



**HealthWorkers  
4all**



# EU Programme for Action on Global Health Reflections from a HW4All-perspective



**Linda Mans**, coordinator 'health workers for all  
and all for health workers'

**Wemos Foundation, The Netherlands**

E: [linda.mans@wemos.nl](mailto:linda.mans@wemos.nl)



Brussels, 28 October 2014/0

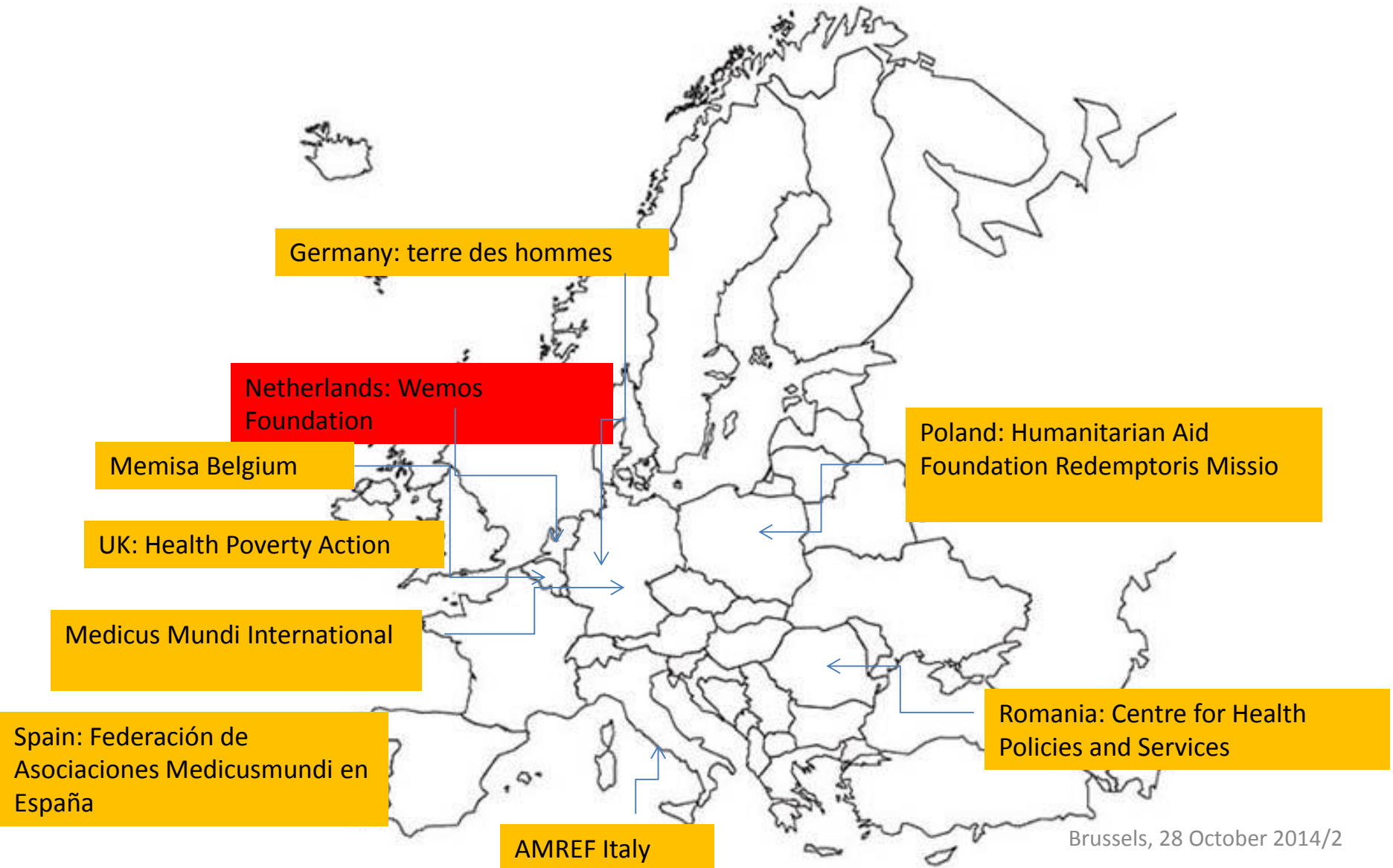
## Health Workers 4 All:

Contributing with **EuropeAid funding** from Europe to a sustainable HWF worldwide, using a **rights-based approach** – promoting the right to health and the rights of migrant health workers to fair treatment;

Developing and sharing tools for **policy analysis and (inter)action** to increase knowledge and understanding of human resources for health from a global health perspective;

Being the engine of the 2014 **Call to Action** for **European decision-makers** for **solid health workforces** and **well-balanced health systems around the world**.

# Consortium



## Key messages:

1. **Ebola** exposes the **dramatic results of weak health systems and health workforce shortages**;
2. There are global trends of urbanization, deforestation, migration, growing health inequities, political instability /conflict. Ebola is just an ‘externality’.
3. New and re-emerging infectious diseases affect us all. It is a **global responsibility** to address outbreaks in the future as we live in an increased **interdependent world**.
4. **Transformation of international health assistance towards sustainable health systems and policy coherence for development** is absolutely vital to **ensure the future sustainability of health systems globally**.
5. This needs **strong leadership and commitment** to ensure that these issues firmly **remain on the EU and global agenda**.

## Setting the scene:

- Fragile 'states' and weak health systems are ideal breeding grounds for re-emerging infectious diseases.
- Liberia, Guinea and Sierra Leone 175, 179 and 183 on Human Development Index. Now Mali has entered the scene too: 176.
- Agricultural investments plus chronic poverty: easier inter-mixing between desperate humans and animal population.
- Collapse of health systems that were already incredibly weak
  - 'there was no system in the first place, what we had was first aid centres, not hospitals' (Sierra Leone)
  - Impact of Structural Adjustment Programmes/ conflicts/ health worker migration

# Ebola: wake up call regarding the health workforce

Liberia: 2.7 nurses per 10000 people

Sierra Leone: 1.7 nurses per 10000 people



Lacking of essential public health systems;

Individuals are left untreated for 'routine' health issues.

Numbers of deaths amongst HCW (WHO, Oct 8)

Table 2: Ebola virus disease infections in healthcare workers as of 5 October 2014

Country	Case definition	Cases	Deaths
Guinea	Confirmed	65	30
	Probable	8	8
	Suspected	0	0
	<b>All</b>	<b>73</b>	<b>38</b>
Liberia	Confirmed	75	63
	Probable	89	27
	Suspected	24	4
	<b>All</b>	<b>188</b>	<b>94</b>
Nigeria*	Confirmed	11	5
	Probable	0	0
	Suspected	0	0
	<b>All</b>	<b>11</b>	<b>5</b>
Sierra Leone	Confirmed	125	91
	Probable	2	2
	Suspected	2	2
	<b>All</b>	<b>129</b>	<b>95</b>
<b>Total</b>		<b>401</b>	<b>232</b>

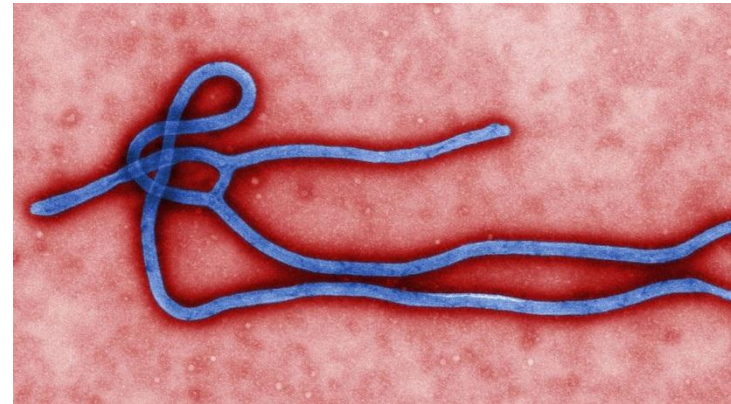
# Ebola: wake up call regarding the health workforce

## Responses short term:

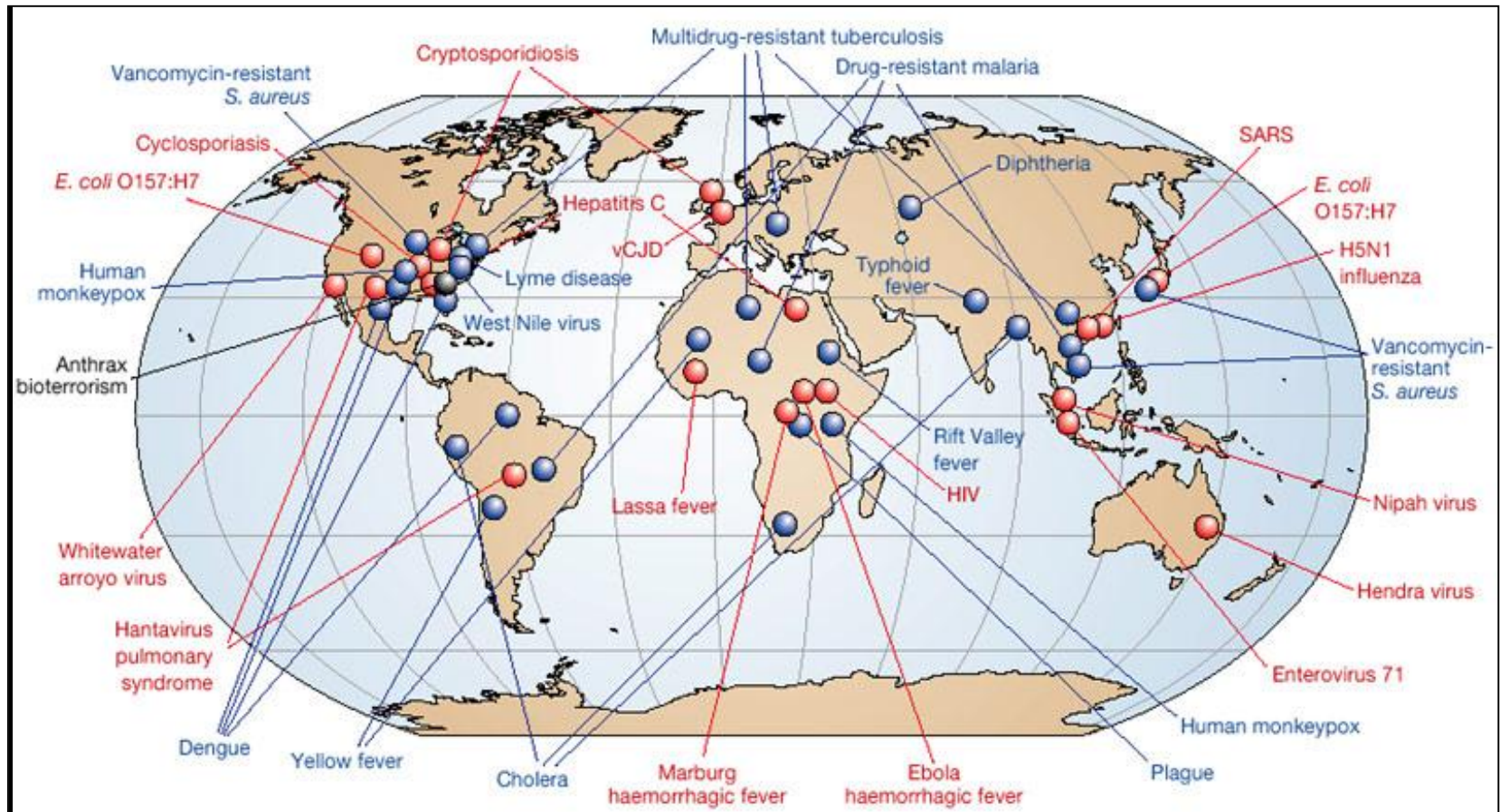
- Emergency response +
- Decent protection, risk allowances, psychosocial counselling needed

## Responses longer term:

- (Community) health workers as key “liaisons” for early warning, prevention/ protection and communication/mobilization
- Transformation of international health assistance towards sustainable health systems + health workforce;
- Prioritize policy coherence for development for a sustainable management of health workforce migration at a global level



# Ebola is just a tip of the iceberg...



**Emerging (red), Re-emerging (blue) and Human induced (black) infectious diseases**

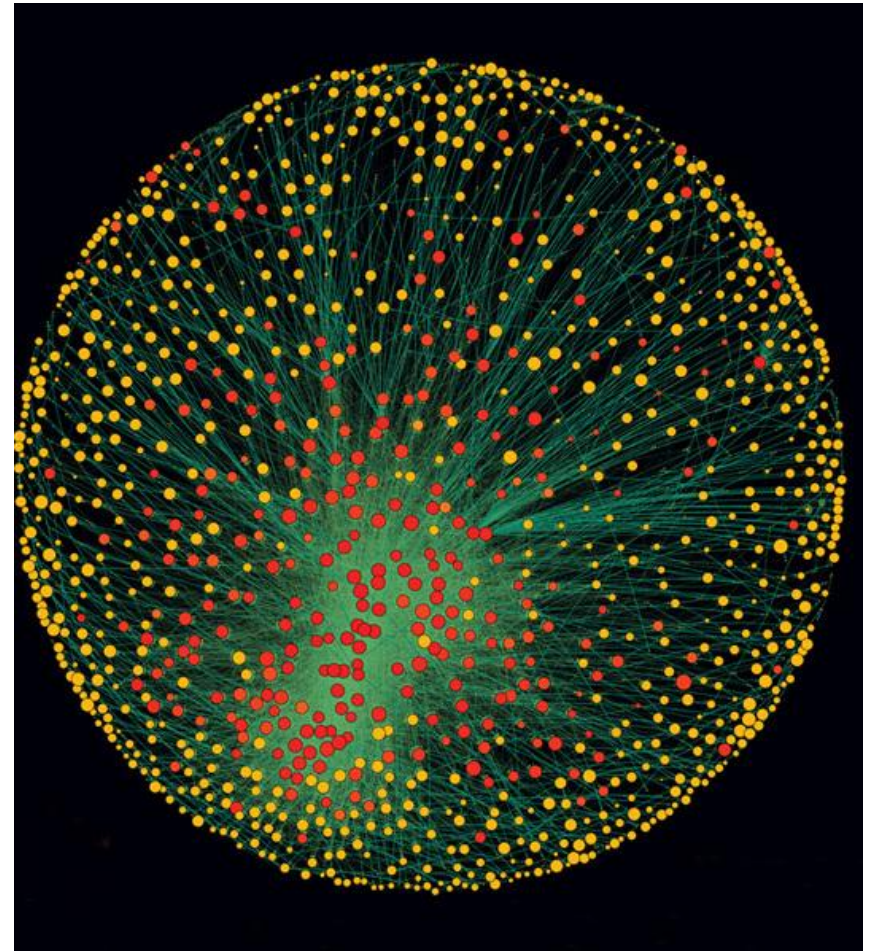
(Morens M. et al, 2001)

Brussels, 28 October 2014/7



# Towards an International Health Systems Fund?

- Ebola as game changer?
- A strong case for scaling up and financing a public health workforce?
- What about the (external) finances required?
- Role of WHO?
- International Health Regulations (2005 IHR)
- Towards an International Health Systems Fund?
- Extra-territorial obligations to realize the right to health?
- Role of EU?



# EU – part of the problem or solution?

- Building and maintaining sustainable health systems and health workforces;
- Conflicting interests (e.g. austerity, quick fixes for health workforce shortages);
- Coherence between internal and external policies needed.



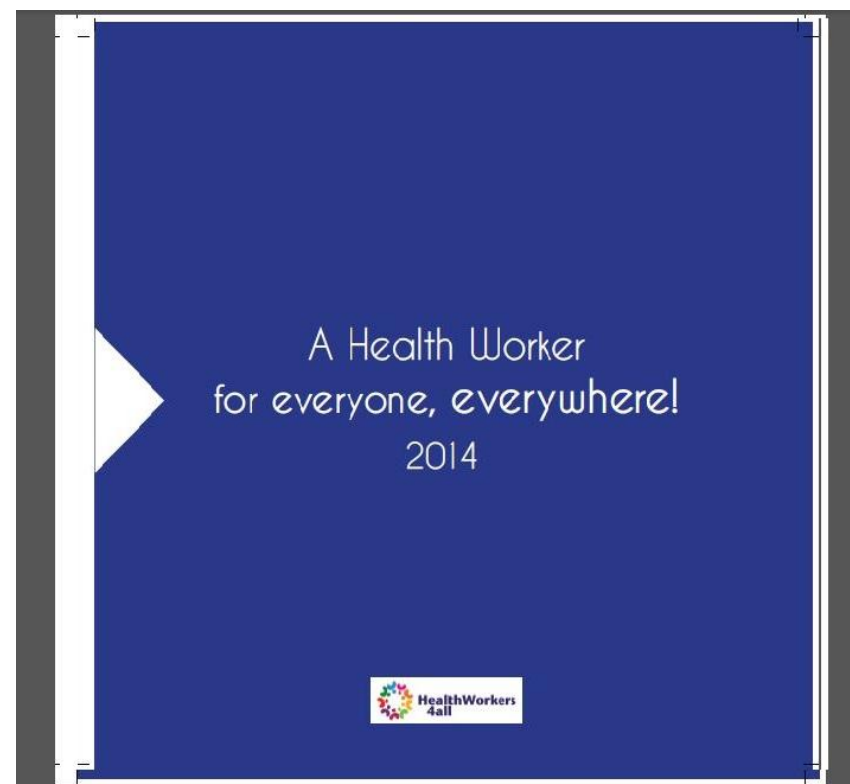
# 2010 The EU Role in Global Health and policy coherence for development



- Health workforce migration is **not** just a side-effect of labour market dynamics;
- Health workforce migration intersects with migration, health, development cooperation, fiscal and employment policies and must be addressed in a consistent manner;
- Availability of health professionals;
- Fragile health systems, global health threats;
- Action needed!
  - Some EU-funded projects as examples...

# EU/ EuropeAid: HW4All - Call to Action

- Planning long term and training self-sustainable health workforces
- Investing in the health workforce
- Respecting the rights of migrant health workers
- Thinking and acting coherently at national, regional and global level
- Take a firm stand in the global health workforce debate





At a global level concerns have been developed into an 'ethical' approach to **mitigate negative effects of international mobility of health workers**: in 2010 the WHO CoP was adopted.



The WHO CoP establishes and promotes voluntary principles and practices for **ethical international recruitment** and **strengthening health systems**, taking into account the **rights, obligations and expectations** of source and destination countries, and migrating health personnel.

# Further dialogue + signing on to Call to Action:

[interact.healthworkers4all.eu](http://interact.healthworkers4all.eu)



# EU/ SANCO: Joint Action on HWF Planning and Forecasting

- The general objective of this action is a platform for collaboration and exchange between EU MSs to prepare the future of the HWF.
- Sub-objective: applicability of the WHO Global Code of Practice on the International Recruitment of Health Personnel in the EU-context





# EU/ FP7: GO 4 HEALTH

- ‘Go4Health’ stands for goals for global health and for governance for global health.
- One of its members is the Institute of Tropical Medicine (Antwerp)
- IHP – Switching the Poles in international health policies – including topics as health systems and human resources for health





## Questions for further discussion:

- How much will (has) the Ebola outbreak be (been) a game changer for the Programme for Action on Global Health to focus more strongly on health systems strengthening and sustainable health workforces?
- How do you consider the International Health Systems Fund to be a viable solution for contributing to this? And how do you consider the role of WHO?
- How can a crisis such as the Ebola outbreak create a joint understanding of how it affects a whole health system? And how can the different departments and DGs collaborate effectively in order to ensure co-ownership and policy coherence?

# Eventually... Thank you!

