

Draft resolution

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

The Seventy-ninth World Health Assembly,

Having considered the report by the Director-General;¹

(PP1) Recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel (hereinafter “WHO Global Code of Practice”), as well as resolution WHA69.19 (2016) on the Global Strategy on Human Resources for Health: Workforce 2030 and other previous Health Assembly resolutions on the health workforce;

(PP2) Recognizing that all countries need to strengthen the health workforce to accelerate progress towards universal health coverage, respond to health emergencies and meet evolving public expectations;

(PP3) Reaffirming all the guiding principles and objectives of the WHO Global Code of Practice;

(PP4) Noting the findings of the five rounds of reporting by Member States and recommendations by the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel (hereinafter “Expert Advisory Group”) resulting from the three reviews of the relevance and effectiveness of the WHO Global Code of Practice;

(PP5) Underscoring the growing relevance of the WHO Global Code of Practice, which is voluntary in nature, as evidenced by the increasing international mobility of health workers, significant improvement in reporting and sustained engagement by many Member States;

(PP6) Noting with concern the persistent challenge of uneven progress in the application of the different articles of the WHO Global Code of Practice and the inequities in benefits to health systems of source countries, despite the adoption of measures on health worker education, regulation, incentives and support;

¹ Document A79/5.

(PP7) Recognizing that women constitute the majority of the global health and care workforce and underscoring the need to address gender inequality, including the pay gap and the underrepresentation of women in senior leadership and decision-making roles;

(PP8) Acknowledging the progress achieved since the adoption of the WHO Global Code of Practice in strengthening health workforce data and the provision of migrant health worker rights, and in integrating ethical recruitment principles into national policies;

(PP9) Concerned with the continuing challenges of inequitable distribution of health personnel compounded by international mobility of health workers through multiple pathways and the growing pressure on health systems resulting from global health emergencies and funding constraints;

(PP10) Bearing in mind the findings and recommendations of the third review of the WHO Global Code of Practice by the Expert Advisory Group submitted to the Executive Board at its 158th session,² which show that high income destination countries make substantial savings on the costs of health professional education through international recruitment, while the desired investments in the health systems of developing source countries have not materialized to yield the expected proportional benefits;

(PP11) Recognizing that destination countries also contribute to source country health systems through bilateral cooperation programmes and skills partnerships, and that this relationship requires mutual investment from all parties;

(PP12) Recognizing that proactive actions are needed by both source and destination countries (addressing both push and pull factors) to fully harness the potential of the WHO Global Code of Practice, in alignment with its principles;

(PP13) Noting the Expert Advisory Group's observation that, in the context of the growing interdependence of health systems, strengthened normative guidance, updated provisions and enhanced accountability mechanisms are necessary to ensure the continued relevance and effectiveness of the WHO Global Code of Practice in supporting equitable, sustainable and ethical health workforce mobility;

(PP14) Emphasizing the importance of intersectoral dialogue involving ministries of health, education, labour, and foreign affairs, as well as health workers' organizations and professional associations, to ensure policy coherence in the management of health workforce mobility;

(PP15) Recognizing that the WHO health workforce programme of work, integrated in the newly configured WHO Academy, along with other settings, is a tool to support Member States in implementing the WHO Global Code of Practice,

(OP)1. ADOPTS the amendments to Articles 2, 5 and 10 of the WHO Global Code of Practice contained in the Annex to this resolution;

(OP)2. URGES all Member States, as integral to health system strengthening, to take the following actions to strengthen the application of the WHO Global Code of Practice in line with the

² See document EB158/17.

recommendations on the implementation of the Code by the Expert Advisory Group in accordance with national context and national priorities:

- (1) to strive, as applicable, for sustainable health workforce policies, planning, investments and practices that reduce the need for international recruitment and, in parallel, support the strengthening of the health systems;
- (2) to gather and share data on international flows of students and trainees in health professional education during their training;
- (3) to report data on migration and implementation of the WHO Global Code of Practice through WHO national health workforce accounts and through the WHO Global Code of Practice reporting process every three years;
- (4) to prioritize research on health and care workforce at both the national and international levels in order to generate critical knowledge to manage migration more equitably and efficiently;
- (5) to encourage developing mutually beneficial partnerships that facilitate healthcare skills exchange and benefit health systems of both source and destination countries;

(OP)3. ENCOURAGES destination countries benefiting from international recruitment of health personnel to establish mutually agreed, structured, measurable and transparent co-investment arrangements to deliver proportional benefits in the health systems and workforce development in source countries including, for example, skills partnerships; official overseas development assistance; health, education or other budgets; or other financial mechanisms in line with WHO's guidance on bilateral agreements and health worker mobility;

(OP)4. INVITES partners to contribute to strengthening the implementation of the WHO Global Code of Practice, specifically calling for:

- (1) professional associations, regulators, private sector recruiters, employers and civil society to share data and information related to the health workforce and international recruitment practices, respecting each country's sovereign rights over its respective data and information;
- (2) civil society, regulators and professional associations to strengthen advocacy efforts on ethical recruitment, including among private sector recruiters, employers and education institutions;
- (3) donors and development agencies, where appropriate, to promote and fund co-investments in the health systems of source countries and mutually beneficial partnerships to support health workforce sustainability, including taking into account the unique circumstances in developing countries, small island developing States, and fragile and conflict-affected settings;
- (4) development partners, private sector and academic institutions to support developing the core capacity, particularly of developing countries, to monitor the dynamics of health workforce flows and measures of health workforce education, employment and retention to address the drivers of health workforce migration;

- (5) academic and research institutions to support research on health and care workforce migration to identify barriers and enablers of effective implementation of equitable management of international mobility of health personnel;

(OP)5. REQUESTS the Director-General:

- (1) to publish an updated version of the WHO Global Code of Practice that includes the additional text contained in the Annex, as agreed by Member States;
- (2) to give all possible support to Member States, as and when requested, for the implementation of the updated version of the WHO Global Code of Practice;
- (3) to regularly update the WHO Health Workforce Support and Safeguards List (on a three-yearly basis, with the next update scheduled for 2026), incorporating the flexibility in the application of the List as recommended by the Expert Advisory Group, whereby: (i) Member States on the List may communicate to the Secretariat their willingness to allow active international recruitment; and (ii) Member States not on the List may communicate to the Secretariat their desire for the support and safeguards measures of the List to be extended to them;
- (4) to develop operational procedures for applying the flexibility under the WHO Health Workforce Support and Safeguards List, including standardized notification and confirmation processes for countries on the List to indicate willingness to allow active recruitment under defined conditions, and for countries not on the List to seek extension of safeguards, and guidance to ensure any recruitment under this flexibility remains aligned with ethical recruitment, mutuality of benefits and health system sustainability in source countries;
- (5) to support the implementation efforts of the practical guidance on bilateral agreements and mutually beneficial partnerships among Member States, including co-investments and financing mechanisms between source and destination countries, and to update the guidance when necessary, cognizant of the practical situations faced by countries;
- (6) to provide technical support to Member States, as may be requested, on the application of the WHO Global Code of Practice, including through technical assistance on the development of bilateral agreements with proportional benefits as well as mutually beneficial outcomes for health systems, on operationalizing co-investments and on facilitating policy dialogue among Member States;
- (7) to engage with source and destination countries, upon request, on international recruitment of health personnel, for the implementation of the WHO Global Code of Practice;
- (8) to integrate reporting on the implementation of this resolution including in relation to both source and destination countries, within the existing reporting mechanism and cycle for the WHO Global Code of Practice, with the next reports on implementation of the Code to be submitted to the Eighty-first World Health Assembly in 2028 and the Eighty-fourth World Health Assembly in 2031, and the next review of the relevance and effectiveness of the Code to the Eighty-fifth World Health Assembly in 2032, respectively;

(9) to implement in line with the Fourteenth General Programme of Work, 2025–2028, and the prioritization process, those actions and workstreams dedicated to supporting policy development and implementation, normative and technical cooperation activities, and data and evidence gathering that support the actions outlined in this resolution, in the WHO Global Code of Practice, the Global Strategy on Human Resources for Health: Workforce 2030, and related Health Assembly resolutions, respectively.

Annex

Additional text to the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010)

- (1) The provisions of the Code also apply to health personnel who migrate and take up employment positions as care workers in destination countries.
- (2) The recommendations of the Code are universally applicable in all countries, including during pandemics and other health emergencies, environmental disasters and humanitarian, economic or crises situations that require additional or surge support to manage health service delivery.
- (3) Member States which rely on international health personnel, irrespective of the pathway of mobility or type of recruitment, are encouraged to partner with source countries on mutually beneficial strategies and targeted co-investments in specific areas of the health workforce and health systems in the source countries.
- (4) Development banks, donor agencies and financial and development institutions with responsibility for emergency financing should consider modalities to mitigate the risk of health workforce loss during crises.
- (5) Donor agencies, global health initiatives and international financial institutions are encouraged to co-invest in priority areas of health systems identified by countries as requiring support, with investments across the entire health worker life cycle (education, employment and retention) to optimize the management and performance of the health workforce and improve population health.
