

SECOND REVIEW OF THE RELEVANCE AND EFFECTIVENESS OF THE CODE (2019/2020)

FACT SHEET | SEPTEMBER 2020

INTRODUCTION

Strong calls for joint, global measures to address the international recruitment of health personnel finally led to the adoption of the [WHO Global Code of Practice on the International Recruitment of Health Personnel](#) (hereafter 'the Code') in 2010. The core aim of the Code is to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems. The Code balances the need to protect countries facing critical health workforce shortages with the individual freedom of health personnel to migrate to countries that wish to admit and employ them.

To monitor the progress in implementing the Code, member states agreed to report on the measures they have taken every three years. In addition, an Expert Advisory Group (EAG) reviews the Code's relevance and effectiveness every five years. The [first EAG review report](#) was published in 2015. The second EAG review took place over the course of 2019 (see figure 1), and the resulting [report](#) and [background documents](#) were submitted for discussion at the World Health Assembly (WHA) 2020. Due to the COVID-19 pandemic, the report was not on the agenda of the shortened session of the WHA in May, but it will likely be during its reconvening later in 2020.

THE SECOND EXPERT ADVISORY GROUP CONSTITUTION

The EAG was comprised of 27 members:

- Co-chairs: Norway and Indonesia
- Two Member States representatives from each WHO region
- International organisations
- Civil society representatives
- Individual experts

This factsheet highlights the key takeaways from the report and some recommendations on concrete actions civil society can take.

EAG REPORT HIGHLIGHTS

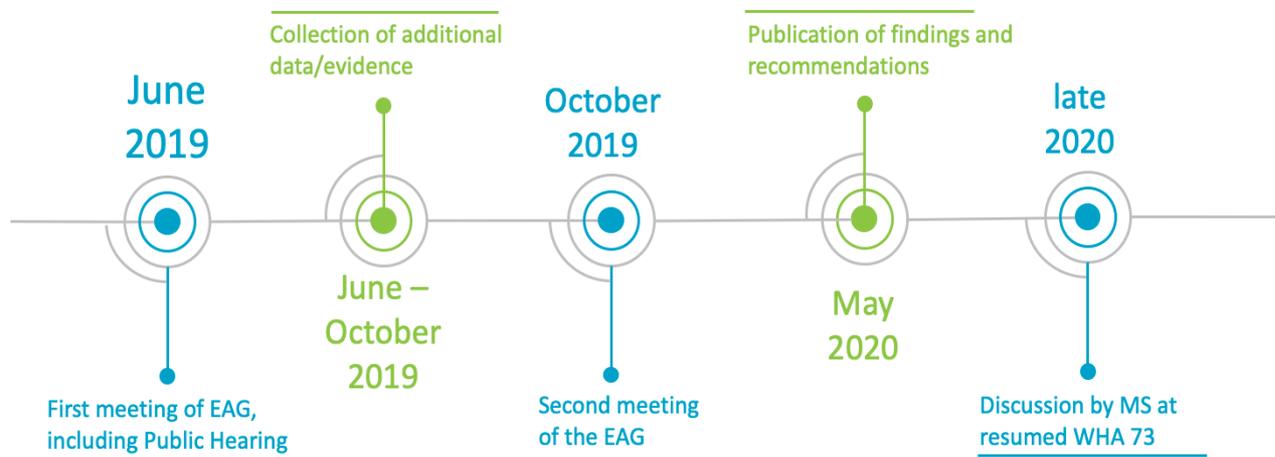


Figure 1: Timeline EAG

RELEVANCE

The EAG report highlights that the Code is very relevant in light of the current framework of collaboration and coherence as set out in the Sustainable Development Goals (SDGs) and specifically linked to the commitments to universal health coverage (UHC), of which a sustainable health workforce is an integral part.

The trend of significant increases in both the volume and complexity of international health worker mobility over the past years further confirms the relevance of the Code. The report cites data showing that at this moment, 1 in 4 doctors, 1 in 3 dentists and 1 in 8 nurses is practicing their profession outside their home country. Moreover, the complexity of international health worker mobility has grown as a result of changes in the environment, such as humanitarian crises that form a push factor in mobility, as well as new stakeholders, like private recruitment agencies. Lastly, the challenges around unethical recruitment, weak health systems and limited ODA investment in the health workforce, that the Code initially set out to respond to, have remained persistent in the past decade.

List of countries with critical shortages

One element that has had a negative impact on the relevance of the Code, according to the EAG, is the list of 57 countries facing critical health workforce shortages, originally published in the [2006 World Health Report](#). Though not directly referenced in the Code, this list has been used - especially by destination countries - to limit recruitment efforts in these countries to answer to the Code's call to protect and support countries with critical shortages.

The EAG concludes that this list is outdated, too static and focused on the Millennium Development Goals. In the SDG era, there is a need for a fit for purpose method of selection that can be continuously updated. The EAG proposes to utilise the intersection of two indicators:

- [The UHC Service Coverage Index](#): an index that combines 16 tracer indicators of service coverage into a single summary measure;
- Health workforce density (doctors, nurses and midwives).

Countries that are both in the UHC Service Coverage Index' first quartile and have a less than median health workforce density, should be at the focus of health workforce development efforts and safeguards for active recruitment. With current data, this analysis identifies 43 countries, but it would be regularly updated by the WHO secretariat.

EFFECTIVENESS

The EAG notes improvements in both the legal and behavioural effectiveness of the Code, in terms of increased reporting and awareness since 2015. Many member states have also taken up suggested actions for implementation, such as publicising the Code and incorporating it in national law and bilateral agreements.

However, the EAG also flags critical gaps since reporting, engagement and awareness remain limited, especially in those countries the Code was intended to protect. Moreover, there is a need to strengthen the awareness of non-state actors such as employers, recruiters and civil society and for them to engage in implementing the Code. Progress has been insufficient to realise the full potential of the Code.

Bilateral agreements are often used to facilitate health worker mobility between sending and receiving countries. They can be an important tool for implementation of the Code, because they document agreements on recruitment, exchange, education and/or financial arrangements. However, while the number of bilateral agreements notified to WHO has increased, the EAG report notes that transparency about how and with whom they were negotiated is lacking in many cases.

WHAT CIVIL SOCIETY ORGANISATIONS CAN DO

Raising awareness of the Code and the EAG review report will be critical for civil society organisations (CSOs) at both the global and national levels. In the next few months, there are various opportunities for civil society to engage in. For example:

AT COUNTRY LEVEL

1. Ask your Ministry of Health to put the EAG review report on the agenda of the Technical Working Group (TWG) meetings on human resources for health or similar structures/meeting platforms in your country. It is an opportunity to reflect on and discuss the bilateral agreements that your government has, where they stand, and if there are any gaps. You can also ask the Ministry of Health to set up a standing taskforce to report back to the TWG and follow up on this on a regular basis. That way, members of the TWGs, CSOs

and other relevant stakeholders are informed of new development and can take timely action.

2. You can ask your Ministry of Health how you - together with Professional Medical Associations - can get involved and engaged in the negotiations or follow up of (existing) bilateral agreements.
3. Based on the information gathered from the two activities above, as CSO – with or without the Professional Medical Associations – you can ask your Ministry of Health about the National Reporting Instrument on the Code. Additionally, you can draft your own Independent Stakeholders Report and submit this to WHO in the fourth round of reporting that is expected to be launched in 2021.
4. The Code review report is tabled for the agenda of WHO World Health Assembly (73rd resumed session) in November 2020. You can engage with your Ministry of Health and its delegates who will attend that meeting, on speaking points and statements in response to the Code review.
5. You can continue to lobby the government for development of retention and recruitment strategies for unemployed health workers, including the absorption of health workers that are funded through NGOs. If these retention strategies already exist, you can call for the necessary investments to effectively implement them.
6. Write blogs and opinion pieces, and reach out to the [HW4All Coalition](#) for support with publication on its website. You can also try to interest and engage with media on these issues in your countries.
7. Tell us what else you are planning to do or are already successfully doing in your context. That way we can share good practices with other CSOs. Please, get in touch with amanda.banda@wemos.nl.

AT GLOBAL LEVEL

1. Look out for and engage in relevant virtual events, like webinars around the Code Review report.
2. Engage with other likeminded CSOs; plan, share ideas, and strategise further actions for follow up.
3. Write blogs and opinion pieces, and reach out to the [HW4All Coalition](#) for support with publication on its website. You can also try to interest and engage with (inter)national media on these issues.

FURTHER READING

- The [Report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel](#).
- The full set of background documents to the EAG report, including evidence briefs from different stakeholders and EAG meeting notes, can be found here: <https://www.who.int/publications/m/item/eag-2nd-review-of-code-relevance-and-effectiveness>.

- More factsheets on Human Resources for Health can be found on Wemos' [Knowledge Platform](#).



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