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**SUMMARY OUTCOME OF THE CONSULTATION ON THE DRAFT
WHO CODE OF PRACTICE ON THE INTERNATIONAL
RECRUITMENT OF HEALTH PERSONNEL**

Background

This information document provides a summary of the outcomes of consultations on the draft WHO Code of Practice on the International Recruitment of Health Personnel. The consultations, requested by the Executive Board at its 124th session in January 2009, involved most countries in the Western Pacific Region.¹ The draft Code was on the agenda of both the Eighth Meeting of Ministers of Health for Pacific Island Countries held in Papua New Guinea in July 2009² and the Meeting on the Regional Strategy and Initiatives on Human Resources for Health held in Manila, Philippines, in August 2009.³ In-depth discussions on the draft Code took place at the latter meeting, and the comments and recommendations of the participants from the 21 countries and areas at that meeting are summarized below. Those comments and recommendations have been forwarded to WHO Headquarters for consideration and inclusion in the subsequent revisions of the draft Code. Member States may wish to make further comments on the draft Code, as necessary.

¹ EB124/13 http://www.who.int/gb/ebwha/pdf_files/EB124/B124_13-en.pdf

² Attended by ministers and senior health officials of 15 Pacific island countries and six areas, including Australia and New Zealand.

³ Twenty-one countries and areas that commented on the draft code at the meeting included: Australia; Brunei Darussalam; Cambodia; China; Hong Kong (China); Cook Islands; Fiji; Guam; Japan; Kiribati; Lao Peoples Democratic Republic; Micronesia, Federated States of; Mongolia; New Zealand; Papua New Guinea; Philippines; Samoa; Solomon Islands; Tonga; Vanuatu; and Viet Nam.

Summary of comments: draft WHO Code of Practice on the International Recruitment of Health Personnel

Objectives, nature, scope and guiding principles (Articles 1, 2 and 3)

(1) There was general agreement that the WHO draft Code is an important instrument that can guide countries in their approach to the issues of health workforce migration and international recruitment of health workers. It can be used by countries to develop their own instruments to manage migration.

(2) There was general agreement that the Code should be voluntary, but at the same time many Member States felt that the Code, while voluntary, should have some “teeth”. It should present clearly the expected outcomes and results once the Code is endorsed by Member States and implemented.

(3) A preamble paragraph should spell out the actual goal of the Code and specify its detailed objectives, bringing up front the main issues that the Code is intended to address, such as the promotion of ethical recruitment practices, mutuality of benefits and national workforce sustainability.

Recruitment practices and treatment of health personnel (Article 4)

(1) Gender equity should be captured in the provisions about recruitment practices.

Mutuality of benefits (Article 5)

(1) A specific observation concerns the section on the "mutuality of benefits". It was felt that the mention of “targeted technical assistance” should be revised because, as currently stated, it seems to go against the current practices of aid development, as spelled out in the Paris Declaration on the harmonization of aid and aid effectiveness.

(2) Some Member States felt the Code needed to address the issue of the quality of the technical assistance, including the qualifications of consultants and of volunteer health workers being recruited.

(3) WHO was requested to collect more best practices with regards to the “mutuality of benefits”.

National workforce sustainability (Article 6)

(1) There was general agreement and strong support for the current provisions about the national health workforce sustainability.

Data gathering, research and information (Articles 7 and 8)

(1) With regard to data gathering, there was agreement from all Member States that this is a critical issue, and it is expected that the Code could contribute to the framework for improving overall human resources for health information systems, including building capacity for data collection and analysis.

(2) At the same time, data gathering for the purposes of the Code should be an integral part of human resources for health analysis, monitoring and evaluation, and should be used to adjust and the improve current health workforce situation.

Implementation and reporting (Articles 9, 10 and 11)

(1) Reporting on the implementation of the Code should be linked to its specific objectives, which need to be revised as discussed above. Specific indicators for this reporting should be included in the Code.

Additional provisions to be included in the Code

(1) Member States would like the Code to facilitate the development of common core competencies, as well as the recognition of qualifications towards ensuring safe service delivery.

(2) They also proposed the inclusion of a provision on "reintegration/return migration" in the Code. Such a provision is included in the Philippines draft framework for ethical recruitment of health workers.

Other observations

(1) There is a need for further national consultations and intersectoral dialogue because in many countries decisions about international recruitment of health workers sit with authorities other than ministries of health, such as public service commissions or the ministry of labour.