care Flanders from the Flemish Ministry of Health and a presentation from the Belgian Joint Action Force. On the scientific side, there were testimonies from the South and experiences from recruiting foreign personnel in a medical institution in Belgium, etc. A very interesting dialogue took place with the participants from the different and mixed stakeholder groups on three fundamental key issues. Clear conclusions, recommendations and points of interest were addressed to the Minister of Health and other important stakeholders.

The online collaboration tool was also launched in the first half of 2014, with the presentation of the HW4All study, the presentation of the WHO handbook on migration of health workers that included a presentation from Belgium. We edited 2 case studies: one on the Hospital for Hospital twinning program experiences (where 18 Belgian hospitals are partnering with African Health Districts) and one on issues concerning human resources for health and the experiences around the Be-cause Health Charter on the recruitment of foreign medical personnel within health programs. The latter was signed by the majority of the Belgian actors and health workers in development programs and the evaluation of the evolution in respect of these principles in the field (through a field survey in the Dem Republic of Congo).

Our further activities in 2014 were:

- Participation in the National Congress for Midwives where midwives were given information about the call to action;
- At a side event of the General Assembly of the WHO in Geneva Dr. Elies Van Belle provided a testimony on two good experiences in Belgium: the HfH twinning program and the Carter of members of the Because-Health group;
- A presentation at the VIVES Highschool in Bruges for student-nurses.

In 2015 prospectations for new stakeholders were made (e.g. meeting with 'Global Shapers') and once more we participated to the National Congress for Midwives where midwives were given information about the call to action. We organised our yearly partnering Hospital for Hospital-day where partners shared their experience on human resources for health policies. Further, Géraldine Saey spoke at the International Federation of Medical Students' Associations (IFMSA) General Assembly, in Ohrid, Macedonia, on the 4th of August. In the last semester of the project, we actively prepared the end of the project. Because of the importance of the subject and the end of the project, we decided to use the theme (human resources for health policies) for our national campaign of 2016. Therefore we found it important to develop the right tools to explain this message to our audience. The cartoon on human resources for health policies of Belgium was the first step for us in that direction.

We decided to develop a similar cartoon for the policies in DR Congo to compare both situations. We also intensified our contact with our stakeholders (Be-Cause Health mainly) and with our partners (through Skype, meetings, conferences). Finally we sent interpellations to Belgian politicians as a final appeal to sign the code of conduct and to invite them to the closing meeting in Madrid.

Results

We have assembled more than 80 signatures for the call to action on the online collaboration tool. Amongst them are various important institutions such as Zorgnet Vlaanderen and 11.11.11. (umbrella organisations of more than 100 medical institutions and NGOs). The icing on the cake were the letters of support and symbolic signature of the Ministers of Health (both Flemish & Federal), a Member of Parliament, and the European Commissioner of Employment, Social Affairs, Skills and Labour Mobility as a result of our political interpellations.

Our national workshop was a success - there were important key speakers, amongst them the Minister of Health. We also had several publications in scientific and political magazines that reached a broad audience. We enlarged our network by participating in several events and conferences. Unfortunately there is not a lot of media attention for health workers issues in the national (regular) press.

Our closest stakeholders, the (Belgian) hospital partners, were definitely more sensitive on the subject of human resources for health policies. We believe it will influence their specific human resources for health policies of their hospital and hope that this new mindset can last. We also believe that the program was of added value to our partners whilst engaging and meeting their African colleagues during their immersions in DR Congo (or other African partnering countries) or during communication. Those stakeholders were at the same time our target group. It was a two way street.

We believe that the health worker issue appeals to Belgian politicians, despite the change of government. In 2014 we lost contact with the former Minister of Health but new contacts with the current Minister of Health are made (see letter of interpellation and response). We also developed, intensified and maintained contacts with the Minister of Health of the Flemish Government, who stayed put after the elections of 2014. We also made first contact with the European Commissioner of Employment, Social Affairs, Skills and Labour Mobility Marianne Thyssen. She encouraged us to continue this important advocacy work. These first contacts haven't yet resulted in concrete changes (e.g. a change of law, a public statement), but are promising for the future.

Follow-up

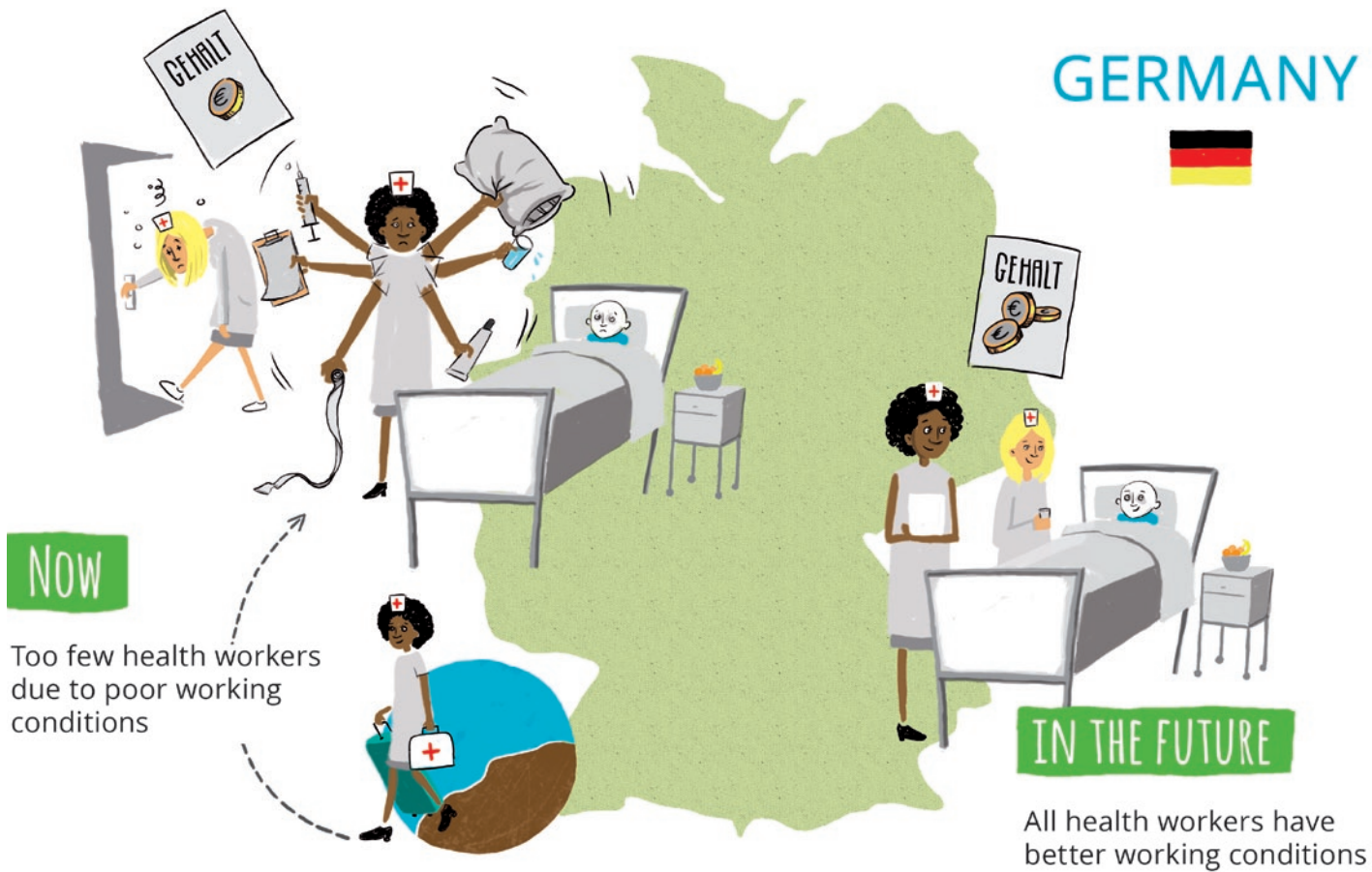
Our national campaign of 2016 will put the importance of medical personnel as main point of focus. We will build a campaign to sensitize the Belgian audience about the importance of medical staff in rural areas in developing countries. The aspect of migration and its negative

consequences for those areas will be explained. Our expertise from the HW4All project will be put to use for this campaign, supported by the whole Memisa team. For this we developed 2 cartoons and a video to support our campaign.

Memisa confirmed its participation for the renewed working group of MMI at this initial stage. Memisa is happy to be part of an international network that unites experts and contributes to our (inter)national influence on global human resources for health policy and processes.

Lessons learned

Our NGO had not much experience in advocacy by so far. In the beginning, it was difficult to lobby because of the lack of initial contacts and skill: it is not our core activity, and within the scope of the HW4all project there was no one who could develop the activity on a full time basis. But we quickly developed a broad network of contacts with different stakeholder groups in Belgium. We also learned to cooperate with other organisations on the European scene. This was relatively new to us. Memisa works with Belgian partners and partners in our partnering countries (developing countries), but has never worked together on an advocacy project with EU neighbours. We find this very enriching and hope to keep this network alive.



www.tdh.de

Main achievements

- Trade union ver.di is aware of the close links of their struggle with the global dimension of health worker mobility.
- The trade union for nurses is included in the inter-ministerial working group on health worker mobility, which has had a rather exclusive focus on development.
- The health worker mobility focus of VENRO (umbrella organization for development NGOs) has shifted from development to the links with domestic health policy.
- Formal requests from Members of Parliament: the project gave inputs to two parliamentary requests, one of which triggered intense media attention.
- Solidarity of development NGOs with the struggles of German nurses for better working conditions.

Introduction

Traditionally, German nurses are not amongst the best organised professions in terms of collective bargaining and effective representation in the political arena. This becomes even more evident, when comparing nurses to the other big lobby groups competing for their share in the German health system: professional associations of physicians and medical doctors, hospitals, health insurances and, last but not least, the pharmaceutical industry. In fact, professional associations and trade unions for nurses do exist but membership rate and degree of organisation are low in nursing and their representation is comparatively weak. If at all, nurses are in a secondary position.²

Activities

The production of lobby materials (the user kit containing a German translation of the WHO User Guide and the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Code), a project leaflet, a lobby letter and materials from the trade union ver.di) took place in 2013. The production of all lobby materials was finalised in 2014 (User kit reprinted twice adding up to 600 copies, Stakeholder Analysis, Case Studies Germany, WHO Code in English, websites and Online Cooperation Platform). The materials were widely distributed in hard as well as in soft copy. The German website has been launched in late June 2013 as part of the HW4All website and since it is the main point of publication for the German project materials.

The official launch of the Call to Action triggered wide media attention and a total of 67 signatories, of which 19 are to be considered relevant (political decision makers, organisational signatures, influential MPs), signed the Call to Action. In addition, 7 background articles and interviews in magazines, newspapers and public radio stations appeared in the German media. Heino Güllemann was invited to speak at 6 conferences including a speech at the World Health Summit in Berlin. In addition he participated in many more events with regard to human

resources for health and the German nursing problems. In the preparations of the German Health NGOs for the G7 summit in June 2014 at Schloss Elmau HRH issues were included in the NGO statements.

The HW4All project also accompanied the strike of the nurses of Berlin's Charité Hospital for better working conditions – this strike is often referred to as 'historical' or 'unprecedented' in terms of self-organisation of German nurses. During 2014 and 2015 the German HW4All section became an influential voice in the national debates about health workforce mobility.

The wide distribution of the user kit triggered opportunities for follow up work and follow up discussions. These were, amongst others:

- Existing contacts with German MPs were strengthened, e.g. with Uwe Kekeritz (Green Party), Harald Weinberg and Niema Movassat (Left Party) and Hilde Matheis (Social Democrats);
- A direct contact was established with the DBfK (German professional association of nurses) and Ms Johanna Knüppel;
- The contacts also led to a request from the German NGO network VENRO to provide arguments for the health workers' crisis for a gathering with the Minister for Development Cooperation and the chairs of the VENRO Network in March 2014. The issue of health worker migration played an important role in the meeting;
- The combination of the User Kit with the materials from the trade union ver.di deepened the trusted relationship amongst the two and helped to conduct two common conferences in the reporting period and are planning for a third one in 2015 (see below).

Results

Several articles authored by Heino Güllmann were published in health sector journals, such as the journals of DBfK (professional association of German nurses), vdää (professional association of medical doctors) and express (independent trade union publication). Further articles were published in the journals of the development sector as e.g. Weltsichten or Difäm.

The simultaneous cooperation with ver.di and the European HW4All network facilitated contacts between Spanish nurses working in Germany, German trade union representatives and the Spanish HW4All partner. These contacts led to an invitation of trade union representatives and Spanish nurses to the HW4All conference held by our Spanish partner in Madrid. The workshop has pushed the issue of emigrating Spanish nurses and their inferior working conditions high up in the media. We also worked closely together with the national German NGO network VENRO on policy papers such as the position paper of VENRO on issues concerning human resources for health, which was published in December 2014.

Nowadays the subject of quality of work in nursing is hotly debated in Germany. Due to our efforts the ethical questions arising from the recruitment from abroad are now part of the

perspective. Our arguments are grist to the mills of trade unions and professional nurses' associations. With these allies we can reach many more beneficiaries in this on-going debate than expected.

While working on global health in the German thematic circles, the direct relation of the brain drain of health workers and the policy failure in German nursing became a common. The need for coherence between internal health policy and migration and development policy became obvious.

Follow-up

The cooperation between ver.di and the Korea Association is ongoing. ver.di is currently organising a joint event together with the Korea Association to celebrate the 50th anniversary of recruitment of Korean nurses to Germany in April 2016. Because of the phasing out of the project, the event was organised independently and without support from terre des hommes. On individual level, Heino Güllemann will contribute to the expert panel.

On a larger scale it is not very likely that many activities will continue within terre des hommes, as on a broader strategic level terre des hommes Germany is re-focussing its work and therefore health issues will not have the same priority to the advocacy department as before.

Partners and cooperation

The relationship between terre des hommes and State authorities in Germany is deep and trusted. Heino Güllemann is in regular exchange with representatives from the Ministry of Development and Economic Cooperation and the Ministry of Health. He regularly participates in the inter-ministerial working group on human resources for health with the four relevant ministries present and he gets invited to and participates in high level conferences on the subject of migration organised by relevant German stakeholders as BMZ, GIZ, German Marshall Fund or the Robert Bosch Foundation. He is also in regular and trusted contact with Members of Parliament working on health issues in development cooperation.

Lessons learned

The project largely achieved to make the links between domestic health policy and development policy more visible and changed the views of some organisations and politicians on this issue towards a more comprehensive perspective, thereby leading to the point of policy coherence.

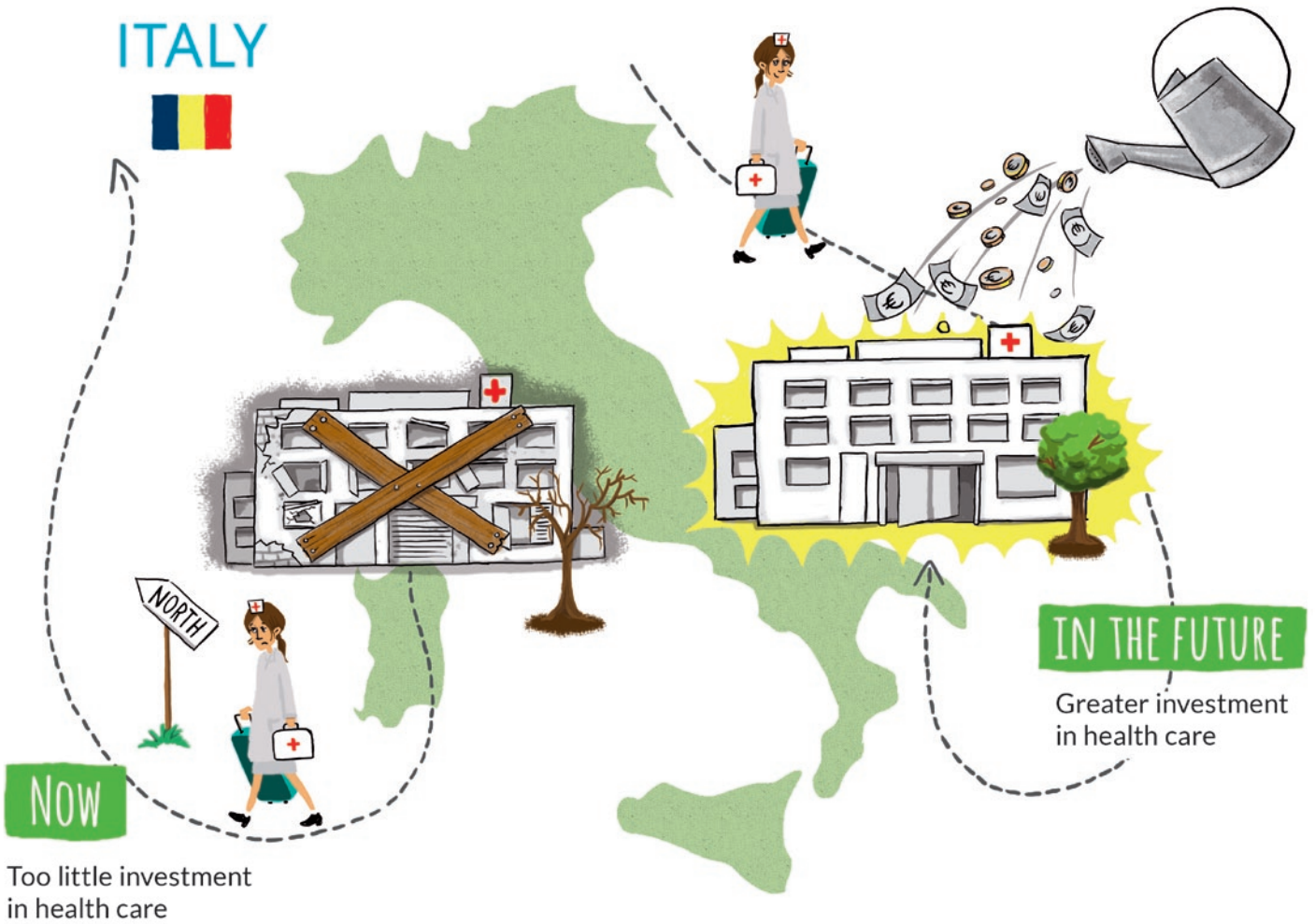
The main achievement of the project is that the policy fields of domestic health and international development were combined. For example VENRO published a position paper on human resources for health in December 2014 which was rather unprecedented, as for the first time the network of development NGOs focussed directly on German domestic policy issues

(here: health policy), instead of on development.

What is more, the German domestic trade union ver.di now often cooperates with development NGOs and has a more open approach to embrace migrants. It has become a permanent member of the inter-ministerial working group on human resources for health, which is more of a development policy event. To sum up: in both directions the perspectives have clearly changed and they now also embrace the respective 'other side' of the medal. This increases leverage for this important topic from several perspectives.



ITALY



NOW

Too little investment in health care

IN THE FUTURE

Greater investment in health care

www.manifestopersonalesanitario.it



Main achievements

- A multi-stakeholder Commission on Global health and international cooperation inside the structure of the National federation of Medical associations (FNOMCeO) has been created. It has promoted its activities in the course of the HW4All project.
- The Federation changed in 2014 the wording of the Italian ethical code for medical doctors, including global health as a perspective to be taken into account in health system programming as in daily medical practice.
- Meetings have resulted in the reform of National Guidelines on Development Cooperation referring to Global Health sector 5 years after their publication.

Introduction

The Italian health service is undermined by public budget constraints caused by the financial crisis, and it runs the risk of slowly becoming a net exporter of health professionals. Italy currently ranks among the first countries in the world for density of practicing physicians, but is one of the last considering the number of professional nurses at work. There are around 391,000 nurses, according to a Ministry of Health survey, with the proportion of nurses and doctors close to parity, compared with the average OECD rate of 2.5.³

Activities

The aim of this project, at advocacy level, was to increase coherence between development cooperation policies and domestic health policies and practices of EU Member States with regard to the strengthening of the health workforce in countries with a critical shortage of health workers. The awareness of incoherencies between development cooperation and health policies has increased during this action. The necessity of proper domestic human resources for health planning to avoid brain drain to and from Italy was central to the HW4All project work from the beginning, and was reflected until the end of the action.

In particular, after work with domestic health authorities at national level was carried out in year 1 and year 2, the HW4All project acted additionally in year 2 and 3 as a regular stimulus on the issue of international mobility of health workers in the Joint Action on Health workforce Planning and Forecasting. The Joint Action is largely an expression of Ministries of Health of Member States: the latter, in its 2015 report on 'The applicability of the WHO Global Code of Practice on the International Recruitment of Health Personnel within a European context', accepted both directly to the HW4All project's inputs to the report on policy coherence and ethical recruitment, and the results of previous dialogues carried out by the HW4All project at national level.

³ Chapter 2: Civil society's contribution and advocacy for implementing the WHO Global Code in the European Region: Six country case studies. Linda Mans, Remco Van de Pas, and Giulia de Ponte. In: Migration of health workers: the WHO code of practice and the global economic crisis. Eds: Amani Siyam, Mario Roberto Dal Poz, 2014.

Although the awareness of incoherencies between development cooperation and health policies increased during the action also thanks to the HW4All project contribution. However, the consequent investments in the domestic health sector needed to coherently implement and identified planning needs were not always made during the Action period, due to the current economic crisis which identified austerity policies as a solution, especially for Southern European Member States. This new incoherence was highlighted both by the HW4All Call to Action and by the European summary report.

Similarly, the awareness of incoherencies between development cooperation and migration policies has increased during the action: the new agenda on Migration contains a section dedicated to legal migration and includes a proposal for a review of the Blue Card, to which HW4All did contribute. However this review, which was carefully monitored by HW4All, has not yet come to an end.

Two risks that we can foresee are: The fact that the economic crisis in Europe has brought down extra EU migration to Europe and intensified intra-EU mobility, with brain drain impact within the EU; this implied that the action coupled attention to extra EU migration (central to the action) with that for intra-EU migration, the 2 having similar mechanisms and impacting on one another. On the other hand, after 3 years of attention by the EU Commission to issues related to human resources for health (see EU Action Plan on Health Workforce, 2012), the Commission now does not renew its interest in the sustainable development of human resources for health through a new Action Plan.

Finally, HW4All focused its work on pushing WHO Member States in which partners are based to report on the implementation of the WHO Code. However, Member States did not disclose until now their reports, as the deadline for reporting has now been extended until 31st of March 2016. Therefore we have only received informal reports from National authorities on their level of engagement.

Participation in all the activities has reached the targets in both quality and quantity of participants. The outreach has been huge and with concrete impacts on policy making process, at National, European and also global level. Thanks to the continuous involvement of international experts, as well as relevant global institutions such as WHO that have received the messages raised by HW4All constituency and allies, quoting the Action as one of the most relevant civil society initiatives in mainstreaming issues concerning human resources for health in global policy agenda.

A selection of our activities in 2015 (in addition to contract):

- Seminar 'WHO Global Code of Practice - initial achievements and future challenges. Side event to the 68th World Health Assembly' in Geneva (20 May 2015, over 120 participants);
- Meeting/briefing with European Commission (DG Home, Giulio Di Blasi 11 September 2015, 10 participants);
- Informal dialogue with Italian MEP Patrizia Toia (September 2015, 10 participants);

- Esther Madudu, AMREF Health Africa trained Midwife and candidate to the 2015 Peace Nobel prize, visited in Rome (9-10 November 2015, more than 50 stakeholders met);
- GCAP Seminars in MAECI (Rome, 6 July – Rome 15 September 2015, more than 80 experts and stakeholders participated);
- Joint Action Health Workforce Planning and Forecasting - Second Plenary Assembly (Madrid, 23-24 March 2015 more than 50 participants, 40 direct contacts).

Results

Since the start of the HW4All project in 2013 Amref Italy actively contributed to the new guidelines for development cooperation in the health sector (including a priority on human resources for health and a reference to the WHO Code) of the Italian Ministry of Foreign Affairs (e.g. by organising seminars, providing input to the drafting, face-to-face meetings at the Ministry of Foreign Affairs). In the second semester of 2014 the reform of National Guidelines for Global Health in International Cooperation for development was approved. The European Advocacy Coordinator also commented and emended the Health area of the Documento di Programmazione triennale (Planning strategy of Italian Cooperation for development).

The outcome on the final beneficiaries is an increased awareness of where areas of incoherencies are located: the intersection between development and health, economic and migration policies. Reference to these incoherencies (i.e. the impact of domestic health workforce shortages on brain drain from extra-EU countries) are now generally well understood by decision makers at both EU and national levels, as demonstrated by their public statements (for example the report of the final European Conference) and thanks to the intense dialogue sustained by the HW4All project.

The contribution of the HW4All project went in the direction of systematically identifying and pointing decision makers towards intersectoral incoherencies relevant to human resources for health, where only few actors in Europe were in the position to read and interpret developments in different sectors such as health, migration and economic policies, trade and development.

At national level, a number of actors incorporated HW4All project's positions, i.e. doctors' trade union Anaa, NGO platform CONCORD Italy, the Ministry of Foreign Affairs and International Cooperation, doctors' health professional organisation FNOMCeO and, to a certain extent, the Ministry of Health and nurses' health professional organisation IPASVI.

However, it appears that the step from increased understanding of incoherencies towards concrete solutions of these incoherencies is in some cases prevented by conflicting interests introduced by the economic crisis (like in the case of investments in the health sector, where the interest of limiting public expenditure prevails on the interest of training and employing health workers according to identified needs), which were only partly foreseen at the beginning

of the action; sectorial divisions and the lack of staff training also made intersectoral dialogue limited in some cases.

The continuous contacts with Members of Parliament at national level and the push for more evident linkages between the growing brain drain of health workers from Italy and Europe with the austerity measures implemented by national policies as well as EU level, succeeded in the publication of a Parliamentary Relation on State and Perspectives of Health System. These contacts stimulated the approval of several Motions for a better programming, training and retaining of the health workers in the national health care system, as well as on brain drain and how to effectively address it in short/medium term.

In December 2015 several Members of Parliament, and between them the president of Senate Health Committee Maria Emilia De Biasi and Nerina Dirindin who participated to HW4All National Seminars in the 1st year of the project, presented project proposals for new national laws to support health workers, their training, recruitment and fair treatment, in coherence with the WHO Code of and HW4All advocacy agenda.

Follow-up

The action will continue at European and global levels through MMI network/HRH working group, of which most HW4All project partners are members. The working group already produced a work plan 2015 which will ensure the continuity of work at national and EU level, drawing from the HW4All project experience.

In Italy the advocacy work on international migration of health workers will continue mainly with a focus on the needed coherence between development and migration agenda's, as both development and migration of health workers are identified as priorities in Amref Health Africa's national strategy for Italy, 2015; and as health workers migration is part of the new Amref international guidelines on migration.

Alliances developed through the action will continue to be sustained and developed, i.e. through Amref's renewed membership of the national platform CONCORD Italy (migration working group, in particular) and of NGO platform CINI (Italian coordination mechanism of international networks), both prioritising coherence issues at European and national level respectively.

Continuity of institutional dialogue with the Ministry of Foreign Affairs and International Cooperation on the Action's themes will be ensured by the membership of Amref Health Africa's director of the working group dedicated to 'Migration and development' within Consiglio Nazionale per la Cooperazione allo Sviluppo, the highest consultative mechanism with external stakeholders introduced by the new Law on Development Cooperation (Law 125/2014).

Finally, Amref Health Africa in Italy will also continue to provide financial and technical support to training and retention of human resources for health programmes in African countries where Amref Health Africa is active.

Lessons learned

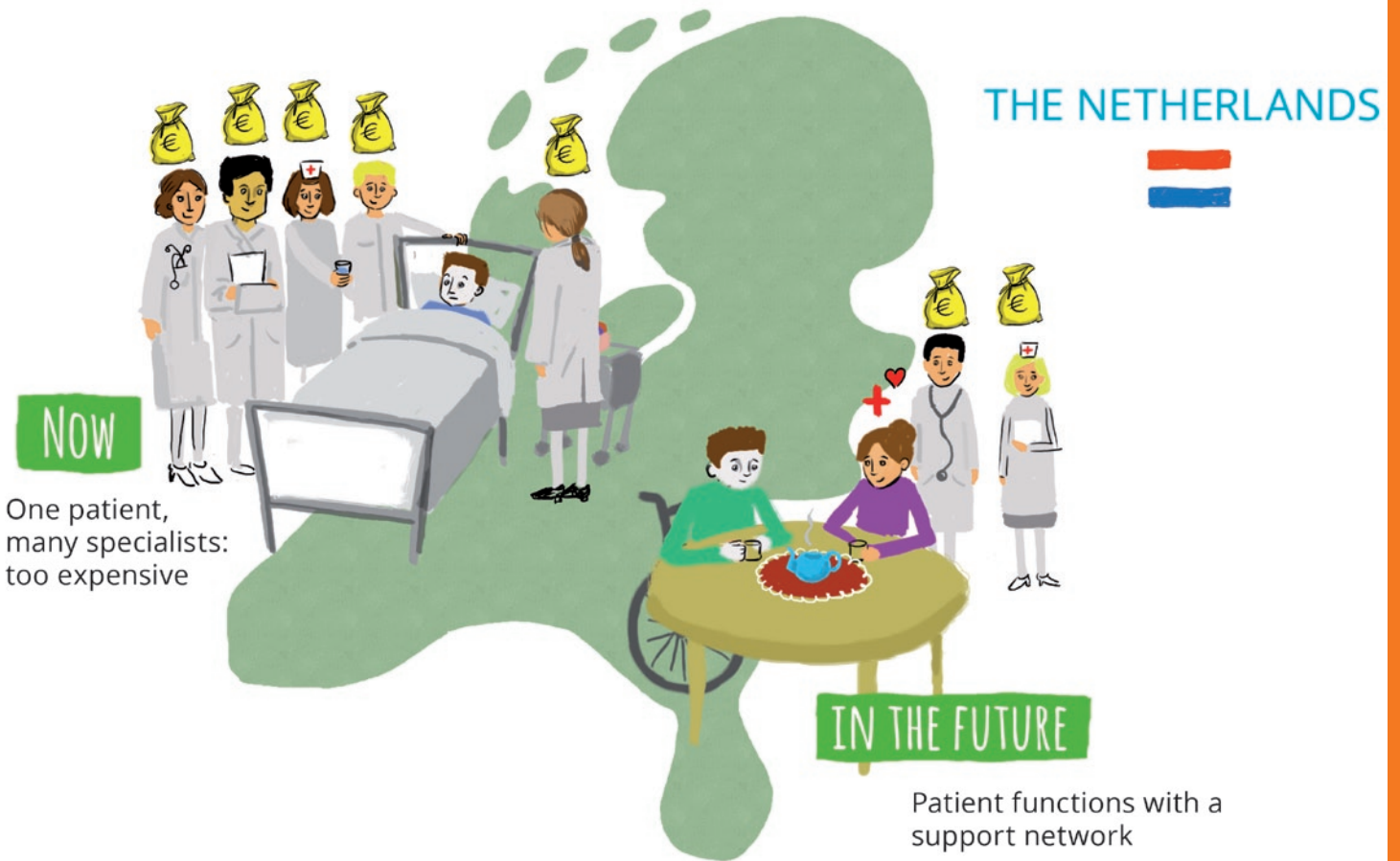
Amref Italia learnt a lot on the functioning and advocacy opportunities in EU institutions. Contacts in DG DEVCO, Home and SANCO were extended and deepened. Functioning of the European Parliament and its Committees was better understood as work was initiated in this field for the first time by Amref Italy. Contacts, not only with other national partners, but also with new European level networks in the field of health and migration were initiated.

For a health organisation like Amref the EU migration agenda and the impact of austerity policies on migration of health workers were also policy areas of learning. This learning has been utilised in a policy coherence perspective with the action's stated goals and objectives in mind. All learning informed the Call to Action and other HW4All project outputs and positions.

Amref Italia supported and obtained the inclusion of a specific point on migration of health workers in the Amref family's framework policy on migration, making the migration issue more relevant for all the national Amref organisations, in coherence with the overall goal of the HW4All project.

The major achievement on a national level has been to have the possibility to understand how:

- To enlighten the relevance of health workforce promotion, training and protection in Cooperation for development processes strengthening a vocal presence of Italian health workforce representatives in the decision making process of the concerned institutions (from the Ministry of Foreign Affairs, to the Ministry of Health, to the Regions);
- To better create synergic opportunities between the best practices developed in the global South and the work that national institutions are doing in order to address the impact of austerity measures the right to health with a sustainable presence of human resources in the national health system.



www.wemos.nl

Main achievements

- The Minister of Foreign Trade and Development Co-operation has engaged in a (written) dialogue about applying a coherent approach on migration and development with health personnel as a case study.
- During the Dutch presidency in 2016, the Minister of Foreign Trade and Development Co-operation has included policy coherence for development and SDG3 on health as focus area.
- Members of Parliament have asked questions about circular migration; about the need to invest in resilient health systems, including health workforce.
- The Municipality of Amsterdam councillor has commissioned a research on legal constructions for live-in migrant care workers in the 24-hour home care.

Introduction

Dutch stakeholders, especially trade unions, but also politicians and NGOs such as development organisations, have always held the position that the Netherlands should be self-sustainable in its health workforce. However, recruitment of theatre assistants from India and nurses from Spain (2012) suggests that when shortages occur in the Netherlands, active recruitment of foreign health personnel is used as a solution.⁴ How do we ensure, then, that our foreign recruitment policies will not have an adverse impact on the health care systems of those countries? One of the goals of the Health Workers for All project (HW4All) is to work together to promote the fair recruitment and distribution of health personnel.

Activities

During the project period, 1 January 2013 – 29 February 2016, Wemos Foundation was the overall coordinator of the HW4All project. We also carried out many activities in the Netherlands.

We produced a number of advocacy materials:

- A user kit for awareness-raising purposes;
- A factsheet with facts and figures about the situation regarding the human resources for health situation in the Netherlands;
- The WHO Global Code of Practice on the International Recruitment of Health Personnel translated into Dutch;
- A users' guide to the WHO Code with questions and answers.

In addition, Wemos mapped power relations and produced and published the stakeholders' analysis booklet with recommendations (Dutch and English version). The booklet has been printed (500 prints) and was distributed during the entire project period.

⁴ Chapter 2: Civil society's contribution and advocacy for implementing the WHO Global Code in the European Region: Six country case studies. Linda Mans, Remco Van de Pas, and Giulia de Ponte. In: Migration of health workers: the WHO code of practice and the global economic crisis. Eds: Amani Siyam, Mario Roberto Dal Poz, 2014.

We conducted individual interviews with stakeholders (human resources for health representative bodies, migrant organisations, sector organisations, trade unions representing nurses and care workers, recruitment agencies etc.). They received information about the WHO Code and about the importance of fair and sustainable health workforce systems and policies.

Wemos participated and presented the HW4All project in different (working group) meetings and conferences at European level and global level (e.g. World Health Assembly, Third Global Forum on Human Resources for Health). This provided us with great opportunities to liaise with our contacts and establish relations with new parties. Moreover, from the start of the project we have strengthened our contacts with the Ministry of Health, Welfare and Sport, the Ministry of Foreign Affairs and politicians in order to raise the importance of human resources for health and ethical recruitment on the Dutch political agenda.

We have sent several suggestions for parliamentary questions about the recruitment of foreign health workers in our home-based care to a Member of Parliament.

We selected two case studies for in-depth elaboration and published these in two separate articles:

1. Responsible health workforce policies as an integral part of Corporate Social Responsibility policies.
2. Ethical recruitment in the home-based care sector.

These case studies were later also included in the case study reader with contributions from all project partners, which was produced by the Project and presented to Members of European Parliament on 5 May 2015.

On the 5th of June 2014, the HW4All project launched a Call to Action for European decision makers for strong health workforces and sustainable health systems around the world. The call was published in the project's online collaboration platform and included:

- Long-term planning and self-sustainable training of health workforces;
- Investments in the health workforce;
- Respect for the rights of migrant health workers;
- Coherent planning at national, regional and global level – without losing any of these perspectives;
- Implementation of the WHO Code.

All partner countries actively promoted the Call in order to collect endorsements from sympathisers. A total of 425 signatures were collected by partners (175 organisations and 250 individuals), 28 of which from the Netherlands.

On the 18th of June 2014, Wemos – in collaboration with the Netherlands Public Health Federation - organised the national working conference ‘Global access to health personnel is possible!’ in Utrecht. During this meeting, we discussed ways to ensure a future-proof and globally responsible health personnel policy aligned to the health challenges of the 21st century. The debates were lively and insightful, thanks to the participants with different backgrounds.

Many meetings with health workers’ representative bodies took place, both in the Netherlands and at EU level to further enlarge our constituency of stakeholders who contribute to the WHO Code implementation. In preparation of several EU level happenings, Wemos and Amref Italy, in collaboration with the European Public Health Alliance, took the lead in an extensive advocacy trajectory in order to put elements of the Call to Action on the European agenda.

Wemos organised an Expert Meeting on ‘The implications of work migration in the EU: the case of 24-hour in-home care in The Netherlands’ in September 2015. We aimed to provide input about labour mobility in the EU, with health care as a case study, for the Dutch Presidency of the EU during first semester 2016. 21 Participants from various backgrounds attended the meeting, including Ministry of Health and Ministry of Social Affairs & Employment; various 24-hour care providers; trade union representatives; civil society organisations; researchers. The meeting resulted in the online publication of the report ‘Labour mobility & the Health Sector’ on The Broker in January 2016, followed by an online open consultation.

Results

We have worked intensively together with trade unions in the Netherlands. Our research in the area of human resources for health has been extensively used in their follow-up activities.

Another notable result is that the City of Amsterdam has proceeded to undertake a serious inquiry into the possible negative effects of employing live-in migrant care workers in its 24-hour care arrangements.

Partners and cooperation

All these activities have enabled Wemos to maintain regular contact (face-to-face meetings, telephone calls or email contact) with the Dutch Ministry of Foreign Affairs, the Ministry of Health, the Ministry of Social Affairs and Employment, and with several members of parliament working on health or development cooperation. We acquired a considerable reputation on health-related topics (including the mobility of health workers and health policies) at Dutch governmental level. Members of Parliament and civil servants working with the above ministries repeatedly ask(ed) Wemos for input on the health worker discussion. At European level we have close links with the department dealing with the human resources for health of the WHO Regional Office for Europe. This strong link offers us the possibility to present the HW4All project at regional meetings and to exchange knowledge and information on the human resources for health crisis, the WHO Code implementation and sustainable policy measures to promote fair health personnel policies.

In addition, Wemos collaborates with:

- At EU level:
 - o the European Commission's Working Group on the European Workforce for Health;
 - o European Public Service Unions (EPSU);
 - o Joint Action on Health Workforce Planning and Forecasting. This specific collaboration has resulted in two reports in which Wemos took the lead: 'The applicability of the WHO Global Code of Practice on the International Recruitment of Health Personnel within a European context' and the 'Report on Circular Migration of the Health Workforce'
- At Dutch level:
 - o The Dutch Human Resources for Health (HRH) alliance;
 - o Organisation for Social Partners in Hospitals in the Netherlands (StAZ).

We established and intensified our contacts with trade unions, migrant organisations and some client organisations.

Follow-up

Our activities will continue at the national, European level and global level, a.o. through the Medicus Mundi International Network (HRH working group), of which Wemos is a member. The HRH working group has already prepared a work plan for 2016 which will ensure the continuity of work at national and EU level, drawing from the HW4All experience.

In the Netherlands, advocacy work on international migration of health workers will continue within the framework of the Health Systems Advocacy partnership, in which Wemos participates since the beginning of 2016. This Partnership allows us to continue our dialogue with both the Ministry of Development Cooperation and Foreign Trade and the Ministry of Health. We will continue to emphasise the importance of policy coherence for development, of proper implementation of the WHO Code and of sustained investments in health workforce planning and forecasting, both abroad (through our development cooperation funds) and domestically.

Lessons learned

The issues of health worker migration and the contents of the WHO Code are complex in nature. Their relevance to the Dutch national situation is even more difficult to explain because at this moment in time, our health care system suffers from austerity measures and budget cuts. This has resulted in layoffs rather than demand for more health workers (either domestic or from abroad). However, the need for long-term health workforce planning has been recognised in time. Our way of working is applicable in a new Strategic Partnership in which Wemos is involved, e.g. the stakeholders mapping exercise; organisation of stakeholder meetings; policy coherence (domestic/abroad).



Redemptoris Missio
Fundacja Pomocy Humanitarnej

POLAND



NOW

Shortage of health workers;
consultations overloaded

IN THE FUTURE

More investment in the
education of health workers

www.medicus.ump.edu.pl



**HealthWorkers
4all**

Main achievements

- Increase in number of post-graduate education possibilities financed from the public funds (6500 places in 2015; in 2014 and earlier there were approximately 3000 places).
- Introduction of a system of monitoring of human resources for health (Projekt P4).
- The salaries of nurses have improved.
- Introduction of internal medicine specialists and pediatricians into primary health care.

Introduction

Considering its national profile of health worker migration, Poland appears to be an unusual country on the EU map due to a complex health care system, its strict conditions, and low salaries. Poland, if compared with other Member States, is a source country rather than a destination one.⁵

Activities

At the beginning of the project, the Humanitarian Aid Foundation Redemptoris Missio focused on the increase of awareness of individuals and institutions, who shape the Polish health care system, about unethical nature of international recruitment, i.e. draining medical personnel from developing countries. However, the Polish context of the medical personnel shortages is completely different than we first thought.

In October 2014, we organised a national workshop for individuals and institutions affected by shortages of medical personnel in the headquarters of the Chamber of Physicians in Wielkopolska Region. Furthermore, we organised a series of meetings with representatives of medical personnel, politicians and students. In cooperation with the office of the Member of the European Parliament Filip Kaczmarek, we organised the Forum Health for All in 2013. In 2014, there was a meeting at the Office of the Commissioner for Patients' Rights in Warsaw, during which we reported a problem which we deal within the project.

Results

The actions that were taken within the HW4All project, were aimed primarily on the increase of awareness of stakeholders responsible for the structure and potential reorganisation of the health care system in Poland and for the existing shortages of medical personnel. The problem, which was not only picked up by the Foundation, was being more widely perceived - particularly in the context of the increasing medical needs of an aging Polish society. Actions were taken at a political level (the Polish Ministry of Health, which included a reduction in the limits for admission to the medical faculties) to reduce the shortage of doctors and nurses in

⁵ Chapter 2: Civil society's contribution and advocacy for implementing the WHO Global Code in the European Region: Six country case studies. Linda Mans, Remco Van de Pas, and Giulia de Ponte. In: Migration of health workers: the WHO code of practice and the global economic crisis. Eds: Amani Siyam, Mario Roberto Dal Poz, 2014.

the Polish system, and thus ensure a good availability of medical services for the society in the future.

The Redemptoris Missio Foundation is a member of the international organisation Medicus Mundi International (MMI). We may continue the project activities in the human resources for health working group, in cooperation with other members of the MMI, and in the discussion about medical personnel topics at a European level and in the World Health Organisation. In Poland we will try to take advantage of established contacts and gained experience.

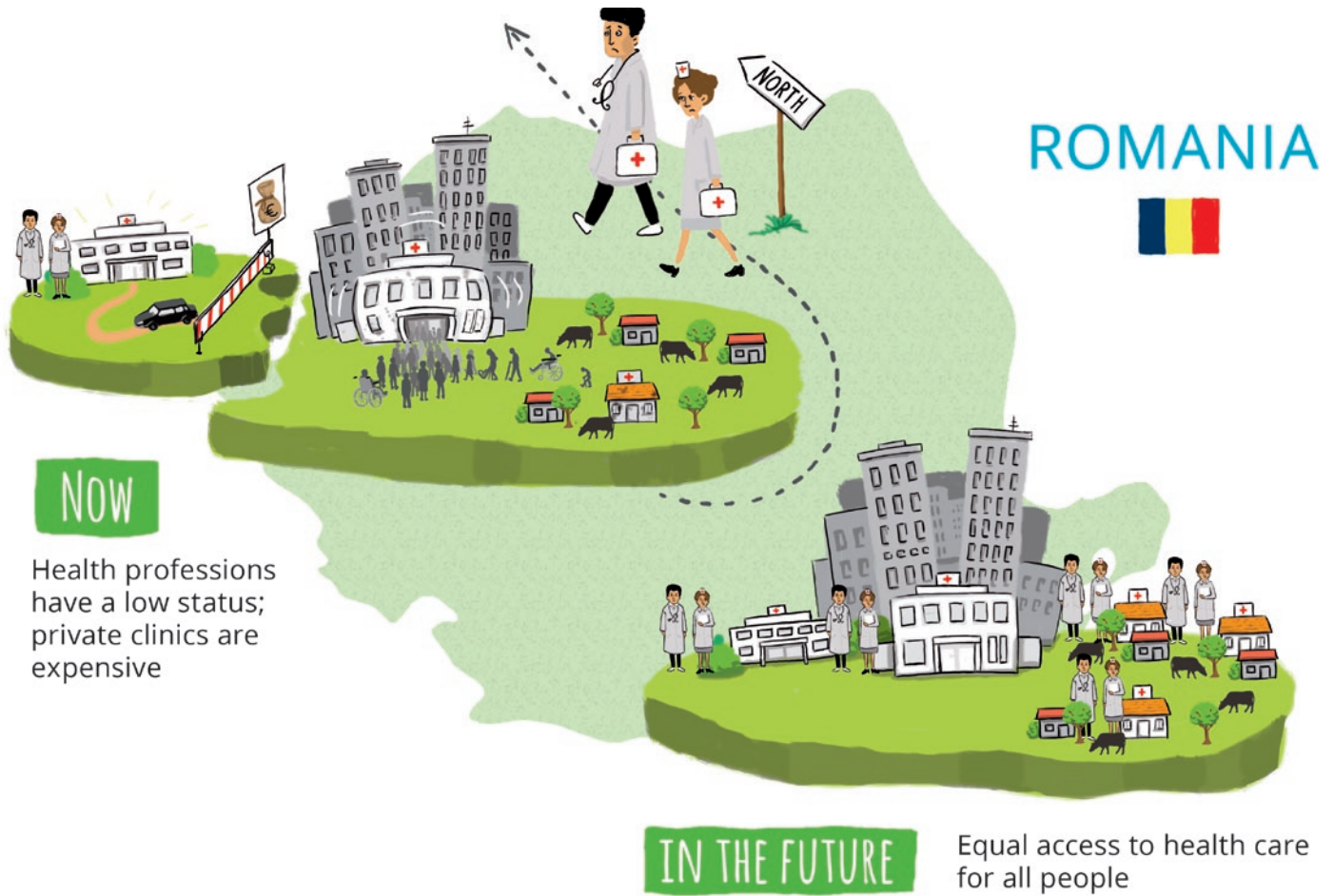
Lessons learned

To evaluate the results of the project, a completely different context should be taken into account: the problem of migration of medical personnel in Poland. Many Polish doctors and nurses and representatives of other health professions go abroad mainly to search for better living and working conditions.

Working on the implementation of the project, we have met the complexity of the Polish health care system. Based on our observations, we wrote some recommendations, which were included in the analysis of stakeholders and may contribute to reduce the deficit. During the project we have established a good cooperation with the local medical professional association, who understands the essence of the problem very well. In addition, through numerous public meetings we increased awareness of the shortage of medical personnel.

In the Polish health care system some steps have been taken during the project to reduce shortages of medical staff, e.g. reduced limits of admission to medical school, increased salaries for nurses, permission for doctors of internal medicine and paediatricians for conduction of primary health care practices, which until now could only be done by family medicine specialists.

By participating in the project Redemptoris Missio primarily gained experience in advocacy, a new field for us. Until now our activities consisted of bringing direct medical aid to the medical missions in developing countries. We acquired the difficult ability to carry out projects co-financed by the European Commission. We may now participate in the following consortia and apply for other grants.



NOW

Health professions have a low status; private clinics are expensive

IN THE FUTURE

Equal access to health care for all people

www.cpss.ro



Main achievements

- A think tank on human resources for health was set up in Romania, with the support of the Romanian country office of the International Organization for Migration. The members of the think tank are representing key organizations that play or could play a role at national level in the field of human resources for health.
- The Romanian President Mr. Klaus Iohannis made a public statement (and a message in support of resolving human resources for health crisis), calling to action at national level. The statement was published on the presidential website and gained wide publicity in the national media.
- The Governing Plan is in force. It addresses the matter of human resources of health in Romania (with direct link to the proposals and debates/agenda of the 5th Oct 2015 national workshop organised by HW4All).

Introduction

Human resources for health are a key component of health systems. Romania faces several challenges in this area, with a very low number of physicians and nurses per capita compared to other EU countries and total health spending levels. Furthermore, the situation may get worse: the numbers of applications to medical schools are down, the number of graduates has fallen and more physicians are leaving the country. The official income for physicians is very low in Romania and average incomes in the health sector have deteriorated compared to other sectors within the past years, due to the economic crisis.⁶

Activities

Throughout the first year in 2013, the actions undertaken in Romania within the Health Workers for All (HW4All) project had to be continuously adjusted to the national context which was marked by various instabilities – volatile at political level, with frequent changes of Government structure and central level authorities' leadership, etc. – culminating in the health workers strike in November 2013.

Regardless of the overall hectic situation, CHPS worked with the main key actors and even extended the initial list of stakeholders in order to conduct an in-depth analysis for up-to-date data gathering by informing the materials to be devised and disseminated within the HW4All project (such as the user kit elements, the stakeholder analysis and power map-prioritising framework, other project 'tools' for an efficient advocacy process, as necessary). As part of the elaboration of the stakeholder analysis, a questionnaire was devised and sent out nationwide. The purpose was (among others) to give stakeholders the opportunity to make proposals and to express their institutional point of view on the human resources for health matter – from the

⁶ Chapter 2: Civil society's contribution and advocacy for implementing the WHO Global Code in the European Region: Six country case studies. Linda Mans, Remco Van de Pas, and Giulia de Ponte. In: Migration of health workers: the WHO code of practice and the global economic crisis. Eds: Amani Siyam, Mario Roberto Dal Poz, 2014.

implementation of the WHO Code to other suitable measures to improve and strengthen the health system.

The project initiatives of 2014 were focused on three types of actions:

- Fine tuning of project's deliverables to become relevant for the national context;
- Strengthening of the collaboration at national level, with a view to obtain support doubled by accountability from the main stakeholders;
- Intensifying the communication and visibility activities within the project for increasing awareness.

Many efforts were put into identifying, acting along and applying the best ways to explain the relevance and the benefits of the implementation of WHO Code within the ongoing challenging context of proven growing emigration of Romanian health workers.

A major event in the second year of the project was the national workshop held in Bucharest on the 27th of November 2014 at the Parliament Palace, organised with the support of the Commissions for Public Health and Economy, Industry and Services of the Romanian Senate and also with the support of the Romanian Country Office of the World Health Organisation. This activity was an important opportunity for bringing together - for the first time in a long time - all major stakeholders and outlining the directions to be followed within the next implementation period of the project. The whole HW4All advocacy process benefited tremendously from the presence of key representatives of national, European and international authorities, public and private organisations and civil society organisations.

The message sent out to all parties was based on the global dimension of the human resources for health and migration, and on the alarming estimate that the health workforce crisis will reach a deficit of 1 million people at European level by 2020 - which will worsen inequities, increase the existing inequalities and interregional disparities with regards to access to health services.

In order to continue to gain support nationwide, CHPS did, together with SANITAS Health Union Federation (a member of EPSU) an analysis of the proposed list of concrete national measures on human resources for health; a questionnaire was developed based on the national position paper and applied during April to June 2015; the results of this piece of research were analysed and informed the project implementation until the end of the year, and was also presented to interested parties on different occasions.

The core activity of the national initiatives undertaken in 2015 was the collaboration of CHPS with the Department of Public Health of the Romanian Presidential Administration. The already identified need of having a Policy Dialogue on human resources of health at national level, followed by an action plan for implementing change, was addressed via a second national

workshop which can be considered a key approach under the HW4All project implementation in Romania, as its effects are a prerequisite for sustainability of all project interventions beyond 2015.

The second workshop, focusing on policy dialogue on human resources for health and viable solutions to be implemented through better national regulations in the field, took place on the 5th of October 2015 at Cotroceni Palace.

Results

As a result of the interest gained in 2014, a think tank on human resources for health was set up in Romania, with the support of the International Organisation for Migration, Romania Country Office. The members of the think tank are representing key organisations that play or could play a role in the field of human resources for health at national level. The group meets on a bi-monthly basis, starting in April 2015, looking at identifying solid measures, which are feasible and can be implemented within the current socio-economic national context.

The new Government of Romania (endorsed by Parliament on 17.11.2015) has taken over the human resources for health and migration of health workers matter and has included it in its Governing Program.

After 3 years of rigorous work, CHPS - together with the main key stakeholders and key actors - managed not only to push the matter of human resources for on the political agenda, but to have it integrated in the Governing Action Plan (as from November 2015). The Government has taken responsibility for 'redefining the socio-professional status of Romanian health workers through adequate salary management, career path, integrity and performance assessment criteria, having as a desired outcome both the improvement of health services quality, but also the reduction of health workers migration abroad and of the personnel shortages in health units, especially in rural areas, through various incentives'. This is a real achievement of the HW4All project endeavours and it shows commitment at national level to take action towards retention of health personnel through implementation of domestic policies - as acknowledged by all involved parties that a package of measures is necessary - and other mechanisms used are cooperation on human resources for health and migration management policies with other EU Member States (for example, cooperation with neighbouring countries such as Republic of Moldova also started during the project implementation as part of the project's activities, in 2015).

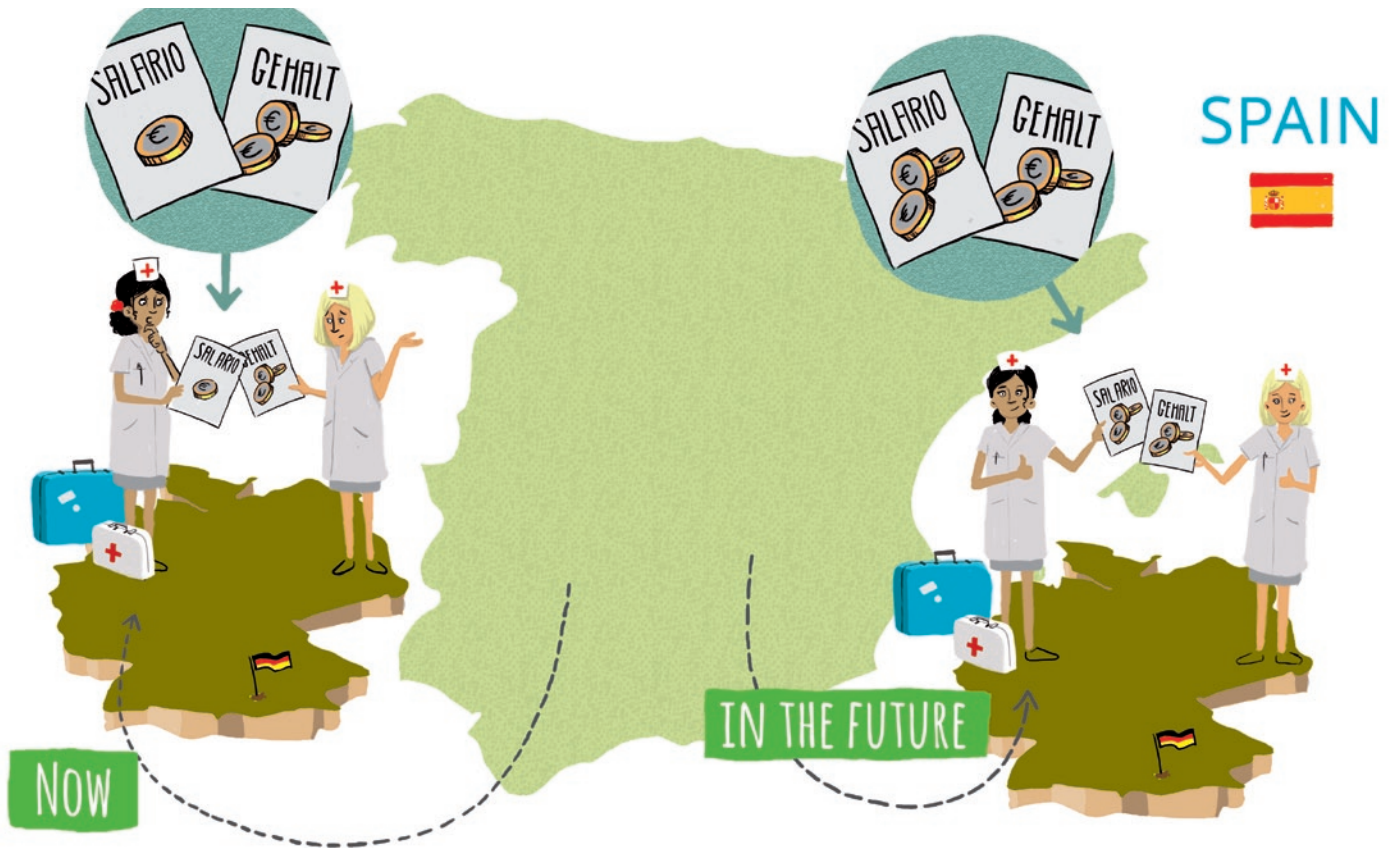
In Romania, the think tank supported by the International Organization for Migration will ensure the platform for discussions on human resources for health. The key actors in this field and CHPS will continue to address the matter (exploring funding opportunities in the field is one of its topics). The members of the group already have already offered their expertise for contributing to the work that needs to be undertaken by Ministry of Health, following the inclusion of human resources for health as a priority in the Governing Action Plan.

In addition, it is likely to see the Department of Public Health of the Presidential Administration will house more technical workshops and forge 'compromise'/playing its mediation role so that real measures can be implemented as soon as possible.

At European level, the sustainability is ensured thanks to MMI's commitment to human resources for health and all partners will be involved (either as MMI members or associates).

Lessons learned

Despite the CHPS experience in advocacy and multi-county projects, it was the first time when CHPS participated in an advocacy project of such calibre. Throughout the project partnership the advocacy on human resources for health did not limit itself to a national or European level, but went far beyond, reaching the global aspect of health. The HW4All project meant the start for CHPS of learning more about and using social media for advocacy purposes, and has led to conclude this approach in all CHPS running projects.



Health workers emigrate to Northern Europe but are paid less than health workers from those countries

All health workers receive equal pay

www.medicusmundi.es

Main achievements

- The WHO Code of Practice is translated to Catalan.
- A parliamentary question was raised in the Spanish Congress about the implementation of the WHO Code in Spain.
- The National Authority is appointed and active for the implementation of the WHO Code.
- Spanish and German trade unions actively supported Spanish nurses in their strike and awareness-raising activities for better working conditions in Germany.

Introduction

As a result of the economic crisis in Spain a significant part of the Spanish health workforce have considered the option of seeking a professional future outside the country, mainly in European Union countries, as there are no impediments to labour mobility. The working conditions are expected to be attractive, or, at least, to offer better prospects than in Spain. One of the most frequent destinations for nurses is Germany, as the situation in the latter demands qualified personnel in the health sector.⁷

Activities

This campaign was at the beginning rather complicated to implement, because the national context in Spain had changed from the formulation to the start of the project. The economic crisis affected the political agenda and the migration of health workers was not included as a priority. There were even changes in the dynamics within Spain about migration of health workers, passing from a 'host country' to a 'donor country' where doctors and nurses from Spain had to work abroad. In addition, the lack of clear data about the figures of health workers in Spain made it more difficult to spread a clear message about such a complex question as the migration of health workers.

Our main activities in 2015 were:

- Meeting with the National Authority of the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Code) in Spain: to see if there were further advances in the accomplishment of the WHO Code;
- Meeting with the trade union, Unión General de Trabajadores Aragón (UGT): We explained the campaign and they were interested to be active, but after its elections. We tried to meet with them in June, but we still have had no response;
- Participation in the round table of experts in migration of health workers. They wanted to know our advice about the situation of migrant health workers in Spain;
- Meeting with the Public Health School of Andalusia: They agreed to sign our Call to Action as organisation and they are going to spread the information among their workers, so they can sign individually as well;

⁷ Chapter 2: Civil society's contribution and advocacy for implementing the WHO Global Code in the European Region: Six country case studies. Linda Mans, Remco Van de Pas, and Giulia de Ponte. In: Migration of health workers: the WHO code of practice and the global economic crisis. Eds: Amani Siyam, Mario Roberto Dal Poz, 2014.

- Participation in the V Iberoamerican Meeting about migration of health workers;
- Participation in a round table in the Spanish National Tropical medicine Congress;
- Invitation to speak about migration of health workers at the Master in Public Health. Finally, there was not enough space for our participation in the programme.

Results

Our greatest challenge was the lack of reliable data on the situation of migration of health workers in Spain. This data was needed in order to reinforce the advocacy activities and the changes in the context of the country that has a decreased level of relevance of the migration of health workers on the political agenda.

Nevertheless, we can say that thanks to this project, most of the stakeholders now have information about the situation of migration in Spain (and in Europe) and are aware about the problems of migration and about the WHO Code. In the conferences we promoted, we could see the main different stakeholders to speak about migration of health workers for the first time. We had all the necessary documents (national analysis, best practices etc.) to help us in the implementation of our advocacy and public awareness work.

In our advocacy, we have presented a parliamentary question in the Spanish National Congress about the implementation of the WHO Code in Spain and the Register of health workers, and we have had some discussion about the problem with some key actors, such as the Director of PAHO, Dr. Carissa F. Ettiene. We have even become a key factor on the issue of migration, and we were thus invited by our National Authority of the WHO Code for the meeting of the Joint Action Initiative in Madrid. Also we have had a relevant presence in different media such as newspapers and radio, reaching more than 3.000.000 contacts. Therefore, even working in the complex situation of Spain, we think that we have reached most of the goals we set out to achieve with this project.

Follow-up

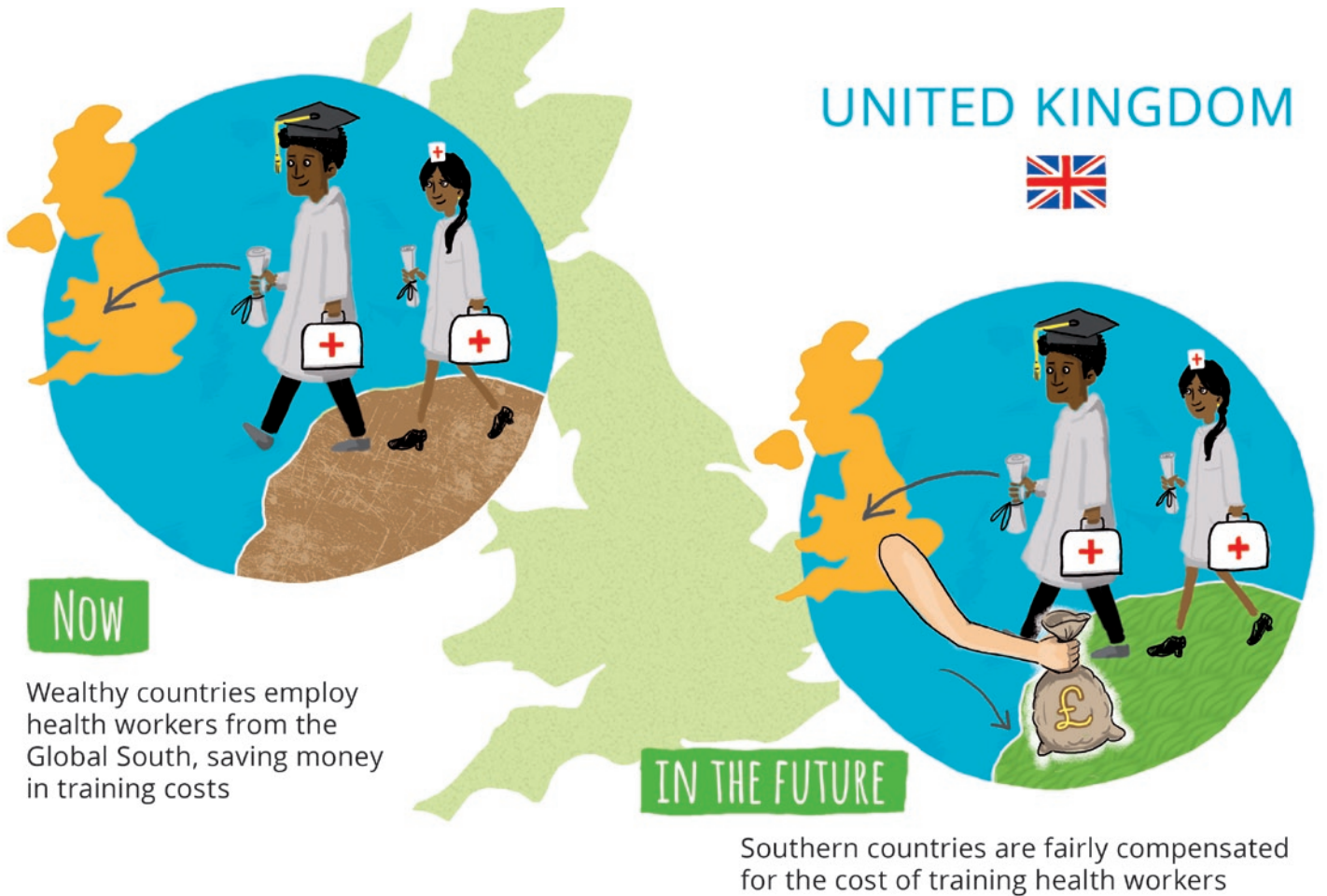
Medicus Mundi will continue to engage with the problem of migration using the material in conferences and meetings. In February 2016, we were invited to the University of Zaragoza to speak about this issue to nursing students. We will continue to stay in contact with the National Authority for the WHO Code and try to push for a register of health workers in Spain. And we will participate in the HRH working group of Medicus Mundi International. This Action is linked directly with the human rights: The right of access to health services where health workers are essential, and with the right of health workers to have a proper job. It also has a close relationship with good governance in human resources of health.

Lessons learned

Our organisation has learned a lot about the problem of migration and the complexity of the problem in Spain, so now we ourselves are a key actor regarding this issue in Spain. This knowledge has been used in the different meetings and conferences of the Action.

There was some resistance at the beginning among the authorities to work with us, but after a few months we improved the relationship with the Minister of Health. The National Authority now believes we are useful, and we have a good relationship with her. Also in the last months the relation with the Head of health sector, General Secretariat for International Cooperation for Development, has improved. They now think we are a key actor, and maybe we can continue to work with them if the results of the general election don't change the actual situation.

HEALTH POVERTY ACTION



Wealthy countries employ health workers from the Global South, saving money in training costs

Southern countries are fairly compensated for the cost of training health workers

www.healthpovertyaction.org



**HealthWorkers
4all**

Main achievements

- Recognition of the issue of policy coherence and call for a compensation mechanism by the International Development Committee.
- The Department for International Development (DFID) sent a response, which includes reference to working with the Department of Health on the WHO Code, and to produce a framework for health systems strengthening.
- Commitment by Minister to review the International Recruitment of health workers into the National Health Service (NHS).

Introduction

The United Kingdom has a long history of actively recruiting health workers. Between the late 1990s and the mid-2000s, the number of internationally trained doctors and nurses migrating to the United Kingdom increased rapidly, when the Department of Health recruited international health workers as part of an attempt to scale up the numbers of National Health Service staff. The United Kingdom has traditionally taken a ‘boom and bust approach’ to health-worker migration.⁸

Activities

As a result of this project we chair Action for Global Health UK’s (AFGH) Human Resources Working Group. AFGH UK is the primary coalition of global health focussed NGOs in the UK. Whilst the group was previously in existence, the project has provided momentum and focus for the group and attracted new members. The group collaborates regularly through a Google group in addition to several face to face and telephone meetings. Regular attendees include: Save the Children UK, VSO, RESULTS UK; Royal College of Nursing; Malaria Consortium; AFGH Secretariat. The following organisations are also part of the Google group: AMREF UK; World Vision; Doctors of the World; Royal College of Paediatrics and Child Health; White Ribbon Alliance; THET; International Agency for the Prevention of Blindness. This has expanded throughout the project with membership increasing.

We represented the group at wider meetings of the AFGH network and have been involved in developing the AFGH UK strategy. This has meant that a focus on human resources for health is maintained within the network. We understand from civil servants that our work on health workers has been useful in raising the profile of human resources for health and health systems within DFID.

In year three we also attended meetings of a consortium of NGOs working on Ebola which has clear relevance for the issues of health workers enabling us to raise the issue of the migration of Sierra Leones’s health workers to the UK.

⁸ Chapter 2: Civil society’s contribution and advocacy for implementing the WHO Global Code in the European Region: Six country case studies. Linda Mans, Remco Van de Pas, and Giulia de Ponte. In: Migration of health workers: the WHO code of practice and the global economic crisis. Eds: Amani Siyam, Mario Roberto Dal Poz, 2014.

The activities of the project enabled us to reach out to senior decision makers. Activity has primarily focussed on influencing government and parliament on this issue. This includes correspondence with the Secretary of State for International Development, at least 9 parliamentary questions over the course of the project by a number of parliamentarians (including from the Shadow Secretary of State for International Development); meeting with and dissemination of information amongst DFID staff, engagement with 2 major All Party Parliamentary Groups and the attendance of a Minister and senior civil servants at our workshop. The Chair of the AFGH human resources for health group has been the main contact point between UK civil society organisations and DFID on the issues of health workers.

Alongside a number of other organisations we lobbied the UK International Development Select Committee to undertake a parliamentary inquiry into DFID's work on health systems strengthening – including human resources for health. This lobbying proved successful, and the inquiry was undertaken in year 2 of the project. We submitted written evidence to the inquiry and in addition coordinated the human resources for health section of a joint submission by the Action for Global Health UK Network. This proved successful as the final report of the inquiry made a number of points about human resources for health and picked up our key call for health worker compensation. In response DFID committed to a number of measures including to produce a framework for their work on health systems strengthening. We have had subsequent ongoing engagement into this process including providing comments to a draft of the framework.

We also briefed parliamentarians for a parliamentary debate on Ebola. Our briefing, which was sent to 528 Members of Parliament, focussed on the migration of Sierra Leone's health workers. This was picked up by the Shadow Minister from the Labour Party, the UK's major opposition party, who questioned the Minister on the issues we raised. The government responded by committing to review how the UK recruits health workers overseas.

As there was no recent report on the human resources for health crisis in the UK context, in year 1, Health Poverty Action, with the support of several other organisations, commissioned a researcher and produced a report on the crisis, with a focus on the UK. This helped in particular to feed into the production of the stakeholder analysis, development of case studies and briefing for the User Kit. This provided a strong basis to inform our advocacy work and increase our knowledge. It also generated awareness of the issues. This report gained good press coverage including in *The Independent* and *The Times of India*.

We also ran a public campaign action on our website for our supporters to contact their Members of Parliament at the end of year 1 and this is continuing into this year of the project. In total 713 supporter actions were taken through this.

In year 2 we have, in addition to our work on the project, also produced a report in collaboration with a number of different partners including Health Workers for All. This looked at the resource flows in and out of Africa across a range of areas. The migration of health workers was a focus of one chapter. This generated a large amount of press interest.

In year 3 we continued to build support, collect signatures for the Call to Action and include messages on the brain drain in our external communications. We have continued our ongoing work with DFID on the development of the Health Systems strengthening Framework they committed to develop in year 2 of the project. We have also strengthened our relationships with diaspora organisations, for example collaborating with an organisation of African health workers on a blog for *The Huffington Post*.

Collation of best practices

We have produced case studies on the UK's Code of Practice and the Royal College of Nursing Labour Market Review. These are available on the website. In addition, as part of the activities around our national workshop in year 1 we asked invitees to contribute case studies on the workshop themes which were used to inform discussion at the workshop. We received 13 case studies from a variety of organisations. These were available to delegates at the round table and following the event were published as part of a report on the workshop which was distributed to all invitees via email and is available on the website.

National workshop

We held our workshop on the 28th of October 2013 using the hook of the Third Global Forum on Human Resources for Health. Through contact with the Minister's office and parliamentary questions, we were aware that no UK Minister would be attending the Forum and we therefore decided to hold it in the run up to the Forum in order to focus UK attention and ensure that a UK Minister was engaged on this agenda. Policy recommendations developed by the group at the roundtable were presented to the Minister at the panel event. In order to be able to hold the panel discussion in parliament and again to expand our network, the panel discussion was hosted by two of the All Party Parliamentary Groups (Global Health chaired by Lord Crisp and Population, Development and Reproductive Health chaired by Baroness Tonge.) Approximately 35 people attended the roundtable and reception, and 80 attended the panel debate.

Results

The Action has been very successful in increasing the critical understanding of decision makers (specific objective) which has led to increasing commitment to coherence between development cooperation and domestic policies (overall objective). For example we have seen increased engagement of NGOs on these issues through the re-establishment of the AFGH HRH working group and have had regular engagement with DFID on this issue. We have increased engagement by parliamentarians, evidenced in a number of parliamentary questions

on human resources for health; the Shadow Minister quoting from our briefing in a parliamentary debate; attendance of a Minister and senior DFID representative at our workshop; and endorsement of one of our main policy calls by the International Development Committee in the context of their inquiry on health systems strengthening. Whilst it is always difficult to attribute policy change, it would appear that the above, along with the increased media profile has resulted in recognition of the need for greater policy coherence in domestic and development policies. This is evidenced in the answers to parliamentary question from DFID Ministers which reference the WHO Code and the commitments to review international recruitment into the NHS and to produce a framework for DFIDs work on Health Systems Strengthening which will include the issues of human resources for health and how DFID will work with other government departments and bodies such as the National Health Service.

One of the potential challenges is how these commitments will be translated into action as we have not yet seen the outcome of these commitments (e.g. the framework on Health Systems Strengthening is due to be published in 2016) However, we believe the action has been very successful in increasing understanding and the priority given to the issue. We have seen increasing recognition of the issue amongst government stakeholders, for example two government commitments to address it. It also appears to have impacted on parliamentarians for example, with at least 9 parliamentary questions tabled over the course of the project.

We have seen media coverage in some of the UK's main news publications, for e.g. *Daily Mail*, *The Independent* and *The Guardian* (including some specifically related to Health Poverty Action's work). It has helped to raise awareness of the brain drain amongst other NGOs and embed work on human resources for health within the AFGH coalition. Overall our assessment is that it very likely that it has contributed to move this issue up the political agenda as well as securing two specific government commitments on human resources for health.

Follow-up

We continue to work with DFID, including human resources for health and its framework on health systems strengthening which was strengthened through the project and will continue after its conclusion. We have joined the MMI working group on human resources for health to ensure sustainability of the issues and joint working by many of the partners. We will also continue to utilise messaging around human resources for health and some of the key findings that emerged from the project into our public and media narratives.

As result of this project, our relationship with the state authorities in the UK is much improved. We have strengthened our relationship with DFID who we have engaged with on an ongoing basis throughout the project. They also provided input to our case study. The project enabled us to become the civil society contact point on human resources for health between the UK NGO sector and DFID. We understand that the work has contributed to move the issues up DFID's agenda and making health workers and health systems strengthening (another part of

the Code) a lasting and greater priority within government. We have been told on more than one occasion by civil servants that this has been useful in raising the profile of the issues within government.

Lessons learned

The action has led to significant learning. Before the project, human resources for health had not been a core part of our work. The research undertaken in year one to inform the User Kit and other activities, enabled us to establish a sound grounding in the issues, understand the context and legitimately speak out on the issue and peruse ongoing advocacy work with DFID and other stakeholders. We have also learned quite a lot about the wider European context through the ongoing collaboration with the project partners.

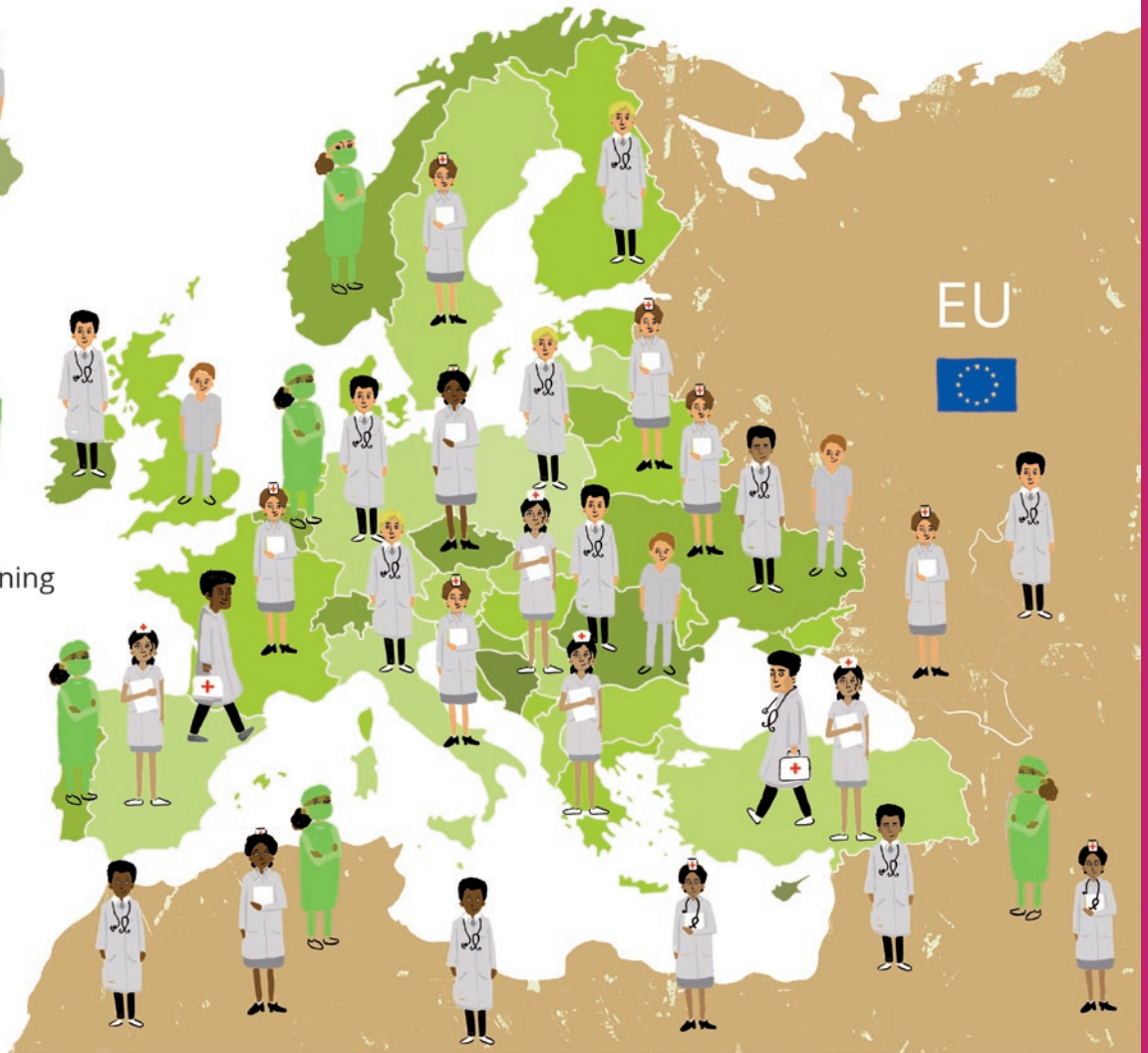
We have used this to feed into Health Poverty Action's overall policy work on the structural causes of poverty and poor health. We have published and disseminated all reports and briefings widely online and on social media. We also have distributed specific communications to parliamentarians and other key stakeholders and in the media. We will continue to utilise some of the key findings that emerged from the project into our public and media narratives.

NOW

Significant health worker mobility within the European Union



medicusmundi
international network
health for all



IN THE FUTURE

Each EU country is self-sufficient in health worker training and deployment

www.medicusmundi.org



**HealthWorkers
4all**

Main achievements

- DG DEVCO's Programme for Action on Global Health includes a specific focus on health systems strengthening and health workforce. It has co-funded a project on the WHO Code implementation in 5 countries.
- As funder of the Joint Action on Health Workforce Planning and Forecasting DG SANTE has encouraged the Joint Action to increase the importance of the WHO Code applicability in the European Union and invited HW4All to provide information.
- Engagement of 5 Members of Parliament in policy dialogue on health workforce mobility and migration event on 5 May 2015 organised by HW4All/EPHA/EPSU in the European Parliament.
- Members of Parliament asked written questions about impact health workforce mobility within EU on access to health.
- WHO European Region report 'Making progress on health workforce sustainability in the WHO European Region' (2015) includes the efforts of HW4All about how the WHO Code can be the entry point to a broader focus on developing new national-level health workforce policy and planning mechanisms, or strengthening those that already exist, and for engaging with broader society.
- Second round of WHO Global Code reporting by the WHO Secretariat to Member States at World Health Assembly May 2016 includes outcomes that derive from HW4All, e.g.: Member States' efforts to make the Code available in their official languages (including Catalan, Dutch, Finnish, German, Indonesian, Italian, Japanese, Polish, Romanian and Thai); the incorporation of the Code's provisions into national legislation (for example, in Germany) and bilateral agreements (specifically in source countries such as the Republic of Moldova and Philippines).

Activities

European Press office

The European Press officer Thomas Schwarz led the development and implementation of HW4All communication instruments, including mainly a communication concept (2013), the HW4All website (2013-15) the HW4All online collaboration tool (2014-15) a HW4All email newsletter (2014-15) and the use of social media (Twitter and Facebook 2013-15) for the promotion and dissemination of the action and its major products such as events at European/global and national level and the publication of the European Call to Action and the national case studies. Focusing on the four coordination meetings (Amsterdam 2013, Rome 2014, Poznan and Madrid 2015) and their preparation and follow-up, the European Press provided input and guidance for the communication work of the HW4All project partners at a national level.

Side events at the World Health Assembly

The European Press officer prepared and organised, in cooperation with the HW4All overall and advocacy coordinators and a range of other interested actors, two successful and well attended side events on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Code) at the World Health Assemblies in Geneva, in May 2013 and May 2015.

Website updating

After the development of the HW4All website (2014) and later on the online collaboration tool (2014), the European Press officer was responsible for their updating (directly and by instructing project partners and users of the tool, and editing their contributions) and promotion. At the end of the project, and while still continuing to use the online collaboration tool for the dissemination of the project results and coverage of activities in the no cost extension period January to February 2016, the European Press officer has been preparing and implementing the closure of the tool and the transfer of the main project documents back to the static HW4All website which will remain accessible for the next five years (transfer will be completed by the end of April 2016).

Panellist in the HW4All event in Brussels on the 9th of December 2015

Due to his strong involvement in HW4All promotion and the political dialogue on health workers migration and Code implementation at a global level, the European press officer was invited to join the panel at the final HW4All event in Brussels. He also used the occasion to confirm the continued engagement of the MMI Network and its HRH working group in the field of Code implementation at the European and global level, building on and continuing the efforts and achievements by the HW4All project.

Lessons learned

As indicated above, there have been considerable synergies with MMI advocacy at a global level, at the World Health Assembly, the Global Health Workforce Alliance and the Health Workforce Advocacy Initiative, in the analysis and assessment of the processes, in the development of inputs and advocacy statements and in the organisation of events, notably the side events at the World Health Assembly.

Being rooted in health cooperation and in advocacy at a global level, the MMI Network itself got valuable new insights into health workforce and health workforce migration realities and policies at European regional and national level. Linking between the national/regional and the global and between the regions will certainly help us to continue and enhance our advocacy at global level. We are therefore keen to keep links and contacts and continue cooperation with the project partners and some key actors via the MMI HRH working group coordinated by Wemos.

JOINT PROJECT ACTIVITIES AT EUROPEAN AND GLOBAL LEVEL

HW4All project representatives provided many contributions to meetings and consultations on health workforce migration and planning at global and European level. Some highlights:

Side-events to the 66th and 68th World Health Assemblies (WHA) 2013 and 2015

Geneva, 22th of May 2013: 'Stoking up the fire for Code implementation!'

The WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Code) was adopted by the 63rd World Health Assembly on 21 May 2010. The side event was aimed at informing the WHA debate with a civil society perspective on successes and gaps of the implementation of the Code, three years on its adoption. It linked up to the official WHA debate, as the WHO Code implementation was itself a focus of the Assembly on May 24th (agenda item 17.4, The health workforce: advances in responding to shortages and migration, and in preparing for emerging needs).

During the side event initiatives focussed on the management of health workers were presented from different geographical areas and in particular from the European and the African continents. Starting with case stories of Code implementation, country leadership and civil society involvement from source and destination countries and regions, the discussion was broadened and conclusions were drawn on the state of Code implementation.

The meeting was conceived to involve the largest possible range of relevant actors: therefore, while the HW4All project solidly took the initiative and leadership (by submitting to the WHA Secretariat the official proposal through its partner MMI who is in official relations with WHO), co-promotion of the side event was opened, from the very beginning, to partners external to the HW4All initiative such as WHO itself, WHO Europe, Global Health Workforce Alliance, Member States Delegations from Malawi, Switzerland, United States of America, and the European Union. In the same spirit, a conscious effort was made to enlarge the partnership among civil society organisations and European and non-European relevant networks (the full list of partners is contained in the programme of the event, here attached), by mobilising existing relations of Medicus Mundi International, Amref Italy as well as Wemos.

About 80 WHO Member States delegates, WHO staff and civil society delegates attended the meeting. Member States delegations from Austria, Brazil, the European Union, Germany, Greece, Malawi, Namibia, Seychelles, Spain, South Africa, Sudan, Switzerland, Trinidad, United States of America and Zimbabwe actively participated. The Irish Delegation, holding the EU Presidency, also attended.

WHO representatives and some countries confirmed their commitment to implement the Code and plans to re-launch implementation at a higher level. These plans include:

- Improving statistical tools for national health workforce planning and forecasting based on the OECD observatory;
- Improving the 'National Reporting Instrument';
- Organising technical regional meetings.

Geneva, 20th of May 2015: 'WHO Global Code of Practice - initial achievements and future challenges'

The groundbreaking WHO Code marks the first time that WHO Member States have used the constitutional authority of the Organisation to develop a non-binding code in thirty years. The WHO Code, which is voluntary in nature, sets forth ten articles advising both source and destination countries on how to address present and expected shortages in the health workforce; approach the recruitment of health personnel; and strengthen health systems. The principles of the WHO Code encourage all Member States to mitigate the negative impact of health workforce migration on low-income countries struggling to meet the basic health needs of their populations in a setting of serious workforce deficits.

The 2010 WHA resolution requested the first review of the relevance and effectiveness of the WHO Code to be made during the World Health Assembly in May 2015. An expert advisory group (EAG) was convened to carry out the review and submitted its report to the 68th WHA for consideration. The side event provided a good an opportunity to get insights and assessments from members of the EAG before the formal WHA debate.

There were success stories to report: Stories of countries using the the WHO Code for promoting and achieving change in the fields of health workforce migration policies and sustainable health workforce policies; stories of the WHO Code having been used as reference for creating further instruments at a regional level; encouraging models of how the WHO Code implementation has been made more effective by systematically involving all actors at a national level.

For 'Friends of the WHO Global Code of Practice', the WHO Code itself and its implementation are also a matter of concern. At the side event, a civil society representative presented some 'hurrahs and headaches' with the the WHO Code, provoking a debate on what is needed to make/keep it relevant and effective.

With over 120 participants and some inspiring statements, the side event was a strong and encouraging call for making the WHO Code what we want it to be: a real instrument for change.

Both side-events were hosted by the MMI Network and co-organized by the HW4All project and a range of partners.

Workshop with Members of European Parliament (5 May 2015)

This workshop was jointly organised by the HW4All project, the European Federation of Public Service Unions (EPSU) and the European Public Health Alliance (EPHA), and hosted by Nessa Childers MEP (S&D, Ireland) at the European Parliament. The event discussed the applicability of the WHO Code in the European context, marked by increased professional mobility.

80 participants attended the meeting and 5 Members of European Parliament provided their input. The latter has begun to have a significant adverse impact on health system sustainability due to increasing shortages and misdistribution of doctors, medical specialists and nurses.

A phenomenon that is hitting hard in some Southern European countries, but also in Poland, Bulgaria and in particular Romania, where since 2007 several thousand physicians and nurses have received certificates that allow them to work in another EU member state.

The following key points were highlighted by discussants during the debate:

- Cross-border co-operation between countries should be increased; the case study by the HW4All project about collaboration between Romania and Bulgaria on medical specialists provides a good example;
- EU Cohesion and Structural Funds should be available to all Member States for putting health workforce objectives into practice in line with the WHO Code;
- ‘Source’ countries of health workers migration require additional help from the EU for health workforce strengthening, creating partnerships, setting up professional registers, setting up continuous education programmes and improving education infrastructures, given that the repercussions for these countries are more serious;
- Better information systems are required to obtain accurate data on stocks and flows, and investigate reasons for leaving;
- Governments should take a long term view to planning, recruitment and retention and aim for (self-)sustainability;
- There is a need to maintaining or to launch a multi-stakeholder debate, including civil society organisations and the social partners, on policies, strategies and financial support.

European Conference ‘Exploring the migration-development nexus - Global health aspects of the implementation of the WHO Code of Practice’ (9 December 2015)

The HW4All project and EPHA organised an event on policy coherence for development in the context of the implementation of the WHO Code. The event focused on the impacts of brain drain on countries of origin and discussed solutions for sustainability. As a highlight of this final event of the HW4All project, the European Call to Action and a list of 175 signatures of European and national key actors were handed over to the representatives of the European Commission.

The event was opened by Dilyana Slavova, President of the Agriculture, Rural Development and the Environment Section in the European Economic and Social Committee (EESC) who deplored the fact that too many health professionals are leaving their country of origin after

graduation to take up positions in other countries. She emphasised the urgent need to invest in human resources for health to forge sustainable health systems.

The first panel focused on the importance of the WHO Code implementation for public health. Dr Giorgio Cometto (Global Health Workforce Alliance, WHO) presented relevant facts and figures about health workforce mobility and explained their strategy to tackle the estimated shortage of 10 million health workers by 2030.

Sascha Marschang (EPHA) stressed that the loss of qualified health workers intensifies already existing health inequalities between richer and poorer countries, and between the global north and the global south. This has big consequences for quality of care, access to healthcare, and treatment and prevention options.

Linda Mans (Wemos) provided an overview of the work undertaken by the HW4All project and handed over the European Call to Action and a list of signatures to the representatives of the European Commission, explaining that a coherent EU policy response would require commitment at the highest level, crucially also from the Council.

Caroline Hager (DG SANTE) congratulated the HW4All project on their efforts to raise awareness about the WHO Code at a time of fierce global competition for health workers. She confirmed that she would take the Call to Action forward and continues to work with the WHO and other stakeholders on the Code implementation and improved data exchange.

Matthias Reinicke (DG DEVCO) highlighted a number of Commission actions in support of HRH. This work includes DEVCO's 'From brain drain to brain gain' programme and provision of financial support to Ministries of Health.

After this initial round, Professor Alyson Pollock (Queen Mary University London) opened a second panel discussion by emphasising the importance of thinking in a public health paradigm when it comes to discussing health system sustainability. The panel participants were:

- Dr Titilola Banjoko (Foreign Policy Centre & Africa Recruit, UK);
- Dr Yoswa Dambisya (East, Central and Southern Africa Health Community-ECSA-HC);
- Koen Demaegd (International Federation of Medical Students' Associations);
- Ralph Genetzke (International Centre for Migration Policy Development);
- Thomas Schwarz (HW4All/Medicus Mundi International Network).

At the end of the event, the hosts and organisers thanked the audience for their active participation and interest in the HW4All project and explained that, although the project was coming to an end in early 2016, the work would be continued and built upon, inter alia, as part of a dedicated working group on HRH hosted by Medicus Mundi International.

Participation in Joint Action on Health Workforce Planning and Forecasting

Conference, 28-30 January 2014

Mobility and migration of health personnel both in Europe and at global level was a well addressed issue during the conference. Wemos, a member of the HW4All project, organized a break out session on 'Global mobility and triple win migration' on the second day and participated with an input in the Expert meeting on the applicability of the WHO Code on the third day.

Final conference, 18 and 19 February 2016 (Varna, Bulgaria)

The challenge of mobility of health professionals and data monitoring were the hot topics of the final conference that brought together knowledge of experts from all over Europe and provided the opportunity for further networking. Our Polish partner in the HW4All project, Redemptoris Mission, presented a Polish case study on obtaining reliable data on the scale of migration of Polish medical personnel. Such data is vital for the creation of a well-functioning health system, especially in the context of free mobility in the EU. The study recommends that professional associations should maintain systems for data collection, storage and dissemination, including migration statistics.

Other challenges tackled during the conference are health workforce education abroad with emphasis on conditions of healthcare students getting employed in their home country, as well as practical lessons learned from migration training.

Next to mobility, also other issues were discussed. Wemos moderated a panel on the ageing consequences on health workforce, while other sessions focused on topics such as the effects of demography changing on health workforce needs, and the impact of technology on health workers.

Preparatory work for the delegation to the ACP-EU Joint Parliamentary Assembly Meeting: 'Brain drain in the health sector - an update on the implementation and impact of the WHO Global Code of Practice on the International Recruitment of Health Personnel in EU and ACP regions'

The meeting was originally planned for Thursday, 25 February 2016 at the European Parliament in Brussels, but was rescheduled to 18 March 2016 after the end date of the project (29 February 2016). Therefore, only the preparatory work is documented in the financial report. The programme of the event included:

- Welcome and introductory remarks by Cécile Kashetu Kyenge, Vice-Chair, Delegation to the ACP-EU Joint Parliamentary Assembly;
- Brain drain in the health sector and the WHO Code implementation from the European side: the role of civil society. Input by Giulia De Ponte, European Advocacy Coordinator, 'Health Workers for All' civil society partnership;

- The impact of health workers brain drain on African health systems. Input by Patrick Kadama, Director Health Policy and Strategy, African Center for Global Health and Social Transformation;
- Findings on Code of Practice implementation emerging from the second round of reporting by WHO Member States. Input by Ibadat Dillon, Technical Officer, Health Workforce Department, World Health Organisation;
- Questions and answers, open discussion;
- Concluding remarks by Cécile Kashetu Kyenge, Vice-Chair of the ACP-EU Joint Parliamentary Assembly.

Results

All European institutions with which the HW4All project was in dialogue did incorporate – fully or partly – references to our statements/positions (e.g. EU Commission report on PCD, Parliamentary Questions raised in European Parliament). In its 2015 report on ‘The applicability of the WHO Global Code of Practice on the International Recruitment of Health Personnel within a European context’, the Joint Action on Health Workforce Planning and Forecasting accepted both directly to HW4All inputs to the report on policy coherence and ethical recruitment, and the results of previous dialogues carried out by HW4All at national level.

In September 2015 the WHO European Region launched the report ‘Making progress on health workforce sustainability in the WHO European Region’ at the 65th session of the WHO Regional Committee for Europe in Vilnius, Lithuania. It includes the efforts of HW4All about how the WHO Code can be the entry point to a broader focus on developing new national-level health workforce policy and planning mechanisms, or strengthening those that already exist, and for engaging with broader society.