

# Summary discussion, WHO Global Code of Practice on International Recruitment of Health Personnel

May 20, 2015

Room IX.

## 1. The context of the Code

- Today 20 May 2015, Code celebrates its fifth Birthday, May 21, 2010,
- Survive Under five mortality, though not thrive well,
- Psuedo-Orphan (Francis): WHO Department dismantled,

## 2. Health workforce context

- Increased relevance of the Code
  - Ever increasing demand for HWF, supplies not match demand
  - Globalization of HPE, facilitates settlement in training countries/institutes

## 3. WHO Global Code

- The legal instrument, voluntary non legally binding,
- However misnomer: Code is interpreted as only migration,
- Code is comprehensive: HSS, H professional education + retention + migration,
- Global collaboration between source and destination countries needed
- Successful implementation requires
  - Good faith, awareness, commitment and institutional capacities
- Only instrument of a soft law:
  - Reporting every three years

## 4. How was the code implemented?

- Awareness and understand the content of the Code: most critical entry point
  - National interests (two major global source countries: Philippines, India); protection of FOW including health workforce, multi-stakeholders, recruiters, Government, Non-Government, Monitoring employment compliance to bilateral agreement and labour contracts
  - Lead to implementation, reporting progresses,
  - Institutional capacity and resources to respond to concerns

## 5. Outcomes from the first five years?

- Varies: more reporting by High and UMIC / LMIC having more capacities and commitment, almost all OECD countries
- Destination countries represent more in the first reporting,
  - Reflecting their commitment to the Code.
  - Capacities to capture data on in-migrate size,
- Less so by LIC, in particular SSA, SEA,

## 6. Possible solutions

- Now we have foster parents (Jim Campbell et al),
- Critical timing for the 2nd National Reporting Instrument. Closing date July 2015
- Boost awareness and strengthen capacities to implement the Code in LMIC especially in weaker source countries
- Comprehensive approach to strengthen: train more of relevant health workforce, retain them in places where needed, better manage migration, closer collaboration between source and destination countries

**Table 1** Targeted support of member states by WHO and other partners

Level of awareness and institutional capacities	Countries with Health Workforce Migration Status		
	Source	Temporary and final destination	Non-source, non-destination
Weak			
Strong			