



---

**WHO CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL  
COMMENTS FROM THE WORLD MEDICAL ASSOCIATION**

The World Medical Associations (WMA) welcomes the opportunity to comment on a draft WHO code of practice on the international recruitment of health personnel. Given the alarming shortage of health professionals worldwide and its related negative impact on the sustainability of health systems and ultimately on the access to healthcare for all, the need for clear universal guidelines based on ethical and human rights standards are critical to stop exploitation of health personnel and other abusive practices in particular to the detriment of countries facing the most severe health crisis.

The WMA would like therefore to reiterate its genuine willingness to collaborate in the fulfillment and implementation of the objectives contained in this code of practice.

---

**General comments**

**Rights of health personnel:**

Generally, the WMA welcomes the draft code of practice as it stresses the importance of fair and equal treatment of migrant health personnel as well as the importance of exchange and cross-border migration. The clear recognition of the individual right for health personnel to migrate is a positive step forward.

**Patients' outcome:**

The WMA regrets the absence of reference in the draft text to patients' outcome and quality care as one of the objectives of the code.

**Data gathering & human resource planning:**

The WMA agrees in principle on the usefulness of data gathering on health personnel migration in order to support effective health workforce human resource policies and planning. However, the WMA fears that this recommendation remains vain wish. Indeed, it is a fact that many countries in the world don't know how many physicians and nurses work on their territories and some of these countries don't have the capacity to develop data gathering policies in the first place.

In addition, the WMA fears that human resource planning results in restrictive policies forcing decisions upon people's lives rather than setting positive incentives. Past experiences demonstrate that human resource planning is, in general, an expensive endeavour with often no sustainable goals.

It is the view of the WMA that the basis for a coherent global policy aiming to regulate health workforce migration according to ethical & human rights standards - including the individual right of health professionals to migrate - requires primarily that countries grants to health policy and medical education, the political and financial attention needed to develop robust and sustainable health systems providing quality care for all. This supposes, amongst other things, the development of positive incentives on the workplace allowing for fair and just working conditions for health professionals. Article 6.2 is therefore very welcome.

In this perspective, WMA regrets that the 57 countries identified by WHO as facing extremely alarming health workforce shortage are neither mentioned in the code nor granted particular attention.

### **Reporting mechanisms**

The WMA considers the reporting mechanism proposed for the implementation of the code as too broad, therefore likely to remain ineffective. For accountability purposes, we recommend introducing the obligation for countries to comprise in their report systematic assessments of health professionals' perspectives, patient outcome as well as mutuality of benefits.

### **Specific comments**

---

The WMA deems the following articles: 3.3, 3.7, 4.1, 4.8, 4.9, 5.3, 6.2 & 9.3 essential for the code.

### **Language**

The WMA applauds the wording of the title, referring to the term "health personnel" – instead of "health workers" as sometimes used in WHO language. Indeed, this term reflects more adequately the fact that physicians, nurses, midwives, pharmacists, dentists or physiotherapists have a certain degree of education and acquire the skills / experience indispensable to provide high quality care.

### **Article 1: Objectives of the code**

#### **WMA proposals<sup>1</sup>:**

- (a) Establish (..) personnel, in conformity with International Human Rights Law;
- (d) Facilitate (..) personnel, with a particular focus on the situation of the countries identified by WHO as facing a critical health workforce shortage.

### **Article 3: Guiding principles**

#### **WMA proposals:**

3.1. (..) However, the development of voluntary international standards and the coordination of national policies on international health worker recruitment are necessary in order to maximize the benefits of the process, mitigate the potential negative impact on countries, safeguard the rights of health personnel and ultimately to promote the access to quality healthcare to all.

---

<sup>1</sup> WMA proposals of amendments are underlined in the text

3.5 Member States, in conformity (..) personnel, including just and favorable remuneration.

3.9 All aspects (..), age, disability (as far as this does not endanger the safe performance of work), sexual orientation, economic position,...

*Comments: WMA recommends not listing the grounds of discriminations and keeping a general inclusive formula. Should the list be maintained though, disability and sexual orientation should be added.*

#### **Article 5: Mutuality of benefits**

##### **WMA proposals:**

5.1 In accordance with (..) health personnel. Such benefits should be assessed for both countries by taking into consideration health professionals' rights and welfare, patient outcome as well as the accessibility to quality healthcare for all.

*Comments: The WMA assumes that this recommendation is unrealistic in countries where health institutions are private. State and employer actions being dissociated, why should states compensate for market mechanisms?*

5.2 'Member States are strongly urged to facilitate bilateral and multilateral agreements...''

*Comments: This statement - which accounts for the fact that by adopting bilateral / multilateral agreements the benefit of health promotion is more likely to be effective - does not include the situation of agreements between companies (public or private).*

#### **Article 7: Data gathering and research**

##### **WMA proposals:**

7.2 (..) on health personnel migration as well as its impact on health systems and on patients' outcome.

#### **Article 10: Monitoring and institutional arrangements**

##### **WMA proposals:**

10.1 Member States (..) code. Report should systematically include the health professionals' perspective, an impact assessment of the measures taken on patient outcome and on the advancement of the right to health, as well as an evaluation of the principle of mutuality of benefits for both source and destination countries. The initial report ...

10.3 To add: "health professionals' organizations" under (c)