



SUPPORT FOR THE HEALTH
WORKFORCE PLANNING AND
FORECASTING EXPERT NETWORK

EXPERT NETWORK 6TH WEBINAR – SUMMARY REPORT

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The contract is signed with the joint tender led by Semmelweis University (SU), and further partners are KU Leuven (KUL), the Italian National Agency for Regional Health Services (AGENAS), the Italian Ministry of Health (MDS) and the Standing Committee of European Doctors (CPME).

INTRODUCTION

On 29 October 2019, the joint tender [‘Support for the Health Workforce Planning and Forecasting Expert Network’ \(SEPEN\)](#) organised its sixth webinar for the expert network. This edition focused on ‘Health workforce planning in international politics’. The choice of topic responds to the SEPEN interim evaluation’s feedback on the interest in health policy. In addition, it follows up to the mention of health workforce policy in G20 discussions in 2018 and 2019, which have included commitments such as: “*We will strengthen health systems with a focus on quality including through enhancing health workforce and human resources for policy development and promoting public and private sector innovation, such as cost-effective and appropriate digital and other innovative technologies.*”

Ms Sarada Das moderated the webinar.

SUMMARY OF DISCUSSIONS

At the SEPEN webinar on 29 October 2019, a panel of three experts comprising Mr Jürgen Schefflein, on behalf of the European Commission, Mr Ortwin Schulte, on behalf of the Permanent Representation of Germany to the European Union, and Dr Otmar Kloiber on behalf of the World Medical Association (WMA) shared their experience on the respective roles of Member States, the European Commission, and stakeholders in international health politics, with a focus on workforce planning.

The interview was opened with an introduction to the role of Member States. Mr Schulte provided insight into the process at national level to identify topics which can be discussed in the forum of high-level international politics, citing antimicrobial resistance as an example of a topic which was put on the agenda during the German G20 presidency. He referred to the different profiles of international fora, with the World Health Organisation (WHO) for example providing a highly specialised environment for health policy, while the Organisation for Economic Cooperation and Development (OECD) by contrast can offer expertise on science and systems. Mr Schulte also outlined the legal process which Member States go through to adopt positions for international political negotiations, highlighting that the coordination with other EU Member States as well as the adoption of an EU position is always desirable. This has also motivated the current and future EU presidencies to facilitate a discussion around improving EU-level action on global health.

Next, the interview looked at the European Commission’s role in setting the agenda and preparing an EU position. Mr Schefflein described the processes around coordinating input to international politics at EU level, for which DG SANTE of the European Commission liaises i.a. with the relevant partner services. It sends the Commission’s position to the EU delegation to the relevant international forum, which consults Member States and defines a consensus-based EU-position. This complex consultation process results in nuanced positions which have in the past been used as the basis to forge the international position. The EU is present for such negotiations.





As regards stakeholder's ability to input into such discussions, Dr Kloiber reported that there were few opportunities, however more structures for stakeholder involvement exist on the EU than on the global level. He highlighted the consultation with the Japanese government for the [2019 H2O statement on Universal Health Coverage](#), which includes references to health workforce planning, as a good example. Stakeholders also work in alliances, for example health professions join forces to highlight the role of the health workforce in

discussions on universal health coverage.

The interview then turned to the question of impact, in particular what the benefits of health policy statements made at the level of international politics are, e.g. on health workforce planning policy. It was agreed that some processes such as the global campaign around combatting antimicrobial resistance has not only shown effect, but benefitted from the fact that the topic was addressed at the highest levels of international politics. For health workforce planning the results are more nuanced. It was suggested that planning at international level does not work, and governments rather introduce various tools such as bonding to counteract mobility flows. Dr Kloiber criticised that some of the bonding models were close or equal to civil conscription, which when applied to only one professional group would be unacceptable. It was conceded that health workforce planning was a sensitive topic on which national policies differ widely and there is no clear evidence for an effective strategy. The WHO Global Code of Practice on the International Recruitment of Health Personnel offers a forum for discussion of joint challenges such as brain drain, however there is still a disconnect with other policy objectives. One of the policy objectives which is directly affected by health workforce planning is the WHO's key priority of universal health coverage, as set out in the [2018 WHO Astana Declaration](#). Dr Kloiber underlined that universal health coverage cannot be achieved if health workforce policies do not enable this. Without an adequate health workforce, the availability and accessibility of healthcare cannot be ensured. Overall, it was acknowledged that health workforce planning will stay on the agenda of international politics with recent projects such as the OECD's work on skills, in particular the [2018 Feasibility Study on Health Workforce Skills Assessment - Supporting health workers achieve person-centred care](#), showing its on-going relevance.

The SEPEN expert network was invited to discuss these observations. The experts agreed that action at international level must be coherent with policies at EU and national level, such as employment policies and Member State's individual actions. At the same time, supply side policies on planning need to be aligned with demand side developments. While



investment in accessible and high-quality health services was seen as an imperative, in particular to achieve universal health coverage, policies on workforce planning are no less important and must be long-term. Approaches such as career seeding should be considered. Despite the awareness for negative developments, such as brain drain, it was underlined that mobility within the EU is an individual right and freedom. Finally, the importance of mobility within countries was also highlighted as a relevant dimension of the debate.

Sarada Das thanked all speakers and participants for the lively debate.