INTERNATIONAL ORGANIZATION FOR MIGRATION


MIGRATION & HUMAN RESOURCES FOR HEALTH: FROM AWARENESS TO ACTION

Human Resources and Skills Development: benefits and challenges of partnership for health.

A partnership between the Veneto Region, Italy and Timiș County, Romania

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&

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Background

- The process of political decentralization in Europe from the national level moves alongside the important enlargement of the European Union.

- Twenty-five per cent of European Countries have a population of less than 5 million inhabitants which corresponds to many of the average sized European Regions.

- Health care services differ widely among European Regions, with strong EU pressure for liberalised health care services markets

- Decentralized Member States have an important role in anticipating solutions for the collaboration of the National Health Care systems in the future enlarged Europe.

- This highlights an urgent need for health system re-organization in EU Applicant Countries

- We hereby present the current co-operation underway between the Veneto Region and the Timiș County Region, Romania, with the aim of empowering Romanian health professionals by adapting their skills and qualifications to E.U. training standards
The Framework: Post accession “brain drain” in Europe, following EU Enlargement

- **POLAND**
  16,000 physicians have left to work abroad since 1995. 40% of 1st-year nursing students thinking of working abroad; Agreement signed between Labour Offices of Poland & Norway, for Polish health workers to work in Norway.

- **LITHUANIA**
  60% of medical residents and 27% of physicians intend to leave for other EU countries.

- **UNITED KINGDOM**
  Approx. one-third of total of 70,000 NHS hospital medical staff were from other countries, including Africa & Asia (2002).

(Source: country case studies: European Observatory on Health Systems and Policies Series, Human Resources for Health in Europe)
Reasons for collaboration from a dual perspective: The Veneto Region & the Timis Region

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<tr>
<th></th>
<th>Veneto</th>
<th>Timis</th>
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<tbody>
<tr>
<td>Population size:</td>
<td>4.5M</td>
<td>682,409</td>
</tr>
<tr>
<td>Surface Area (km²):</td>
<td>24,840</td>
<td>8,697</td>
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### The Veneto Region

#### POPULATION STRUCTURE
(As of the 2001 General Consensus)

<table>
<thead>
<tr>
<th></th>
<th>VENETO</th>
<th>ITALY</th>
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<tbody>
<tr>
<td>Total population:</td>
<td>4,490,586</td>
<td>56,305,568</td>
</tr>
<tr>
<td>N. Families:</td>
<td>1,699,235</td>
<td>21,503,088</td>
</tr>
<tr>
<td>Members per family:</td>
<td>2.62</td>
<td>2.60</td>
</tr>
<tr>
<td>Birth rate:</td>
<td>9.3</td>
<td>9.2</td>
</tr>
<tr>
<td>Death rate:</td>
<td>9.0</td>
<td>9.5</td>
</tr>
<tr>
<td>Natural growth rate</td>
<td>0.3</td>
<td>-0.2</td>
</tr>
<tr>
<td>Total growth rate:</td>
<td>5.6</td>
<td>1.9</td>
</tr>
<tr>
<td>Elderly persons’</td>
<td>135,2</td>
<td>127.10</td>
</tr>
</tbody>
</table>

**Source:** Istat - Veneto Regional Government
The Veneto: Background of the Collaboration

- Following the Romanian Revolution of the late 1980s, and democratic reform of the early 1990s Italian businesses have invested heavily in Romania.

- Over 7,000 Italian businesses have transferred their operations to Romania, 4,000 of which from the Veneto Region alone.

- The strongest component of the Veneto economy consists of small and medium-sized family-owned companies which produce high-quality consumer goods such as clothing, furniture, kitchen equipment, eye-wear and white goods.

- Over 15,000 Italians, predominantly from the Veneto Region, currently live and work in Timiş County.
The investment triangle

Health

Social development

Economic development

Source: The Verona Initiative, WHO Europe, 1999
Timis County in the context of the ex “BANAT” Region

Timiș County

689,219 Population:
Area: 8,697 km²
Number of cities: 7
Number of small towns: 75
Number of villages: 317
Romania: within the context of EU enlargement

- Romania is one of ten new countries invited in December 2002 to join the EU by 2007.
- Problems of joining the EURO, migration, agriculture and harmonizing and improving Health Care Services to conform with EU Standards.
Veneto Regional Ministry & Timis County Public Health Care Systems: comparative data

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<th>Timis County</th>
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<tr>
<td>Population size</td>
<td>approx. 4.5 million</td>
<td>682,409</td>
</tr>
<tr>
<td>Surface Area km²</td>
<td>24,840 km²</td>
<td>8,697 km²</td>
</tr>
<tr>
<td>n. hospitals</td>
<td>52 public + 11 private</td>
<td>16</td>
</tr>
<tr>
<td>n. health districts</td>
<td>73</td>
<td>34</td>
</tr>
<tr>
<td>n. medical units</td>
<td>n/a</td>
<td>193</td>
</tr>
<tr>
<td>n. health centres</td>
<td>n/a</td>
<td>4</td>
</tr>
<tr>
<td>Total n. medical</td>
<td>57,365</td>
<td>n/a</td>
</tr>
<tr>
<td>practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total n. physicians</td>
<td>approx. 7,515</td>
<td>2,552</td>
</tr>
<tr>
<td>Total n. nurses</td>
<td>approx. 25,699</td>
<td>4,056</td>
</tr>
<tr>
<td>Life expectancy*</td>
<td>79</td>
<td>70</td>
</tr>
<tr>
<td>Child Mortality rate*</td>
<td>6 (x1000)</td>
<td>19</td>
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Selected areas for sustainable co-operation initiatives between the Veneto & Timis Regions:

1. **assist** the Timis Region in a process of decentralization from the National Health System in Romania to the Regions;

2. **promote** the development of a Regional Ministry of Health in Timis, both at a political and a technical level;

3. **establish** a comparison between public health strategies in the following areas: health prevention, screening, and epidemiological data collection on the main diseases;

4. **foster** a partnership for European Projects;

5. **link** the Timis Region to various European Regional Networks;

6. **introduce** to the Timis Region new standards for training health personnel in line with standards currently in use in the Veneto.
Joint Initiatives with Padua University for training nurses in Timisoara & in the Veneto
2005-2006

GENERAL AIMS OF THE PROGRAMME:

- Training of Romanian nurses to bring their qualifications in line with European standards;

- Development of a common nursing curriculum as the result of a comparison between the Padua University nursing degree curricula, and the Romanian Medical Assistant Diploma Curricula

METHODS:

- The launch of an extraordinary degree course in nursing of the University of Padua during the academic year 2005/6, reserved for professional nurses in Timisoara;
Partnerships

- **Political Institutions**: Veneto Region & Timis Region

- **Public Institutions**: Padua University, Treviso LHU n.9, Padua University Teaching Hospital, The Christian Nursing School of Timisoara;

- **Private Institutions**: Veneto Bank- Italo-Romena Bank.
Course: delivered to 23 Romanian nurses

Curriculum: 60 ECTS, 1051 hours:
- 185: frontal classes in Timisoara,
- 188: distance-learning classes,
- 98: self-learning packages
- 200: clinical practice in Italy
- 230: final exam and dissertation preparation
- 150: scientific english
- 749: self-study

Time-frame: weekly, 2-3 days a week, about 6 hours/day for 15 months (from January 2005 to March 2006).
Course Design & Implementation - 2

- Teaching Materials: DVDs, syllabus, essential nursing library, exercises & activities, specific bibliography for the final dissertation.
- Teaching staff: from Padua University, Veneto Regional Health Service consultants.
- Clinical practice site: ULSS 9 (community care, psychiatric care, emergency and intensive care)
- Intensive Italian language course for nurses from Timisoara
Evaluation Process & Graduation

- Final summative evaluation:
  - 8 integrated course exams (21 selected discipline-specific)
  - clinical practice assessment in-hospital
- University nursing degree (nurse practice exams and final problem-solving thesis)
- Italian State professional abilitation
Open Questions

1: VALIDITY OF ITALIAN DEGREE
Romanian nurses will have obtained an Italian degree which is valid across the EU, but back in their own country, is it accepted?

2: MANPOWER BRAIN DRAIN
Having raised their professional profile, what is the risk that skilled health workers won’t be attracted to job opportunities abroad, thereby draining the local market of skilled manpower?

3: COMMON EUROPEAN CURRICULA
In line with the free movement of health professionals within the EU (Bolkenstein Directive, 2006), how important is it for European MS and Candidate Countries to develop common European curricula in the health care sector?
Conclusions

- European Co-operation between Regions is no longer an isolated experience among political entities, but becomes a necessity for the future of an enlarged Europe;

- Adapting Regional training programmes for health professionals to E.U. standards is a need of Applicant Countries to the E.U. for empowering their health care systems;

- The development of joint curricula for nurses at the university level must be considered in the light of an ethical and sustainable collaboration versus manpower “brain drain” from east to west of Europe;

- The Regions are in the frontline in the health sector for anticipating methods of collaboration between E.U.25 and the other European States.
To continue the debate contact:
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Dana Paica: dipgess@yahoo.com

THANK YOU FOR YOUR ATTENTION!