

Webinar:

WHO Global Code of Practice on International Recruitment of Health Personnel 5th Round

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PAHO



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Health
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REGIONAL OFFICE FOR THE
Americas

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What is the WHO global code of practice on international recruitment of health personnel?

Code of Practice

Instrument adopted by the 193 member states of the WHO at the 63rd World Health Assembly in 2010, of **voluntary adherence** in which the **ethical principles on international recruitment and migration of health workers** are articulated to strengthen health systems in developing countries.

Goals

Establish ethical practices and principles for the international hiring of health personnel.

Serve as a legal/institutional framework reference for the international hiring of health personnel.

Provide guidance for bilateral agreements and other international legal instruments.

Promote cooperation focusing in particular on developing countries.

The Code requests:

Member States to create and maintain **information systems** on health personnel and **databases** on laws and regulations for the recruitment and migration of the health workforce, in addition to sending **periodic information** to the WHO Secretariat.

the Director-General of WHO to **monitor** its implementation, using reports from designated national authorities, and to submit **regular reports** to the World Health Assembly with **proposals for improvement**.

the **World Health Assembly** to periodically review the **relevance and effectiveness of the Code**, which is understood as dynamic and should be updated whenever necessary.

What benefits does the global code of practice offer to countries?

Benefits for
source countries
(countries losing
health personnel)



Protection of Health Systems: encourages destination countries to consider the impact of migration of health workers on source countries



Sustainability: promotes bilateral agreements



Co-investment and Support: suggests beneficiary countries provide financial and technical support to countries of origin



Ethical Recruitment: establishes ethical guidelines for recruitment practices



Capacity Building: encourages investment in the training and education of health workers in source countries

Benefits for
**destination
countries**
(countries gaining
health personnel)



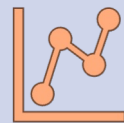
Fair Recruitment: promotes fair and ethical recruitment practices



Workforce Stability: more stable and sustainable health workforce



Global Health Solidarity: reinforces the commitment of global health cooperation and solidarity



Data and Monitoring: encourages better data collection and monitoring of health worker migration



Reciprocal Benefits: help create a global health system that is more balanced and resilient

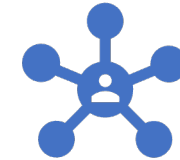
Benefits for healthcare workers



Rights and Conditions :
promotes the protection of the rights of migrant health workers



Career Opportunities –
encourages the provision of enhanced career and training opportunities



Support Networks :
encourages the creation of support networks for migrant health workers



The Code of Practice

seeks to create a more ethical, sustainable and equitable global health workforce, balancing the needs and benefits for both **origin and destination countries**, and **health workers themselves** .

What is the situation of health workers and their migration in the Americas?

Chronic deficits and insufficient distribution of human resources for health



Estimated deficit between 600,000 and 2,000,000 in LAC by 2030



Lack of policies and insufficient investment for recruitment, training and professional development



Lack of measures to protect the well-being and mental health of health personnel

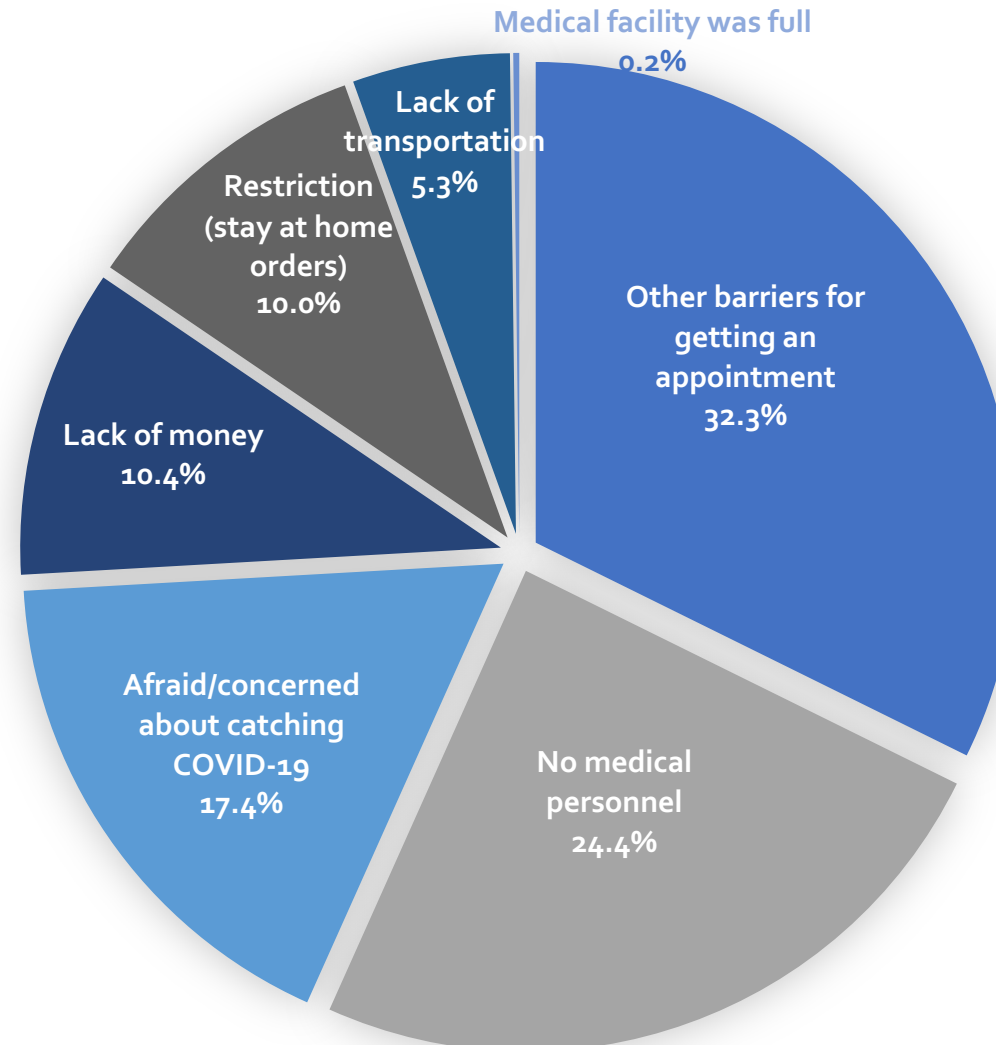


Increased burnout and abandonment of jobs



Insufficient coordination between the health, labor, finance, and education sectors for the expansion of the health system

Barriers to care: proportion of households in 14 LAC countries that could not access care when needed, 2020

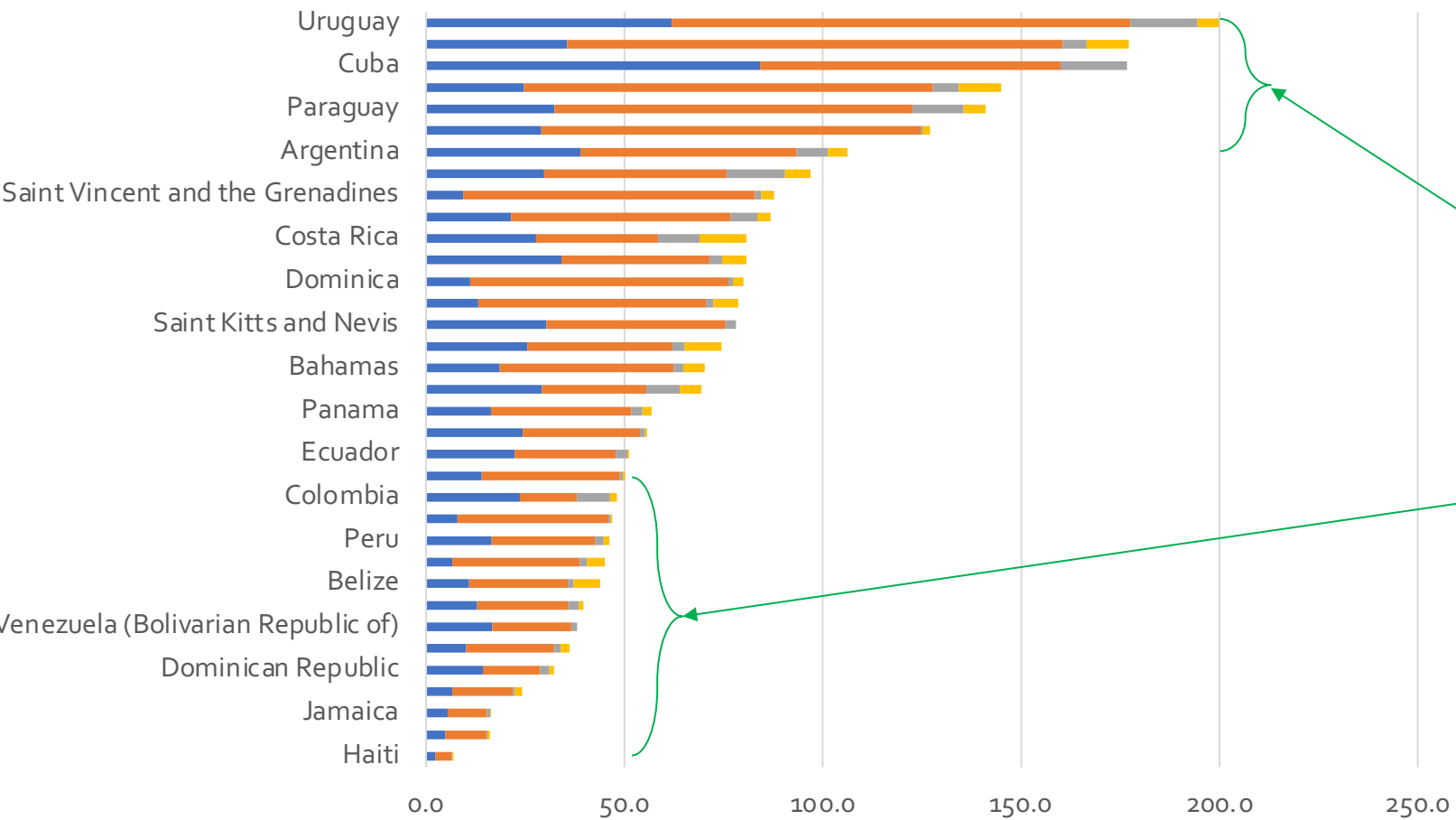


Source: World Bank (2021), COVID-19 High Frequency Monitoring Dashboard,
<https://www.worldbank.org/en/data/interactive/2020/11/11/COVID-19-high-frequency-monitoring-dashboard>. _ _ _

Regional inequalities in the density of health professionals

Important inequalities in the density of health professionals at the regional level:

- 7 countries with a density of doctors, nurses and midwives, dentists and pharmacists greater than 100 per 10,000
- 13 countries with density less than 50 per 10,000



■ Medical doctors density (per 10,000 population)
■ Nursing and midwifery personnel density (per 10,000 population)
■ Dentists density (per 10,000 population)
■ Pharmacists density (per 10,000 population)

Source: NHWA data portal, 2023

MIGRATION OF HEALTH PERSONNEL

Greater demand in the recruitment of nurses:

- Increase of 27% for registered nurses and 22% for licensed practical/vocational nurses in the US.
- Increase of 6% for registered nurses and 39% for licensed practical nurses in Canada



Push factors:

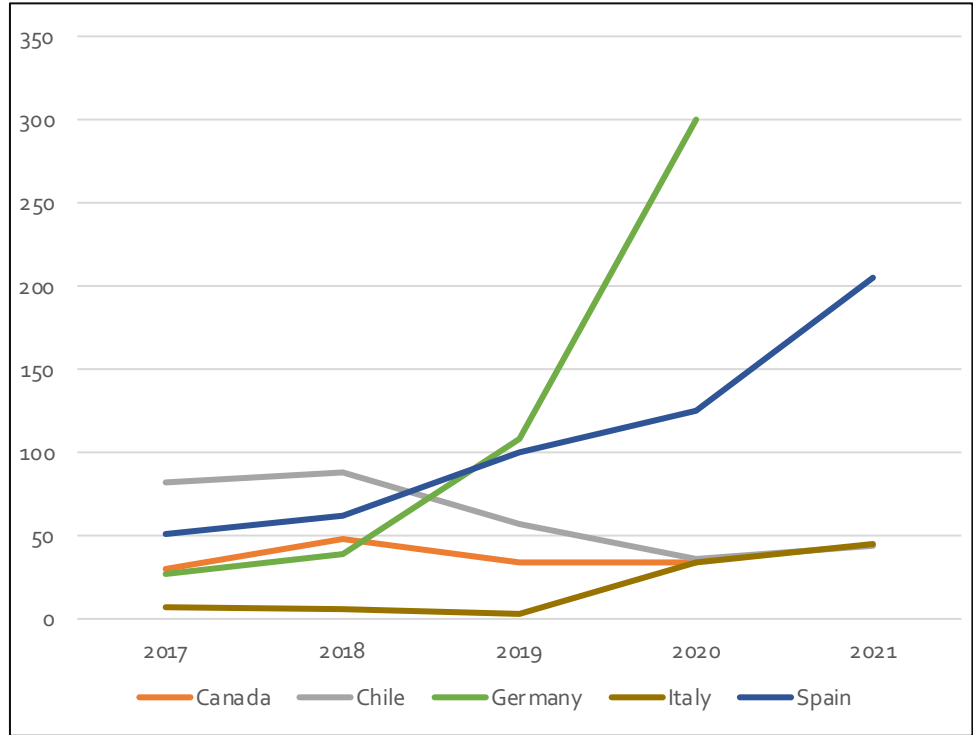
1. Inadequate working conditions
2. Low salaries
3. Lack of professional development opportunities

Pull factors:

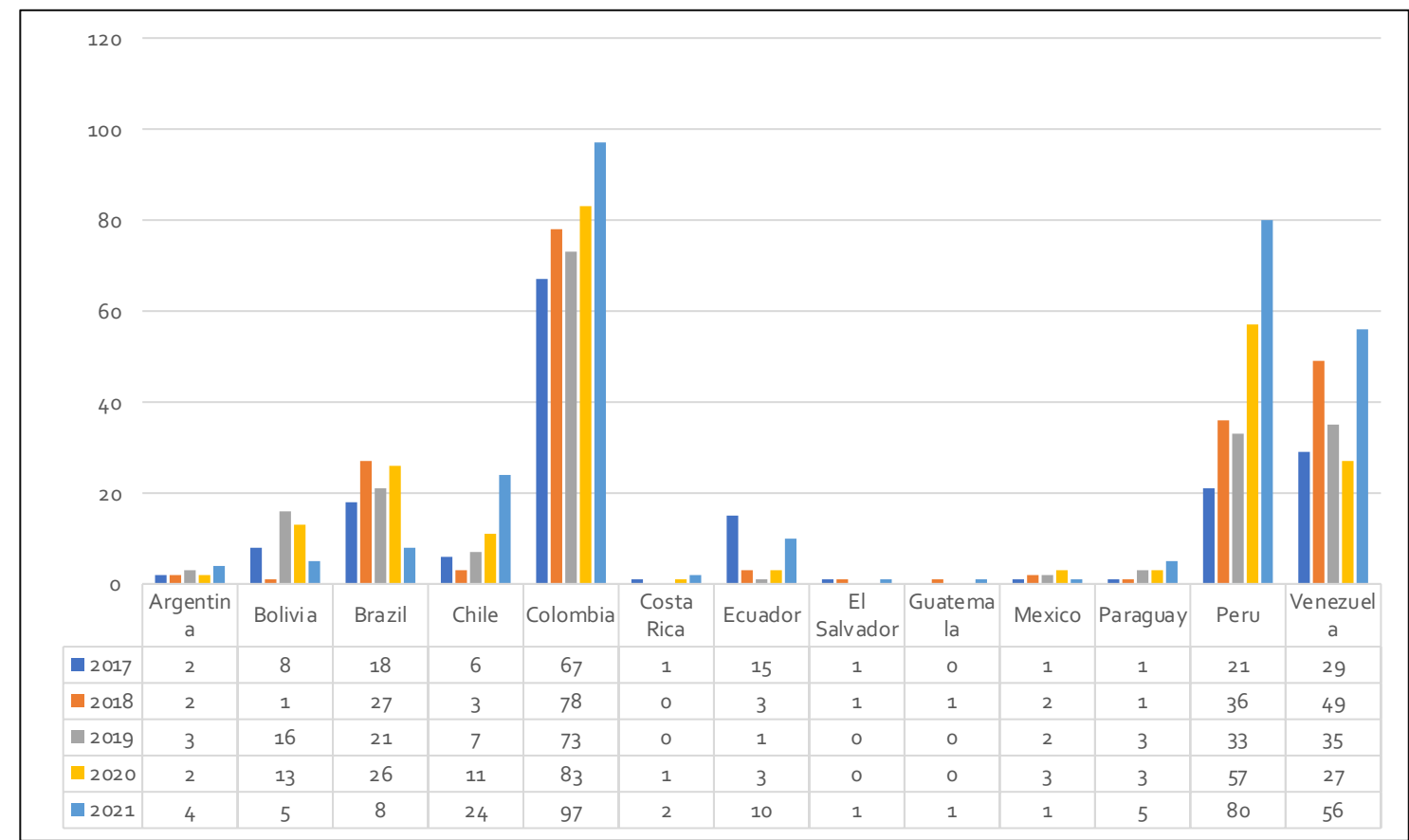
1. Attractive salaries
2. Better living and working conditions in destination countries
3. Better education and professional development opportunities

The main destinations for nurses trained in Latin America are Germany and Spain. Most come from Colombia, Peru, and Venezuela (2017-2021).

Nurses trained in Latin America registered in OECD countries: annual entry by destination country



Nurses trained in Latin America registered in OECD countries: annual income by country of origin

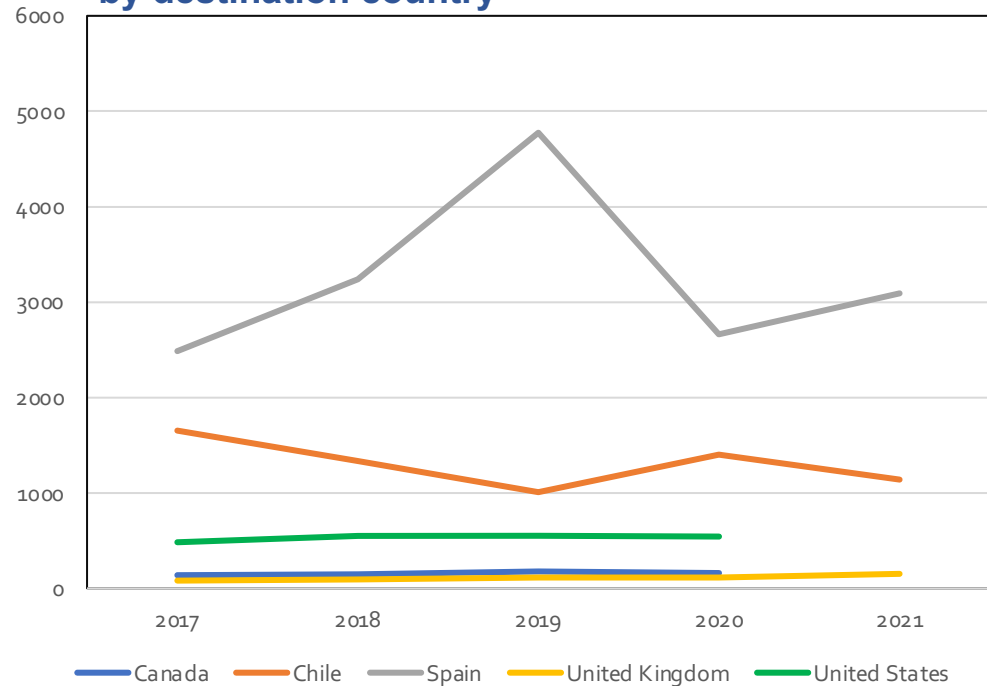


OBS: no data available for the US.

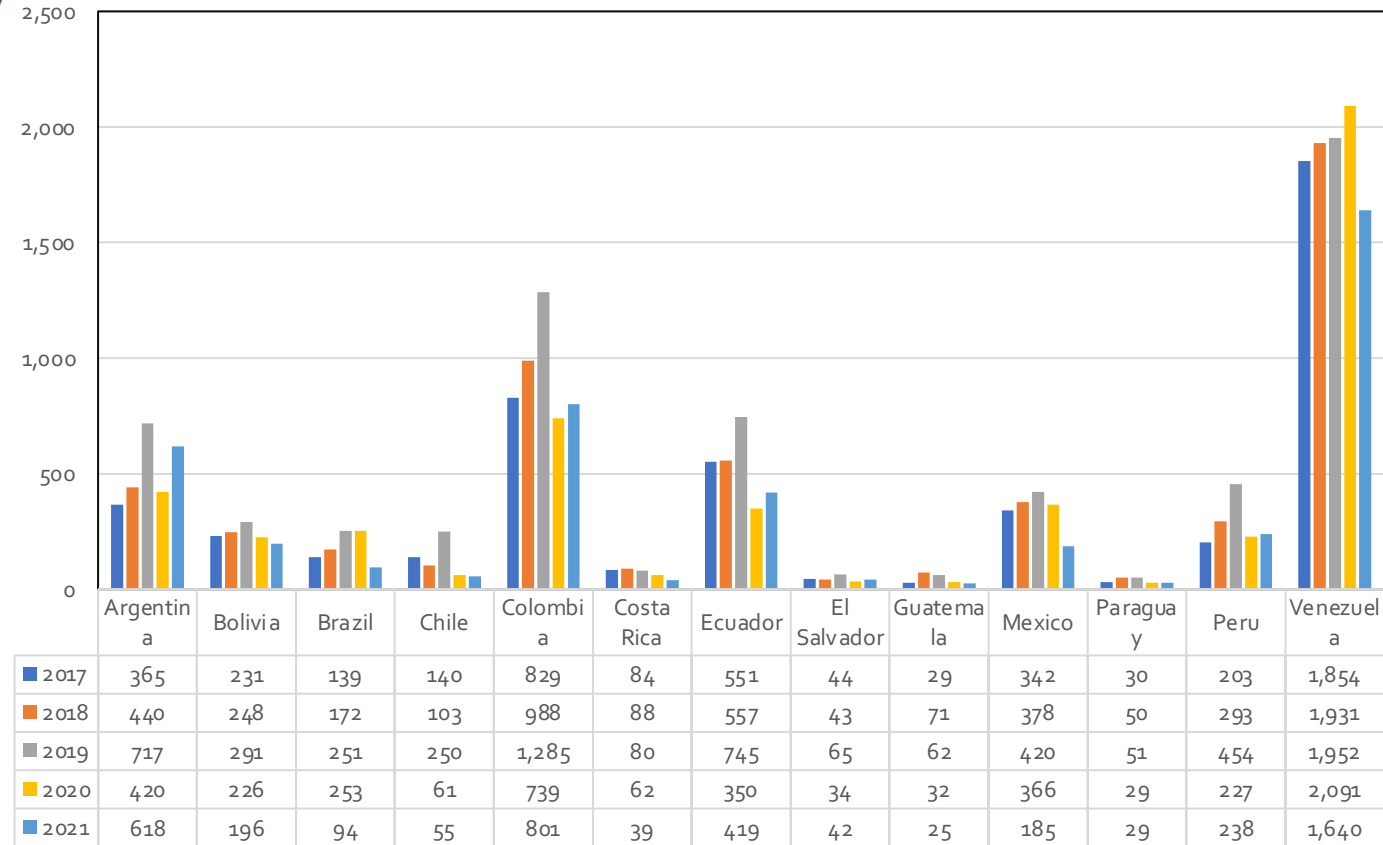
Source: OECD available at <https://stats.oecd.org/>

Spain, Chile, and the United States are the main destinations for doctors trained in Latin America. Most come from Venezuela, Colombia, Ecuador, and Argentina (2017-2021).

Doctors trained in AL in OECD countries: annual entry by destination country

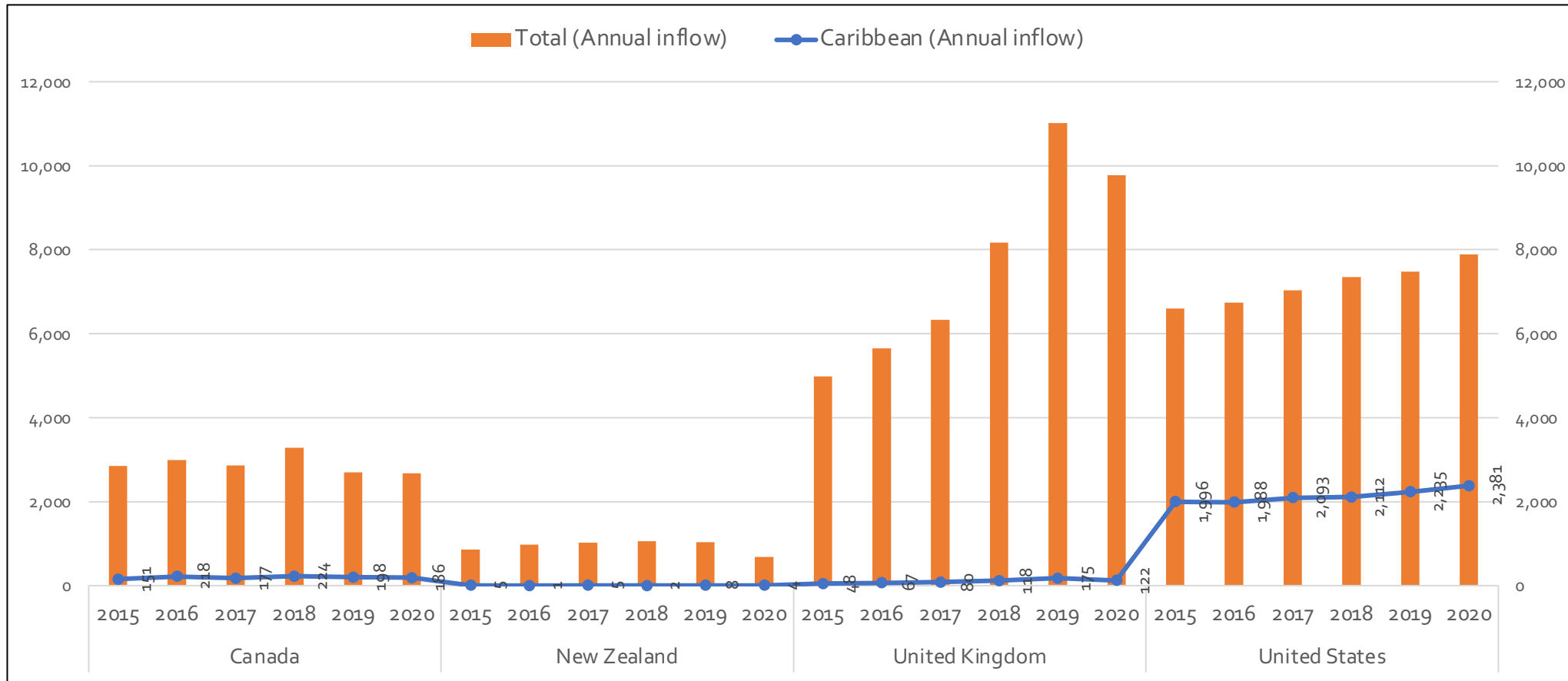


Doctors trained in AL in OECD countries – country of origin annual entry



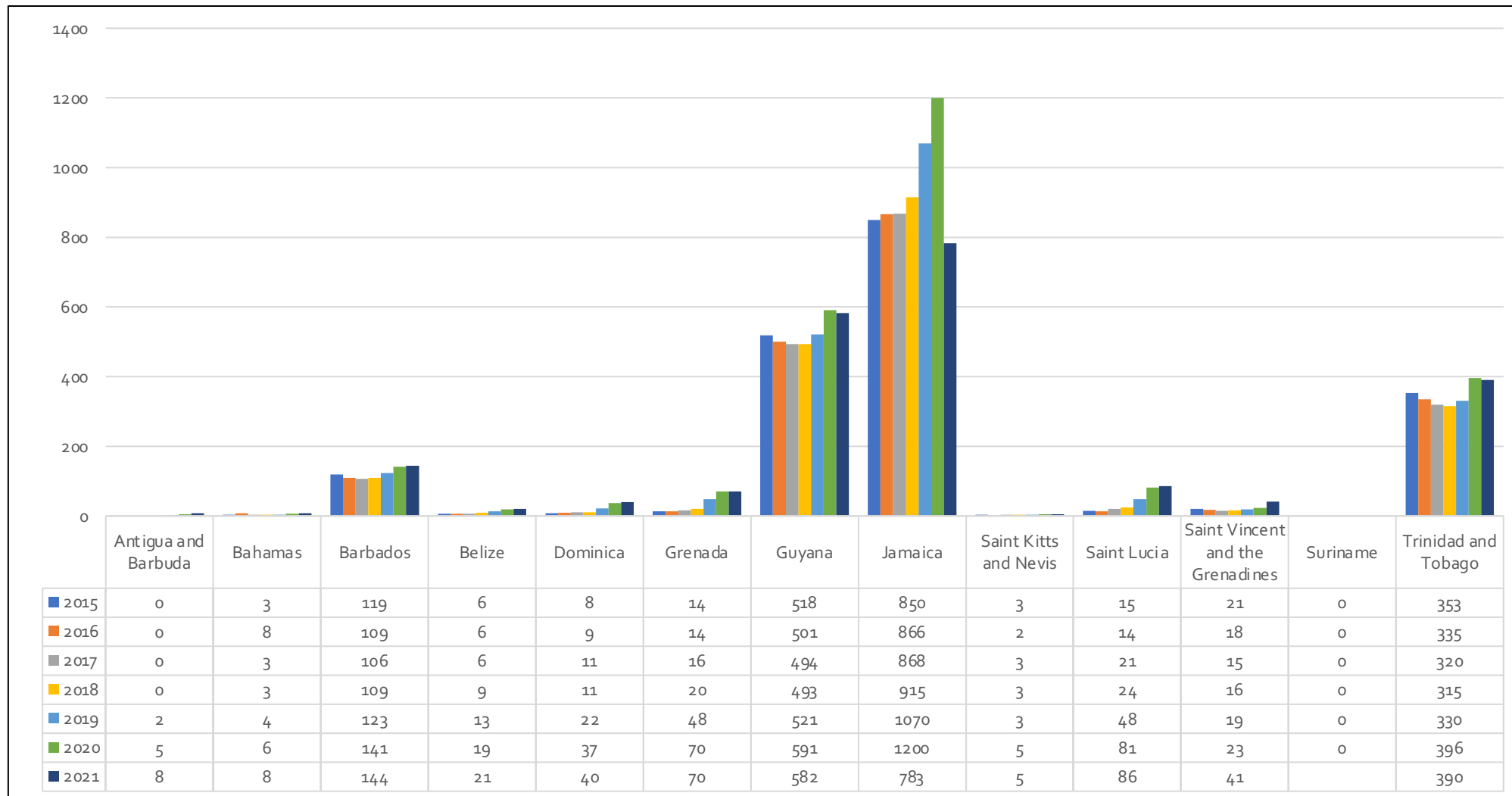
Source: OECD available at <https://stats.oecd.org/>

Approximately 30% of foreign-trained physicians in the United States are trained in the Caribbean. Annual flow (2015-2020)



Source: OECD available at <https://stats.oecd.org/>

Most Caribbean-trained nurses in the UK and Canada come from Jamaica, Guyana, and Trinidad and Tobago (2015-2021) (Total per year)

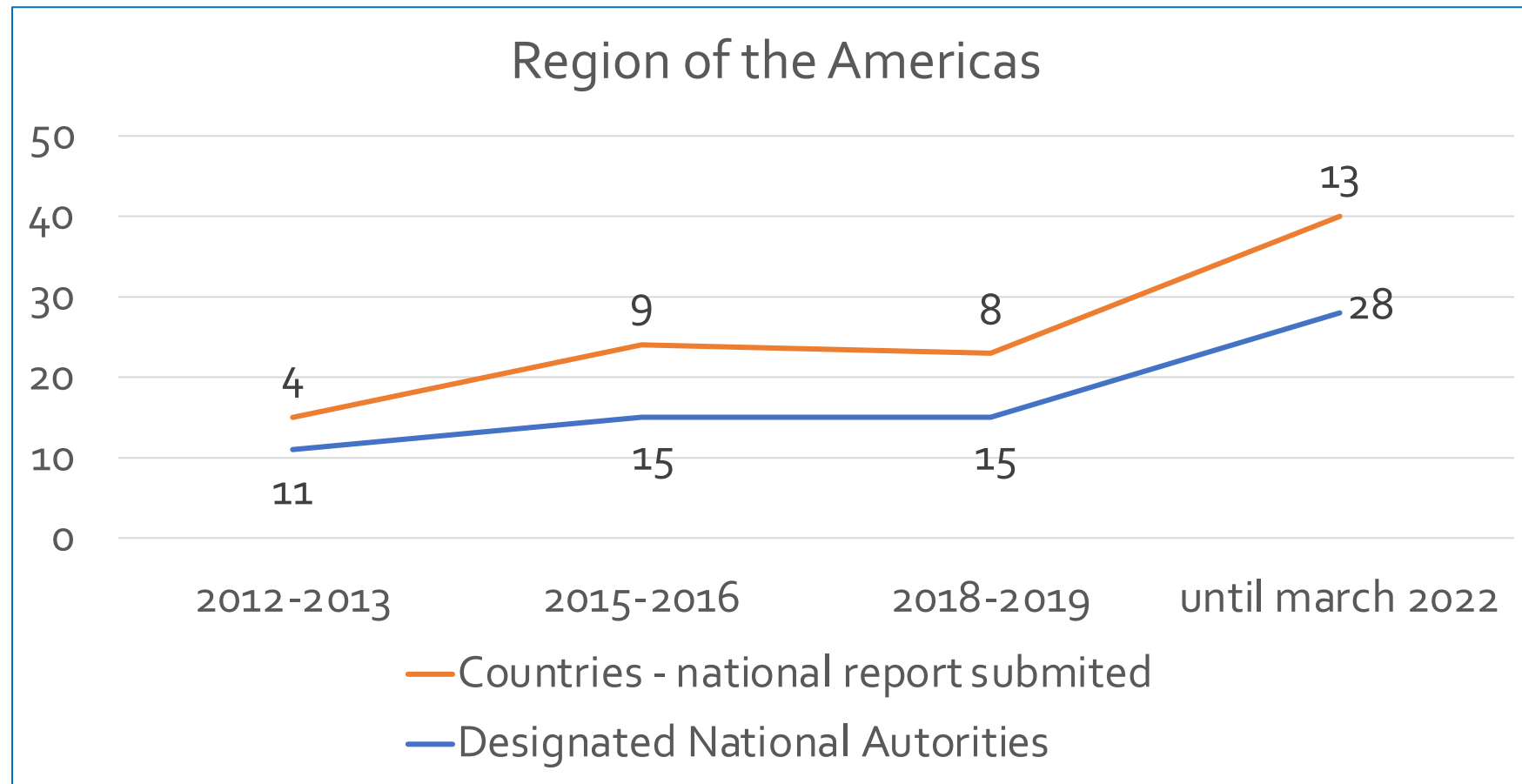


OBS: no data available for US or New Zealand

Source: OECD available at <https://stats.oecd.org/>

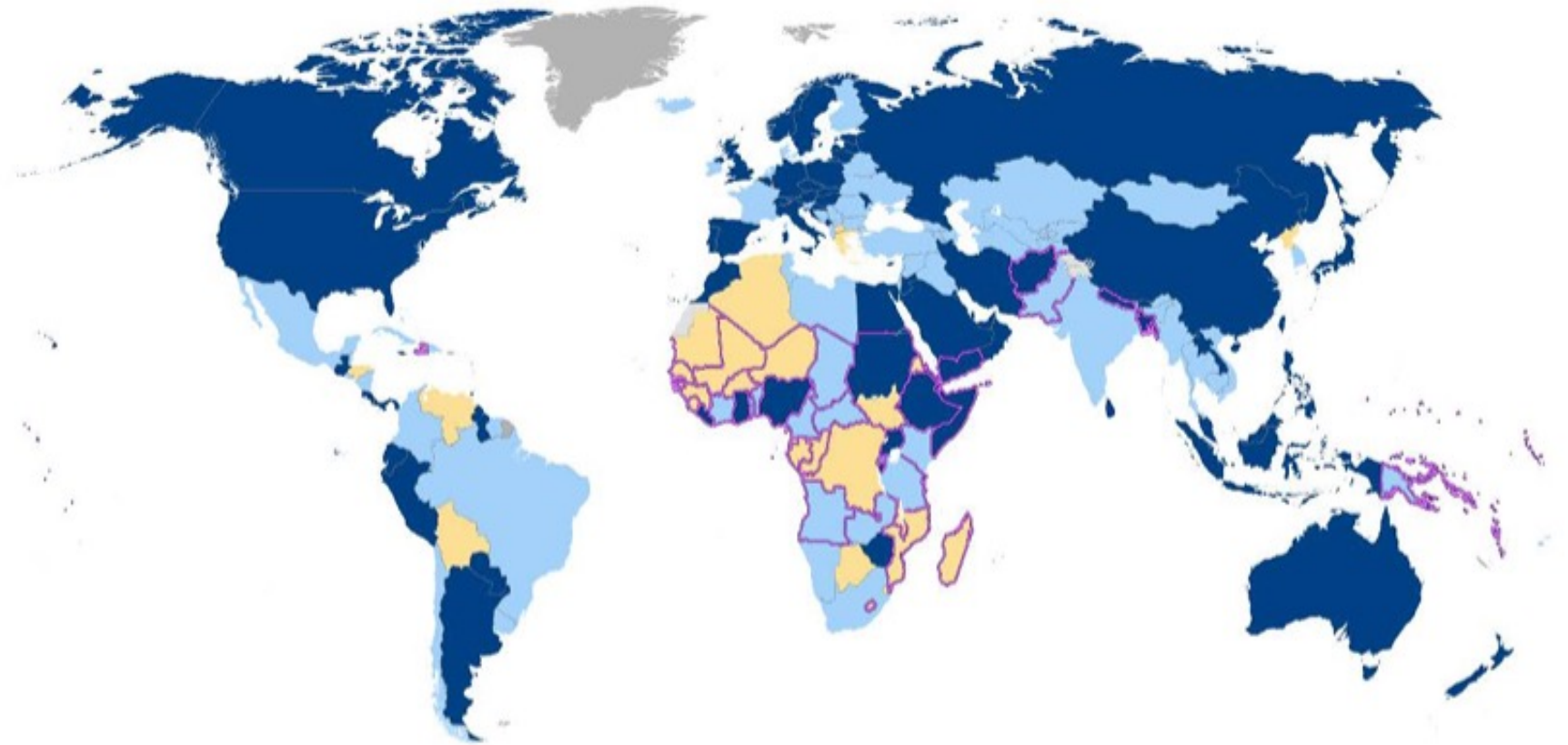
Important notes and dates on the code and the national reporting instrument

Evolution of country reports to the Code of Practice in the Americas



WHO Global Code of Practice on International Recruitment of Health Personnel: Fourth Round of National Reporting (WHO, 2022)

WHO Global Code of Practice 4th Round (2022)



- Autoridad nacional designada disponible e informe nacional presentado
- Autoridades nacionales designadas disponibles
- Autoridad nacional no designada
- Datos no disponibles
- Países de la Lista para el Apoyo y la Salvaguardias del Personal de Salud
- No procede



1. The National Reporting Instrument (NRI) 2024 is available in Spanish, French and English on the WHO website at the link:
<https://www.who.int/publications/m/item/2024-national-reporting-instrument-on-the-who-global-code-of-practice-on-the-international-recruitment-of-health-personnel>
2. The nomination of the designated national authority (DNA) in response to circular letter CL43.2023, must be sent directly by Member States to the email WHOGlobalCode@who.int
3. Once nominated, the DNA will receive an email with the link for the National Reporting Instrument (NRI) 2024
4. The deadline for sending NRIs is August 31, 2024
5. The PAHO Human Resources for Health Unit is available to support you in this process.

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THANK YOU!



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