

WHO code of practice on the international recruitment of health personnel

Manuel Dayrit,^a Allyn Taylor,^b Jean Yan,^a Jean-Marc Braichet,^a Pascal Zurn,^a & Esther Shainblum^c

The numbers of migrating health workers have increased significantly over the past few decades and patterns of global migration have become more complex as increasing demand for health workers in the world's wealthiest countries has resulted in large numbers of health workers migrating from lower-income countries to work in higher-income countries.¹ Health worker migration is contributing to severe shortages of trained health workers in the lower-income countries and areas of greatest need, thereby weakening health systems that are already fragile in many countries, particularly in sub-Saharan Africa.

International health workforce migration is an extraordinary and multifaceted public health challenge. While health workers have the human right to migrate to countries that wish to employ them and destination countries can appropriately strengthen their health systems by employing foreign health workers, large-scale migration can have a devastating impact on the health systems of source countries. In addition, widespread concerns have been increasingly raised about unethical and unfair recruitment practices.

In response to this evolving global health challenge, Member States of WHO adopted resolution WHA 57.19 at the World Health Assembly in May 2004 mandating that the WHO Director-General develop a code of practice on the international recruitment of health personnel in consultation with WHO Member States and all relevant partners. This historic resolution authorizing the elaboration of the proposed code, marks the first time that WHO has used its constitutional authority to develop a non-binding code to be adopted by the World Health Assembly since the 1980 International Code of Marketing of Breast-milk Substitutes.

On 1 September 2008, the WHO secretariat published the first draft of

the code for consideration and comment by Member States and other stakeholders. The initial draft code was built on existing regional and bilateral agreements, memoranda of understanding, and national and regional codes of practice, as well as the web-based multistakeholder global dialogue and the collaborative work of the Health Worker Migration Policy Initiative and the Global Forum on Human Resources for Health, organized by the Global Health Workforce Alliance.

Web-based hearings on the draft code were held through to 30 September 2008. This initiative provides an opportunity for Member States, health workers, recruiters, employers, academic and research institutions, health professional organizations, relevant sub-regional, regional and international organizations, whether governmental or nongovernmental, and all persons concerned with the international recruitment of health personnel to consider and comment on the draft code. Input received during the course of these web-based public hearings will contribute to developing a revised draft code of practice on the international recruitment of health personnel.

The WHO code of practice is expected to be an important new instrument in the global response to the health worker migration issue. Designed to be global in scope, it is directed towards all persons concerned with the international recruitment of health personnel, including WHO Member States as well as health workers, recruiters, employers and civil society. Prior to the initiation of the proposed WHO code, several codes of practice on health worker migration were adopted over the previous decade at the national and regional level. However, there is no existing legal instrument with global coverage applicable to both source and destination countries. The proposed WHO code of practice would, there-

fore, be unique in scope and contribute new and vital guidance on the international recruitment of health personnel.

The draft code sets out guiding principles and voluntary international standards for recruitment of health workers, to increase the consistency of national policies and discourage unethical practices, while promoting an equitable balance of interests among health workers, source countries and destination countries. Consistent with contemporary international legal practice, the initial draft of the code also aims to establish an international procedural structure to foster national dialogue, commitment and action on health worker migration.

Importantly, this first draft does not aim to comprehensively address and resolve all of the complex substantive issues raised by the international recruitment of health personnel. Rather, the text was purposefully kept brief. The goal of the first draft is to provide a straightforward framework and platform on which to launch negotiations. WHO Member States may potentially consider and elaborate more detailed national and international commitments in the final version of the code or in future international instruments.

Although the final text will technically be a non-binding international instrument, the proposed code may provide a significant first step towards the development of an effective framework for national and international cooperation to maximize the benefits, and mitigate the potential negative impacts, of international health worker migration on countries and to safeguard the rights of migrant health workers. ■

References

1. *International migration of health personnel: a challenge for health systems in developing countries*. Geneva: WHO;2008 (EB Doc. EB122/16 Rev.1).

^a Department of Human Resources for Health, World Health Organization, 20 avenue Appia, 1211 Geneva 27, Switzerland.

^b O'Neil Institute for National and Global Health Law, Georgetown University Law Center, Washington, DC, United States of America.

^c Victorian Order of Nurses, Ottawa, ON, Canada.

Correspondence to Manuel Dayrit (e-mail: dayritm@who.int).

doi:10.2471/BLT.08.058578