WHO Global Code of Practice on the International Recruitment of Health Personnel

National Reporting Instrument (2018)
In 2010 at the 63rd World Health Assembly (WHA Res 63.16), the WHO Global Code of Practice on the International Recruitment of Health Personnel (“the Code”) seeks to strengthen the understanding and ethical management of international health personnel recruitment through improved data, information, and international cooperation.

Article 7 of the Code encourages WHO Member States to exchange information on the international recruitment and migration of health personnel. The WHO Director General is additionally mandated to report to the World Health Assembly every 3 years. WHO Member States completed the 2nd Round of National Reporting on Code implementation in March 2016. The WHO Director General reported progress on implementation to the 69th World Health Assembly in May 2016 (A 69/37 and A 69/37 Add.1). During the 2nd Round of National Reporting, seventy-four countries submitted complete national reports: an increase in over 30% from the first round, with improvement in the quality and the geographic diversity of reporting.

The National Reporting Instrument (NRI) is a country-based, self-assessment tool for information exchange and Code monitoring. The NRI enables WHO to collect and share current evidence and information on the international recruitment and migration of health personnel. The NRI (2018) has been considerably shortened, while retaining key elements. It now comprises 18 questions. The common use of the instrument will promote improved comparability of data and regularity of information flows. The findings from the 3rd Round of National Reporting are to be presented at the 72nd World Health Assembly, in May 2019.

To submit Reports, Member States are invited to directly complete the online reporting questionnaire via the following link: https://extranet.who.int/dataform/survey/index/sid/662132/token/xxxx. The deadline for submitting reports is 15 August 2018.

Should technical difficulties prevent national authorities from filling in the online questionnaire, it is also possible to download the NRI via the link: http://www.who.int/hrh/migration/code/code_nri/en/. Please complete the NRI and submit it, electronically or in hard copy, to the following address:

Health Workforce Department
Universal Health Coverage and Health Systems
World Health Organization
20 Avenue Appia, 1211 Geneva 27
Switzerland
hrhinfo@who.int

The data and information collected through the National Reporting Instrument will be made publicly available via the WHO web-site following the proceedings of the 72nd World Health Assembly. The quantitative data collected will be updated on and available through the National Health Workforce Accounts online platform (http://www.who.int/hrh/statistics/nhwa/en/).
Disclaimer

Data are the basis for all sound public health actions and the benefits of data-sharing are widely recognized, including scientific and public health benefits. Whenever possible, the World Health Organization (WHO) wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

As used in this data collection tool, the term "Data provider" means a duly authorized representative of the governmental body with authority to release health data of the country to WHO (i.e. the Ministry of Health or other responsible governmental authority). The recipient of this data collection tool is responsible for ensuring that he/she is the Data provider, or for providing this data collection tool to the Data provider.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Data provider:

- confirms that all data to be supplied to WHO (including but not limited to the types listed in Table 1) hereunder have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;
- agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of the country:
  i. to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as “the Data“) and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
  ii. to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO’s work and in accordance with the Organization’s policies and practices.

Except where data-sharing and publication are required under legally binding instruments (International Health Regulations (2005), WHO Nomenclature Regulations 1967, etc.), the Data provider may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof in writing at the following address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt-out.

Director Strategy, Policy and information (SPI)
World Health Organization
20, Avenue Appia
1211 Geneva
Switzerland
<table>
<thead>
<tr>
<th>Data types</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO-supported household surveys</td>
<td>WHO Strategic Advisory Group of Experts (SAGE) on Immunization, WHO STEPwise approach to surveillance (STEPS), World Health Survey (Not currently collected by WHO headquarters, but by the WHO Regional Office for the Americas/Pan American Health Organization)</td>
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<tr>
<td>Unit record mortality data</td>
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<tr>
<td>Aggregated mortality data</td>
<td>WHO Mortality Database</td>
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<tr>
<td>Aggregated health facility data</td>
<td>DHIS 2.0 data (not currently collected by WHO headquarters, but hospital data are collected by the WHO Regional Office for Europe)</td>
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<tr>
<td>Case-based health facility data</td>
<td>WHO Global Burn Registry data[1]</td>
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<td>Health expenditure data</td>
<td>WHO Global Health Expenditure Database (National Health Account indicators)</td>
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<td>Health facility surveys</td>
<td>Availability of medicines and diagnostics</td>
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<td>Health research data (other than clinical trials)[2] [3]</td>
<td>Case–control investigations, prospective cohort studies</td>
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<td>Key informant surveys</td>
<td>Existence of national road traffic laws</td>
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<td>National survey reports</td>
<td>Prevalence of hypertension or tobacco use</td>
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<td>Disease surveillance data</td>
<td>HIV prevalence in pregnant women or tuberculosis treatment outcomes</td>
</tr>
<tr>
<td>Surveillance of notifiable diseases</td>
<td>Total number of cases of plague</td>
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</tbody>
</table>

[1] Note: Case-based health facility data collection such as that in the WHO Global Burn Registry does not require WHO Member State approval.

For more information on WHO Data Policy kindly refer to http://www.who.int/publishing/datapolicy/en/.
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<thead>
<tr>
<th><strong>Contact Details</strong></th>
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<tr>
<td><strong>Name of Member State:</strong></td>
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<tr>
<td><strong>Date National Report submitted:</strong></td>
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<td><strong>Full name of institution:</strong></td>
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<td><strong>Name of designated national authority:</strong></td>
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<td><strong>Title of designated national authority:</strong></td>
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<td><strong>Telephone number:</strong></td>
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<td><strong>Email:</strong></td>
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</table>
Implementation of the Code

1. Has your country taken steps to implement the Code? (*)
   - Yes
   - No

2. To describe the steps taken to implement the Code, please tick all items that may apply from the list below:
   - 2.a Actions have been taken to communicate and share information across sectors on the international recruitment and migration of health personnel, as well as to publicize the Code, among relevant ministries, departments and agencies, nationally and/or sub-nationally.
     Please describe:
   - 2.b Measures have been taken or are being considered to introduce changes to laws or policies consistent with the recommendations of the Code.
     Please describe:
   - 2.c Records are maintained on all recruiters authorized by competent authorities to operate within their jurisdiction.
     Please describe:
   - 2.d Good practices, as called for by the Code, are encouraged and promoted among recruitment agencies.
     Please describe:
   - 2.e Measures have been taken to consult stakeholders in decision-making processes and/or involve them in activities related to the international recruitment of health personnel.
     Please describe:
   - 2.f Other steps:
     Please describe:

3. Is there specific support you require to strengthen implementation of the Code? (*)
   - 3.a Support to strengthen data and information
   - 3.b Support for policy dialogue and development
   - 3.c Support for the development of bilateral agreements
   - 3.d Other areas of support:
     Please describe:
Data on International Health Personnel Recruitment & Migration

Improving the availability and international comparability of data is essential to understanding and addressing the global dynamic of health worker migration.

4. Does your country have any mechanism(s) or entity(ies) to maintain statistical records of foreign-born and foreign-trained health personnel? (*)

☐ Yes  ☐ No

Please describe:

For the latest year available, consistent with the National Health Workforce Accounts (NHWA) Indicators 1-07 and 1-08, please provide information on the total stock of health personnel in your country (preferably the active workforce), disaggregated by the country of training (foreign-trained) and the country of birth (foreign-born). Please consult with your NHWA focal point, if available, to ensure that data reported below is consistent with NHWA reporting.

5. Data on the stock of health personnel, disaggregated by country of training and birth(*)

5.1 Consolidated stock of health personnel

<table>
<thead>
<tr>
<th>Please indicate the latest year available: (e.g. 2016)</th>
<th>Country of Training</th>
<th>Country of Birth</th>
<th>Source (e.g. professional register, census data, national survey, other)</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Domestically Trained</td>
<td>Foreign-Trained</td>
<td>Unknown Place of Training</td>
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<tr>
<td>Medical Doctors</td>
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<td>Nurses</td>
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<td>Midwives</td>
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<td>Dentists</td>
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<td>Pharmacists</td>
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</table>

5.2 Country of training for foreign-trained health personnel

Please provide detailed data on foreign-trained health personnel by their country of training, as consistent with NHWA Indicator 1-08. This information can be provided by one of the following three options:

Option A: Direct completion within the NRI

Click here to get access to the template

Option B: Uploading any format of documentation providing such information (e.g. pdf, excel, word).

Upload (Maximum file size: 5MB)

Partnerships, Technical Collaboration and Financial Support

6. Has your country provided technical or financial assistance to one or more WHO Member States, particularly developing countries, or other stakeholders to support the implementation of the Code?

☐ 6.a Specific support for implementation of the Code
☐ 6.b Support for health system strengthening
☐ 6.c Support for health personnel development
☐ 6.d Other areas of support:

Please describe:

7. Has your country received technical or financial assistance from one or more WHO Member States, the WHO secretariat, or other stakeholders to support the implementation of the Code?

☐ 7.a Specific support for implementation of the Code
8. Has your country or its sub-national governments entered into bilateral, multilateral, or regional agreements and/or arrangements to promote international cooperation and coordination in relation to the international recruitment and migration of health personnel? (*)

☐ Yes  ☐ No

8.1 Please provide the text and/or web-links to the agreements or arrangements (*)

Upload (Maximum file size: 10MB)
Web-links:

8.2 If documentation is unavailable, please use Table A below to describe the bilateral, regional or multilateral agreements or arrangements:

<table>
<thead>
<tr>
<th>Type of Agreement</th>
<th>Countries Involved</th>
<th>Coverage</th>
<th>Main content of agreements (Include all that apply)</th>
<th>Categories of Health Personnel (Include all that apply)</th>
<th>Title of Agreement</th>
<th>Validity period (from–to)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Bilateral</td>
<td></td>
<td>1) National</td>
<td>1) Education and training</td>
<td>1) Doctors</td>
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<td>___-e.g. 2012-2014</td>
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<td>2) Multilateral</td>
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<td>2) Subnational</td>
<td>2) Institutional capacity building</td>
<td>2) Nurses</td>
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<td>3) Regional</td>
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<td>3) Promotion of circular migration</td>
<td>3) Midwives</td>
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<td>4) Retention strategies</td>
<td>4) Dentists</td>
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<td>5) Recognition of health personnel</td>
<td>5) Pharmacists</td>
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<td>6) Recruitment of health personnel</td>
<td>6) Other (include details as necessary)</td>
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<td>7) Twinning of health care facilities</td>
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<td>8) Other mechanism (include details if possible)</td>
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</table>

8.3 Are recommendations of the WHO Global Code reflected in the agreements (e.g. taking into account the needs of developing countries)?

☐ Yes  ☐ Yes/Partly  ☐ No

Health Workforce Development and Health System Sustainability

9. Does your country strive to meet its health personnel needs with its domestically trained health personnel, including through measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of your country, including areas of greatest need? (*)

☐ Yes  ☐ No

9.1 Measures taken to educate the health workforce (*)

Please describe:

9.2 Measures taken to retain the health workforce (*)
9.3 Measures taken to ensure the sustainability of the health workforce (*)

Please describe:

9.4 Measures taken to address the geographical mal-distribution of health workers (*)

Please describe:

10. Are there specific policies and/or laws, across governmental ministries, for internationally recruited and/or foreign-trained health personnel in your country? (*)

☐ Yes    ☐ No
10.1 Please provide further information in the box below.

Please describe:

11. Recognizing the role of other parts of government, does the Ministry of Health have processes (e.g. policies, mechanisms, unit) to monitor and coordinate across sectors on issues related to the international recruitment and migration of health personnel? (*)

☐ Yes    ☐ No
11.1 Please provide further information in the box below.

Please describe:

E.g. Coordination of data on in and out-flow, integration and recognition of foreign qualifications, engagement with diaspora.

12. Has your country established a database or compilation of laws and regulations related to international health personnel recruitment and migration and, as appropriate, information related to their implementation? (*)

☐ Yes    ☐ No
12.1 Please provide further detail or a web-link:

Please describe:

13. Which legal safeguards and/or other mechanisms are in place to ensure that migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce? Please tick all options that apply from the list below:

☐ 13.a Migrant health personnel are recruited internationally using mechanisms that allow them to assess the benefits and risk associated with employment positions and to make timely and informed decisions regarding them

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☐ 13.b Migrant health personnel are hired, promoted and remunerated based on objective criteria such as levels of qualification, years of experience and degrees of professional responsibility on the same basis as the domestically trained health workforce

☐ 13.c Migrant health personnel enjoy the same opportunities as the domestically trained health workforce to strengthen their professional education, qualifications and career progression

☐ 13.d Other mechanisms, please provide details if possible:

Please describe:

14. Please submit any other comments or information you wish to provide regarding legal, administrative and other measures that have been taken or are planned in your country to ensure fair recruitment and employment practices of foreign-trained and/or immigrant health personnel.

Please describe:

15. Please submit any comments or information on policies and practices to support the integration of foreign-trained or immigrant health personnel, as well as difficulties encountered. (*)

Please describe:

16. Regarding domestically trained/ emigrant health personnel working outside your country, please submit any comments or information on measures that have been taken or are planned in your country to ensure their fair recruitment and employment practices, as well as difficulties encountered (*)

Please describe:

Constraints, Solutions, and Complementary Comments

17. Please list in priority order, the three main constraints to the implementation of the Code in your country and propose possible solutions (*):

<table>
<thead>
<tr>
<th>Main constraints</th>
<th>Possible solution</th>
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<tbody>
<tr>
<td>17.a1</td>
<td>17.a2</td>
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<tr>
<td>17.b1</td>
<td>17.b2</td>
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<tr>
<td>17.c1</td>
<td>17.c2</td>
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</table>

18. Please submit any other complementary comments or material you may wish to provide regarding the international recruitment and migration of health personnel, as related to implementation of the Code.

Please describe:

Upload (Maximum file size: 10MB)
Annex A:

5.2 Country of training for foreign-trained health personnel
Option A: Direct Completion within the NRI

<table>
<thead>
<tr>
<th>Country</th>
<th>Medical Doctors</th>
<th>Nurses</th>
<th>Midwives</th>
<th>Dentists</th>
<th>Pharmacists</th>
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