

## [European Federation of Public Service Unions](http://www.epsu.org/a/11209)

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At the event the participants discussed whether and to what extent the ethical recruitment principles contained in the 2010 WHO Global Code of Practice on the International Recruitment of Health Personnel are applicable in the European (EU) context, where professional mobility is encouraged in the Internal Market yet posing increasing challenges for the health systems of Member States experiencing significant out-migration such as Southern and Central/Eastern European countries.

The [Health Workers for All Project \(HW4All\)](#), coordinated by WEMOS, some of its numerous awareness-raising activities and the [Call to Action](#) to European decision-makers were presented. EPSU affiliates in several countries, including in Germany, The Netherlands, Romania and the United Kingdom, have been actively involved in project activities during the course of the project. All **country reports** (Belgium, Germany, Italy, The Netherlands, Poland, Romania, Spain, United Kingdom) and **comparative studies** can be accessed [here](#).

The first panel debate, involving several MEPs, focused on equitable distribution of health workers in Europe, the second discussed sustainable health systems and the rights of internationally mobile health workers.

**Heino Güllemann** (terre des hommes/HW4All), moderator of panel 2 in which two colleagues from EPSU affiliates and MEPs Ismail Ertug, Soledad Cabezon-Ruiz and Filiz Hyusmenova participated, pointed out the poor level of protection of migrant health workers in some countries, the [example of Spanish nurses in Germany](#) being one of the best known breaches of the WHO Code of Practice for the International Recruitment of Health Workers and also of the EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment.



**Gerd Dielmann** (ver.di, Germany) presented the 2008 [EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment](#), a social partner-based instrument, the scope of which included fair and transparent contracting and training, equal treatment and non-discrimination, promotion of recruitment agencies with demonstrated good practices, and health workers' rights to get involved in trade unions. HOSPEEM and EPSU in 2012 have issued a [report on how it has been used and/or implemented](#). He mentioned a number of challenges and problems linked to the cross-border migration of health and social care workers and what trade unions do to help to more effectively address them and to support migrant health workers. Gerd Dielmann called for a political framework for the protection of migrants' rights, supported by the EU and the Member States.

Statement Gerd Dielmann, ver.di, Germany



Event EP 5 May 2015 - Statement Gerd Dielmann (ver.di, Germany) - in EN  
[http://www.epsu.org/IMG/pdf/05-05-15-Brussels-RT-EP-WEMOS\\_EPHA\\_EPSU-Statement-Dielmann-Draft-01-05-15-GD\\_MM.pdf](http://www.epsu.org/IMG/pdf/05-05-15-Brussels-RT-EP-WEMOS_EPHA_EPSU-Statement-Dielmann-Draft-01-05-15-GD_MM.pdf)

**Razvan Gae** (Sanitas, Romania) provided data and information about the health workforce situation in Romania. Between 2007 and 2013 about an estimated 20% of the doctors and 28% of the nurses left the Romanian health care system. He noted that, while it was important to for trade unions in Romania and Europe to defend the fundamental right of freedom of movement of workers across Europe. Razvan Gae called for a better regulation of the authorisation of recruitment companies and a monitoring of their activities along the lines of the WHO and EPSU-HOSPEEM Codes. He pointed to the need of financial support to countries affected by out-migration, including for establishing registers of mobility / information systems, continuous professional development, better education infrastructures and increased professional qualifications. One element of a "solution" is also a better coordination and cooperation of competent government and public authorities with trade unions and professional organisations on a range of topics related to the "framing" and "reduction" of outwards migration of health workers from Romania.

*N.B.: The presentations the two EPSU colleagues used are to be found at the end of part 2 and in the beginning of part 3 of the file put above.*

MEP **Ismail Ertug** (S&D, Germany) stated that, while financing is a national issue, the EU has an important role to play in policy development, the Professional Qualifications and Posted Workers Directives being good examples of legislation in this area. A common EU approach with the support of the Commission is needed to tackle recruitment problems. A lot could be achieved through proper use of these financial instruments, in particular the EU Structural Funds, in the sense of improving the recruitment and retention conditions in source countries and thereby reducing the pressures and incentives for outward migration. Mr. Ertug also argued in favour of equal rights of migrant health workers in terms of salaries and treatment, based on

capacity and qualification, stating that discrimination was unacceptable. He emphasised the importance of implementing the WHO Global Code and also called for better information dissemination regarding health workers' rights.



MEP **Soledad Cabezon-Ruiz** (S&D, Spain) also stated that fair compensation measures for countries losing health workers should be considered given that migrants' home countries are effectively supplying workers for health systems in destination countries where shortages are experienced. Until a short time ago, Spain used to be an important destination country, but since the economic crisis it has become a source country for health workers. The Spanish health sector budget has decreased significantly; there should have been a maximum 10% cut, but the government went up to 20%, creating a loss of 5,000 jobs, shortages and new healthcare access problems, e.g. for migrants. At EU level, health system sustainability and mobility of health workers should be real priorities.

MEP **Filiz Hyusmenova** (ALDE, Bulgaria) revealed that nearly 80% of graduating young professionals intended to leave the country, mainly due to low salaries and few opportunities to obtain specialisations. In addition, Western European countries offered better equipment, technology and opportunities for innovative research, as well as less overtime and better working conditions. Partly this is a result of these countries' approaches to healthcare financing - while Bulgaria spends only 4%, e.g. Germany devoted about 11% of its GDP to the health sector. Ms Hyusmenova deplored that, according to information obtained from the Federation of German Trade Unions (DGB) which is supporting migrant workers, employers often exploit Bulgarian nurses including by deducting costs for language courses (done prior to departure, but also after arrival in Germany) from their salaries and appointing them to positions incommensurate with their professional qualifications, e.g. as health care assistants or interns.