

# WHO GLOBAL CODE OF PRACTICE on the International Recruitment of Health Personnel

\* Data on second round of reporting as of 4 March 2016

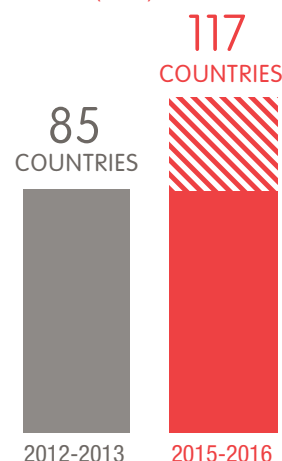
There have been major improvements in certain regions, including a **FOURFOLD INCREASE** in the number of designated national authorities in the **Western Pacific Region**.\*

## WHAT IS IT?

The Code, adopted by the World Health Assembly in 2010, aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems.

## HIGHLIGHTS

Number of countries that have designated national authorities (DNA)



**85%** are based in health ministries  
**9%** are based in public health institutes  
**6%** are based in other institutions (such as health authorities, health boards or human resources for health observatories)

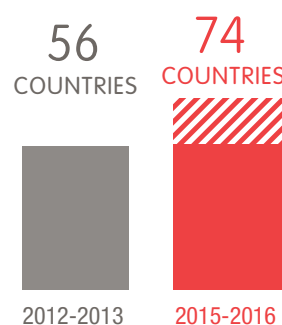
**37%**  
**INCREASE**  
since the first round of reporting

## 7 OF THE TOP 10

destination countries for international migrants took part in the second round of national reporting

- ✓ United States of America
- ✓ Germany
- ✓ United Kingdom of Great Britain and Northern Ireland
- ✓ France
- ✓ Canada
- ✓ Australia
- ✓ Spain

As of 4 March 2016, 74 of the 117 (63%) designated national authorities had completed and submitted a report.



**7%**  
**INCREASE**  
since the first round of reporting



## IMPLEMENTATION OF THE CODE

The Code applies to both Member States and all relevant stakeholders. Both are called upon to implement the recommendations of the Code and report back every three years.

Of the submitted reports:

**70%** of Member States reported that migrant health personnel enjoy the same legal rights and responsibilities as domestically trained health personnel (Article 4)

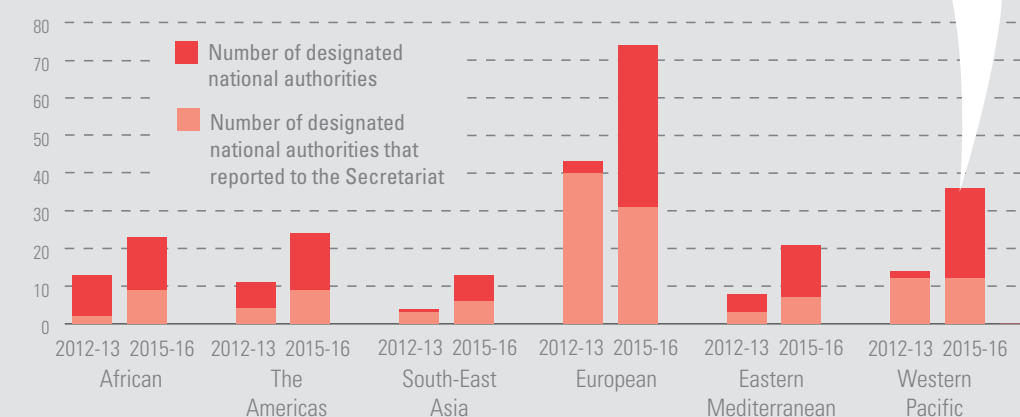
**24%** of Member States reporting are considering action to introduce changes to laws/policies which conform with Code recommendations (Article 8)

**67%** of countries are undertaking measures to educate, retain and sustain domestic health workforce (Article 5)

**58%** of countries are adopting measures to address geographical mal-distribution and improve retention in underserved areas (Article 5)

## PROGRESS BY REGION\*

First round of reporting by Member States (2012-2013) v. Second round of reporting by Member States (2015-2016)\*



## CHALLENGES

Reported by Member States in the second round

### AT THE NATIONAL LEVEL

- incorporating the Code's provisions into national legislation and regulations
- strengthening regulation
- promoting intersectoral collaboration

### AT THE REGIONAL AND GLOBAL LEVELS

- establishing a link between the regulations that have been put in place to guide their work at the national level and those that form part of bilateral agreements

### POOR QUALITY OF DATA

- need to build capacities to standardize, collect and exchange mobility data
- effective monitoring of the implementation and impact of the Code

## STRATEGY

Global strategy on human resources for health: workforce 2030

Member States have reported on their needs to integrate the Code implementation and its monitoring with broader national health workforce analysis and planning.

The draft global strategy on human resources for health: workforce 2030 reaffirms the need to utilize the principles and articles of the Code to inform solutions on health professional migration and ensure consistency with ILO's minimum standards for 'decent work'.

