Report of the first meeting of the
Expert Advisory Group:

To conduct the first review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel

Salle A, WHO/HQ Geneva, 5-6 March 2015

Background

On 21 May 2010 the WHO Global Code of Practice on the International Recruitment of Health Personnel (the “Code”) was adopted by consensus by WHO Member States in Resolution WHA63.16. The Code establishes and promotes voluntary principles and practices for the ethical international recruitment of health personnel and the strengthening of health systems, including effective health workforce planning, education and retention strategies. This groundbreaking instrument marks the first time in thirty years that WHO Member States have invoked the constitutional authority of the Organization to develop a non-binding global code.

Article 9.5 of the Code provides that the World Health Assembly “should periodically review the relevance and effectiveness of the Code” and that the “Code should be considered a dynamic text that should be brought up to date as required.” In order to fulfill the Code’s directive for periodic review, concurrent with the adoption of the Code Member States decided in WHA 63.16 that:

(a) the first review of the relevance and effectiveness of the Code shall be made by the Sixty-eighth World Health Assembly (operative paragraph 2); and

(b) based upon periodic reporting, the Director-General is requested to make proposals, if necessary, for the revision of the text of the Code in line with the

---

1 This meeting was funded by the European Union and NORAD’s “Brain Drain to Brain Gain - Supporting WHO Code of practice on International Recruitment of Health personnel for Better Management of Health Worker Migration” project, coordinated by WHO and GHWA
first review, and for measures needed for its effective application (operative paragraph 3(4)).

Appointment of the Expert Advisory Group (EAG)

In response to a request from the WHO Executive Board at its 136th session in January 2015, the WHO Secretariat convened an Expert Advisory Group (EAG) to facilitate the process for the first review of the relevance and effectiveness of the Code by the 68th World Health Assembly (WHA). The EAG consists of 20 members, comprising 12 representatives of Member States (two nominated from each WHO region) and 8 among representatives of organizations with institutional knowledge of the Code’s development, negotiation and implementation (ILO, IOM, OECD), and individual experts. Members of the EAG represent a broad range of disciplines relevant to the review of the WHO Global Code and diversification and balance of professional background, gender, and geographical origin. A full list of the EAG members is available in annex A to the EAG report. As set out in document EB136/28, the work of the EAG would be conducted in the first instance during the February – May 2015 period, to include two EAG meetings in Geneva, Switzerland (5-6 March and 27-28 April 2015). The EAG will submit a report of its findings and recommendations to the Director-General before the 68th World Health Assembly (May 2015) – the terms of reference of the EAG are accessible in annex B of this report. The recommendations will aim to guide the future implementation of the Code by reinforcing its widely accepted principles and by supporting domestic and international policies which are fit-for-purpose health workforces that are responsive to populations’ needs.

Declaration of Interests

In line with WHO policy all members of EAG have completed and signed a Declaration of Interests. No expert has declared any relevant conflict of interest in the subject matter of the meeting.

EAG governance and proceedings

In the first meeting (March 5th-6th), the EAG elected by consensus Ms. Gabrielle Jacob, Head of the Workforce Planning Unit in the Irish Department of Health, and Dr. Viroj Tangcharoensathien, Senior Advisor in the Thai Ministry of Public Health International Health Policy Program, as co-chairs of the EAG. It was agreed by consensus that the first meeting of the EAG would be focused on examining evidence of the relevance of the Code, and that the second meeting would consider evidence of the effectiveness of the Code. The EAG agreed that it would adopt the definitions of relevance and effectiveness provided by the Secretariat in its report to the 136th Executive Board:
• **Relevance**: the extent to which the objectives, principles and articles of the Code continue to be pertinent and can inform solutions related to the global challenges of health personnel and health system strengthening.

• **Effectiveness**: the extent to which implementation of the Code’s objectives, principles and article have influenced action and policies concerning the health workforce information systems, planning, education and retention strategies) at country, regional and global levels. Is there evidence that countries are changing directives and policies aimed at strengthening human resources for health in line with the intentions of the Code? What is the success of a voluntary instrument in comparison to other governance initiatives and instruments in global health?²

**Overview of the WHO Global Code**

During the first meeting, the EAG reviewed the development and negotiation of the Code and its significance as an international legal instrument. In a series of presentations, Drs. Zurn and Tangcharoensathien described the history and the negotiations of the Code, Dr. Siyam set forth the Code reporting obligations, and Dr. Taylor outlined the legal status of the Code.

The Code puts in place a global architecture, including the identification of ethical norms as well as institutional and legal arrangements, to guide international cooperation and provides a platform for continuing dialogue on health systems strengthening and health worker recruitment. The Code includes a preamble and ten articles.

The Code’s preamble and first three articles, Objectives, Nature and Scope, and Guiding Principles, provide the context and define the scope of the Code effort. The Code is a voluntary instrument that articulates global ethical norms—“principles and practices”—around the international recruitment and migration of health workers and health system sustainability. Moreover, the Code seeks to further dialogue and cooperation among and within Member States and other stakeholders on these issues. The preamble and first two articles make especially prominent the Code’s focus on supporting health systems, particularly in developing countries, countries with economies in transition, and small island states. The Code’s Guiding Principles reaffirm the Code’s focus on supporting health systems in developing countries; affirms a balance between the right to the highest attainable standard of health of the citizens, right to migrate and the obligations of health workforce to the country health systems; calls for a better ‘managed approach’ to the international recruitment of health workers and for the development of a sustainable health workforce in all countries; and points to the need

---

to protect and fulfill the rights of health workers that do emigrate.

Article 4 of the Code, Responsibilities, Rights and Recruitment Practices, articulates the ethical responsibilities of all stakeholders to ensure fair recruitment and equitable treatment practices as relevant to migrant health workers.

Article 5, Health Workforce Development and Health Systems Sustainability discourages active recruitment from countries with critical health workforce shortages, encourages utilization of Code norms as a guide when entering into bilateral, regional, and multilateral arrangements to further international cooperation and coordination, identifies the need to develop and support circular migration policies between source and destination countries, encourages countries to develop sustainable health systems that, as far as possible, would allow for domestic health services demand to be met by domestic human resources, emphasizes the importance of a multi-sectoral approach in addressing the issues, and places particular focus on the need to develop health workforce policies and incentives in all countries that support the retention of health workers in underserved areas.

The Code’s sixth article, Data Gathering and Research, responds to the significant lack of data and research in the area of health personnel migration, particularly as it affects health systems. It urges Member States, with support from WHO, to strengthen their efforts in this area and to translate data collected and research conducted into effective health workforce related policies and planning.

The Code’s next three articles, Information Exchange, Implementation of the Code, and Monitoring and Institutional Arrangements, are focused on the process related to implementation and monitoring of the Code. These articles incorporate detailed legal and institutional mechanisms to promote cooperation and implementation of the Code that are more robust than similar mechanisms found in some contemporary treaties, including the International Code of Marketing Breast-milk Substitutes\(^3\).

The final article of the Code, Article 10, is related to Partnerships, Technical Collaboration, and Financial support. Relatively general, the Article stresses the need for global cooperation to support implementation of the Code, with a particular focus on providing technical and financial support to strengthen health personnel development in countries facing critical health workforce shortages.

**Examples of the Code’s Relevance Identified in the Discussions**

During the course of the two-days meeting the EAG discussed specific examples of and some evidence indicating the Code’s relevance, including the following:

\(^3\) http://www.who.int/nutrition/publications/code_english.pdf
• Code principles and provisions have been incorporated in national health systems plans in a number of countries, including Ireland, Norway, and the Philippines;
• Code principles have been incorporated into regional plans of action, including in WHO/SEARO (both Resolution and Decade for health workforce strengthening in South East Asia) and the European Commission Action Plan for the EU Health Workforce as part of the comprehensive interventions addressing health workforce;
• The Code was originally made available in the six official UN languages (Arabic, Chinese, English, French, Spanish and Russian) and multi-stakeholder efforts at the country-level further availed it in 10 more languages (Bahasa, Catalan, Dutch, German, Finnish, Italian, Japanese, Polish, Romanian and Thai);
• Provisions of the Code have been incorporated and implemented into national legislation in some countries, including Germany;
• Member States, such as Moldova, are incorporating principles of the Code in bilateral agreements;
• Health ministries, including those in the Maldives, the Philippines, Indonesia and El Salvador are using the Code to promote multi-sectorial dialogue on health system sustainability with other government ministries;
• The 22 EMRO Member States have issued a joint statement in support of the Code and called for accountability for its progressive implementation in the Arab League, Health Ministers’ Council of Gulf Cooperation States and the WHO EMRO regional committee; and
• Member States of the Andean network (which includes the Caribbean and Central American states) have undertaken to use the Code as a framework in the HRH mobility dialogue in the region.
• In the framework of the Ibero-American General Secretariat (SEGIB), the Ministers of Health from the Ibero-American Area, at their meeting in Veracruz at the end of 2014, resolved to have the Technical Secretariat of the RIMPS design, in consonance with the Code’s guidelines, an accessible and transparent information system that would allow for a better understanding of the migrations of health professionals in the region.
• In Central America, working with the Council of Health Ministers of Central America (COMISCA), which belongs to the Central American Integration System (SICA), efforts are being made to define a regional policy for migratory flow management, motivated by and based upon the Code’s principles. A decision will be made in this regard in the near future.

Presentations focusing on the relevance of the Code were made by Ms. Wiskow (ILO), who demonstrated the benefits of a multi-sectoral approach to implementing the Code, and Mr. Schwarz (MMI) who described the relevance and effectiveness of the Code in view of promoting interventions to overcome the global health systems (HRH crisis) challenges.
On the second day of the EAG, an information session was held for representatives of the Permanent Missions to the UN in Geneva with the aim of providing an overview of the EAG governance structure, timeline, framework on the review of the Code relevance and effectiveness and the reporting mechanism. Member States and other actors also had an opportunity to present information and evidence to the EAG on how the Code is being used to inform and promote policy dialogue among relevant constituencies including HRH planners and policy-makers.

The representatives of the Permanent Missions to the UN in Geneva, (19 Member States and Representative of the Delegation of the European Union to the UN) who participated in the session, unanimously confirmed that countries and other stakeholders, generally find the Code to be highly relevant. The resonant message is that commitment to and support for the Code remains strong and that expectations are higher which requires careful consideration and management of future actions. A full list of those who participated in the session is available as annex C to this report.

The Code in the context of global and regional policy drivers and trends

The EAG then turned to consideration of the global, regional drivers and trends in health workforce migration and health system sustainability since its mandate included examination of “the extent to which the objectives, principles and articles of the Code continue to be pertinent and can inform solutions related to the global challenges of health personnel and health system strengthening (emphasis added).”

Dr. Dumont described how migration is on the increase generally, but is only significant in a few OECD countries. Although health worker migration is one component of highly skilled migration yet it has a much higher rates than total migration. Since the adoption of the Code in 2010 a number of factors have contributed to reshaping the map of migration. The new context impacting migration included the economic crisis and the austerity policies that has generally reduced demand for migrant doctors and nurses, the enlargement of the European Union, However, the growing internationalization of higher education in general and medical education in particular continues to facilitate migration through medical and nursing education of foreign students in high income destination countries. He also pointed to the fact that education policies in a number of EU countries had resulted in a major increase in medical students and graduates in the last few years in several host countries thereby reducing the demand for migrant workers. According to Dr. Dumont, it is difficult to dissect the impact of Code from these other factors so he could not say conclusively what impact of Code is on migration trends.

Dr Viroj, provided an overview of health workforce development movements in the SEAR following the adoption of the Code in 2010. In SEAR Regional Committee Resolution SEA/RC65/R7 the Regional Director was requested to support Member States in conducting a comprehensive assessment of the current situation of health
workforce education and training based upon an agreed regional common protocol. The crux of these assessments is the endorsement of a regional strategy on reforming health workforce education and training, and supporting the implementation of WHO 2010 recommendations on improving retention in remote and rural areas with a call for periodic reporting to the Regional Committee, embraced in a Decade for health workforce strengthening in South East Asia Region (2014-2024). These actions are well embedded within Code Article 5 on health systems sustainability and testify to the relevance of the Code.

Professor Buchan identified a number of key points to be taken into consideration by policymakers in light of the evolving trends, including the following:

- The need to integrate the Code implementation and its monitoring with broader national health workforce analysis and planning;
- To use “a whole of government/whole of society” approach to adopting the Code (not a “tick box”);
- To develop and share strategic health labour market intelligence beyond what exists in own system and country;
- To recognize that the Code extends beyond migration to other critical aspects of health workforce policy;
- To aim for health workforce sustainability, and
- Where appropriate and mutually beneficial, initiate joint policy action on health workforce migration through bilateral and multilateral links.

In light of the analytical and comparative findings presented, the EAG discussed a broader outlook of global policy drivers and trends since 2010 including the following:

**Global and Regional Policy Drivers**

- The United Nations General Assembly Resolution on Global Health and Foreign Policy and its reflection of expanding global consensus in support of universal health coverage as an essential component of sustainable development;
- The Sustainable Development Goals to be committed by the UN General Resolution in 2015 contains Universal Health Coverage and strengthen health workforce;
- The United Nations Declaration of High Level Dialogue on International Migration and Development and other germane international instruments

---

5 "increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, especially in LDCs and SIDS (small island developing states)"
and processes shaping debates on health systems and health worker migration;\textsuperscript{7}

- Expansion of access to health services and increased demand for health workforce in a number of countries which had achieved universal health coverage
- The Ebola crisis and increasing international community consensus that health system resilience is fundamental for effective response;
- Health system sustainability in fragile states;
- The emergence of regional integration, especially in Latin America and the 2015 ASEAN Economic Community which facilitates free flow of capital and labour including health workforce;
- The expanding knowledge and information-base on health worker mobility;
- The propagating standardization of health worker educational curricula and growth of mutual recognition agreements;
- The flourishing trend in the internationalization of higher education;
- The notable anti-immigration sentiments in some countries, and
- The unfolding refugee crisis.

\textit{Emerging Trends}

- Emerging patterns of mobility (especially intra-regionally) either naturally or in through deliberate economic integration;
- The demographic and epidemiological transition in population, and the ageing health workforce (especially in high-income and emerging economies) increase demand for more health and other care related workforce;
- The technological and scientific advances shapes the demand for health worker services especially the very high skill medical professionals;
- The expanding demand for health services and implications on health worker supply and skill mix;
- The global projections of needs and demand for health worker is far beyond the capacity of global health labour production; especially when one applies the ILO health workforce density required to achieving universal coverage is much higher than the 2.28 doctors, nurses and midwives per 1000 population;
- The increasing urbanization and its disparate impact on access to health services in some countries;
- The expanding private health worker education market;

\textsuperscript{7} In order to facilitate analysis of the relevance of Code, the EAG requested the Secretariat to prepare a document listing all relevant international legal instruments and processes adopted since 2010 that are germane to the relevance and/or effectiveness of the Code.
• The shift in professional boundaries (scope of practice and task shifting) and how it will remodel the health labour market, and a new set of legal requirements for health consumer protection – further still the demand in health care models to address integrated patient-centered care.
• The rising demand for health and social care in high and middle-income countries.
• The growing social inequalities and the increasing differences in opportunities for the development of individual capacities and career advancement, a situation that largely determines the nature of migratory flows.
• The emergence of social values that influence those held by the new generation of health workers, which increasingly tend to respond more to the labour market demand, supply and salary and less to the concept of public service and social accountability8.

Considering these policy drivers and trends the EAG took the view that the Code continues to have pertinence in the new global, regional and country context. However, it concluded that a more comprehensive review of the continuing relevance of the Code was essential to inform its analysis. The EAG requested the Secretariat to prepare a document outlining existing examples of relevance from the first National Reporting Instrument reports, published literature, submissions from the forthcoming public hearing scheduled for 22 April 2015, and other credible sources to be supplemented by submissions from EAG members where this information is available to them at national or regional level. The report should be made available to the EAG prior to the second session. The EAG also requested the Secretariat to prepare a chart, prior to the next session of the EAG, comprehensively mapping the relevance of specific provisions of the Code to global policy drivers and trends. A one-pager summary (Annex D) of the legal definitions of effectiveness specifically that pertinent to “behavioral change” in actions or policies will be prepared to guide the review of effectiveness.

Raising the awareness of the Code

While the EAG took the view that the Code was highly relevant to addressing the global challenge of health worker migration and health systems, it considered the Code has not being used to full effect. Despite some positive examples of its application, its uptake has been uneven and many countries and other stakeholders were not fully aware of did not understand the utility of the Code. In the first round of reporting only 56 countries, primarily in the European region, had completed and returned the National Reporting Instrument (NRI). The reasons behind the failure of many countries to participate in the reporting process needs examination. Reasons may range from limited

---

8 Evidence emerging in the context of within the context of the European Action "Professional Migrations, Shared Development (MPDC)" in collaboration with PAHO/WHO and the Ibero American Ministerial Network on the Migration of Health Professional (RIMPS).
technical capacities and financial resources necessary to fulfill the reporting commitment to a lack of political will in countries and lack of strong support by international development partners. In addition, it was recognized that WHO needed to create awareness among countries and other stakeholders about the legal and practical significance of the Code, despite its voluntary and non-binding nature, it is very relevant to strengthen the health workforce systems where balancing of the conflicting ethical objectives of the Code, in particular between right to the highest attainable standard of health of the citizens, right to migrate and the obligations of health workforce to their country health systems.

The EAG also identified a number of strategies that could be employed to raise awareness and understanding of the Code. The centrality of the Code relevance is well-demonstrated in the collaborative process involving PAHO/WHO, RIMPS and the European Action MPDC, with the integration and creation of synergies among entities with common objectives and calls for action. The expected results of this action are:

- R.1. Improved capacity for reaching bi/multilateral agreements concerning the migration of health professionals.
- R.2. Improved human resource planning by the region’s Ministries of Health.
- R.3. Improved information systems to follow-up professional migration and monitor the application of the Code of Practice.
- R.4. Better understanding of the impact on health services and economic consequences of the migration of health professionals.
- R.6 The region’s countries will have more capacity for the application of the WHO Code of Practice.

In addition, the EAG argued that is necessary to harmonize the evidence of similar initiatives that pertain to the Code provisions in their objectives and goals (such as of the World Bank, the Joint Action on Health Workforce Planning and Forecasting). The EAG concurred that renewed political and technical commitment at the national, regional and global levels is crucial to ensure that the Code provisions are more widely translated into improved health workforce policy dialogue and planning in countries.

Overall, there is an need for clear guidance on how to establish the connectivity of the Code (from a global level) to the common functions carried-out by the HRH units / departments and other public and private employers and recruiters at the national level.

In discussions concerning the report to the WHA, the EAG recommended the following items to be prepared:
1. A high-level introductory piece of the Code and what it provides for – an example of which will be provided from Ireland (by Ms Jacob);

2. A high-level narrative about the relevance of the Code beginning with the dialogue that emerged around its adoption in 2010;

3. Indicative examples of relevance (as described in this report);

4. A one-page narrative on the global policy drivers;

5. A one-page narrative on emerging workforce trends.

Particular concern was raised around accountability and transparency in the Code reporting process. It was noted that the country reports submitted during the first round of reporting in 2012 were not publicly available. The EAG called upon the Secretariat to review and strengthen mechanisms for monitoring implementation of the Code, including the process for Member State reporting. Concern was expressed that WHO lacked sufficient staff capacity at the global and regional levels to effectively support countries in the implementation of the Code, follow-up and reporting.

The Secretariat reported that the second round reporting, initiated in March 2015 and the closing date is 31 July 2015, incorporated a more transparent process, including opportunity for input by non-state actors as authorized by Article 9.2 of the Code. The Secretariat will ensure the public availability of the second round reports in 2016. Further WHO has recently revitalized commitment to the Code process with additional resources to support work on health systems sustainability, including the Code.

Conclusion

The EAG, whose membership includes representatives from government ministries, academia, civil society and international organizations from a diverse range of geographical and professional backgrounds, unanimously concluded that the Code was not merely relevant, but indeed, increasingly very relevant to the challenges in human resources for health faced by many countries and in the context of emerging demographic and epidemiologic transitions and global and regional policy drivers. The EAG concluded that its review of the relevance and effectiveness of the Code represents a critical opportunity to take stock of lessons learned and reflect them in augmented implementation efforts going forward. The EAG took the view that the Code continues to be very relevant to the new global context and that it could inform countries solutions to the challenges of health system sustainability and workforce mobility. At its second meeting, the EAG will review the Secretariat documents on relevance and commence its consideration of the effectiveness of the Code.
ANNEX A

Draft List of Participants

First meeting of the Expert Advisory Group: Reviewing the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel
Salle A, WHO/HQ Geneva, 5-6 March 2015

WHO Regional Representatives

AFRO

KINGUE Samuel (Apologies)
Professor of medicine & cardiology
FMBS. University of Yaoundé I
Director
Department of Human Resources
Ministry of Public Health
Yaoundé
Cameroun
Tel.:
Email: samuel_kingue@yahoo.fr

Awaiting 1 nominee (South Africa)

AMRO

EDWARDS Nester (Apologies)
Chief Nursing Officer
Ministry of Health and Social Security
Ministerial Complex
Botanical gardens
St George’s
Grenada
Tel:
E-mail: min-healthgrenada@spiceisle.com

NUÑEZ VERGARA Manuel
Director General
Human Resources Management
Department
Ministry of Health
Avenida Salaverry 801
Lima 11
Peru
Tel: +1 979357906
Email: mnunezvergara@gmail.com

EURO

JACOB Gabrielle
Head of Unit
Workforce planning Unit
Department of Health
Hawkins House
Dublin
Ireland
Tel: +353 (0)1 635 3187 | +353 (0)87 198 4472
Email: gabrielle_jacob@health.gov.ie

SZÓCSKA Miklós
Director
Health Service Management Center
Semmelweis University
Üllői út 26
Budapest 1085
Hungary
Email: szocska@emk.sote.hu; szocskam@t-online.hu

EMRO

SALEHI ZALANI Gholamhossein
Director-General
Human Resources Management
Ministry of Health and Medical Education
Simaye Iran St.
Sanat Sq.,
Shahrak-e-Qurb
Tehran
Iran (Islamic Republic of)
Tel. +98 21 81452638-39
Mobile: +98 9191123563
Email: salehi_z@yahoo.co.uk

BADR Elsheikh Elsiddig
Sudan Medical Specialization Board (SMSB)
Gasr Avenue
P.O.Box 12892
Khartoum
Sudan
Tel. +249 183 785210
Mobile : +249 912301289
Fax : +249 183 785194
Email: elsheikh941@gmail.com
SEARO

SAFEENAZ
Deputy Director General
Human Resources Division
Ministry of Health and Family
Roshanee Building
Sosun Magu
Malé
Maldives
Tel.: +960 3014434
Mobile : + 9607985111
Email: sofeenaz@health.gov.mv

TANCARINO Ahmad Soebagjo
Head of Center for Planning and
Management of HRH
Ministry of Health
Jl. H. Rasuna Said
Block X 5, Kav. 4-9
Jakarta 12950
Indonesia
Tel : +628121109245
Email : achmad_soebagio@yahoo.co.id

WPRO

SOUTHERN Wendy  (Apologies)
Deputy Secretary
National Program Delivery
Department of Health
GPO Box 9848
Canberra ACT 2601
Australia
Tel : +61 2 6289 8406
Email : Wendy.Southern@health.gov.au

SHAKESPEARE Penny  (Apologies)
First Assistant Secretary
Health Workforce Division
Department of Health
GPO Box 9848
Canberra ACT 2601
Australia
Tel : +61 2 6289 9175
Email : Penny.Shakespeare@health.gov.au

RONQUILLO Kenneth  (Apologies)
Director
Health Human Resource Development Bureau
Department of Health
Philippines
Tel. :
Email: ken2000_hhrdb@yahoo.com
gkronquillo.hhrdb.doh@gmail.com

EXPERTS

BUCHAN James
University of Technology Sydney
Faculty of Nursing Midwifery and Health
Jones Street
Ultimo
Sidney
Australia
Tel: +44 7957571165
Email: jbuchan@qmu.ac.uk

DUMONT Jean-Christophe
OECD
2 rue André Pascal
F- 75775 Paris Cedex 16
Tel: +
Email: Jean-Christophe.DUMONT@oecd.org

GARIEPY André
Avocat, F.Adm.A.
Commissaire aux plaintes en matière de
reconnaissance des compétences professionnelles
Office des professions du Québec
Bureau de Montréal
500, boulevard René-Lévesque Ouest
6e étage, bureau 6.500, C.P. 40
Montréal H2Z 1W7
Quebec
Tel: + 1 514 864-9744
+1 800 643-6912
Email: andre.gariepy@opq.gouv.qc.ca

MARTÍNEZ MILLÁN Juan Ignacio  (Apologies)
Andalusian School of Public Health
Campus Universitario de Cartuja, Cuesta del
Observatorio, 4
18011 Granada
Spain
Email: juanignacio.martinezmillan.easp@juntadeandalucia.es

MOSCA Davide T.
Director
Migration Health Division
IOM- International Organization for Migration
17 route des Morillons
CH-1211 Geneva 19 –Switzerland
Tel: + 41 22 717 93 58
Mobile: + 41 79 833 64 25
Email: dmosca@iom.int

SCHWARZ Thomas
Executive Secretary
Medicus Mundi International
Network Health for All
Murbacherstrasse 34
CH-4013 Basel
Tel. +41 (61) 383 18 11 (MON-WED)
Email: schwarz@medicusmundi.org

TANGCHAROENSATHIEN Viroj
Senior Adviser
International Health Policy Program
Ministry of Public Health
Nonthaburi 10110
Thailand
Tel: +
Cell: +
Email: viroj@ihpp.thaigov.net

WISKOW Christiane
Health Services Specialist
Sectoral Policies Department
International Labour Organization
4 route des Morillons
CH-1211 Geneva 22
Switzerland
Tel. ++41 22 799 78 69
Email: wiskow@ilo.org

RAPPORTEUR

TAYLOR Allyn
Affiliate Professor of Law
University of Washington
School of Law
William H. Gates Hall
Seattle 98195
USA
Tel: +1 410 925 8556
Email: allyntaylor99@gmail.com

WHO Secretariat / HQ

CAMPBELL Jim
Director, Health Workforce, WHO
Executive Director, Global Health Workforce Alliance
Tel. +4122 791 2984
Email: campbellj@who.int

CODJIA Laurence
Technical Officer
Department for Health Workforce
Tel. +4122 791 2360
Email: codjia@who.int

COMETTO Giorgio
Technical Officer
Global Health Workforce Alliance
Tel. +4122 791 2795
Email: comettog@who.int

GUIN Régine
Team Assistant
Department for Health Workforce
Tel. +4122 791 4713
Email: guinr@who.int

KAWAR RANIA K. T.
Technical Officer
Department for Health Workforce
Switzerland
Tel. +4122 791 4603
Email: kawarr@who.int

KUNJUMEN Teena
Technical Officer
Department for Health Workforce
Tel. +4122 791 1404
E.mail: kunjument@who.int

NKOWANE Mwansa
Technical Officer
Department for Health Workforce
Tel. +4122 791 4314
E.mail: nkowanemwansa@who.int

NOZAKI Shinjiro
External Relation Officer
Department for Health Workforce Alliance
Tel. +4122 791 3498
Email: nozakis@who.int

REDDY Sonali
Communication Officer
Department for Health Workforce Alliance
Tel. +4122 791 1044
Email: reddys@who.int

SIYAM Amani
Statistician
Department for Health Workforce
Tel. +4122 791 2889
Email:siyama@who.int

SOUZA Angelica
Technical Officer
Department for Health Workforce
Tel. +4122 791 2793
Email:sousaa@who.int

منظمة الصحة العالمية • 世界卫生组织 • Organización Mundial de la Salud

06/03/15
WHEELER Erica
Department for Health Workforce
Tel. +4122 791 2529
Email. wheelere@who.int

ZURN Pascal
Technical Officer
Health Systems Evidence and Policy
WR’s Office
SEARO
India
Tel: 01166564800
Cell: 009717170688
ANNEX B - Terms of Reference - Expert Advisory Group

The first review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel ("The Code")

The Sixty-third World Health Assembly in Resolution WHA63.16 of 21 May 2010 adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel. In paragraph 2, the Assembly “DECIDED that the first review of the relevance and effectiveness of the Code shall be made by the Sixty-eighth World Health Assembly”.

It is proposed that the review covers the following:

- **Relevance:** the extent to which the objectives, principles and articles of the Code continue to be pertinent and can inform solutions related to the global challenges of the migration of health personnel and health systems strengthening.
- **Effectiveness:** the extent to which the implementation of the Code's objectives, principles and articles have influenced actions and policies concerning the health workforce strengthening (such as those related to health workforce information systems, planning, education and retention strategies) at country, regional and global levels. Is there evidence that countries are changing directives and policies aimed at strengthening human resources for health in line with the intentions of the Code? What is the success of a voluntary instrument in comparison to other governance initiatives and instruments in global health?

**Indicative scope of work:**

- Reviewing the evidence on the recent trends of health workforce mobility since the adoption of the Code;
- Reviewing the evidence available from countries and partners, including the forthcoming special supplement of the *Human Resources for Health Journal* on the Code effectiveness and relevance;
- Providing guidance as to whether enhancements are required, of the Code as a global, regional and national framework to improve the State of the Health Workforce world-wide;
- Submitting a report of its findings and recommendations to the Director-General before the Sixty-eighth World Health Assembly.

**Process and timeline**

The WHO Secretariat will facilitate the work of the expert advisory group in the period February to July 2015. A first meeting will be organized in March 2015 to initiate discussions on the indicative scope of work. A second meeting will be organized in April 2015 to finalize the report to the Director General. Other communication will take place by teleconferences as needed.
<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIGEOLET Manon</td>
<td>Permanent Mission of Belgium</td>
<td><a href="mailto:manon.pigeolet@outlook.com">manon.pigeolet@outlook.com</a></td>
</tr>
<tr>
<td>BOTERO Heidi</td>
<td>Permanent Mission of Colombia</td>
<td><a href="mailto:heldi.botero@cancilleria.gov.co">heldi.botero@cancilleria.gov.co</a></td>
</tr>
<tr>
<td>PEITONEN Anna</td>
<td>Permanent Mission of Finland</td>
<td><a href="mailto:anna.peitonen@formin.fi">anna.peitonen@formin.fi</a></td>
</tr>
<tr>
<td>BOISNEL Marc</td>
<td>Permanent Mission of France</td>
<td><a href="mailto:marc.boisnel@diplomatie.gouv.fr">marc.boisnel@diplomatie.gouv.fr</a></td>
</tr>
<tr>
<td>QUINODDOZ Lelia</td>
<td>Permanent Mission of Ireland</td>
<td></td>
</tr>
<tr>
<td>SCHMIDT-MARTIN Gisela</td>
<td>Permanent Mission of Ireland</td>
<td><a href="mailto:Gisela.Schmidt-Martins@dfa.ie">Gisela.Schmidt-Martins@dfa.ie</a></td>
</tr>
<tr>
<td>MONTERREZZANI Agostina Carinne</td>
<td>Permanent Mission of Italy</td>
<td></td>
</tr>
<tr>
<td>KABIRU Hellen</td>
<td>Permanent Mission of Kenya</td>
<td><a href="mailto:hellen.kabiru@kenyamission.ch">hellen.kabiru@kenyamission.ch</a></td>
</tr>
<tr>
<td>SENA Liga</td>
<td>Permanent Mission of Latvia</td>
<td><a href="mailto:liga.sena@mfa.gov.lv">liga.sena@mfa.gov.lv</a></td>
</tr>
<tr>
<td>SKULINA Iveta</td>
<td>Permanent Mission of Latvia</td>
<td><a href="mailto:iveta.skulina@mfa.gov.lv">iveta.skulina@mfa.gov.lv</a></td>
</tr>
<tr>
<td>PADILLA Liliana</td>
<td>Permanent Mission of Mexico</td>
<td><a href="mailto:lpadilla@sre.gob.mx">lpadilla@sre.gob.mx</a></td>
</tr>
<tr>
<td>SOLIS Roberto</td>
<td>Permanent Mission of Mexico</td>
<td><a href="mailto:tsolir@yahoo.com">tsolir@yahoo.com</a></td>
</tr>
<tr>
<td>KAAS Ole</td>
<td>Permanent Mission of Norway</td>
<td><a href="mailto:ole.kristian.aars@mfa.no">ole.kristian.aars@mfa.no</a></td>
</tr>
<tr>
<td>LINDGREN Thor Erik</td>
<td>Permanent Mission of Norway</td>
<td><a href="mailto:tel@mta.no">tel@mta.no</a></td>
</tr>
<tr>
<td>NOVOVOLOV Alexey</td>
<td>Permanent Mission of the Russian Federation</td>
<td><a href="mailto:novolovvolov.av@gmail.com">novolovvolov.av@gmail.com</a></td>
</tr>
<tr>
<td>MAKUBALO Lindwe</td>
<td>Permanent Mission of South Africa</td>
<td><a href="mailto:tmakubalo@gmail.com">tmakubalo@gmail.com</a></td>
</tr>
<tr>
<td>REMON Martin</td>
<td>Permanent Mission of Spain</td>
<td><a href="mailto:martin.remon@fias.bu.int">martin.remon@fias.bu.int</a></td>
</tr>
<tr>
<td>DISANAYAKE Piyumali</td>
<td>Permanent Mission of Sri Lanka</td>
<td><a href="mailto:mission@lankamission.org">mission@lankamission.org</a></td>
</tr>
<tr>
<td>LUTHMAN Clara</td>
<td>Permanent Mission of Sweden</td>
<td><a href="mailto:klara.kathmandu@gov.uk">klara.kathmandu@gov.uk</a></td>
</tr>
<tr>
<td>MCFF Colin</td>
<td>Permanent Mission of the United States</td>
<td><a href="mailto:mcffc@state.gov">mcffc@state.gov</a></td>
</tr>
<tr>
<td>MAKASA Emmanuel</td>
<td>Permanent Mission of Zambia</td>
<td><a href="mailto:emmanuel.makasa@fulbrightmail.org">emmanuel.makasa@fulbrightmail.org</a></td>
</tr>
<tr>
<td>TAKAENZANA Paidamoyo</td>
<td>Permanent Mission of Zimbabwe</td>
<td>pmz@<a href="mailto:zambio@yahoo.com">zambio@yahoo.com</a></td>
</tr>
<tr>
<td>ZINGGER Corinna</td>
<td>WHO</td>
<td><a href="mailto:corinna.zingger@gmx.de">corinna.zingger@gmx.de</a></td>
</tr>
<tr>
<td>GUADINGER Alexander</td>
<td>European Union</td>
<td><a href="mailto:alexander.guadinger@eeas.europa.eu">alexander.guadinger@eeas.europa.eu</a></td>
</tr>
<tr>
<td>MATTHEWS Maya</td>
<td>European Union</td>
<td><a href="mailto:maya.matthews@eeas.europa.eu">maya.matthews@eeas.europa.eu</a></td>
</tr>
<tr>
<td>ODILE Frank</td>
<td>Public Services International</td>
<td><a href="mailto:odile.frank@world-ps.org">odile.frank@world-ps.org</a></td>
</tr>
<tr>
<td>OMASWA Francis</td>
<td>ACHEST Uganda</td>
<td><a href="mailto:omaswa@achest.org">omaswa@achest.org</a></td>
</tr>
<tr>
<td>SORDAT Delphine</td>
<td>FOPM, Switzerland</td>
<td><a href="mailto:delphine-sordat@bug-admin.ch">delphine-sordat@bug-admin.ch</a></td>
</tr>
</tbody>
</table>
Annex: D

Measuring the Effectiveness of International Law

Measuring the effectiveness of binding and non-binding international agreements is increasingly a priority concern in international legal scholarship and international legal practice. Despite evolving community interest in measuring the effectiveness of international commitments, there is little consensus on how effectiveness should be defined and whether or not consideration of the difficulties of empirically measuring effectiveness should be considered when choosing a particular definition.

There are a number of different definitions of effectiveness. One approach can be understood as 'legal effectiveness' or compliance. In other words, to what extent does state behavior conform to the specific rule requirements of an international agreement? This compliance-based approach, which is widely used, has recognized shortcomings. Most significantly, it does not measure whether or not the agreement under consideration has actually resulted in meaningful outcomes. That is, states may be in full compliance with the precise obligations of a particular agreement, but if the rules are vague or otherwise inadequate, the agreement itself will still have limited real world effectiveness. Also, the definition does not take into account external factors that may affect an international issue.

Another definition is “problem solving effectiveness.” That is, to what extent has the international agreement solved the problem it is intended to address? This approach also has shortcomings. For example, an agreement, such as the Framework Convention on Tobacco Control, may have significant impact in protecting the health of populations, but it would not be considered 'effective' under a definition that looks broadly at whether or not the problem that the treaty addresses – the globalization of the tobacco epidemic – has actually been solved by the convention.

A third definition is "behavioral effectiveness." In other words, is the agreement encouraging states to change or modify the policies and behavior in the ‘right’ direction to achieve the goals of the agreement? While this approach seems the most useful for a real world perspective, there are still challenges in application. For example, it can be difficult to in distinguish the impact of an agreement from other factors that may affect state behavior. In addition, if the obligations under the agreement are drafted in a broad and general manner, assessing whether or not states are modifying their behavior in the ‘right’ direction may be difficult.

Whatever definition is chosen, the concept of effectiveness should be defined before it is used as an assessment tool.

---

Adapted from, Allyn L. Taylor, Global Health Lawmaking: Lessons from the Experience of the Framework Convention on Tobacco Control. Lecture presented at the University of Toronto School of Law, April 10, 2014.