EUROPE:
DESTINATION AND SOURCE OF MIGRATION
Some experiences from Belgium

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Migration of medical personnel from the South is a recent phenomenon

- Inflow in Belgium last decade:
  - around 400 foreign doctors per year
  - 250 - 880 nurses per year
- Doctors: 18% of foreign origin of which 70% have Belgian training and certificate.
- Nurses: 6% of foreign origin of which 85% have Belgian training and certificate
- Origin:
  - 55% from EU countries
  - 15% Africa,
  - 12% Middle East and Asia
  - 5% North or Latin America
Challenges

• Ageing population with increasing demand for medical personnel.

• Demographic evolution, proportion of 65+ years:
  – 1980: 15%
  – 2000: 17%
  – Expected 2050: 27%

‡ Need for additional medical personnel!
  from 9% of the labor population to 22%
Four experiences from Belgium tackling the issue

1. **IQ x EQ = Health Care**
   Campaign to promote a career in the medical sector.

2. **Charter Be-cause Health**
   Charter of Belgian development cooperation actors on recruitment and support of the development of human resources for health in partner countries.

3. **Return to Care**
   Support to doctors from the South who are in specialist training in Belgium to return to the reality in their country.

4. **MEMISA’s “Hospital for Hospital” twinning program**
   Alliance between medical institutions in the North and the South
1. IQ x EQ = Health Care

• Flemish campaign through ambassador for the health and care sector Eleonora Holtzer.
• Focused on how to attract young people towards the health sector (improve image, campaigns through media, website...),
• Orientation towards the different career opportunities and towards retention (how to keep people motivated and active)
• The initiative was supported at national level with
  – “project 600” that offers the possibility to upgrade training as part of professional activities
  – Measures to gradually reduce workload > 55 year

‡ Inflow to schools for nurses increased last 2 years with 13 % !!
2. Be-Cause Health Charter on HRH

• Based on the WHO Code of Practice on the International Recruitment of Health Personnel (WHA 63.16, 2010)

• Objective: to harmonise, increase efficiency and render more equitable the practices of Belgian development cooperation actors in the field of recruitment and support for the development of health workers from partner countries

• Voluntary engagement of different Belgian actors on international health to sign and implement a charter, with special attention to:
  – actively support the capacity building of health workers and to reinforce sustainable health systems
  – limit the negative consequences that the international recruitment of health workers from partner countries might have on local capacity
2. Be-Cause Health Charter on HRH

• Next step: Monitor + follow-up of the commitments on the implementation by signatories

• Aspirations: to encourage similar initiatives in partner-countries and to develop the « North » elements in Belgium.
3. Return to Care

• Assistance of around 300 specialists in training for one year in Belgian University Hospitals to return to the reality of their country of origin.

• In order to avoid frustration and to increase motivation on return, assistance to develop sustainable working conditions.
4. MEMISA’s “Hospital for Hospital” initiative

• An alliance and twinning initiative between 17 hospitals in the South (Dem Republic Congo and Burundi) and Belgium in order to:
  – Create awareness on the common goal to assure quality health care for all (even under very different circumstances)
  – Exchange information and experiences between health professionals
  – Organize field visits to experience the Southern reality and challenges

Sensitize on social responsibility for Northern hospitals and eye-opener for the need for health care, everywhere!!