Summary discussion, WHO Global Code of Practice on International Recruitment of Health Personnel
May 20, 2015
Room IX.

1. The context of the Code
• Today 20 May 2015, Code celebrates its fifth Birthday, May 21, 2010,
• Survive Under five mortality, though not thrive well,
• Psuedo-Orphan (Francis): WHO Department dismantled,

2. Health workforce context
• Increased relevance of the Code
  o Ever increasing demand for HWF, supplies not match demand
  o Globalization of HPE, facilitates settlement in training countries/institutes

3. WHO Global Code
• The legal instrument, voluntary non legally binding,
• However misnomer: Code is interpreted as only migration,
• Code is comprehensive: HSS, H professional education + retention + migration,
• Global collaboration between source and destination countries needed
• Successful implementation requires
  o Good faith, awareness, commitment and institutional capacities
• Only instrument of a soft law:
  o Reporting every three years

4. How was the code implemented?
• Awareness and understand the content of the Code: most critical entry point
  o National interests (two major global source countries: Philippines, India); protection of FOW including health workforce, multi-stakeholders, recruiters, Government, Non-Government, Monitoring employment compliance to bilateral agreement and labour contracts
  o Lead to implementation, reporting progresses,
  o Institutional capacity and resources to respond to concerns

5. Outcomes from the first five years?
• Varies: more reporting by High and UMIC / LMIC having more capacities and commitment, almost all OECD countries
• Destination countries represent more in the first reporting,
  o Reflecting their commitment to the Code.
  o Capacities to capture data on in-migrate size,
• Less so by LIC, in particular SSA, SEA,

6. Possible solutions
• Now we have foster parents (Jim Campbell et al),
• Critical timing for the 2nd National Reporting Instrument. Closing date July 2015
• Boost awareness and strengthen capacities to implement the Code in LMIC especially in weaker source countries
• Comprehensive approach to strengthen: train more of relevant health workforce, retain them in places where needed, better manage migration, closer collaboration between source and destination countries
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<th>Level of awareness and institutional capacities</th>
<th>Countries with Health Workforce Migration Status</th>
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<tr>
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<td>Source</td>
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