

Case Study: EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries

By Alan Hudson

The EU will strive to make migration a positive factor for development, through the promotion of concrete measures aimed at reinforcing the contribution to poverty reduction, including facilitating remittances and limiting the 'brain drain' of qualified people.¹

1. Introduction

Identifying human resource constraints as a key barrier to the effective provision of health services in developing countries, in 2004 the 57th World Health Assembly – the governing body of the World Health Organisation – designated 2006-15 as a decade of action on human resources. The EU strategy for action on the crisis in human resources for health in developing countries outlines the response of the EU and the European Commission in particular to the WHO's decade of action.

The EU's strategy builds on the Commission's May 2005 Communication on A European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action.² In that Communication, the lack of health workers was identified as a major obstacle to effective action. The EU's strategy also builds on that it outlined for Africa.³ The strategy for action was adopted by the General Affairs and External Relations Council (GAERC) on 10 April 2006.

2. Implications for development

The crisis in human resources for health in developing countries is of great importance to these countries and regions across the world. Africa, for instance, has the highest disease burden of any continent, but the lowest number of health workers. Africa has 0.8 health workers per 1,000 population, compared with 10.3 per 1,000 in Europe. There are many reasons why developing countries lack the human resources (health workers) they need to provide effective and adequate health services. These include poor working conditions as a result of years of under-investment, a lack of training, demoralisation, low salaries and other inadequate incentives.

One fundamental reason for the lack of human resources is that many health workers in developing countries, and particularly in rural areas of developing countries, opt to migrate to either urban areas, neighbouring countries, or internationally to Europe or North America. As such, the crisis in human resources for health in developing countries has a critical migration dimension. For the crisis to be addressed instrumentally, greater coherence is needed between the migration and development policies of the EU and other developed countries.

The EU's strategy for action includes a range of measures to support developing countries to address the crisis in human resources for health. These include the provision of support at a

¹ See para. 38 of the European Consensus on Development, OJ C 46/01, 24.02.2006.

² See European Commission, Communication on a European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action, COM(2005) 179 final, Brussels, 27.4.2005(c).

³ See European Commission, Communication on an EU Strategy for Africa: Towards a Euro-African Pact to Accelerate Africa's Development, COM(2005) 489 final, Brussels, 12.10.2005(e).

country level, at a regional level (through the African Union and the New Partnership for Africa's Development in the case of Africa) and at the global level. At the global level, the strategy commits the EU to exploring the value and feasibility of a code of conduct for ethical recruitment. This is the element of the strategy for action that raises policy coherence challenges. Put differently, there is little point in the EU spending development funds in building the capacity of developing countries' health systems, if the health workers needed to deliver services then migrate to the EU and beyond. A code of conduct for ethical recruitment would seek to ensure greater policy coherence for development.

3. EU (Council) players, processes and development inputs

The European Commission was responsible for initiating the strategy for action. The Directorate General (DG) for Development took the lead and informally consulted colleagues in the Europe Aid Coordination Office (AIDCO), the DG for External Relations (RELEX), and the DG for Health and Consumer Protection (SANCO) on an early draft of the Communication, as part of the process of preparing the Communication on Action to Confront HIV/AIDS, Malaria and Tuberculosis (European Commission, 2005c). Beyond the Commission, the DG for Development consulted extensively with member states prior to launching the Communication for formal inter-service dialogue. At that stage, a number of DGs provided formal feedback, including AIDCO, DG RELEX, the DG for Employment, the DG for Information Society and Media, the DG for Justice, Freedom and Security, the DG for Research, and DG SANCO, who were concerned to ensure cross-reference to DG SANCO's work on internal EU health policies.

As regards coherence with the EU's approach to migration, it is important to note that the planned Communication was in line with the Commission's Communication on Migration and Development, published in September 2005.⁴ That Communication, the production of which had been led by DG Justice, Freedom and Security, included sections on mitigating the adverse effect of brain drain, mentioning the possibility of an EU code of conduct to discipline recruitment. Yet in preparing the Communication on the human resources crisis in health, the Commission was keen to emphasise that the migration and brain drain of health workers, while an important cause of the human resource crisis, is not the only cause.

Beyond the Commission, there was much consultation with member states' technical experts on health issues. An important focus for these consultations was the member states' health expert forum. This informal group is attended by a representative from each member state, and can play an important role in providing guidance to the Commission. After these discussions, which served to clarify several issues and to put the matter on member states' agendas, member states/the Council invited the Commission to prepare a communication on the crisis in human resources for health in developing countries. The UK – holding the presidency in late 2005 – was particularly active in pushing for a code of recruitment for health service personnel, having established its own guidelines some years earlier. Consultations also took place with developing countries, including through the Secretariat for African, Caribbean and Pacific (ACP) countries. The Commission produced its Communication to the Council and the European Parliament in December 2005.⁵

The Council's Working Party on Development Cooperation (CODEV) was the key player in examining the Commission's proposal. After several meetings and much informal dialogue

⁴ See European Commission, Communication on Migration and Development: Some Concrete Orientations, COM(2005) 390 final, Brussels, 1.9.2005(b).

⁵ See European Commission, Communication on an EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries, COM(2005) 642 final, Brussels, 12.12.2005(f).

between the Commission and the CODEV, the latter agreed to a set of draft conclusions that it had invited Coreper to submit to the GAERC for adoption. GAERC adopted the conclusions on 10 April 2006, only four months after the initial Commission Communication.⁶ Despite the fact that the EU action plan puts progress on disciplining ethical recruitment – an issue that is at the interface of migration and development – at the top of its list of priority actions, there is no evidence of CODEV consultation with the High-Level Working Group on Asylum and Immigration, the key Council institution for migration issues.

4. Lessons for policy coherence for development

Although this case study is about efforts to achieve coherence between development and other policies in a development context, it nevertheless holds some useful lessons for policy coherence for development in general:

- Efforts to attain policy coherence for development involve not only pushing development objectives in non-development arenas, but also ensuring that objectives for development and other issues are dealt with coherently in fora on development. CODEV and the development community should seek to include other interests in their discussions, at the same time as seeking to inject development concerns into non-development arenas.
- Consultation between the Commission and member states prior to the formal Commission inter-service consultation seems to have been very useful in helping to ensure that the various DGs understood the member states' wishes. This dialogue between the member states and the Commission smoothed the process of inter-service consultation.
- While there seems to have been excellent communication between the Commission and member states, and among the various DGs, there seems to have been little communication between the migration and development streams of Council, either at the level of working parties or the Council itself. Consultation among the different Council streams should be required when issues that spill over institutional boundaries are being discussed.
- External champions – in this case the ACP countries – can play an important role in stimulating and supporting EU policy initiatives. Indeed, on issues where there are major development implications, the input of developing countries should be actively sought.
- Finally, member states with prior experience of implementing initiatives intended to achieve greater policy coherence for development can play an important role in encouraging the EU as a whole to adopt similar measures.

⁶ See European Council, Conclusions from the General Affairs and External Relations Council meeting on an EU strategy for action on the crisis in human resources for health in developing countries, Luxembourg, 10.4.2006(a).