World Health Organization

WHO Global Code of Practice on the International Recruitment of Health Personnel: 2nd Review of Relevance and Effectiveness

1st Meeting of the WHO Expert Advisory Group

Meeting Report

Geneva, Switzerland
18th- 20th June 2019

Executive Summary

The 1st meeting of the WHO Expert Advisory Group (EAG) tasked with conducting the second review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel took place from 18th - 20th June 2019 at WHO Headquarters in Geneva, Switzerland. WHO EAG members present at the meeting included representatives from eleven Member States, seven independent experts, and the co-chairs for the previous Code review (*See Annex 1, Agenda and List of Participants*).

The meeting began with an overview of the WHO Code and governance considerations for the second review, with reflection from the previous co-chairs responsible for the first review. Dr. Erlend Aasheim, the WHO EURO regional representative for Norway, and Dr. Untung Suseno, the WHO SEARO representative for Indonesia, were appointed unanimously as the EAG co-chairs for this second review.

The second part of the meeting was organized as a public hearing. A synthesis of evidence related to Code relevance and effectiveness, as consolidated in eight policy briefs and presented through eighteen separate presentations, was considered by the EAG. Based upon these inputs, the EAG members reflected and provided responses to the following three questions:

- How is the Code relevant or not relevant?
- How is the Code effective or not effective?
- What should be done and by whom (including areas of additional evidence)?

The meeting concluded with a closed EAG working session, which included in-depth discussion and reflection on Code relevance and effectiveness in working groups. Across the four working groups there was strong recognition of the continued and increasing relevance of the Code. The working group deliberations on Code effectiveness were more complex than that for relevance, with mixed and at times divergent views of WHO EAG members.

The list of countries with critical health workforce shortages was a key area for discussion in the concluding plenary session. The WHO EAG Members agreed to establish a small working group to undertake an options analysis on how to address the issue of “critical shortages”, as particularly but not exclusively relevant to Code article 5.1. The WHO Secretariat and EAG members additionally agreed to strengthen information related to: health workforce mobility data; bilateral agreements; the lived experience of migrant health workers. In addition, it was agreed that a thought piece on Code effectiveness, including a suite of associated indicators, should be developed in advance of the second EAG meeting.

The WHO EAG Chairs concluded the meeting by encouraging WHO EAG members to seek further regional engagement and input prior to the second meeting of the group.

Detailed Summary

The 1st meeting of the WHO Expert Advisory Group (EAG) tasked with conducting the second review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel took place from 18th - 20th June 2019 at WHO Headquarters in Geneva, Switzerland. WHO EAG members present at the meeting included representatives from eleven Member States, seven independent experts, and the co-chairs for the previous Code review (See Annex 1, Agenda and List of Participants).

The meeting was organized in three parts. The meeting began with a closed session of the EAG with focus on the WHO Global Code and the governance process of this second review of relevance and effectiveness. The second part of the meeting was organized as a public hearing, with evidence on Code relevance and effectiveness presented to and debated by WHO EAG members. The meeting concluded with a full day closed EAG working session.

Part I: Code and EAG Governance (closed)

The Director of WHO's Health Workforce Department, Mr. Campbell, provided opening remarks and welcomed the EAG members to the meeting. Mr. Dhillon followed with a scene setting presentation on the WHO Global Code of Practice and International Health Worker Mobility. Alongside Code structure and substance, the presentation highlighted the increasing scale and complexity of international health workers mobility (See Presentation). Mr. Campbell provided the governance context for the meeting, described the EAG Terms of Reference, and introduced the agenda for the three days (See Presentation). The co-chairs for the 1st Review of Code Relevance and Effectiveness, Ms. Jacob and Dr. Tangcharoensathien, next shared the process, findings, conclusions and recommendations of the first review in 2015. Ms. Jacob set out the process that led to the conclusion of the previous review that the Code remained relevant. She also outlined the significant information gaps that had been identified on that occasion, including only one round of national reporting, that had limited the assessment of effectiveness (See presentation). In conclusion, she set out how the Global Code has been used to support and underpin key policy initiatives in an Irish context. Dr. Tangcharoensathien followed by reflecting on both the negotiation of the WHO Global Code of Practice and its first review. He particularly emphasized the importance of regional dynamics to implementation of the WHO Global Code.

Comments from EAG members were wide ranging including: the challenge of limited structures within countries to advocate for and implement the Code; the importance of leadership at the political level in driving Code implementation; the high prevalence of fragility and conflict in certain regions; the importance and challenges-related to data; the value of global events and informal networks to Code implementation; opportunities for investment in education systems of vulnerable countries; potential incentives for return and efficient processes for integration; the need to advance the principle of shared responsibility across countries and relevant stakeholders; and the importance of capturing the lived experience of migrant health workers. The session closed with the appointment of Dr. Erlend Aasheim, the WHO EURO regional representative for Norway, and Dr. Untung Suseno, the WHO SEARO regional representative for Indonesia, as the co-chairs for second review.

Part II: Public Hearing (open)

The first session of the public hearing on evidence relating to relevance and effectiveness comprised presentations from Dr. Yeates and Mr. Dhillon. Dr. Yeates presented the historical context that culminated in the adoption of the WHO Global Code of Practice. She additionally highlighted the changing contemporary context, including the adoption of the Sustainable Development Goals and the Global Compact on Safe, Orderly and Regular Migration. Going forward, she highlighted the importance of strengthening lateral linkages with processes in other sectors: e.g. labor, migration, and trade (*See Evidence Brief 1*). Mr. Dhillon, in turn, shared progress with respect to Code implementation across three rounds of national reporting. He introduced the concepts of legal and behavioral effectiveness, with identification of progress across the three reporting rounds with respect to both definitions. At the same time, Mr. Dhillon identified gaps in both implementation and effectiveness (*See Evidence Brief 2 and Presentation*). He then presented on behalf of Jennifer Brandt in relation to ongoing work towards analysis of bilateral agreements shared by Member States with the Secretariat. Ms. Brandt's presentation identified various players and fora where international health worker mobility related bilateral agreements are increasingly developed. Ms. Brandt, in her presentation, highlighted that health interests are often not safeguarded due to limited engagement of Ministries of Health in the process (*See Presentation*).

In response to questions from the floor regarding strengthening Code implementation and effectiveness, Dr. Yeates emphasized strengthening lateral linkages, providing an operational definition for Code implementation, and greater engagement with the private sector as three critical steps. With respect to Mr. Dhillon's presentation, EAG members: requested further information on the lived experience of migrant health workers as well as more details on processes related to incorporating the Code into law and policy (as a means to inform other Member States); highlighted the importance of bilateral agreement analysis and suggested further collection of texts through Member States; requested more information and analysis related to overseas development assistance; and pointed to the need to strengthen resources for the Code. The co-chairs welcomed the analysis that had been undertaken and requested further depth in the specific areas identified.

The second session of the public hearing focused on civil society perspectives on and role in Code implementation. Ms. Hinlopen presented analysis of 14 independent stakeholder reports received during the third round of Code reporting. She highlighted the varying quality and diversity in reporting. Ms. Hinlopen recommended a more structured reporting instrument for civil society actors, similar to the National Reporting Instrument, for the next round of Code reporting. An important point made through the reports was that while the Code continues to be relevant, sometimes there is a "disconnect between what countries say they do and what they actually do" (*See Presentation*). Mr. Chisholm followed by summarizing the forthcoming report of the Tropical Health Education Trust on Migration and Mobility. Through its recommendations, the report calls for greater coherence across UK's national and international policies, as consistent with the WHO Global Code (*See Evidence Brief 3*). Mr. Bakshi and Mr. Sciasci next presented the Alliance Code for Ethical International Recruitment Practices. Together they highlighted how the Alliance Code was revised in 2017 to reflect Code principles and recommendations. They further highlighted ongoing dialogue with private recruitment agencies to strengthen ethical recruitment to the United States (*See Evidence Brief 4 and Presentation*).

Ms. Mohrs followed by sharing highlights from the European Sectoral Social Dialogue Committee for the Hospital and Healthcare Sector, represented by the European Federation of Public Service Union (EPSU and the European Hospital and Healthcare Employers' Association (HOSPEEM), with focus on the EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector. Ms. Mohrs highlighted the complementarity between the EPSU – HOSPEEM Code of Conduct and the WHO Global Code, with potential to further maximize synergy through joint advocacy and implementation in the European context (See Evidence Brief 5 and Presentation). Ms. Gencianos concluded the civil society presentation by highlighting the role of Public Services International, representing over 30 million public services workers, in advancing Code implementations. She specifically highlighted the importance of the WHO Global Code as a framework to guide the development of Global Skills Partnerships, as called for by the Global Compact on SOR Migration (*See Presentation*).

Comments from EAG members included: the importance of independent stakeholder reports and an open-ended questionnaire; the importance of ensuring government to government agreements; the need to look across health occupations at the mobility issues; WHO's role in dealing with civil society concerns related to foreign health workers (e.g. Kenya); the need to look more closely at gender issues; the need for a greater focus on disparity in opportunities for migrant health workers to advance professionally; confirmation of limited engagement or knowledge of Ministry of Health in a number of identified processes; the importance of influencing the operation of the private sector; the need to further define ethical recruitment; and the underlying need for targeted support to build country capacity, including in relation to improved data. The co-chairs closed the session with a request to EAG Members to reflect on the existing evidence and consider additional evidence required.

The third public hearing session focused on emerging issues in relation to health worker mobility. Dr. Elliott initiated the discussion by presenting his paper on transnational health worker mobility, including supply and demand-side drivers. He highlighted the importance of looking closely at human capital formation in the health sector and postulated that government subsidies towards training in general transferable skills (e.g. secondary and tertiary level care) may not be cost-effective (*See Evidence Brief 6 and Presentation).* Dr. Chanda followed by providing a survey of regional harmonization of health professional regulation in the ASEAN, CARICOM, EAC, MERCOSUR and SADC economic integration regions. She pointed to limited WHO engagement in ongoing processes. She pointed to substantial opportunity for the WHO Global Code to inform ongoing processes, as well as for WHO to contribute to strengthening the regional-level evidence-base underpinning various harmonization processes (*See evidence brief 7 and presentation*). EAG members spoke to: the importance of ensuring investment towards employment in low- and middle-income countries; limited information on refugee health workers; opportunities for more strategically engaging with regional bodies regional consultative networks, and informal regional networks; the need to look more closely at unregulated occupations; and more strategic engagement with diaspora groups.

Dr. McIsacc next presented findings from empirical research on push and pull factors across 17 countries over a ten-year period. Findings point to substantial complexity in migration decisions, with wages identified as a contributing factor for immigration in EU countries. Dr. McIsaac additionally pointed to levers outside of remuneration that could impact on immigration decisions, as well as the potential role of the Code (*See Presentation*). Dr. McKinley followed by a presentation on the

internationalization of medical education. Based on credential verification data available at ECFMG (entry into the US and select European countries), Dr. McKinley highlighted the substantial rise in international mobility of medical students. She also pointed to the recent rise in the development of medical education programmes for international students (*See Presentation).* Mr. Dhillon next followed with a presentation on behalf of A. Tankwanchi that is in the process of assessing the extent of health worker unemployment in low and middle-income countries. Early results point to limited scholarly research but strong reporting in the media across countries (*See Presentation*).

Discussion amongst the EAG members focused on: assessing the range of push and pull factors and not simply at wage issues, while also recognizing that in the African context income is a major factor (e.g. thirty time differential in some cases); a request for further data on success related to credentialing by country of training; a request to further clarify the positives and negative from the internationalization of medical education (e.g. Sudan example where funding has supported public institution, enabled diversification of students, and increased foreign-students seeking postgraduate education in the country); the need for greater focus on the financing of health workforce education; the need to consider gender and the lived experience of migrant health workers; and the need to reflect on people leaving the health sector altogether.

The fourth and final session of the public hearing focused on opportunities to further deepen the Code's Impact. Dr. Carzaninga, Dr. Magdeline, and Mr. Dhillon presented WHO and WTO's joint paper on International Trade in Services and Health Worker Mobility. The presentation highlighted the increasingly important role of the trade in services framework to advancing international health worker mobility. The presentation highlighted important synergies with the Code, with opportunity for health stakeholders to engage strategically with trade counterparts (*See Evidence Brief 8 and presentation).* Dr. Abarra followed by presenting on the challenges and opportunities to better integrate migrant and refugee health workers into host health systems. She highlighted specific Code provisions of relevance (*See Presentation*). Mr. Wilhelm and Ms. Beck next presented Germany's Triple Win bilateral agreements, as well as the process to co-design a new generation of ethical bilateral agreements consistent with the WHO Global Code (*See Presentation*). Dr. Luthria then shared her perspective on the link between international health worker mobility and human capital development. She spoke to the co-existence of three realities: a massive global shortage of health workers, rapidly rising health care costs, and health worker flows from poor to rich countries. She pointed to the need to strengthen global supply, including opportunity to improve standards of training. She highlighted the opportunity presented by Global Skills Partnership. Dr. Luthria called for closer examination to various financing models of health worker education. Dr. Van Der Laat and Dr. Yuzhanin made the final presentation of the public hearing. They spoke to important links between the Code and the Global Compact on SOR Migration, as well as IOMs broader work on migrant health and labour migration (*See Presentation*). EAG members identified a number of considerations relating to the presentations including: the need to strengthen regional and global pools of health workers with the Code as a critical framework; caution that migration does not automatically guarantees benefits for all; recognition that while intersectoral collaboration is important it also incurs transaction costs for those involved; and finally the need to revisit the criteria underlying the list of countries with critical health workforce shortages.

The Co-chairs thanked all the presenters and closed the public hearing session. In preparation for the following days deliberation, EAG members were asked to consider the following questions:

- How is the Code relevant or not relevant?
- How is the Code effective or not effective?
- What should be done and by whom (including areas of additional evidence)?

Part III: EAG Working Session (closed)

The co-chairs opened the meeting by thanking EAG members for sharing their responses to the three identified questions. Mr. Campbell then provided an overview of the technical and governance process and identified the opportunity to gather additional evidence and strengthen regional input to the report over the next six months (*See Presentation*). Several EAG members identified the opportunity provided by the Code review process to further champion the Code, with a comment to also consider the capacity at the regional level to support such effort.

Working Group Discussion

The EAG broke into four working groups to discuss the Code relevance, effectiveness and associated recommendations. Following is a summary of the working group discussion:

i. Relevance

Across the four groups there was strong recognition of the relevance, and often of increasing relevance, of the Code. The following reasons were identified for the continued, and potentially increasing, relevance of the Code:

- increasing volume and complexity of international health worker migration;
- demographic and global labour market trends driving increased health worker needs;
- health workforce shortages, demand-supply mismatches and health workforce sustainability as increasingly important issues for countries, regions and the world;
- increasing prioritization of UHC across countries;
- active international recruitment of health workers is still a concern;
- no other instrument as comprehensive or with as wide a geographic reach, with Code addresses all aspects of the cycle of migration, including temporary migration;
- remains relevant as health systems continue to be underfunded, under-resourced and at times poorly managed;
- protects the rights of migrant health workers;
- has the scope to ensure mutually beneficial outcomes;
- has the scope to advance important initiatives such as UHC and the Global Compact on Safe Orderly and Regular Migration;
- Code's focus on data, research, information exchange, cross-learning and consultative processes are well aligned with and can support national, regional and multi-lateral processes;
- more players engaging in dialogue with respect to international health worker mobility;
- growth in bilateral and regional arrangements related to health worker mobility;

- Code enables health stakeholders to engage in ongoing dialogue in other sectors;
- the health workforce and associated supply (e.g. education) is increasingly globalized; and the
- increasing need for international standards, harmonization and balancing of interests as provided by the Code.

One of the working groups emphasized that while agreement that the Code is relevant, and becoming increasingly relevant, it is important to conduct a further "sense check" of the specific principles and articles of the Code utilizing the relevance lens and feedback received from the EAG meeting. It was also recommended to review processes in relation to other similar WHO agreements (e.g. FCTC, WHO/UNICEF Breastmilk Code) and to better understand how their dynamic nature is ensured.

ii. Effectiveness and Recommendations

The working-group deliberations on Code effectiveness were more complex, with mixed and at times divergent views emerging. As part of the deliberation, gaps in evidence and recommendations to further strengthen Code implementation, effectiveness and evaluation were identified. Highlights from the detailed and wide-ranging discussion are provided below.

Arguments identified for effectiveness of the Code included:

- increased reporting by WHO Member States; strengthened data and information on international health worker mobility;
- Code principles incorporated into law and policy in several countries;
- Code principles and articles reflected in private sector codes;
- Code principles and articles reflected in regional polices;
- growing recognition of the Code, including at multi-sectoral and multi-agency levels;
- evidence of effectiveness where limited or no Secretariat intervention (e.g. demand-based);
- Code role in empowering Ministry of Health to engage into ongoing discussions in other sectors;
- Code role as an important entry point for raising health system concerns; and
- Code role in protecting developing country inputs (e.g. investments in education and training).

There was considerable discussion, however, on the ability to assess Code effectiveness and the extent of its effective implementation. All working groups identified the need and opportunity to further strengthen Code effectiveness, including addressing implementation gaps. Gaps in reporting from regions particularly challenged by international health worker mobility were raised as a priority concern. The working groups identified the need to substantially raise awareness and visibility of the Code, including amongst health workers, private sector actors and stakeholders outside the health sector. EAG members spoke to the importance of leveraging existing global and regional platforms and processes to further disseminate the Code, as well as to use multiple fora to enable knowledge exchange and share best practices. The identification

of pathfinder countries, and an annual forum focused on sharing lessons (integrated with broader HRH agenda) was proposed.

The need for targeted support to Member States was emphasized across all working groups. So, too was the need for further implementation of the Code. Several EAG members recognized that Code is currently balanced more towards the requirements of receiving countries, with targeted guidance and support required by sending countries. The Secretariat was requested to provide further implementation guidance: e.g. update the 2011 User's Guide and develop guidance on bilateral agreements (including analysis of operation in practice). With respect to the former, it was recommended to ensure a wide scope that includes topics such as working condition and gender, with emphasis on equality- and equity-related issues. Targeted supported to Member States to strengthen quality of data and information was recommended. Technical support at country level was also recommended to ensure connections between the Code and all health workforce management tools at country level (e.g NHWA, WISN), and to facilitate inter-sectoral coordination. Support to regional economic bodies, health and HRH networks to better track and monitor health worker mobility was additionally suggested. Focused attention on countries in humanitarian crises, refugee situations, and the welfare of health workers was also emphasized.

The Secretariat was requested to extract further qualitative information and case studies from national reports, and to compile additional evidence related to health systems strengthening. It was also recommended that the Secretariat simplify the national reporting instrument and enable WHO to provide feedback and positive recognition through the reporting process. Additional ideas put forward included the potential role in developing a certification mechanism for recruiting agencies; for WHO verification or certification of bilateral agreements; and to develop or support modalities for global skills recognition and certification. The working groups also suggested that the Secretariat develop a short list of effectiveness indicators to both support and monitor the effectiveness of Code implementation.

Finally, they identified the need for additional resources to enable full implementation of the Code, including a costed implementation plan. Additional resources to strengthen WHO's capacity across its three levels was highlighted.

The Co-chairs closed the session including summarizing the working group feedback.

Concluding Plenary Discussion

The plenary discussion began with a historic overview of the list of countries with critical health workforce shortage. Mr. Campbell provided the historical context for its development, as well as its current utilization and expansion by Member States. Mr. Campbell identified the need to resolve challenges as part of the Code review process and opened the floor for discussion.

EAG members provided a variety of perspectives, agreeing that the current list of countries with a critical shortage and its methodology is outdated and acknowledging that the Code itself does not identify a list. EAG members also agreed that a recommendation from the group is needed in relation to what entails a "critical shortage". The co-chairs concluded that specific options were

required by the next meeting. The EAG agreed to establish a small working group to develop potential options and undertake an options appraisal in advance of the second EAG meeting.

The meeting concluded with a final discussion on the additional evidence required, constitution of working groups, and the structure of the report. EAG members identified: the need for strengthened health workforce mobility data; more information on education financing and student mobility; more information on bilateral agreements; the need to better capture the lived experience of migrant health workers; more information on the perspectives of private recruiters; a think piece on assessing Code effectiveness, including a short suite of indicators; and options to address the issue of "critical shortages". OECD volunteered to provide additional data on health workforce mobility. Dr. Abbara, Dr. Buchan, and Ms. Nar volunteered to contribute to a meta-review of the lived experience of migrant health workers. Ms. Jacob volunteered to contribute to the development of a think piece and suite of indicators related to Code effectiveness. Dr. Aasheim, Dr. Chanda, Mr. Darr, Dr. Dumont, Ms. Jacob, Dr. Narayan, and Dr. Tangcharoensathien volunteered to participate in the working group on options for "critical shortages". Ms. Usiku also volunteered to provide support as required, particularly in relation to student mobility. The WHO secretariat will provide support to these processes, while also providing additional information on bilateral agreements, as well as private sector recruitment agencies and education financing as far as possible.

The co-chairs concluded the discussions by encouraging EAG members to seek further regional engagement and input in the months ahead. They confirmed relevance and effectiveness as the main headings of the report, and additionally requested information on the status of the three recommendations from the previous review.

ANNEX I: Agenda and List of Participants

AGENDA

WHO Global Code of Practice
on the International Recruitment of Health Personnel
2nd Review of Relevance and Effectiveness

18 - 20 June 2019
Salle B, WHO/HQ
Geneva, Switzerland

Tuesday, 18 June 2019		
Closed EAG meeting		
9:00 – 9:30	**Coffee & Registration**	
9:30 – 10:00	**Opening and welcome** Introductions and statement of purpose	Jim Campbell
10:00 – 10:15	**Scene setting:** WHO Global Code of Practice & International Health Worker Mobility	Ibadat Dhillon

10:15 – 12:15	**EAG Operating Procedure**
	• Overview:
	  ○ Context, Scope, Process, Governance
	  ○ Overview of 1st Review: Perspective from previous co-chairs
	  ○ Appointment of co-chairs
		Jim Campbell
		Gabrielle Jacob
		Viroj Tangcharoensathien

12:15 – 13:30	Lunch Break	
Public Hearing: Evidence on Code's relevance and effectiveness		
13:30 – 13:40	**Introduction to the Public Hearing**	Co-Chairs
13:40 – 15:15	**Code Implementation & Reporting** • Historical perspective • 3 rounds of Code reporting ○ Data improvement • Bilateral agreements	Nicola Yeates Ibadat Dhillon & HWF DEK Unit Jennifer Brant
15:15 – 15:30	Coffee Break	

15:30 – 17:30	**Code Implementation & Reporting (cont):** *Stakeholder Perspective* • WEMOS • Tropical Health Education and Trust • CGFNS / Alliance for Ethical International Recruitment International Practices • European Hospitals and Healthcare Employers' Association • Public Services International	Corinne Hinlopen Graeme Chisholm Mukul Bakshi & Nico Sciasci Simone Mohrs Genevieve Gencianos
17:30 – 17:45	**Summary** • Conclusions of Day 1	Co-chairs

Wednesday, 19 June 2019		
Public Hearing: Evidence on relevance and effectiveness		
9:00 – 10:30	**Emerging issues** • Transnational health labour markets • Regional harmonization processes	Robert Elliott Rupa Chanda
10:30– 10:45	Coffee Break	
10:45 – 12:15	**Emerging issues (cont.)** • Remuneration, retention and migration • Globalization of health professions education • Unemployment & shortages	Michelle McIsaac Danette McKinley Ibadat Dhillon
12:15 – 13:15	Lunch Break	
13:15 – 15:00	**Opportunities for deepening Code Impact** • International health worker mobility & trade in services • Recognition of foreign qualifications & integration of health workers	Antonia Carzaniga, Ibadat Dhillon & Joscelyn Magdeleine Aula Abbara
15:00 – 15:15	Coffee Break	
15:15 – 17:00	**Opportunities for deepening the impact of the Code (cont.)** • Triple win / ethical bilateral agreements • Human capital development • Global Compact on SOR Migration	Alexander Wilhelm Manjula Luthria Carlos Van Der Laat
17:00 – 17:15	**Summary** • Conclusion of Day 2	Co-chairs

Thursday, 20 June 2019		
Closed EAG meeting		
9:00 – 9:15	**Introduction to process**	Co-Chairs Jim Campbell
9:15 – 10:30	**Working group discussions** • Working groups on relevance • Report back	Co-chairs and Previous Co-Chairs Facilitators (4)
10:30– 10:45	Coffee Break	
10:45 – 12:30	**Working group discussions (cont.)** • Working groups on effectiveness • Report back	Co-chairs and previous Co-Chairs Jim Campbell Facilitators (4)
12:30 – 13:30	Lunch Break	
13:30 – 15:30	**Plenary** • Deliberation and discussion • Identification of key issues • Additional evidence required	Co-chairs
15:30 – 15:45	Coffee Break	
15:45 – 17:15	**Agreement on report structure & next steps**	Co-chairs
17:15 – 17:30	**Closing remarks**	Co-chairs Jim Campbell

List of participants

WHO Expert Advisory Group

Member States Representatives

1. Erlend Aasheim, Norwegian Directorate of Health, **Norway**
2. Hamed Al Balushi, Ministry of Health, **Oman**
3. El-Sheikh Badr, Federal Ministry of Health, **Sudan**
4. Dunstan Bryan, Ministry of Health, **Jamaica**
5. Charles Darr, Health Resources and Services Administration, **USA**
6. Shinta Dewi, Ministry of Health, **Indonesia**
7. Anil Kumar Gupta, Ministry of Health and Family Welfare, **India**
8. Gislain Arnaud Hollo, Ministère de la Santé, **Benin**
9. Leila Jordan, Australian Government Department of Health, **Australia** (apologies)
10. Greta Kanownik, Ministry of Health, **Poland**
11. Maureen McCarty, Australian Government Department of Health, **Australia** (apologies)
12. Kavita Narayan, Ministry of Health and Family Welfare, **India**
13. Trisa Wahjuni Putri, Ministry of Health, **Indonesia**
14. Kenneth G. Ronquillo, Department of Health, **Philippines**
15. Untung Suseno Sutarjo, Ministry of Health, **Indonesia**
16. Ava-Gay Timberlake, Ministry of Health, **Jamaica**
17. Celine Usiku, Ministry of Health and Social Services, **Namibia**

Independent Experts (including previous co-chairs)

1. Aula Abbara, **Syria Public Health Network**
2. James Buchan, **WHO Collaborating Centre - University of Technology Sydney**
3. Rupa Chanda, **Indian Institute of Management Bangalore**
4. Michael Clemens, **Centre for Global Development** (apologies)
5. Jean-Christophe Dumont, **Organisation for Economic Co-operation and Development**
6. Gabrielle Jacob, **European Regional Office, World Health Organization** (previous co-chair)
7. Sonia Nar, **Migrant health worker**
8. Francis Omaswa, **African Centre for Global Health and Social Transformation**
9. Viroj Tangcharoensathien, International Health Policy Program, **Thailand** (previous co-chair)
10. Jacqueline Weekers, **International Organization for Migration**

Evidence presented by

1. Mukhul Bakshi & Nico Sciasci, **Commission on Graduates of Foreign Nursing Schools**
2. Jennifer Brant, **Innovation Insights**
3. Susanne Beck, **German Federal Employment Service (Bundesagentur für Arbeit)**
4. Antonia Carzaniga, **World Trade Organization**
5. Graeme Chisholm, **Tropical Health and Education Trust**
6. Robert Elliott, **University of Aberdeen**
7. Genevieve Gencianos, **Public Services International**
8. Corinne Hinlopen, **Wemos Foundation**
9. Manjula Luthria, **World Bank Group**
10. Joscelyn Magdeleine, **World Trade Organization**
11. Danette McKinley, **Foundation of Advancing International Medical Education and Research**
12. Simone Mohrs, **European Hospital and Healthcare Employers' Association**
13. Carlos Van Der Laat, **International Organization for Migration**
14. Alexander Wilhelm, **German Federal Employment Service (Bundesagentur für Arbeit)**
15. Nicola Yeates, **The Open University**