WHO Global Code of Practice on International Recruitment of Health Personnel

Strategic considerations to learn from experience and reinforce implementation

1. The demand for and the size of the global health workforce are expected to grow substantially as a consequence of population and economic growth, combined with demographic and epidemiologic transitions. On current trends, by 2030 low-income countries will face a substantial and widening mismatch between the number of health workers needed to provide essential services and their financial capacity to employ them. By contrast, in upper middle-income countries economic growth and demographic trends will boost the demand for health care beyond the essential services. In high-income countries the growing demand for health workers will be linked to ageing and chronic care needs. These factors, combined with a persisting divergence in working and living conditions in different countries, and the fact that active recruitment of health workers from abroad often represents the easiest and most convenient approach — albeit not necessarily an ethical one — will continue to make international migration of health workers an unavoidable fact.

2. The adoption in 2010 of the WHO Global Code of Practice on the International Recruitment of Health Personnel marked a watershed in policy focus on the issue of health worker migration. The Code sets out a voluntary policy approach to the issue of health worker migration at national and international level. It recognizes the complexities and dynamics of migration, emphasizes the need for more effective monitoring and analysis of trends, and places migration in a broader health workforce context. It underlines the principles of international solidarity, transparency, fairness and sustainability, and it promotes fair labour practices and the recognition of rights of migrant health workers. However, this normative instrument is not being used to full effect: despite some positive examples of its application, its uptake has been uneven, and countries often lack the systems to collect health workforce evidence to report on migratory flows that affect them.

3. The review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel at the WHA in 2015 represents a critical opportunity to take stock of lessons learned and reflect them in augmented implementation efforts going forward. There is a need to articulate a set of realistic policy options for both source and destination countries, to embed the Code implementation within the emerging Global Strategy on Human Resources for Health (to be considered by the WHA in 2016), and to define a more effective role for the WHO Secretariat.

4. Evidence shows that cross-national mobility of health workers is just one of several potentially important workforce flows. A narrow focus only on international flows, but ignoring movements and skills mix imbalances within national labour markets, misses the complete picture, overstating the significance of international migration and leading to policy misalignment. Adopting effective policies to address international health workforce migration conversely requires both understanding the root causes of migration, as well as identifying evidence-based policy options. The negative effects of internal migration of health workers represent indeed only the most visible ‘symptom’ of health labour market malfunction, but tackling the actual drivers of this health system ‘malaise’ requires a fundamental shift on more upstream factors, such as the health workforce planning, financing, education, deployment, and working and living conditions.

5. **Policy options for source countries** should recognize that matching the levels of remuneration and the opportunities for specialized training and research available in advanced economies is not realistic in the short-term, nor is desirable given the competing needs for use of limited public resources. More appropriate options include:
   
a. placing greater emphasis on non-wage retention strategies, including improving working and living conditions; Ministries of Health, civil service commissions and employers should adapt employment conditions, ensuring fair terms for health workers, merit-based career development opportunities, and a positive practice environment to enable their effective deployment, retention and adequate motivation to deliver quality care;
   
b. diversifying the skills mix to harness the potential of community-based and mid-level health providers, as the credentials awarded to these cadres are typically recognized only in their own country, making them less vulnerable to international migration;
   
c. circular migration, i.e., promoting a triangular flow of talent and skills by encouraging some migrant health workers to return to their home country;
   
d. investing in strengthening national institutions, including the development of national health workforce accounts, both for tracking internal and international migratory flows, and to enable evidence-informed planning and policy-making.

6. **Policy options for destination countries** should aim to decrease reliance on foreign-trained health workers by:
   
a. increasing investment in domestic health professional education and aligning government educational spending with employment opportunities;
   
b. adopting innovative financing mechanisms, allowing local and private entities to provide complementary funding to government subsidies to health worker training;
   
c. not hiring from the countries with the worst healthcare worker–to-population ratios;
   
d. encouraging more cost-effective ways to educate health professionals;
   
e. planning a more diversified skill mix for the health team, better harnessing the complementarity of different cadres, including mid-level providers.

7. **A paradigm shift is needed to recognize the health workforce as a productive investment rather than an expense to curtail.** Ministries of finance, regional development banks, the World Bank and the International Monetary Fund should recognize investment in the health workforce as a productive sector, with the potential to create tens of millions of new jobs and capable of unleashing economic growth and broader socioeconomic development, and adapt their macroeconomic policies to allow greater investment in social services.

8. **The WHO Secretariat can also improve the effectiveness of its support to the adoption of Code principles by Member States** by:
   
a. Integrating technical support on international migration and Code implementation within the broader policy dialogue on national and global health labour markets, avoiding that Governments and other actors fall in the pitfall of dealing with international migration of health worker through a silo approach;
   
b. Supporting Member States in the establishment of national health workforce accounts to enable monitoring migratory flows, as part of broader strengthening of HRH information systems to enable evidence-informed planning;
   
c. Streamlining reporting requirements for Member States, by integrating all reporting of different HRH-related resolutions (including the Code) in a single periodic monitoring linked to the accountability mechanisms of the Global Strategy on Human Resources for Health, and of the health-related targets of the Sustainable Development Goals.