



Monitoring progress on the implementation of Code – fourth round reporting
Independent Stakeholder Reporting

Submitted by:

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Description of the entity submitting the report:

MMS is advocating for the WHO Global Code on the International Recruitment of Health Personnel in Switzerland. It has built up a Civil Society Platform consisting of different stakeholders, including Swiss organisations active in the field of international health cooperation, medical associations, trade unions and academic institutions.

1 Challenges and trends in the implementation of the Code in Switzerland

According to the latest inventory and prognosis study *on the needs of skilled health workers* until 2029, Switzerland is still far away from complying with the Code's obligation to train a sufficient number of health workers to cover the projected needs of the Swiss health system: Currently more than 11 000 positions for nurses and nursing associates are vacant (Job Radar Summer 2021). Every year over 2000 foreign trained nurses begin to work in Switzerland. In Switzerland 3000 nurses per year obtain their diploma. So about half of the supply needed is trained nationally.

Up to 2029, the secondary education cursus for nursing associates is expected to cover only 80% of needed personal with that level of training. Worse is the situation in the tertiary level cursus, where the expected coverage is only 67%.¹

¹ Merçay, C., Grünig, A. & Dolder, P. (2021). Gesundheitspersonal in der Schweiz – Nationaler Versorgungsbericht 2021. Bestand, Bedarf, Angebot und Massnahmen zur Personalsicherung (Obsan Bericht 03/2021). Neuchâtel: Schweizerisches Gesundheitsobservatorium).

Switzerland's government and parliament are aware of the fragile situation for the nation's health system. There is a **political will to train more health personnel**, especially nurses. From MMS' perspective this is not enough as far too many health professionals are leaving their profession. Between 2016 and 2018 more than 30% of the medical doctors and over 40% of the nurses and midwives have left their profession.² It is still too early to say how the pandemic and the extremely hard working conditions for health personnel during the crisis will affect the retention of health personnel in their profession. This is why it is not enough to invest only in the education and training of health professionals. In order to ensure a better retention of professionals the quality of the work environment as well as in the recognition and attractiveness of the professions need to be improved. To assure patient safety, good quality of care and to prevent exhaustion and burn out of nurses enough adequately trained nurses per patient group are needed. This will require more gender sensitive management, career development measures as well as access of nurses to leadership positions.

It is obvious that **Switzerland remains highly dependent on the recruitment of health personnel trained abroad**. This also includes the cross-border commuters working in the Swiss health system. The dependency on these groups of health workers became obvious during the pandemic as some of the cantons at the border feared that commuting health personnel could be retained by the neighbouring countries for covering their own needs during the sanitary crisis. Anyhow any country could call back their health workforce working in Switzerland reasoning with the own need. During the 1st Covid-Wave in March 2020 there was a real danger that neighbouring countries would retain their nurses and doctors from crossing the border to work in Switzerland.

About 30%-40% of the nurses in Switzerland have a diploma that was achieved abroad. The **main countries of origins** of expatriate nurses working in Switzerland are the neighbouring countries, mainly France, Germany and Italy. Of course, the neighbouring countries have a robust health system that's why one could think that the drain of health personnel from these countries might be tolerable. As civil society organisation working in the field of international health cooperation and global health we contest this perspective. By recruiting from neighbouring health systems Switzerland contributes to the so-called domino effect and plays an important role in fuelling the global competition to attract health personnel. At the end the poorest countries remain with a weakened health system due emigration of health personnel educated for the national system.

Against this background it is obvious that the **Code retains a high relevance for the Swiss situation and should have a greater influence on guiding domestic policies on health workforce**. The code provides guidelines for Switzerland's presence on the global health workers market and it provides at least a moral obligation to invest in the quality of working conditions of the health personnel in Switzerland for retaining the domestically trained health personnel and to invest in the education and training of doctors, nurses and mid-wives as well as in the working conditions of the health personnel in general.

2 Health personnel and the Covid-19-pandemic

It is still too early to assess the consequences of the pandemic on Switzerland's capability to train enough health personnel and to retain them along its needs as it is asked by the Code.

Some trends to be observed:

² Lobsiger, M. & Liechti, D. (2021). Berufsaustritte und Bestand von Gesundheitspersonal in der Schweiz. Eine Analyse auf Basis der Strukturhebungen 2016–2018 (Obsan Bericht 01/2021). Neuchâtel: Schweizerisches Gesundheitsobservatorium)

a) An increasing number of young people are starting an education in nursing.³ The increased awareness of the necessity and system relevance of the health profession might play a role in strengthening this trend. Overall it could be a consequence of stronger sensitisation campaigns in the last years to attract more young people for starting a career in nursing. At the same time it could very well be that the increase of the numbers are linked with lower apprenticeship positions in other professions.

b) The increasing hospitalization rate due to Covid-19 and the high numbers of severely ill patients at the ICUs have put the health personnel in hospitals under high pressure. There are media reports about the many nurses and MDs that have come to a limit and are leaving the job. It has still to be examined if this is more than an anecdotic trend. According to a communication of the president of the SGI (Schweizerische Gesellschaft für Intensivmedizin und Pflege) nurse staffing in ICUs has been reduced by about 15% due to Covid.

c) The handling of the pandemic in Switzerland has shown that there will be a further need to invest in a meaningful digitalization of the Swiss health system. In a health workforce perspective this means that it has to be designed that it can relieve health personnel from those parts of the work that isn't related to their core function – providing best care for the patients.

Further opportunities on the international level

Switzerland hasn't signed yet *ILO's Nursing Personnel Convention*, (No. 149). In the past there were indeed some legal reasons connected with the fact of the federal character of the Swiss health system that hindered the adoption of the convention. As the legal framework has changed in the last years, these barriers have now been removed. Signing the convention could be an opportunity now to show a strong and visible commitment in fostering the retention of nurses within the system.

Switzerland has a mixed record in *welcoming Civil Society Organisations (CSOs), professional associations and trade unions in the policy dialogue*. We welcome very much the inclusion of the mentioned organisations into the dialogue around the Code and the implementation of Switzerland's Health Foreign Policy. But we recommend to the administration to include representatives of the professions concerned (physicians, nurses and midwives) and Civil Society into Switzerland's delegation to the World Health Assembly, if there are topics on the Agenda that affects the Code.

3 The way forward: implementation of the Code by Switzerland

For implementing the Code in Switzerland the following points are still waiting to be addressed by policymakers in Switzerland

- A new effort is needed in Switzerland to make the Code known and respected by all relevant stakeholders of the Swiss health system on all levels.
- Key elements for a successful implementation of the code are the investment in quality education and the effective retention of nurses, physicians and other health professionals
- The importance of health care professionals needs to be reflected in all policies concerning health care, especially in the Federal Councils Quality Strategy for Health Care.⁴

³ Jugendliche finden Pflegeberufe attraktiv. Medinside, 2. September 2021.

<https://www.medinside.ch/de/post/jugendliche-finden-pflegeberufe-weiterhin-attraktiv> (consulted, 23/09/2021).

⁴ <https://www.bag.admin.ch/bag/en/home/versicherungen/krankenversicherung/quality-development.html>

There is an urgent need to increase the proportion and authority of nurses and other health professionals in senior health and academic positions and continually develop the next generation of nursing leaders.

- Switzerland should streamline the implementation of the Code in the frame of the Agenda 2030. This means as well that the multi-sectoral approach in addressing the shortage of human resources for health has to be strengthened.
- We encourage Switzerland to sign the Global Compact for Migration and use it as a reference document for implementing the Code.
- Switzerland should examine if it is ready to sign the ILO Convention 149 on the nursing personnel.
- We expect that Switzerland renews its commitment for strengthening health systems in low income countries. Switzerland’s international cooperation could put a stronger focus on supporting the training of health personnel on all levels in low and middle income countries.
- Swiss actors within the health system should recruit actively in low- and middle-income countries, only if there is an agreement with these that fulfil the ethical criteria of the Code and that foresee a compensation mechanism for the health system of the country of origin.
- Swiss health policies actors on national and cantonal level have to assure that the framework conditions for nurses and midwives are improved in order to limit the number of professionals leaving their profession. The required budgets must be made available to respond to the demand for health workers and to ensure that the necessary investments are made in the quality of the workplaces.
- Switzerland has to secure that the labour law is enforced for all persons working in the health system– including those working on a temporary basis. Salaries must respect the competences in any cases and must be in line with the standards.
- Professional agents of health personnel must be licenced and their work must be controlled.
- CSO representatives should be included into Switzerland’s World Health Assembly delegation if there are topics on WHA’s agenda that are affecting the Code.
- We recommend a renewal of WHO’s debate on the Code and we see the need to make the Code to a more binding instrument for strengthening health workforce around the world.

4 Answers along the Independent Stakeholders Reporting Instrument 2021

	How well is it working? (please specify source and destination countries as applicable)	What can be improved? (please specify source and destination countries as applicable)
1.1 Ethical practices exist while recruiting health personnel from source country to destination country.	Destination country: - As the recruitment is not organised by a central government, but by employers as well as by	Destination country: - A new effort is needed in Switzerland to make the Code known and respected by all relevant stakeholders

	<p>agencies, there is a lack of control, if the recruitment is done in the sense of the WHO Code.</p>	<p>of the Swiss health system on all levels.</p> <ul style="list-style-type: none"> - Professional agents of health personnel must be licenced and their work must be controlled.
<p>1.2 Migrant personnel receive fair treatment in source and destination countries.</p>	<p>Destination country:</p> <ul style="list-style-type: none"> - It depends on the working place. In private and public institutions normally this is the case. - Very difficult is the situation in private households, where short term engaged nurses are often providing 24/7-care services, often very poorly controlled. 	<p>Destination country:</p> <ul style="list-style-type: none"> - Professional agents of health personnel must be licenced and their work must be controlled. - Switzerland has to secure that the labour law is enforced for all in the health system working persons – including those working on a temporary basis. Salaries must respect the competences in any cases and must be in line with the standards
<p>1.3 Countries have developed/enforced strategies for health personnel development and retention to reduce the need to recruit international health personnel</p>	<p>Destination countries:</p> <ul style="list-style-type: none"> - On the health personnel development the situation has very much improved. - Retention-side: Still too many health workers are leaving the profession. 	<p>Destination countries:</p> <ul style="list-style-type: none"> - There is still a need to improve working conditions and career prospects to retain health personnel in the health system. - Switzerland’s health policies actors on national and cantonal level have to assure that the necessary budgets are available to respond to the demand for health workers and for the necessary investments in the quality of the working places. - Switzerland has to secure that the labour law is enforced for all in the health system working persons – including those working on a temporary basis. Salaries must respect the competences in any cases and must be in line with the standards
<p>1.4 Health systems of both source and destination countries derive benefits from migration of health personnel through international cooperation (government to government agreement).</p>	<p>According to our knowledge government to government agreements do not exist.</p> <p>Lack of information about the access of foreign trained health professionals to further trainings and qualifications in the host country (and their</p>	<p>Destination country:</p> <ul style="list-style-type: none"> - Switzerland has to keep up and extend its commitment in strengthening health systems in partner countries. - Switzerland’s international cooperation could put a stronger focus on supporting the training of health personnel on all levels in low

	potential benefit for the country of origin).	and middle income countries.
1.5 Financial and technical support is provided to countries with critical health workforce shortages.	- Switzerland's bilateral health cooperation has lost ground in the recent years within Swiss international cooperation	- Switzerland's international cooperation could put a stronger focus on supporting the training of health personnel on all levels in low and middle income countries
1.6 Data and research on health personnel (incl. e.g. health personnel information systems, migration data) is translated into effective policies and plans.		
1.7 Information on laws, regulation and data related to health personnel recruitment and migration in each country is shared nationally and internationally.		
1.8 Countries undertake efforts to collaborate with wide range of stakeholders to implement the Code.	Destination country: - There is indeed a good stakeholder dialogue on the Code within the processes around the implementation of Switzerland's Health Foreign Policy.	Destination country: - CSO representatives should be included into Switzerland's World Health Assembly delegation if there are topics on WHA's agenda that are affecting the Code.
1.9 Countries report to the WHO on the implementation of the Code.	- Yes	- No need to improve

MMS/ml, 23.09.2021