

Box: Human Resources for Health

*'In the Chingola district of Zambia, between 2002 and 2005 the number of registered midwives was reduced by more than half; eight of the 15 midwives migrated to the UK over a three-year period. This was a big blow to the district.'*ⁱ

According to the World Health Organization (WHO), the minimum requirement for adequate health care is one doctor per 5,000 patients.ⁱⁱ In Zambia there is one doctor per 8,333 people – a figure that represents an average for the whole country, which means that the situation in rural areas is often worse. This should be seen against the background that Africa, with only 10% of the world's population, is a victim of 25% of the world's diseases. Yet it has only 3% of the global health workforce.ⁱⁱⁱ Improving health-care systems in countries such as Zambia is one of the priorities for the EU's development policy, and the EU has been making a major effort to combat the crisis in Human Resources for Health (HRH). This effort will only be effective, however, if the EU's migration policy is coherent with its health policy in developing countries and is harmonised with the interventions undertaken by other actors.

The EU's development policy focuses on the achievement of the MDGs. Efforts to meet the health-related MDGs (Goals 4, 5 and 6) are currently being defeated by the HRH crisis in developing countries. To meet the health-related MDGs and help these countries combat the HRH crisis, the EU adopted a 'European Programme for Action to tackle the critical shortage of health workers in developing countries'.^{iv} In this programme the EU stated that it is committed to supporting international action to address the global shortage of health workers and the HRH crisis in developing countries, through programmes at the country, regional and global levels. The Commission, which monitors the actions undertaken by member states, is currently writing a report to submit to the Council in November 2008. To date, however, there have been few replies from member states demonstrating concrete support or intervention designed to retain health staff in developing countries. Furthermore, it is crucial for all member states to increase the financing of their own national health workforces in order to train and recruit sufficient health personnel from within their own countries.

Every individual has the right to migrate. In our globalised world, migration cannot be stopped. In order to mitigate the potentially negative effects of the Blue Card on the health sector in developing countries, the Blue Card proposal provides for the drafting of a code of conduct for ethical recruitment. Such a code would not, however, be legally binding, and it would not cover practices in the private sector. Meanwhile, codes and frameworks may have only limited impact if the push factors driving migration, and health worker shortages in the North, are not simultaneously addressed.

To meet the MDGs it is globally acknowledged that the crisis in HRH needs to be tackled jointly by all stakeholders. With its Blue Card proposal, however, the EU is in danger of defeating many of the

efforts currently being made. The EU should make sure that its investment in the health sector in developing countries is both harmonised and geared towards making a useful contribution to solving the HRH problems of individual developing countries, respecting their national priorities and human resources plans. As provided in the European Programme for Action to tackle the HRH crisis, the EU's commitments should therefore be in line with aid effectiveness, never becoming a disguised subsidy designed to fill the human resources gaps in the EU's own health sector. In addition, EU investment should not be incoherent, nor should it become undermined by the economic rationale of the Lisbon Strategy in order to make Europe a more attractive knowledge-based economy.

ⁱ 'Human Resources for the delivery of health services in Zambia: external influences and domestic policies and practices, A case study in four districts of Zambia', CHESSORE and Wemos, March 2008. <http://www.wemos.nl/Documents/influence%20of%20externally%20funded%20programs%20on%20human%20resources%20for%20health%20in%20zambia.pdf>

ⁱⁱ Chunharas S. 'Human resources for health planning: a review of the Thai experience.' HRDJ (Human Resources for Health Development Journal) 1998; 2 : 98-108.

ⁱⁱⁱ Africa Health Strategy 2007: 4. http://www.africa-union.org/root/UA/Conferences/2007/avril/SA/9-13%20avr/doc/en/SA/AFRICA_HEALTH_STRATEGY.pdf

^{iv} COM (2006) 870 http://eur-lex.europa.eu/LexUriServ/site/en/com/2006/com2006_0870en01.pdf