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Global Health Workforce Crisis

Countries with a critical shortage of health service providers (doctors, nurses and midwives)

The Road to the WHO Code

• In 2004 the World Health Assembly, in Resolution 57.19, requested the Director General “to develop a code of practice on the international recruitment of health personnel....”

• WHO Code preceded by a number of efforts to address health worker recruitment and migration on a country by country or multilateral basis over the last 10 years.
The WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted by the 63rd World Health Assembly on 21 May 2010.
The legal and political significance of the WHO Global Code

• In the past it was widely accepted that no international ‘law’ governed a subject until a treaty was created. Today, however, most recognize that formal recommendations of international organizations can, at times, create norms that guide the behavior of states and other actors.

• The political and legal significance of some intergovernmental resolutions is captured by the idea of ‘soft law.’

• Although technically non-binding, a resolution formally adopted by the World Health Organization is the expression of the opinion and the expectations of the international community in its widest possible political forum and can have important legal and political consequences.
Nature and principles of the WHO Global Code

- The WHO Code is unique in scope: providing the only global framework for international cooperation to address a global problem.

- The WHO Code provides a permanent global platform for regular and continuous global dialogue and international cooperation on issues related to health workforce recruitment.

- The WHO Code provides important guidance to Member States on internationally accepted principles and standards related to health workforce recruitment.

- The WHO Code does not encompass a solution to the challenges of health worker recruitment and migration. Rather, the Code provides a platform for continuous and informed global dialogue.
WHO Code of Practice on the International Recruitment of Health Personnel: Procedural mechanisms

• **Data Gathering and Information Exchange**
  - Member States should maintain updated database of information on health personnel migration and impact on health systems and relevant laws
  - Member States to create a national focal point for information exchange
  - Member State report data to WHO every 3 years starting in 2012
  - WHO to maintain registry of focal points and coordinate information exchange
  - WHO to develop technical guidelines to harmonize data collection and reporting

• **Implementation**
  - Member States should maintain updated list of authorized recruiters and to extent possible monitor and regulate recruiters and employers
  - Technical and financial support

• **Monitoring and Institutional Mechanisms**
  - Member States report every 3 years on implementation starting in 2012
  - DG reports to Health Assembly every 3 years on effectiveness of Code starting in 2013
  - Health Assembly to keep Code under periodic review

  *Code a dynamic instrument that must brought up to date as required*
Implementation of the WHO Global Code:

- 85 countries have designated national authorities for information exchange.

- In first round of reporting, 56 countries completed national reporting instruments of which 37 had undertaken steps to implement the Global Code.