World Health Organization

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International recruitment of health personnel: draft global code of practice

Report by the Secretariat

1. In January 2009 the Executive Board at its 124th session noted the report on the draft code of practice, but requested further consultation among Member States, including through discussion by regional committees.[1] The Secretariat consequently prepared a background paper in collaboration with the regional offices that was used to facilitate further consultations and discussions in the six regional committees.[2]

2. This report updates the previous report on the work undertaken to implement resolutions WHA57.19 and WHA58.17,[3] both entitled "International migration of health personnel: a challenge for health systems in developing countries" and introduces an amended draft code, revised in the light of the outcomes of the regional committees.

3. The debate on international health worker recruitment and its impact on health systems has been intensive in recent years. In resolution WHA57.19, the Health Assembly noted with concern that "highly trained and skilled health personnel from the developing countries continue to emigrate at an increasing rate to certain countries", thereby weakening health systems in the countries of origin, and requested the Director-General to develop a code of practice on the international recruitment of health personnel in consultation with Member States and all relevant partners. In response, the Secretariat initiated a global consultation process in order to produce a draft code as a priority activity and as part of its agenda to strengthen health systems based on primary health care.

4. Since January 2009, national, regional and international meetings have discussed the issues related to the code in preparation for regional committee sessions. Some Member States have held national consultations and some regional offices have convened regional and subregional meetings. In addition, the draft code has been highlighted in international settings. In July 2009, the G8 countries at their Summit (L'Aquila, Italy, 8–10 July 2009) encouraged WHO to develop the code of practice on the international recruitment of health personnel by 2010,[4] and the ministerial declaration of the 2009

[1] See document EB124/2009/REC/2, summary record of the eighth meeting, section 2.

[2] http://www.who.int/hrh/migration/code/background_paper_code.pdf.

[3] Document EB124/13.

[4] http://www.g8italia2009.it and click on the links to Summit, Summit documents for the Leaders' declaration, paragraph 121.

high-level segment of the United Nations Economic and Social Council called for the finalization of the WHO code of practice.[1]

OVERVIEW OF DISCUSSIONS AT THE REGIONAL COMMITTEES

5. All six regional committees discussed the key issues on a code of practice on the international recruitment of health personnel, as agreed at the Executive Board meeting in January 2009.[2] These included: (i) objectives and guiding principles; (ii) mutuality of benefits; (iii) national health workforce sustainability; (iv) data gathering; (v) research and information exchange; and (vi) implementation mechanisms.

6. All six regional committees expressed support for the process of development of a voluntary code and for further revision of the draft submitted to the Executive Board in January 2009. In addition, the regional committees for Africa, Europe and the Eastern Mediterranean adopted resolutions in support of the finalization of the code (respectively AFR/RC59/R6, EUR/RC59/R4 and EM/RC56/R.10).

7. The Regional Committee for Africa acknowledged "the importance of the draft WHO code of practice for international recruitment" and requested the Regional Director "to report on progress on the finalization of the code at the global level, taking into account the concerns of the African Region, at the Sixtieth session of the WHO Regional Committee for Africa", scheduled to be held in 2010.

8. The resolution on health workforce policies adopted by Regional Committee for Europe "urges Member States to advocate the adoption of a global code of practice on the international recruitment of health personnel in line with the European values of solidarity, equity and participation, both within the WHO European Region and globally".

9. The resolution adopted by the Regional Committee for the Eastern Mediterranean "urges Member States to give full support to the development, adoption and comprehensive implementation of the provisions of a voluntary WHO code of practice on the international recruitment of health personnel".

10. In the South-East Asia Region the high-level preparatory meeting for the Regional Committee included discussions on a code of practice. Member States made recommendations for the development of the draft code of practice; they called for consultations in order to forge regional consensus through two regional meetings (December 2009 and April 2010).

11. In the Western Pacific Region, the draft code was on the agendas of both the Eighth Meeting of Ministers of Health for Pacific Island Countries (Papua New Guinea, July 2009) and the Meeting on the Regional Strategy and Initiatives on Human Resources for Health, (Manila, August 2009). The outcome of those two meetings was reported to the Regional Committee and Member States expressed support for development of the code.

[1] http://www.un.org/ecosoc and click on the link to Report of ECOSOC for 2009.

[2] See document EB124/2009/REC/2, summary record of the eleventh meeting, section 1.

12. Member States in the Region of the Americas expressed a consensus view that the draft code represented one strategy within a spectrum of interventions to deal with health workforce issues. During the discussions at the 144th session of PAHO's Executive Committee (Washington DC, 22–26 June 2009), Member States raised the challenge of the management of the push-and-pull factors that influence the migration of health personnel from developing countries. The responsibilities of source and destination countries in this regard were cited.

THE REVISED DRAFT WHO CODE OF PRACTICE

13. The Secretariat has redrafted the code of practice in order to take into account, as requested, the views and comments expressed by members of the Board in January 2009 and the outcome of the subsequent sessions of the regional committees. The revised text is attached (see Annex), with specific changes and additions proposed by the regional committees, for example a preamble, indicated.

14. Two core themes identified by the regional committees and incorporated in the revised draft code were that Member States should strive to achieve a balance between the rights, obligations and expectations of source countries, destination countries and migrant health personnel, and that international health worker migration should have a net positive impact on the health system of developing countries and countries with economies in transition. To this end, Article 5 on mutuality of benefits has been strengthened. The revised draft text emphasizes that international health personnel should be recruited in a way that seeks to prevent a drain on valuable human resources for health. In accordance with the views expressed by some regional committees, it also recommends that countries should abstain from active international recruitment of health personnel unless equitable bilateral, regional, or multilateral agreement(s) exist to support such recruitment activities. In addition, voluntary technical and financial mechanisms to strengthen the development of health systems in developing countries and countries with economies in transition are proposed in Article 11.

15. The revised draft code also recommends that Member States should seek to strengthen the balance between the rights of health personnel to leave their countries and the right of everybody to the enjoyment of the highest attainable standard of health in order to mitigate the negative effects of migration on health systems.

16. In accordance with the discussion in some regional committees, the revised draft code also recommends strengthening the provision on self-sustainability by stating that Member States should, to the extent possible, strive to meet their health personnel needs from their own health workforce. In order to make national health workforces sustainable, the revised draft code includes new provisions recommending that Member States consider a variety of measures to retain health workers.

17. As some Member States have expressed the view that the draft code was too prescriptive, Articles 7 (Data gathering and research), 8 (Information exchange) and 9 (Implementation) propose new language to deal with this concern. In order to strengthen voluntary implementation of the code as recommended in regional committee discussions, the periodicity of reporting by Member States on the implementation of the code and by the Director-General on the achievement of the stated objectives are now integrated in the revised draft code in Article 10.

ACTION BY THE EXECUTIVE BOARD

18. The Board is invited to consider the revised global draft code of practice with a view to its submission to the Sixty-third World Health Assembly.

ANNEX

REVISED DRAFT GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL

Note

Three types of update have been introduced in the draft code:

1. changes reflecting the views expressed by regional committees during their sessions held in 2009. The main changes are followed by attribution to the regional committees in brackets with **bold** typeface;
2. brackets have been used to indicate comments made by Member States for which there were different options (also in **bold**);
3. the Secretariat introduced new text to reflect some general views expressed by Member States.

Preamble [Regional Committee for the Western Pacific]

The Member States of the World Health Organization:

Recalling the 2009 ministerial declaration of the Economic and Social Council reaffirming its commitment to strengthening health systems that deliver equitable health outcomes as a basis of a comprehensive approach, noting with concern the lack, as well as the imbalanced distribution of health workers within countries and throughout the world, in particular the shortage in sub-Saharan Africa, which undermines health systems of developing countries, and encouraging the finalization of a Code of Practice on International Recruitment of Health Personnel;

Further recalling resolutions WHA57.19 and WHA58.17 in which the Health Assembly requested the Director-General to develop a WHO code of practice on the international recruitment of health personnel in consultation with all relevant partners;

Noting the call in the Kampala Declaration adopted at the First Global Forum on Human Resources for Health (Kampala, 2–7 March 2008) for WHO to accelerate negotiations on the WHO code of practice;

Further noting the G8 communiqués of 2008 and 2009 encouraging WHO to accelerate the development and adoption of a WHO code of practice;

Recognizing the work undertaken in the United Nations and other international organizations on strengthening the capacity of governments to manage migration flows at national and regional levels and the need for further action, at both national and global levels, on international recruitment of health personnel;

Recognizing that an adequate and accessible health workforce is fundamental to an integrated health system and for the provision of essential health services;

Conscious of the global shortage of health workers;

Deeply concerned that the severe shortage of health workers in many Member States constitutes a major threat to the performance of health systems and undermines the ability of these countries to achieve the Millennium Development Goals and other internationally agreed development goals;

Alarmed that the migration of highly educated and trained health personnel from countries with health systems in crisis is increasing, further weakening the health systems of the countries of origin;

Deeply concerned that, as a result of global interdependence, compromised national health systems can have health and security implications for the global community;

Affirming that all Member States have the sovereign right and responsibility to strengthen their health systems in order to progressively achieve full realization of the right of everyone to the enjoyment of the highest attainable standard of health;

Recognizing that, while international migration of health personnel can bring mutual benefits to both source and destination countries, the balance of gains and losses of health personnel migration should have a net positive impact on the health systems of developing countries; **[Regional Committee for Africa, Regional Committee for the Americas, Regional Committee for South-East Asia, Regional Committee for Europe, Regional Committee for the Eastern Mediterranean, Regional Committee for the Western Pacific]**

Deeply determined that this code should be implemented in such a way as to protect and strengthen the health systems of developing countries; **[Regional Committee for Africa, Regional Committee for the Americas, Regional Committee for South-East Asia, Regional Committee for Europe, Regional Committee for the Eastern Mediterranean, Regional Committee for the Western Pacific]**

Recognizing the importance of balancing the relation between the rights of health personnel, including their right to leave their countries and to migrate to countries that wish to admit and employ them, and the right to the highest attainable standard of health of the populations of Member States; **[Regional Committee for the Americas, Regional Committee for Europe, Regional Committee for the Eastern Mediterranean]**

Recognizing that improving the social and economic status of health workers, their living and working conditions, their opportunities for employment and their career prospects is an important step in overcoming existing shortages and improving retention of a skilled health workforce;

Mindful of the historic and continuing relevance of the role of international exchange in ideas, values and people to human well-being;

Recognizing that the complexity of the challenge demands a comprehensive response and a multisectoral approach, encompassing all sectors associated with both migration and the determinants of health;

Recognizing the urgent need to formulate national, bilateral, regional and other international policy instruments for promoting effective international cooperation and national action in order to maximize the benefits and mitigate the negative impact of international migration of health personnel;

Emphasizing the need for technical and financial assistance to developing countries and countries with economies in transition that are working to strengthen their health systems, including health personnel

development; **[Regional Committee for Africa, Regional Committee for the Americas, Regional Committee for Europe]**

Stressing that the WHO code of practice on the international recruitment of health personnel will be a core component of national and global responses to the challenges of health worker migration;

THEREFORE:

The Member States hereby agree on the following articles which are recommended as a basis for action.

Article 1 – Objectives

The objectives of this code are:

(a) to establish and promote voluntary principles, standards and practices for the ethical international recruitment of health personnel in order to achieve a balance between the rights, obligations and expectations of source countries, destination countries and migrant health personnel;

(b) to serve as an instrument of reference for Member States in establishing or to improving the legal and institutional framework required for the international recruitment of health personnel and in formulating and implementing appropriate measures;

(c) to provide guidance that may be used where appropriate in the formulation and implementation of bilateral agreements and other international legal instruments, both binding and voluntary;

(d) to facilitate and promote international discussion and advance cooperation on matters related to the ethical international recruitment of health personnel as part of strengthening health systems, with a particular focus on the situation of developing countries. **[Regional Committee for Africa, Regional Committee for the Americas, Regional Committee for South-East Asia, Regional Committee for Europe, Regional Committee for the Eastern Mediterranean, Regional Committee for the Western Pacific]**

Article 2 – Nature and scope

2.1 The code is voluntary. Member States and other stakeholders are strongly encouraged to comply with the code.

2.2 The code is global in scope and is directed towards Member States, health personnel, recruiters, employers, health-professional organizations, relevant subregional, regional and global organizations, whether governmental or nongovernmental, and all persons concerned with the international recruitment of health personnel.

2.3 The code applies to all health personnel, including all people engaged in actions in the public and private sectors whose primary intent is to enhance health, and covers those working on a temporary or permanent basis.

2.4 The code provides ethical principles applicable to the international recruitment of health personnel in a manner that strengthens the health systems of developing countries and promotes an equitable balance of interests among source countries, destination countries and health personnel.

Article 3 – Guiding principles

3.1 Addressing present and expected shortages in the health workforce is crucial to protecting global health. International migration of health personnel can make a sound contribution to the development and strengthening of a national health workforce. However, the setting of voluntary international standards and the coordination of national policies on international health personnel recruitment are desirable in order to advance an ethical framework to equitably strengthen health systems worldwide, to mitigate the negative effects of health personnel migration on the health systems of developing countries and to safeguard the rights of health personnel. **[Regional Committee for Africa, Regional Committee for the Americas, Regional Committee for South-East Asia, Regional Committee for Europe, Regional Committee for the Eastern Mediterranean, Regional Committee for the Western Pacific]**

3.2 All Member States have the sovereign right and responsibility to strengthen their health systems in order to progressively achieve full realization of the right of everyone to the enjoyment of the highest attainable standard of health. Member States should take the code into account when developing their national health policies and cooperating with each other, as appropriate.

3.3 The specific needs and special circumstances of countries, especially those developing countries and countries with economies in transition that are particularly vulnerable to health workforce shortages and/or have limited capacity to implement the recommendations of this code, should be considered. Destination countries should, to the extent possible, provide technical and financial assistance to developing countries and countries with economies in transition aimed at strengthening health systems, including health personnel development [, to offset the loss of health workers]. **[Regional Committee for Africa, Regional Committee for the Americas]**

3.4 Member States should balance the relation between individual rights of health personnel to leave any country including their own in accordance with international law, and the right to the highest attainable standard of health of the populations of source countries in order to mitigate the effects of migration on the health systems of the source countries. However, nothing in this code should be interpreted as limiting the freedom of health personnel, in accordance with international law, to migrate to countries that wish to admit and employ them. **[Regional Committee for the Americas, Regional Committee for Europe, Regional Committee for the Eastern Mediterranean]**

3.5 International recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and mutuality of benefits. Member States, in conformity with national legislation and applicable international legal instruments to which they are a party, should promote and respect fair labour practices for all health personnel. All aspects of the employment and treatment of migrant health personnel should be without distinction of any kind, such as race, colour, gender, religion, national or social origin, the country where they were trained, birth or other status.

3.6 Member States should strive to create a sustainable health workforce and work towards establishing effective health workforce planning, production and retention strategies that will reduce their need to recruit migrant health personnel. Policies and measures to strengthen the health workforce should be appropriate for the specific conditions of each country and should be integrated with national development programmes.

3.7 Effective gathering of national and international data, research, and sharing of information on the international recruitment of health personnel are essential to achieve the objectives of this code and should be prioritized out of a spirit of solidarity and to achieve global health security. **[Regional Committee for Europe, Regional Committee for the Eastern Mediterranean]**

3.8 Member States, health personnel, recruiters, employers, health-professional organizations, relevant subregional, regional and international organizations, whether governmental or nongovernmental, and all persons concerned with the international recruitment of health personnel should collaborate in the fulfilment and implementation of the objectives contained in this code for the benefit of present and future generations in all countries.

Article 4 – Migrant health personnel: responsibilities, rights and recruitment practices

4.1. Health personnel and health professional organizations should seek to cooperate fully with national and local authorities in the interests of patients, health systems, and of society generally. **[Regional Committee for the Americas, Regional Committee for Europe]**

4.2 Recruiters should not seek to recruit health care personnel who have an outstanding legal responsibility to the health system of their own country such as a fair and reasonable contract of service. Destination countries should try to be aware of and respect such responsibilities. **[Regional Committee for the Eastern Mediterranean]**

4.3 Member States and other stakeholders should recognize that ethical international recruitment practices provide health personnel with the opportunity to assess the benefits and risks associated with employment positions and to make timely and informed decisions.

4.4 Member States should, to the extent possible, ensure that recruiters and employers observe fair and just recruitment and contractual practices in the employment of migrant health personnel and that migrant health personnel are not subject to improper or fraudulent conduct. Migrant health personnel should be hired, promoted and remunerated based on objective criteria such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce. Recruiters and employers should provide migrant health personnel with relevant and accurate information about any health personnel position that they are offered.

4.5 Member States should ensure that, subject to national laws and relevant international legal instruments to which they are a party, migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work.

4.6 Measures should be taken to ensure that migrant health personnel enjoy opportunities and incentives to strengthen their professional education, qualifications and status on the basis of equality of treatment with the domestically trained health workforce. All migrant health personnel should be offered appropriate induction and orientation programmes that enable them to operate safely and effectively within the health system of the destination country.

4.7 Member States should, to the extent possible, strive to ensure that the services performed in connection with the recruitment and placement of migrant health personnel are rendered free of charge to such health personnel.

Article 5 – Mutuality of benefits

5.1 In accordance with the guiding principle of mutuality of benefits, as stated in Article 3 of this code, the health systems of both source and destination countries should derive benefits from the international migration of health personnel. In developing and implementing international recruitment policies, Member States should strive to ensure that the balance of gains and losses of health personnel migration should have a net positive impact on the health systems of developing countries and countries with economies in transition. **[Regional Committee for Africa, Regional Committee for the Americas, Regional Committee for South-East Asia, Regional Committee for Europe, Regional Committee for the Eastern Mediterranean, Regional Committee for the Western Pacific]**

5.2 Member States are urged to enter into bilateral, regional and multilateral arrangements that comply with this code to promote international cooperation and coordination on migrant health personnel recruitment processes. Such arrangements should strive to ensure that the balance between the gains and the losses in health worker migration should especially benefit developing countries and countries with economies in transition through the adoption of appropriate measures. Such measures may include the provision of effective and appropriate technical assistance, support for health personnel retention, support for training in source countries that is appropriate for the disease profile of such countries, twinning of health facilities, support for capacity building in the development of appropriate regulatory frameworks, access to specialized training, technology and skills transfers, and the support of return migration, whether temporary or permanent. **[Regional Committee for Africa, Regional Committee for Europe, Regional Committee of the Western Pacific]**

5.3 International health personnel recruitment should be done in such a way that it seeks to prevent a drain on valuable human resources from developing countries. Member States should abstain from active recruitment of health personnel from developing countries unless there exist equitable bilateral, regional or multilateral agreement(s) to support recruitment activities. **[Regional Committee for Africa, Regional Committee for the Americas, Regional Committee for Europe, Regional Committee for the Eastern Mediterranean]**

5.4 Member States should seek to ensure that international health personnel recruitment should be sensitive to local health care needs so that international recruitment from any country should not destabilize local health care provision. **[Regional Committee for the Eastern Mediterranean]**

5.5 Member States should recognize the value both to their health systems and to health personnel themselves of professional exchanges between countries and of opportunities to work and train abroad. Member States in both source and destination countries should encourage and support health personnel to utilize work experience gained abroad for the benefit of their home country. Measures should be taken to enable migrant health personnel to develop their qualifications, training, education and expertise so that, when returning home, whether on a temporary or permanent basis, they could add value to the health systems in the source country. **[Regional Committee for Europe, Regional Committee for the Eastern Mediterranean, Regional Committee of the Western Pacific]**

Article 6 – National health workforce sustainability and retention

6.1 As the health workforce is central to sustainable health systems, Member States should take effective measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country, including areas of greatest need, and is built upon an evidence-based health workforce plan. All Member States should strive to meet their health personnel needs with their

own human resources for health, as far as possible. **[Regional Committee for the Americas, Regional Committee for Europe, Regional Committee for the Western Pacific]**

6.2 Appropriate educational and vocational training are core ingredients of a quality health workforce. Member States should consider strengthening educational institutions to scale up the training of health personnel and developing innovative curricula to address current health needs. Member States should undertake steps to ensure that appropriate training takes place in the public and private sectors. **[Regional Committee for Africa, Regional Committee for Europe, Regional Committee for the Western Pacific]**

6.3 Member States should recognize that improving the social and economic status of health personnel, their living and working conditions, their opportunities for employment and their career prospects is an important means of overcoming existing shortages and improving retention of a skilled health workforce. Member States should consider adopting and implementing effective measures aimed at long-term financial commitment to strengthening health systems, continuous monitoring of the health labour market, and coordination among all stakeholders in order to develop and retain a sustainable health workforce responsive to their population's health needs. Member States should adopt a multisectoral approach to addressing these issues in national development programmes. **[Regional Committee for Africa, Regional Committee for the Americas, Regional Committee for Europe, Regional Committee for the Eastern Mediterranean, Regional Committee for the Western Pacific]**

6.4 Member States should consider adopting measures to address the geographical maldistribution of health workers and to support their retention in underserved areas. These measures could include changes in the educational approaches to favour the selection of students from rural backgrounds, providing clear career paths and career development programmes, improving the infrastructure such as health-care facilities, and providing a decent wage, as well as appropriate financial incentives. Member States should also consider other issues surrounding health personnel retention such as non-monetary incentives, including improving working and living conditions, housing, and education benefits for children of health personnel. **[Regional Committee for Africa, Regional Committee for Europe]**

Article 7 – Data gathering and research

7.1 Member States should recognize that the formulation of effective policies on the health workforce requires a sound evidence base.

7.2 Member States should establish or strengthen, as appropriate, programmes for national data gathering on health personnel migration, including the migration of students in health-related fields, and its impact on health systems. Member States should collect and analyse data that are required to support effective health workforce human resource policies and planning.

7.3 Member States should establish or strengthen, as appropriate, national research programmes in the field of health personnel migration and coordinate such research programmes through partnerships at the regional and international levels. To this end, Member States should ensure that appropriate research is conducted into all aspects of international recruitment of health personnel.

7.4 Member States should ensure, as much as possible, that comparable data are generated and collected pursuant to paragraphs 7.2 and 7.3 above for ongoing monitoring, analysis and policy formulation.

Article 8 – Information exchange

8.1 Member States should, as appropriate and subject to national law, promote the establishment or strengthening of information exchange on international health personnel migration and health systems, nationally and internationally, through public agencies, academic and research institutions, health professional organizations, and subregional, regional and international organizations, whether governmental or nongovernmental.

8.2 In order to promote and facilitate the exchange of information that is relevant to this code, each Member State should, to the extent possible:

(a) progressively establish and maintain an updated database of laws and regulations related to health personnel recruitment and migration and, as appropriate, information about their implementation;

(b) progressively establish and maintain updated data from national data gathering programmes in accordance with Article 7.2; and

(c) provide data collected pursuant to subparagraphs (a) and (b) above to the WHO Secretariat every three years, beginning with an initial data report within two years after the adoption of the code by the Health Assembly.

8.3 For purposes of international communication, each Member State should, as appropriate, designate a national authority responsible for the exchange of information regarding health personnel migration and the implementation of the code. Member States should communicate the designated national authority to WHO. The designated national authority should be authorized to communicate directly or, as provided by national law or regulations, with designated national authorities of other Member States and with the WHO Secretariat and other regional and international organizations concerned, and to submit reports and other information to the WHO Secretariat pursuant to subparagraph 8.2(c) above and Article 10.1.

8.4 A register of designated national authorities pursuant to paragraph 8.3 above shall be established, maintained and published by WHO.

Article 9 – Implementation of the code

9.1 The code should be publicized and implemented by Member States in collaboration with health personnel, recruiters, employers, health professional organizations, subregional, regional, and international organizations, whether governmental or nongovernmental, and other interested stakeholders.

9.2 Member States should establish and maintain an effective legal and administrative framework at the local and national level, as appropriate, to give effect to the code.

9.3 Member States should consult, as appropriate, with representatives of health-professional organizations, recruiters, employers, nongovernmental organizations and other stakeholders, in decision-making processes and involve them in other activities related to the international recruitment of health personnel.

9.4 All stakeholders referred to in Article 2.2 should understand their shared responsibilities to work individually and collectively to ensure that the objectives of this code are achieved. All stakeholders should observe this code, irrespective of the capacity of others to observe the code. Recruiters and employers should cooperate fully in the observance of the code and promote the principles expressed by the code, irrespective of a Member State's ability to implement the code.

9.5 Member States should to the extent possible, maintain a record, updated at regular intervals, of all recruiters authorized by competent authorities to operate within their jurisdiction.

9.6 Member States should, to the extent possible, monitor and regulate public and private recruiters and employers to promote adherence with this code.

9.7 Member States should encourage and promote good practices among recruitment agencies by only employing those agencies that comply with the [ethical principles of the] code.

Article 10 – Monitoring and institutional arrangements

10.1 Member States should periodically report, as appropriate, to the WHO Secretariat on measures taken, results achieved and difficulties encountered in implementing this code. The initial report should be made within two years after the adoption of the code by the Health Assembly and [reports thereafter should be made every three years] / [the periodicity of reporting thereafter should be decided by the Health Assembly]. The purpose of the monitoring process is to identify challenges and successes in implementing the code and to assist countries in building capacity to implement the code.

10.2 The Director-General shall keep under review the implementation of this code, on the basis of periodic reports received from designated national authorities pursuant to Articles 8.3 and 10.1 and other competent sources, and periodically report to the Health Assembly on the effectiveness of the code in achieving its stated objectives and suggestions for its improvement. The initial report shall be made within three years after the adoption of this code by the Health Assembly and [reports thereafter should be made every three years] / [the periodicity of reporting thereafter should be decided by the Health Assembly].

10.3 The Director-General shall:

(a) support the information exchange system and the network of designated national authorities specified in Article 8;

(b) develop guidelines and make recommendations on practices and procedures and such joint programmes and measures as specified by the code or as may be required to make the code effective; and

(c) maintain liaison with the United Nations, the International Labour Organization, the International Organization for Migration, and other competent regional and international organizations as well as concerned nongovernmental organizations to support implementation of the code.

10.4 Nongovernmental organizations and other interested stakeholders are invited to report their observations on activities related to the implementation of the code to the WHO Secretariat.

10.5 The Health Assembly should periodically review the relevance and effectiveness of the code. The code should be considered a dynamic text that must be brought up to date as required.

Article 11 – Partnerships, technical collaboration and financial support

11.1 Member States and other stakeholders should collaborate directly or through competent international bodies to strengthen their capacity to implement the objectives of the code, taking into account the needs to protect and strengthen the health systems of developing countries.

11.2 International organizations, international donor agencies, financial and development institutions, and other relevant organizations should increase their technical and financial support to assist the implementation of this code and support health system strengthening in developing countries and countries with economies in transition that are experiencing critical health workforce shortages and/or have limited capacity to implement the objectives of this code. Such organizations and other entities should cooperate with countries facing critical shortages of health workers and undertake to ensure that funds provided for disease-specific interventions are used to strengthen health systems capacity, including health personnel development. **[Regional Committee for Africa]**

11.3 Member States recruiting health personnel from developing countries or countries with economies in transition [[should] / [may wish to] provide] technical assistance to the latter, aiming at strengthening health systems capacity, including health personnel development in those countries. **[Regional Committee for Africa, Regional Committee for the Americas, Regional Committee for Europe]**

11.4 Voluntary financial mechanisms supportive of efforts of developing countries and countries with economies in transition to strengthen health systems, including health personnel development, should be explored. **[Regional Committee for Africa, Regional Committee for the Americas]**

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