

International recruitment of health personnel: draft global code of practice

1. This information document has been prepared at the request of the Executive Board at its 126th session in January 2010,¹ in order to facilitate discussion by the Sixty-third World Health Assembly of the draft code of practice on the international recruitment of health personnel.
2. The table below summarizes the main comments and proposed amendments made by Member States and nongovernmental organizations. It includes proposals made by members of the Board during their discussion of agenda item 4.5 “International recruitment of health personnel: draft global code of practice”,¹ as well as the additional comments submitted to the Secretariat before 24 February 2010.
3. This summary document is not intended to provide in full the comments and proposed amendments. The complete texts, reproduced in their original form and language, are available on the web site of the WHO Department of Human Resources for Health: <http://www.who.int/hrh/migration/code/practice/en/index.html>. These original texts and the summary records of the discussion by the Board of this item at its 126th session will also be made available to the Health Assembly.
4. The summary table’s structure reflects that of the draft code of practice. The comments and proposed amendments by Member States or nongovernmental organizations are grouped to correspond to each article of the draft code of practice. The table begins with general comments, grouped into overview positions, and then presents comments sequentially according to the main themes developed in the background paper (prepared by the Secretariat in 2009 in collaboration with the regional offices and used to facilitate further consultations and discussions in the six regional committees).² The categories are the following: nature; objectives and guiding principles; international recruitment practices; mutuality of benefits; national health workforce sustainability; data gathering; research and information exchange; and implementation procedures.

¹ See document EB126/2010/REC/2, summary record of the sixth meeting.

² See also http://www.who.int/hrh/migration/code/background_paper_code.pdf.

GENERAL COMMENTS¹

SUBJECTS	SOURCES	COMMENTS
<i>Overview positions</i>		
	Brazil	Supports the immediate adoption of the draft code as a first step towards bringing the issue to the fore, and looks forward to its wide implementation by Member States.
	Canada	As currently drafted the code poses challenges: the primary responsibility for its health personnel matters resides at the subnational level. Suggests a section on “Use of Terms” or “Glossary of Terms” should be developed to help to clarify the meaning of technical terms (i.e., ethical international recruitment, rights and mutuality of benefits) within the document and to assist in the interpretation of the code.
	European Union	Requests an analysis of the financial implications of the revised draft code, especially in relation to articles 7 and 8 on data gathering, research and information exchange. Suggests inclusion of ideas on: <ul style="list-style-type: none"> – circular migration of migrant health personnel, so that circulation of skills and knowledge can be achieved to the benefit of both countries of origin and destination countries; – ethical recruitment. Suggests insertion of the following paragraphs (location within the text at the discretion of the Secretariat): “Member States should facilitate circular migration of migrant health personnel so that skills and knowledge can be achieved to the benefit of both the source and destination country. Member States should revise and monitor their national legislation and practice in order not to lock in health personnel in the destination country in cases where these individuals would like to return temporarily to work in their country of origin, while retaining their rights to re-enter the territory and labour market of the destination country.” “‘In order to facilitate the building up of knowledge as well as the transfer of skills, Member States should consider and develop favourable mechanisms and formal channels for health personnel to uphold dual posts and to be able to request absence of leave without the risk of losing their position in the country of origin and/or the country of destination.” Reminder as regards ethical recruitment: Council directive 2009/50/EC (25 May 2009) on the conditions of entry and residence of third-country nationals for the purposes of highly qualified employment.

¹ See document EB126/2010/REC/2. Information is drawn from the summary record of the Executive Board at its 126th session, sixth meeting, and from comments submitted by Member States and nongovernmental organizations in official relations with WHO, received before 24 February 2010.

SUBJECTS	SOURCES	COMMENTS
	Hungary (on behalf of the Member States of the European Union, the candidate countries Croatia, Turkey and the former Yugoslav Republic of Macedonia; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia)	A definition of key concepts should be provided in an annex.
	India	<p>The code should apply to all types of health workers, a description of which should be provided in an accompanying glossary.</p> <p>Its comparability with ILO provisions on migration and human rights and aspects of freedom of movement should be examined, bearing in mind that a code specific to the health sector might have discriminatory repercussions in other sectors.</p>
	Mauritania (on behalf of the Member States of the African Region)	<p>The current version of the draft code gives rise to concerns, including: the need for a sizeable return on investment to enable the training of health personnel in developing countries; the non-binding character of the draft code, and the lack of any clear mechanisms for dispute resolution; reciprocal benefits and the failure to recognize the detrimental effect of recruitment on countries with poor health systems; protection of the rights of health workers; and the legal implications of restrictions on the free movement of such workers.</p> <p>Mobilization of sufficient resources to implement measures, including any code of practice on international recruitment of health personnel, remains a challenge.</p>
	Monaco	<p>There is an impression of confusion, due in part to the fact that there is no glossary or article containing definitions. Such an element is believed to be essential.</p> <p>Because of the absence of clear definitions, the text appears to refer alternately and indiscriminately to “international health worker recruitment” and “international migration of health personnel”. Some clarification is required, as the concept of migration is much broader than recruitment, strictly speaking.</p> <p>Likewise, in several places the term “ethical” is applied to international recruitment, also without any definition.</p> <p>As far as the drafting is concerned, on several occasions the text speaks of “developing countries and countries with economies in transition”, but on many other occasions only “developing countries” is used; this restrictive use of the term appears unjustified. A thorough review of the document is needed, incorporating the necessary corrections.</p> <p>Finally, despite the fact that the text is not binding, great care is required to ensure that its provisions do not run counter to the principles enshrined in the core international instruments for the promotion and protection of human rights. A formulation such as “international recruitment of health personnel with due regard to international human rights standards” would appear to be more suitable.</p>

SUBJECTS	SOURCES	COMMENTS
	New Zealand	The code should recognize the challenges faced by small island States that are often under-resourced and struggle to meet the needs of their often small and widely dispersed populations.
	Norway	Supports the adoption of the proposed code of practice. Suggests that the agenda item should appear early in the programme of work for the Health Assembly in order that it may establish, if needed, a drafting group.
	Oman (on behalf of the Member States of the Eastern Mediterranean Region)	Supports the draft code of practice and looks forward to its implementation, on which basis it could then be further revised and amended, as necessary.
	Switzerland	The code should not overlook the limited capacities of States with decentralized decision-making powers. Suggests specific textual amendments. ¹
	United States of America	References throughout the text to “ethical” recruitment should be deleted, as they are unnecessarily stigmatizing and undefined. The code does not adequately recognize that in some Member States recruiting is decentralized and/or carried out by the private sector.
<i>Nature</i>		
	Japan	The revised draft code of practice is comprehensive and reflects the need to stress the voluntary nature of the code.
	Mauritania (on behalf of the Member States of the African Region)	The non-binding character of the draft code is a concern.
	Mexico	The code is voluntary, as paragraph 2.1 of Article 2 makes clear, so the text should be worded in a way that reflects this non-binding status. Accordingly, the code should limit itself to broad outlines and encourage States to implement it in accordance with their national capacities.
	Monaco	The text is somewhat ambivalent because although it is not binding, the wording conveys the opposite impression, and its implementation - particularly in the areas of data gathering and the establishment of databases and reporting (articles 7 and 8) - could only add value, as the text currently stands, if the code actually was binding upon Member States. The concept of a “voluntary code” is made explicit only in paragraph 2.2 of Article 2. As indicated above, the whole text should be reviewed to reflect this voluntary aspect better. This point could also be mentioned in the preamble (in the final two paragraphs for example).

¹ Provided in full in the original proposal, available at <http://www.who.int/hrh/migration/code/practice/en/index.html>.

SUBJECTS	SOURCES	COMMENTS
	United States of America	<p>The provisions of the draft code must be consistent with its voluntary nature.</p> <p>Overall, the document should be structured like a set of guiding principles.</p> <p>It should be clear that the code is intended to be a resource that Member States may draw upon as they design their own national laws and policies; in so doing, States may choose to draw from some or all portions of the code, as appropriate to their circumstances.</p> <p>Specific language: the words “principles” and recommendations,” should be used instead of the current references to “standards” and “national policies” throughout the document.</p> <p>Language in some articles should be amended to reflect more accurately the voluntary nature of the code. For example, the code should “encourage” Member States to carry out the code or parts of the code, as appropriate, as opposed to stating that Member States “should” take or “ensure” specific actions, such as compliance with or implementation of the code.</p>
<i>Objectives and guiding principles</i>		
	Islamic Republic of Iran	The code should include a recommendation that Member States limit international recruitment from countries with critical health workforce shortages.
	Norway	<p>Keep the principle that all countries abstain from targeted and active recruitment of health personnel from developing countries with critical shortages of health workers.</p> <p>The code of practice applies to non-state stakeholders as well as public stakeholders, including private sector, recruitment agencies etc. who are encouraged to adopt it.</p>
	Republic of Moldova	<p>The ethical principles set out in the code, designed to achieve a balance between the rights and obligation of source countries and destination countries, are in line with contemporary needs.</p> <p>It is significant that the code applies to health personnel in both the public and private sectors.</p> <p>The code should clearly delineate mechanisms for, if not international, at least regional accreditation for schools of medicine and licensing of physicians, something over which WHO must have authority</p>
	Zimbabwe	The concept of cooperation is covered in parts of the draft code, but should be incorporated into its guiding principles to bring it into line with the WHO Constitution.
<i>International recruitment practices</i>		
	Mauritania (on behalf of the Member States of the African Region)	The protection of the rights of health workers is a concern, as well as the legal implications of restrictions on the free movement of such workers.
Mutuality of benefits	Mauritania (on behalf of the Member States of the African Region)	There is a need for a sizeable enough investment return to enable the training of health personnel in developing countries. The reciprocal benefits and the failure to recognize the detrimental effects of recruitment on countries with poor health systems are also sources of concern.

SUBJECTS	SOURCES	COMMENTS
	Republic of Moldova	It is important that destination countries should provide technical and financial assistance to source countries aimed at strengthening their health systems. As it takes a very long time, 9 to 11 years, to train a physician, a mechanism must be envisaged under which destination countries could provide compensation to countries with economies in transition that had spent public funds on such training.
	South Africa	A point requiring further attention is whether the code could, in its present form, ensure a fair return on the investment made in health worker training by developing countries, including those in some of the neediest parts of the world. On the matter of gains and losses of health personnel migration, the Secretariat is asked to clarify exactly what those gains are.
	Switzerland	The concept of compensation should be better elaborated.
	Zimbabwe	Endorses the above point raised by South Africa.
	United States of America	The text should not link provision of development assistance to recruitment practices, as doing so implies a <i>quid pro quo</i> .
<i>National health workforce sustainability</i>		
	Islamic Republic of Iran	Nationalization of medical education and matching education more effectively with local health needs are safeguards against the migration of health workers from developing countries to destination countries and should be promoted by the Secretariat and Member States.
	Norway	In addition to mentioning “national health worker sustainability” the code should also include regional and global sustainability.
	Switzerland	The concept of self-sustainability in meeting health personnel needs should be better elaborated.
<i>Data gathering, research and information exchange</i>		
	France	Data-gathering is a key component for implementation of the code. France commends the joint approach of WHO and OECD to improving the availability and comparability of data, including plans to hold a workshop in June 2010 to identify useful data sources and the types and scope of data required.
	Hungary (on behalf of the Member States of the European Union, the candidate countries Croatia, Turkey and the former Yugoslav Republic of Macedonia; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia)	In the area of data-gathering, WHO would do well to cooperate with OECD in order to avoid overlap and ensure high quality data.

SUBJECTS	SOURCES	COMMENTS
	United States of America	With regard to data collection, several articles need to be amended in order for responsibilities to be assigned to the correct WHO entities and to be consistent with the voluntary nature of the code.
<i>Implementation procedures</i>		
	Mauritania (on behalf of the Member States of the African Region)	The lack of any clearly identifiable dispute-resolution mechanism is a concern.
	New Zealand	Specific objectives and indicators taking account of Member States' capacities would need to be agreed on and used for reporting on implementation of the code.
	Norway	Clarify WHO's role in supporting the implementation and the monitoring of the code of practice, and further clarify the role of civil society and non-state actors in this.
	United States of America	With regard to reporting, several articles need to be amended in order for responsibilities to be assigned to the correct WHO entities and to be consistent with the voluntary nature of the code.

COMMENTS ON TITLE, PREAMBLE OR ARTICLES

SUBJECTS	SOURCES	COMMENTS
<i>Title</i>		
	Switzerland	The title should be “revised draft code of practice on the international recruitment and migration of health personnel” rather than “revised draft code of practice for the international recruitment and migration of health personnel”.
	Medicus Mundi Internationalis - International Organization for Cooperation in Health Care	The title of the draft code should be amended to include the word “ethical”.
<i>Preamble</i>		
	Canada	The twelfth preambular paragraph should read: “Recognizing that the balance of gains and losses of health personnel migration should have a positive impact on the health systems of developing countries”.
	Hungary (on behalf of the Member States of the European Union: the candidate countries Croatia, Turkey and the former Yugoslav Republic of Macedonia; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia)	National measures and the role of decentralized authorities should be mentioned in the preambular paragraphs.
	European Union	Textual changes to the preamble and articles are suggested. ¹

¹ Provided in full in the original proposed at: <http://www.who.int/hrh/migration/code/practice/en/index.html>.

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	Monaco	The preamble does not make explicit the voluntary nature of the code. The preamble should be followed by a new Article 1 entitled DEFINITIONS.
	Thailand	The twelfth preambular paragraph presents the most challenging issue. With reference to the phrase “Recognizing that, while international migration... should have a net positive impact on the health systems of developing countries”, it is difficult to measure that “net positive impact”. When it comes to evaluating the outcome of the code, it is extremely difficult to measure progress. In the fourteenth preambular paragraph, the words “and social obligations” should be inserted between “the rights” and “of health personnel”, in order to ensure a proper balance. The sixteenth preambular paragraph contains unclear wording: namely “exchange in ideas, values”. It is recommended to delete this paragraph as it does not add anything to the code.
	United States of America	The document should not attempt to “balance rights”, which could imply that the rights of one group are more important than those of another. Instead, the document should seek to “balance interests” of Member States and stakeholders. In order to do so, references to “balancing rights” should be deleted from the fourteenth preambular paragraph. The voluntary nature of the code should be emphasized in the fifth and twenty-fourth preambular paragraphs.
	Medicus Mundi Internationalis - International Organization for Cooperation in Health Care	The preamble should highlight the fact that domestic workforce development measures and incentives offered by destination countries often actually increase the international movement of health workers.
<i>Article 1 – Objectives</i>		
	Canada	Recommends the rewording:” (b) to guide Member States in establishing or improving legal and institutional frameworks and in formulating and implementing appropriate measures for the international recruitment of health personnel”.
	United States of America	The description of the code as an “instrument of reference” should be replaced by reference to a “resource”.
<i>Article 2 – Nature and scope</i>		
	Canada	Recommends rewording paragraph 2.1: “The code is voluntary and non-binding. Member States and other stakeholders are encouraged to comply with the code in accordance with their constitutions, domestic legislation and regulatory responsibilities”.
	India	The Article should be strengthened to ensure that the code applies to all types of health workers.

SUBJECTS	SOURCES	COMMENTS
	Monaco	<p>In paragraph 2.1: “the other stakeholders” are not defined.</p> <p>In paragraph 2.2: the text is not only directed towards Member States but also to a wide range of individuals and/or legal entities. However, in the rest of the code most of the provisions relate solely to actions by Member States. This needs to be clarified and the roles and responsibilities of each party must be clearly defined (not forgetting that some States have a federal structure).</p> <p>In paragraph 2.4: as previously stated, “and countries with economies in transition” should be added to the phrase “developing countries”.</p> <p>In paragraph 2.4: “equitable” balance; this term needs to be clearly defined or deleted (merely retaining the concept of balance).</p>
	Thailand	In paragraph 2.3, it is doubtful how to force the private sector (employers and recruiters) to comply with the code as long as the recruiters are not licensed and not re-licensed annually. In order to be enforceable, the recruiters need to be licensed, as a regulatory function of the government, see also paragraph 9.7 under Article 9.
	United States of America	<p>Suggests: strengthen the recognition of the code’s non-binding nature in paragraph 2.1.</p> <p>Paragraph 2.4 should be amended so that the interests of all countries are to be considered.</p>
Article 3 – Guiding principles		
	European Union	Query: what is meant by technical and financial assistance in paragraph 3.3?
	Hungary (on behalf of the Member States of the European Union: the candidate countries Croatia, Turkey and the former Yugoslav Republic of Macedonia; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia)	The voluntary financial mechanisms mentioned in paragraph 3.3 need to be clarified.
	India	Clear guidelines should be introduced in paragraph 3.5 for ensuring fairness and transparency in recruitment.

SUBJECTS	SOURCES	COMMENTS
	Thailand	In paragraph 3.3 delete the words “to offset the loss of health workers”. Paragraph 3.4 should reflect the suggestion made in regard to the fourteenth preambular paragraph, that the words “and social obligations” be inserted between “the rights” and “of health personnel”, in order to ensure a proper balance. Paragraph 3.4 should read “Recognizing the importance of balancing the relation between the rights and social obligations of health personnel, including ...”.
	United States of America	Member States should ensure that nothing in the code of practice could have a negative impact on the human rights of health workers who are in the process of migrating. Paragraph 3.4 should be simplified, but retain the recognition of the rights of health personnel to migrate, as it is crucial to recognize the interests of individuals as well as Member States.
	Medicus Mundi Internationalis - International Organization for Cooperation in Health Care	Article 3 should stress the obligation of countries both to strengthen their own health systems and to provide international cooperation and assistance, and should also call for more coherent domestic and international policies.
<i>Article 4 – Migrant health personnel: responsibilities, rights and recruitment practices</i>		
	Canada	Clarification is required with regard to the meaning and intent of Article 4. Suggests: deletion of paragraph 4.1 as the objective is not clear within the context of the code. Recommends: reword paragraph 4.2 as follows “Recruiters should, to the extent possible, be aware and respect outstanding legal responsibilities of health personnel to the health system of their own country, such as a fair and reasonable contract of service, and not seek to recruit health personnel that have such responsibilities. Health personnel should be open and transparent about any contractual obligations they may have.”; and reword paragraph 4.5 to read “Member States should strive to ensure that, subject to domestic legal frameworks and relevant international legal instruments to which they are a party, migrant health personnel employed in their states enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work. Migrant health personnel should be promoted and remunerated based on objective criteria such as comparable levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce”. Suggests: deletion of paragraph 4.7 as it represents a significant investment of resources in infrastructure and personnel. The current fiscal economic climate and subnational jurisdiction provide additional challenges.
	European Union	Seeks clarification and reformulation of paragraph 4.1 and states its belief that it should be moved to the preamble.

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	Hungary (on behalf of the Member States of the European Union: the candidate countries Croatia, Turkey and the former Yugoslav Republic of Macedonia; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia)	It is essential in paragraph 4.2 to avoid the impression that individuals are to be held responsible for development in their country of origin or that their right to leave is to be restricted. Policies that could lead to discrimination in the immigration process on grounds of nationality or profession are similarly to be avoided.
	India	In paragraph 4.2 migrant health workers should be required to declare legal obligations in their source country to recruiters in the destination country, and in paragraph 4.3, they should have access to detailed job descriptions.
	Monaco	<p>The confusion between migration and international recruitment in the article title needs to be clarified.</p> <p>The provisions of paragraph 4.2, strictly applied, would appear to be very hard to implement both in practical terms and in a general context. It would be extremely difficult, if not impossible, for recruiters (definition?) to routinely conduct in-depth verification of the legal professional status of possible recruits (in practice, a sworn declaration could be required and deemed to be a legally binding commitment by the declarant vis-à-vis his or her new employer).</p> <p>In paragraph 4.7, clarification is needed of which services, in connection with the recruitment and placement of migrant health personnel, might be rendered free of charge. What services are covered by this paragraph?</p>
	Thailand	<p>In paragraph 4.2, Thailand concurs with the proposal by India to add a final phrase indicating that migrant health workers are responsible for declaring legal obligations.</p> <p>In paragraph 4.4, the words "... are not subject to ..." should be replaced by "... safeguard against ...".</p>

SUBJECTS	SOURCES	COMMENTS
	United States of America	The code does not adequately recognize that in some Member States, recruiting is decentralized and/or carried out by the private sector. For example, recognizing the limits on States' authority in such situations. Paragraph 4.4 should include a reference that States, "to the extent possible under their domestic law and policy," should encourage the private sector to observe appropriate recruitment and contractual practices. Paragraph 4.7 should be deleted entirely, as many governments do not recruit health personnel themselves.
	International Council of Nurses	Welcomes the provisions of Article 4 on responsibilities, rights and recruitment practice.
<i>Article 5 – Mutuality of benefits</i>		
	Bangladesh	The provisions on mutuality of benefits in Article 5 are especially noteworthy.
	Canada	<p>Clarification is required with regard to the meaning and intent of Article 5.</p> <p>Recommends: reword paragraph 5.1 to read "In accordance with the guiding principles of this code, the health systems of both source and destination countries should derive benefits from the international recruitment of health personnel. Collaboration between the source and destination countries is required, specifically when the source country is affected by critical shortages. Destination countries that benefit directly from the international recruitment of health personnel should explore ways to sustain and promote human resources development within source countries".</p> <p>Reword paragraph 5.3 as follows "International recruitment of health personnel should be done in such a way that it seeks to prevent a drain on valuable human resources from countries with critical shortages of health personnel".</p> <p>Suggests: deletion of paragraph 5.4. as its scope is very broad and the link between recruitment activities and local health needs is not always direct. The paragraph is unnecessary as the principle that international recruitment should not happen to the detriment of source countries' health systems is already embedded elsewhere in the code.</p>
	India	Under Article 5, Member States should be required to support migrants wishing to return to source countries, and be provided with guidelines for systems to redress grievances arising during recruitment and employment.

SUBJECTS	SOURCES	COMMENTS
	Hungary (on behalf of the Member States of the European Union: the candidate countries Croatia, Turkey and the former Yugoslav Republic of Macedonia; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia)	The applicability of paragraph 5.4 requires clarification.
	Monaco	<p>In paragraph 5.1, clarify the phrase “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”.</p> <p>Which are the “Member States”? Source countries or destination countries, or both? How can a net positive balance of gains and losses of health personnel migration be ensured in practice? In the absence of a clear and precise definition of this phrase, its deletion is preferred.</p> <p>In paragraph 5.3, what is meant by “active recruitment”? As above, it is essential to define clearly what this term covers.</p> <p>In paragraph 5.4, as stated above, clarifications are needed, specifically on arrangements that could be put in place to give effect to these provisions.</p>
	Paraguay	Paragraph 5.2 is particularly satisfactory as it sets out specific measures for ensuring mutuality of benefits.
	United States of America	<p>Paragraph 5.2 should be deleted in favour of the newly-proposed paragraph 6.5 under Article 6 (see below).</p> <p>Paragraph 5.3 should be deleted entirely and paragraph 5.4 should be more narrowly defined. These primarily apply to Member States where international health personnel recruitment is centralized and run by national health authorities.</p>

SUBJECTS	SOURCES	COMMENTS
	International Council of Nurses	The term “active recruitment”, which appears in paragraph 5.3, is not defined, and it is therefore not clear how the proposed ban on it would be implemented.
	Medicus Mundi Internationalis – International Organization for Cooperation in Health Care	The concept of shared responsibility should be added to Article 5.
<i>Article 6 – National health workforce sustainability and retention</i>		
	European Union	Seeks clarification: what do “appropriate financial incentives” in paragraph 6.4 mean to Member States ?
	Monaco	In paragraph 6.1, Monaco’s special circumstances mean that recourse to its “own human resources” is not possible. This phrase should preferably be deleted.
	New Zealand	Supports the Health Worker Migration Global Policy Advisory Council’s suggestion that the word “national” be deleted in the title of Article 6, so that it reads “Health workforce sustainability and retention”.
	United States of America	In paragraph 6.2 the reference to strengthening educational institutions should be deleted, as it is not applicable in countries where training and curricula setting is not centralized or run by the national government. The reference to “long-term financial commitment” should be deleted from Article 6.3. Proposes: the addition of a new paragraph 6.5 which “encourages Member States to pursue development and assistance projects with source countries to promote sustainable health systems and increase local capacity”.
	International Council of Nurses	Welcomes the provisions of Article 6 on national health workforce sustainability.
<i>Article 7 – Data gathering and research</i>		
	Canada	Recommends rewording paragraph 7.3 to read “Member States should encourage, to the extent possible, research programmes in the field of health personnel migration and collaborate with partners at the regional and international levels”.

SUBJECTS	SOURCES	COMMENTS
	European Union	<p>Data gathering, research and information exchange (i.e. articles 7 and 8) should focus on health systems/ infrastructure and their (lack of) capacity, not on migration. The provisions on data gathering should be more specific (e.g. organization, infrastructure, services offered, accessibility as well as number of health personnel by type of activity, origin etc).</p> <p>Requests analysis of the financial implications of the revised code, especially in relation to articles 7 and 8 on data gathering, research and information exchange. These provisions are potentially very demanding since these data are not available for the moment in some countries.</p> <p>Encourages WHO to cooperate with OECD in this area to avoid overlap and to ensure high quality data.</p> <p>Emphasizes the difficulty for the source country in general of gathering data on migration of health personnel. The focus should be on the destination country when gathering data on migration of health personnel.</p> <p>Emphasizes the difficulty of collecting data on the migration of students in health-care related fields, as almost all data in relation to health professionals are focused on registered health personnel.</p>
	Hungary (on behalf of the Member States of the European Union: the candidate countries Croatia, Turkey and the former Yugoslav Republic of Macedonia; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia)	<p>The financial and administrative implications of the revised code should also be specified, particularly in the context of Article 7 which is potentially very demanding.</p>
	Monaco	<p>Articles 7, 8, 9 and 10: The voluntary nature of the code seems to conflict with some aspects of these provisions.</p> <p>Never losing sight of the fact that the code of practice is voluntary, clarification should be given about who must provide data and who must compile regular reports? All Member States? Or States that have decided to implement the code?</p>

SUBJECTS	SOURCES	COMMENTS
	Thailand	The title of Article 7 should be “Evidence for policy decisions”. In paragraph 7.2, the words: “programmes for national data gathering on” should be replaced by “data system that captures”. The end of that sentence should read “... in health-related fields, as part of a national HR information system and its impact on health systems”.
	United States of America	Paragraph 7.2 should be more narrowly defined, as it primarily applies to Member States where international health personnel recruitment is centralized and run by national health authorities.
Article 8 – Information exchange		
	Hungary (on behalf of the Member States of the European Union: the candidate countries Croatia, Turkey and the former Yugoslav Republic of Macedonia; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia)	The financial and administrative implications of the revised code should also be specified, particularly in the context of Article 8 which is potentially very demanding.
	United States of America	Delete references to the three-year data reporting requirement, as noted in paragraph 8.2.
Article 9 – Implementation of the code		
	Canada	Suggests deletion of paragraph 9.7, as federated states, like Canada, are unlikely to have the authority to implement it.
	India	Clear guidelines should be introduced in Article 9 for implementation of the code by Member States, with particular reference to the private sector.
	Monaco	Article 9 will be hard to implement at the global level because the code is voluntary. Article 9 contains no provision to indicate how a State that has decided to implement the code (wholly or in part) should notify WHO of this fact. In paragraph 9.7, the reference to “ethical principles” should be deleted because “ethical” has not been defined.

SUBJECTS	SOURCES	COMMENTS
	Thailand	Paragraph 9.7 should be modified to read: "... among recruitment agencies by only employing those agencies that were licensed and re-licensed annually based on objective criteria by the National Health Authority, and that comply with the code".
	United States of America	Suggests strengthening the recognition of the code's non-binding nature in Article 9. The reference to "shared responsibilities" on the part of all stakeholders in paragraph 9.4 should be deleted, as references to what private actors should do is somewhat inconsistent with the code's voluntary nature and its general focus on actions by Member States.
	International Council of Nurses	Welcomes the provisions in paragraphs 9.5 and 9.6 that encourage Member States to maintain a record of and monitor authorized recruiters.
<i>Article 10 – Monitoring and institutional arrangements</i>		
	Monaco	The provisions of paragraphs 10.1 and 10.2 will be hard to implement at the global level because the code is voluntary.
	Russian Federation	Paragraph 10.1 should read: "Member States should periodically report, as appropriate, factual data on measures taken, results achieved and difficulties encountered. The secretariats of the regional offices shall respectively monitor the information received and analyse practical aspects of the application of this code at the regional level, publishing their findings every two years on a dedicated web site. The initial report to the Health Assembly should be made by the Secretariat within (remainder of the text unchanged)."
	Thailand	In paragraph 10.2, the term of three years for the first report after the code was adopted conflicts with the term of two years given in paragraph 10.1. We recommend two years for both articles. ¹
	United States of America	Delete references to the three-year data reporting requirements, as noted in paragraph 10.1, and delete paragraph 10.3(b), as developing guidelines on the implementation of the code should be the purview of Member States, not of the Director-General.
	International Council of Nurses	Welcomes the proposed system of reporting by Member States to the Secretariat in paragraph 10.1, which would allow WHO to monitor the status of migration of health workers and its impact on health systems throughout the world.

¹ Paragraph 10.2 refers to a period of three years within which the initial report of the Director-General shall be made to the Health Assembly. Paragraph 10.1 refers to the period of two years within which the initial report by Member States should be made available. Henceforth, reports by the Director-General and by Member States will be made every three years, respectively.

SUBJECTS	SOURCES	COMMENTS
<i>Article 11 - Partnerships, technical collaboration and financial support</i>		
	Hungary (on behalf of the Member States of the European Union: the candidate countries Croatia, Turkey and the former Yugoslav Republic of Macedonia; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia)	The voluntary financial mechanisms mentioned in paragraph 11.3 require clarification.
	United States of America	Recommends deletion of paragraph 11.2, as WHO should attempt to direct the actions of other international organizations. Paragraph 11.4 should be deleted in its entirety.