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



Member States Information Session

9 December 2025, 09:00 – 10:00 am

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Objective

To inform the Permanent Missions on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel and its third review by the Expert Advisory Group.

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WHO Global Code of Practice



History

- A vacuum in global governance
- Long standing and growing concern
  WHA 57.19 directed WHO to develop a Code of Practice
- Six-year negotiation process
  Under Article 23 of the WHO Constitution
- WHA 63.16 adopted in 2010
  Only the second instrument of its kind issued by WHO

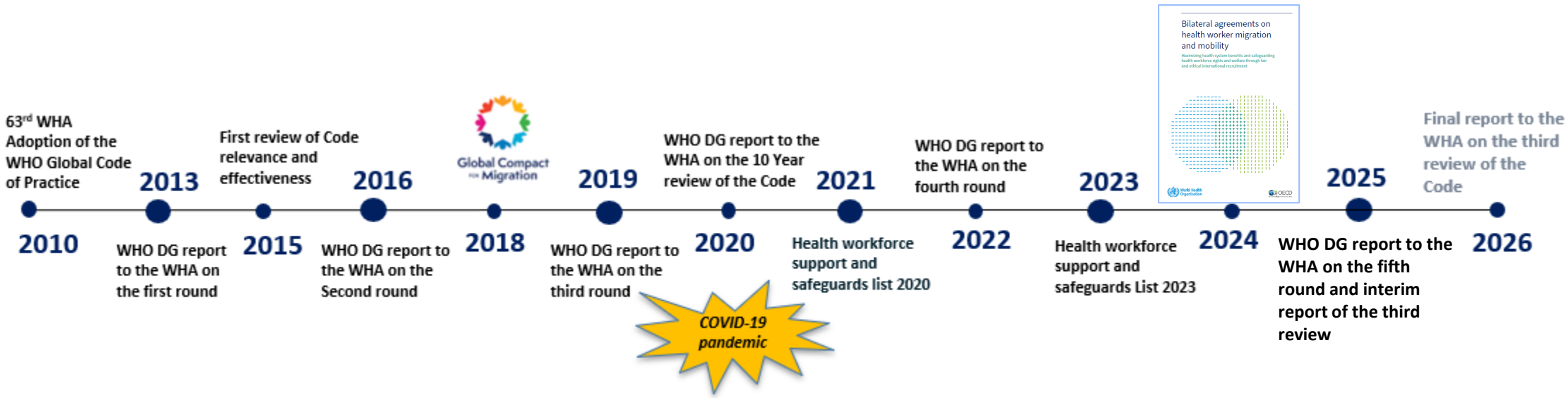
Objectives of the Code

- To establish principles and practices for the ethical international recruitment of health workers.
- To serve as a reference for Member States to strengthen legal/institutional framework.
- To provide guidance in the development of bilateral and international agreements.
- To advance cooperation, with **focus on the situation of developing countries.**



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WHO Global Code of Practice – timeline



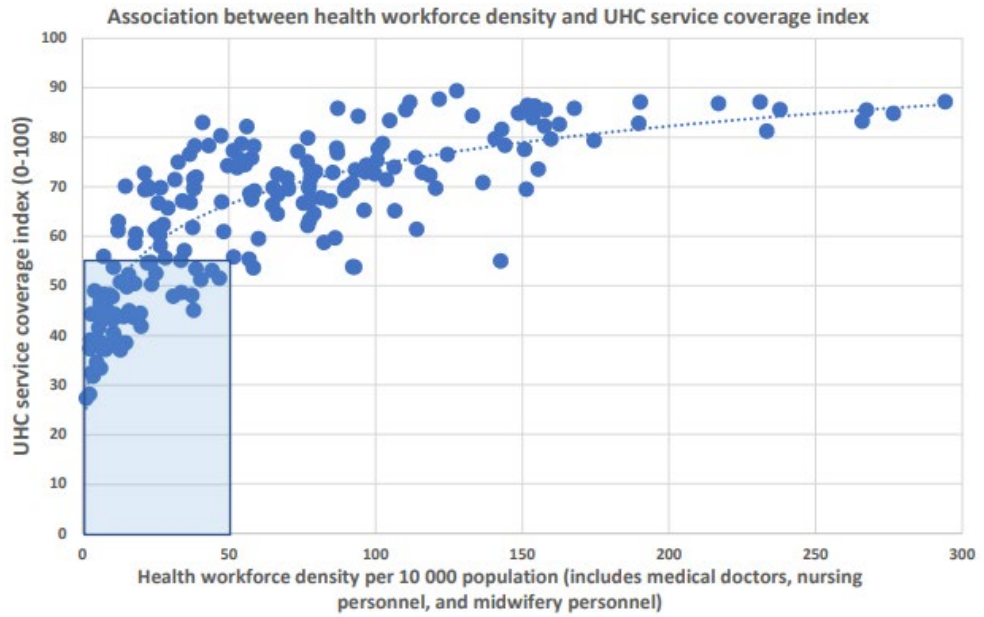
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Health workforce support and safeguards list (2023)

55 countries with the most severe health workforce vulnerabilities.

➢Prioritized for health personnel development & health system related support.
➢Provided with safeguards that discourage active international recruitment of health personnel.

	55 countries in the support and safeguards list	10 high-income countries with largest share of migrant health workers
Share of population	**21%**	9%
Share of total disease burden (in terms of DALYs)	**26%**	8%
Share of health workers (doctors, nurse, midwives)	**5%**	23%



Region	AFR	AMR	EMR	SEA	WPR
Countries	37	1	6	3	8

Source:
1. *WHO Health workforce support and safeguards list (2023)*
2. *WHO. Global Health Estimates 2021*
3. *United Nations Population Division. World Population Prospects 2024*
4. *WHO. National Health Workforce Accounts 2024 data release*

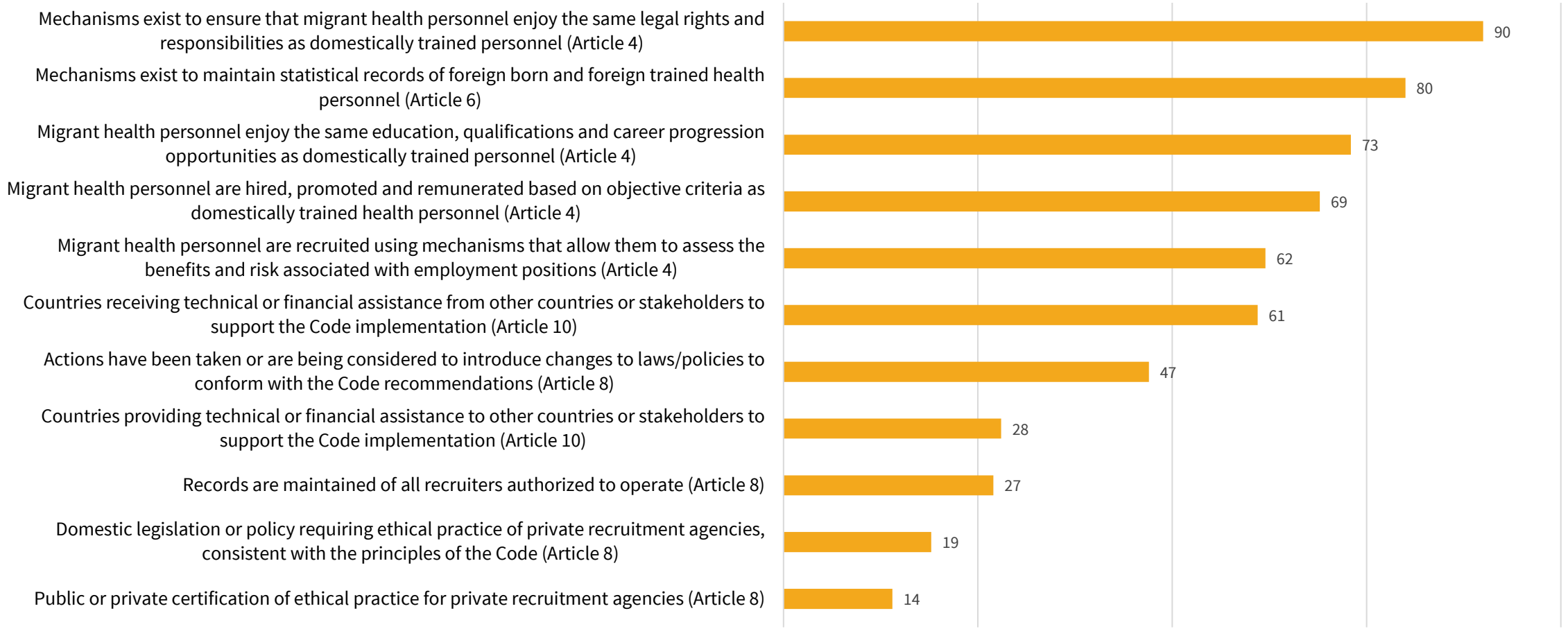
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Reporting on the Code*

	First round (2012–2013)	Second round (2015–2016)	Third round (2018–2019)	Fourth round (2021–2022)	Fifth round (2024–2025)
By WHO region					
Africa (n=47)	2	9	7	8	18 *(38%)*
The Americas (n=35)	4	9	8	13	21 *(60%)*
South-East Asia (n=11)	3	6	9	6	6 *(55%)*
Europe (n=53)	40	31	31	24	32 *(60%)*
Eastern Mediterranean (n=21)	3	7	15	17	14 *(67%)*
Western Pacific (n=27)	4	12	10	12	14 *(52%)*
By World Bank income group**					
High-income countries (n=62)	30	35	39	38	41 *(66%)*
Upper middle-income countries (n=54)	17	17	18	15	27 *(50%)*
Lower middle-income countries (n=49)	7	17	18	17	26 *(53%)*
Low-income countries (n=26)	2	4	5	9	9 *(35%)*
Total	**56**	**74**	**80**	**80**	**105 *(54%)***

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Key findings from the fifth round of reporting (n=105)



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Key findings (105 Member States)

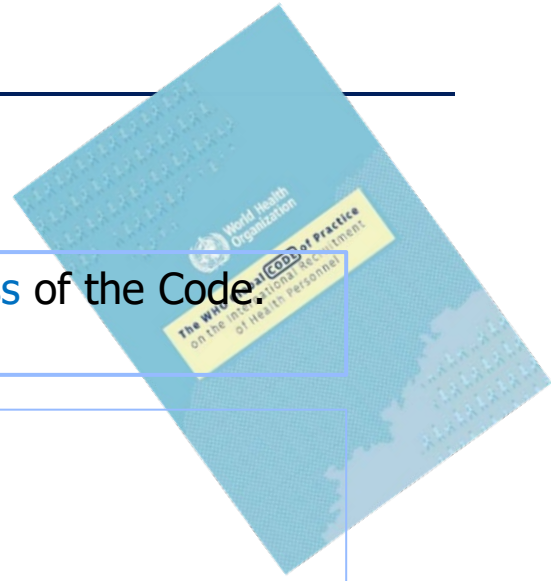
- Substantial and growing migration trends (by headcount) in selected high-income countries.
- 118 agreements on health worker mobility/migration reported but quantitative data on health worker mobility is limited and benefits to source country health systems is unclear.
- Large-scale international recruitment can also negatively affect health service delivery in countries that are outside of the WHO Support and Safeguards List.
- Specific concerns from low- and middle-income countries:
  - targeted recruitment and loss of specialists who are difficult to replace
  - resorting to international recruitment
  - practicing nurses recruited to other countries as care workers



The report of the Expert Advisory Group

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Third review of the Code



Article 9.5: "The World Health Assembly should periodically review the relevance and effectiveness of the Code. The Code should be considered a dynamic text that should be brought up to date as required."

Task of the Expert Advisory Group (EAG)

1. Review evidence to assess the Code's relevance and effectiveness.
2. Provide guidance on measure needed to ensure and strengthen the Code's relevance and effectiveness, including an update on the Code text if required.
3. Submit a report of the EAG's findings and recommendations.

Process

- EAG meetings in June and November 2024 reviewed 14 evidence briefs and produced an interim report for the 156th Executive Board and 78th World Health Assembly.
- EAG meeting in May and November 2025 deliberated on additional evidence and feedback of the regional consultations on its interim report.
- Final report of the EAG will be submitted to the 158th Executive Board.

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WHO Expert Advisory Group

Member States representatives

1. Erlend Aasheim, Norwegian Directorate of Health, **Norway**
2. Yao Badié and Yao Kouadio Abissa, Ministère de la Santé et de l'Hygiène Publique et de la Couverture Maladie Universelle, **Côte d'Ivoire**
3. Teodor Blidaru, Ministry of Health, **Romania**
4. Assegid Samuel Cheru, Ministry of Health, **Ethiopia**
5. Jiosefa Draunidalo, Ministry of Health and Medical Services, **Fiji**
6. Maitham Husain, Ministry of Health, **Kuwait**
7. Kenneth G. Ronquillo, Department of Health, **Philippines (Co-Chair)**
8. Mariyum Sarfraz, Ministry of National Health Services, **Pakistan**
9. Mohammad Nora Alam Siddique, Ministry of Health and Family Welfare, **Bangladesh**
10. Narine Singh, Ministry of Health, **Guyana**
11. Sridharan Sathasivam, Ministry of Health, **Sri Lanka**
12. Susan Weston, Health Canada, **Canada (Co-Chair)**

Independent Experts

1. Balkiss Abdelmoula, Junior Doctors Network
2. Gloria Lamela Beriones, Philippine Nurses Association of America, Inc., United States
3. James Buchan, University of Technology Sydney, Australia / Health Foundation, United Kingdom
4. Yoswa Mbulalina Dambisya, East, Central and Southern Africa Health Community
5. Timothy Grant Evans, McGill University, Canada
6. Martin Fletcher, Australian Health Practitioner Regulation Agency
7. Titilola Banjoko Osiyemi, Global Health Partnerships, United Kingdom
8. Maha El Rabbat, Cairo University, Egypt
9. Srinath Reddy, Public Health Foundation of India, India
10. Laetitia Rispel, University of the Witwatersrand, South Africa
11. Julia Tainijoki, World Health Professions Alliance / World Medical Association

Experts from Partner Agencies

1. Edson Araujo, World Bank
2. Jean-Christophe Dumont, Organisation for Economic Co-operation and Development
3. Manjula Luthria, World Bank

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EAG's interim recommendations at WHA78

1. Specific measures for Member States, the WHO Secretariat and other stakeholders to ensure the effective application of the Code over the next five years

2. Additional elements to be included in the Code

Full report: https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_14-en.pdf



Agenda item 13.7 WHA78(13)

27 May 2025

Interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel

The Seventy-eighth World Health Assembly, having considered the report by the Director-General;[1] and the interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel,

Decided to request the Director-General to facilitate regional consultations with Member States to review the interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel in advance of its finalization and submission to the Seventy-ninth World Health Assembly through the Executive Board at its 158th session.

Seventh plenary meeting, 27 May 2025
A78/VR/7

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Regional Consultations on the EAG's interim report

Region	Date (2025)	Format	Member State participation
SEA	4 July	in-person	8/10 (80%)
AMR	25 July	in-person	18/35 (51%)
AFR	30 July	virtual	30/47 (64%)
EMR	15-16 September	virtual	15/21 (71%)
EUR	17 September	virtual	21/53 (40%)
WPR	1-2 October	virtual	18/28 (64%)
Total			**110/194 (57%)**

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Expert advisory group report: key findings

Relevance of the Code

- Growing international health worker recruitment in OECD countries
- International health worker recruitment illustrates interdependency of health systems

Achievements of the Code

- Raised awareness among stakeholders
- Improved health workforce data
- Adoption of Code principles in national policies

Areas to be strengthened

- Health personnel working as care workers
- Ethical management of international recruitments during emergencies
- Non-active recruitment from vulnerable countries, including small island developing States
- Investments in health systems and health workforce in source countries

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Recommendations to strengthen Code implementation

For Member States

1. Sustainable health workforce policies in destination countries and support for workforce strengthening in less resourced settings.
2. Data sharing on internationalization of health professional education.
3. Research funding for health and care workforce migration.

For WHO secretariat and other stakeholders

4. Advocacy on the Code and clarity and flexibility on the WHO Health Workforce Support and Safeguards List.
5. Support for bilateral agreement development and evaluation.
6. Capacity building to strengthen data, promotion of co-investment dialogues and knowledge sharing.
7. Engagement with non-State actors, regulators and other stakeholders.
8. Support for identified research agenda on international migration of health and care workforce.

Recommendations on additions to the Code (1)

The provisions of the Code also apply to health personnel who migrate and take up employment positions as care workers in destination countries.

Rationale

- Active international recruitment of health personnel for care worker jobs in destination countries is increasing to meet the demand of aging population, which has implications on health service delivery in source country.
- Underutilization and eventually deterioration of health worker skills represents a loss of human capital and diminishes returns on personal, public and societal investments in their education and training.
- Important to consider information on these health workers during bilateral negotiations for co-investment, rights and safeguards, regulatory aspects to facilitate qualification recognition and pathways to re-enter health careers.

The text above was extracted from the final unedited version of the Expert Advisory Group's report on its review of the WHO Global Code of Practice on the International Recruitment of Health Personnel. The report has been submitted by the Expert Advisory Group to the Director-General and it will be transmitted to the Seventy-ninth World Health Assembly through the Executive Board at its 158th session in accordance with decision WHA78(18). The final edited version will be published on the WHO website in all six official languages in advance of EB158.

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Recommendations on additions to the Code (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.

Rationale

- During the COVID-19 pandemic, when all countries required surge capacity, mechanisms were put in place both to facilitate the entry of international health workers, including through active international recruitments, and to restrict exit of health workers to meet health workforce needs.
- During times of crisis, the international recruitment of health workers can have negative effect on health service delivery of countries not otherwise characterized as vulnerable.

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Recommendations on additions to the Code (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.

Rationale

- Some countries have limited active recruitment from countries facing workforce vulnerabilities but co-investment in health systems strengthening of these countries and measures to address the drivers of migration remains a challenge.
- Non-active means of international recruitment may exceed the international flows arising through active recruitment enabled by streamlined regulatory requirements, immigration programmes, employment mechanisms, social media and private sector, as demographic changes coupled with decreasing birth rates is likely to accelerate international migration of health and care workers.

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Recommendations on additions to the Code (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.

Rationale

- The health workforce vulnerability status of a country is dynamic and can rapidly change during times of crisis when health workers availability is crucial to ensure routine health service delivery as well as to manage the emergency (e.g., in cases of pandemics, disease outbreaks and disasters).
- The same crisis can also *push* health workers abroad especially with increasing demand for international health workers.

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Recommendations on additions to the Code (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.

Rationale

- The support provided by international organizations, international donor agencies, financial and development institutions and other relevant organizations to assist the Code implementation has not been adequate to meet the objectives of the Code.
- Direct financial investments to strengthen the health workforce should be increased and improved in scope and in alignment with national priorities and mechanisms, addressing education, employment, retention and strengthening of core institutional capacities and emergency preparedness.

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Thank you

For more information:

WHOGlobalCode@who.int

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