

# ACP-EU JOINT PARLIAMENTARY ASSEMBLY

ACP-UE/101.294/13/fin.

## RESOLUTION<sup>1</sup>

### on human resources for health in ACP countries

*The ACP-EU Joint Parliamentary Assembly,*

- meeting in Brussels from 17 to 19 June 2013,
- having regard to Article 18(1) of its Rules of Procedure,
- having regard to Article 25 of the Universal Declaration of Human Rights, which recognises health as a fundamental right,
- having regard to the ACP-EC Partnership Agreement (Cotonou Agreement) and in particular to Article 25(1)(b), (c), (d) and (g) on social sector development, Article 29(3)(c) on ACP-EU cooperation in support of regional cooperation and integration, and Article 31(b)(iii) on gender issues,
- having regard to the European Union's priorities as defined in December 2005 in the European Consensus on Development,
- having regard to the United Nations Millennium Development Goals (MDGs) of 2000, concerning in particular human development (health and education),
- having regard to the European Parliament resolution on health care systems in sub-Saharan Africa and global health<sup>2</sup>,
- having regard to the EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries (COM(2005)0642),
- having regard to the communication from the Commission to the European Parliament and the Council of 21 December 2006 entitled 'A European programme for action to tackle the critical shortage of health workers in developing countries (2007–2013)' (COM(2006)0870 final),
- having regard to the Commission communication of 31 March 2010 on the EU role in global health (COM(2010)0128),

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<sup>1</sup> Adopted by the ACP-EU Joint Parliamentary Assembly on 19 June 2013 in Brussels (Belgium).

<sup>2</sup> OJ C 371 E , 20.12.2011 p. 30.

- having regard to the World Health Organisation (WHO) report ‘Working together for health: The World Health Report 2006’,
- having regard to the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHA63.16), adopted in May 2010 by the 63rd World Health Assembly,
- having regard to the OECD Policy Brief of 2010 entitled ‘International Migration of Health Workers: Improving International Co-operation to Address the Global Health Workforce Crisis’,
- having regard to the WHO report by C. Dolea et al., (2010), ‘Increasing access to health workers in remote and rural areas through improved retention’,
- having regard to the WHO report on ‘Task shifting: rational redistribution of tasks among health workforce teams, Global recommendations and guidelines’, Geneva, 2008,
- having regard to the Kampala Declaration, First Global Forum on Human Resources for Health, Kampala, Uganda, 2-7 March 2008,
- having regard to the African Union/European Union joint strategy on health, drawn up in Lisbon in December 2007,
- having regard to the pledges contained in the Abuja declaration of 27 April 2001 on HIV/AIDS, tuberculosis and other related infectious diseases,
- having regard to the report of the Committee on Social Affairs and the Environment (ACP-EU/101.294/13/A/fin.),

- A. whereas 4 million doctors, nurses, midwives and other health workers are required to carry out essential health interventions to reach the Millennium Development Goals (MDGs) and whereas these cannot be properly addressed without trained, supported and employed health workers who are properly paid in line with the difficult working conditions;
- B. whereas 38 ACP countries face severe shortages in their healthcare workforce, with the result that Africa is home to nearly 25% of the global burden of diseases, but only has 3% of the total global health workforce; whereas a heavy administrative burden or the use of outdated methods and procedures absorbs too much staffing capacity;
- C. whereas the right to health is a fundamental right enshrined in Article 25 of the United Nations Universal Declaration of Human Rights;
- D. whereas health workers should be retained in their rural and remote areas by creating and improving living and working environments, as well as education and providing financial incentives and personal and professional support;

- E. whereas the aging population in high-income countries demands an increase in health services; whereas many developing countries are facing critical shortages of health workers; whereas requirements to cut public spending as part of the structural adjustment programmes of the World Bank and the International Monetary Fund aggravate this problem in many countries;
  - F. whereas targeted recruitment efforts, financial and other incentives from wealthy destination states combined with low wages, poor and unstable working environments and fragile health systems in many developing countries are contributing to the international migration of health workers;
  - G. whereas the delegation of medical and health service responsibilities from higher to lower cadres of health staff, in some case to non-professionals (task-shifting and task-sharing), if carefully planned and implemented can improve access to quality health services and can reduce costs;
  - H. whereas the integration into health systems without discrimination of community health workers (CHWs), and traditional health practitioners trained for the specific needs of targeted groups such as people living with HIV/AIDS, sex workers, young people and pregnant women is critical for reaching marginalised or hard-to-reach populations as well as presenting a solution to a shortage of health workers; whereas use of CHWs in community-level health programmes has proved successful and cost-effective;
  - I. whereas information and communication technologies (ICTs) have a potential to be used as tools that advance equitable healthcare access, particularly with respect to diagnosis and treatment through telemedicine, improved dissemination of public health information and facilitated public discourse and dialogue around major public health threats in ACP countries;
1. Believes that quality education, training and medical research within the ACP countries' health systems are currently underfunded;
  2. Calls on the ACP countries, even with limited public budgets, to develop stronger health systems and strategies aiming at:
    - (i) promoting the development of a human rights and gender-based approach,
    - (ii) expanding the human resources pool and leading to an effective use of human resources, in particular by increasing access to services via task shifting/sharing,
    - (iii) achieving universal health care with sufficient skilled health workers;
  3. Notes that the WHO has underlined that 'public health systems of ACP countries are not training and recruiting enough people'; also takes note of the significant internal migration to the private and the NGO sectors;
  4. Reaffirms that the crisis in human resources for health is an issue of fundamental importance which should be addressed as a matter of urgency and particularly in the framework of ACP-EU political dialogue; recognises that one

major reason for this difficult situation in developing countries is the migration of health workers who are recruited by developed countries; welcomes, as a first step, the WHO Global Code of Practice on the International Recruitment of Health Personnel and calls upon the EU Member States and other developed countries to respect it; is of the opinion that developed countries should invest in the training of their own health workforce;

5. Reiterates that the shortcoming of human resources in the health sector in ACP countries should be addressed without delay by both the ACP and developed countries according to the needs of the former, involving all relevant stakeholders and with the help of financial investment and technical assistance from donors;
6. Calls on the ACP countries to meet the 2001 Abuja target to commit 15% of their national budgets to health; urges that, in those countries where this commitment has been met, further concrete measures are taken for an equitable, long-term human resources for health (HRH) strategy, especially if no positive impact on morbidity and mortality has been achieved;
7. Calls on the European Union and its Member States to help the ACP countries to reach the health spending per capita recommended by the WHO through technical assistance, while in the case of the most fragile and least developed countries through official development assistance;
8. Recalls that the ACP countries' debt burden is a serious obstacle, which takes away the resources badly needed to finance the vital sectors such as health, and to promote economic development more generally; calls for debt relief, at least for LDC countries, as they are odious debts contracted by the governments against the interests of their population;
9. Considers that public services, which are chronically underfunded and understaffed, need to be consolidated and developed in order to serve the vast majority of the population; and observes that the wealthiest segment of the population uses the private system and is far better served;
10. Calls on ACP countries to involve all relevant stakeholders in drawing up health workforce plans that constitute a vital part of the national health plans;
11. Calls on the ACP countries to increase health workforce financing by investing in health worker recruitment, education and training on a non-discriminatory basis, to provide adequate incentives and create an enabling and safe working environment for effective health worker retention, especially in rural areas, and to ensure equitable distribution of the health workforce; calls in this connection for the health sector to be excluded from the structural adjustment programmes of the World Bank and International Monetary Fund;
12. Calls on the ACP countries to include in the national health workforce plans the principle of delegation of medical and health service responsibilities from higher

to lower cadres of health staff; calls on the ACP States, in planning their health services, to investigate the scope for improving the efficiency and quality of care in order to reduce the workload of existing staff;

13. Calls on developing countries to develop and/or restore their public and basic healthcare systems and services and calls on the EU to support this process through aid for the reinforcement of human and institutional capacities and infrastructures – including the improvement of working conditions for medical staff, the provision of suitable medical equipment and the transfer of technology;
14. Invites ACP countries' public health authorities to integrate CHWs and traditional health practitioners into formal health systems and increase financial and political support to CHWs and to community-owned solutions by providing training, supervision, incentives and ongoing support;
15. Stresses the importance of awareness-raising and preventive health campaigns in the fight against epidemics and pandemics; believes that it is essential for CHWs and traditional health practitioners to be fully involved in these campaigns;
16. Recognises the potential of information and communication technologies (ICTs) in the provision of healthcare services; therefore urges the ACP countries to put in place the appropriate policy and regulatory frameworks for the utilisation of ICTs in healthcare systems;
17. Recognises the important role of civil society, local authorities, communities and public health non-profit organisations and volunteers' organisations in complementing public health systems; therefore calls on the ACP countries to actively involve all relevant stakeholders in the improvement process of healthcare services;
18. Believes that the EU Member States should increase their support to the ACP countries financially and technically to develop national health plans and strategies which focus on matching the skills of health workers to local needs and providing tertiary education and training scaling-up of CHWs; considers that such plans should concentrate on ensuring the ongoing training and retention of CHWs, in particular in rural communities, and on promoting knowledge of and respect for their work, to improve their standing in the community;
19. Suggests that ACP States, with the support of the EU, should conduct a comprehensive training needs assessment to determine countries' needs in HRH;
20. Points out that health workers must be able to operate under appropriate working conditions, and calls therefore on the EU and the ACP countries to focus on developing high-quality medical and hospital infrastructure, particularly in rural and remote areas; encourages EU and ACP countries to set up partnerships between European hospitals and those in ACP countries;

21. Notes that ACP countries do not always have access to state-of-the-art treatments; calls on the EU and other donors to improve the conditions of access for ACP countries to the latest medicines, particularly those which can be used to provide treatment in the event of epidemics and pandemics;
22. Calls on EU Member States to implement and monitor actions outlined in the communication from the European Commission entitled ‘EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries’ COM(2005)0642), particularly with regard to supporting and financing national human resource plans;
23. Calls on the EU Member States and the European Commission as well as ACP governments to support integrated health services, such as HIV/AIDS and sexual and reproductive health programmes in order to increase effectiveness and efficiency also in the area of human resources;
24. Reiterates the call on EU Member States to implement and monitor measures in the European Commission communication entitled ‘A European Programme for Action to tackle the critical shortage of health workers in developing countries (2007-2013)’ (COM(2006)0870), especially to develop a joint implementation plan and a framework to monitor national and collective EU action on human resources;
25. Urges the EU Member States to implement and monitor properly the WHO Global Code of Practice on the International Recruitment of Health Personnel facilitating circular migration as a means to mitigate the brain drain from countries experiencing such difficulties;
26. Calls on the EU Member States to ensure that their migration policies, particularly those causing a brain drain, do not undermine the availability of health professionals in third countries, while respecting the individual freedom of movement and personal and professional aspirations;
27. Invites EU Member States and ACP States alike to promote temporary assignments for ACP health professionals living in EU countries and multi-entry visa arrangements for health professionals to enable them to pursue training in Europe while continuing to be based in their countries of origin and to foster networks accordingly;
28. Invites the EU to speed up progress towards the agreed commitments under the European Union Strategy for Action on the Crisis in Human Resources for Health in Developing Countries;
29. Calls on the EU to set the education and training of health workers as a priority in its future development policy, ensuring that at least 20% of EU aid is allocated to basic education and health;

30. Insists that a human resources for health strategy is mainstreamed into the Post-2015 Development Agenda;
31. Instructs its Co-Presidents to forward this resolution to the ACP-EU Council of Ministers, the European Parliament, the European Commission, the Presidency of the Council of the European Union, the African Union, the Pan-African Parliament and the UN Human Rights Council.