



Joint Action Health Workforce
Planning and Forecasting

Report on the activity: applicability of WHO Code on international recruitment of health personnel in the EU

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EU Joint Action on Health Workforce
Planning and Forecasting
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Joint Action activities on mobility and migration

Work Package 4 on data – mobility activity

WHO Code activity

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

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

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

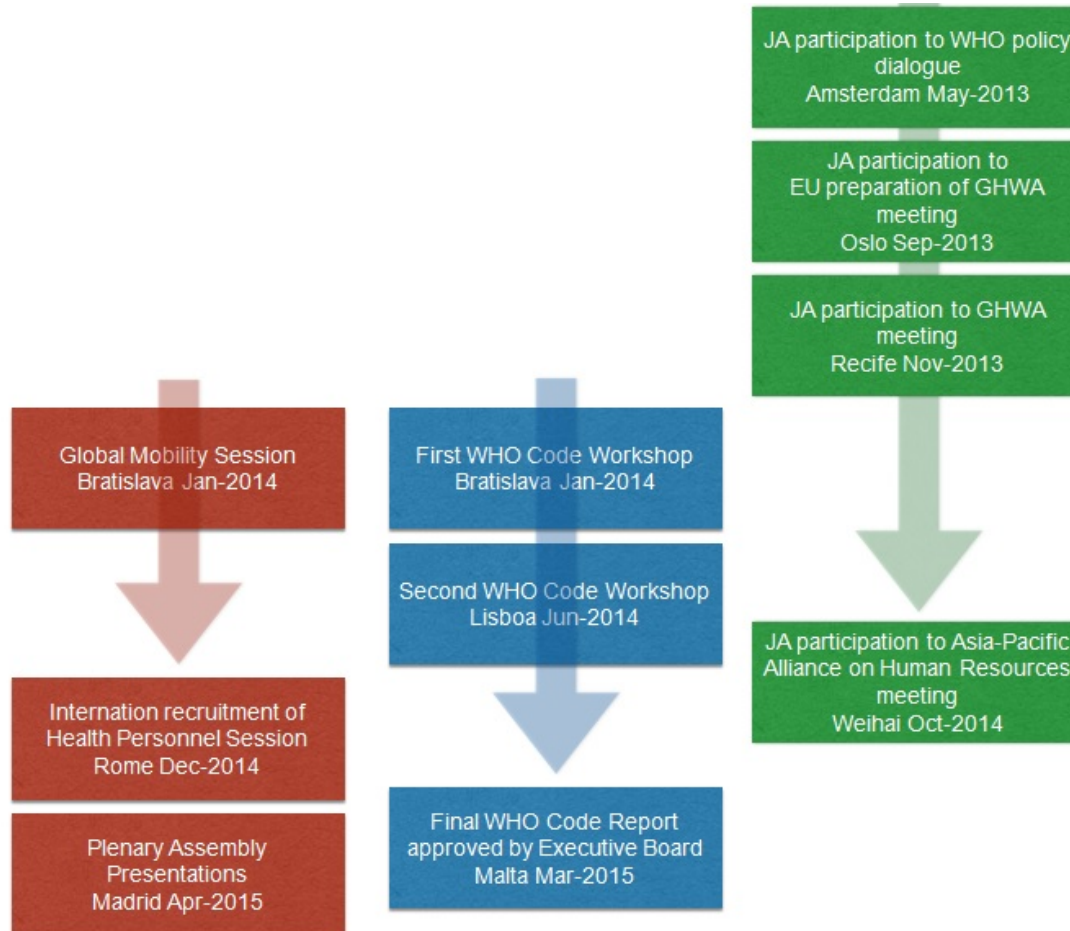
WHO Code report

- JA Milestone - **report of the discussions**

The report gives food for thoughts for WP7 activities:

- policy recommendations
- circular mobility

Wider JA context



Working method

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

Bratislava workshop – 30th January 2014



Lisbon workshop – 16th June 2014



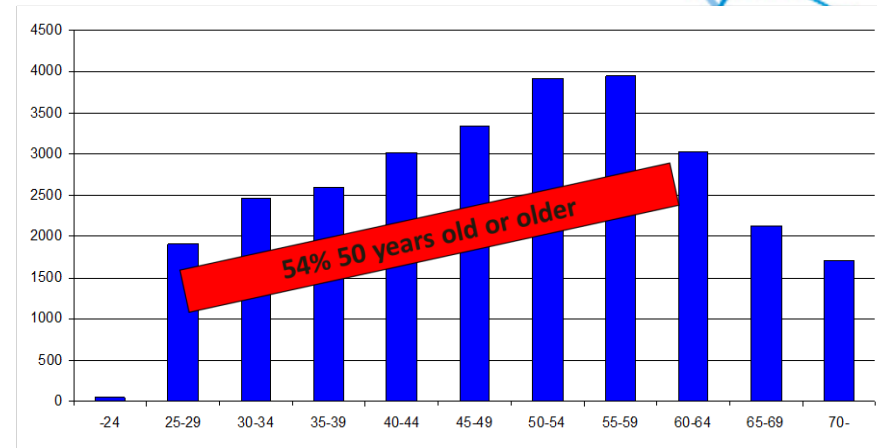
The applicability of the Code's principles within the EU - context

- ✓ **Implementation of the Code** in relation to the non-EU countries is a **priority**
- ✓ The European Union is an area of **free movement** of persons, however **equal access to health care** for all EU citizens also have to be ensured (Council Conclusions adopted on this with unanimity)
- ✓ **Since 2004 13 countries joined** the EU resulting in **distortions in the availability** of **health professionals** in adequate number in some countries or regions
- ✓ The question arises, whether the **WHO Code's principles can be applied** in such circumstances, and how? How good **implementation practices** can be applied?



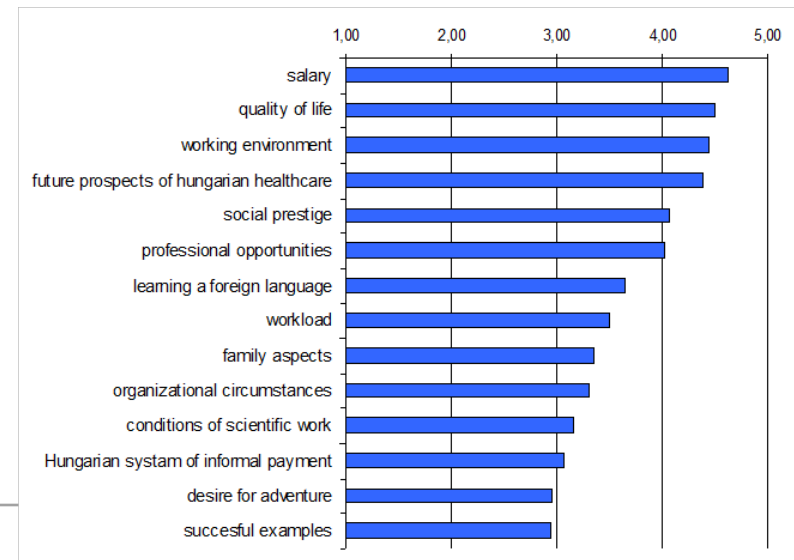
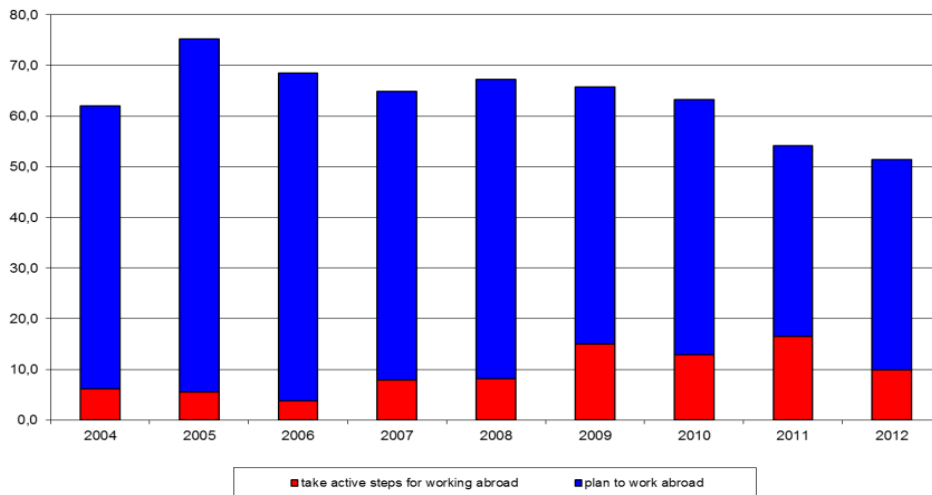
A country example - Hungary

age distribution	2004	2005	2006	2007	2008	2009	2010	2011
20-29	52	80	77	92	121	155	364	413
30-39	243	263	228	229	312	360	431	466
40-49	149	171	153	172	182	245	212	200
50-59	53	81	53	84	89	111	91	109
60-69	7	9	9	13	26	16	13	12
Total	504	604	520	590	730	887	1111	1200



Age distribution of Hungarian active medical doctors

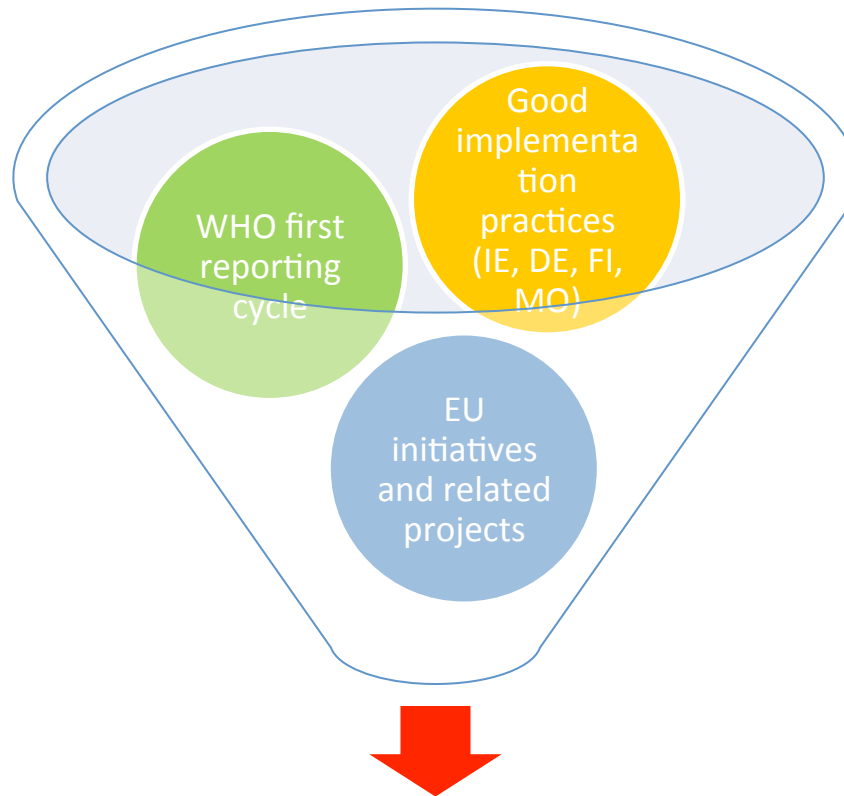
Age distribution of medical doctors, who applied for diploma certification - 2011 (Office of Health)



Motivations to go (Resident Survey, SU HSMTC, Hungary)

(2010 residents, n= 294, Lickert scales with 5 grades, 5 = decisive influence, 1 = no influence at all)

The knowledge base of the activity



12 relevant issues chosen, statements formulated and discussed

Implementation practices & WHO Code articles

Article	Number of the WHO Code Article and the focus point of the Article*							
	4	4	5 & 10	5	5	6	7 & 9	8
	Employer & State recognition of the need for ethical recruitment	Implementation of fair treatment and encouraging education	Collaboration between countries with mutual benefits	Developing evidence based HWF planning and taking measures for monitoring	Enhancing Education and building on creative curricula	Improve data collection, evidence based building and strengthening HWF research	Exchange information at Local & Global level	Promote the code and implement in local laws
Ireland	X	X	X	X	X	X	X	X
Germany	X	X	X		X		X	X
Moldova	X		X				X	X
Finland	X		X	X			X	X

* Please note that this grouping is based only on examples introduced during the activity

Issues chosen and connections to knowledge base

Issues identified specifically for EU context:

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

Issues identified in country practices:

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

General issues to enhance implementation

- awareness-raising
- engagement of stakeholders

General conclusions



- ✓ The main result of EU-context discussion: **12 statements** containing often concrete **recommendations** - on topics identified as having relevance in the first round, and being formulated and to a certain extent **evaluated** during the second round.
- ✓ **Joint Action contribution to sharing knowledge** and building a room for **discussion** between various type of stakeholders is of very **high value**
- ✓ The **unfinished agenda** of the applicability of the WHO Code for EU is undoubtedly a **major topic for future networking**

Conclusions – most supported statements 1.

The principles of the WHO Code are relevant also within the EU, in the situation of free movement. However, some tools developed as part of the implementation of the WHO Code cannot be applied, and other solutions have to be found.

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

Retention policies – 23, 0

Free movement does not make it possible to set up EU systems of financing compensation, solutions have to be found at national level (loans, reimbursement of the costs when needed, etc. could be considered). Ethical solutions can be supported by better use of cohesion policies and other funds.

Compensation – 18, 0

Conclusions – most supported statements 2.

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

Circular migration – 14, 0

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

Employment of international HWF – 9, 0

Data exchange on mobility should be as automatic as possible, especially from receiving countries on the request of foreign workforce. Use of existing channels for data provision should be investigated.

Data and information – 7, 0



What's next?

- ✓ Report has been **adopted by the JA Executive Board** on the 5th of March 2015
- ✓ The report will be **disseminated** to all MSs and EU Stakeholders in order to be channelled into the discussion around WHO Code of Practice
- ✓ The report will feed **deliverable D042 on mobility** and **WP7 policy recommendations** and **circular mobility** report
- ✓ The **WHO Advisory Group** working on the review of the Code' effectiveness and relevance will hopefully take on board some ideas coming from this activity, where **EU is represented by IE and HU**

Joint Action Conference on Mobility of Health Workforce in EU

18th & 19th of February
(Provisional date)



Bulgaria (Varna)

Thank you for your kind attention!



Questions?