



ACTION FOR GLOBAL HEALTH

FULL FUNDING
STRONG SYSTEMS
FAIR ACCESS

c/o ActionAid
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Development Ministers
General Affairs and External Relations Council
Consilium, rue de la Loi 175, B-1048 Brussels Belgium

9th May 2007

Dear Minister,

We are writing in advance of the General Affairs and External Relations Council meeting on 14-15 May when you will debate the EU Programme of Action to tackle the critical shortage of health workers in developing countries (2007-2013). Given that this is the second EU strategy paper on this issue in less than three years we feel your response needs to strongly support meaningful and immediate policy action. Moreover, your response needs to promote action in both development cooperation and employment practices and conditions of the EU health sector.

We would like to highlight what we view as priorities:

Financial support

The document states that the Programme for Action is based on the "global analysis set out in the World Health Report 2006". Accordingly we ask the EU and its member States to ensure that, based on current ODA levels for health, at least \$2 billion per year is available for the strengthening of the health workforce in developing countries and to keep this rising in proportion whilst increasing ODA for health to the levels needed¹. Beyond this immediate commitment, the Programme for Action should stipulate the financial objectives of the EU to 2013 and based on the estimations of the World Health Report 2006.

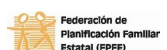
Adoption of a monitoring and evaluation framework

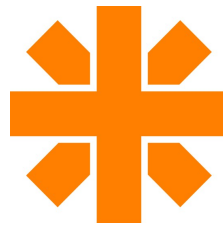
The Programme for Action rightly mentions the need to develop a European strategy to ensure that the Union as a whole is able to meet its health workforce needs, without exacerbating the situation in developing countries. We believe that it is a collective responsibility for the EU to take all measures to ensure that it will fulfil its health workforce needs and that it will not recruit from developing countries including the improvement of training and career development opportunities for health workers as well as improved remuneration. Therefore, we call for a European Workforce Monitoring system, and urge civil society organisations be associated with it to ensure its effectiveness.

Fiscal space needed for health systems

We welcome the commitment to support the policy dialogue of recipient governments with the international financial institutions on fiscal policies. This is crucial as the IMF's Independent Evaluation Office recently found that only 28% of additional aid money is allowed for PRGF programmes, first priority being given to increasing international reserves

¹ As the international ODA to health is currently estimated to be \$12bn per year, the international community should be allocate around \$3bn to the health workforce. According to the EU weight within international ODA (around 60%) and its commitments on this issue, we think that the share of the EU and its member States should reach \$2 bn annually. As ODA levels for health need to at least double to meet the health MDGs, this amount should rise in proportion.





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and reducing domestic debts, without any consideration of social trade-offs. The EU should also go further by expressing clearly the commitment to systematically oppose any measure from the IMF that tends to freeze recruitment or salaries of health care workers in countries facing a human resource shortage. We call on the EU adopt an official position sanctioning this policy within the Programme. We also ask the EU Programme for Action to endorse the Global Health Workforce Alliance Statement for the next G8 to be held in Heiligendamm.

International migration of health workers

We welcome a strong EU commitment to increase harmonisation, strengthen alignment with the national health sectors and financing systems of the partner countries. We look forward to a clear articulation of the EU support required for health systems and health workforce in the 2007-2013 Country Strategy Papers forming the basis of the EDF and DCI funding.

However we consider that the “adoption of a set of principles to guide recruitment of health workers within the Union and recruitment from third countries, which seek to minimise any negative impact on health workforce capacity in third countries” (§4.1.2) will not be enough to achieve this objective. We therefore propose that the Programme for Action include in part 4, two measures that we consider fundamental and complementary:

- the EU Member States commit to receive the health workers from third countries in the same conditions of treatment (salary, status, etc.) as their national workers.
- The Programme for Action plans the implementation of a financial compensation mechanism for training countries. Action for Global health estimates that a State is responsible for training its health workforce; the recipient country should have then the obligation to compensate the country of origin for the financial loss experienced with the migration of trained workers. In order to stop the practices of active recruitment in developing countries, we wish this compensation to be equivalent to the training costs existing in European countries.

Yours faithfully,



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15 non-governmental organizations and charities concerned that Europe is not doing enough to support developing countries achieve the Health millennium Development Goals by 2015.

Email: coordination@actionforglobalhealth.eu

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The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over one million nurses and is the independent voice of the profession. The mission of EFN is to safeguard the status and practice of the profession of nursing and the interests of nurses in the EU and Europe.

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The International Council of Nurses (ICN) is a federation of 129 national nurses associations representing the millions of nurses worldwide. ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

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