

RCN Response to European Commission Issues Paper The EU Role in Global Health

About the Royal College of Nursing UK

With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the UK governments, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN is a member of the International Council of Nurses (ICN), which brings together nursing organisations across the world and works closely with the World Health Organization and other international bodies, as well as supporting in-country development initiatives with nurses' associations. The RCN is also the UK member of the European Federation of Nurses' Associations (EFN), and participates as a trade union in the social dialogue through its membership of the European Federation of Public Service Unions. We also have a longstanding membership of the European Public Health Alliance and contribute to the activities of Action for Global Health in the UK.

Introduction

The RCN welcomes the European Commission's initiative to identify the challenges for global health, the EU's role and ways it can develop a more coherent approach based on guiding principles and priority areas of action. The EU is a key player in improving health at global level, given its leadership role for Europe within international agencies that impact on health, the strong commitment of its member countries to key social principles such as equity and solidarity, and because the EU and its member states are the largest donors collectively of official development assistance.

Responses to Specific Questions

The issues paper is extremely broad so we have grouped the questions and our responses around the key themes that are most relevant to the RCN and nursing internationally.

Questions 3 and 9 – Millennium Development Goals and Health Priorities

The RCN supports the Millennium Development Goals (MDGs) as a framework for action. Whilst not comprehensive, they represent a significant global political commitment to improving health. The MDG targets should not be seen in isolation from each other, however; and improving maternal and child health, addressing HIV/AIDS and malaria, enhancing gender equality and educating the female child are interdependent issues.

In the 2010 review of progress on the MDGs there needs to be a particular focus on maternal health (MDG 5), given that this target is so far from being attained. The RCN has joined others in the White Ribbon Alliance to raise awareness of the continuing unacceptable levels of maternal mortality.

The EU issues paper rightly points out that to make progress on the specific MDGs greater emphasis is required on wider issues of strengthening health systems, investing in human resources for health and tackling gender equality. To achieve this, the EU should:

- Increase efforts to push for achievement of the MDG targets and ensure delivery of its own and member states' aid targets
- Promote policies which improve access to health services, particularly for women and children, including access to skilled birth attendants and acceptable and affordable emergency obstetric care
- Further support education, recruitment and retention of health workers, and the infrastructure and working environment required to support them (for example, housing close to health clinics for nurse/midwives in rural areas, safe working environments)
- Maintain commitment to the establishment of the UN Women's Agency
- Prioritise women's safety, for example through public health planning, immunisation and education, including health education

Any future EU strategy also needs to consider the wider impact of globalisation on consumption patterns (for example, diet, tobacco, alcohol) and the emerging dual burden of non-communicable as well as communicable disease in developing countries.

Questions 4 and 27 – EU role in health and development cooperation

The RCN is pleased that the European Commission is seeking greater coherence between its internal and external policies and an overall framework for its health development agenda. The EU Lisbon Treaty re-affirms the need for all EU policies and activities to ensure a "high level of human health protection" (article 168). The EU needs to give greater consideration of health impacts outside the EU of its trade, agriculture, environment, migration and internal labour market policies. The last of these is picked up in the "brain drain" section.

The UK Government's global health strategy¹ is an example of a comprehensive approach, incorporating foreign, security and trade policy into its strategy. It is based on ten principles and five key areas for action – global health security, and stronger, fairer and safer systems for health, better trade for health, greater development and use of evidence and more effective international institutions.

The UK strategy fosters partnerships between local health institutions in the developed and developing world. These do need to take account of national health plans of partner developing countries but they are an important means of increasing mutual understanding and learning between health workers and raising awareness of the global interdependence in tackling health challenges. The RCN supports involvement of health professionals in local initiatives.

In future, the EU and its member states should use their leadership position within the International Monetary Fund (IMF), the World Bank and the World Trade Organization for greater consideration of health impacts of trade and financing policies.

In practice this means ensuring that IMF policies do not place public spending conditions on countries that undermine the achievement of the Millennium Development Goals, such as restricting employment of much needed health workers in the public sector. Particularly during an economic downturn, the EU also needs to consider its role in reforming global financial markets and their impact on borrowing and investment in weak economies in the developing world not just within Europe.²

Questions 5 to 8 and 10 – Overseas Development Aid and Aid Effectiveness

The EU and its member countries account collectively for 60% of global aid assistance. As a major donor of health funds, the EU's strategy should continue to focus on improving aid effectiveness, ensuring delivery on aid commitments.

A number of reports³ have called for greater coordination of aid programmes, given the expansion of global health initiatives with different funding and delivery channels, and for greater participation of civil society organisations and local communities – not just as subcontractors but also as decision makers.

The EU should continue working with its member states to ensure:

¹ Health is Global: A UK Government Strategy 2008-13
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088702

² Action Aid: Where does it hurt? The impact of the financial crisis on developing countries, March 2009
http://www.actionaidusa.org/assets/pdfs/intl_policy/Where%20does%20it%20hurt%20final.pdf?window_id=1

³ Organisation for Economic Cooperation and Development (OECD): Aid for Better Health – What are we learning about what works and what we still have to do? Working Party on Aid Effectiveness Nov 2009 <http://www.oecd.org/dataoecd/47/61/44152093.pdf>

Action for Global Health. Health in Crisis, report 3, Apr 2009,
http://www.actionforglobalhealth.eu/media_publications/afgh_policy_reports/policy_report_health_in_crisis/policy_report_health_in_crisis

- Commitments are met to reach the target of 0.7% of Gross National Income (GNI) to be spent on development assistance over the coming years
- The interim EU target of 0.5% of GNI by 2010 is met
- The economic downturn does not result in European countries reducing aid budgets which could undermine achievement of the Millennium Development Goals, given that experience from previous downturns indicates the already marginalised suffer most particularly where there are very limited social safety nets
- Better consultation and participation of civil society organisations in developing countries in programme planning and development, including nursing associations and trade unions.
- Support for capacity building and leadership development in such organisations to improve health policies and strengthen developing country governments' accountability on aid effectiveness.

Questions 13, 22 and 26 – Role of civil society, future global health governance

Civil society encompasses a very broad range of actors, which have a role in setting and maintaining values and priorities in the health sector, and providing support both directly and electorally. They have a role in influencing priorities in the use of resources, identifying and remedying deficits, monitoring and evaluating, and in offering the resources and support for those providing the desired health care at community level, including assisting communities in self-help.

For example, as professional associations and trade unions, nurses' associations in developing countries can advocate for greater resources for health, propose improvements to patient care and public health and provide training and support to health workers as caregivers.

An example of a practical initiative, led by the RCN's sister nurses' associations, are Wellness centres that aim to strengthen health systems, retain health workers and achieve the MDGs. These are being established in Lesotho, Swaziland, Zambia and Uganda, to provide access to health and wellness services for health workers, including HIV/AIDS treatment, in an environment free from stigma.⁴

Civil society, public-private partnerships and other non-governmental actors such as transnational companies are significant players in the health arena, and form part of the wider global health governance arrangements. Formal intergovernmental institutions such as the World Health Organization often lack teeth and have limited financial and human resources to lead global health policy or engage with the many networks that now influence change. Given the array of interests and the expectation of participation in policy and decision making beyond governments, the EU should work with the WHO to improve transparency, participative processes and access to a wider range of relevant expertise. For example, despite the fact that nurses are the largest occupational group in most health systems the 2007 World Health Assembly, 1.3 % of the health professionals working as staff for WHO were nurses and 91.6 per cent were physicians⁵.

⁴ http://www.icn.ch/PR21_08.htm

⁵ http://www.icn.ch/PR18_07.htm

Question 14 – Action to stem the “brain drain”

The RCN has responded recently to the European Commission’s Green Paper on the Future EU Health Workforce⁶ and is pleased to see signs of coordination between different Commission directorates, including DG Development on this issue.

It is the responsibility of EU countries to develop ways of creating a self-sufficient workforce in order to reduce the brain drain from developing countries. It is important to have effective workforce planning structures in place to ensure that there are sufficient training places available for the future requirements of the health service and to minimise short-term and reactive international recruitment in order to fill gaps in the workforce.

Related to this point, is the need to map policy trends globally in order to plan appropriate workforce development. For example, if the trend is to move more services from acute sector to the community is set to continue, workforce planners will need to determine whether existing education and training provision will be adequate and is future proofed and if it isn’t to take corrective action.

The push and pull factors for nurses to remain or leave the workforce in developed and developing countries and to migrate internally and to other countries are well-documented, including by our international nursing organisation, the International Council of Nurses (ICN)⁷.

Policy interventions include addressing motivation and morale, improving the working environment, staffing levels and career development for nurses. Within the EU, this includes a better work-life balance and more family friendly policies to help retain the current workforce and improve patient outcomes. Improving flexible working and flexible retirement options for nurses will enable nurses who become mothers to return to work after having children and keep nurses approaching retirement in the service for longer, reducing the need for nurses from overseas.

General improvements in employment relations and working conditions help to retain staff in developing countries as well. Investment in positive practice environments⁸ is key, as are salaries, expansion of training, and infrastructure so that health workers can live and work in rural areas. eHealth can facilitate these improvements by expanding the reach of training, mentoring and support.⁹

⁶http://www.rcn.org.uk/_data/assets/pdf_file/0003/243525/Response_to_the_Green_paper_on_the_E_U_nursing_workforce_final.pdf

⁷ International Council of Nurses (ICN). The Global Nursing Shortage- priority areas for action, 2006, <http://www.icn.ch/global/report2006.pdf>

⁸ International Council of Nurses (ICN) Positive Practice Environments. Information and Action Toolkit, May 2007, <http://www.icn.ch/indkit2007.pdf>

⁹ <http://raft.hcuge.ch/>

The World Health Organization has considered the role of task shifting between different cadres of health workers, particularly in the delivery of HIV/AIDS programmes, to address the impacts of shortages of health professionals and “brain drain”. Whilst such approaches can increase capacity, skill mix decisions need to be country specific and need to integrate any new cadres of workers effectively into the health workforce. The World Health Professions’ Alliance has produced a set of twelve principles to support this¹⁰, which should also inform EU strategies.

Codes have a role to play in addressing the “brain drain” and protecting individual migrants from exploitation. The RCN has been involved in negotiating a charter between European public sector trade unions and employers in the health sector, as part of the Social Dialogue, on ethical international recruitment and urges the EU to support adoption of a World Health Organization Code at the May 2010 World Health Assembly. However, without monitoring, reliable data and practical support and guidance for individual migrants, recruiters and health providers, such codes may have limited impact. The RCN has useful research and experience to share on this, based on the significant international recruitment of nurses which took place in the UK from the late 1990s until recently.

Questions 15 and 19 – eHealth and Research

eHealth has an important role to play in global health, helping to managing global health threats (that is, tele-surveillance) and creating opportunities for shared knowledge creation and collaborative research. Initiatives such as Réseau en Afrique Francophone pour la Télémédecine (RAFT)¹¹ provide, for those living and working in developing countries, access to knowledge through tele-teaching and access to care through tele-consultation. Importantly, eHealth also provides opportunities for those in developed countries to learn from those in developing countries, for example in the diagnosis and treatment of tropical diseases.

Questions 23 to 25 and 28 – Global health equity and European social model

The issues paper places emphasis on the principles adopted by EU member states in relation to their own health systems – universality, access to good quality care, equity and solidarity. These principles are important for guiding EU discussions and support for health in the developing world. However, their meaning and the way in which they are operationalised (specific financing and delivery systems) needs to be determined by stakeholders in each country, dependent on history, society and culture.

The RCN also supports the three broad European values identified in the report by the European Foundation Centre in 2006 on European perspectives in Global Health¹²:

¹⁰ Joint Health Professions Statement on Task Shifting Feb 2008, http://www.icn.ch/Statement_12_principles.pdf

¹¹ <http://raft.hcuge.ch/>

¹² Eds Ilona Kickbusch and Graham Lister, European Foundation Centre, European Perspectives in global health – a policy glossary, 2009 http://www.ilonakickbusch.com/global-health-governance/EFC_EPGH_Glossary.pdf

- a) Health as a human right
- b) Health as a key dimension to human security and development
- c) Health as a global public good.

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