The WHO Global Code of Practice

1st Round Reporting (2011-2012)
2nd Round Reporting (2015-2016)

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First meeting of the Expert Advisory Group
Salle A, WHO/HQ Geneva, 5-6 March 2015
Voluntary principles and practices for the ethical international recruitment of health personnel and the strengthening of health systems.

Dynamic framework for global dialogue and international cooperation to address challenges associated with the international migration of health personnel.

Information exchange on issues related to health personnel and health systems in the context of migration, and reporting on measures taken to its implementation.
Monitoring the Code implementation

- Countries were invited to collect data and exchange information as part of the HRH policy development.

- Designate a national authority responsible for the exchange of information on the health personnel migration and the implementation of the Code.

- WHO developed the national reporting instrument to facilitate information exchange on issues related to health personnel and health systems in the context of migration, in support of reporting every three years on measures taken to implement the Code.
1st Round Reporting (2011-2012) by WHO Region
Selected findings of the 1st round reporting

<table>
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<tr>
<th>Selected articles</th>
<th>N=56</th>
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<tr>
<td>• Steps taken to implement the Code</td>
<td>37</td>
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<td>• Migrant health professionals enjoy the same legal rights and responsibilities as domestically trained health workforce</td>
<td>51</td>
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<td>• Countries have mechanisms or entities to regulate or grant or authorization to practice to recruited personnel and maintain statistical records</td>
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• Most current bilateral, multilateral and regional agreements on the recruitment of health personnel **precede the Code**, and some have been developed or refined since it was adopted – most among ASEANs (Brunei Darussalam, Cambodia, Indonesia, Lao People’s Democratic Republic, Malaysia, Myanmar, Philippines, Thailand and Viet Nam)

• Agreements mostly cover **doctors and nurses**, sometimes at the **subnational** level (e.g. Canada and Philippines)

• Support to the Code was reported via GHI efforts (US, Norway, Ireland)
Key challenges to the implementation

- The engagement of **multiple stakeholders** (at national and sub-national levels, in the public and private sectors) involved in decision-making processes on health personnel migration and international recruitment. Typically, stakeholders represent **various sectors and different interests**, which makes it more difficult for them to adhere to a single core set of principles.

- **The lack of coordinated and comprehensive data** on health personnel migration, which is usually shared between multiple agencies and entities within and among countries.

- Countries indicated **the lack of a shared understanding** of the nature of the connections, at country level, **between workforce migration, current and future health workforce needs, and short- and long-term workforce planning** which could hamper the Code’s implementation.

- CSOs have identified emerging challenges such as **economic austerity measures that are affecting national health systems**… (Chapter 2, Migration of health workers: WHO Code of Practice and the Global Economic Crisis, 2013).
### The Code Agenda 2015 - 2016

#### STEP 1 - A synthesis of the evidence to-date on the Code Effectiveness & Relevance

- Draft Review of The Code Effectiveness and Relevance Report
- Note verbale to Member States from HIS via ROs & WCOs to re-designate national authorities by 30/11/2014

#### Step 2 – Data Collection by the Secretariat
+ Joint Questionnaire with the added Migration Module (Dec 2014 – June 2015)

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<th>Year</th>
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<td>Aug</td>
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- Review of The Code Effectiveness and Relevance Report 68th World Health Assembly
- Draft 2nd Round Progress Report
- 2nd Round Reporting 137th Executive Board
- 2nd Round Reporting 69th World Health Assembly
Timeline Step (1)
Review of the Code Relevance & Effectiveness

- WHO EB (Jan 2015) approves the establishment of the Expert Advisory Group (EAG) – to consist of 20 members – 2 nominations from 6 RDs and 8 experts with instructional knowledge of the Code development and health workforce mobility (including IOM, OECD, ILO)

- EAG proceedings**:
  - 1st meeting (5th – 6th / 03 / 2015) – also includes an open consultation (UN missions in GE + civil society + others)
  
  - 2nd meeting (27th – 28th / 04 / 2015) – also includes a public hearing (April 22nd) with call for submissions

- Short report of EAG recommendations to the DG to follow for presentation during the WHA May 2015

** Supported by the grant “Brain drain to brain gain - Supporting the WHO Code of Practice on International Recruitment of Health Personnel for Better Management of Health Worker Migration”, a 3 year project (Sep 2014 to August 2017) supported by EC and also co-funded by Norad
Reviewing the relevance and effectiveness of the WHO Global Code of Practice

- **A call for papers** for a special supplement by the Human Resources for Health journal, in collaboration with the WHO and GHWA (deadline 28/02/2014; aim to inform WHO member states that can enrich the potency of the Code's principles). [www.who.int/hrh](http://www.who.int/hrh)

- **Relevance**: The extent to which the Code principles are consistent with the requirements of the country needs, global priorities and the policies of partner organizations and donors. Does the Code remain relevant to in advocating the fundamentals of HRH development in a changed circumstances of global economic and social affairs?

- **Effectiveness**: The extent to which the implementation of the Code’s principles have influenced actions and policies addressing HRH development (such as those related to planning, deployment, recruitment, retention and education) at the country-, regional- and global-level. Is there evidence that countries are changing directives and policies aimed at HRH development in a “Code-friendly” manner? Reflecting on changes taking place resulting from similar initiatives and instrument but different to the Code.
Timeline Step (2)
2nd round reporting (2015-2016) - monitoring implementation

- Memo to RDs to oversee the designation/confirmation of national authorities – note verbales + 2 Annexes + 2 forms

- Member States responding (Jan – Mar 2015)

- Launch of National Reporting Instrument (NRI):
  - To designated national authorities (02/03/2015)
  - Deadline for responding on-line (31/07/2015)

Timeline  Step (2)
2nd round reporting (2015-2016) - monitoring implementation

- Access to the NRI by DNA

https://extranet.who.int/dataform/survey/index/sid/378366/token/vypiactgnpw958u/lang/en

- Access to supplementary material

The NRI collaborative-approach to measuring health workforce mobility

A regular monitoring of foreign-trained health workers introduced through the Joint Questionnaire on non-monetary healthcare statistics (OECD/Eurostat/WHO Europe).

Pilot-study:

- OECD (with support from WHO and the Swiss Government) carried-out a pilot data collection on health workforce migration (2013-2014).

- The approach used is feasible in most countries → a new module on health workforce migration would be introduced to the joint questionnaire (n=62 countries)