World Health Organization

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

National Reporting Instrument (2021)

World Health Organization
Geneva
May 2021

Background

Adopted in 2010 at the 63rd World Health Assembly (WHA Res 63.16), the WHO Global Code of Practice on the International Recruitment of Health Personnel ("the Code") seeks to strengthen the understanding and ethical management of international health personnel recruitment through improved 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. The WHO Director General is additionally mandated to report to the World Health Assembly every 3 years.

WHO Member States completed the 3rd round of national reporting in March 2019. The WHO Director General reported progress on implementation to the 72nd World Health Assembly in May 2019 (A 72/23). The 3rd Round of National Reporting additionally informed the Member-State led Review of the Code's relevance and effectiveness, as presented to the 73rd WHA in 2020 (A 73/9).

The Review highlights that Code implementation, through targeted support and safeguards, is necessary to ensure that Health Emergency and Universal Health Coverage-related progress in Member States serves to reinforce rather than compromise similar achievement in others. In light of the considerations in the Report and decision WHA 73(30), the WHO Secretariat has additionally prepared the Health Workforce Support and Safeguards List, 2020.

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 4th Round of National Reporting are to be presented at the 75th World Health Assembly in May 2022. Given the ongoing COVID-19 pandemic, the NRI (2021) has been adapted to additionally capture information related to health personnel recruitment and migration in the context of the pandemic.

The deadline for submitting reports is 31 August 2021.

Should technical difficulties prevent national authorities from filling in the online questionnaire, it is also possible to download the NRI via the link: http://www.who.int/hrh/migration/code/code_nri/en/. Please complete the NRI and submit it, electronically or in hard copy, to the following address:

Health Workforce Department
Universal Health Coverage and Health Systems
World Health Organization
20 Avenue Appia, 1211 Geneva 27
Switzerland
hrhinfo@who.int

Disclaimer: The data and information collected through the National Reporting Instrument will be made publicly available via the WHO web-site following the proceedings of the 75th World Health Assembly. The quantitative data collected will be updated on and available through the National Health Workforce Accounts online platform (http://www.who.int/hrh/statistics/nhwa/en/).

Contact Details

Name of Member State:

Date National Report submitted:

Full name of institution:

Name of designated national authority:

Title of designated national authority:

Telephone number:

Email:

National Reporting instrument

Implementation of the Code

1. **A. Has your country taken steps to implement the Code? (*)**

    ☐ Yes   ☐ No

    If yes, please tick all items that may apply from the list below (*):

    ☐ **1.1 Actions have been taken to communicate and share information across sectors on the international recruitment and migration of health personnel, as well as to publicize the Code, among relevant ministries, departments and agencies, nationally and/or sub-nationally.**

    Please describe:

Action 1	
Action 2	
Action 3	

    ☐ **1.2 Measures have been taken or are being considered to introduce changes to laws or policies consistent with the recommendations of the Code.**

    Please describe:

Measure 1	
Measure 2	
Measure 3	

    ☐ **1.3 Records are maintained on all recruiters authorized by competent authorities to operate within their jurisdiction.**

    Please describe:

    ☐ **1.4 Good practices, as called for by the Code, are encouraged and promoted among recruitment agencies.**

    ☐ **1.4.1 Promotion of the Code among private recruitment agencies.**

    Please describe:

    ☐ **1.4.2 Domestic legislation or policy requiring ethical practice of private recruitment agencies, as consistent with the principles and articles of the Code.**

    Please describe:

    ☐ **1.4.3 Public or private certification of ethical practice for private recruitment agencies.**

    Please describe:

    ☐ **1.4.4 Others**

Please describe:

☐ **1.5 Measures have been taken to consult stakeholders in decision-making processes and/or involve them in activities related to the international recruitment of health personnel.**

Measure 1	
Measure 2	
Measure 3	

☐ **1.6 Other steps:**

Step 1	
Step 2	
Step 3	

Partnerships, Technical Collaboration and Financial Support

2.1 Has your country provided technical or financial assistance to one or more WHO Member States, particularly developing countries, or other stakeholders to support the implementation of the Code? (*)

☐ **2.1.1 Specific support for implementation of the Code**

☐ **2.1.2 Support for health system strengthening**

☐ **2.1.3 Support for health personnel development**

☐ **2.1.4 No support provided**

☐ **2.1.5 Other areas of support:**

Support Area 1	
Support Area 2	
Support Area 3	

2.2 Has your country received technical or financial assistance from one or more WHO Member States, the WHO secretariat, or other stakeholders to support the implementation of the Code? (*)

☐ **2.2.1 Specific support for implementation of the Code**

☐ **2.2.2 Support for health system strengthening**

☐ **2.2.3 Support for health personnel development**

☐ **2.2.4 No support received**

☐ **2.2.5 Other areas of support:**

Support Area 1	
Support Area 2	
Support Area 3	

3. **Has your country or its sub-national governments entered into bilateral, multilateral, or regional agreements and/or arrangements with respect to the international recruitment and migration of health personnel? (*)**

☐ Yes   ☐ No

3.1 Please use Table A below to describe the active bilateral, regional or multilateral agreements or arrangements:

Table A Description of active bilateral, multilateral, regional agreements or arrangements

Title of Agreement	Full text of the agreement — If you cannot share the full text of the agreement please fill in columns to your right		Type of Agreement	Coverage	Main content of agreement (check all that apply)	Categories of Health Personnel (check all that apply)	Validity period		Countries that are involved	Signatory of the agreement from your country	Signatory of the agreement from the partner country (ies)	Does the agreement explicitly reference the Code?	Does the agreement reflect the Code's principles and practices?
	Web-link	Upload the full text	☐ Bilateral ☐ Multilateral ☐ Regional	☐ National ☐ Sub-national	☐ Education and training ☐ Institutional capacity building ☐ Promotion of circular migration ☐ Retention strategies ☐ Recognition of health personnel ☐ Recruitment of health personnel ☐ Twinning of health care facilities ☐ Other mechanism (include details if possible):	☐ Doctors ☐ Nurses ☐ Midwives ☐ Dentists ☐ Pharmacists ☐ Other (include details as necessary)	From:	To:		☐ Ministry of Foreign Affairs ☐ Ministry of Health ☐ Ministry of Education ☐ Ministry of Trade ☐ Ministry of Labour ☐ Ministry of Immigration/ Home Affairs ☐ Others: (include details as necessary)	☐ Ministry of Foreign Affairs ☐ Ministry of Health ☐ Ministry of Education ☐ Ministry of Trade ☐ Ministry of Labour ☐ Ministry of Immigration/ Home Affairs ☐ Others: (include details as necessary)	☐ Yes ☐ No	☐ Yes ☐ No

Health Workforce Development and Health System Sustainability

4. **Does your country strive to meet its health personnel needs with its domestically trained health personnel, including measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of your country, including areas of greatest need? (*)**

☐ Yes   ☐ No

☐ **4.1 Measures taken to educate the health workforce (*)**

☐ **Manage production**

☐ **Improve quality of education**

☐ **Strengthen regulation**

☐ **Others**

> Please describe:

☐ **4.2 Measures taken to ensure the sustainability[1] of the health workforce (*)**

☐ **Workforce planning/forecasting**

☐ **Increasing domestic production and education opportunities**

☐ **Increasing employment opportunities**

☐ **Manage recruitment of international health personnel**

☐ **Others**

> Please describe:

☐ **4.3 Measures taken to address the geographical mal-distribution and retention of health workers[2] (*)**

☐ **4.3.1 Education (Education institutions in underserved areas; students from under-served areas; relevant topics in education/professional development programmes; others)**

> Please describe:

☐ **4.3.2 Regulation (Mandatory service agreements; scholarships and education subsidies with return of service agreements; enhanced scope of practice; task shifting; skill-mix; others)**

> Please describe:

☐ **4.3.3 Incentives (Financial and non-financial)**

> Please describe:

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[1] Health workforce sustainability reflects a dynamic national health labour market where health workforce supply best meets current demands and health needs, and where future health needs are anticipated, adaptively met and viably resourced without threatening the performance of health systems in other countries (ref: *Working for Health and Growth, Report of the High-Level Commission on Health Employment and Economic Growth*, WHO, 2016, available from http://apps.who.int/iris/bitstream/10665/250047/1/9789241511308-eng.pdf?ua=1).

[2] WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas 2021 (forthcoming) provides recommendations to address the factors that influence rural health workforce shortages and inequities in their distribution.

☐ **4.3.4 Support (Decent and safe living and working conditions; career advancement opportunities; social recognition measures; others)**

Please describe:

☐ **4.4 Other relevant measures**

Please describe:

5. **Are there specific policies and/or laws that guides international recruitment, migration and integration of foreign-trained health personnel in your country? (*)**

   ☐ **Yes**   ☐ **No**

   If yes, please provide further information in the box below.

Law/policy 1	
Law/policy 2	
Law/ policy 3	

6. **Recognizing the role of other government entities, does the Ministry of Health have processes (e.g. policies, mechanisms, unit) to monitor and coordinate across sectors on issues related to the international recruitment and migration of health personnel? (*)**

   ☐ **Yes**   ☐ **No**

   If yes, please provide further information in the box below.

Please describe:

7. **Has your country established a database or compilation of laws and regulations related to international health personnel recruitment and migration and, as appropriate, information related to their implementation? (*)**

   ☐ **Yes**   ☐ **No**

   If yes, please provide further detail or a web-link:

Web-link	Web-site
Other documentation	**Upload docs**

Responsibilities, Rights and Recruitment Practices

8. **Which legal safeguards and/or other mechanisms are in place to ensure that migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce? Please tick all options that apply from the list below (*):**

   ☐ **8.1 Migrant health personnel are recruited internationally using mechanisms that allow them to assess the benefits and risk associated with employment positions and to make timely and informed decisions regarding them**

☐ **8.2 Migrant health personnel are hired, promoted and remunerated based on objective criteria such as levels of qualification, years of experience and degrees of professional responsibility on the same basis as the domestically trained health workforce**

☐ **8.3 Migrant health personnel enjoy the same opportunities as the domestically trained health workforce to strengthen their professional education, qualifications and career progression**

☐ **8.4 Other mechanisms, please provide details if possible:**

Mechanism 1	
Mechanism 2	
Mechanism 3	

9. **Please submit any other comments or information you wish to provide regarding legal, administrative and other measures that have been taken or are planned in your country to ensure fair recruitment and employment practices of foreign-trained and/or immigrant health personnel.**

> Please describe:

10. **Regarding domestically trained/ emigrant health personnel (diaspora) working outside your country, please submit any comments or information on measures that have been taken or are planned in your country to ensure their fair recruitment and employment practices, as well as difficulties encountered (*)**

Measure 1	
Measure 2	
Measure 3	

Data on International Health Personnel Recruitment & Migration

Improving the availability and international comparability of data is essential to understanding and addressing the global dynamic of health worker migration.

11. **Does your country have any mechanism(s) or entity(ies) to maintain statistical records of foreign-born and foreign-trained health personnel? (*)**

☐ **Yes**   ☐ **No**

If yes, please provide further information in the box below.

> Please describe:

12. **Data on the active stock of health personnel, disaggregated by country of training and birth (*)**
For the latest year available, consistent with the National Health Workforce Accounts (NHWA) Indicators 1-07 and 1-08, please provide information on the total stock of health personnel in your country (preferably the active workforce), disaggregated by the country of training (foreign-trained) and the country of birth (foreign-born). Please consult with your NHWA focal point, if available, to ensure that data reported below is consistent with NHWA reporting.

12.1 Consolidated stock of active health personnel
Previous data shared with WHO is available **here**. Please liaise with your NHWA focal point and update as relevant.

This information can be provided by one of the following three options. Please choose your preferred mode of data entry:

- o Option A: Completion of the table below
- o Option B: **Download** the Excel template with existing data and **Upload with the updated data**
- o Option C: Upload any format of documentation that provides such information (e.g. pdf, excel, word)

	Total	COT Domestically Trained	COT Foreign Trained	COT Unknown Place of Training	COB National Born	COB Foreign Born	Data Source*	Year of data (Please provide data of the latest year available)	Does the data represent active stock?	Additional comments
Medical Doctors (generalist + specialists)										
Nurses										
Midwives										
Dentists										
Pharmacists										

*(e.g. HRH information systems; professional register; covid-19 vaccination records; others)

12.2 Top 10 countries of training for foreign-trained health personnel

Please provide data on **the top 10 countries** of training for foreign-trained health personnel in your country.

This information can be provided by one of the following two options:

- o Option A: Completion of the table below
- o Option B: **Download** the Excel template with existing data and **Upload with the updated data**
- o Option C: Upload any format of documentation that provides such information (e.g. pdf, excel, word).

	Doctors	Nurses	Midwives	Dentists	Pharmacists
Total foreign-trained personnel					
1. Country of training					
Number of personnel					
2. Country of training					
Number of personnel					
3. Country of training					
Number of personnel					
4. Country of training					
Number of personnel					
5. Country of training					
Number of personnel					
6. Country of training					

Number of personnel					
7. Country of training					
Number of personnel					
8. Country of training					
Number of personnel					
9. Country of training					
Number of personnel					
10. Country of training					
Number of personnel					
Source (e.g. professional register, census data, national survey, other)					
Year of data (Please provide the data of the latest year available)					
Comments					

COVID-19 and Health personnel mobility

Health personnel played a central role in response to the COVID-19 pandemic. This section seeks to capture data and policies with respect to international mobility of health workers, as compelled by the COVID-19 pandemic response.

13. **Were measures undertaken at national or sub-national level in response to the COVID-19 pandemic with respect to the temporary or permanent mobility of international health personnel? (*)**

☐ **13.1 No change in national or sub-national regulation, policy or processes related to the entry or exit of foreign-trained or foreign-born health personnel**

Please describe:

☐ **13.2 National and/or sub-national regulation, policy or processes enacted to ease entry and integration of foreign-trained or foreign-born health personnel**

Please describe:

☐ **13.3 National and/or sub-national regulation, policy or processes enacted to limit the exit of health personnel from country**

Please describe:

☐ **13.4 Others**

Please describe:

14. Did you have a mechanism to monitor the inflow and outflow of health personnel to/from your country during the COVID-19 pandemic?

☐ **Inflow**   ☐ **Outflow**   ☐ **No**

14.1 How many foreign-trained or foreign-born health personnel were newly (inflow) active (temporarily and/or permanently) in your country in 2019 and 2020?

	Doctors	Nurses	Dentists	Pharmacists	Midwives	Comments
Data Source (e.g. Regulatory authority, immigration records, work permits, etc.) *Please ensure data source consistency for each category of personnel for the two years*						
2020						
2019						

14.2 How many domestically-trained health personnel left (outflow) your country in 2019 and 2020 (for temporary or permanent migration)?

	Doctors	Nurses	Dentists	Pharmacists	Midwives	Comments
Data Source (e.g. letters of good standing, emigration records, G-G agreements etc.) *Please ensure data source consistency for each category of personnel for the two years*						
2020						
2019						

15. Please list any challenges related to ethical international recruitment of health personnel during the COVID-19 pandemic

1st Challenge	Please describe (e.g. active recruitment of ICU personnel)
2nd Challenge	
3rd Challenge	

Constraints, Solutions, and Complementary Comments

16. **Please list in priority order, the three main constraints to the ethical management of international migration in your country and propose possible solutions (*):**

Main constraints	Possible solutions/recommendations
16.1a	**16.1b**
16.2a	**16.2b**
16.3a	**16.3b**

17. **Is there specific support you require to strengthen implementation of the Code? (*)**

☐   **17.1** Support to strengthen data and information

☐   **17.2** Support for policy dialogue and development

☐   **17.3** Support for the development of bilateral/multi-lateral agreements

☐   **17.4** Other areas of support:

Support Area 1	
Support Area 2	
Support Area 3	

18. **Submit any other complementary comments or material you may wish to provide regarding the international recruitment and migration of health personnel, as related to implementation of the Code.**

Please describe OR **Upload** (Maximum file size: 10MB)