Action towards achieving a sustainable health workforce and strengthening health systems

Implementing the WHO Global CODE of Practice in the European Region
Action towards achieving a sustainable health workforce and strengthening health systems

Implementing the WHO Global Code of Practice in the European Region

Background: health workforce challenges

A well-performing health workforce is the backbone of an effective health system. Without adequate numbers of well-trained and motivated health workers, deployed equitably, people cannot access the health services they need. The effectiveness of health systems and the quality of health services depend significantly on the knowledge, skills and motivation of health workers.

All Member States in the WHO European Region are experiencing significant demographic, technological, political, socioeconomic and epidemiological changes\(^1\) that are affecting population health. Member States need to address imminently related health workforce\(^2\) challenges to meet current and future health needs.

The main challenges evident across all or most countries in the European Region (Fig. 1) are:

- **shortages of health personnel**, which threaten the capacity of countries to provide equitable access to health services to the whole population;
- **emigration of highly trained professionals** with specialized expertise, which contributes significantly to shortages of human resources for health in numerous Member States;
- **uneven geographical distribution** of the health workforce, characterized by urban concentration and rural deficits, which generates inequities in accessing health services;
- inaccessibility to high-quality services for citizens if the **skills** of future health providers are **not adapted to** new health needs;
- **inefficient utilization** and overlapping roles of health personnel, which create inefficient and unresponsive health systems;
- **inadequate working environments**, which hamper the quality of care and negatively affect the responsiveness of health workers to the needs of the public;
- **lack of consistent and complete data** on human resources for health, which precludes meaningful analysis of staffing needs and prevents well-informed planning and policy development for human resources for health at the local, national and regional levels; and
- governance structures and accountability mechanisms that do **not effectively engage stakeholders**, including health workers and citizens, in setting priorities, developing policy, implementing and evaluating.

---

1 For example, ageing of populations, greater migratory flows, and higher incidence of chronic diseases, higher expectations of users of health services, new financing mechanisms and new roles of public and private services.

2 For the purposes of developing appropriate and effective strategic direction, “health workforce” is an inclusive title which includes all those working in health, including public health, and health promotion, and working both in direct care and in support, managerial and administrative functions.
The European Commission projects the shortage of health personnel in the European Union to be 2 million, including 230,000 physicians and 600,000 nurses, by the year 2020, if nothing is done to adjust production and retention measures\(^3\). The current economic crisis exacerbates the health workforce problems, as economic constraints are leading to labour market changes, including pay constraints, fewer career opportunities and a greater stimulus to migrate. At the same time, crises and tough challenges are an opportunity to make bold changes, and the role of WHO is to support Member States in adjusting to this new context.

Meeting the challenge: implementing the WHO Global Code is an opportunity not to be missed

Health workforce challenges have been identified as a major focus for WHO efforts in the European Region in recent years. The WHO Regional Committee for Europe has brought them to the forefront at various key meetings and has passed two resolutions specifically dealing with health workplace policies (EUR/RC57/R1 in 2007 and EUR/RC59/R4 in 2009 (Box 1)). These resolutions highlight the consensus that exists on the prevailing crisis in human resources for health, on the responsibility of Member States to develop their national health workforce plans and strategies and on the need for collaborative efforts to tackle the international mobility and migration of health personnel.

Resolution EUR/RC59/R4 – Health workforce policies in the WHO European Region

Resolution EUR/RC59/R4 urged Member States to increase their efforts to develop and implement sustainable health workforce policies, strategies and plans as a critical component of health systems strengthening, to increase their efforts to monitor health workers migration and to advocate the adoption of a global code of practice on the international recruitment of health personnel.

It also requested the WHO Regional Director for Europe to continue to promote the harmonization of health workforce data and the use of standard indicators and tools, to continue to develop the core set of indicators for assessing performance in health workforce development in Member States, to complete the consultation process on the global code of practice for the international recruitment of health workers and to report back to the WHO Regional Committee for Europe in 2012.

The Tallinn Charter: Health Systems, Health and Wealth (2008), committing the European Member States to improve people’s health by strengthening health systems, calls for investment in the health workforce.

Resolution WHA63.16 - WHO Global Code of Practice on the International Recruitment of Health Personnel (Code)

The Code was adopted by the 193 Member States in May 2010. It establishes and promotes voluntary practices for the ethical international recruitment of health personnel and the strengthening of health systems. The following are key points from the Code.

- International recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and the promotion of the sustainability of health systems in developing countries (article 3.5).
- Member States should strive to create a sustainable health workforce and work towards establishing effective planning, education and training, and retention strategies that will reduce their needs to recruit migrant health personnel (article 3.6).
- Effective gathering of national and international data, research and sharing of information on international recruitment are needed to achieve the objectives of the Code (article 3.7).
- Member States should facilitate circular migration of health personnel, so that skills and knowledge can be achieved to the benefit of both source and destination countries (article 3.8).
- Destination countries are encouraged to collaborate with source countries to sustain and promote health human resource development and training (article 5.1).
- Member States should use this Code as a guide when entering into bilateral, regional and multilateral agreements, to promote international cooperation and coordination on international recruitment (article 5.2).
- Member States should consider adopting measures to address the geographical maldistribution of health workers and to support their retention in underserved areas (article 5.7).

At the global level, the WHO Director-General will present a report to the sixty-sixth World Health Assembly in May 2013.

In adherence to the mandate, the Regional Office for Europe has had a leading role at global level in developing the WHO Global Code of Practice on the International Recruitment of Health Personnel (Box 2) and will play a strong supportive role in implementing it in the Region.

The Code sets out a critical and central implementation role for Member States and other stakeholders, such as recruiters, employers, professional organizations and nongovernmental organizations. WHO is committed to supporting this process.

To meet the workforce challenges, the WHO Regional Office for Europe will keep advocating and strengthening its partnerships with other international and regional bodies and with Member States for implementing the Code. The Regional Office will work with designated national authorities and provide technical assistance to Member States in developing their monitoring and planning functions and in strengthening national capacity in health workforce planning.

Working in partnerships

Partnerships are essential in addressing health workforce challenges in the Region and globally. The WHO Regional Office for Europe needs to deal with diverse needs in countries (both source and destination countries for migrant health workers) and give them the required support. The Regional Office has close working links with international stakeholders and partner organizations: the European Commission, the Organisation for Economic Co-operation and Development (OECD), the Global Health Workforce Alliance, the International Organization for Migration, the International Labour Organization and others.
The Regional Office is committed to avoiding overlap and duplication of efforts by regularly informing and consulting its Member States and partners. The Regional Office proposes to take the lead in developing agreements between all international partners in the Region to better coordinate the implementation of the Code.

**WHO commitment and actions to date**

Since the Regional Committee for Europe adopted resolutions EUR/RC57/R1 and EUR/RC59/R4, the Regional Office for Europe has implemented numerous in-country activities in response to country requests to address health workforce challenges. In addition, multicountry and intercountry activities are equally crucial to improve the situation for human resources for health in the Region. The Regional Office has organized a wide range of activities in strengthening and expanding the evidence base, capacity-building, advocacy, communication and mobilizing resources as the following overview shows.

1. **Strengthening information on human resources for health, harmonizing data and expanding the database**
   - Working with OECD and Eurostat to develop joint data collection on human resources for health with a new set of indicators, harmonized and agreed definitions.
   - Piloting a new joint data collection tool on human resources for health statistics in countries outside the European Union (EU).
   - Developing and updating country profiles on human resources for health.

2. **Generating evidence on the mobility and migration of health workers in the Region**
   - Supporting research on the mobility and migration of human resources for health in the Region, producing reports and policy briefs.
   - Conducting training for trainers courses on evidence-informed practice.
   - Working with the European Observatory on Health Systems and Policies on PROMeTHEUS – Health Professional Mobility in the European Union Study, a project funded by the European Commission on the mobility of health professionals, being presented at high-level policy meetings and conferences.
   - Contributing to developing evidence-informed global policy recommendations on increasing access to health workers in remote and rural areas by improving retention.
   - Collaborating with the Global Health Workers Migration Policy Advisory Council in developing a handbook on bilateral agreements.

3. **Building capacity**
   - Organizing and delivering in collaboration with the Harvard School of Public Health a multicountry training course for national policy-makers and researchers on assessing funding, education, management and policy context for strategic planning in human resources for health in Kyiv, Ukraine in May 2010.
   - Conducting technical workshops on health workforce retention for national policy-makers and researchers in south-eastern Europe (Bucharest, Romania, March 2011) and countries in the Commonwealth of Independent States (Moscow, Russian Federation, December 2011).
   - Convening capacity-building workshops for national focal points on human resources for health and health statistics to improve and expand data collection on human resources for health, on the new joint data collection on human resources for health (for countries in south-eastern Europe and the Commonwealth of Independent States, Istanbul, Turkey, July 2011).
   - Conducting training courses for national assessors on accreditation in medical education.
   - Providing technical input in consultations with Member States and experts to the development of the global recommendations on monitoring the implementation of the WHO Global Code of Practice and user’s guide.
4. Communication and advocacy

- The WHO Regional Office for Europe conducted broad consultations with Member States and other regional and international partners and stakeholders on the contents of the WHO Global Code of Practice (Regional Committee for Europe and WHO Executive Board, consultations with permanent missions and professional associations).
- Policy dialogues with national and international stakeholders and high-level international forums (Kampala, Uganda, 2008 and Bangkok, Thailand, 2011).

5. Resource mobilization

- Raising funds for programme activities: Global Health Workforce Alliance, Government of the Netherlands, Global Fund to Fight AIDS, Tuberculosis and Malaria, European Commission, etc.
- Secondments (Norway, Portugal and Sweden), internships (Russian Federation) and volunteers (United Kingdom).

Next steps

The biennial plan for 2012–2013 will focus on fully and effectively implementing the WHO Global Code of Practice through a series of actions. These actions will reflect and are responsive to country needs, aiming at supporting Member States in developing their own responses to human resources for health issues and will be aligned with the Health 2020 policy framework.

The action plan will build on the actions in the four key strategic areas, in which the WHO Regional Office for Europe is already engaged with other partners.

1. Advocate, communicate and mobilize resources

- Develop key communication messages about the Code and human resources for health challenges for stakeholders, including governments, employers, regulators, the education sector, the private sector, health professionals, recruiters and civil society.
- Translate and disseminate key documents related to the Code into the official languages of WHO in the Region to increase the awareness and involvement of the Member States.
- Present and promote the implementation of the Code at high-level stakeholders’ meetings (national, regional and global).
- Design and maintain an active WHO web page reflecting the process and progress in implementing the Code.
- Write and publish articles and papers on the implementation of the Code.
- Mobilize resources to support the implementation of the Code.
- Coordinate activities with partners to optimize the use of resources.

2. Build the information base for human resources for health

- Develop core compatible data for human resources for health by applying the joint OECD, Eurostat and WHO Regional Office for Europe human resources for health questionnaire in non-EU countries to contribute to a joint database on human resources for health.
- Develop a core minimum data set of indicators to monitor migratory flows in agreement with OECD and Eurostat and in consultation with the Member States and relevant stakeholders.
- Expand the evidence base on human resources for health practices in the Region by documenting country experiences.
- Support and encourage the relevant national authorities in the Region in promoting the entry of data from all medical schools into the Avicenna Directories, a publicly accessible global database of academic institutions for health professionals.
• Support the development of national and subregional human resources for health observatories (in south-eastern Europe) for human resources for health data collection, monitoring health labour market trends and policy implementation, forecasting future needs and planning action to meet them.
• Facilitate the exchange of country experiences in the use of data and information in developing policy through technical meetings, policy dialogues and publications.

3. **Invest strategically in human resources for health development**

• Build capacity in planning and managing human resources for health by developing learning opportunities, such as training national focal points, organizing knowledge exchange by peer-reviewing mechanisms on such things as human resources for health retention practices and bilateral agreements.
• Pilot the WHO global policy recommendations on transformative education for health professionals in the Region and generate evidence and promote the application and use of recommendations at the national level.
• Provide support to the relevant national authorities in strengthening and promoting effective accreditation systems for education programmes by collaborating with established organizations such as the World Federation for Medical Education, the European Association of Medical Schools, the International Council of Nurses, the International Council of Midwives and the Association of Schools of Public Health in the European Region.
• Provide technical support for countries to develop effective regulation of the health workforce to ensure balanced deployment of the workforce and access to high-quality services in the public and private sector by facilitating intercountry exchanges on practices and lessons learned.
• Support the development, promoting and conducting international training course on strengthening the public health workforce (European Action Plan for Strengthening Public Health Capacities and Services).

4. **Align human resources for health policies and interventions**

• Pilot test the global National Reporting Instrument of the Code in three countries. Based on the results, adapt the tool to the context of the Region.
• Develop European Region guidelines to assist Member States in monitoring the implementation of the Code.
• Convene and facilitate technical consultations and information exchange with designated national authorities monitoring the implementation of the Code.
• Provide technical support and contributions to the WHO technical programmes on issues related to human resources for health.
By supporting the efforts of Member States, this action plan will contribute to improving the situation of human resources for health at the national level and thereby contribute to achieving the country’s health objectives.

The Annex shows the roadmap for implementing the WHO Code in the Region. It sets out key milestones, main stakeholders and the action required over the next two years to enable the objective of effective implementation to be achieved. It is aligned with broader global milestones across the same period.

Selected tools and guidelines

An important part of WHO’s mandate is to support countries by providing tools and guidelines and facilitating processes aiming to strengthen their health workforce. This section presents selected tools and guidelines developed by WHO and in collaboration with other partners and stakeholders. The tools are grouped in four main areas of action.

1. Advocate, communicate and mobilize resources


2. Build the information base for human resources for health

Handbook on monitoring and evaluation of human resources for health (English, French, Spanish, Portuguese and Russian) http://www.who.int/hrh/resources/handbook/en/index.html

Data mapping template on human resources for health http://www.who.int/hrh/tools/situation_analysis/en/index.html

Assessing financing, education, management and policy context for strategic planning of human resources for health (English, Russian, French) http://www.who.int/hrh/tools/situation_analysis/en/index.html

Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies (English) http://www.who.int/healthinfo/systems/monitoring/en/index.html

Global atlas of the health workforce http://apps.who.int/globalatlas/default.asp

European Health for All database http://data.euro.who.int/hfadb

3. Invest strategically in developing human resources for health

Human resources for health action framework http://www.capacityproject.org/framework

Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations (English, French, Spanish, Russian) http://www.who.int/hrh/retention/guidelines/en/index.html


Tools for planning and developing human resources for HIV/AIDS and other health services (English) http://www.who.int/hrh/tools/planning/en/index.html

Innovations in cooperation: a guidebook on bilateral agreements to address health worker migration (English and Russian) http://www.aspeninstitute.org/publications/innovations-cooperation-guidebook-bilateral-agreements-address-health-worker-migration

Transformative scale up of health professional education http://www.who.int/hrh/resources/transformative_education/en/index.html


Task shifting to tackle health workforce shortages: global recommendations and guidelines http://www.who.int/healthsystems/task_shifting/en/index.html

4. Align human resources for health policies and interventions

World Directory of Medical Schools – AVICENNA Directories http://avicenna.ku.dk/database/medicine

WFME global standards for quality improvement in medical education: European specifications (English, Russian and Turkish) http://www.wfme.org/standards/european-specifications

WHO/WFME guidelines for accreditation of basic medical education (English, Russian and Spanish) http://www.wfme.org/accreditation/whowfme-policy

Standards for PhD education in biomedicine and health sciences in Europe http://www.wfme.org/standards/phd

Global standards for the initial education of professional nurses and midwives (English and Russian) http://www.who.int/hrh/resources/standards/en/index.html


European strategic directions for nursing and midwifery (draft)
Annex 1: Roadmap aligning global and European milestones

Global Milestones

Launch of global policy recommendations on transformative education

Countries submit reports to WHO

European Region web page on the Code

Technical Consultation with designated national authorities

Launch of a HRH observatory in south-eastern Europe

Director-General’s report for World Health Assembly

Launch of global policy recommendations on transformative education

Countries submit reports to WHO

Launch of a HRH observatory in south-eastern Europe

European Milestones

Launch of a HRH observatory in south-eastern Europe

Launch of HRH Observatories in selected countries in the CIS

Technical consultation with designated national authorities

Policy Dialogue

Launch of guidelines on circular migration

Launch of HRH Observatories in selected countries in the EU

Technical Briefing at the WHO Regional Committee for Europe

Launch of HRH Observatories in selected countries in the CIS

Launch of HRH Observatories in selected countries in the EU

Launch of HRH Observatories in selected countries in the EU

Launch of HRH Observatories in selected countries in the EU
Annex 2: Roadmap: implementing the WHO Global Code in the WHO European region

**ADVOCATE, COMMUNICATE AND MOBILIZE RESOURCES**
- Pilot of global recommendations in three Member States
- Expert group working to adapt global recommendations on monitoring the Code
- Meeting on a joint database on human resources for health for non-EU countries (Eurostat, OECD and WHO)

**BUILD THE INFORMATION BASE FOR HUMAN RESOURCES FOR HEALTH**
- Policy Brief on the implementation of the Code in European MSs
- Workshop on bilateral agreements
- World Conference on Medical Education

**INVEST STRATEGICALLY IN THE HUMAN RESOURCES FOR HEALTH DEVELOPMENT**
- European recommendations on transformative education
- Export consultation on circular migration
- Regional meeting on HRH observatories
- Publication on a project on health workforce mobility in the Republic of Moldovia

**ALIGN HUMAN RESOURCES FOR HEALTH POLICIES AND INTERVENTIONS**
- World Conference on Medical Education
- WFME and WHO Europe expert meeting
- Meeting on a joint database on human resources for health for non-EU countries (Eurostat, OECD and WHO)
Annex 3: Recent activities and publications on human resources for health by the WHO Regional Office for Europe

Consultations

European Regional Consultation on the Draft WHO Code of Practice, Geneva, Switzerland, 8 December 2009. 60 participants from European countries, WHO Regional Office for Europe, Human Resources for Health Department WHO headquarters and observers from the WHO Regional Office for Africa and the WHO Regional Office for the Americas, Global Health Workforce Alliance and Health Worker Migration Global Policy Advisory Council

WHO Regional Committee for Europe, September 2009

Worker Migration Global Policy Advisory Council Meeting/Interregional Forum on Health Worker Migration, Madrid, Spain, May 2010

Consultations with Designated National Authorities on implementing the WHO Global Code of Practice, March – July 2012

Policy dialogues


Securing human resources for health: a challenge and an opportunity: 22–23 June 2012, Brdo pri Kranju, Slovenia


Health professionals: the European agenda: 9 January 2009, Brussels, Cypriote Permanent Representation

Policy dialogue on human resources in health and social care – on migration of nurses, assistants and social care workers: 5–6 February 2009, Prague, Czech Republic, with the European Commission and European Parliament, hosted by the Czech EU Presidency

Policy dialogue on skill-mix and changing roles of health professionals in primary health care, 13-14 August 2012, Minsk, Belarus

Publications

Policy summaries prepared for the Belgian EU Presidency

How to create conditions for adapting physicians’ skills to new needs and lifelong learning. HEN-OBS Joint Policy Brief, No. 14 euro.who.int/_data/assets/pdf_file/0018/12418/e94294.pdf

How to create an attractive and supportive working environment for health professionals euro.who.int/_data/assets/pdf_file/0018/124416/e94293.pdf


Policy briefs were prepared for the Tallinn Conference on Health Systems: Health and Wealth in collaboration with the European Observatory on Health Systems and Policies

Do lifelong learning and revalidation ensure that physicians are fit to practice? euro.who.int/_data/assets/pdf_file/0005/75434/E93412.pdf

How can optimal skill mix be effectively implemented and why? euro.who.int/_data/assets/pdf_file/0005/75452/E93413.pdf

How can the migration of health service professionals be managed so as to reduce any negative effects on supply? euro.who.int/_data/assets/pdf_file/0006/75453/E93414.pdf

Other WHO Regional Office for Europe publications

Report of the Technical Meeting on Health Workforce Retention in CIS countries, Moscow, Russian Federation, 2011


Migration of health personnel in the WHO European Region, 2009 euro.who.int/_data/assets/pdf_file/0010/95689/E93039.pdf

Towards the development of a code of practice on the international recruitment of health personnel, WHO/Europe, 2008 euro.who.int/_data/assets/pdf_file/0013/102352/hsc08_esatellite1.pdf

Recruitment and retention of health workers: report from the Kampala Round Table, WHO Regional Office for Europe 2008 euro.who.int/__data/assets/pdf_file/0003/103872/E91417.pdf

Health workforce policies in the WHO European Region: background paper for the 59th Regional Committee Meeting, 2009. euro.who.int/_data/assets/pdf_file/0008/66977/RC59_edoc09.pdf


Migration of health personnel in the WHO European Region, 2009 euro.who.int/__data/assets/pdf_file/0010/95689/E93039.pdf
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan