Health Worker Migration & the WHO Global Code

Strengthening evidence and information

Health Workforce Department

Stepping Back

The flood of illegal unskilled migrants into rich countries and the "brain drain" of skilled citizens from the poorest countries are two of the most critical current issues in international migration today.

These problems, as well as issues such as international trafficking in women and children, ***have highlighted a gaping hole in the international institutional architecture. We have only a fragmented set of institutions to deal with flows of humanity.*** *The International Labour Organisation looks after workers rights. The United High Commissioner for Refugees deals with forced migrants. The World Trade Organisation, under its services agreement, manages the temporary access of professional and semi-professional workers – from builders to doctors – to other countries. The International Organization of Migration is a cross between a consulting body and an altruistic group. Besides its status is not defined by a treaty. Indeed, we do not have a treaty-defined "World Migration Organisation" (WMO) that could oversee the whole phenomenon, according to internationally agreed objectives and procedures.*

-Professor Jagdish Bhagwati, Financial Times, October 24, 2003

Global Compact for Safe, Orderly and Regular Migration

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GLOBAL COMPACT FOR SAFE, ORDERLY AND REGULAR MIGRATION

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(1) Collect and utilize accurate and disaggregated data as a basis for evidence-based

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(6) Facilitate fair and ethical recruitment and safeguard conditions that ensure decent work

(18) Invest in skills development and facilitate mutual recognition of skills, qualifications and competences

(23) Strengthen international cooperation and global partnerships for safe, orderly and regular migration

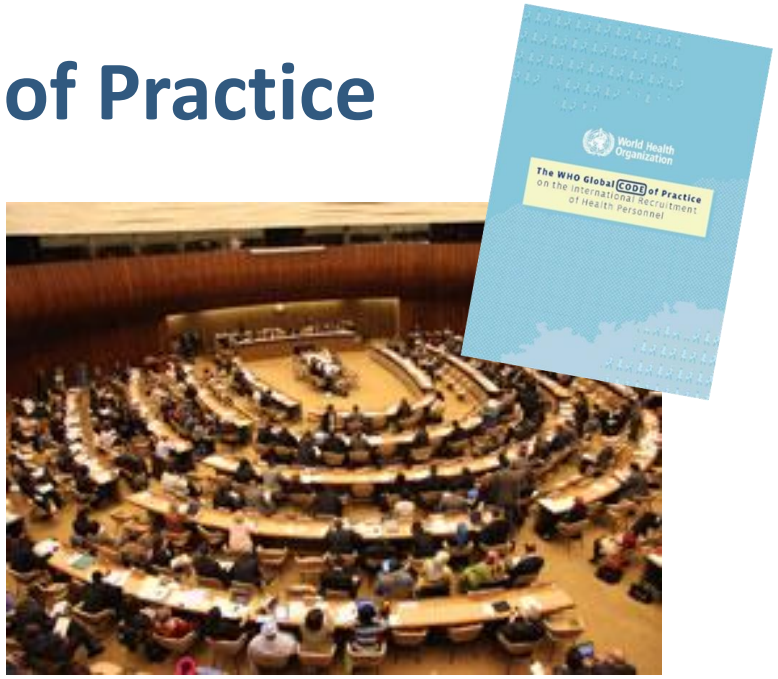
Non-legally binding, but with

Strong monitoring and robust implementation mechanisms

WHO Global Code of Practice

History

- A vacuum in the 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.



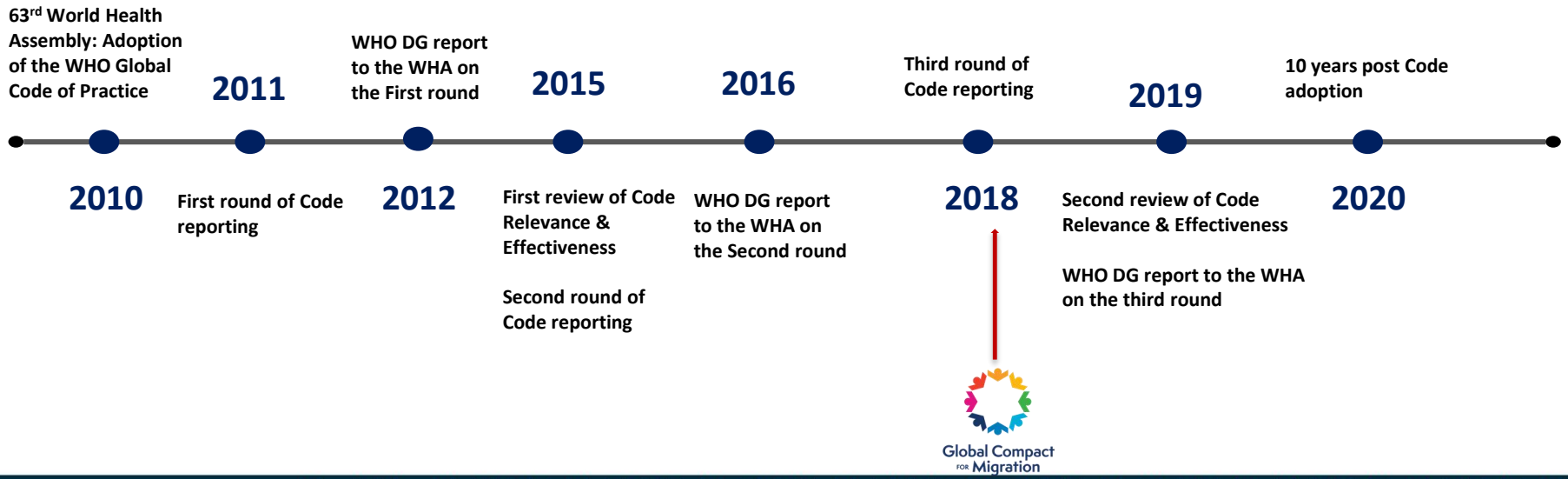
Code Structure and Substance

- 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

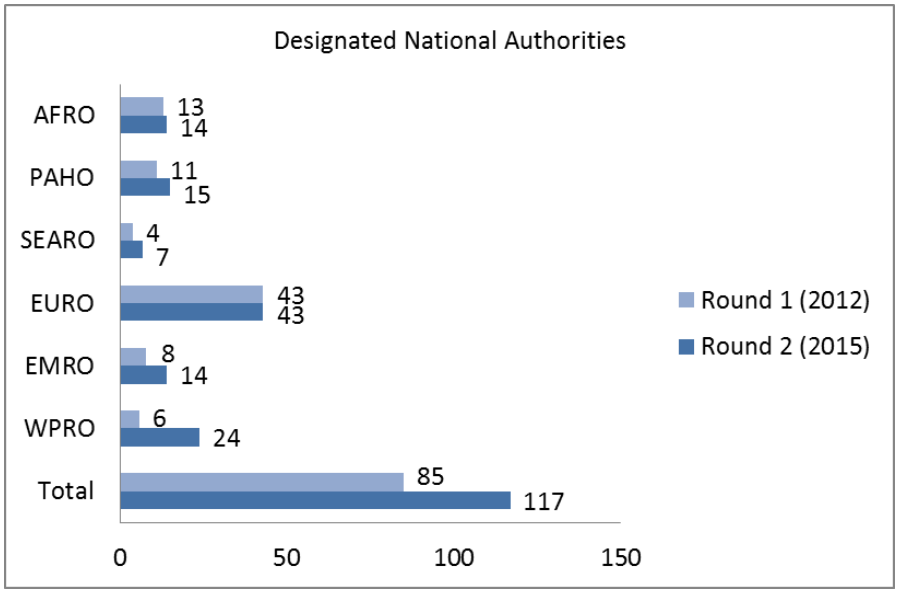
Legal and Institutional Arrangements

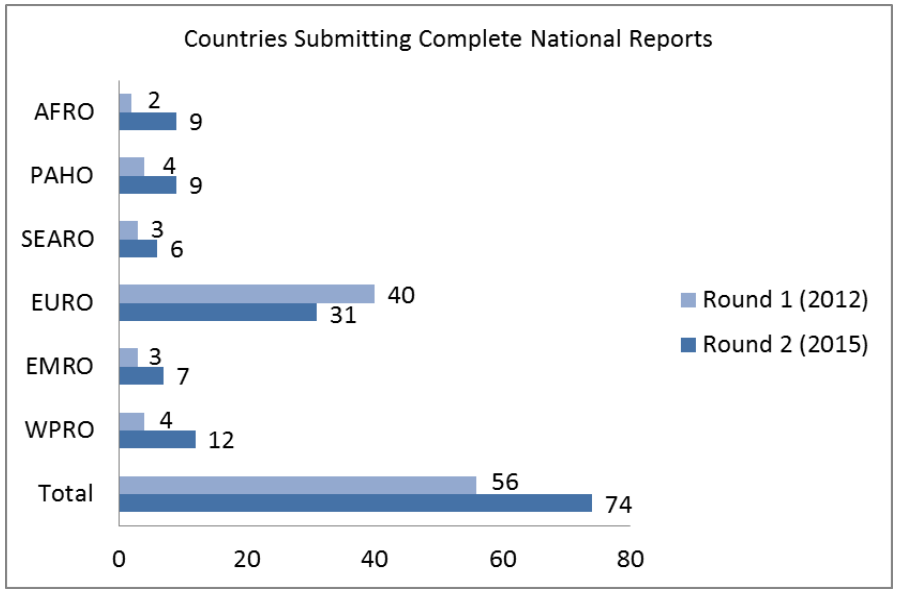
- The voluntary WHO Global Code contains a robust process for reporting
  - **WHO's reporting on the Code is mandatory ("shall")**

- Progress on the Code is to be reported upon at the World Health Assembly **every three years**
  - Designated National Authority (DNA)
  - National Reporting Instrument (NRI)
  - Independent Stakeholders Reporting Instrument (since the 2nd Round)



First & Second Round of Code Reporting



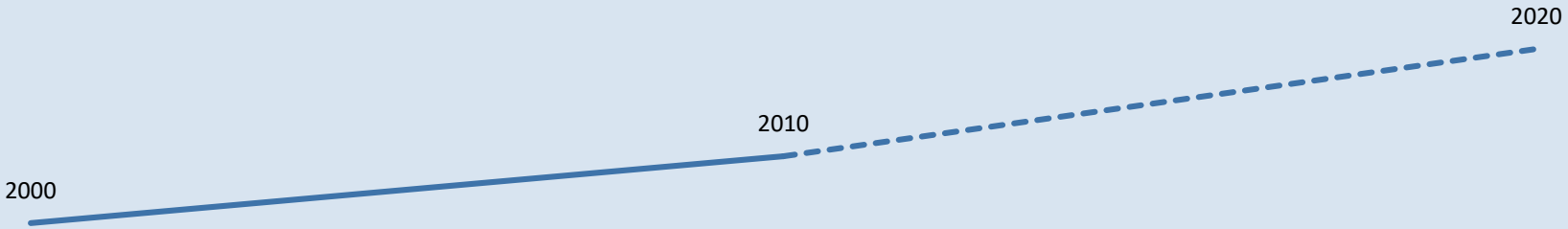


Second Round of Code reporting:

Improvement in the **quality** and **diversity** of national reporting, reports **publically available.**

International Health Worker Migration on the Rise

The number of migrant doctors and nurses working in OECD countries **increased by 60%** over a 10 year period (from 1,130,068 to 1,807,948).



2006
- World Health Report 2006 and launch of the Global Health Workforce Alliance

2008
- 1st Global Forum on Human Resources for Health: Kampala Declaration

2010
- 63rd World Health Assembly: Adoption of the WHO Global Code of Practice

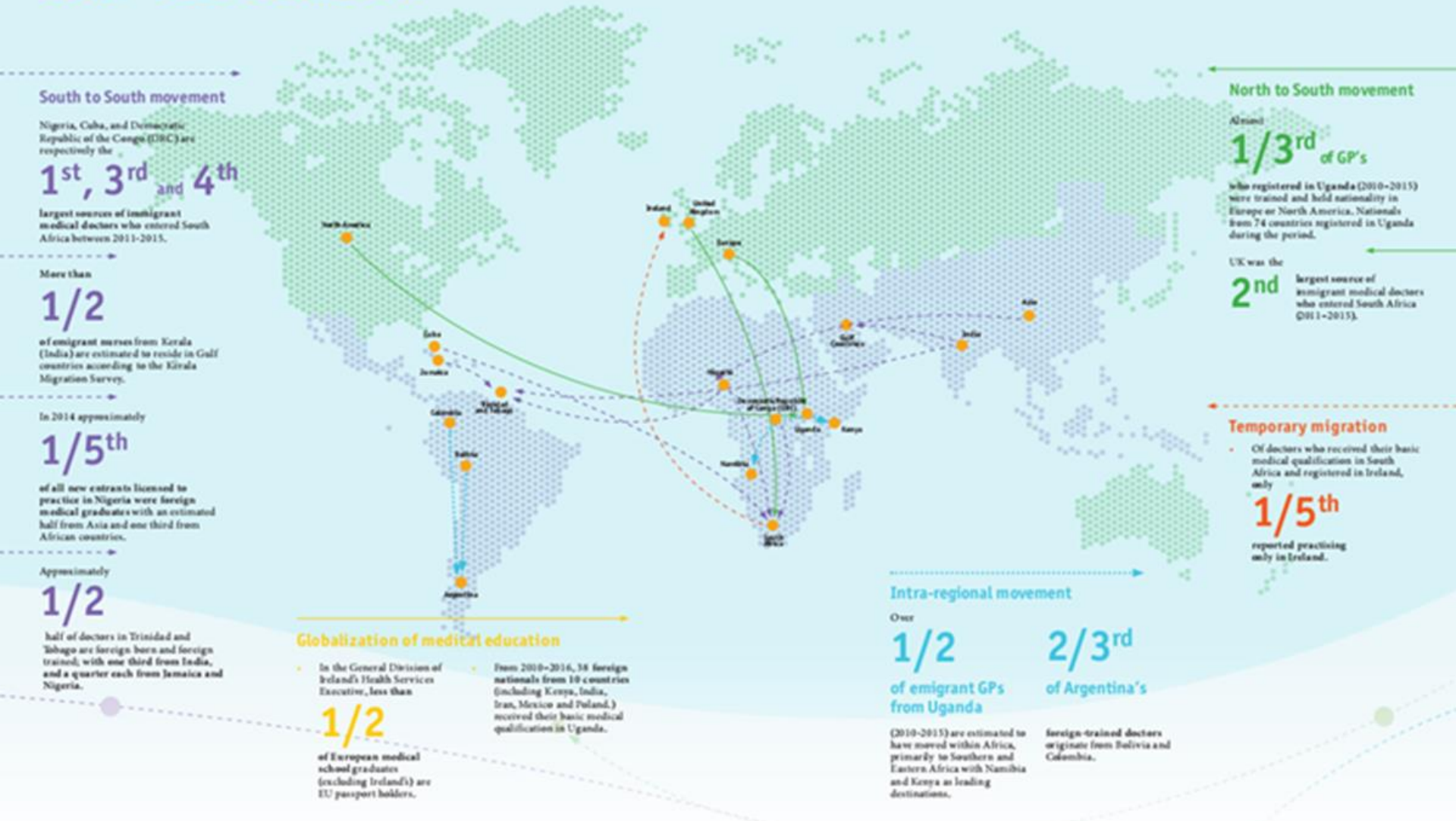
2015
- First review of Code Relevance (high) & Effectiveness (emerging)

2016
- 69th World Health Assembly: Adoption of the Global HRH Strategy
- Report of the UNSG High Level Commission

2017
- 70th World Health Assembly: Adoption of the "Working for Health": Five-Year Action Plan
- Establishment of the International Platform on Health Worker Mobility
- High Level Dialogue on International Health Worker Migration

2018
- International Platform Meeting
- 3rd Round of National Reporting on the WHO Global Code

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 2011-2015.

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

half 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.

North to South movement

Almost

1/3rd of GP's

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.

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's) are EU passport holders.

- From 2010-2016, 38 foreign nationals from 10 countries (including Kenya, India, Iran, Mexico and Poland,) received their basic medical qualification in Uganda.

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.

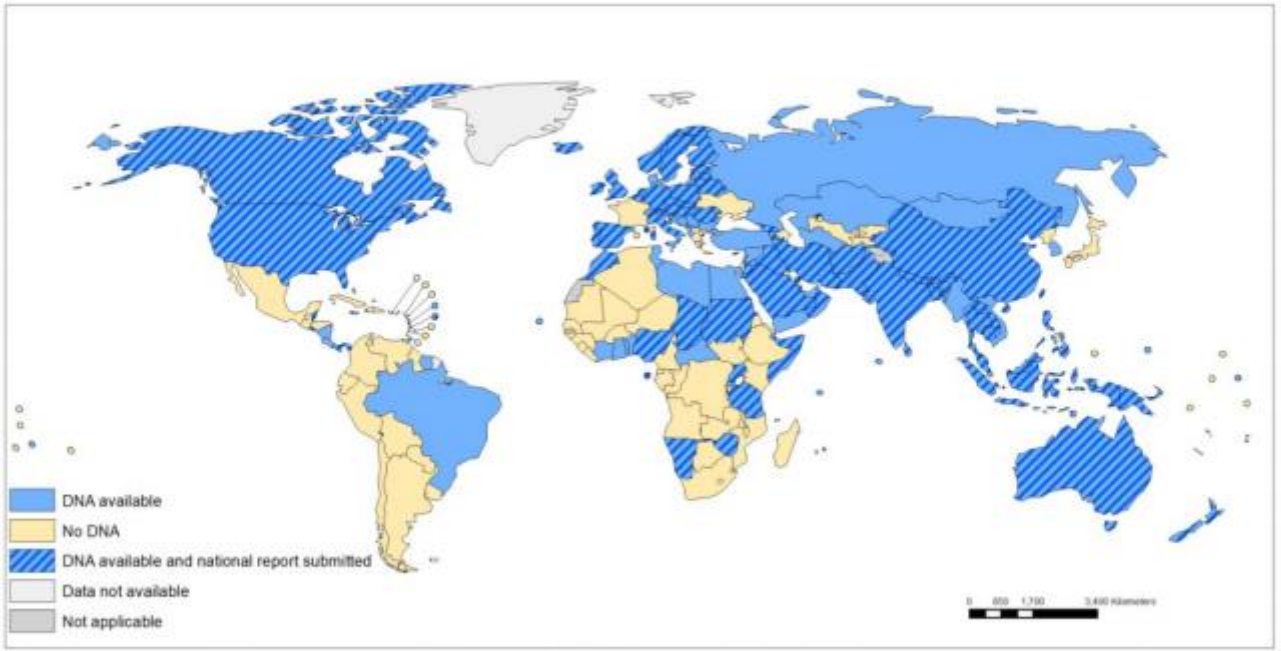
2/3rd

of Argentina's

foreign-trained doctors originate from Bolivia and Colombia.

WHO Global Code of Practice, 3rd Round of National Reporting (ongoing) as at 25 Jan 2019

Fig. 1 Status of designated national authorities and submitted national reports, by Member States – as at 25 January 2019[1]



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

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WHO Global Code of Practice, 3rd Round of National Reporting (ongoing) as at 25 Jan 2019

	Designated National Authorities, 3rd Round	Reports submitted 3rd Round (as at 25 Jan 2019)	Reports submitted 2nd round (final as at March 2016)
AFRO (47 MS)	16	7	9
AMRO (35 MS)	14	8	9
SEARO (11 MS)	10	9	6
EURO (53 MS)	42	31	25
EMRO (21 MS)	20	12	5
WPRO (27 MS)	18	10	11
Total Count	**120**	**77**	**74**

- 77 Countries, representing over 2/3 of the world population, have reported
- Reports received from 14 Non State Actors
- **Progress report to the 144th Executive Board available at** http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_25-en.pdf

Strengthening Evidence

Round 1 (2011-2012): No quantitative data

Round 2 (2015-2016): Share of Foreign-trained/Foreign-born provided for:

- 24 countries (Doctors);13 countries (Nurses)

Round 3 (ongoing): Share of Foreign trained/Foreign-born provided for:

- 50 countries (Doctors); 43 Countries (Nurses); 36 Countries (Midwives); 39 countries (Dentists); 37 countries (Pharmacists)
- Source “and” Destination
  - E.g. El Salvador: 12% of MDs foreign-trained; Iran: 11% of Dentists foreign-trained; Jordan: 70% of MDs foreign-trained; Lao PDR: 11% of MDs and 7% of nurses foreign-trained; Nigeria: 17% of MDs foreign-trained; Uganda: 37% of MDs foreign-trained; Zimbabwe: 17% of MDs and 50% of pharmacists foreign-trained.

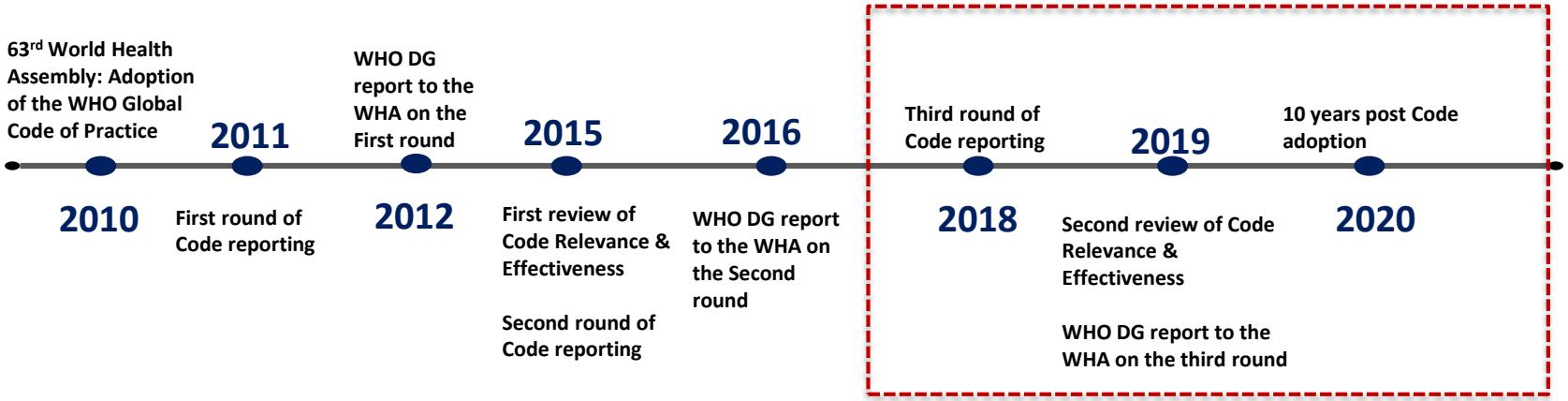
Improved Information - Increasing Requests

- 33 Member States identified laws and policies being introduced, consistent with the Code
  - Code provisions incorporated into national legislation, policies, strategies, and related measures.
  - Experience from traditionally viewed source “and” destination countries particularly valuable (e.g. Ireland, South Africa)

- 38 Member States identified the use of bilateral, multilateral or regional arrangements
  - 33 Member States identified Code provisions as reflected in the arrangements
  - 74 sperate agreements notified to the Secretariat
    - China additionally identified govt. to govt. agreements with 56 countries
  - Texts of 30 agreements provided

- 61 Member States have requested support to better manage health worker migration and mobility
  - HRHIS, Policy dialogue and development, Bilateral Agreements (Dev, Imp, Mon)

Key Processes & Dates



4 October 2018 : Secretariat report to the Executive Board on Third Round of Code Reporting

24 January 1 February 2019: 144th session of the Executive Board

February 2019: Updated Third Round of Code Report

Submission of National Reports opens until March 10 2019

May 2019: 72nd World Health Assembly

May October 2019: 2nd Review of Code Relevance & Effectiveness

January 2020: WHO Executive Board

May 2020: 73rd World Health Assembly, 10 Year Anniversary of WHO Global Code

High Level Commission on Health Employment and Economic Growth

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*

World Health Organization

Complexity of Process & Multiplicity of Stakeholders

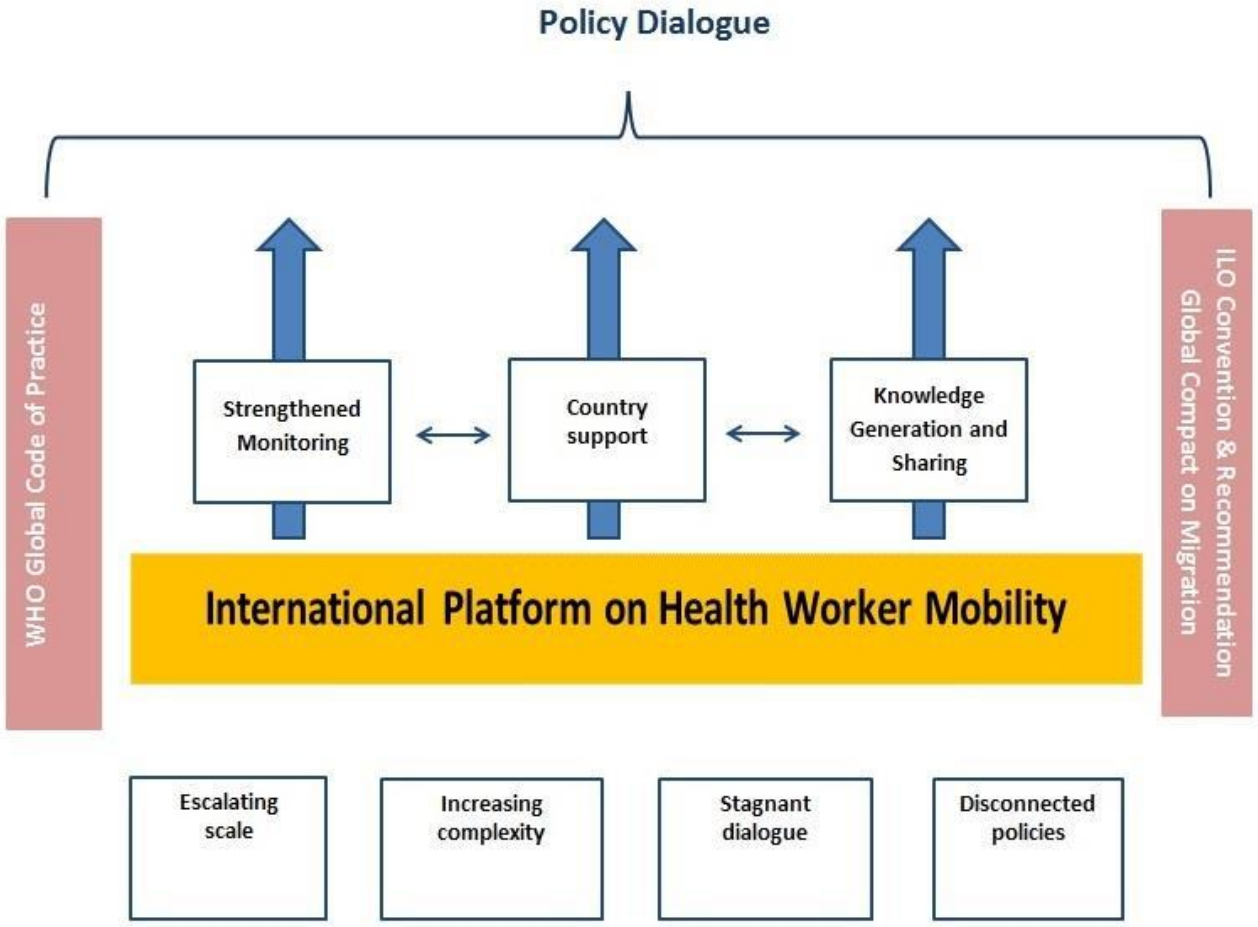
	COUNTRY OF TRAINING	MOBILITY PATHWAY	COUNTRY OF EMPLOYMENT
Policy & Admin.	Ministry of Health Ministry of Education Ministry of Finance	Ministry of Health Ministry of Labour Ministry of Immigration Ministry of Trade Ministry of Education Ministry of Foreign Affairs	Ministry of Health Ministry of Interior Ministry of Labour Ministry of Immigration
Process concerned	Health Professional Education Technical & vocational Education Health worker qualification	Recruitment campaigns Govt to Govt Agreements (e.g. Labour, Health cooperation, Trade, etc.) Immigration policies Migration Temporary Mobility	• Verify credentials • Obtain approval from Health Adm. • Language Courses • Assessment/ testing • Registration • Work permit/visa • Induction and Orientation Process with greater flexibility Employment Independent professional services
Stakeholders	Education Institutions Regulatory Body	Public and Private Recruitment Agencies Civil Society Diaspora Group	Credential Verification Agencies Regulatory Body Civil Society Professional Association Public Health Services Private Hospitals Clinics

The process can be costly and take several years to complete.

ILO, OECD, WHO International Platform on Health Worker Mobility

- Established and has convened on three occasions:
  - November 2017, Dublin
  - September 2018, Geneva
  - October 2018, Paris
- Brings together Member States, relevant Non State Stakeholders and International Agencies (ILO, IOM, OECD, WB, WEF, and WTO).
- Supports the WHO Global Code of Practice and Global Compact on SOR Migration
- Promising policy measures identified and strategic actions proposed: https://www.who.int/hrh/migration/platform-meeting-h-w-mobility/en/

International Platform on Health Worker Mobility



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Thank you

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