1. Code overview, with highlights from 1\textsuperscript{st} and 2\textsuperscript{nd} rounds
2. Preliminary results from the ongoing 3\textsuperscript{rd} round of national reporting
3. International Platform on Health Worker Mobility
WHO Global Code Overview, highlights from the 1st and 2nd rounds
WHO Global Code of Practice

History

• A vacuum in global governance of migration
• Long standing and growing concern
  – Expressed at regional and global fora
• Six year negotiation process
• Adopted in 2010 at the 63rd World Health Assembly
  – Only the second instrument of its kind promulgated by the WHO
  – Broadest possible articulation of the ethical norms, principles, and practices related to international health worker migration.
Code Structure and Substance

- Preamble
- Article 1: Objectives
- Article 2: Nature and Scope
- Article 3: Guiding Principles
- Article 4: Responsibilities, Rights and Recruitment Practices
- Article 5: Health Workforce Development and Health Systems Sustainability
- Article 6: Data Gathering and Research
- Article 7: Information Exchange
- Article 8: Implementation of the Code
- Article 9: Monitoring and Institutional Arrangements
- Article 10: Partnerships, Technical Collaboration, and Financial Support
Legal and Institutional Arrangements

• The voluntary WHO Global Code contains a robust process for reporting
  – WHO’s reporting on the Code is mandatory (“shall”)

• Progress on the Code is to be reported upon at the World Health Assembly every three years
  – Designated National Authority (DNA)
  – National Reporting Instrument (NRI)
  – Independent Stakeholders Reporting Instrument (since the 2nd Round)
Second Round of Code reporting:

Improvement in the **quality** and **diversity** of national reporting, reports **publically available**.
## International migration on the rise

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>19.5 %</td>
<td>22 %</td>
</tr>
<tr>
<td>Nurses</td>
<td>11 %</td>
<td>14.5 %</td>
</tr>
</tbody>
</table>

The number of migrant doctors and nurses working in OECD countries increased by 60% between 2000 and 2010 (from 1,130,068 to 1,807,948). Source: OECD, 2015.
Complex Patterns of Mobility: A blurring of “source” and “destination”

**South to South movement**
Nigeria, Cuba, and Democratic Republic of the Congo (DRC) are respectively the 1st, 3rd, and 4th largest sources of immigrant medical doctors who entered South Africa between 2011-2015.

More than 1/2 of emigrant nurses from Kenya (India) are estimated to reside in Gulf countries according to the Kenyan Migration Survey.

In 2014 approximately 1/5th of all new entrants licensed to practice in Nigeria were foreign medical graduates with an estimated half from Asia and one third from African countries.

Approximately 1/2 half of doctors in Trinidad and Tobago are foreign born and foreign trained, with one third from India, and a quarter each from Jamaica and Nigeria.

**Globalization of medical education**
- In the General Division of Ireland’s Health Service Executive, less than 1/2 of European medical school graduates (excluding Ireland) are EU passport holders.
- From 2010-2016, 30 foreign nationals from 18 countries (including Kenya, India, Iran, Mexico and Poland) received their basic medical qualifications in Uganda.

**Temporary migration**
- Of doctors who received their basic medical qualifications in South Africa and registered in Ireland, only 1/5th are expected practicing only in Ireland.

**Intra-regional movement**
- Over 1/2 of emigrant GPs from Uganda (2010-2015) are estimated to have moved within Africa, primarily to Southern and Eastern Africa with Zambia and Kenya as leading destinations.
- 2/3rd of Argentina’s foreign-trained doctors originate from Bolivia and Colombia.
3\textsuperscript{rd} Round of National Reporting, preliminary results
## WHO Global Code of Practice, 3\textsuperscript{rd} Round of National Reporting (ongoing) – as at 10 October 2018

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of DNAs</th>
<th>Report submitted as at 10 Oct 2018</th>
<th>Reports submitted, same period 2\textsuperscript{nd} round</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRO Count</td>
<td>16</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>AMRO Count</td>
<td>14</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>EMRO Count</td>
<td>16</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>EURO Count</td>
<td>42</td>
<td>29</td>
<td>25</td>
</tr>
<tr>
<td>SEARO Count</td>
<td>10</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>WPRO Count</td>
<td>18</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Total Count</td>
<td>116</td>
<td>66</td>
<td>60</td>
</tr>
</tbody>
</table>

PAHO/AMRO Member States that have submitted national reports during the 3\textsuperscript{rd} Round: Belize, Canada, El Salvador, Jamaica, Panama, Saint Lucia, Trinidad and Tobago, and the United States of America.
Strengthening Data and Information

Data
- 61 Member States provided quantitative data
  - 25 non-OECD Member States provided data on foreign-trained/foreign born
- Source / Destination
  - Bhutan: 83% of MDs foreign-trained
  - El Salvador: 12% of MDs foreign-trained
  - Iran: 11% of Dentists foreign-trained
  - Jordan: 70% of MDs foreign-trained
  - Lao PDR: 11% of MDs and 7% of nurses foreign-trained
  - Nigeria: 17% of MDs foreign-trained
  - Uganda: 37% of MDs foreign-trained
  - Zimbabwe: 17% of MDs and 50% of pharmacists foreign-trained

Information
- 28 Member States identified laws and policies being introduced, consistent with the Code
  - Indonesia: Code incorporated in multiple pieces of national legislation
  - Germany: Public and private recruitment agencies prohibited to recruit from countries with critical health workforce shortages, consistent with the WHO Global Code.
- 32 Member States identified the use of bilateral, multilateral or regional agreements
  - 29 Member States identified Code principles being incorporated in the agreements
  - 55 separate agreements notified
    - China additionally identified G-to G agreements with 56 countries
    - Texts of 30 agreements shared with the Secretariat
Key Processes & Dates (2018 – 2020)

- 63rd World Health Assembly: Adoption of the WHO Global Code of Practice
- First round of Code reporting: 2010
- WHO DG report to the WHA on the First round: 2011
- First review of Code Relevance & Effectiveness: 2012
- Second round of Code reporting: 2015
- WHO DG report to the WHA on the Second round: 2016
- Third round of Code reporting: 2018
- Second review of Code Relevance & Effectiveness: 2019
- WHO DG report to the WHA on the third round: 2020
- 10 years post Code adoption: 2020

4 October 2018: Secretariat report to the Executive Board on Third Round of Code Reporting
24 January – 1 February 2019: 144th session of the Executive Board
February 2019: Updated Third Round of Code Report
May 2019: 72nd World Health Assembly
May – October 2019: 2nd Review of Code Relevance & Effectiveness
January 2020: WHO Executive Board
May 2020: 73rd World Health Assembly, 10 Year Anniversary of WHO Global Code
Considerations

• 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**

• Article 5.1: Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.
  
  – [http://www.who.int/workforcealliance/countries/57crisiscountries.pdf](http://www.who.int/workforcealliance/countries/57crisiscountries.pdf)
International Platform on Health Worker Mobility
As an immediate action, calls on ILO, OECD and WHO, with relevant partners, to:

1. **Establish an international platform on health worker mobility to maximize benefits from health worker mobility**
   - Advance dialogue, expand evidence, consider new options and solutions
   - Strengthen and support implementation of the WHO Global Code and relevant ILO Conventions and Recommendations
   - Link to the Global Compact for Safe, Orderly and Regular Migration
The process can be costly and take several years to complete.
Meeting of the International Platform

79 participants attended the meeting on the 13th and 14th of September in Geneva.

Participants discussed promising policy measures and proposed strategic actions to strengthen the management and governance of health worker mobility.

Notes and presentations to be available this Friday.

- Highlights include data shared by China, ECFMG.
- Policies shared by Sudan, East Africa Community, South Africa, Sweden, Jamaica, Philippines and Germany.

Recommended actions (some):
- Strengthen information and knowledge exchange,
- Support for national policy dialogue and the development of bilateral agreements,
- Review of the HWF shortages criteria.
Further Context and Opportunity

The flood of illegal unskilled migrants into rich countries and the “brain drain” of skilled citizens from the poorest countries are two of the most critical current issues in international migration today.

These problems, as well as issues such as international trafficking in women and children, have highlighted a gaping hole in the international institutional architecture.

-Professor Jagdish Bhagwati, Financial Times, October 24, 2003
Global Compact for Safe, Orderly and Regular Migration

The Intergovernmental Conference to Adopt the Global Compact for Safe, Orderly and Regular Migration, will be held in Marrakech, Morocco on 10 and 11 December 2018.

Non-legally binding, but with
Strong monitoring and robust implementation mechanisms

GLOBAL COMPACT FOR SAFE, ORDERLY AND REGULAR MIGRATION
FINAL DRAFT
11 July 2018

Objectives for Safe, Orderly and Regular Migration
(1) Collect and utilize accurate and disaggregated data as a basis for evidence-based
(5) Enhance availability and flexibility of pathways for regular migration
(6) Facilitate fair and ethical recruitment and safeguard conditions that ensure decent work
(18) Invest in skills development and facilitate mutual recognition of skills, qualifications and competences
(23) Strengthen international cooperation and global partnerships for safe, orderly and regular migration
Thank you

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International Platform on Health Worker Mobility

Policy Dialogue

WHO Global Code of Practice

Strengthened Monitoring

Country support

Knowledge Generation and Sharing

International Platform on Health Worker Mobility

Escalating scale

Increasing complexity

Stagnant dialogue

Disconnected policies

ILO Convention & Recommendation

Global Compact on Migration

Health Workforce Department