

Working Group on Human Resources for Health / GT-HRH

Proposal of a Charter from the actors from the Belgian development cooperation on the recruitment and the support to the development of human resources for health in the partner countries

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Preamble

Our organisations are part of a platform, Be-cause health (www.be-causehealth.be), bringing together all the Belgian actors which are active in the field of development cooperation in the health sector who are committed to promote universal access to quality health care and health care services. By consultation, coordination and the organization of common activities, this initiative wants to create a bridge between the actors of the cooperation (in the headquarters as well as in the field) and the academics.

Human resources is one of the principal pillars of health systems. It is necessary to reinforce this aspect if one wants that health systems are capable of satisfying the essential needs, in particular with regard to universal coverage. However, there is unfortunately a shortage estimated at several million health workers which comply with the qualifications required at the global level, and several poor countries are suffering from a severe shortage.¹ In the poor countries, this global crisis of human resources for health (HRH) is also translated into an inequitable distribution of existing health workers at the expense of rural and difficult regions, and at the expense of the clinical functions; as well as in the bad quality of the trainings and the insufficient alignment between the needs and the effective competences from the health workers².

Being conscious about this important problem, the World Health Organisation (WHO) has elaborated at the demand of its members a *Code of Practice on the international recruitment of Human Resources for Health* which has been approved during the 63rd World Health Assembly in May 2010. This is a voluntary non-binding Code which does not restrain migrations and recognizes on the contrary that workers have the right to migrate and that brain circulation also can have interesting effects; but that on the other side, populations of all countries also have right to access to health services. Therefore it recommends to find a just balance between both these rights.

Belgium has supported the elaboration and approbation of this Code of Practice. Moreover, the policy note “The right to health and to health care” from 2008 identifies amongst the principal

¹ Paradoxically, some countries, such as the Democratic Republic of Congo, have rather a situation of abundance in health workers, but from such a mediocre quality that the lack of qualified health workers continues to be severe.

² Certain countries are also confronted with other problems like unbalances between the primary, secondary and tertiary levels of the sanitary pyramid; the withdrawal from the public sector to the benefit of the private for profit sector, or also the lack of the regulating function by the State.

challenges to be tackled the shortage of HRH in terms of numbers, competences and motivation, thus recognizing that these problems are caused by external and internal migration and by problems in their countries of origin, and that they have repercussions on the quality of services and programmes. With regard to the Belgian medical NGOs, they have prepared at the beginning of 2005 a document which aims to set up a dialogue with DGD taking up the question of “rethinking the human capital” and pleads that DGD would have a free and open dialogue about this question, namely by not excluding the possibility of co-funding salaries and/or performance fees for local health workers.

For all these reasons, the working group on HRH (WG-HRH) of Be-cause health has taken the initiative to elaborate this Charter aimed towards especially the various actors from the Belgian development cooperation in the health sector. It has as its goal **to harmonize more and to make more equitable and efficient the practices of actors of the Belgian cooperation in the field of recruitment and support for the development of health workers from partner countries.** This charter subscribes itself in a supporting point of view of the institutional development of the partner countries and is considered as an essential element in the efforts with the view of health systems strengthening and of universal coverage in health care. To this end, it translates several of the orientations from the Code of Practice of the WHO in concrete engagements.

In signing this Charter, our organisations take on the engagement within the limits of their mandate to respect as much as possible the principles described hereunder which aim on one hand to actively support the capacity building of the health workers and to reinforce sustainable systems, and on the other hand to limit the negative consequences that international recruitment of health workers from partner countries could impose on the local capacities. These guiding principles will be implemented case by case in function of the intervention fields of the signing organisations and do not constitute an obligation towards results. For example, a humanitarian crisis could make it impossible to meet all the engagements of this Charter, and certain organisations do not have the capacities to support the training of health workers. The principles described hereunder are usable to guide our organisations as much as possible in their interventions and their policy choices.

The organisations adhering to this Charter

Taking into consideration that each patient has the right to be taken care for by qualified, available and motivated health workers where he/she lives,

Recognizing that the recent situation of shortage in qualified HRH and non-ethical recruitment of HRH is preoccupying,

Taking into account that the Code of Practice of the WHO is voluntarily and non-binding,

Taking into consideration that HRH from countries in the South have the right to benefit from a just and fairly managed system and be motivated to put into practice their competences to the benefit from their populations,

Recognizing that in the framework of development cooperation, partner countries can call on the Belgian cooperation to support the implementation of an effective development framework for their HRH, and more broadly to achieve universal coverage in health care and services,

Take on the following engagements within the limits of their respective missions:

With regard to partnerships and harmonisation:

- To integrate our interventions in the national structures and organisations (from the public sector as well as from the civil society) and to support the reinforcement of the health systems in the partner countries;
- To participate in each country in the consultation with the actors supporting the implementation of the development plans for HRH in order to harmonise progressively the support,
- To raise the predictability and the long term vision of our support to HRH.

With regard to policies and development plans for HRH:

- To promote within the partner countries the development of national qualified HRH, good governance and respect for ethics and deontology in the medical and paramedical functions – in especially the respect for patients and their socio-cultural identity and the fight against corruption,
- To support, if the demand exists, the conception and the implementation in the partner countries of development plans for qualified HRH, respecting values as equity and the dimension of “gender”, including through the promotion of measurements reducing inequities in the geographic distribution of health workers in these countries,
- To implement measurements aiming at strengthening considerably the professional motivation and at raising the attractiveness of the caring function for the national health workers, notably by promoting more valorizing professional environments in terms of confidence, recognition, learning and self-esteem,
- To create a social and salary advantageous environment for the HRH.

With regard to trainings:

- To support the initial, permanent and complementary training of health workers coming from partner countries, according to the needs expressed in the national development plans of HRH if these exist and/or according to the relevance of the solicited trainings,
- To privilege as much as possible the national and the regional capacity strengthening in training.

With regard to recruitment:

- To respect the ethics of the Code of Practice of the WHO during the international recruitment of HRH coming from poor countries,
- To compensate the potential negative consequences on the local health systems caused by the recruitment of HRH in the partner countries.

In our environment in Belgium:

- To inform and to raise awareness with the actors of the public and the private sector who might recruit HRH coming from the South using the principles of the Code of Practice of the WHO, in especially with regard to the welcoming of these persons and the implications of their recruitment on their countries of origin,
- To reinforce the collaboration with the diaspora and the universities in Belgium,
- To capitalize and to share our experiences with regard to the support of development of HRH.