WHO Global Code of Practice and the reporting process

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32 new healthcare roles added to immigration fast-track scheme

By Felix Desmarais, Political Reporter | Tue, Apr 11

NHS dentists: Exam could be scrapped for overseas applicants

2 days ago

'There won't be enough people left': Africa struggles to stop brain drain of doctors and nurses

The exodus of healthcare workers from Nigeria, Ghana and Zimbabwe continues, despite the WHO red list and a range of laws to keep them at home

Concern over Albania losing doctors to Germany highlighted as leaders meet

By Tirana Times
March 9, 2023 10:15

Mass emigration is leaving huge gaps in Africa's health sector

By *Pelumi Salako* // 15 June 2023

Philippines to hire unlicensed nurses as shortages bite

Many with nursing qualifications take jobs abroad for higher salaries

Rich countries are importing a solution to their nursing shortages—and poor countries are paying the price

As US healthcare workers quit in droves, record numbers of migrant nurses from the Philippines and elsewhere are filling the void

"To fill the gaps created by resignations and migration of nurses, the TELS quota for Bachelor of Nursing will be increased to 350." - Attorney...

New Law Allows International Medical Graduates to Bypass US Residency

Alicia Gallegos
June 26, 2023

As Canada grapples with a doctor shortage, Ottawa announces immigration stream for health workers

Home / Sri Lanka's healthcare in distress as doctors leave for Middle East, other countries

Sri Lanka's healthcare in distress as doctors leave for Middle East, other countries

NHS hiring more doctors from outside UK and EEA than inside for first time

Jeremy Hunt questions 'morally dubious' recruitment as thousands hired from poorer countries

International Medical Graduates (IMGs) Are Critical to Addressing U.S. Physician Shortages

Exodus of Doctors, Nurses Threatens Universal Health Coverage in Zimbabwe

Grass is greener overseas for Nepal's doctors

Migration of physicians leads to a shortage of specialists, weakening a precarious medical system

German envoy: Hiring health workers part of agreement with Philippines, not 'piracy'

Kaycee Valmonte - Philstar.com
January 17, 2023 | 1:35pm

28 January 2024

UK risks becoming reliant on overseas care workers, report warns

Analysis suggests demand for foreign staff has left care homes and NHS open to 'vulnerabilities'

Labour schemes drawing nurses from across Pacific to lower-qualified aged care jobs in Australia, New Zealand

Pacific Beat / By Dubravka Voloder
Posted Wed 23 Nov 2022 at 1:48am, updated Wed 23 Nov 2022 at 6:15am

Short of doctors, Senegal faces a brain drain to France

France recently presented a law that could make it easier for foreign doctors to come to the country.
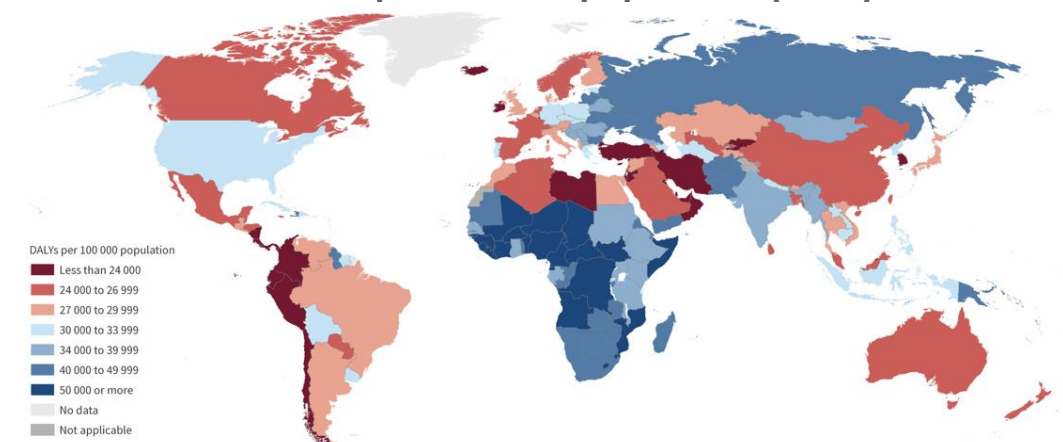
By Alice Hautbois

Context

- Health workforce **distribution is not proportional to need.**

- **Africa has only 4% of the global stock** of doctors, nurses and midwives.*

- **10 high-income countries have 23% of the global stock** of doctors, nurses and midwives.*
  - *10 high-income countries host 64% of migrant doctors and 46% of migrant nurses.*
  - *> 20% doctors in 21 countries high-income countries are foreign-trained. ***

- Compared to the pre-COVID years:
  - *31% increase in net inflow of foreign trained medical doctors in 20 OECD countries**
  - *36% increase in net inflow of foreign trained nurses in 23 OECD countries**

NOTE: *The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.*

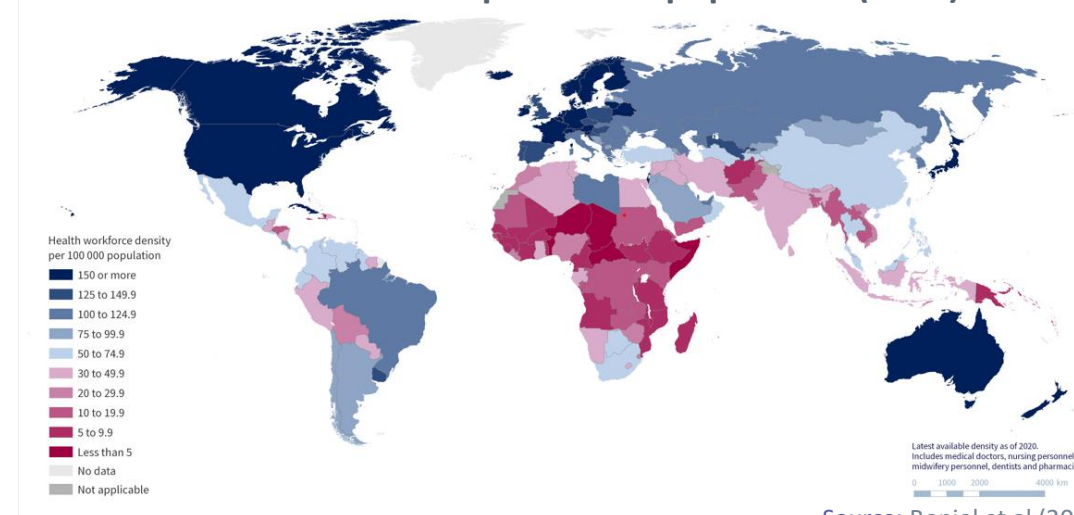*WHO. National Health Workforce Accounts 2023 data release
**WHO Report on global health worker mobility

DALYs per 100 000 population (2019)

DALYs per 100 000 population
- Less than 24 000
- 24 000 to 26 999
- 27 000 to 29 999
- 30 000 to 33 999
- 34 000 to 39 999
- 40 000 to 49 999
- 50 000 or more
- No data
- Not applicable

Source: WHO

Health worker per 10 000 population (2020)

Health workforce density per 100 000 population
- 150 or more
- 125 to 149.9
- 100 to 124.9
- 75 to 99.9
- 50 to 74.9
- 30 to 49.9
- 20 to 29.9
- 10 to 19.9
- 5 to 9.9
- Less than 5
- No data
- Not applicable

Latest available density as of 2020.
Includes medical doctors, nursing personnel, midwifery personnel, dentists and pharmacists.
0   1000   2000   3000   4000 km

Source: Boniol et al (2022)

WHO Global Code of Practice

History
- A vacuum in global governance
- Long standing and growing concern
- Six-year negotiation process
- Adopted in 2010 at 63rd World Health Assembly
 - Only the second instrument of its kind from the WHO

Objectives of the Code
- To establish principles and practices for the ethical intl. recruitment of health workers
- To serve as a reference for MS 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**

WHO Global Code of Practice: Key highlights

- **Ethical principles** in international recruitment.
- **Right** to health of populations and right of health personnel.
- Health system **sustainability** in developing countries.
- **Reducing reliance** on international health workers.
- Technical and **financial assistance** from high-income countries.
- Promotion of **bilateral agreements**.
- Promotion of **circular migration**.
- **Transparency** in health workforce data.
- Voluntary document with robust **implementation monitoring**.
- **Dynamic** document to be updated to meet stated objectives.

World Health Organization

The WHO Global CODE of Practice on the International Recruitment of Health Personnel
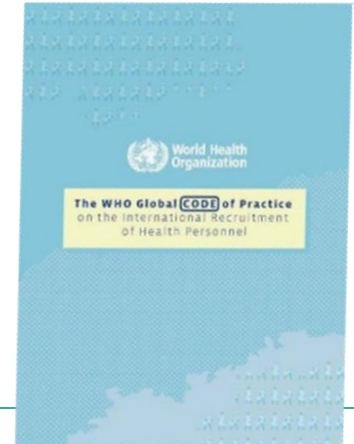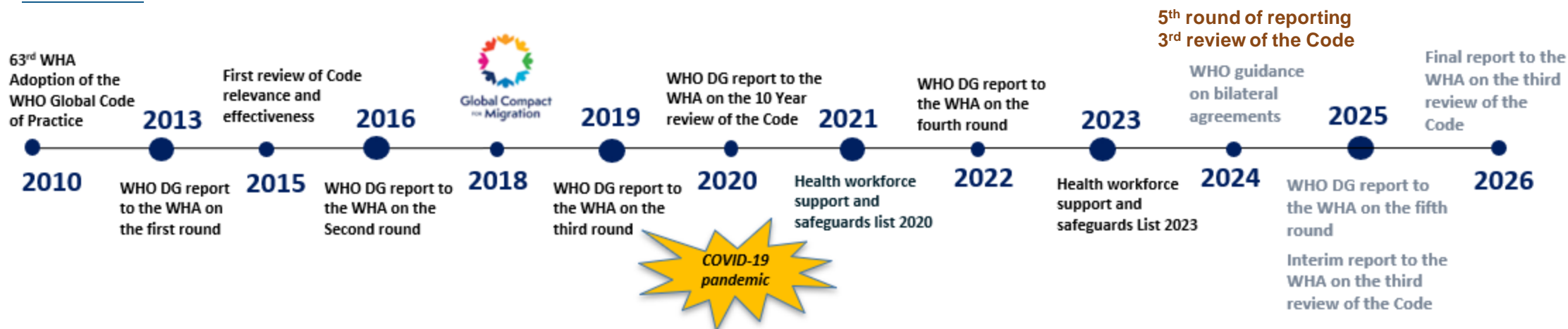
Article 2 – Nature and scope

2.1   The Code is voluntary. Member States and other stakeholders are strongly encouraged to use the Code.

2.2   The Code is global in scope and is intended as a guide for Member States, working together with stakeholders such as health personnel, recruiters, employers, health-professional organizations, relevant subregional, regional and global organizations, whether public or private sector, including nongovernmental, and all persons concerned with the international recruitment of health personnel.

WHO Global Code of Practice (WHA63.16)

- **Article 7.2**: Member States should provide data on the Code implementation to WHO Secretariat every three years.
- **Article 9.2:** The WHO Director-General should periodically report to the World Health Assembly on Code implementation.
- **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."

Source: https://iris.who.int/bitstream/handle/10665/3090/A63_R16-en.pdf?sequence=1

Timeline

2010 63rd WHA Adoption of the WHO Global Code of Practice

WHO DG report to the WHA on the first round

2013 First review of Code relevance and effectiveness

2015 WHO DG report to the WHA on the Second round

2016

2018 Global Compact for Migration

2019 WHO DG report to the WHA on the third round

2020 WHO DG report to the WHA on the 10 Year review of the Code

COVID-19 pandemic

2021 Health workforce support and safeguards list 2020

2022 WHO DG report to the WHA on the fourth round

2023 Health workforce support and safeguards List 2023

2024 WHO guidance on bilateral agreements

WHO DG report to the WHA on the fifth round

Interim report to the WHA on the third review of the Code

5th round of reporting
3rd review of the Code

2025 Final report to the WHA on the third review of the Code

2026

Reporting from Member States

WHO Region	First round of reporting (2012-2013)	Second round of reporting (2015-2016)	Third round of reporting (2018-2019)	Fourth round of reporting (2021-2022)
Africa	2 (4%)	9 (19%)	7 (15%)	8 (17%)
The Americas	4 (11%)	9 (26%)	8 (23%)	12 (34%)
South-East Asia	3 (27%)	6 (55%)	9 (82%)	6 (55%)
Europe	40 (75%)	31 (58%)	31 (58%)	24 (45%)
Eastern Mediterranean	3 (14%)	7 (33%)	15 (71%)	15 (71%)
Western Pacific	4 (15%)	12 (44%)	10 (37%)	12 (44%)
Total	**56 (29%)**	**74 (38%)**	**80 (41%)**	**80 (41%)^**

^ 3 Member States submitted reports after deadline for the World Health Assembly (WHA) report; these were not included in the WHA report on the 4th round.

Reporting from non-State actors

Non-State actor	First round of reporting (2012-2013)	Second round of reporting (2015-2016)	Third round of reporting (2018-2019)	Fourth round of reporting (2021-2022)
Independent stakeholders	NA	1	14	14
Private recruitment agencies	NA	NA	NA	188

WHO Expert Advisory Group 2020 - Recommendations

World Health Organization

SEVENTY-THIRD WORLD HEALTH ASSEMBLY
Provisional agenda item 12

A73/9
8 May 2020

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

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

Report by the Director-General

Priority activities in support of Code implementation (2020–2023):

1. Provide requested technical assistance to Member States: 64 Member States requested support during the third round of Code reporting.

2. Strengthen institutional governance for the health workforce, including management of health worker mobility, across WHO Member States. Targeted support should also be provided to Member States who have not yet designated a national authority or participated in Code reporting.

3. Develop Global Guidance and Tools: Code User and Implementation Guide, Repository and Best Practices on Bilateral Agreements, Global Data Report on International Health Worker Mobility, Estimation of education costs and remittances, and Approaches to better understand and improve the lived experience of migrant health workers.

4. Strengthen the Member State reporting processes related to the fourth round of national reporting, including improved synergy with NHWA.

5. Revise the Independent Stakeholder Instrument and strengthen the reporting process to better capture input from non-State actors.

6. Engage with and support regional economic bodies and harmonization processes.

7. Strengthen engagement with private sector actors, including complementary hospital, trade union and recruiter codes.

8. Regularly update the list of countries with critical health workforce shortages, with the Secretariat encouraged to explore analysis that considers the full dynamic of the health labour market in determining health workforce vulnerability.

9. Strengthen Code advocacy efforts, including partnership with destination countries and donor and financial institutions, to drive health workforce related support to countries with greatest UHC-related health workforce vulnerability.

10. Ensure knowledge production, dissemination and lateral linkages with efforts in other sectors and with non-State actors through regular convenings and outputs of the ILO/OECD/WHO International Platform on Health Worker Mobility.
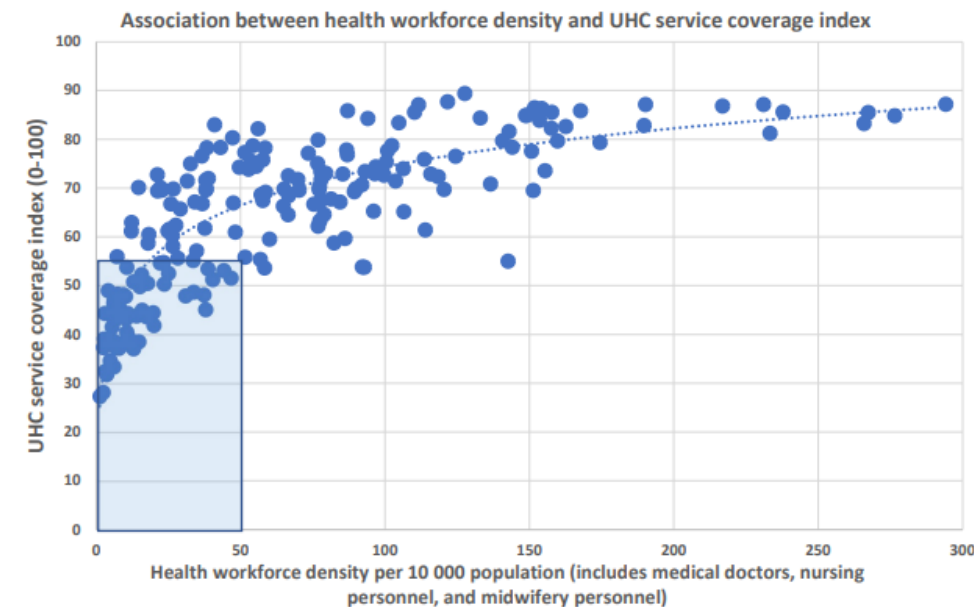
https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_9-en.pdf

WHO health workforce support and safeguards list (2023)

55 countries with the most severe health workforce vulnerabilities:

➢ Prioritized for health personnel development and health system related support.

➢ Provided with safeguards that discourage active international recruitment of health personnel.

	Countries in the support and safeguards list	10 high-income countries with largest share of migrant health workers
Share of population	**19%**	9%
Share of total disease burden (in terms of DALYs)	**27%**	8%
Share of health workers (doctors, nurse, midwives)	**5%**	23%

Recommendations can be extended to other low- and middle-income countries.

Association between health workforce density and UHC service coverage index

UHC service coverage index (0-100)

Health workforce density per 10 000 population (includes medical doctors, nursing personnel, and midwifery personnel)

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 2019*
3. *United Nations Population Division. World Population Prospects 2019*
4. *WHO. National Health Workforce Accounts 2023 data release*

The Code related activities (2024/25)

- Publication of the WHO Guidance on bilateral agreements.

- 5th round of reporting on the Code implementation.

- 3rd review of the Code
  - Technical review of trends, challenges and solutions to inform the review.

- Convening the top 10 high-income destination countries to discuss strengthening domestic health workforce policies and international development strategies to align with the Code principles.

- Co-hosting dialogues on contemporary, mutually beneficial solutions in the education, employment and international migration of health and care workers.

5th round of reporting

- **Reporting for Member States: submission due 31 August 2024**

  National reporting instrument 2024 for Member States (pdf)

- **Reporting for non-State actors: submission due 31 July 2024**

  Reporting instrument for independent stakeholders 2024 (pdf)

  Reporting instrument for private recruitment agencies 2024 (pdf)

- Report on the 5th round of reporting will be presented to the 78th WHA in May 2025.

  Individual reports submitted by Member States and independent stakeholders will be made publicly available after the WHA.

- **Relevant Resources:**
  - NRI reports database (for past reports from Member States)
  - Report on the fourth round of national reporting
  - WHO Guidance on bilateral agreement
  - WHO report on global health worker mobility
  - Questions and answers on the WHO health workforce support and safeguards list 2023

World Health Organization

For more information:

https://www.who.int/teams/health-workforce/migration/code-nri

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