

A Global Response to the Challenges Posed by Health Worker Migration: the Revised WHO Code of Practice on the International Recruitment of Health Personnel

Memorandum

**To: Dr. Margaret Chan
Director-General
World Health Organization**

From: Health Worker Migration Global Policy Advisory Council Members

Date: December 4, 2009

We write to you today to applaud the progress made in the significantly strengthened revised Draft WHO Code of Practice on the International Recruitment of Health Personnel. The Health Worker Migration Global Policy Advisory Council, chaired by Hon. Mary Robinson and Dr. Francis Omaswa, with partners the Global Health Workforce Alliance and the WHO, has been working for the last several years to identify policy solutions to the challenges posed by the increasing migration of health workers in light of increased and growing demand for health workers globally. We offer our support to you and your colleagues as you move into the 126th Executive Board meeting, where we understand the Draft Code will be addressed.

We would like to take this opportunity to congratulate you on the significant improvement to the text and, indeed, entire tenor of the Draft Code of Practice, dated October 27th, 2009. The Draft Code of Practice, unlike the version presented at the 124th Executive Board meeting, now places primary focus on mitigating the damage to health systems in developing countries resulting from the international migration of health personnel. As you might recall, a year ago, the Health Worker Migration Global Policy Advisory Council (“the Council”) presented its Recommendations Report on how the WHO Code of Practice might be strengthened in order to be more responsive to the World Health Assembly Resolutions 57.19 and 58.17, which called for the development of a Code of Practice.

In particular, we commend the WHO Secretariat for including an introduction/preamble that provides the appropriate rationale, context, and vision for the accompanying substantive articles. We support the explicit references to and importance placed throughout the text of the Draft Code of Practice on the recommendation that Member States strive to ensure that the net benefits from the international migration of health workers be positive for health systems in developing countries. We are also pleased to note the more accurate reference in the revised code to the relevant human rights, including the right to health, as well as associated state and non-state actor responsibilities.

We, Council Members who have supported and followed the development of the WHO Code of Practice, would like to encourage the WHO Secretariat to safeguard the language recently incorporated which makes the Draft Code of Practice responsive to the resolutions calling for its development. Chief among the language and principles to be protected is that focused on assuring that the net balance of benefits from the international migration of health workers should be positive for health systems in developing countries. The language of rights and that of associated member state and non-state actor responsibilities should also be preserved. In addition, we recommend safeguarding the approach of the revised Draft Code, which now is directed more specifically at actions to be taken, respectively, by source nations, destination nations, and relevant non-state actors.

Finally, we encourage consideration of additional refinement of the Draft Code of Practice in a few areas, as well as expansion of WHO engagement with a range of civil society, private sector, and other actors as the Code moves forward, in order to make it meaningful in its implementation.

Following is a summary of key areas of the Draft Code that deserve further refinement and elaboration:

- Clarify further within the text the rationale for global recruiters and employers of health workers (including not just Member States but also private recruiters and employers) to adopt and implement the WHO Code of Practice.
 - For example, destination countries' motivations to participate in the Code could include:
 - Ensuring and sustaining a global supply of trained and qualified health workers to serve national needs;
 - Supporting a minimum number of trained health workers in each country as an access good in support of a global public good (i.e. supporting the health workforce necessary for the control of communicable diseases);
 - Adhering to international legal obligations, including that of respecting the right to health in other countries, as appropriate;
 - Acting out of a spirit of global solidarity (this concept is currently limited to data collection, research, and information sharing in the Draft Code).
- The section "National Health Workforce Sustainability and Retention" should be renamed "Health Workforce Sustainability and Retention" and elaborated further to incorporate the relevance of both global and regional, in addition to national, health workforce sustainability. The "Mutuality of Benefits" section also should be developed further to include the concept of shared responsibility as identified in Council documents and to build on elements currently present in the "Partnerships, technical collaboration, and financial support" section of the Draft Code.
- WHO's direct role in supporting implementation of the Code of Practice requires further elaboration in the implementation-specific article (currently, the WHO role with regard to such support is described in the "Monitoring and institutional arrangements" section).
- Consistency in language and clear definition is necessary for implementation.

- As an example, the various articles of the Draft Code alternate between referencing source countries, countries of origin, developing countries, developing countries and countries with economies in transition (qualified to include those with critical health workforce shortages and/or limited capacity to implement the code), developing countries and economies in transition (unqualified), and countries with critical health workforce shortages (not strictly limited to developing countries).

The role of civil society and private sector non-state actors and their engaged participation during and after development of the final text of the Code of Practice is critical to maximize the positive impact from this effort. We hope WHO will prioritize such engagement.

We conclude by expressing our endorsement and support for the revised WHO Draft Code of Practice (October 27, 2009 version), our desire to see the adoption of a strong and responsive WHO Code of Practice on the International Recruitment of Health Personnel at the World Health Assembly in May of 2010, and our vision of a world abundant in opportunities to work and train abroad, rich in the exchange of ideas and expertise in the pursuit of furthering global health, and where every country also has a minimum number of trained health workers necessary for the care of its people.

The Health Worker Migration Global Policy Advisory Council, established by Realizing Rights, the World Health Organization and the Global Health Workforce Alliance in May 2007, reviews, discusses and promotes innovative global, regional and national policy action to support improved management of health worker migration globally. The guiding principle of the Council is to forge solutions that respect the rights of migrants to seek a better life while also acknowledging the responsibilities of sending and receiving nations to minimize the negative impacts of health worker migration on source nations with weak health systems.

Co-Chaired by Mary Robinson, former President of Ireland and UN High Commissioner for Human Rights, and Dr. Francis Omaswa, former Director of the Global Health Workforce Alliance and Executive Director of the African Center for Health and Social Transformation, the Council is composed of 41 current and former high level representatives from both sending and receiving nations, including Ministers of Health and Development, experts in migration and health, and representatives from major multilateral organizations including the World Health Organization, the International Labor Organization, the Commonwealth Secretariat, and the International Organization of Migration.



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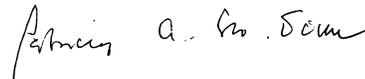


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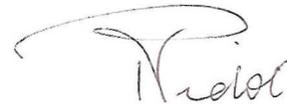
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