

**Statement to the 59th session of the WHO Regional Committee for Europe, on agenda item 7(c), Health workforce policies in the WHO European Region including International recruitment of health personnel: draft global code of practice, by Medicus Mundi International, delivered by Mariska Meurs on Wednesday 16 September 2009**

Thank you Chair for the opportunity to address the Regional Committee to highlight issues related to the draft *code of practice on the international recruitment of health personnel* and the draft resolution on *Health workforce policies in the WHO European Region*.

We appreciate the initiative of the WHO in drafting a ***global code of practice on the international recruitment of health personnel***.

However, we would like to highlight some suggestions/recommendations and list a few concerns.

**First**, we welcome the discussion on the guiding principles of the code. The text already mentions the universal Right to Health and the sovereign right of all Member States to strengthen their health systems. As the human resources for health crisis is global, it must be addressed from a global perspective with a wide range of actors. Apart from a national obligation to respect, protect and fulfil the Right to Health of its population, each government has the *obligation to assist other countries* to implement the Right to Health. All countries have an obligation to provide *international assistance and cooperation* in order to help fulfil the right to health in developing countries and to avoid weakening of their health systems. We encourage explicit incorporation of this guiding principle.

**Second**, while we respect the efforts on protecting the rights of individual health workers to migrate, one of the main objectives of the code must be to *reduce negative effects of international migration of health workers for source countries and their population*. Ethical recruitment of health workers must contribute to this objective and must *not become a justification or promotion* for continued recruitment from countries with a shortage. We feel that including a provision that recommends Member States to just *limit* international recruitment in countries with critical shortages is not strong enough! The Code should instead include a provision that recommends Member States to *refrain* from international recruitment in countries with a shortage.

**Third**, with respect to *mutuality of benefits*, we feel the text of the Code should explicitly announce the obligations of receiving countries towards the 'source' countries based on the obligation laid out in the Universal Right to Health. We feel that the *mutuality of benefits* part must be further developed and should also reflect the concept of *mutuality of responsibilities*. There must be a stronger emphasis that any form of just/commensurate compensation must be directed to create and maintain greener pastures in developing countries to jointly eliminate the *push* factors in order to strengthen the overall health system. Measures to compensate and assist should clearly contribute to a reduction in the *push* factors in the *source* countries. Not only training, but also working conditions for health staff, benefits, salaries, human resources management and career perspectives/opportunities must be strengthened. Moreover, any assistance or compensation measures ought to be in line with the health priorities in the 'source' countries and jointly designed by and agreed upon by a wide range of actors in 'source' and 'receiving' countries (including civil society organisations). We therefore recommend the Regional Committee to emphasize that further elaboration of the concept and measures of *compensation* ought to be undertaken for inclusion in the Global Code of Practice. This will guide Member States in their obligation to assist other countries, guarantee *mutuality of benefits* and fulfil their *mutuality of responsibilities*.

**Fourth**, the code has as its main objective to address member states being accountable and transparent to their own national labour market policy and practices. The Code ought to include that all Member States should *aim for self-sufficiency*. Member States should be held accountable for its realization as one of the crucial elements of the progressive realization of the Right to Health. This way the *pull* factors that enhance migration will in the long run be reduced and national health workforce sustainability will be reached.

The code should also encourage Member States to allow for sufficient fiscal space in public spending. Member States are to *ensure* a sound and effective *national* health workforce planning and corresponding investments in training. This will *preclude* their need to recruit health personnel from abroad. Needless to say that international recruitment practices of any country should be coherent with and never be contradicting to nor undermine policies, programmes and initiatives undertaken as part of official development assistance (ODA) and/or migration policies.

An additional provision might be added to the Code indicating that the concept of sustainability does also imply that: National Human Resources policies should never jeopardize in any way the implementation of the Right to Health of other Member States. Nor should national Human Resources policies include strategies to attract foreign health workers from countries with a shortage, not even as a measure at last resort.

**Fifth**, we urge Member States to fine tune the global code of practice to their respective national context. As part of a sound national workforce policy that aims for self-sufficiency we recommend that the text of the Code urges Member States to also develop their own national code of practice to regulate international recruitment.

**Sixth**, the document rightly states that “few countries have reliable and timely data on how many health workers they lose or recruit”, and there is a need to collect this information. Member States should be requested officially to monitor the migration of health workers, both outmigration as well as immigration.

We welcome the joint effort by Member States, WHO and civil society to address and regulate international migration of health workers by endorsing a strong Global Code of Practice that can guide towards reduced international recruitment and eventually generate a globally balanced health workforce.

With regard to the ***Draft resolution on Health workforce policies in the WHO European Region*** (EUR/RC59/Conf.Doc./3), we encourage the Regional Committee to incorporate mention of the issues of *shared responsibility* and *mutuality of benefits*. As the H1N1 pandemic is showing us, a weak health system anywhere has an effect on a health system elsewhere. The global health security of all nations is compromised by any health system that does not have a minimum number of trained and supported health workers. Providing assistance to other Member States in order to fulfil the right to health of their people is an element that we would like to see included in the text of this Resolution.

- In the list of *requests* (a-d) to the Regional Director, we therefore wish to add an additional *request* to the Regional Director to reiterate that Member States have a shared responsibility. We recommend the Regional Committee to add an additional bullet to the Requests to the Regional Director: *to facilitate a process of targeted assistance to low-income countries with a human resources for health crisis (in and outside of the European Region)*.
- In line with this *request*, we would like to add one bullet to *urge* the Member States themselves to increase their efforts to provide targeted assistance to source countries to jointly address the global *human resources for health* crisis and avoid further weakening of health systems (bullet e).

We call upon all Member States and the Regional Committee to take note of our remarks and consider inclusion of our recommendations into the draft texts of both the Global Code of Practice and the Resolution.

Thank you for your attention.