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

Independent Stakeholders Reporting Instrument (2024)

Background

The [WHO Global Code of Practice on the International Recruitment of Health Personnel](#) ("the Code") was adopted in 2010 at the 63rd World Health Assembly (WHA Res 63.16). The Code seeks to strengthen the understanding and ethical management of international health personnel recruitment and migration through strengthening data, information, and international cooperation.

Article 7 of the Code encourages WHO Member States to exchange information on the international recruitment and migration of health personnel. Article 9.4 states that the WHO Secretariat may consider reports from relevant stakeholders on activities related to implementation of the WHO Global Code. The WHO Director General is additionally mandated to report to the World Health Assembly every 3 years.

WHO Member States completed the 4th round of national reporting in March 2021. The WHO Director General reported progress on implementation to the 75th World Health Assembly in May 2021 ([A75/14](#)). The report on the fourth round highlighted the need to assess implications of health personnel emigration in the context of additional vulnerabilities brought about by the COVID-19 pandemic. For this purpose, the Expert Advisory Group on the relevance and effectiveness of the Code ([A 73/9](#)) was reconvened. Following the recommendations of the Expert Advisory Group, the Secretariat published the [WHO health workforce support and safeguards list 2023](#).

The National Reporting Instrument (NRI) is a country-based, self-assessment tool for information exchange and Code monitoring. The NRI enables WHO to collect and share current evidence and information on the international recruitment and migration of health personnel. The findings from the 5th Round of National Reporting will be presented to the Executive Board (EB156) in January 2025 in preparation for the 78th World Health Assembly. In parallel with the 5th Round of National Reporting for Member States, the **Independent Stakeholders Reporting Instrument** seeks input from non-State actors to enrich knowledge and lesson learnt on the Code's implementation.

As described in the article 2.2, stakeholders "such as **health personnel, recruiters, employers, health-professional organizations, relevant sub-regional, regional and global organizations, whether public or private sector**, including nongovernmental, and all persons concerned with the international recruitment of health personnel" are encouraged to participate.

Please submit your responses here: https://extranet.who.int/dataformv3/index.php/775648?lang=en

The deadline for submitting reports is **31 July 2024.**

Support: WHOGlobalCode@who.int

Disclaimer: *The data and information collected through the National Reporting Instrument and the Independent Stakeholders Reporting Instrument in the 5th round of reporting will be made publicly available following the proceedings of the 78th World Health Assembly.*

What is the WHO Global Code of Practice?

The [WHO Global Code of Practice on the International Recruitment of Health Personnel](#) ("the Code"), adopted by the 63rd World Health Assembly in 2010, is a voluntary instrument that articulates the ethical principles on international recruitment and migration of health workers, in a way that strengthens the health systems of developing countries.

Objective	• Establish ethical principles and practices for international recruitment of health personnel. • Serve as reference for the legal/institutional framework for international health personnel recruitment. • Provide guidance for bilateral agreements and other international legal instruments. • Advance cooperation with a particular focus on developing countries.
Nature and Scope	• The Code is voluntary and global in scope.
Guiding Principles	• International migration of health personnel can contribute to strengthening health systems and safeguarding health personnel rights, if recruitment is properly managed and negative effects are mitigated. • International health personnel recruitment should be conducted in accordance with the principles of transparency, fairness and health system sustainability in developing countries. • Member States should consider the right to health of source countries' populations and individual rights of health personnel. • The Code does not limit the freedom of health personnel, in accordance with applicable laws, to migrate to countries that wish to admit and employ them. • Developed countries should provide technical and financial assistance for health systems strengthening. • Member States should facilitate circular migration to the benefit of both source and destination countries.
Responsibilities, rights and recruitment practices	• Stakeholders should ensure fair recruitment and equal treatment practices of migrant health workers. • Recruiters and employers should not seek to recruit health workers with existing domestic contractual obligations.
Health workforce development and health systems sustainability	• Active recruitment from countries facing critical shortage of health workers should be discouraged. • Member States should use the Code as a guide when entering into bilateral, regional, and multilateral arrangements to promote international cooperation and coordination. • All countries should strive to meet the health service needs through domestic human resources.
Data gathering and research	• Member States should strengthen their human resources for health information systems (HRHIS), including health personnel migration, and use the data to inform health workforce policies and plans.
Information exchange	• Member States should designate a national authority for information exchange on the Code and migration.
Code implementation	• Member States are encouraged to publicize, implement, and incorporate the Code into applicable laws and policies, in collaboration with stakeholders. • Member States should promote Code principles among private recruitment agencies, assess the magnitude of active recruitment from countries facing health workforce vulnerabilities, and promote good practices among recruitment agencies.
Monitoring and institutional arrangements	• Member States should report on the application of the Code and associated challenges. • The WHO Director-General should periodically report to the World Health Assembly on Code implementation. • The World Health Assembly should periodically review the Code's relevance and effectiveness in achieving its stated objectives and update it as required.
Partnerships, technical collaboration and financial support	• International entities, financial and development institutions, and other relevant organizations are encouraged to provide technical and financial support for health system strengthening and health workforce development in developing countries, countries with economies in transition, those that are facing critical health workforce shortages and/or have limited capacity to implement the Code.

Name of entity submitting the report:

First and Last Name of Contact Person:

Email:

Telephone number:

Mailing address:

Website URL:

Description of the entity submitting the report:

Please describe the nature of the entity's involvement or interest in international health personnel recruitment and migration issues, as relevant to the Code:

Please specify the country(ies) or region(s) where entity is involved:

Please describe the issues regarding health workforce and activities relating to the Code's implementation in your country or the countries where you work/support. The information provided can be specific to a country(ies) or region(s) or a global commentary on the implementation of the Code.

It is not necessary to answer all questions below, only those that are relevant to your area.

Questions	Answers (Please specify the source and destination countries as applicable)	Source of information
1. What has been the trend in international migration and mobility of health personnel (e.g., increasing trend in migration of health personnel or increasing reliance on international health personnel) in the countries where you work in the past three years and its effects? *Please provide quantitative data where possible.*	Please describe	
2. What kind of measures for health and care workforce sustainability are countries taking and how effective are they? **E.g.,** • **Aligning domestic health workforce education with health system needs** • **Creating enough employment opportunities to absorb new health and care workers in areas that are most essential** • **Taking measures to address geographical mal-distribution and retention of health and care workers (e.g., through strategies on education, regulation, incentives, and support)** • **Measures for sustainable financing for the essential workforce** • **Specific provisions on health personnel regulation and recruitment during emergencies** • **Systematic data collection on international health and care workers in the country to inform planning for sustainable workforce** • **Other measures** *Please provide quantitative data where possible.*	Please describe	

3. Among the different mobility/migration pathways available for health personnel, which ones do they use most and why? What have been the advantages and disadvantages of different mobility pathways? **E.g.,** • **Active and targeted recruitment (employers from destination countries reach out to health personnel in source countries to work in the destination countries either directly or through recruitment agencies);** • **direct application (health personnel from source country makes individual application to an employer/education institution in the destination country);** • **government-to-government agreement (government arrangements for health personnel from source countries to come and work/study in the destination country);** • **education pathways (individuals from source countries move to the destination country to pursue health education opportunities);** • **immigration pathways (health personnel from source countries move to destination countries through immigration programs in destination countries);** • **other pathways** *Please provide quantitative data where possible.*	Please describe	
4. From the health workers' perspective, how are the arrangements (and implementation) for the migrant health personnel in terms of: • **Recruitment process in source countries** • **Safe migration and integration in destination countries** • **Remuneration, working conditions, and opportunities for education and career development of migrant health personnel (as compared to domestic health personnel)**	Please describe	

• **Labour standards and health worker rights in the destination country** • **Return to source country and reintegration to source country labour market (e.g., facilitators and barriers to finding employment opportunities)** • **Other arrangements (e.g., special considerations for the gender aspects)** *Please provide quantitative data where possible.*		
5. **How have source countries benefitted from international migration of health personnel?** *Please include evidence of the following (with quantitative data where possible):* • **Contribution of the diaspora to source country health systems** • **Increase in investments in health professional education (domestic or foreign/ public or private)** • **Increase in domestic investment in health systems (public or private)** • **Increase in the international investment in health system strengthening or health workforce development** • **Circular migration** • **Remittances by migrant health workers** • **Other benefits**	Please describe	
6. **How have destination countries benefitted from migration of health personnel?** *Please include evidence of the following (with quantitative data where possible):* • **Availability of international health personnel for health and care services** • **Contribution of migrant health personnel to its economy (through costs in meeting regulatory requirements, taxes, housing, investments, etc.)** • **Savings on the cost of education of health personnel** • **Others benefits**	Please describe	

7. How have national/sub-national data and research on health personnel (including health personnel information systems, migration data) been used to inform policies and plans?	Please describe	
8. How have countries, international organizations, donors, and other stakeholders used the **WHO health workforce support and safeguards list**?	Please describe	

9. **Please provide reflection on the past 14 years since the resolution on the Code in the country(ies) where you work or support (e.g., the Code's relevance, achievements, and challenges; alignment of the Code with other global instruments such as the United Nations Global Compact on Migration, international labour standards etc.; contribution of the Code to achieving the Sustainable Development Goals, etc.).**

Please describe

10. **Please provide any other information or upload documents that is relevant to the implementation of the Code (please specify country).**

Please describe

Upload document