



World Health  
Organization

REGIONAL OFFICE FOR Europe

# Action towards achieving a sustainable health workforce and strengthening health systems

Implementing the WHO  
Global **CODE** of Practice  
in the European Region



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# Action towards achieving a sustainable health workforce and strengthening health systems

## *Implementing the WHO Global Code of Practice in the European Region*

### Background: health workforce challenges

A well-performing health workforce is the backbone of an effective health system. Without adequate numbers of well-trained and motivated health workers, deployed equitably, people cannot access the health services they need. The effectiveness of health systems and the quality of health services depend significantly on the knowledge, skills and motivation of health workers.

All Member States in the WHO European Region are experiencing significant demographic, technological, political, socioeconomic and epidemiological changes<sup>1</sup> that are affecting population health. Member States need to address imminently related health workforce<sup>2</sup> challenges to meet current and future health needs.

The main challenges evident across all or most countries in the European Region (Fig. 1) are:

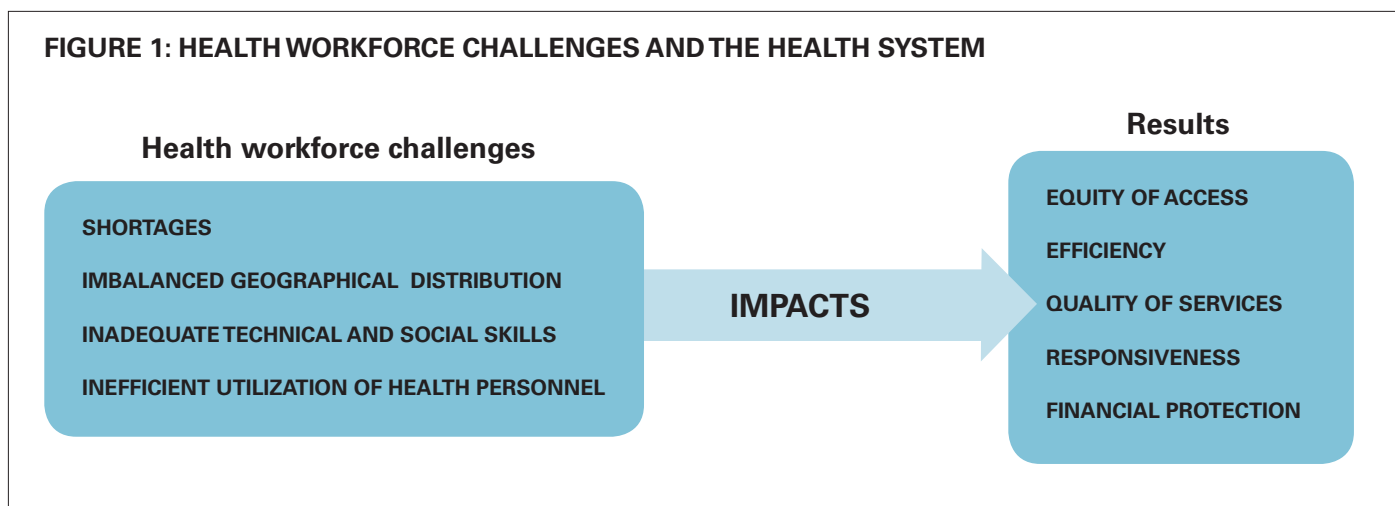
- **shortages of health personnel**, which threaten the capacity of countries to provide equitable access to health services to the whole population;
- **emigration of highly trained professionals** with specialized expertise, which contributes significantly to shortages of human resources for health in numerous Member States;
- **uneven geographical distribution** of the health workforce, characterized by urban concentration and rural deficits, which generates inequities in accessing health services;
- inaccessibility to high-quality services for citizens if the **skills** of future health providers are **not adapted to** new health needs;
- **inefficient utilization** and overlapping roles of health personnel, which create inefficient and unresponsive health systems;
- **inadequate working environments**, which hamper the quality of care and negatively affect the responsiveness of health workers to the needs of the public;
- **lack of consistent and complete data** on human resources for health, which precludes meaningful analysis of staffing needs and prevents well-informed planning and policy development for human resources for health at the local, national and regional levels; and
- governance structures and accountability mechanisms that do **not effectively engage stakeholders**, including health workers and citizens, in setting priorities, developing policy, implementing and evaluating.

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<sup>1</sup> For example, ageing of populations, greater migratory flows, and higher incidence of chronic diseases, higher expectations of users of health services, new financing mechanisms and new roles of public and private services.

<sup>2</sup> For the purposes of developing appropriate and effective strategic direction, "health workforce" is an inclusive title which includes all those working in health, including public health, and health promotion, and working both in direct care and in support, managerial and administrative functions.

**FIGURE 1: HEALTH WORKFORCE CHALLENGES AND THE HEALTH SYSTEM**



The European Commission projects the shortage of health personnel in the European Union to be 2 million, including 230 000 physicians and 600 000 nurses, by the year 2020, if nothing is done to adjust production and retention measures<sup>3</sup>. The current economic crisis exacerbates the health workforce problems, as economic constraints are leading to labour market changes, including pay constraints, fewer career opportunities and a greater stimulus to migrate. At the same time, crises and tough challenges are an opportunity to make bold changes, and the role of WHO is to support Member States in adjusting to this new context.

## **Meeting the challenge: implementing the WHO Global Code is an opportunity not to be missed**

Health workforce challenges have been identified as a major focus for WHO efforts in the European Region in recent years. The WHO Regional Committee for Europe has brought them to the forefront at various key meetings and has passed two resolutions specifically dealing with health workplace policies (EUR/RC57/R1 in 2007 and EUR/RC59/R4 in 2009 (Box 1)). These resolutions highlight the consensus that exists on the prevailing crisis in human resources for health, on the responsibility of Member States to develop their national health workforce plans and strategies and on the need for collaborative efforts to tackle the international mobility and migration of health personnel.

### **Resolution EUR/RC59/R4 – Health workforce policies in the WHO European Region**

Resolution EUR/RC59/R4 urged Member States to increase their efforts to develop and implement sustainable health workforce policies, strategies and plans as a critical component of health systems strengthening, to increase their efforts to monitor health workers migration and to advocate the adoption of a global code of practice on the international recruitment of health personnel.

It also requested the WHO Regional Director for Europe to continue to promote the harmonization of health workforce data and the use of standard indicators and tools, to continue to develop the core set of indicators for assessing performance in health workforce development in Member States, to complete the consultation process on the global code of practice for the international recruitment of health workers and to report back to the WHO Regional Committee for Europe in 2012.

The Tallinn Charter: Health Systems, Health and Wealth (2008), committing the European Member States to improve people's health by strengthening health systems, calls for investment in the health workforce.

<sup>3</sup> <http://pr.euractiv.com/press-release/possible-shortage-two-million-health-care-workers-2020-%E2%80%93-93-eu-taking-action-prevent-impe>

## **Resolution WHA63.16 - WHO Global Code of Practice on the International Recruitment of Health Personnel (Code)**

The Code was adopted by the 193 Member States in May 2010. It establishes and promotes voluntary practices for the ethical international recruitment of health personnel and the strengthening of health systems. The following are key points from the Code.

- o International recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and the promotion of the sustainability of health systems in developing countries (article 3.5).
- o Member States should strive to create a sustainable health workforce and work towards establishing effective planning, education and training, and retention strategies that will reduce their needs to recruit migrant health personnel (article 3.6).
- o Effective gathering of national and international data, research and sharing of information on international recruitment are needed to achieve the objectives of the Code (article 3.7).
- o Member States should facilitate circular migration of health personnel, so that skills and knowledge can be achieved to the benefit of both source and destination countries (article 3.8).
- o Destination countries are encouraged to collaborate with source countries to sustain and promote health human resource development and training (article 5.1).
- o Member States should use this Code as a guide when entering into bilateral, regional and multilateral agreements, to promote international cooperation and coordination on international recruitment (article 5.2).
- o Member States should consider adopting measures to address the geographical maldistribution of health workers and to support their retention in underserved areas (article 5.7).

At the global level, the WHO Director-General will present a report to the sixty-sixth World Health Assembly in May 2013.

In adherence to the mandate, the Regional Office for Europe has had a leading role at global level in developing the WHO Global Code of Practice on the International Recruitment of Health Personnel (Box 2) and will play a strong supportive role in implementing it in the Region.

The Code sets out a critical and central implementation role for Member States and other stakeholders, such as recruiters, employers, professional organizations and nongovernmental organizations. WHO is committed to supporting this process.

To meet the workforce challenges, the WHO Regional Office for Europe will keep advocating and strengthening its partnerships with other international and regional bodies and with Member States for implementing the Code. The Regional Office will work with designated national authorities and provide technical assistance to Member States in developing their monitoring and planning functions and in strengthening national capacity in health workforce planning.

## **Working in partnerships**

Partnerships are essential in addressing health workforce challenges in the Region and globally. The WHO Regional Office for Europe needs to deal with diverse needs in countries (both source and destination countries for migrant health workers) and give them the required support. The Regional Office has close working links with international stakeholders and partner organizations: the European Commission, the Organisation for Economic Co-operation and Development (OECD), the Global Health Workforce Alliance, the International Organization for Migration, the International Labour Organization and others.

The Regional Office is committed to avoiding overlap and duplication of efforts by regularly informing and consulting its Member States and partners. The Regional Office proposes to take the lead in developing agreements between all international partners in the Region to better coordinate the implementation of the Code.

## **WHO commitment and actions to date**

Since the Regional Committee for Europe adopted resolutions EUR/RC57/R1 and EUR/RC59/R4, the Regional Office for Europe has implemented numerous in-country activities in response to country requests to address health workforce challenges. In addition, multicountry and intercountry activities are equally crucial to improve the situation for human resources for health in the Region. The Regional Office has organized a wide range of activities in strengthening and expanding the evidence base, capacity-building, advocacy, communication and mobilizing resources as the following overview shows.

### **1. Strengthening information on human resources for health, harmonizing data and expanding the database**

- Working with OECD and Eurostat to develop joint data collection on human resources for health with a new set of indicators, harmonized and agreed definitions.
- Piloting a new joint data collection tool on human resources for health statistics in countries outside the European Union (EU).
- Developing and updating country profiles on human resources for health.

### **2. Generating evidence on the mobility and migration of health workers in the Region**

- Supporting research on the mobility and migration of human resources for health in the Region, producing reports and policy briefs.
- Conducting training for trainers courses on evidence-informed practice.
- Working with the European Observatory on Health Systems and Policies on PROMeTHEUS – Health Professional Mobility in the European Union Study, a project funded by the European Commission on the mobility of health professionals, being presented at high-level policy meetings and conferences.
- Contributing to developing evidence-informed global policy recommendations on increasing access to health workers in remote and rural areas by improving retention.
- Collaborating with the Global Health Workers Migration Policy Advisory Council in developing a handbook on bilateral agreements.

### **3. Building capacity**

- Organizing and delivering in collaboration with the Harvard School of Public Health a multicountry training course for national policy-makers and researchers on assessing funding, education, management and policy context for strategic planning in human resources for health in Kyiv, Ukraine in May 2010.
- Conducting technical workshops on health workforce retention for national policy-makers and researchers in south-eastern Europe (Bucharest, Romania, March 2011) and countries in the Commonwealth of Independent States (Moscow, Russian Federation, December 2011).
- Convening capacity-building workshops for national focal points on human resources for health and health statistics to improve and expand data collection on human resources for health, on the new joint data collection on human resources for health (for countries in south-eastern Europe and the Commonwealth of Independent States, Istanbul, Turkey, July 2011).
- Conducting training courses for national assessors on accreditation in medical education.
- Providing technical input in consultations with Member States and experts to the development of the global recommendations on monitoring the implementation of the WHO Global Code of Practice and user's guide.

## 4. Communication and advocacy

- The WHO Regional Office for Europe conducted broad consultations with Member States and other regional and international partners and stakeholders on the contents of the WHO Global Code of Practice (Regional Committee for Europe and WHO Executive Board, consultations with permanent missions and professional associations).
- Policy dialogues with national and international stakeholders and high-level international forums (Kampala, Uganda, 2008 and Bangkok, Thailand, 2011).

## 5. Resource mobilization

- Raising funds for programme activities: Global Health Workforce Alliance, Government of the Netherlands, Global Fund to Fight AIDS, Tuberculosis and Malaria, European Commission, etc.
- Secondments (Norway, Portugal and Sweden), internships (Russian Federation) and volunteers (United Kingdom).

## Next steps

The biennial plan for 2012–2013 will focus on fully and effectively implementing the WHO Global Code of Practice through a series of actions. These actions will reflect and are responsive to country needs, aiming at supporting Member States in developing their own responses to human resources for health issues and will be aligned with the Health 2020 policy framework.

The action plan will build on the actions in the four key strategic areas, in which the WHO Regional Office for Europe is already engaged with other partners.

### 1. Advocate, communicate and mobilize resources

- Develop key communication messages about the Code and human resources for health challenges for stakeholders, including governments, employers, regulators, the education sector, the private sector, health professionals, recruiters and civil society.
- Translate and disseminate key documents related to the Code into the official languages of WHO in the Region to increase the awareness and involvement of the Member States.
- Present and promote the implementation of the Code at high-level stakeholders' meetings (national, regional and global).
- Design and maintain an active WHO web page reflecting the process and progress in implementing the Code.
- Write and publish articles and papers on the implementation of the Code.
- Mobilize resources to support the implementation of the Code.
- Coordinate activities with partners to optimize the use of resources.

### 2. Build the information base for human resources for health

- Develop core compatible data for human resources for health by applying the joint OECD, Eurostat and WHO Regional Office for Europe human resources for health questionnaire in non-EU countries to contribute to a joint database on human resources for health.
- Develop a core minimum data set of indicators to monitor migratory flows in agreement with OECD and Eurostat and in consultation with the Member States and relevant stakeholders.
- Expand the evidence base on human resources for health practices in the Region by documenting country experiences.
- Support and encourage the relevant national authorities in the Region in promoting the entry of data from all medical schools into the Avicenna Directories, a publicly accessible global database of academic institutions for health professionals.

- Support the development of national and subregional human resources for health observatories (in south-eastern Europe) for human resources for health data collection, monitoring health labour market trends and policy implementation, forecasting future needs and planning action to meet them.
- Facilitate the exchange of country experiences in the use of data and information in developing policy through technical meetings, policy dialogues and publications.

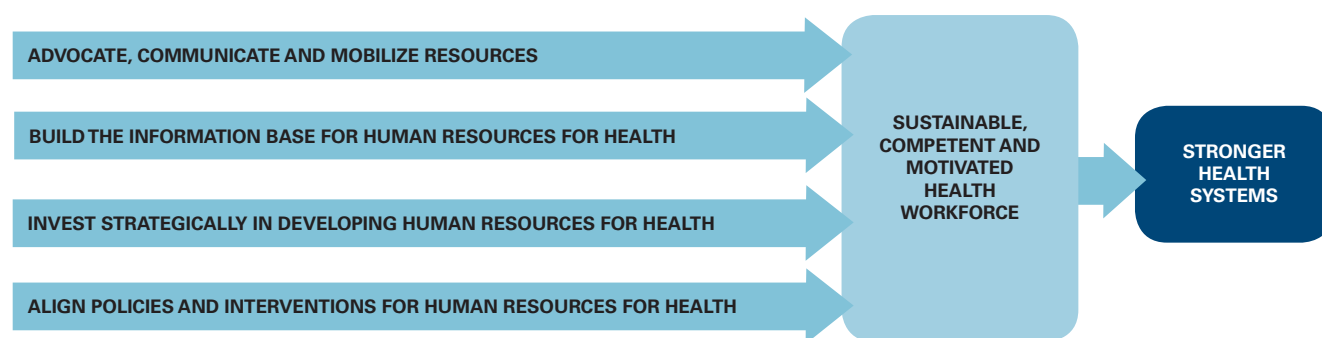
### 3. Invest strategically in human resources for health development

- Build capacity in planning and managing human resources for health by developing learning opportunities, such as training national focal points, organizing knowledge exchange by peer-reviewing mechanisms on such things as human resources for health retention practices and bilateral agreements.
- Pilot the WHO global policy recommendations on transformative education for health professionals in the Region and generate evidence and promote the application and use of recommendations at the national level.
- Provide support to the relevant national authorities in strengthening and promoting effective accreditation systems for education programmes by collaborating with established organizations such as the World Federation for Medical Education, the European Association of Medical Schools, the International Council of Nurses, the International Council of Midwives and the Association of Schools of Public Health in the European Region.
- Provide technical support for countries to develop effective regulation of the health workforce to ensure balanced deployment of the workforce and access to high-quality services in the public and private sector by facilitating intercountry exchanges on practices and lessons learned.
- Support the development, promoting and conducting international training course on strengthening the public health workforce (European Action Plan for Strengthening Public Health Capacities and Services).

### 4. Align human resources for health policies and interventions

- Pilot test the global National Reporting Instrument of the Code in three countries. Based on the results, adapt the tool to the context of the Region.
- Develop European Region guidelines to assist Member States in monitoring the implementation of the Code.
- Convene and facilitate technical consultations and information exchange with designated national authorities monitoring the implementation of the Code.
- Provide technical support and contributions to the WHO technical programmes on issues related to human resources for health.

**FIGURE 2: LINES OF ACTION TOWARDS ACHIEVING A SUSTAINABLE HEALTH WORKFORCE AND STRENGTHENING HEALTH SYSTEMS**





By supporting the efforts of Member States, this action plan will contribute to improving the situation of human resources for health at the national level and thereby contribute to achieving the country's health objectives.

The Annex shows the roadmap for implementing the WHO Code in the Region. It sets out key milestones, main stakeholders and the action required over the next two years to enable the objective of effective implementation to be achieved. It is aligned with broader global milestones across the same period.

## Selected tools and guidelines

An important part of WHO's mandate is to support countries by providing tools and guidelines and facilitating processes aiming to strengthen their health workforce. This section presents selected tools and guidelines developed by WHO and in collaboration with other partners and stakeholders. The tools are grouped in four main areas of action.

### 1. Advocate, communicate and mobilize resources

WHO Global Code of Practice on the International Recruitment of Health Personnel (English, French, Spanish, Russian, Turkish) <http://www.who.int/hrh/migration/code/practice/en/index.html>

User's Guide to the WHO Global Code of Practice on the International Recruitment of Health Personnel (English, French) <http://www.who.int/hrh/resources/guide/en/index.html>

National Reporting Instrument (English, French, Spanish, Russian) [http://www.who.int/hrh/migration/code/code\\_nri/en/index.html](http://www.who.int/hrh/migration/code/code_nri/en/index.html)

### 2. Build the information base for human resources for health

Handbook on monitoring and evaluation of human resources for health (English, French, Spanish, Portuguese and Russian) <http://www.who.int/hrh/resources/handbook/en/index.html>

Data mapping template on human resources for health [http://www.who.int/hrh/tools/situation\\_analysis/en/index.html](http://www.who.int/hrh/tools/situation_analysis/en/index.html)

Assessing financing, education, management and policy context for strategic planning of human resources for health (English, Russian, French) [http://www.who.int/hrh/tools/situation\\_analysis/en/index.html](http://www.who.int/hrh/tools/situation_analysis/en/index.html)

Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies (English) <http://www.who.int/healthinfo/systems/monitoring/en/index.html>

Global atlas of the health workforce <http://apps.who.int/globalatlas/default.asp>

European Health for All database <http://data.euro.who.int/hfadb>

### 3. Invest strategically in developing human resources for health

Human resources for health action framework <http://www.capacityproject.org/framework>

Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations (English, French, Spanish, Russian) <http://www.who.int/hrh/retention/guidelines/en/index.html>

Models and tools for health workforce planning and projections. Human Resources for Health Observer – Issue No. 3 (English, Russian) <http://www.who.int/hrh/resources/observer3/en/index.html>

Workload Indicators of Staffing Needs/WISN (English, Spanish, Russian) [http://www.who.int/hrh/resources/wisn\\_software\\_manual/en/index.html](http://www.who.int/hrh/resources/wisn_software_manual/en/index.html)

Tools for planning and developing human resources for HIV/AIDS and other health services (English) <http://www.who.int/hrh/tools/planning/en/index.html>

Innovations in cooperation: a guidebook on bilateral agreements to address health worker migration (English and Russian) <http://www.aspeninstitute.org/publications/innovations-cooperation-guidebook-bilateral-agreements-address-health-worker-migration>

Transformative scale up of health professional education [http://www.who.int/hrh/resources/transformative\\_education/en/index.html](http://www.who.int/hrh/resources/transformative_education/en/index.html)

Framework for action on inter-professional education and collaborative practice [http://www.who.int/hrh/resources/framework\\_action/en/index.html](http://www.who.int/hrh/resources/framework_action/en/index.html)

Task shifting to tackle health workforce shortages: global recommendations and guidelines [http://www.who.int/healthsystems/task\\_shifting/en/index.html](http://www.who.int/healthsystems/task_shifting/en/index.html)

#### **4. Align human resources for health policies and interventions**

World Directory of Medical Schools – AVICENNA Directories <http://avicenna.ku.dk/database/medicine>

WFME global standards for quality improvement in medical education: European specifications (English, Russian and Turkish) <http://www.wfme.org/standards/european-specifications>

WHO/WFME guidelines for accreditation of basic medical education (English, Russian and Spanish) <http://www.wfme.org/accreditation/whowfme-policy>

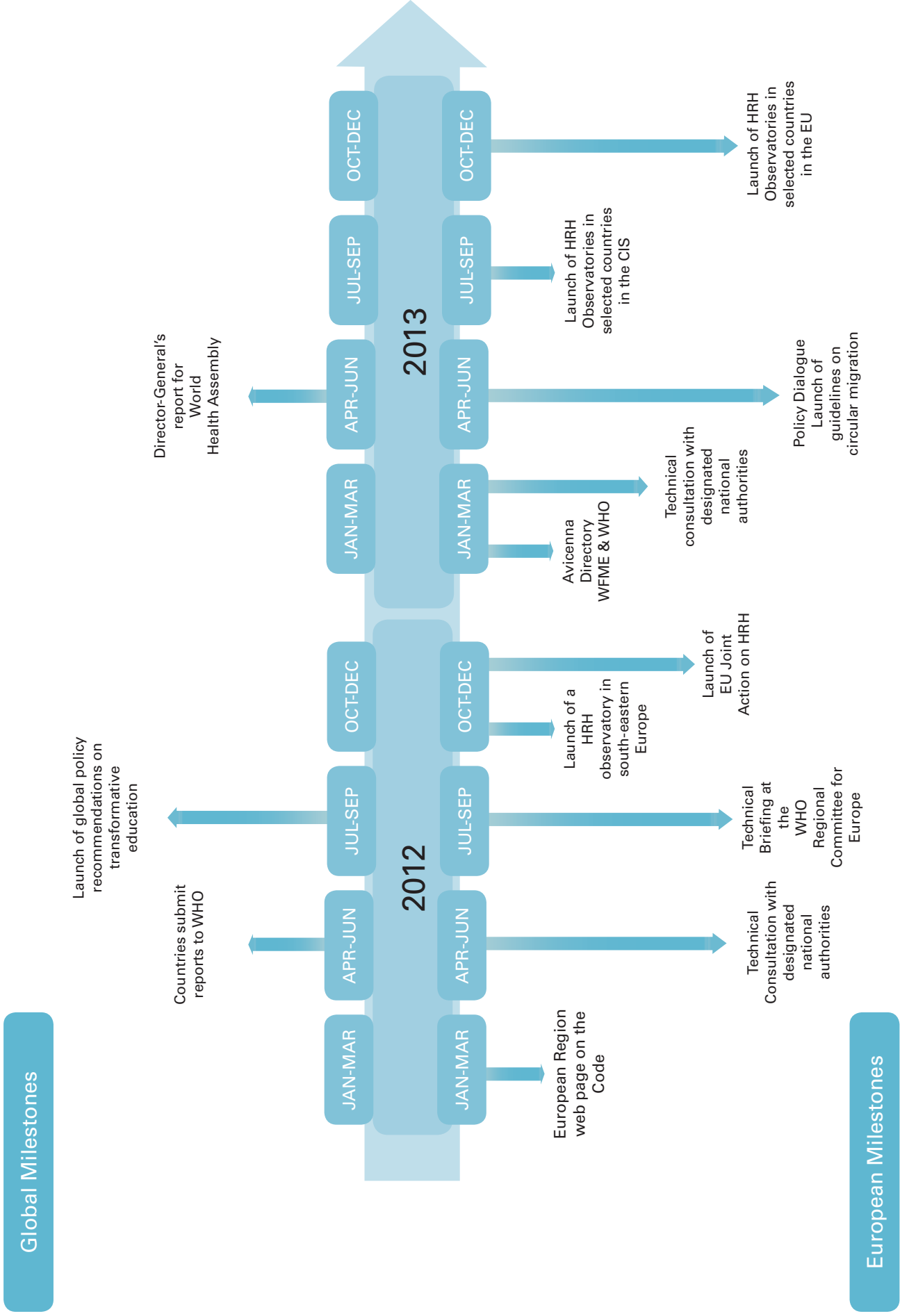
Standards for PhD education in biomedicine and health sciences in Europe <http://www.wfme.org/standards/phd>

Global standards for the initial education of professional nurses and midwives (English and Russian) <http://www.who.int/hrh/resources/standards/en/index.html>

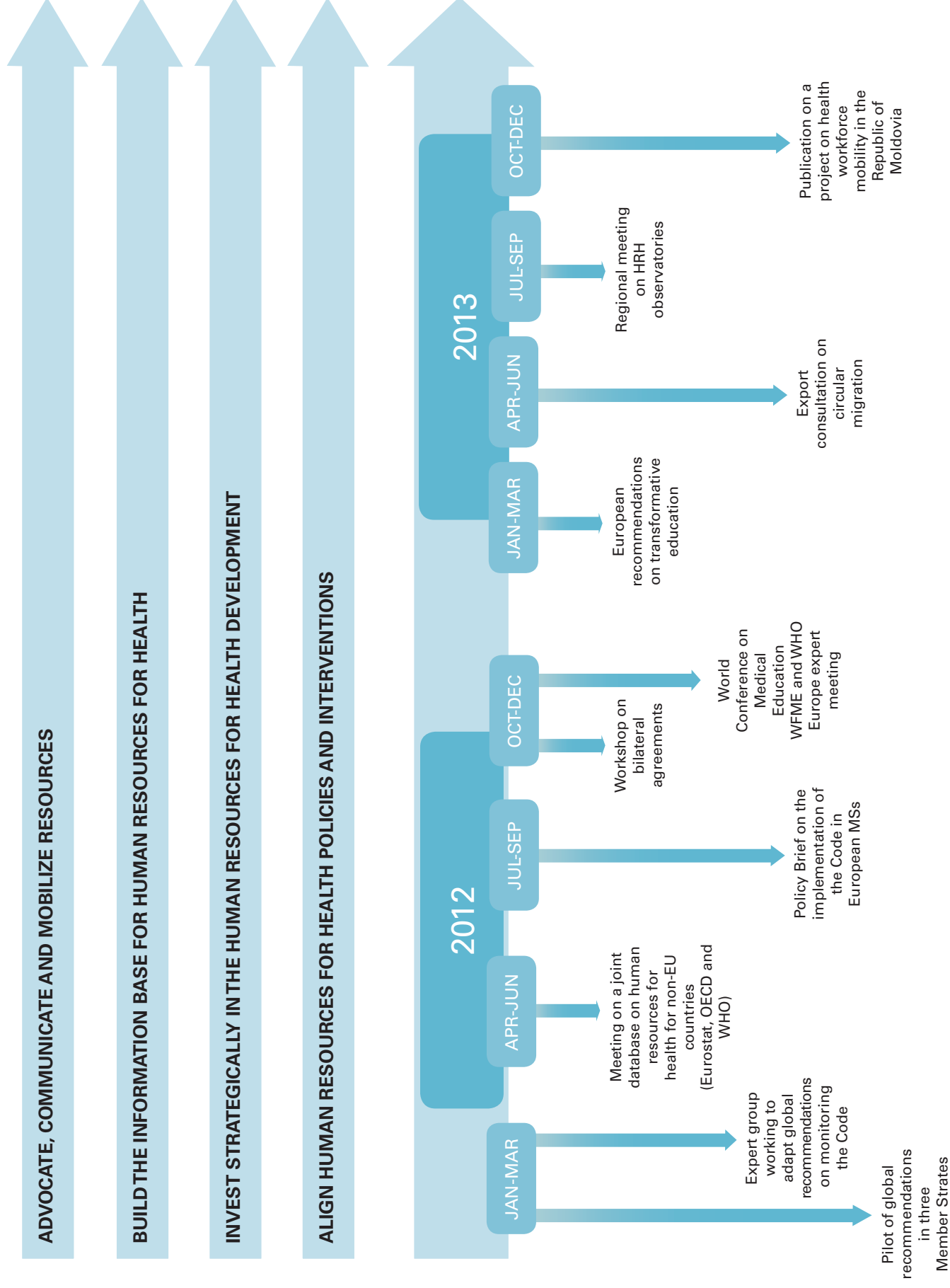
Strategic directions for strengthening nursing and midwifery services – 2011–2015 <http://www.who.int/hrh/resources/nmsd/en/index.html>

European strategic directions for nursing and midwifery (draft)

# Annex 1: Roadmap aligning global and European milestones



## Annex 2: Roadmap: implementing the WHO Global Code in the WHO European region



# Annex 3: Recent activities and publications on human resources for health by the WHO Regional Office for Europe

## Consultations

European Regional Consultation on the Draft WHO Code of Practice, Geneva, Switzerland, 8 December 2009. 60 participants from European countries, WHO Regional Office for Europe, Human Resources for Health Department WHO headquarters and observers from the WHO Regional Office for Africa and the WHO Regional Office for the Americas, Global Health Workforce Alliance and Health Worker Migration Global Policy Advisory Council

WHO Regional Committee for Europe, September 2009

Worker Migration Global Policy Advisory Council Meeting/Interregional Forum on Health Worker Migration, Madrid, Spain, May 2010

Consultations with Designated National Authorities on implementing the WHO Global Code of Practice, March – July 2012

## Policy dialogues

Investing in Europe's health workforce of tomorrow: scope for innovation and collaboration: series 1 – 26–27 April, series 2 – 27–28 April, series 3 – 29–30 April, Leuven, Belgium, 2010

Securing human resources for health: a challenge and an opportunity: 22–23 June 2012, Brdo pri Kranju, Slovenia

Policy Dialogue on Human Resources for Health in Serbia, 27–28 April 2009, Belgrade, Serbia

Health professionals: the European agenda: 9 January 2009, Brussels, Cypriote Permanent Representation

Policy dialogue on human resources in health and social care – on migration of nurses, assistants and social care workers: 5–6 February 2009, Prague, Czech Republic, with the European Commission and European Parliament, hosted by the Czech EU Presidency

Policy dialogue on skill-mix and changing roles of health professionals in primary health care, 13-14 August 2012, Minsk, Belarus

## Publications

### Policy summaries prepared for the Belgian EU Presidency

How to create conditions for adapting physicians' skills to new needs and lifelong learning. HEN-OBS Joint Policy Brief, No. 14 [euro.who.int/\\_data/assets/pdf\\_file/0018/12418/e94294.pdf](http://euro.who.int/_data/assets/pdf_file/0018/12418/e94294.pdf)

How to create an attractive and supportive working environment for health professionals [euro.who.int/\\_data/assets/pdf\\_file/0018/124416/e94293.pdf](http://euro.who.int/_data/assets/pdf_file/0018/124416/e94293.pdf)

Assessing future health workforce needs. Policy Summary 2 (2010) [euro.who.int/\\_data/assets/pdf\\_file/0019/124417/e94295.pdf](http://euro.who.int/_data/assets/pdf_file/0019/124417/e94295.pdf)

Using audit and feedback from health professionals to improve the quality and safety of health care. Policy Summary 3 (2010) [euro.who.int/\\_data/assets/pdf\\_file/0005/75434/E93412.pdf](http://euro.who.int/_data/assets/pdf_file/0005/75434/E93412.pdf)

### Policy briefs were prepared for the Tallinn Conference on Health Systems: Health and Wealth in collaboration with the European Observatory on Health Systems and Policies

Do lifelong learning and revalidation ensure that physicians are fit to practice? [euro.who.int/\\_data/assets/pdf\\_file/0005/75434/E93412.pdf](http://euro.who.int/_data/assets/pdf_file/0005/75434/E93412.pdf)

How can optimal skill mix be effectively implemented and why? [euro.who.int/\\_data/assets/pdf\\_file/0005/75452/E93413.pdf](http://euro.who.int/_data/assets/pdf_file/0005/75452/E93413.pdf)

How can the migration of health service professionals be managed so as to reduce any negative effects on supply? [euro.who.int/\\_data/assets/pdf\\_file/0006/75453/E93414.pdf](http://euro.who.int/_data/assets/pdf_file/0006/75453/E93414.pdf)

### Other WHO Regional Office for Europe publications

Report of the Technical Meeting on Health Workforce Retention in CIS countries, Moscow, Russian Federation, 2011

Health professional mobility and health systems. Evidence from 17 European countries. Brussels, European Observatory of Health Systems, 2011 [euro.who.int/\\_data/assets/pdf\\_file/0017/152324/e95812.pdf](http://euro.who.int/_data/assets/pdf_file/0017/152324/e95812.pdf)

Attracting and retaining health workers in the Member States of the South-eastern Europe Health Network: a policy brief. WHO Regional Office for Europe, 2011 [euro.who.int/\\_data/assets/pdf\\_file/0013/152203/e95774.pdf](http://euro.who.int/_data/assets/pdf_file/0013/152203/e95774.pdf)

Report of the Technical Meeting on Health Workforce Retention in Countries of the South-eastern Europe Health Network, 2011 [euro.who.int/\\_data/assets/pdf\\_file/0018/152271/e95775.pdf](http://euro.who.int/_data/assets/pdf_file/0018/152271/e95775.pdf)

Migration of health personnel in the WHO European Region, 2009 [euro.who.int/\\_data/assets/pdf\\_file/0010/95689/E93039.pdf](http://euro.who.int/_data/assets/pdf_file/0010/95689/E93039.pdf)

Towards the development of a code of practice on the international recruitment of health personnel, WHO/Europe, 2008 [euro.who.int/\\_data/assets/pdf\\_file/0013/102352/hsc08\\_esatellite1.pdf](http://euro.who.int/_data/assets/pdf_file/0013/102352/hsc08_esatellite1.pdf)

Recruitment and retention of health workers: report from the Kampala Round Table, WHO Regional Office for Europe 2008 [euro.who.int/\\_data/assets/pdf\\_file/0003/103872/E91417.pdf](http://euro.who.int/_data/assets/pdf_file/0003/103872/E91417.pdf)

Health workforce policies in the WHO European Region: background paper for the 59th Regional Committee Meeting, 2009. [euro.who.int/\\_data/assets/pdf\\_file/0008/66977/RC59\\_edoc09.pdf](http://euro.who.int/_data/assets/pdf_file/0008/66977/RC59_edoc09.pdf)

Resolution on health workforce policies - EUR/RC59/R4, 2009 [euro.who.int/\\_data/assets/pdf\\_file/0010/68950/RC59\\_eres04.pdf](http://euro.who.int/_data/assets/pdf_file/0010/68950/RC59_eres04.pdf)

Migration of health personnel in the WHO European Region, 2009 [euro.who.int/\\_data/assets/pdf\\_file/0010/95689/E93039.pdf](http://euro.who.int/_data/assets/pdf_file/0010/95689/E93039.pdf)





## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

### Member States

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czech Republic  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
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Republic of Macedonia  
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Uzbekistan

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