

WHO Global Code of Practice on the International Recruitment of Health Personnel

Report by the Secretariat

1. In 2010, the Sixty-third World Health Assembly in resolution WHA63.16 adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel (the “Code”). The Code aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel in a manner that strengthens health systems, including effective health workforce planning, education and retention strategies. The Code offers a dynamic framework for global dialogue and cooperation in order to meet the challenges associated with labour mobility and the international migration of health personnel.
2. Resolution WHA63.16 includes two mechanisms for review and monitoring:
 - (a) the first review of the relevance and effectiveness of the Code shall be made by the Sixty-eighth World Health Assembly (operative paragraph 2);
 - (b) based upon periodic reporting, the Director-General is requested to make proposals, if necessary, for the revision of the text of the Code in line with the first review, and for measures needed for its effective application (operative paragraph 3(4)).

The Code in Article 7.2(c) also stipulates that Member States should, to the extent possible, provide data collected pursuant to subparagraphs (a) and (b) of Article 7.2 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.

FIRST REVIEW OF THE RELEVANCE AND EFFECTIVENESS OF THE CODE

3. In adopting the Code, Member States decided that the first review of the Code’s relevance and effectiveness would be made after a five-year period (see paragraph 2 above). To facilitate that process, the Director-General will convene an expert advisory group, whose task will be to prepare and conduct that review in the period February to May 2015. The expert advisory group will consist of 20 members, comprising 12 representatives of Member States (two nominated from each WHO region) and 8 among representatives of organizations with institutional knowledge of the Code’s development, negotiation and implementation and individual experts. The group shall elect, from among its members, two co-chairmen. The Secretariat will provide support for the work of the expert advisory group.

4. Each of WHO's regional directors will consult with the Member States in the region on the selection of the two expert members of the group. Nominees will have proven expertise in health workforce development, labour mobility, regulation, legislation and human resource information systems.

5. The Secretariat will provide a list of individual experts whose expertise will complement that of the representatives of Member States. Additionally, the Director-General will request partner organizations (e.g. International Labour Organization, International Organization for Migration, the Organization for Economic Co-operation and Development and the Global Health Workforce Alliance) to propose representatives with proven experience and institutional knowledge of the Code's development, negotiation and implementation, and the global context of labour mobility and development.

6. The expert advisory group will be convened before the Sixty-eighth World Health Assembly in order to prepare a review of the global, regional and national information on health personnel migration. Evidence that will be examined will include detailed studies of health workforce mobility (at both global and regional levels) and a forthcoming series of research papers on the relevance and effectiveness of the Code.¹

7. It is proposed that the review covers the following:

- **Relevance:** the extent to which the objectives, principles and articles of the Code continue to be pertinent and can inform solutions related to the global challenges of the migration of health personnel and health systems strengthening.
- **Effectiveness:** the extent to which the implementation of the Code's objectives, principles and articles have influenced actions and policies concerning the health workforce strengthening (such as those related to health workforce information systems, planning, education and retention strategies) at country, regional and global levels. Is there evidence that countries are changing directives and policies aimed at strengthening human resources for health in line with the intentions of the Code? What is the success of a voluntary instrument in comparison to other governance initiatives and instruments in global health?

8. The expert advisory group will submit a report of its findings and recommendations to the Director-General before the Sixty-eighth World Health Assembly. The recommendations will aim to guide the future implementation of the Code by reinforcing its widely accepted principles and by triggering domestic and international policy-making processes to create fit-for-purpose health workforces that are responsive to populations' needs.

PERIODIC REPORTING BY MEMBER STATES²

9. In 2013, the Sixty-sixth World Health Assembly noted the first periodic reporting on the implementation of the Code.³

¹ A special series on the relevance and effectiveness of the Code is planned for publication in April 2015 in the HRH Journal, an open-access, peer-reviewed journal.

² Pursuant to Articles 7.2(c) and 9.2 of the Code and the requests to the Director-General in resolutions WHA64.6 on health workforce strengthening and WHA64.7 on strengthening nursing and midwifery.

³ See document WHA66/2013/REC/3, summary record of the fifth meeting of Committee B of the Sixty-sixth World Health Assembly, which noted the report in document A66/25.

10. In the first round of reporting, 85 Member States indicated that they had designated a national authority and 56 Member States responded to the national reporting instrument. Of the 85 designated national authorities, 79% are in health ministries, 11% are in public health institutes and the rest are spread among health authorities, health boards and human resources for health observatories.¹

11. Data from the 56 countries that submitted national reports, mainly in the European Region, were largely representative of destination countries with only a few submitted by known source countries. The reports demonstrated that Member States have used promising approaches to engage multiple stakeholders in efforts to make the Code's principles nationally relevant and to implement them properly.

12. In their national reports, Member States called on the Secretariat to continue to provide support for stakeholders – at both national and subnational levels and in both public and private sectors - in the advocacy and analytical activities that are called for in the Code.

13. The second round of periodic reporting is due in May 2016, with submission of a report to the Sixty-ninth World Health Assembly. In November 2014, the Secretariat (with the involvement of regional and country offices) initiated preparations for this second round. Member States will be requested through a note verbale to reconfirm and/or designate a national authority that will be responsible for the exchange of information on health personnel migration and the implementation of the Code. The designated authority should be authorized to communicate directly or, as provided by national law or regulations, with designated national authorities of other Member States, the Secretariat and other regional and international organizations and to submit the regular national reports and other information recommended by the Code to the Secretariat.

14. In February 2015, distribution of the national reporting instrument (appraised to include both qualitative and quantitative information) to designated national authorities is planned, with return to the Secretariat requested by June 2015. The instrument hinges on the development of sound coordination mechanisms at the national level, including a known national authority with adequate support and that plays a role in policy setting and direction.

15. In parallel, WHO in cooperation with the OECD has developed a module on health workforce migration in questionnaire on joint data collection on non-monetary health care statistics.² This module will collect core data and information exchange as per Articles 6 (Data gathering and research) and 7 (Information exchange) of the Code and allows for estimation on the total movements of health personnel by country of origin. Dispatch of the joint questionnaire to participating countries (62 Member States) is intended for December 2014. Preliminary results will be made available by June 2015 and incorporated in the second round reporting.

ACTION BY THE EXECUTIVE BOARD

16. The Board is invited to note the report, to consider the processes that have been established to facilitate the first review and the second round of national reporting, and to give further guidance.

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¹ Siyam A, Zurn P, Rø OC, Gedik G, Ronquillo K, Co CJ et al (2013). Monitoring the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. Bulletin of the World Health Organization 2013;91:816-823.

² http://www.euro.who.int/__data/assets/pdf_file/0019/232426/OECD-Joint-statement_09013_FINAL.pdf.