WHO Global Code
WHO Global Code of Practice

History

• A vacuum in global governance of migration
• Long standing and growing concern
  – Expressed at regional and global fora
• Six year negotiation process
• Adopted in 2010 at the 63rd World Health Assembly
  – Only the second instrument of its kind promulgated by the WHO
  – Broadest possible articulation of the ethical norms, principles, and practices related to international health worker migration.
Legal and Institutional Arrangements

• The voluntary WHO Global Code contains a robust process for reporting
  – WHO’s reporting on the Code is mandatory (“shall”)

• Progress on the Code is to be reported upon at the World Health Assembly every three years
  – Designated National Authority (DNA)
  – National Reporting Instrument (NRI)
  – Independent Stakeholders Reporting Instrument (since the 2nd Round)
First & Second Round of Code Reporting

Second Round of Code reporting:
Improvement in the quality and diversity of national reporting, 65 bilateral agreements notified, reports publicly available.
## Reporting progress in the 3rd Round

<table>
<thead>
<tr>
<th></th>
<th>Number of DNAs</th>
<th>Report submitted / in process of submission</th>
<th>Same period of The last round</th>
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<tr>
<td>Total Count</td>
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<td>67 **</td>
<td>60</td>
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</table>

* 21 countries have designated their DNA for the first time in the 3rd round
** 40 countries have submitted their national reporting as of 10th Sept
Select Highlights - Analysis in Process

India, China, Saudi Arabia, Qatar
- Reporting for the first time
- India: requested support for strengthening bilateral agreements through incorporation of the WHO Global Code
- Saudi Arabia: detailed stock of health personnel, disaggregated by country of training (5 professions); seek information on countries with oversupply of HRH

Germany
- Required technical support to apply the Code for future international cooperation project/bilateral agreement, as well as requested to update the list of countries with critical health workforce shortages

Indonesia
- Identified incorporation of WHO Global Code into multiple national laws and regulations

Philippines
- Shared text of 10 bilateral agreements with a health worker mobility component

USA
- Interagency Code of Practice Task Force to promote the voluntary principles and practices of the Code.
Key Processes & Dates

4 October 2018: Secretariat report to the Executive Board on Third Round of Code Reporting
24 January – 1 February 2019: 144th session of the Executive Board
February 2019: Updated Third Round of Code Report
May 2019: 72nd World Health Assembly
May – October 2019: 2nd Review of Code Relevance & Effectiveness
January 2020: WHO Executive Board
May 2020: 73rd World Health Assembly, 10 Year Anniversary of WHO Global Code
Considerations

- Article 9.5: The World Health Assembly should periodically review the relevance and effectiveness of the Code. **The Code should be considered a dynamic text that should be brought up to date as required**

- Article 5.1: Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.
  
  – [http://www.who.int/workforcealliance/countries/57crisiscountries.pdf](http://www.who.int/workforcealliance/countries/57crisiscountries.pdf)
Thank you

who.int/hrh
#workforce2030