International Migration of Health Workers

I. WHO Global Code
II. Evidence
III. Next Steps
I. WHO Global Code
WHO Global Code of Practice

History

• A vacuum in global governance of migration
• Long standing and growing concern
  – Expressed at regional and global fora
• Six year negotiation process
• Adopted in 2010 at the 63rd World Health Assembly
  – Only the second instrument of its kind promulgated by the WHO
  – Broadest possible articulation of the ethical norms, principles, and practices related to international health worker migration.
Code Structure and Substance

• Preamble
• Article 1: Objectives
• Article 2: Nature and Scope
• Article 3: Guiding Principles
• Article 4: Responsibilities, Rights and Recruitment Practices
• Article 5: Health Workforce Development and Health Systems Sustainability
• Article 6: Data Gathering and Research
• Article 7: Information Exchange
• Article 8: Implementation of the Code
• Article 9: Monitoring and Institutional Arrangements
• Article 10: Partnerships, Technical Collaboration, and Financial Support
Legal and Institutional Arrangements

• While the WHO Global Code is voluntary, it contains a robust process for reporting
  – WHO’s reporting on the Code is mandatory (“shall”)
• Progress on the Code is to be reported upon at the World Health Assembly every three years

2015
• First review of Code Relevance (high) & Effectiveness (emerging)

2016
• WHO DG Report on 2nd Round of National Reporting

2019
• Second review of Code Relevance & Effectiveness
  • WHO DG Report on the 3rd Round of National Reporting
Increasing Legitimacy and Value

<table>
<thead>
<tr>
<th>Region</th>
<th>Completed National Reporting Instrument</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>2012-2013</td>
</tr>
<tr>
<td>African</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
<tr>
<td>The Americas</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>6</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>European</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>43</td>
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<tr>
<td>Total</td>
<td>56</td>
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Second round of Code reporting

- **37% increase** in countries appointing NDAs
- **32% increase** in countries submitting complete national reports
  - Improvement in the quality and quantity of data and information
- Reports **publically available**
II. Evidence and Information
Key Sources

- OECD, International Migration Outlook, 2015
- 2nd Round of Reporting WHO Global Code of Practice on the International Recruitment of Health Personnel
- Targeted implementation of the WHO Global Code
  - India (Kerala), Ireland, Nigeria (Cross River State), Uganda and South Africa
Share of foreign trained doctors in OECD countries

2013 or latest year available

Source: OECD, 2015
International migration on the rise

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<tbody>
<tr>
<td>Doctors</td>
<td>19.5 %</td>
<td>22 %</td>
</tr>
<tr>
<td>Nurses</td>
<td>11 %</td>
<td>14.5 %</td>
</tr>
</tbody>
</table>

The number of migrant doctors and nurses working in OECD countries has increased by 60% over the past 10 years (from 1,130,068 to 1,807,948).

Source: OECD, 2015
Complex Patterns of Mobility: A blurring of “source” and “destination”

South to South movement
Nigeria, Cuba, and Democratic Republic of the Congo (DRC) are respectively the 1st, 3rd, and 4th largest sources of immigrant medical doctors who entered South Africa between 2013-2015.

More than 1/2 of emigrant nurses from Kerala (India) are estimated to reside in Gulf countries according to the Kerala Migration Survey.

In 2014 approximately 1/5th of all new entrants licensed to practice in Nigeria were foreign medical graduates, with an estimated half from Asia and one third from African countries.

Approximately 1/2 of doctors in Trinidad and Tobago are foreign born and foreign trained, with one third from India, and a quarter each from Jamaica and Nigeria.

Globalization of medical education
- In the General Division of Ireland’s Health Services Executive, less than 1/2 of European medical school graduates (excluding Ireland) are EU passport holders.
- From 2010-2016, 18 foreign nationals from 10 countries (including Kenya, India, Iran, Mexico, and Poland) received their basic medical qualification in Uganda.

North to South movement
- 1/3rd of GPs who registered in Uganda (2010-2015) were trained and held nationality in Europe or North America. Nationals from 74 countries registered in Uganda during the period.
- UK was the 2nd largest source of immigrant medical doctors who entered South Africa (2011-2015).

Temporary migration
- Of doctors who received their basic medical qualification in South Africa and registered in Ireland, only 1/5th reported practising only in Ireland.

Intra-regional movement
- Over 1/2 of emigrant GPs from Uganda (2010-2015) are estimated to have moved within Africa, primarily to Southern and Eastern Africa with Namibia and Kenya as leading destinations.

- 2/3rd of Argentina’s foreign-trained doctors originate from Bolivia and Colombia.
Improving Information: Bilateral Agreements

2\textsuperscript{nd} round Code reporting
- 34 countries identified bilateral agreements
- 65 agreements identified
- 22 countries reported taking ethical considerations into account, as called for by the Code
III. Next Steps: elevated dialogue, knowledge and co-operation
As an immediate action, calls on ILO, OECD and WHO, with relevant partners, to:

1. **Establish an international platform on health worker mobility**
   - Maximize benefits from health worker mobility
   - Initiate dialogue, expand evidence, consider new options and solutions
   - Strengthen and support implementation of the WHO Global Code and relevant ILO Conventions and Recommendations
   - Link to the Global Compact for Safe, Orderly and Regular Migration
International Platform on Health Worker Mobility
Opportunity to Scale Up Innovative Practice

**National:** South Africa – Foreign Health Professionals Policy
- Has enabled civil society to engage with government in supporting the recruitment, employment and integration of foreign health professionals into the health system

**Bilateral:** Sudan and Saudi Arabia Bilateral Agreement
- Sharing of education and training, reduction of recruitment fees
- Supports return and rural practice

**Regional:** East African Community, Regional Harmonization Process
- Harmonized medical and dental education, registration/licensure, and practice
Thank you

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