

## Health Worker Migration Policy Council *Council Conversation Series: Stories and Solutions*

### ***What is the WHO Global Code of Practice on the International Recruitment of Health Personnel?***

May 2012

#### **What is in the WHO Global Code?**

The WHO Global Code of Practice on the International Recruitment of Health Personnel (“WHO Global Code”) is voluntary and is intended as a guide for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems. The WHO Global Code contains a Preamble and 10 Articles. Outlined in Article 1, the objectives of the Code are:

- To establish and promote voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights and obligations and expectations of source countries, destination countries and migrant health personnel;
- To serve as a reference for Member States in establishing or improving the legal and institutional framework required for the international recruitment of health personnel;
- To provide guidance that may be used where appropriate in the formulation and implementation of bilateral agreements and other international legal instruments;
- To facilitate and promote international discussion and advance cooperation on matters related to the ethical international recruitment of health personnel as part of strengthening health systems, with a particular focus on the situation of developing countries.

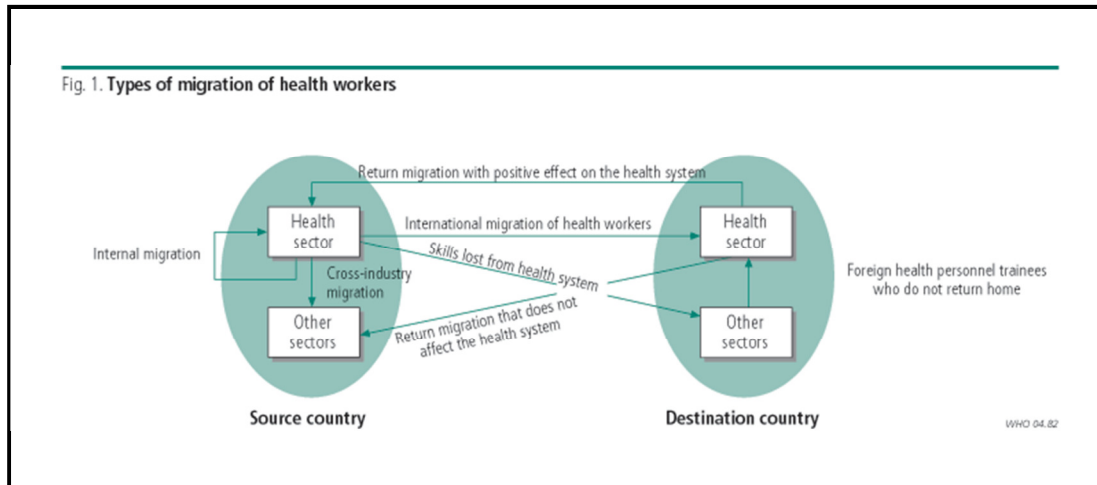
The WHO Code is informed by a set of guiding principles for countries to uphold as they approach the challenges of health worker migration. The WHO Global Code’s Guiding Principles are outlined in Article 3 and can be summarized as follows:

- Acknowledgment that governments have a responsibility for the health of their people.
- The need to address present and expected shortages in health workforce through proper management of international migration of health personnel.
- When possible, destination countries should provide financial and technical assistance to source countries.
- To maximize the positive effects of migration on health systems of source countries, while mitigating the negative effects.
- The creation of a sustainable health workforce and work toward establishing effective health workforce planning, education and training, and retention strategies that will reduce their need to recruit migrant health personnel.
- The facilitation of circular migration of health personnel to benefit source and destination countries.

## Why Did All 193 Member States Pass the WHO Global Code?

Over the last half century, despite repeated calls by developing nations, there has been minimal action taken to address challenges related to the international migration of highly skilled people. In particular, increasing migration among health workers is jeopardizing health investments in some of the poorest countries in the world. Health systems are also impacted by the active recruitment of health workers from developing (source) countries to developed (destination) countries. The international community has grappled with how to address the migration of health personnel while simultaneously acknowledging their right to migrate in pursuit of economic opportunities.

In addition to the role migration plays, health systems are also challenged by an overall shortage of health personnel. The [WHO] estimates there is an international shortage of 4.3 million health professionals to provide essential health services to populations in need.<sup>1</sup> Furthermore, according to the WHO, 57 countries face severe shortages in their health care workforce. Shortfalls are greatest in sub-Saharan Africa, which bears 24% of the world's disease burden but has only 3% of the global health workforce.



<sup>ii</sup> World Health Organization

In response to these issues, the WHO Global Code was adopted to protect the rights of individuals to migrate, while at the same time finding ways to prevent the inequity of human resources for health. The WHO Global Code was adopted at the Sixty-Fifth World Health Assembly in May 2010 by all 193 WHO Member States (Member States<sup>ii</sup>) and it is only the second of its kind promulgated by WHO. The voluntary WHO Global Code serves as a guide to inform Member States on three core areas:

1. Building and strengthening health systems
2. Information and data exchange on health worker migration flows
3. Promoting international cooperation between source and destination countries

## Why does the WHO Global Code Matter?

The impact of health worker shortages not only affects service delivery; but also influences health systems and public health goals (e.g. Millennium Development Goals). To ensure successful implementation of the WHO Global Code within the broader context of human resources for health, it is essential for Member States, both source and destination, to acknowledge their responsibility for the health of their people.

## What is Happening Now to Implement the WHO Global Code?

Each Member State is charged with designating a National Authority to oversee the implementation of the WHO Global Code and manage the exchange of information on health worker migration. Thus far, approximately a third of Member States have reported their National Authority to WHO. In November 2011, the WHO Secretariat released the final guidelines on monitoring implementation; Member States will submit their initial data related to WHO in May 2012. WHO will publish a report based on these results in 2013 and going forward Member States will be encouraged to report data every three years.

While the WHO Global Code provides guidance for policy and legislative actions, Member States still grapple with how to approach implementation within their own country contexts. In order to ensure WHO receives substantive data, Member States must address the aforementioned three core areas in order for the WHO Global Code to have a notable impact on health systems worldwide. By taking proactive action now to gather data and develop bilateral agreements, policies and protocols, Member States have a major opportunity to create greater global health equity.

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**The Council Conversation Series: Stories and Solutions** is a program of The Health Worker Migration Policy Council (the “Council”). The Series includes case studies, policy briefs and films based on narratives, interviews and research that shares solutions and inspires action among the decision makers who are faced with addressing the challenges of health worker migration. The series features Council members, in addition to health workers and policy makers while showcasing best practices and examples of innovation and action towards addressing health worker migration.

The Council was established as an independent body of high-level policy makers and experts from source and destination countries dedicated to promoting solutions that address the challenges posed by health worker migration. The Aspen Institute’s Global Health and Development program serves as the Secretariat for the Council as part of the Health Worker Migration Initiative. The Council believes that globally respected ethical norms, innovative collaborations between source and destination countries and efforts to develop sustainable workforce solutions will encourage better health worker migration governance while facilitating a more equitable distribution of health workers across the globe. The Council aims to ensure that the ethical principles, outlined in the WHO Global Code and other policy mechanisms, result in the development of policies and efforts that better manage the gains and losses associated with the international migration of health workers while ultimately striving to improve health outcomes for all. The Council works in partnership with WHO, Global Health Workforce Alliance (GHWA), The African Platform on Human Resources for Health, Health Workforce Advocacy Initiative (HWA) and International Organization for Migration (IOM).

To learn more please visit [www.aspeninstitute.org/councilconversationseries](http://www.aspeninstitute.org/councilconversationseries)

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<sup>i</sup> Taylor, Hwenda, Larsen and Daulaire, “Stemming the Brain Drain—A WHO Global Code of Practice on International Recruitment of Health Personnel,” *The New England Journal of Medicine*, December 22, 2011, 1.

<sup>ii</sup> DIALLO, Khassoum. Data on the migration of health-care workers: sources, uses, and challenges. *Bull World Health Organ* [online]. 2004, vol.82, n.8 [cited 2012-04-11], pp. 601-607