



## EFN Policy Statement on Ethical Recruitment and Empowering Domestic Nursing Workforce Development

Building on the EFN statement on the Unethical Recruitment of Nurses within the EU Member States (2014), and on the EFN Position Paper on the Recruitment and Retention of Nurses (2015); in line with the commitments of the World Health Organisation's Global Code of Practice on the International Recruitment of Health Personnel (2010), recently updated by the WHO guidance on Bilateral agreements on health worker migration and mobility (2024); and in line with the recently approved Council Conclusions on the Future of the European Health Union: a Europe that Cares, Prepares, and Protects (2024), the EFN is very concerned by the ongoing unethical international recruitment practices by the EU Member States. In the context of global nursing shortages, Governments must work to address the root causes of the nursing shortages in the EU and Europe.

Next to this huge shortage of nurses, Europe finds itself locked in a state of multi-crisis, which has become more apparent after the COVID-19 pandemic, with the ageing population, rising levels of chronic multi-morbidity, dramatic Antimicrobial Resistance (AMR) numbers, which are compounding the need for a competent, resilient, domestically educated and trained nursing workforce. Instead of investing in the resilience and education of the domestic nursing workforce, many EU Member States prefer to look for an easy, short-sighted way out of the problem, recruiting nurses educated in other countries as a quick fix to Europe's shortage of nurses.

This trend is spread around the EU and Europe, often operating opaquely with very limited comparable data on the rate of these bilateral recruitments, despite Member States' responsibility to report these recruitment practices and data in the context of the implementation of the WHO Code on International Recruitment.

The EFN and its members are very concerned about the lack of transparency within the bilateral agreements on health personnel mobility between low and middle-income countries (the "source countries") and EU and European states (the "receiving countries"), which is aggravated by these deals being negotiated "in the dark", without including these agreements within social and civil society dialogue, and as such without providing the National Nurses' Associations (NNAs) with the details of the agreements.

However, the EFN managed to collect reliable information on the severity of the unethical recruitment practices, from the National Nurses' Associations, which shows that several EU Member States, such as Belgium, Germany, Malta, Ireland, the Netherlands, Finland, Norway, and Switzerland, among others, have become increasingly reliant on bilateral agreements to recruit internationally trained nurses from countries such as India, Brazil, Indonesia and the Philippines but also from Nigeria, Ghana, Nepal and Pakistan, all four belonging to the [WHO's Health Workforce Support and Safeguards list](#) of nations with acute nursing deficits and vulnerable health infrastructures. Of the receiving countries, the ones which are more reliant on foreign-born and educated/trained nurses are Ireland (49.1%), Malta (33%), Switzerland (25.6%), the UK (24.5%) and Germany (9.6%).<sup>1</sup>

A concerning misconception behind this trend, is the false belief that these countries have an oversupply of health and care professionals. This is factually wrong, as demonstrated by the recent bilateral agreement between Germany (12.5 nurses per 1000 patients) and India (1.96 nurses per 1000 patients).<sup>2</sup> In fact, source countries do not have an oversupply of nurses, but simply lack the investment needed to recruit and retain sufficient numbers of nurses within health care services. Furthermore, it is often the most experienced nurses that are recruited, leading to vulnerable and weak health care services in the source countries, thus undermining any concrete attempt to reach Universal Health Coverage (UHC).

Taking stock of the complexity and seriousness of the situation, the EFN is calling on the EU Member States to:

1. Invest in creating and retaining a highly educated and competent domestic nursing workforce supply aiming for self-sufficiency (in line with the minimum training requirements set in the [Directive 2005/36/EC](#), amended by [Directive 2013/55/EU](#)) as the only viable and concrete solution to the shortage of nurses. Concrete investments should be made in providing good education and Continuing Professional Development (CPD) opportunities, improving the nurses' working conditions, providing strong protection against any form of violence or harassment, wages that match their responsibilities, and safe staffing levels. This will make the nursing profession more attractive.
2. Respect and fully implement the WHO Global Code of Practice on the International Recruitment of Health Personnel, with particular attention towards the states under the WHO's Health Workforce Support and Safeguards list of nations with acute nursing deficits and vulnerable health infrastructures.

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<sup>1</sup> Data retrieved from WHO National Health Workforce Accounts, for latest available years.

<sup>2</sup> Health at a Glance 2023: OECD Indicators. OECD. [https://www.oecd-ilibrary.org/sites/7a7afb35-en/1/3/8/6/index.html?itemId=/content/publication/7a7afb35-en&csp\\_=6cf33e24b6584414b81774026d82a571&itemICO=oecd&itemContentType=book](https://www.oecd-ilibrary.org/sites/7a7afb35-en/1/3/8/6/index.html?itemId=/content/publication/7a7afb35-en&csp_=6cf33e24b6584414b81774026d82a571&itemICO=oecd&itemContentType=book)

3. Ensure fair and ethical bilateral agreements in line with the WHO guidance on Bilateral agreements on health worker migration and mobility. Improve the transparency of bilateral agreements by engaging all relevant stakeholders, including the National Nurses' Associations, in negotiating the bilateral agreement. The bilateral agreement must be beneficial for both country of origin and destination, and the agreement must be subject to continuous monitoring and evaluation.
4. Ensure that migrant nurses arriving in Europe are treated fairly and given all the same rights and protections as resident nurses. There must be tight enforcement of labour standards to deter any forms of exploitation. Migrant nurses should be supported to integrate into their new communities and health systems and provided with information regarding trade unions and other support services. This should include equal access to social programmes and other public benefits. They must also be supported to pursue Life Long Learning and Continuous Professional Development.

In addition, the EFN is calling on the EU Member states:

- While respecting intra-EU freedom of movement, the Member States should endeavour not to exploit intra-EU social inequalities by recruiting nurses from EU Member States struggling with retention. At the same time, they should implement measures to facilitate the repatriation of nurses to their country of origin.

Moreover, the EFN is also calling on the European Commission to:

1. Support the transparency of the Bilateral agreements by developing an effective system to share them, so that all relevant stakeholders can be adequately informed.
2. Implement the recent Council Conclusions on the Future of the European Health Union, with particular reference to the provision that calls on the European Commission to develop a comprehensive approach with a focus on planning, forecasting, training, good working conditions, training and retraining, and retention of the health workforce.

Finally, the EFN is calling on the European Institutions and the EU Member States to:

1. Provide the adequate investment required by "source countries" to tackle the root causes of health and care workforce migration. A greater proportion of Official Development Assistance should be targeted at strengthening health systems and the health workforce in low- and middle-income countries.

Recruiting internationally at scale to fill the existing gaps in the nursing workforce is only a short-term solution which harms both the source country, which in many cases is already plagued by shortages itself, and the long-term resilience and self-sustainability of European health systems. For the EFN, and its members, it is crucial that the EU institutions and the national governments support the nursing profession in tackling its ongoing challenges. High-income countries cannot rely on international recruitment to solve their national nursing shortage. The EU should not use its economic power to recruit nurses from third countries. Instead, the EU must educate more nurses to cover its own domestic needs and support other countries in the world to do the same.

#### **Further readings:**

- EFN Statement on the Unethical Recruitment of Nurses within EU Member States (2014). Available at: <https://efn.eu/wp-content/uploads/FINAL-EFN-Statement-Unethical-Recruitment.pdf>
- EFN Position Paper on Recruitment and Retention of Nurses (2015). Available at: <https://efn.eu/wp-content/uploads/EFN-Position-Paper-on-Nurses-Recruitment-and-Retention-Final-Oct.2015.pdf>
- EFN Policy Statement on AMR One Health Approach (2023). Available at: <https://efn.eu/wp-content/uploads/2023/10/EFN-Policy-Statement-on-AMR.pdf>
- EFN Report on Education, Workforce, Quality & Safety (2022). Available at: <https://efn.eu/wp-content/uploads/2023/01/EFN-Report-on-Education-Workforce-Quality-Safety-July-2022.pdf>
- WHO Global Code of Practice on the International Recruitment of Health Personnel (2010). Available at: <https://www.who.int/publications/i/item/wha68.32>
- WHO guidance on Bilateral agreements on health worker migration and mobility (2024). Available at: <https://www.who.int/publications/i/item/9789240073067>
- Council Conclusions on the Future of the European Health Union: A Europe that cares, prepares, and protects. (2024). Available at : <https://data.consilium.europa.eu/doc/document/ST-9900-2024-INIT/en/pdf>

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