

## European Public Health Alliance (EPHA)

In line with the principles of ethical recruitment enshrined in the WHO Global Code of Practice on the International Recruitment of Health Personnel - also an integral part of the Action Plan on the EU Health Workforce - and in support of the 'Call to Action to European policy makers' of the Health Workers for All (HW4All) project which also emphasises the importance of policy coherence for development when it comes to health workforce issues, EPHA would like to underline that the revision of the Blue Card Directive must not result in increased 'brain drain' of highly qualified health workers from non-EU countries to the EU-28 Member States.

We value the global right to health, and recent mobility patterns *within* Europe, i.e. doctors and nurses migrating in large numbers from Southern and Eastern European countries to Western, Central and Northern Europe, have shown that health inequalities are on the rise in poorer regions and Member States as access to healthcare, medicines and to health professionals is becoming a big problem. Similarly, the migration of qualified health professionals from Asia and Africa to Europe is ongoing at a great loss to those economies that have invested in their education and training. Remittances sent by highly qualified migrants cannot replace the bigger loss in terms of expertise, meeting local needs, and paying taxes.

While few Blue Cards have so far been granted to nationals of the least developed countries, even a small loss can make a huge impact where such professionals are desperately needed. Moreover, middle-income countries that are already sending large amounts of health workers may be at even higher risk of brain drain following the revision of the Directive. EPHA thus supports the following recommendations also advanced by our partners of the HW4All project:

- Articles 3.3. and 8.4. on ethical recruitment should be maintained in any revised version of the DIR and must be transposed in national legislation across the EU
- A health sector impact assessment should be integrated into the reporting process on numbers of Blue Cards awarded by occupation
- For countries of origin not officially listing 'shortage professions' but which are nonetheless sending significant numbers of health workers to Europe, a mechanism should be set up to engage them in political dialogue in line with WHO Code provisions
- For health workers, ensuring the possibility of return under satisfying conditions is an incentive to continue their careers at home (and transfer skills) following working in the EU. A specific section on conditions of return should therefore be added to the Directive including the following: 1. portability of acquired social security rights abroad (e.g. old age, invalidity, occupational accidents, sickness, maternity and unemployment benefits); 2. reimbursement of the social security contributions which do not give rise to rights (where third country nationals have not met the qualifying conditions for acquiring social security rights, and in absence of specific agreements); 3. assistance for reintegration into the work market of origin (e.g. training, financial aid, valorising acquired competences, access to micro-credit)

More generally, the current humanitarian crisis in the Mediterranean vividly demonstrates that people who are *not* highly qualified would in fact benefit more from opening up the EU job market to them so that seeking asylum does not become the only available - and often deadly - avenue for migrants. The health sector holds immense opportunities not only for highly qualified doctors and nurses, but also for many other categories of workers, and many migrants would be ideally placed to help ease Europe's demographic problems. In order to guarantee the (self)sustainability of health systems, Europe needs to invest in planning and training health professionals and potential health workers already living here in Europe.