Current status and perspectives of the WHO's Global Code of Practice on the International Recruitment of Health Personnel

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Medicus Mundi Switzerland - Health Workforce Shortage: Are there Potential Ways Out of the Current Healthcare Crisis?

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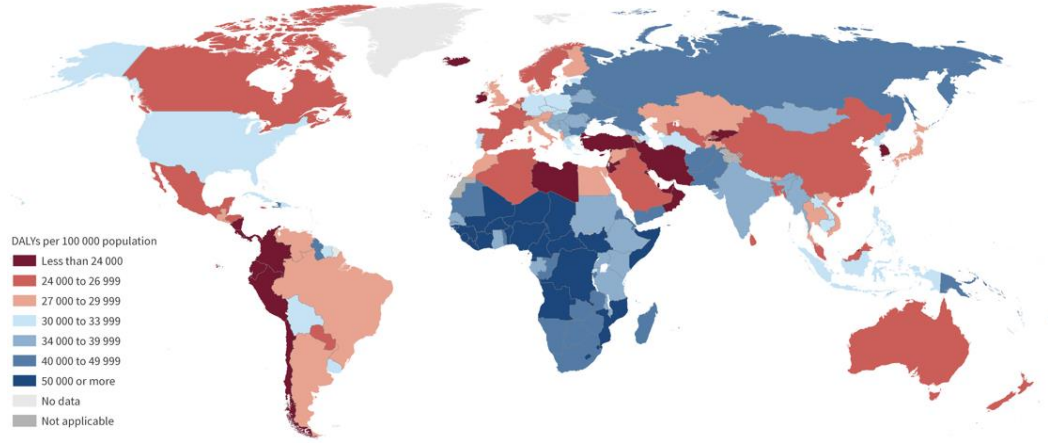
Health Workforce Department

Context

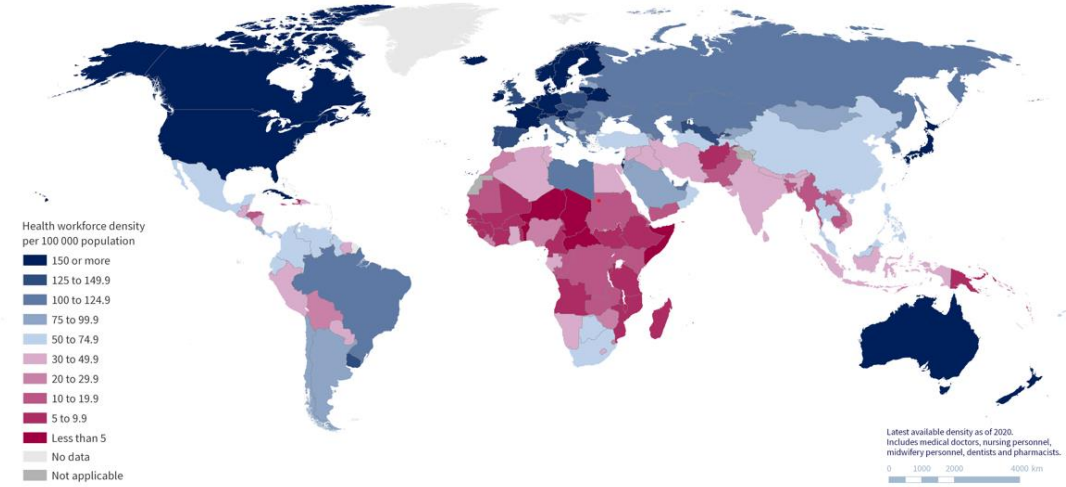
- Health workforce distribution is not proportional to need.
- Africa has only **4% of the global stock** of doctors, nurses and midwives* and comprises of 17% of the world's population. **
- 10 major high-income countries have **23% of the global stock** of doctors, nurses and midwives* and account for 9% of the world's population.**

DALYs per 100 000 population (2019)



Source: WHO

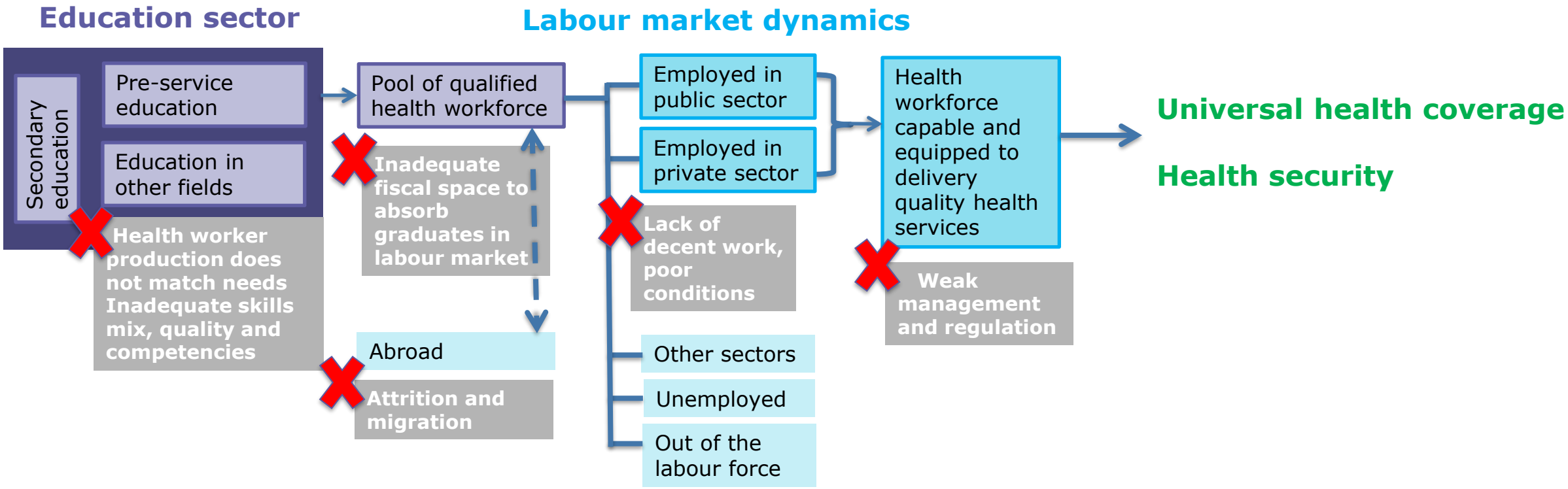
Health worker per 10 000 population (2020)



Source: Boniol et al (2022)

* WHO. National Health Workforce Accounts 2023 data release
** United Nations Population Division. World Population Prospects 2019

Understanding health labour market failures



Policies on production

- Infrastructure, materials, faculty
- Transformative education models
- Student selection and enrolment

Policies to address inflows and outflows

- Investing in decent employment
- Managed migration
- Attract unemployed health workers

Policies to address maldistribution and inefficiencies

- Improve productivity and performance
- Improve skills mix composition
- Retain health workers in underserved areas
- Gender sensitive policies for equity

Policies to regulate the public and private sector

- Regulate dual practice -Improve quality of training -Enhance service delivery

International migration of health workers

Based on data from 133 countries for 4 occupations (dentists, doctors, nurses and pharmacists):

At least 2.7 million health workers are working outside their country of birth or first professional qualification (>1 in 10).

- *63% of these are nurses; 30% are doctors.*
- *1.1 million migrant nurses in OECD countries*
- *> 20% doctors in 21 high-income countries are foreign-trained.*
- *10 high-income countries host 64% of migrant doctors and 46% of migrant nurses.*

This is an underestimate of the global situation.

The COVID-19 effect

- Compared to the pre-COVID years:

  ***31%** increase in annual net inflow of foreign trained doctors in 20 OECD countries.**

  ***36%** increase in annual net inflow of foreign trained nurses in 23 OECD countries.**

- Broader economic and social impact of COVID-19: *service disruptions, backlog, higher rates of foregone care, out-of-pocket and financial hardship.*

Source: WHO report on global health worker mobility

* WHO. National Health Workforce Accounts 2023 data release

WHO Global Code of Practice

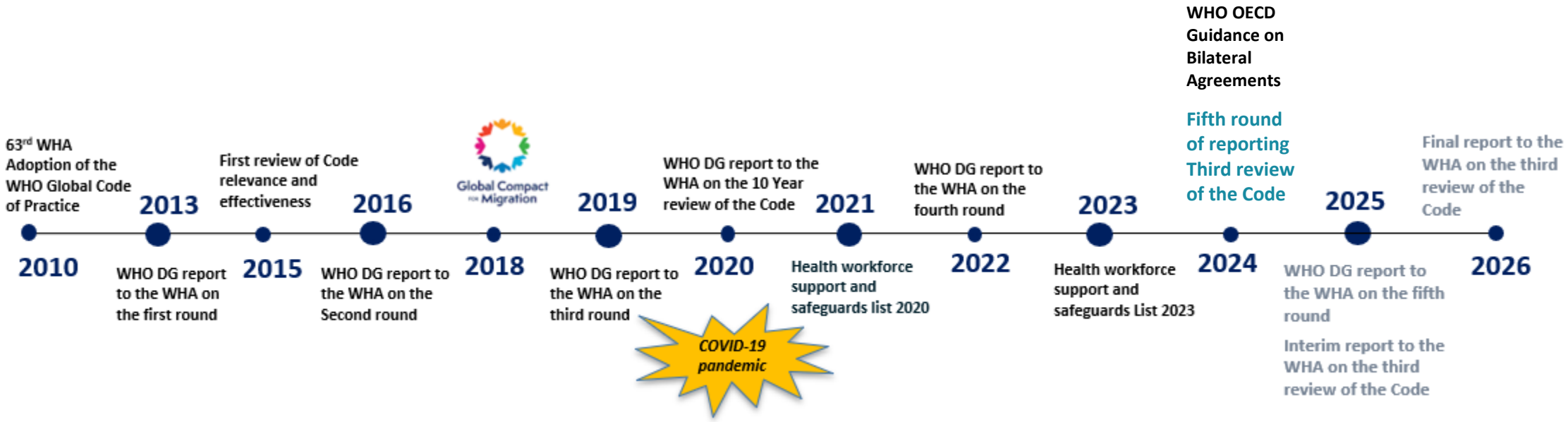
History

- A vacuum in global governance
- Long standing and growing concern
  - WHA 57.19 directed WHO to develop a Code of Practice
- Six-year negotiation process
- WHA 63.16 adopted in 2010
  - Only the second instrument of its kind from the WHO

Objectives of the Code

- To establish principles and practices for the ethical intl. recruitment of health workers
- To serve as a reference for MS to strengthen legal/institutional framework
- To provide guidance in the development of bilateral and international agreements
- To advance cooperation, with **focus on the situation of developing countries**

WHO Global Code of Practice – timeline



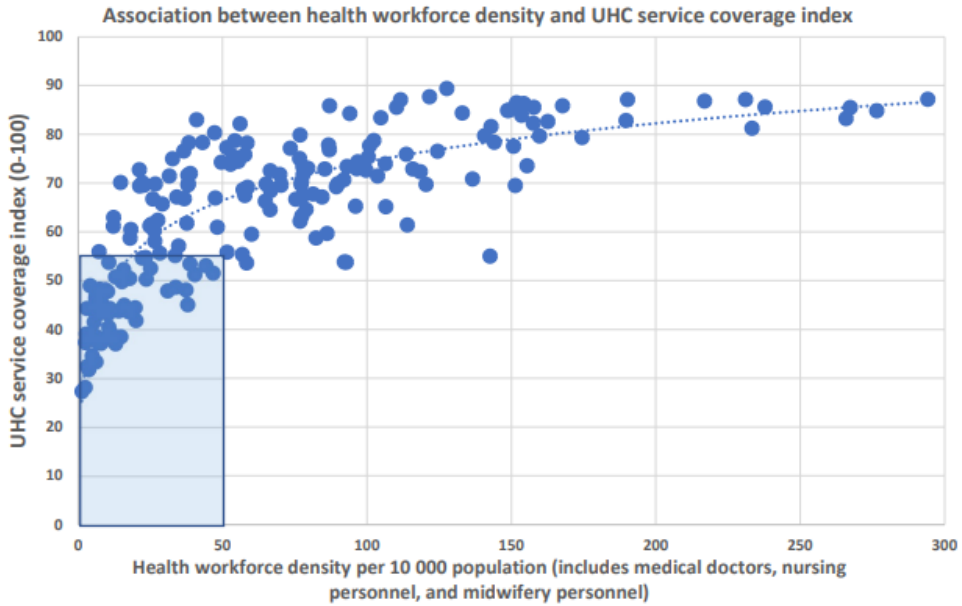
WHO health workforce support and safeguards list (SSL) 2023

55 countries with the most severe health workforce vulnerabilities:

- Prioritized for health personnel development and health system related support.
- Provided with safeguards that discourage active international recruitment of health personnel.

Comparison between SSL countries and 10 major high-income destination countries

	Countries in the support and safeguards list	10 high-income countries with largest share of migrant health workers
Share of population	**19%**	9%
Share of total disease burden (in terms of DALYs)	**27%**	8%
Share of health workers (doctors, nurse, midwives)	**5%**	23%



Region	AFR	AMR	EMR	SEA	WPR
Countries	37	1	6	3	8

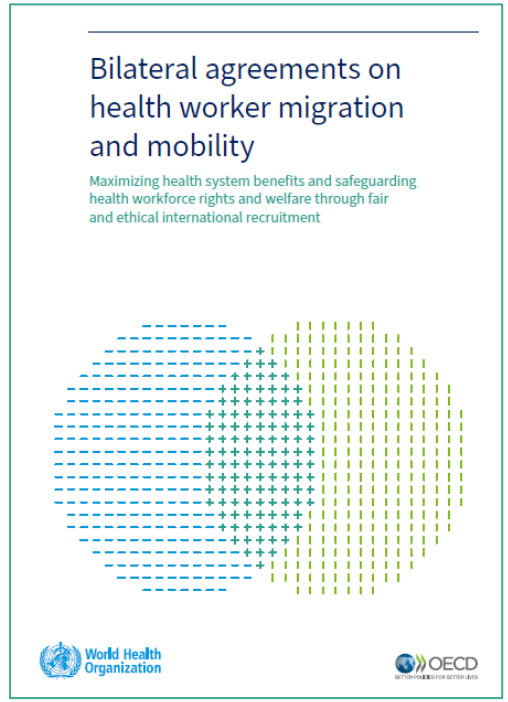
Recommendations can be extended to other low- and middle-income countries.

Source:
1. WHO Health workforce support and safeguards list (2023)
2. WHO. Global Health Estimates 2019
3. United Nations Population Division. World Population Prospects 2019
4. WHO. National Health Workforce Accounts 2023 data release

WHO OECD Guidance on Bilateral Agreements

All bilateral agreements should:

- Contribute to **workforce sustainability, universal health coverage and health security** in countries of origin and destination.
- Specify how the partnership will **strengthen health systems** of both countries.
- Include additional **safeguards and support** to countries with workforce vulnerabilities.
- Ensure **equal treatment** of domestic and foreign-trained health workers.
- Plan and address **gender needs** of health workers.
- Include **monitoring and evaluation** mechanism with **operational feedback** loop.
- **Report** on the agreement arrangements and implementation to WHO.



Source: WHO OECD Guidance on Bilateral Agreements

Member States reporting on the Code implementation

	First round (2012-2013)	Second round (2015-2016)	Third round (2018-2019)	Fourth round (2021-2022)	Fifth round (as of 30/9/24*)
By WHO Region					
Africa (n=47)	2	9	7	8	15
The Americas (n=35)	4	9	8	13	17
South-East Asia (n=11)	3	6	9	6	3
Europe (n=53)	40	31	31	24	31
Eastern Mediterranean (n=21)	3	7	15	17	12
Western Pacific (n=27)	4	12	10	12	8
By World Bank income group**					
High-income countries (n=62)	30	35	39	38	36
Upper middle-income countries (n=54)	17	17	18	15	21
Lower middle-income countries (n=49)	7	17	18	17	21
Low-income countries (n=26)	2	4	5	9	7
TOTAL	**56**	**74**	**80**	**80**	**86**

** Late submission from additional Member States expected.*
*** 3 Member States are not classified into any income group by World Bank in their income classification – Cook Islands, Niue, Venezuela*

Highlights from past four rounds of reporting

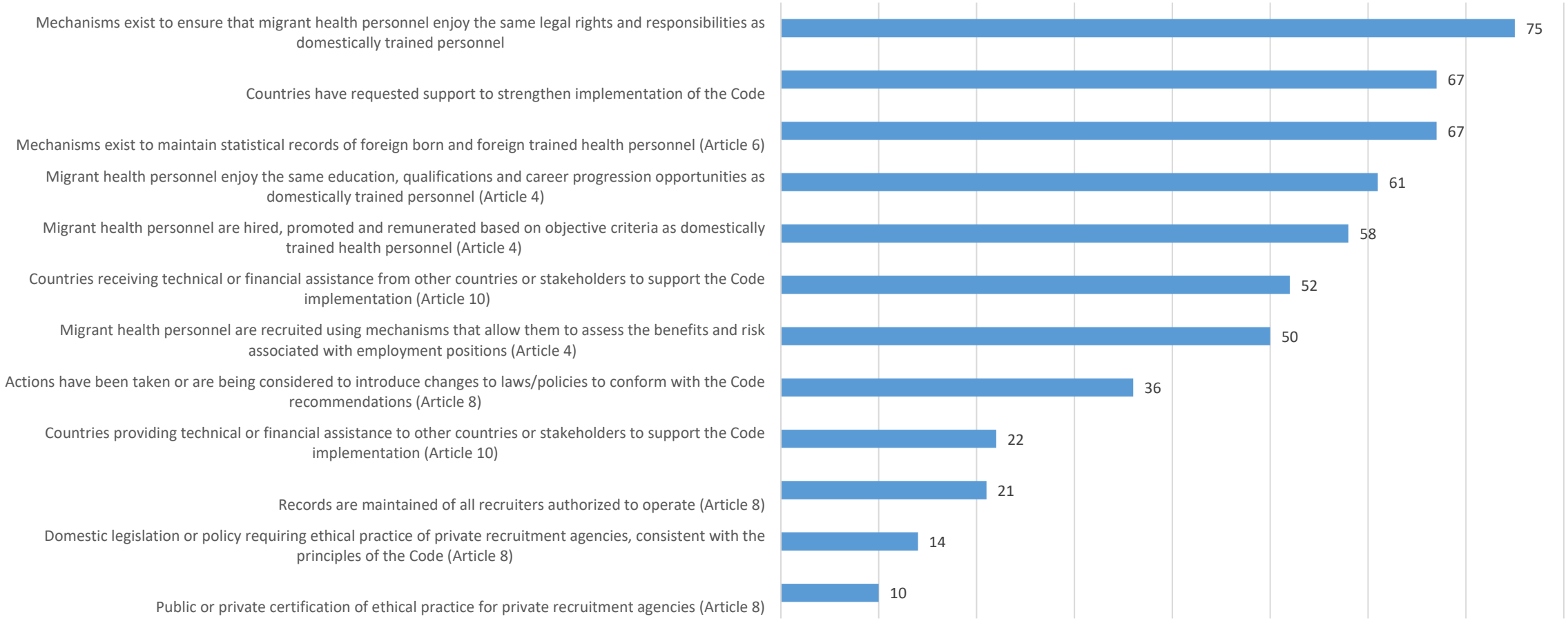
- Country engagement with the Code has added to the understanding on health worker mobility, including the reliance on international health workers.
- Regulatory measures used to increase entry or restrict emigration of health workers during the pandemic. Active international recruitment of essential/specialized health personnel was also reported, creating challenges in countries not in the SSL.
- Health worker mobility from countries with health workforce vulnerabilities is prevalent but extent of active/passive recruitment and of circular migration is not known.
- Increasing number of bilateral agreements reported, but level of details is variable, implementation data is rare, and benefit to health systems of source countries or parallel investments to address the drivers of migration is unclear.
- Variation in application of the specific articles of the Code in country laws, health workforce strategies and practices.
- Co-investments in health systems of source countries linked with international recruitment of health workers is unclear.

Provisional findings from 5th round of reporting* (n=86)

- Substantial and growing migration trends (by headcount) in selected high-income countries
- Language and geographical proximity are key factors influencing the migration patterns of international health worker
- 48 (56%) Member States report that migration has been increasing in intensity in the past three years
- 33 (38%) Member States reported entering into bilateral agreements. 95 bilateral agreements were reported, with 6 countries having at least 10 agreements but quantitative data on health workers' migration through such agreements is available for less than 40 agreements.
- Large-scale international recruitment can negatively affect health service delivery in countries outside of the Support and Safeguards List and poses ethical dilemmas for HICs.
- Specific concerns from low- and middle-income countries: targeted recruitment and loss of specialists who are difficult to replace; resorting to international recruitment as nationally trained graduates emigrate to other countries; and practicing nurses recruited to other countries as care workers.

** Data as of 30 September 2024. Late submission from additional Member States expected.*

Provisional findings from 5th round of reporting* (n=86)



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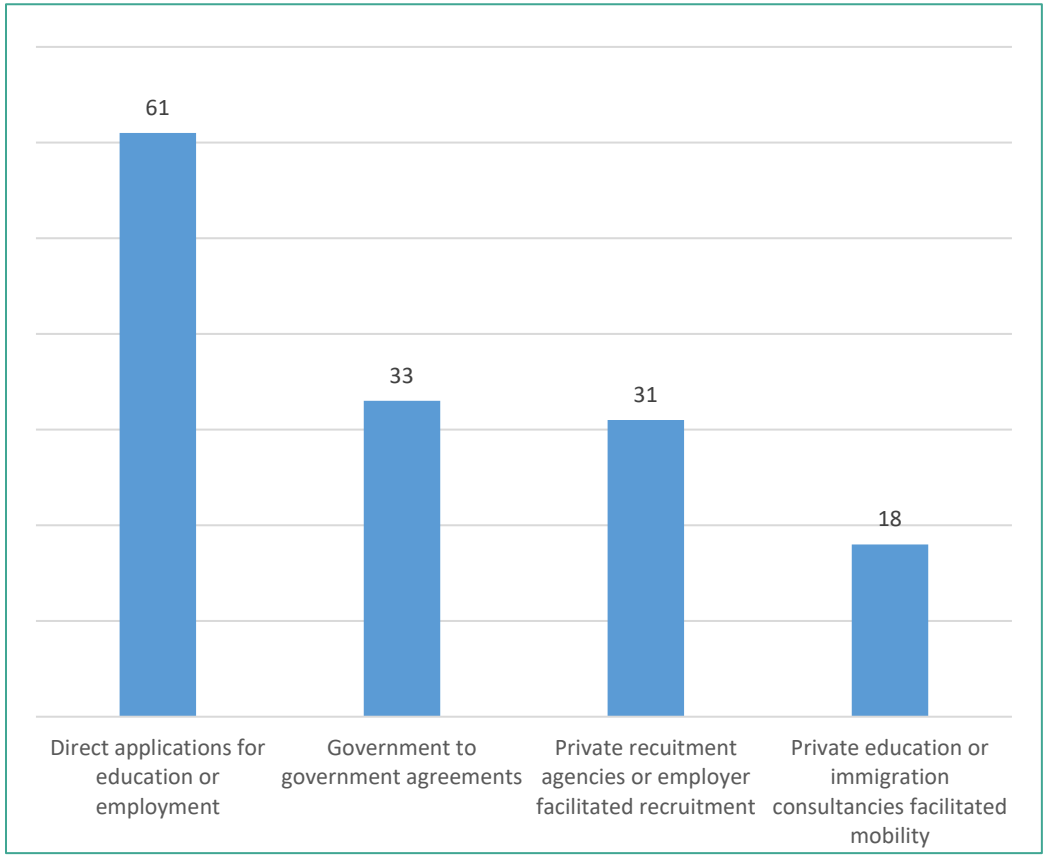
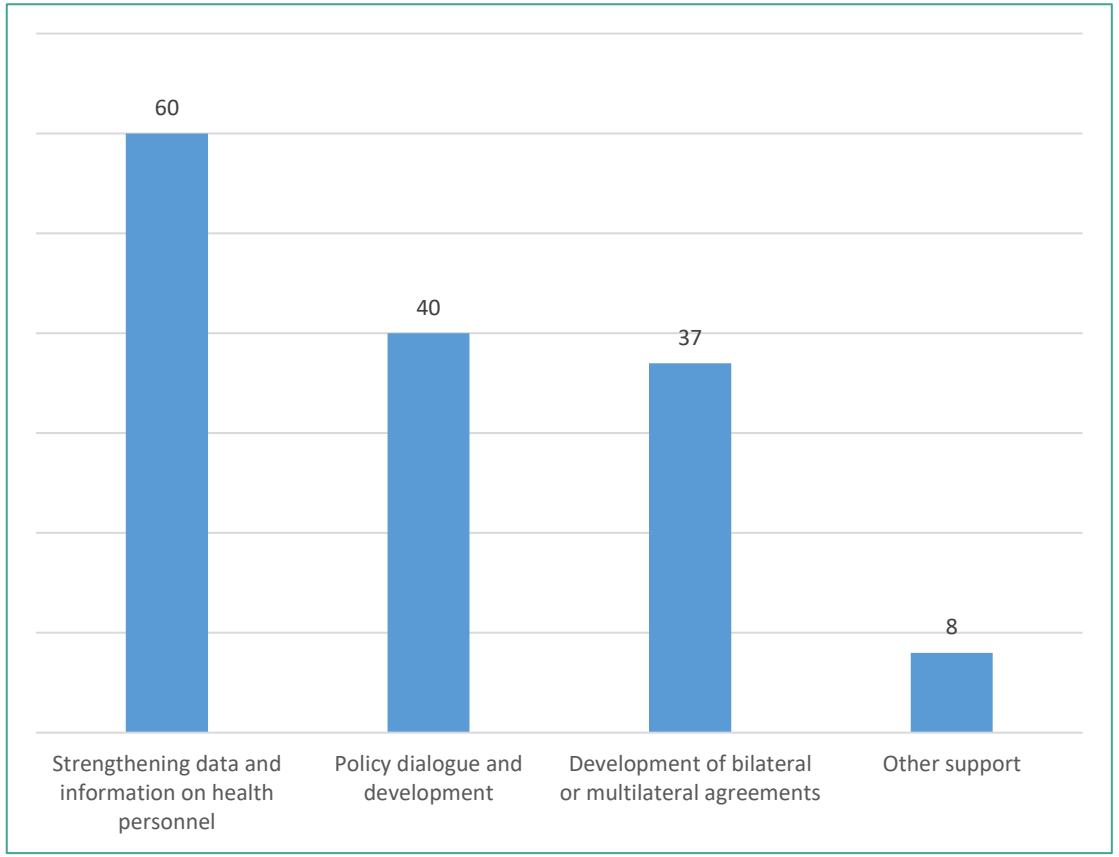
Provisional findings from 5th round of reporting* (n=86)

Pathways for international mobility reported by Member States (n =73)



Support requested by Member States to strengthen implementation of the Code (n =67)



** Data as of 30 September 2024. Late submission from additional Member States expected.*

Third review of the Code

Article 9.5: "The World Health Assembly should periodically review the relevance and effectiveness of the Code. The Code should be considered a dynamic text that should be brought up to date as required."

Source: https://www.who.int/publications/i/item/wi

Task of the Expert Advisory Group (EAG)

1. Review evidence to assess the Code's relevance and effectiveness.
2. Provide guidance on measure needed to ensure and strengthen the Code's relevance and effectiveness, including an update on the Code text if required.
3. Submit a report of the EAG's findings and recommendations.

Relevance: *the extent to which the objectives, principles and articles of the Code continue to be pertinent and can inform solutions related to the global challenge of the migration of health personnel and health system strengthening.*

Effectiveness: *the extent to which the implementation of the Code's objectives, principles and articles have influenced actions and policies concerning health workforce strengthening at country, regional and global levels.*

Issues under consideration by the EAG

- Scope of the Code in relation to contemporary migration levels, trends, and pathways of international mobility
- Practices and ethical oversight of private recruitment agencies
- Circular migration and contribution of the health diaspora
- Specific issues of source/destination countries
- Economic value of migrant health workers to both source and destination countries
- Policy options to strengthen implementation of the Code

World Health Organization

https://www.who.int/teams/health-workforce/migration

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