

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

Report of the Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010)

Report by the Director-General

1. The Director-General has the honour to submit to the Health Assembly the report of the Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (see Annex), as specified in document EB136/28, which the Executive Board noted at its 136th session.¹
2. The Expert Advisory Group's report presents the outcome of its deliberations during two meetings in March 2015 and April 2015. The agendas, evidence and meeting reports are available on the WHO website,² along with the disclosures made in accordance with the policy on Declaration of Interests (WHO Experts).

¹ See the summary records of the Executive Board at its 136th session, eighth meeting, section 3.

² Available at: <http://www.who.int/hrh/migration/eag2015/en/>.

ANNEX

WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL: A TOOL FOR HEALTH WORKFORCE DEVELOPMENT AND HEALTH SYSTEMS SUSTAINABILITY.

REPORT TO THE DIRECTOR-GENERAL OF THE EXPERT ADVISORY GROUP ON THE RELEVANCE AND EFFECTIVENESS OF THE WHO GLOBAL CODE OF PRACTICE ON INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL (2010)

BACKGROUND

1. The WHO Global Code of Practice on the International Recruitment of Health Personnel (the “Code”) was adopted by resolution WHA63.16 in May 2010.
2. Article 9.5 of the Code calls upon the World Health Assembly to periodically review the relevance and effectiveness of the Code. In order to fulfill this directive for periodic review, concurrent with the adoption of the Code, the Health Assembly decided in resolution WHA63.16 (operative paragraph 2) that the first review of relevance and effectiveness shall be made by the Sixty-eighth World Health Assembly.
3. The Code, an instrument designed to serve as a global platform for dialogue and cooperation on the development and sustainability of human resources for health, is a critical milestone in international public health. The Code establishes and promotes principles and practices for the ethical international recruitment of health personnel and the strengthening of health systems, including effective health workforce planning, education and retention strategies. The Code puts in place a global architecture to guide global cooperation and provides a platform for continuing dialogue on health systems strengthening.
4. This groundbreaking legal instrument, adopted only five years ago, marks the first time in thirty years that WHO Member States have invoked the constitutional authority of the Organization to develop a global code.

Appointment of the Expert Advisory Group and Process

5. In response to the decision of the WHO Executive Board at its 136th session in January 2015, the WHO Secretariat convened an Expert Advisory Group (EAG) to facilitate the process for the first review of the relevance and effectiveness of the Code¹. The work of the EAG was conducted in two meetings in Geneva, Switzerland (5–6 March and 27–28 April 2015).

¹ All the review material available at: <http://www.who.int/hrh/migration/eag2015/en/>

The EAG comprised representatives of Member States, international organizations and civil society, and individual experts with knowledge of the Code's development, negotiation and implementation, as well as of health workforce and health systems issues.

6. At the first meeting, the EAG elected by consensus Ms. Gabrielle Jacob, Head of the Workforce Planning Unit in the Irish Department of Health, and Dr Viroj Tangcharoensathien, Senior Advisor in the Thai Ministry of Public Health, International Health Policy Program, as co-chairs of the EAG.

7. The purpose of the EAG was to (1) advise the Director-General of preliminary evidence of the relevance and effectiveness of the Code, and (2) provide recommendations aimed 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' health needs.

Relevance

8. In its deliberations the EAG adopted the definition of relevance provided in EB136/28:

- **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 health personnel and health systems strengthening.

9. As part of its deliberations an information session was held with representatives of the Permanent Missions to the UN (06 March, 2015). 19 Member States representatives and a representative of the European Union Delegation to the UN participated. Representatives presented information and evidence to the EAG on how the Code is being used to inform and promote policy dialogue among relevant constituencies including health workforce planners and policymakers. In this session, deliberations reaffirmed the increased relevance of the Code in the changing global and regional health workforce context.

10. Based on the available evidence, the EAG unanimously concluded that the Code remains relevant to the health workforce development challenges faced by Member States. Powerful, well-documented, demographic, economic, and epidemiological trends continue to drive global supply and demand constraints of health personnel, including deficits and mal-distribution. Despite some encouraging progress to increase the quantity, quality and competencies of health personnel worldwide, evidence suggests that many countries still have significant reliance on foreign-trained health personnel. Further, projected trends suggest the global demand for health personnel will accelerate due to population growth, ageing populations, ageing health workforce, urbanization, and the increasing liberalization of rules related to skilled migration. In parallel, constrained fiscal capacity and poor working environments, especially prevalent in some low and middle income states, are contributory factors to global migration.

11. Collectively, the global policy drivers and emerging dynamics make the principles and provisions of the Code increasingly essential to health systems strengthening worldwide. In addition, the comprehensive governance and reporting mechanisms established by the Code in Articles 6 and 7 create an effective global platform for dialogue and engagement with Member States and other relevant stakeholders by establishing a continuing and permanent process of periodic reporting and periodic review.

12. Although technically non-binding as a matter of international law, the Code has important legal significance. Adopted by consensus as a resolution of the World Health Assembly, it is the expression of the solemn will and the intention of the international community, in its widest possible political forum, to address concretely the global health workforce challenges.

13. The need for coordinated and coherent health workforce policy action at the sub-national, national, regional and global levels remains vital. Article 9.5 provides that the “Code should be considered a dynamic text that should be brought up to date as required”, through periodic reviews. Consequently, Member States should be vigilant to ensure that the provisions of the Code remain responsive to emerging trends and dynamic global policy drivers. The WHA’s renewed commitment towards universal health coverage (resolution WHA67.24), which reaffirms the leadership role of WHO in human resources for health, demands continuing support and implementation of the Code.

Effectiveness

14. In its deliberations the EAG adopted the definition of effectiveness provided in EB136/28:

- **Effectiveness:** the extent to which 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 implementation systems, planning, education and retention strategies) at country, regional and global levels.

15. In evaluating the effectiveness of the Code, the EAG followed the request of the Executive Board in document EB136/28 and considered evidence of whether countries are changing directives and policies aimed at strengthening human resources for health in line with the intentions of the Code. The EAG determined that the success of the Code in comparison with other governance initiatives and instruments in global health would be better assessed once further evidence is available from national reporting.

16. Given the available evidence, the EAG finds that there are significant gaps; in particular full implementation and dissemination of the Code across countries and regions. Contributory factors to successful implementation in Member States include the level of awareness, political commitment, technical and financial resources to support systematic implementation and reporting on the Code, and whether there is engagement by all stakeholders to deliver the promise of the Code. The implementation gaps constrain a full assessment of the effectiveness of the Code's potential.

17. The EAG further noted that there is an inherent time lag between the Code adoption and the accumulation of concrete evidence of its effectiveness, outcomes and impacts. For instance, Article 5.4 of the Code calls upon countries to take effective measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country. Given the age of the Code and the constraints upon its implementation, it is therefore too early to assess its full potential in relation to long-term health workforce achievements, outcomes and impacts.

18. Despite the limitations of the evidence reviewed, there are clear indications of the enabling factors to promote effective implementation of the Code and enhance its legitimacy. In the first round of reporting on implementation, as called for by Articles 7.2 and 7.3 of the Code, almost all OECD members designated a national authority and responded to the National Reporting Instrument; this affirms the legitimacy and international acceptance of the Code. In addition, countries such as El Salvador, Indonesia, Maldives and the Philippines, have demonstrated significant benefits in using the Code to promote multi-sectorial dialogue on health system sustainability. Regionally, successful

undertakings, such as those in the Andean and ASEAN networks, are underscoring the use of the Code as a framework in the HRH mobility dialogue in the region. Similarly, the South East Asia Region has used the Code as a foundation to underpin a decade of health workforce strengthening (2015–2024) in resolution SEA/RC67/R6. Importantly, evidence shows that the lack of reporting by other Member States does not necessarily reflect a lack of implementation of the Code. Instead it may indicate a lack of awareness of or capacity to fulfill the reporting requirement.

19. Ultimately, widespread implementation of the Code will require Member States and other relevant stakeholders to raise awareness of the instrument, improve political, technical and financial capacity and intersectoral cooperation to implement its provisions, including obligations on information exchange and reporting, and foster an enabling external environment consisting principally of adequate support from the WHO Secretariat and other partners.

Conclusions

20. The WHO Global Code is highly relevant; especially in the context of growing regional and inter-regional labour mobility. Notwithstanding, the Code should be subject to periodic review to ensure that it continues to be a key framework to address issues arising from global and regional migration of health personnel, health workforce development and health systems sustainability.

21. Evidence of the effectiveness of the Code is emerging in some countries. This evidence provides a solid foundation for expanding global, regional, national and sub-national implementation and measurement of its effectiveness. Notwithstanding, the low awareness, advocacy and dissemination of the Code in other countries – as suggested by the limited response to the first round of reporting – should be corrected.

22. The work to develop, strengthen and maintain the implementation of the Code should be viewed as a continuing process for all Member States and other relevant stakeholders.

Recommendations

23. ***Full realization of the objectives of the Code requires that Member States, working together with other stakeholders, expand awareness and implementation of the legal instrument to its fullest potential.*** In particular, the EAG reiterates the importance of Member State designation of a national authority, as called for by Article 7.3 of the Code, to facilitate national dialogue, support implementation, and coordinate information exchange and reporting. In addition, the EAG strongly encourages member states to strengthen institutional capacity and resources in order to complete the second round of national reporting by July 31, 2015.

24. ***The EAG recommends that the WHO Secretariat (at the global, regional and country levels) expand its capacity to raise awareness, provide technical support and promote effective implementation and reporting of the Code.*** The Code and the WHO Secretariat's capacity should be integral elements of the forthcoming Global Strategy on Human Resources for Health¹, including an emphasis on better identification of and focused support for countries with critical health workforce shortages.

¹ As requested by Member States in resolution WHA67.24

25. *A further assessment of the relevance and effectiveness of the Code should be considered in line with the third round of national reporting* and the scheduled progress report to the Seventy-second World Health Assembly in 2019.

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