



World Health
Organization

The WHO Global **CODE of Practice
on the International Recruitment
of Health Personnel**
Implementation by the Secretariat



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Preface

The recent adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel by the Sixty-third World Health Assembly in May 2010 was a milestone in addressing the concerns about international health workforce migration and the global health workforce crisis.

Resolution WHA57.19 – which asked the Director-General of the WHO to consult Member States and partners in order to develop a code of practice on the international recruitment of health personnel also recognized the importance of human resources in strengthening health systems and for the realization of the objectives of the Millennium Development Goals. The WHO Global Code of Practice presents a timely and unique opportunity to contribute to the realization of these goals. However, the success of the Code will also depend on the ability of stakeholders to implement it.

The objective of this document is to propose a strategy for WHO to support Member States and stakeholders to ensure a successful implementation of the Code within the broader context of human resources for health.

The strategy proposes two tiers of implementation. At the global level, the strategy has four categories of activities: (i) communication and advocacy, (ii) development of institutional mechanisms and guidelines, (iii) resource mobilization, and (iv) partnerships. At the regional and country level – the second tier – the strategy aims to guide Member States in the specific areas of Code implementation. These two tiers and the sub-elements within them are interlinked and synergistic. Careful coordination of all of the elements is essential.

This Code forms part of WHO's global approach to strengthen health systems. Alongside the Code, WHO is developing complementary strategies and activities to strengthen the health workforce in countries. These include: expansion of health workforce education; improvement of standards of accreditation; implementation of global policy recommendations to improve retention of health workers in remote and rural areas; and improvement of human resource information systems. The proposed strategy can also be linked with ongoing work on national health policies and strategies.

A global and collective effort by all stakeholders will be essential to meet the expectations and keep the momentum generated by the adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel.



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Introduction

The recent adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel by the Sixty-third World Health Assembly has generated much enthusiasm and expectation from all stakeholders: Member States, health personnel, health professional organizations, nongovernmental organizations (NGOs), and recruiters/employment agencies. This landmark instrument marks the first time that a voluntary code has been developed under WHO auspices in 30 years. The successful negotiation of the Code and its future implementation will make a strong and ongoing contribution to addressing the global health workforce crisis and will enhance the strategic role of WHO in the strengthening of health systems and services.

Therefore, it is critical that WHO develops a strategy to promote implementation as soon as possible to advance rapid and effective implementation of the Code by all stakeholders.

Within the broader context of human resources for health, the strategy for the implementation of the Code is part of WHO global approach to strengthen health systems. This global approach includes health workforce retention, education, inter-professional networks, governance and information which are all central to the success of the Code.

In terms of health workforce retention, a key complementary strategy to the Code has been the development and implementation of WHO global policy recommendations on, “Increasing access to health workers in remote and rural areas through improved retention” (<http://www.who.int/hrh/retention/home/en/index.html>).

With regards to education and production of health workers, WHO is focusing on transforming and scaling up education of health professionals to increase the quantity, the quality, and the relevance of the health professional of the future. WHO has embarked on a multi-partner programme of work with the aim to produce formal WHO policy and technical guidance that will assist countries, development partners, and other stakeholders in efforts to expand their health workforce and improve the alignment between their education, health systems and population health needs. The work also aims to strengthen technical partnerships between countries and partners in order to facilitate scale-up, implementation and evaluation of the WHO policy guidance.

Recognizing the importance of inter-professional education and collaborative practice, a framework for action has also been developed. This work brings together over 40 professional partners and introduces strategies that can transform health systems. It is proposed to collect case studies and evidence on successful inter-professional education and collaborative practice for making recommendations on this initiative for future education of health professions.

WHO is also emphasizing the critical importance of governance capacities to develop, implement and monitor human resources for health strategies and interventions which are critical for implementation of the Code. To this end, efforts are directed towards institutional mechanisms, tools and evidence, including strengthening human resources for health units at national and sub-national levels, leadership capacities, evidence based policy dialogue and increasing investment in human resources for health including improving aid effectiveness. In promoting evidence-based policy dialogue, human resources for health information systems are strengthened and human resources for health observatories are established as a cooperative initiative and partnership for all relevant stakeholders.

As the architect of the Code’s development, WHO has the key role and responsibility to further support its global implementation as mandated in resolution WHA63.16. It is clear that WHO cannot promote implementation alone. It will work in partnership with the Member States, other international organizations and partnerships such as the Global Health Workforce Alliance (GHWA), professional organizations, NGOs and other relevant stakeholders to achieve meaningful commitment and action on the Code. This is clearly stated in Articles 9.3 and 10.2 of the Code. It will also be essential to strengthen synergies within WHO, notably with the WHO regional and country offices.

Resource mobilization will be crucial for the Code’s successful realization given that the resources currently available are clearly insufficient. The recent adoption of the Code should therefore be viewed as a very good opportunity to mobilize resources quickly for Code implementation and monitoring.

1. Key milestones for the Code and its proposed implementation strategy

A key milestone for the Code will be the first report of the Director-General to the World Health Assembly in 2013, and every three years thereafter. According to Article. 9.2, the Director-General shall periodically report to the World Health Assembly on the effectiveness of the Code in achieving its stated objectives, including suggestions for improvement.

Article 9.1 also stipulates that Member States should periodically report measures taken, results achieved, difficulties encountered and lessons learnt as well as information and data related to the international migration of health workers. The first report of the Member States to the WHO Secretariat is set for 2012, and every three years thereafter.

The periodicity of reporting by Member States and by the Director-General reporting is shown in Figure 1 below.¹

Figure 1. Timeline for reporting by Member States and by the Director-General

2012	2013	2015	2016	2018	2019	Etc...
Reports of Member States to the WHO Secretariat	Report of WHO Director-General to the World Health Assembly	Reports of Member States to the WHO Secretariat	Report of WHO Director-General to the World Health Assembly	Reports of Member States to the WHO Secretariat	Report of WHO Director-General to the World Health Assembly	

Given the above, it is essential to develop a strategy to ensure the successful implementation, monitoring and reporting on the Code of Practice. The proposed strategy sets forth critical elements of implementation over the coming years in countries.

This proposed strategy is part of a more global approach to strengthen health workforce in countries and contributes towards achieving the objectives of the MDGs. The Code should be linked with other WHO strategies such as the scaling-up of education, global policy recommendations to increase access to health workers in remote and rural areas through improved retention, and the improvement of human resource information systems and networks.

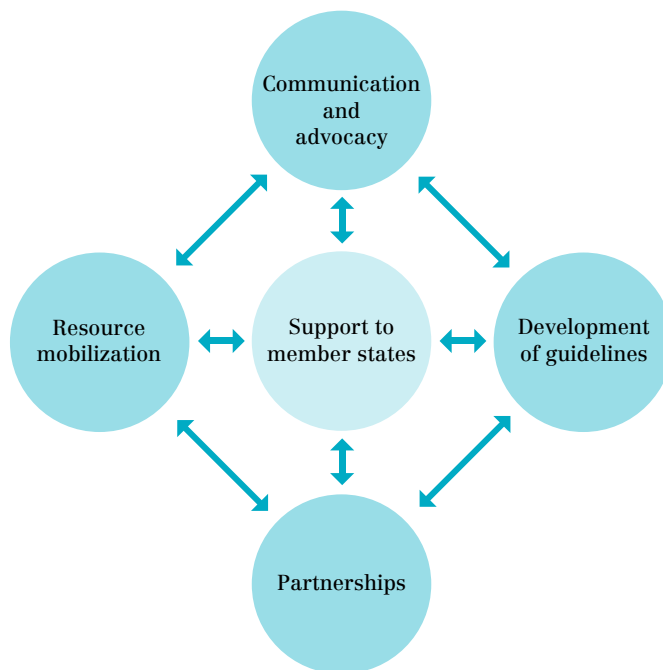
This strategy for the Code is built on two main levels of implementation: (i) the global level and (ii) the regional and country level. These two levels of implementation and the sub-elements within them are closely interlinked and synergistic, as depicted in Figure 2. Careful coordination of all of the elements of implementation is essential to effectively advance the Code’s implementation.

At the global level, the proposed implementation strategy contains the following four main categories of activities: (i) communication and advocacy, (ii) development of institutional mechanisms: guidelines, (iii) resource mobilization, and (iv) partnerships. At regional and country level, the main strategy is to provide support to Member States in the specific areas of Code implementation (see section 3.1 below).

As shown in Figure 2, interactions are important between the different categories of implementation at global level, as well as between the global and the regional and country level.

¹ A more detailed information on the timeline is presented in Annex 1.

Figure 2. Main categories of activities at the global, regional and country level



2. Implementation at the global level

WHO is clearly mandated by resolution WHA63.16 and specific provisions of the Code (especially Articles 6.4, 7.3, 7.4, 9.2 to 9.5, 10.2) to play a key role in implementation.

At the global level, all activities are interlinked and build upon each other just as the global and country level strategies are linked. A general description of each category of activities with corresponding objectives, target, indicators and strategies follows below.

2.1 Communication and advocacy

Undertaking communication and advocacy for the Code is arguably the most urgent task. The media, Member States, health personnel and the general public expect much from WHO after the successful adoption of the Code. With other international actors starting to develop advocacy activities related to the Code, WHO should take strategic steps in this area.

Specifically, communications and advocacy in countries would aim to raise the awareness of all governments, as well as private sector stakeholders, including health workers and recruiters, regarding the Code. The communication strategy's main aim should be to quickly provide easily accessible information about the Code, to institutionalize support for the Code and to document the process and the lessons learned from the adoption of the Code.

Objectives, target and indicators for communication and advocacy are proposed in Table 1.

Table 1. Communication and advocacy: objectives, targets, indicators

Objective 1	Target 1.1	Target 1.2
Ensure all Member States are informed of the Code and its norms and principles, particularly its reporting requirements	At least 30% of Member States have been informed of the Code and its reporting requirements by end 2010	100% of Member States have been informed of the Code and its reporting requirements by end 2011
Indicator 1	% of Member States which have communicated their designated national authority to WHO Secretariat	% of Member States which have communicated their designated national authority to WHO Secretariat
Objective 2	Target 2.1	Target 2.2
Ensure all main private and public sector stakeholders, including health workers, recruiters and employers are informed of the Code and its norms and principles.	At least 10% of Member States holding multisectoral national/regional consultations on the Code by end 2011	At least 30% of Member States holding multisectoral national/regional consultations on the Code by end 2012
Indicator 2	Proportion of countries holding multisectoral national consultations on the Code	Proportion of countries holding multisectoral national consultations on the Code

In order to reach objectives 1 and 2, proposed key audiences, communications/advocacy products, communication channels, and partners are listed in Table 2.

Table 2. Proposed key audiences, communications/advocacy products, communication channels, and partners

Key audiences
<ul style="list-style-type: none"> - Staff in Ministries of Health, Education, Home Affairs, and Foreign Affairs - Managers of public and private hospitals - HR recruitment agencies (public and private) - Health workers - International partners (including OECD, ILO, IOM, World Bank) - Nongovernmental organizations and community groups
Communication/advocacy products
<ul style="list-style-type: none"> - Code available in all United Nations official languages as a minimum - hard copy and web (with downloadable print version) - User's Guide for the Code - basic explanation of the Code - all United Nations official languages - hard copy and web (with - downloadable print version) - Q&A on the Code - all United Nations official languages - web - Set of key messages for WHO spokespeople (HQ, regional, country - internal) - Series of ready-made WHO-produced stories for free use by media worldwide - text, web, TV, radio - Proposed annual award - Produce document(s) on the process of Code adoption and lessons learned
Communication channels
<ul style="list-style-type: none"> - WHO website - Specialist media (nursing journals etc) - HRH-related listservs - Direct contacts between WHO country offices and government officials and health managers - In-country workshops including all stakeholders - Sessions/side events at international/regional meetings/conferences including regional consultations and World Health Assembly - Regionally appointed champions (person or institution)

Key partners

- European Union
- Global Health Workforce Alliance
- Health Metrics Network
- Health Worker Migration Global Policy Advisory Council
- International Council of Nurses
- International Labour Organization
- International Organization of Migration
- Organisation for Economic Co-operation and Development
- Realizing Rights
- World Bank
- World Health Professions Alliance

2.2 Development of institutional mechanisms: guidelines for minimum data sets, information exchange system, and reporting on the implementation of the Code

A key strength of the Code is that it specifies a robust structure for global monitoring with recommendations on periodic information exchange and reporting on implementation of the Code starting two years after its adoption. WHO has been assigned a vital role at each and every stage of this process. This global monitoring is both a technical and political process and will be linked to country capacity building and research.

Guidelines

WHA63.16 calls upon WHO to “rapidly develop, in consultation with Member States, guidelines for minimum data sets, information exchange and reporting on the implementation of the Code”. These guidelines are requested by Article 9.3 and shall be developed and disseminated before the end of 2011 in order for Member States to be able to report the requested information to the WHO Secretariat before the Sixty-fifth World Health Assembly is held in 2012.

The guidelines will be developed in close collaboration with other headquarters’ clusters and departments, WHO Regions, Member States and other relevant partners. The guidelines will be concise, clear and not burdensome on Member States.

These guidelines will contribute to assessing the impact of the Code. For instance, the reporting on implementation would include information on the number of countries which have adopted either multilateral or bilateral agreements to manage international migration of the health workforce.

Table 3. Developing guidelines for minimum data sets, information exchange and reporting on implementation: objectives, target, indicators and strategy

Objective 3	Target 3.1	Target 3.2	Target 3.3	Target 3.4
Develop and implement guidelines on a minimum data set (MDS) for the monitoring of international health workforce migration	Completion of MDS guidelines by end 2011	Circulation of MDS guidelines to 100% of Member States by end 2011	Collection and receipt of MDS data from at least 10% of Member States by end 2012	Collection and receipt of MDS data from at least 20% of Member States by end 2015
Indicator 3	Completion of guidelines (yes/no)	% of Member States to which guidelines are circulated	% of Member States reporting	% of Member States reporting

Objective 4	Target 4.1	Target 4.2	Target 4.3	Target 4.4
Develop and implement guidelines for information exchange and for reporting on Code implementation	Completion of guidelines by end 2011	Circulation of guidelines to 100% of Member States by mid-2011	Collection and receipt of a report from at least 20% of Member States by end 2012	Collection and receipt of a report from at least 40% of Member States by end 2015
Indicator 4	Completion of guidelines	% of Member States to which guidelines are circulated	% of Member States reporting	% of Member States reporting

A detailed proposed timeline for activities to reach objectives 1 and 2 is presented in Annex 2 which includes the following key elements:

- Preparation of the first draft of the guidelines by early 2011.
- Conduct web-based public hearings to finalize the guidelines between March 2010 and April 2011. The session will be organized to enable Member States to respond (four to six weeks).
- Designation by Member States of their “national authority” called for by Article 7.3 of the Code. Said national authority will be responsible for the exchange of information regarding health personnel migration and implementation of the Code. For this purpose, it is proposed that WHO headquarters send a “note verbale” to Member States to ask them to designate their national authority.
- Finalization of the guidelines by end 2011, with a possible side event at the World Health Assembly in May 2011.

Regarding data gathering, WHO, in collaboration with relevant international organizations and Member States, is encouraged to ensure, as far as possible, that comparable and reliable data are generated and collected (Article. 6.4). This work will involve HRH observatories at regional and country levels which already have been established. It will also involve other WHO units and networks involved in information systems (e.g. Information, Evidence and Research Cluster).

In line with this, WHO is also collaborating with OECD to improve global data on migration. An OECD-WHO technical workshop was held in Paris on monitoring international health workforce migration (Paris, 31 May-1 June 2010).

In addition, the WHO Secretariat is responsible for organizing the information exchange system and reporting process, and in particular for establishing, maintaining and publishing a register of designated national authorities (Article. 7.4).

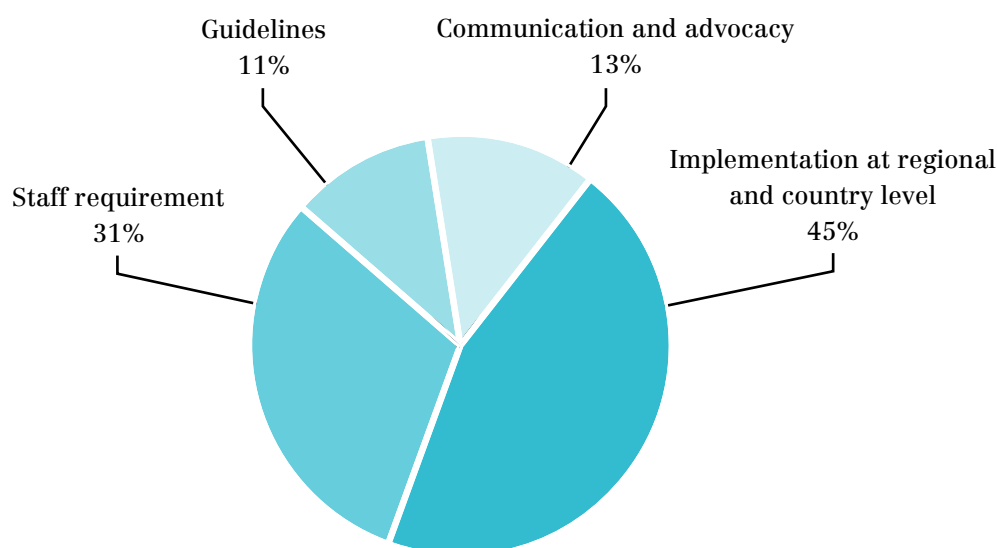
The development of the guidelines will also require strengthening the current HRH teams at both headquarters and regional levels, including collaboration with external experts/consultants.

2.3 Resource mobilization

The current level of resources available for the implementation of the Code is clearly insufficient. Indeed, the total resources required by WHO (headquarters and Regions) are estimated at about US\$ 24.3 million for the period 2010 to 2015 (cf. Annex 3 for detailed financial table), which is well beyond the currently available resources. In this context, resource mobilization will be a vital element for the success of the implementation of the Code.

These resources are divided into the following four categories: communication and advocacy; guidelines development; implementation at regional and country level; and staff requirements. Figure 3 illustrates the distribution showing that “implementation at regional and country level” accounts for the largest use of resources.

Figure 3. Distribution of total financial resources for the implementation of the Code among headquarters and Regions (US\$ 24,3 million)



The recent adoption of the Code should therefore be an opportunity to quickly mobilize resources in order to start effectively implementing and monitoring the Code. This resource mobilization will be essential to enable the WHO Secretariat to recruit additional staff or consultants to achieve the goals set by resolution WHA63.16.

This strategy could prove a helpful advocacy document to encourage donors to contribute financially towards the implementation of the Code (cf. Article 10.2).

Objectives, target and indicators for resource mobilization are proposed in Table 4.

Table 4. Resource mobilization objectives

Objective 5	Target 5.1	Target 5.2
To mobilize financial resources in order to implement the Code	Raise US\$ 0.5 million for headquarters and US\$ 1.8 million for WHO Regions by the end of 2011	Raise an average of US\$ 1.05 million a year for headquarters and US\$ 2.7 million for WHO Regions by the end of 2015
Indicator 5	Percentage of the amount raised by the end of 2011 with respect to target 5.1	Percentage of the amount raised every year with respect to target 5.2

In strategic terms, it is proposed to have an active resource mobilization campaign aimed at potential international partners and Member States that have championed the Code and want to see its implementation.

It is crucial to stress that part of the mobilized resources – around 30% – could be dedicated to staff/salaries (see Annex 3).

2.4 Partnerships

Developing partnerships with other international organizations, professional organizations, NGOs and other relevant stakeholders will be crucial for the successful implementation of the Code. It is therefore important to bring strategic partners on board. Fruitful collaboration has already begun with the OECD (OECD/WHO Technical Workshop on monitoring international health workforce migration, Paris, 31 May-1 June 2010).

The already successful collaboration will continue with the Global Health Workforce Alliance and NGOs like Realizing Rights and the Health Worker Migration Policy Advisory Council. A more comprehensive, but not exhaustive, list of partners is available in Table 2.

3. Implementation at regional and country level

As indicated in Figure 2, communication and advocacy, resources mobilization, development of guidelines, as well as partnerships are also key for the implementation at regional and country level and efforts are to be undertaken to encourage regional or country initiatives to provide support to Member States.

WHO Regional Offices play a key role in supporting implementation at regional and country levels. Various stakeholders also need to be involved.

3.1 Role of the Member States and other stakeholders

The Code gives a central role to the Member States and to other stakeholders (recruiters, employers, professional organizations, NGOs, etc.) for the implementation of the Code (see Article 8 “Implementation of the Code”). In particular, Member States are encouraged to publicize and implement the Code in collaboration with all stakeholders, to incorporate the Code into applicable laws and policies, and to consult with all stakeholders in the decision-making process and involve them in other activities related to the international recruitment of health personnel. Successful implementation needs a multi-sectoral approach. It is therefore essential to also include those key stakeholders beyond the health sector, e.g., Ministries of Education, Ministries of Foreign Affairs, recruiters and employers, etc., depending on the context of each country.

Member States should, to the extent possible, and according to legal responsibilities, working with relevant stakeholders, maintain a record, updated at regular intervals, of all recruiters authorized by competent authorities to operate within their jurisdiction. They should also, to the extent possible, encourage and promote good practices among recruitment agencies by only using those agencies that comply with the guiding principles of the Code.

Member States are also encouraged to observe and assess the magnitude of active international recruitment of health personnel from countries facing critical shortage of health personnel, and assess the scope and impact of circular migration.

Regarding the monitoring and institutional arrangements (Article 9.1 & 7.2 c), Member States should periodically report (to the WHO Secretariat every three years, beginning with an initial data report within two years after the adoption of the Code by the Health Assembly) the measures taken, results achieved, difficulties encountered and lessons learnt in a single report.

3.2 Role of WHO and other international organizations

Resolution WHA63.16 requires the WHO Secretariat to give support to Member States, as and when requested, for the implementation of the Code. For that purpose, the role of the WHO Regional Offices and Country Offices will be crucial. The partnership with other organizations would also be very important.

There are a number of mechanisms that may be useful for advancing implementation at the country level.

i) In the short term:

- Organize conferences and workshops at country or regional level, when requested by Member States, in order to disseminate, advocate and provide information about the Code.
- Organize a web-based module with supporting materials for identified target group(s).

- Link implementation at the country level with the proposed side event at the Sixty-fourth World Health Assembly.
- ii) In the medium and long term:
- Collaborate with Member States and other stakeholders to strengthen the capacity of Member States to implement the objectives of the Code.
 - With the support from international development agencies, provide technical assistance and financial support to assist the implementation of the Code in developing countries and countries with economies in transition that are experiencing critical health workforce shortages and/or have limited capacity to implement the objectives of the Code.

3.3 Expected activities by the WHO Regional and Country Offices

Activities at country and regional level are also to be carried out by the WHO regional and country offices in view of the implementation of the Code. The type and scope of activities is expected to evolve in the coming months.

At this stage, these activities include regional consultative meetings, participation in the development of the guidelines, communication and advocacy activities, and country technical support, as depicted in Table 5.

Table 5. Proposed activities to take place at the regional and country level²

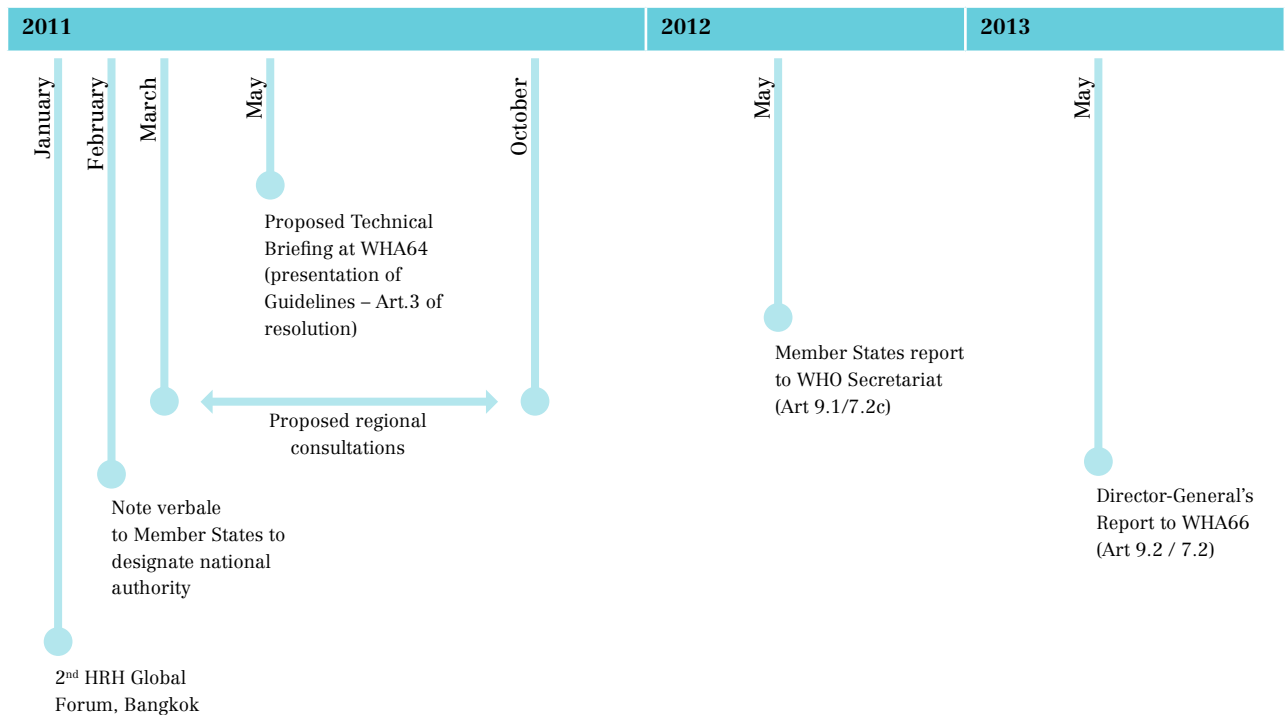
2010	Significant work in the area of communication and advocacy for the Code is proposed for 2010 and 2011. This will include producing brochures and posters, writing articles, translating the Code into regional languages, collaborating with relevant media outlets to promote the Code and organizing regional launches of the Code.
2011	Several research proposals have also been proposed in relation to the Code's implementation, such as tracer studies with training institutions to identify graduates and their current locations. These will be used to establish the reasons for migrating and willingness to return as well as providing a basis for policy development at the country level. National meetings are also proposed in countries (selected in consultation with the regions), initially to create awareness about the Code, followed by process of implementation and subsequent monitoring and evaluation of progress.
2012	It has been suggested that expert meetings could be held in regions in the future in order to present and explain the guidelines on the minimum data sets, information exchange and reporting mechanisms in relation to the Code.
2013	Policy dialogues with stakeholders were also identified as key by some regions. These policy dialogues could be inter-country, regional or inter-regional in nature.
2014	Regions have planned to provide technical support for the development of bilateral and multilateral agreements.

Conclusions

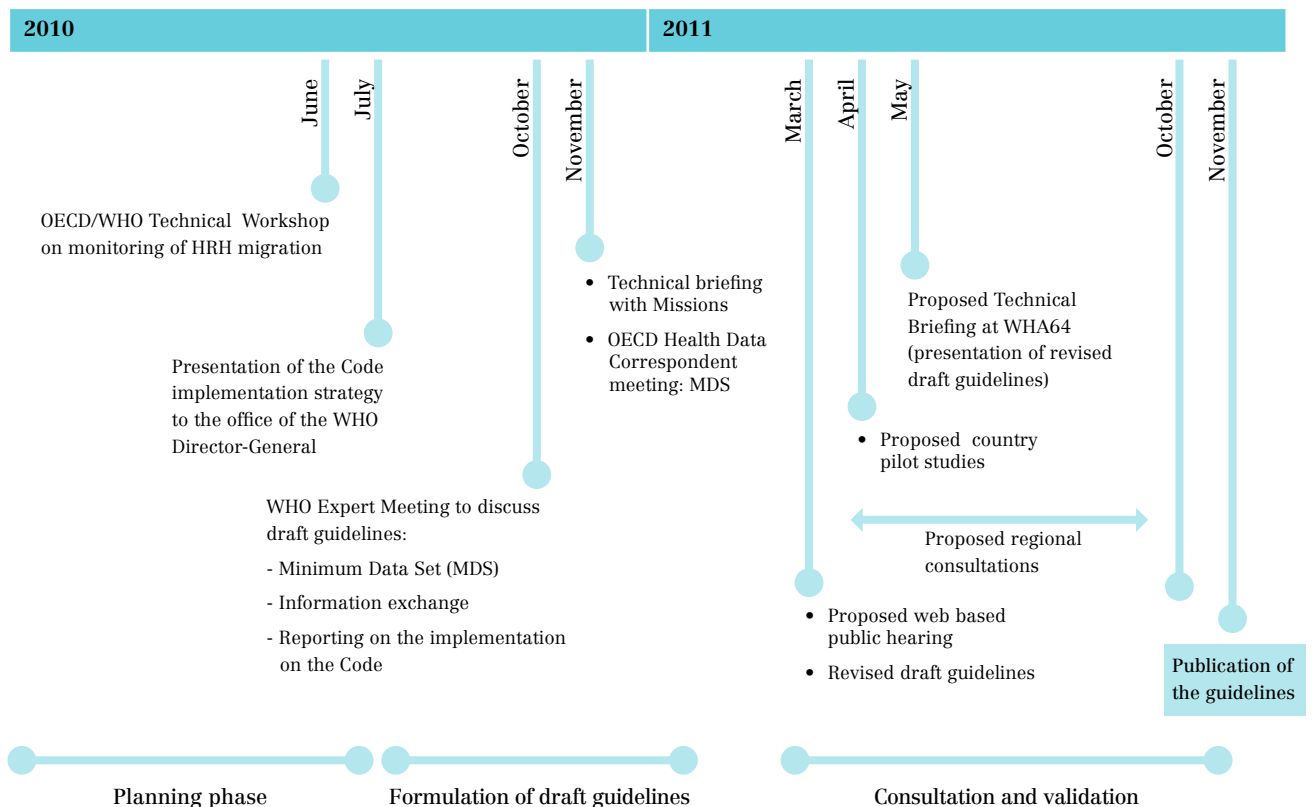
The adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel by the World Health Assembly in 2010 is a key milestone in addressing the negative consequences of international health workforce migration and the global health workforce crisis. It also represents a very timely and rather unique opportunity to strengthen WHO's role and credibility in the global health arena. However, this outcome will largely depend on the success of the Code's implementation and monitoring. This ambitious and comprehensive implementation strategy by WHO Secretariat is therefore key to support the implementation of the Code and meet the expectations of Member States, civil society and all other interested stakeholders which arose from the adoption of the Code.

² This is an indicative timeline, and not all activities will necessarily be developed according to this timeline.

Annex 1. Timeline for the Director-General's report to the World Health Assembly in 2013



Annex 2. Timeline for the development of the guidelines



Annex 3. 2010–2015 Budget for the implementation of the Code: WHO headquarters and regional offices

Deliverables	Year	2010	2011	2012	2013	2014	2015	TOTAL
Communication and advocacy		639 000	930 000	501 000	389 000	323 000	355 000	3 137 000
Expert meetings		455 000	952 000	205 000	365 000	275 000	425 000	2 677 000
Country technical support		700 000	2 755 000	2 630 000	1 975 000	1 365 000	1 400 000	10 825 000
Staff requirements		559 563	1 515 250	1 366 750	1 366 750	1 456 750	1 366 750	7 631 813
TOTAL US\$		2 353 563	6 152 250	4 702 750	4 095 750	3 419 750	3 546 750	24 270 813



World Health Organization
Health Systems and Services Cluster
Department of Human Resources for Health
Health Workforce Migration and Retention Team
www.who.int/hrh/migration