



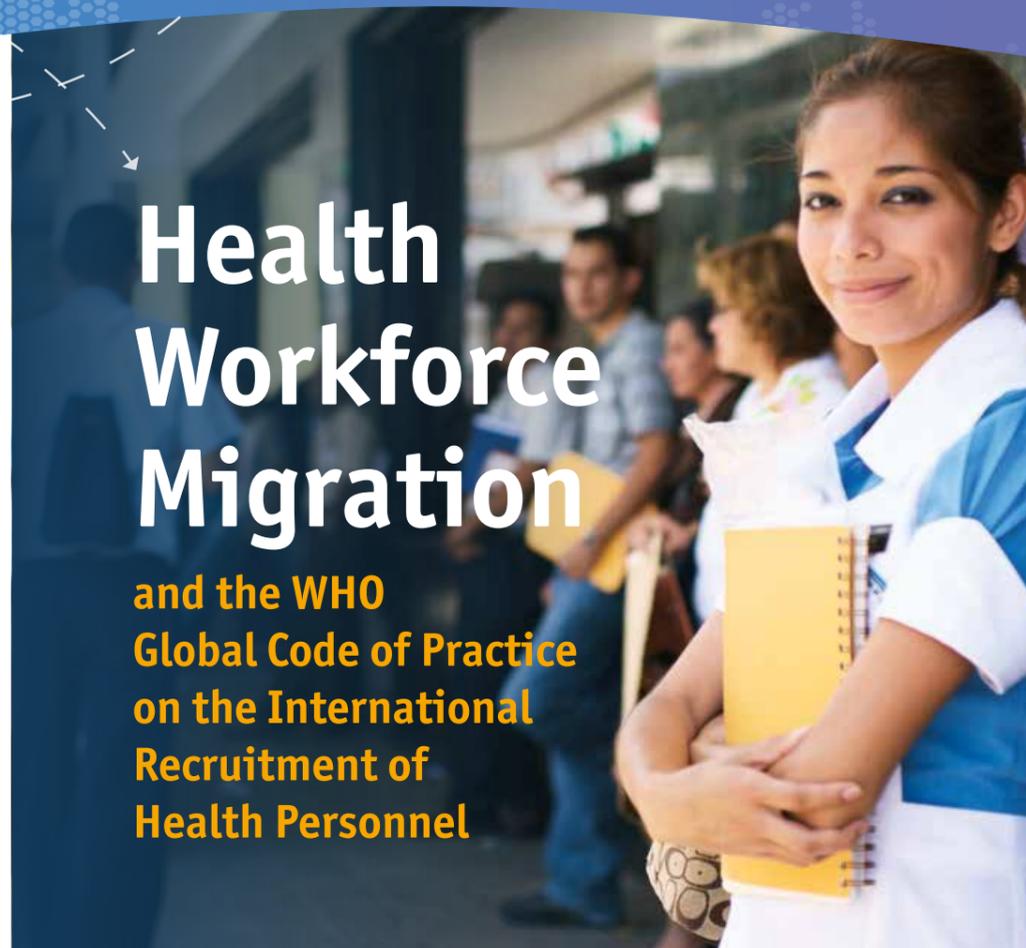
10 What is the “Brain drain to brain gain” project?

The project “Brain drain to brain gain- Supporting the WHO Global Code of Practice on International Recruitment of Health Personnel for Better Management of Health Worker Migration” is funded by the European Commission and Norad, and it aims at generating momentum and accelerating progress in Code implementation. The action in this project is focused on promoting global policy dialogue and advocacy on the Code relevance and effectiveness, and on supporting its implementation in 3 priority source countries (Uganda, Nigeria, and India), a destination country (Ireland) and a country that is both a source and a destination for migratory flows of health workers (South Africa). In each country the aim is to strengthen the evidence base on health worker migration and to support efforts leading to better data availability and improved policies to reinforce management of health worker migration flows. The project is implemented by the World Health Organization and the Global Health Workforce Alliance; country activities are implemented in collaboration with some partners, including the African Centre for Global Health and Social Transformation; the African Institute for Health and Leadership Development; and the Royal College of Surgeons in Ireland.



Health Workforce Migration

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



2 What is the WHO Global Code of Practice on the international recruitment of health personnel?

The World Health Organization, in collaboration with partners such as the Health Worker Migration Policy Initiative and the Global Health Workforce Alliance, developed a Global Code of Practice on the International Recruitment of Health Personnel (the Code). The adoption of the Code by all Member States at the 63rd World Health Assembly in May 2010 represented a landmark event in the global health field. This ground-breaking instrument marked the first time in thirty years that WHO Member States have used the constitutional authority of the Organization to develop a code.

The Code is a multilateral framework for tackling shortages in the global health workforce and addressing challenges associated with the international mobility of health workers. It identifies ethical norms as well as institutional arrangements, to guide international cooperation on the issue of health-worker migration, and to serve as a platform for continuing dialogue.

Expected results of the project

RESULT 1: Evidence generated on inward and outward migration flows on surgical care, general medical practice and midwifery workforce in the involved countries.

RESULT 2: Policy and decision makers are sensitized and consulted about best practices in tackling health workers migration challenges and relevance/ effectiveness of WHO Code.

RESULT 3: Stakeholders at global level are empowered in their knowledge and capacity to lead and facilitate Code implementation.

1 Why is migration of health workers important?

Health worker migration has been increasing worldwide over the past decades, especially from lower income countries with already fragile health systems. The migration of health workers affects all countries in one way or another. In some cases, health workers leave their home countries looking for better working conditions and career opportunities abroad. In others, they leave rural areas for urban ones. In some ways this represents an opportunity for individual health workers to improve their skills, working conditions and economic prospects. But at the same time, this can result in increasingly inequitable access to health care, within and between countries. This is why WHO and its partners are developing and advocating solutions so that countries can address the twin challenges of managing migration and improving the retention of health workers.

3 What are the guiding principles of the Code?

The Code sets out guiding principles and voluntary international standards for recruitment of health workers to increase the consistency of national policies and discourage unethical practices, while promoting an equitable balance of interests among health workers, source countries and destination countries. It seeks to redress the imbalances among health workers around the world by promoting human rights, including access to health, equity and social justice.

The Code’s *Guiding Principles* highlight the need to provide technical and financial assistance for health personnel development; affirm the human right to the highest attainable standard of health; call for a better “managed approach” to the international recruitment of health workers; advocate the development of a sustainable health workforce in all countries; and point to the need to protect and fulfil the rights of health workers that do emigrate.

More information on the WHO Code is available at <http://www.who.int/hrh/migration/code/practice/en/>

Additional information on the “Brain drain to brain gain” project is available at - http://who.int/workforcealliance/brain-drain_brain-gain/en/

4 What approach should guide the international recruitment of health personnel?

The Code's *Responsibilities, rights and recruitment practices* articulates the ethical responsibilities of stakeholders to ensure fair recruitment and equitable treatment practices as relevant to emigrant health workers. In the context of migration, the Code encourages "receiving" countries to consider the impact of their policies and actions on the countries from which health workers migrate. Crucially, Article 4 of the Code calls on recruiters and employers to be aware of and not seek to recruit health workers with existing domestic contractual obligations, and for health workers to be transparent about their contractual obligations.

The Code specifically calls on Member States to maintain a record of all recruiters authorized to operate within their jurisdiction, to endeavor to utilize only those recruiting agencies that comply with the guiding principles of the Code, and to assess the magnitude of active recruitment from countries facing critical health workforce shortages, as well as the impact of circular migration.

5 What are the strategies that the Code recommends?

Health workforce development and health systems sustainability is at the core of the Code. It discourages active recruitment from countries with critical health workforce shortages, encourages utilization of Code norms as a guide when entering into bilateral, regional, and multilateral arrangements to further international cooperation and coordination; identifies the need to develop and support circular migration policies between source and destination countries; encourages countries to develop sustainable health systems that, as far as possible, would allow for domestic health services demand to be met by domestic human resources; emphasizes the importance of a multi-sectoral approach in addressing the issues; and places particular focus on the need to develop health workforce policies and incentives in all countries that support the retention of health workers in underserved areas.

6 What are concrete policy options that source and destination countries can consider?

Policy options for source countries

should recognize that matching the levels of remuneration and the opportunities for specialized training and research available in advanced economies is not realistic in the short-term, nor is desirable given the competing needs for use of limited public resources. More appropriate options include:

- placing greater emphasis on non-wage retention strategies, including improving working and living conditions; Ministries of Health, civil service commissions and employers should adapt employment conditions, ensuring fair terms for health workers, merit-based career development opportunities, and a positive practice environment to enable their effective deployment, retention and adequate motivation to deliver quality care;
- diversifying the skills mix to harness the potential of community-based and mid-level health providers, as the

Policy options for destination countries

Should aim to decrease reliance on foreign-trained health workers by:

- increasing investment in domestic health professional education and aligning government educational spending with employment opportunities;
- adopting innovative financing mechanisms, allowing local and private entities to provide complementary funding to government subsidies to health worker training;

7 Why do we need better data and evidence on health workforce migration?

The formulation of effective policies addressing the drivers, trends, and impacts of health worker migration needs to be grounded in a sound evidence base. The challenges involved in collection and analysis of data on international mobility of health personnel are compounded by a lack of consistency in definition of relevant data items among countries. The Code's article on *Data gathering and research* responds to the evidence gaps in the area of health personnel migration. The Code urges Member States, with support from WHO, to strengthen their efforts in this area and to translate data collected and research conducted into effective health workforce related policies and planning.

The Code's articles on *Information exchange, Implementation of the Code, and Monitoring and institutional arrangements* are focused on the process related to implementation and monitoring of the Code. Information exchange, provides structure around information exchange with regard to both health personnel migration and health systems, including calling on Member States, as feasible, to maintain an updated database of laws and regulations related to recruitment and migration, to maintain updated data related to health personnel, and to designate a national authority responsible for information exchange. Moreover, the designated national authority is asked to provide a report on data and on relevant laws/regulations to WHO every three years for purposes of information exchange with other Member States.



8 Who is responsible for implementation and monitoring of the Code?

Implementation of the Code, while relevant to many stakeholders, is a primary responsibility of WHO Member States. Crucial to the success of the Code are the willingness of countries to implement it and national and international dialogue and cooperation, including the exchange of information and data.

Monitoring and institutional arrangements entail that Member States report regularly to the WHO Secretariat and that the WHO Secretariat, in turn, reports to the World Health Assembly. Member States are called upon to report activities undertaken, progress made, and difficulties encountered in implementing the Code every three years – the first round of reporting was in 2012, the second in 2015. Based upon Member State and other reports, the Director-General is also called upon to submit a report every three years to the World Health Assembly on the status of the Code and recommendations for its strengthening. These reporting mechanisms are designed to keep the topic of health worker migration and the Code on the active agenda of Member States, WHO, and civil society.

9 Is the Code still relevant? Is it effective?

The 68th World Health Assembly reviewed in May 2015 a report by an Expert Advisory Group (EAG) on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010). The report of the EAG concluded that the Code is highly relevant, especially in the context of growing regional and inter-regional labour mobility, and of demographic and epidemiological transition that increases demand for health workforce. Notwithstanding, the Code should be subject to periodic review to ensure that it continues to be a key framework to address issues arising from global and regional migration of health personnel, health workforce development and health systems sustainability. Evidence of the effectiveness of the Code is emerging in some countries. This evidence provides a solid foundation for expanding global, regional, national and sub-national implementation and measurement of its effectiveness. Notwithstanding, the low awareness, advocacy and dissemination of the Code in other countries – as suggested by the limited response to the first round of reporting – should be corrected. Full realization of the objectives of the Code requires that Member States, working together with other stakeholders, expand awareness and implementation of this instrument to its fullest potential. The importance of Member State designation of a national authority, as called for by Article 7.3 of the Code, to facilitate national dialogue, support implementation, and coordinate information exchange and reporting is of paramount importance.

- credentials awarded to these cadres are typically recognized only in their own country, making them less vulnerable to international migration;
- circular migration, i.e., promoting a triangular flow of talent and skills by encouraging some migrant health workers to return to their home country;
- investing in strengthening national institutions, including the development of national health workforce accounts, both for tracking internal and international migratory flows, and to enable evidence-informed planning and policy-making.

- not hiring from the countries with the worst healthcare worker-to-population ratios;
- encouraging more cost-effective ways to educate health professionals;
- planning a more diversified skill mix for the health team, better harnessing the complementarity of different cadres, including mid-level providers.