WHO Global Code of Practice

Strengthening knowledge and governance

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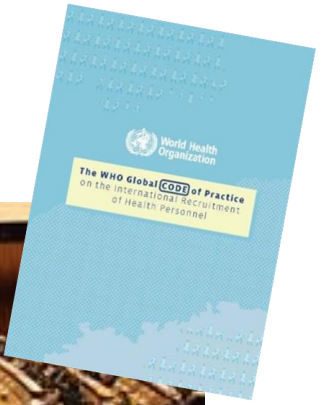
Health Workforce Department

1. Code overview, with highlights form 1st and 2nd rounds
2. Preliminary results from the ongoing 3rd 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.

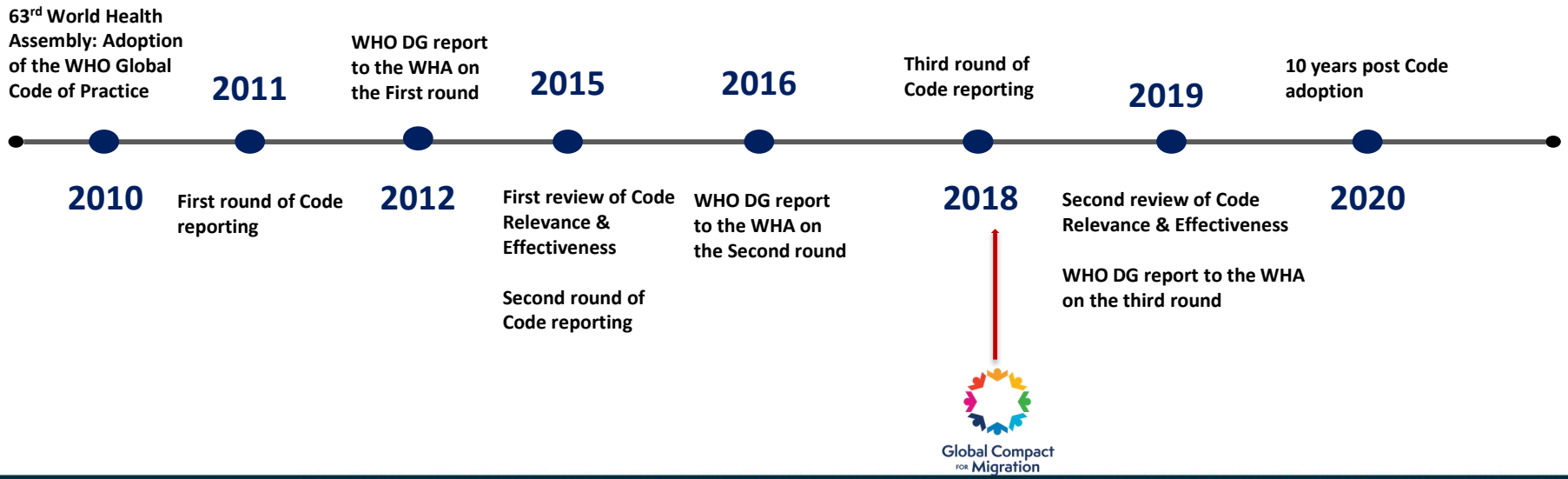
Code Structure and Substance

- 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

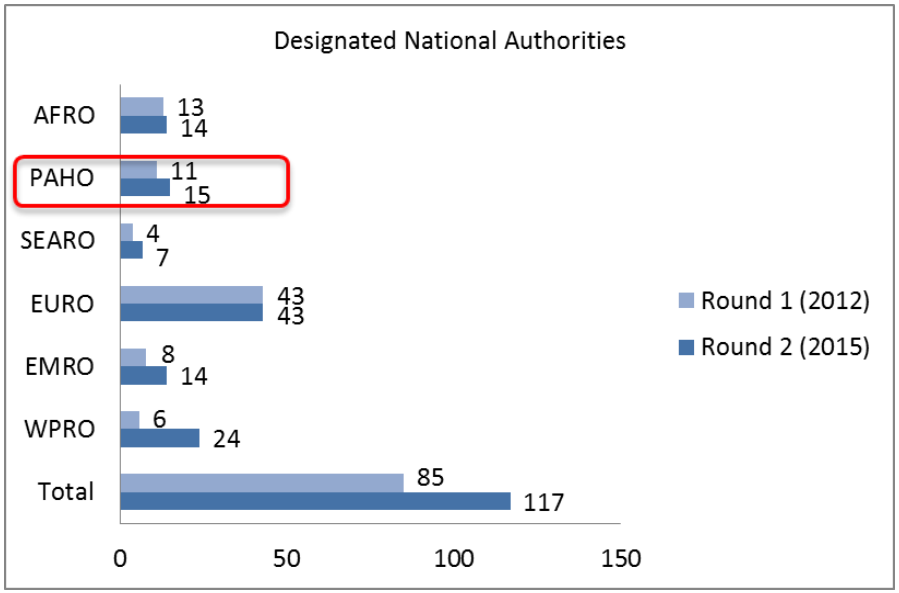
Legal and Institutional Arrangements

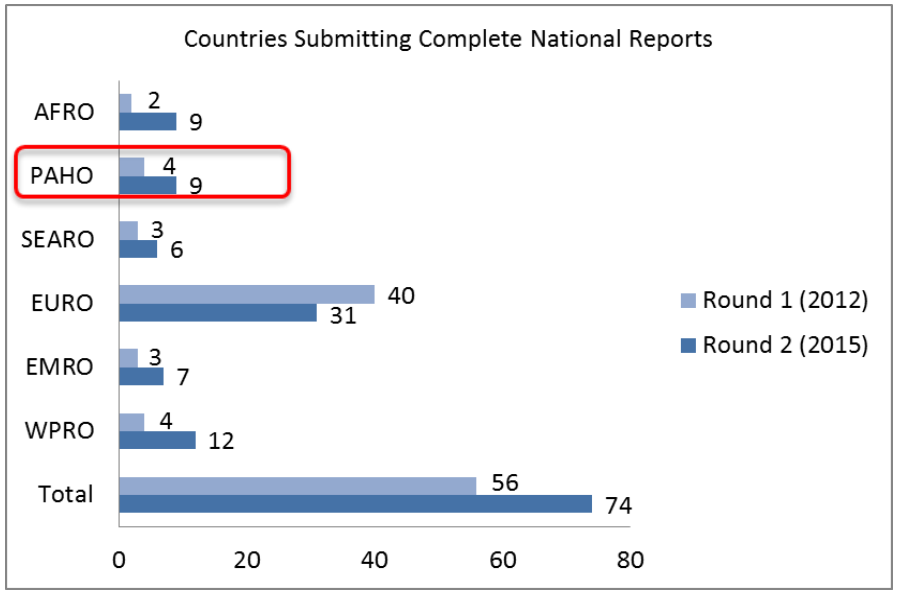
- The voluntary WHO Global Code contains a robust process for reporting
  - WHO's reporting on the Code is mandatory ("shall")

- 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)



First & Second Round of Code Reporting





Second Round of Code reporting:

Improvement in the **quality** and **diversity** of national reporting, reports **publically available.**

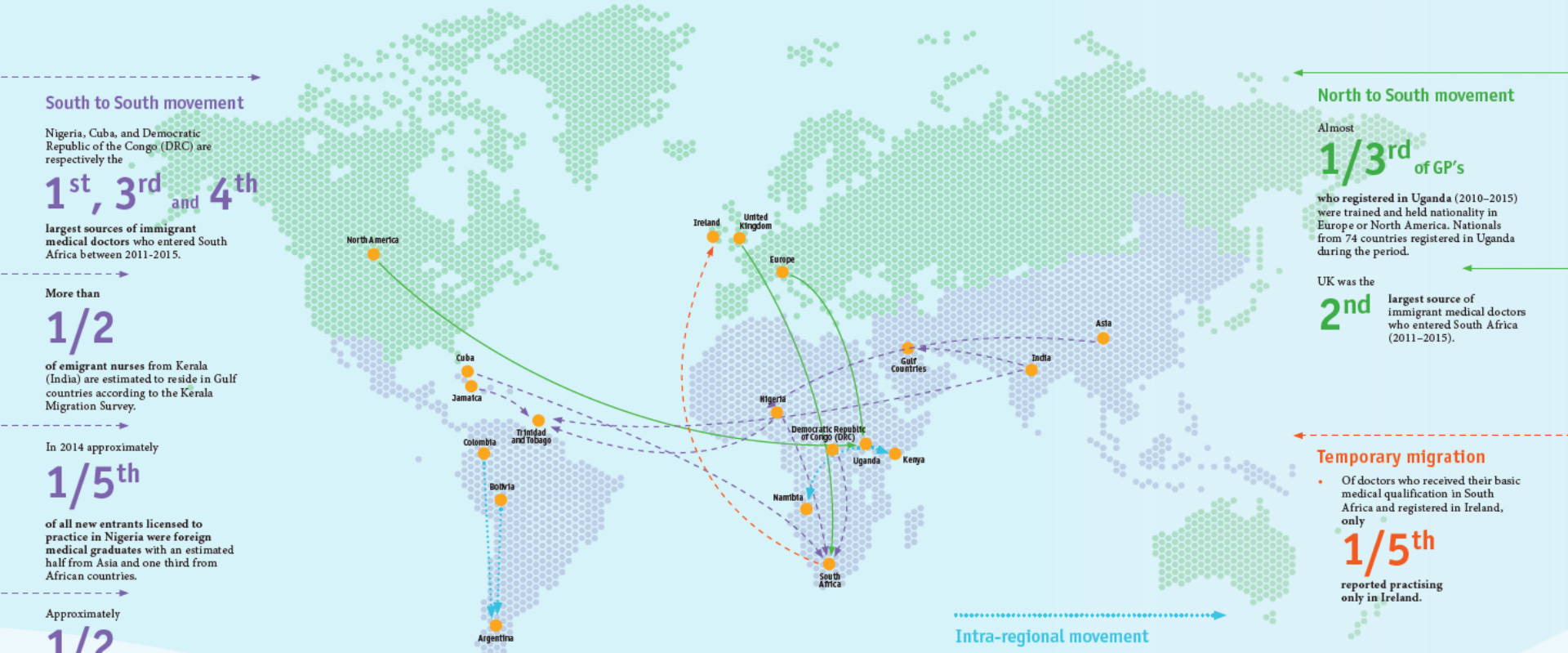
International migration on the rise

Share of foreign-born health workers in OECD countries	2000–2001	2010–2011
Doctors	19.5 %	22 %
Nurses	11 %	14.5 %

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 Kerala (India) are estimated to reside in Gulf countries according to the Kerala 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.**

North to South movement

Almost

1/3rd of GP's

who registered in Uganda (2010–2015) were trained and held nationality in Europe or North America. Nationals from 74 countries registered in Uganda during the period.

UK was the

2nd

largest source of immigrant medical doctors who entered South Africa (2011–2015).

Temporary migration

- Of doctors who received their basic medical qualification in South Africa and registered in Ireland, **only**

1/5th

reported practising only in Ireland.

Globalization of medical education

- In the General Division of Ireland's Health Services Executive, **less than**

1/2

of European medical school graduates (excluding Ireland's) are EU passport holders.

- From 2010–2016, 38 **foreign nationals from 10 countries** (including Kenya, India, Iran, Mexico and Poland.) received their basic medical qualification in Uganda.

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 Namibia and Kenya as leading destinations.

2/3rd

of Argentina's

foreign-trained doctors originate from Bolivia and Colombia.

3rd Round of National Reporting, preliminary results

WHO Global Code of Practice, 3rd Round of National Reporting (ongoing) – as at 10 October 2018

	Number of DNAs	Report submitted as at 10 Oct 2018	Reports submitted, same period 2nd round
AFRO Count	16	6	5
AMRO Count	14	8	8
EMRO Count	16	7	5
EURO Count	42	29	25
SEARO Count	10	9	6
WPRO Count	18	7	11
Total Count	**116**	**66**	**60**

PAHO/AMRO Member States that have submitted national reports during the 3rd 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

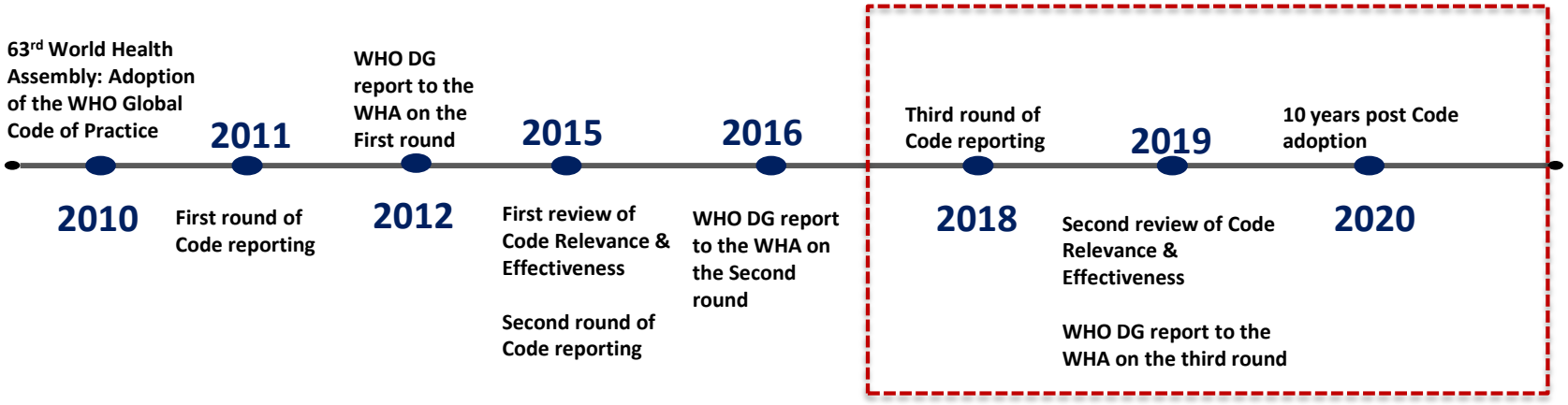
- Source / Destination
  - Bhutan: 83% of MDs foreign-trained
  - El Salvador: 12% of MDs foreign-trained
  - Iran: 11% of Dentists foreign-trained
  - Jordan: 70% of MDs foreign-trained
  - Lao PDR: 11% of MDs and 7% of nurses foreign-trained
  - Nigeria: 17% of MDs foreign-trained
  - Uganda: 37% of 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)



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

Code and subsequent resolutions

International Code of Marketing of Breast-Milk Substitutes 1981

English
French
Russian
Spanish

Resolutions

WHA69.9 Ending inappropriate promotion of foods for infants and young children
Agenda item 12.1
28 May 2016

Arabic | Chinese | English | French | Russian | Spanish

A69/7 Maternal, infant and young child nutrition: Report by the Secretariat
Provisional agenda item 12.1
29 April 2016

Arabic | Chinese | English | French | Russian | Spanish

A67/DIV3 Decision and list of resolutions: WHA67(9) Maternal, infant and young child nutrition
24 May 2014

Arabic | Chinese | English | French | Russian | Spanish

WHA65/6 Comprehensive implementation plan on maternal, infant and young child nutrition
21–26 May 2012

World Health Organization

International Platform on Health Worker Mobility

High Level Commission on Health Employment and Economic Growth

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*

World Health Organization

Complexity of Process & Multiplicity of Stakeholders

	COUNTRY OF TRAINING	MOBILITY PATHWAY	COUNTRY OF EMPLOYMENT
Policy & Admin.	Ministry of Health Ministry of Education Ministry of Finance	Ministry of Health Ministry of Labour Ministry of Immigration Ministry of Trade Ministry of Education Ministry of Foreign Affairs	Ministry of Health Ministry of Interior Ministry of Labour Ministry of Immigration
Process concerned	Health Professional Education Technical & vocational Education Health worker qualification	Recruitment campaigns Govt to Govt Agreements (e.g. Labour, Health cooperation, Trade, etc.) Immigration policies Migration Temporary Mobility	• Verify credentials • Obtain approval from Health Adm. • Language Courses • Assessment/ testing • Registration • Work permit/visa • Induction and Orientation Process with greater flexibility Employment Independent professional services
Stakeholders	Education Institutions Regulatory Body	Public and Private Recruitment Agencies Civil Society Diaspora Group	Credential Verification Agencies Regulatory Body Civil Society Professional Association Public Health Services Private Hospitals Clinics

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.

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

Non-legally binding, but with

Strong monitoring and robust implementation mechanisms

World Health Organization

Thank you

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Health Workforce Department

International Platform on Health Worker Mobility