

EUROPEAN PARLIAMENT

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Session document

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B6-0228/2006 }
B6-0231/2006 }
B6-0232/2006 }
B6-0233/2006 }
B6-0236/2006 }
B6-0238/2006 } RC1

JOINT MOTION FOR A RESOLUTION

pursuant to Rule 103(4) of the Rules of Procedure, by

- John Bowis, Eija-Riitta Korhola and Anders Wijkman, on behalf of the PPE-DE Group
- Miguel Angel Martínez Martínez, Glenys Kinnock and María Elena Valenciano Martínez-Orozco, on behalf of the PSE Group
- Fiona Hall, on behalf of the ALDE Group
- Marie-Hélène Aubert, Margrete Auken, Frithjof Schmidt and Carl Schlyter, on behalf of the Verts/ALE Group
- Luisa Morgantini and Adamos Adamou, on behalf of the GUE/NGL Group
- Ģirts Valdis Kristovskis and Eoin Ryan, on behalf of the UEN Group

replacing the motions by the following groups:

- UEN (B6-0228/2006)
- PPE-DE (B6-0231/2006)
- Verts/ALE (B6-0232/2006)
- GUE/NGL (B6-0233/2006)
- ALDE (B6-0236/2006)
- PSE (B6-0238/2006)

on World Health Day

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European Parliament resolution on World Health Day

The European Parliament,

- having regard to World Health Day on 7 April 2006, which will be devoted to healthcare workers,
 - having regard to the Health Workforce Decade (2006-2015), which will be launched on World Health Day,
 - having regard to the Commission’s Communication on an EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries, adopted on 12 December 2005,
 - having regard to the High-Level Forum on the Health MDGs held in Abuja in December 2004, and to its conclusions,
 - having regard to the Millennium Development Goals, to the summit on progress towards the MDGs held in New York in September 2005, and to the latter’s conclusions,
 - having regard to the Development Policy Statement signed by the Commission, Council and Parliament in December 2005,
 - having regard to the World Bank report on healthcare ‘Reaching the Poor: What Works, What Doesn’t and Why’, published on 7 December 2005,
 - having regard to the Declaration of Commitment on HIV/AIDS, adopted by the Special Session of the United Nations General Assembly (UNGASS) in June 2001, and its forthcoming Comprehensive Review and High-Level Meeting in June 2006,
 - having regard to Rule 103(4) of its Rules of Procedure,
- A. whereas there is a grave shortage of health workers in many parts of the developing world, with migration both from and within poorer regions,
- B. whereas the shortage of human resources in the healthcare sector is acute not only in developing countries, but also in Europe and all other states in the world, not least in the event of pandemic scenarios,
- C. whereas the increased need for health workers in developed countries with ageing populations has attracted doctors and nurses from developing countries in particular, exacerbating the existing shortage of health workers in these countries,
- D. whereas both donor and recipient countries have signed up to the Millennium Development Goals, three of which are directly related to health: reducing child mortality, improving maternal health and tackling HIV/AIDS, TB, malaria and other diseases,

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PE 371.671v01-00}
PE 371.672v01-00}
PE 371.673v01-00}
PE 371.676v01-00}
PE 371.678v01-00} RC1

- E. whereas HIV/AIDS, TB and malaria have contributed to increasing levels of ill health in society in general and developing countries in particular, with particularly damaging effects on the health sector, including losses of health workers,
 - F. whereas healthcare workers in developed, and particularly in developing, countries are often subject to increased risks of infection or exposure to toxic agents,
 - G. whereas wars in the developing world create huge emergencies necessitating large numbers of specially trained healthcare workers,
 - H. whereas the training of healthcare workers in developing countries is often inadequate owing to a lack of political will and resources,
 - I. whereas, in order to be effective, healthcare workers in developing countries need to have proper infrastructure available, with adequate technical and pharmaceutical support,
 - J. whereas ongoing medical education, quality assurance and medical defence cover are essential in the practice of medicine by healthcare workers in developing countries,
1. Welcomes the Commission Communication of December 2005 on a Strategy for Action on the Crisis in Human Resources for Health in Developing Countries, fully supporting its assertion that *'MDG progress will be difficult to achieve without increased investment in the health workforce'*, as well as its clear commitment to working in partnership with developing countries on development strategies;
 2. Criticises, nevertheless, the contradiction between the Commission's stated commitment to improving healthcare in developing countries and achieving the MDGs and its track record on spending development funds in the healthcare sector; underlines, for example, that in 2003 only 5.2% of the EDF was earmarked for health spending, and only 4% in 2002;
 3. Views as deeply regrettable indications that the Commission intends to propose that only 6% of development funds within the new development cooperation instrument be dedicated to human and social development, covering not only healthcare, HIV/AIDS and sexual and reproductive health, but all other social development, including children, education and gender programmes;
 4. Calls on the Commission to adhere to Parliament's longstanding demand that 35% of development funds be used for the social sector, with 20% of overall funds being used for basic healthcare and basic education;
 5. Recognises the urgent need for improving harmonisation of donor assistance – within the EU as well as at a global level – and agrees that budget support linked to sufficiently clear performance indicators can be an efficient way of improving harmonisation as well as of increasing predictability;
 6. Recognises that one major reason for this problematic situation in the developing countries is migration of health workers who are recruited by wealthier countries (especially EU

countries and the USA), and calls for the EU to press for the introduction of a global Code of Conduct for Ethical Recruitment;

7. Believes that the first step in combating this trend is to provide training and better working conditions for health workers in the areas concerned, to offer incentives to encourage them to work where they are most needed and to supply them with vaccinations in anticipation of potential pandemics;
8. Calls on the Commission and Member States to implement fully the Coherence for Development Policy they signed up to in the Development Policy Statement by ensuring that migration policies do not work to the detriment of developing countries by actively seeking key health workers from the poorest nations;
9. Underlines, nevertheless, that the best way of combating the ‘brain drain’ in the health sector is to provide career incentives for key health workers to stay in their home country; calls on the Commission, Member States and the governments of developing countries to invest in training of key health workers;
10. Insists that the Commission and Member States do their utmost to ensure that healthcare funds reach the poorest in developing countries; highlights the urgent need for access to healthcare in rural and remote areas;
11. Calls on the Commission and Member States to develop partnerships with hospitals in developing countries and to encourage cooperation via video conferencing, which can enable relatively small and remote hospitals to benefit from high-level expertise and guidance from other hospitals or countries and to support actively the development of primary health care;
12. Calls for effective health workforce planning in all EU Member States in order to meet internal demand and minimise the negative implications for its neighbours, African countries and other affected nations;
13. Believes that one priority for the EU, in order to remedy shortages of healthcare workers in various Member States, is to maintain and raise the number of its EU healthcare workers by a series of measures such as encouragement of professional mobility in the EU, provision of better working conditions, increased support in the form of investment in training and the development of effective incentive schemes, which must be based on research, analysis and consultation of health workers;
14. Stresses the need to develop an effective malaria vaccine, a process which can be accelerated through international partnerships between the private and the public sector;
15. Recalls the dreadful situation of the five Bulgarian nurses and the Palestinian physician who are facing the death penalty in Tripoli;
16. Instructs its President to forward this resolution to the Council, the Commission, the Member State Heads of Government, the Heads of Government of all developing countries, and

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Dr Lee Jong-wook, Secretary-General of the World Health Organisation.

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