



Partnering to promote public health across the Mediterranean

The geostrategic position of north African countries in the Mediterranean has played an important role throughout history in developing relationships with Europe through movement of people, goods, and services. Additionally, historical ties are important as former European colonies (France, Italy, and the UK) have shaped health systems after independence in terms of management, service provision, and essential public health functions. However, when assessing the challenges presented today, new ties are needed across the Mediterranean in areas of common interest including strengthening public health, health and social services for refugees and migrants, and migration of human resources for health from countries of the south to Europe and to other developed countries.

Forced migrants from Africa and Asia escaping political conflicts, lack of development, and consequences of climate change are trying to cross the oceans to reach Europe and other continents and they are suffering many health and social risks. Migrants either granted asylum or leaving in undocumented status in Europe are living under vulnerable conditions and are lacking basic social and economic rights.

In view of an ageing population and barriers to access to medical professions raised by professional associations, most European countries are relying on migrant health professionals from Africa and Asia. Migration of health professionals from northern African countries, encouraged by low civil servants' salaries and bad working conditions and facilitated by similarity in health personnel education and languages represents a serious challenge to Maghreban and northern African health systems.

In addition to strategies aimed at addressing root causes of brain drain of their health professionals, Maghreban countries are in need of a negotiation in which the WHO code of ethical recruitment of health professionals could be implemented and in which other win-win cooperation mechanisms regarding the health workforce could be discussed.

Additionally, such negotiations could streamline collaboration in the field of investment in health development in Maghreban countries, in line with national and well planned strategies focusing on health promotion, strengthening health security, supporting population based research, generating and disseminating evidence to support public health, protecting the environment, and targeting cost effective interventions.

For all the aforementioned reasons, strengthening the links between northern African countries and Europe with regards to public health professionals, training and research institutions, and civil society organisations is incredibly important.

We declare no competing interests.

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