

## **Fourth report of Committee A**

**(Draft)**

Committee A held its eighth and ninth meetings on 20 May 2010. The eighth meeting was held under the vice-chairmanship of Dr Udo Scholten (Germany) and the ninth meeting under the chairmanship of Dr Masato Mugitani (Japan).

It was decided to recommend to the Sixty-third World Health Assembly the adoption of the attached resolutions relating to the following agenda items:

11. Technical and health matters

11.10 Strategies to reduce the harmful use of alcohol

One resolution as amended

11.9 Prevention and control of noncommunicable diseases: implementation of the global strategy

One resolution as amended entitled:

- Marketing of food and non-alcoholic beverages to children

11.4 Monitoring of the achievement of the health-related Millennium Development Goals

One resolution as amended entitled:

- Monitoring of the achievement of the health-related Millennium Development Goals

11.5 International recruitment of health personnel: draft global code of practice

One resolution

## **Agenda item 11.10**

### **Strategies to reduce the harmful use of alcohol**

The Sixty-third World Health Assembly,

PP1 Having considered the report on strategies to reduce the harmful use of alcohol<sup>1</sup> and the draft global strategy annexed therein;<sup>2</sup>

PP2 Recalling resolutions WHA58.26 on public-health problems caused by harmful use of alcohol and WHA61.4 on strategies to reduce the harmful use of alcohol,

1. ENDORSES the global strategy to reduce the harmful use of alcohol;
2. AFFIRMS that the global strategy aims to give guidance for action at all levels and to set priority areas for global action, and that it is a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level, taking into account national circumstances, such as religious and cultural contexts, national public health priorities, as well as resources, capacities and capabilities;
3. URGES Member States:<sup>3</sup>
  - (1) to adopt and implement the global strategy to reduce the harmful use of alcohol as appropriate in order to complement and support public health policies in Member States to reduce the harmful use of alcohol, and to mobilize political will and financial resources for that purpose;
  - (2) to continue implementation of the resolutions WHA61.4 on the strategies to reduce the harmful use of alcohol and WHA58.26 on public-health problems caused by harmful use of alcohol;
  - (3) to ensure that implementation of the global strategy to reduce the harmful use of alcohol strengthens the national efforts to protect at-risk populations, young people and those affected by harmful drinking of others;
  - (4) to ensure that implementation of the global strategy to reduce the harmful use of alcohol is reflected in the national monitoring systems and reported regularly to WHO's information system on alcohol and health;

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<sup>1</sup> Document A63/13.

<sup>2</sup> Document A63/13, Annex 2.

<sup>3</sup> And regional economic integration organizations, where applicable.

4. REQUESTS the Director-General:

- (1) to give sufficiently high organizational priority, and to assure adequate financial and human resources at all levels, to the prevention and reduction of harmful use of alcohol and implementation of the global strategy to reduce the harmful use of alcohol;
- (2) to collaborate with and provide support to Member States, as appropriate, in implementing the global strategy to reduce the harmful use of alcohol and strengthening national responses to public health problems caused by the harmful use of alcohol;
- (3) to monitor progress in implementing the global strategy to reduce the harmful use of alcohol and to report progress, through the Executive Board, to the Sixty-sixth World Health Assembly.

## Agenda item 11.9

### Marketing of food and non-alcoholic beverages to children

The Sixty-third World Health Assembly,

PP1 Having considered the report on prevention and control of noncommunicable diseases: implementation of the global strategy and its annexed set of recommendations on the marketing of foods and non-alcoholic beverages to children;<sup>1</sup>

PP2 Recalling resolutions WHA53.17 on the prevention and control of noncommunicable diseases and WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

PP3 Reaffirming its commitment to acting on two of the main risk factors for noncommunicable diseases, namely, unhealthy diet and physical inactivity, through the implementation of the Global strategy on diet, physical activity and health, endorsed by the Health Assembly in 2004 (resolution WHA57.17), and the action plan for the global strategy for the prevention and control of noncommunicable diseases,<sup>2</sup> endorsed by the Health Assembly in 2008 (resolution WHA61.14);

PP4 Deeply concerned about the high and increasing prevalence of noncommunicable diseases in low- and middle-income countries which, together with the communicable diseases still affecting the poor, contribute to a double burden of disease which has serious implications for poverty reduction and economic development and widens health gaps between and within countries;

PP5 Deeply concerned that in 2010 it is estimated that more than 42 million children under the age of five years will be overweight or obese, of whom nearly 35 million are living in developing countries, and also concerned that in most parts of the world the prevalence of childhood obesity is increasing rapidly;

PP6 Recognizing that unhealthy diet is one of the main risk factors for noncommunicable diseases and that the risks presented by unhealthy diets start in childhood and build up throughout life;

PP7 Recognizing that unhealthy diets are associated with overweight and obesity and that children should maintain a healthy weight and consume foods that are low in saturated fat, *trans*-fatty acids, free sugars, or salt in order to reduce future risk of noncommunicable diseases;

PP8 Cognizant of the research that shows that food advertising to children is extensive and other forms of marketing of food to children are widespread across the world;

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<sup>1</sup> Document A63/12.

<sup>2</sup> Document A61/2008/REC/1, Annex 3.

PP9 Recognizing that a significant amount of this marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns;

PP10 Recognizing the steps taken so far by segments of the private sector to reduce the marketing of foods and non-alcoholic beverages to children, while noting the importance of independent and transparent monitoring of commitments made by the private sector at national and global levels;

PP11 Recognizing that some Member States have already introduced legislation and national policies on the marketing of foods and non-alcoholic beverages to children,

1. ENDORSES the set of recommendations on the marketing of foods and non-alcoholic beverages to children;<sup>1</sup>

2. URGES Member States:

(1) to take necessary measures to implement the recommendations on the marketing of foods and non-alcoholic beverages to children, while taking into account existing legislation and policies, as appropriate;

(2) to identify the most suitable policy approach given national circumstances and develop new and/or strengthen existing policies that aim to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt;

(3) to establish a system for monitoring and evaluating the implementation of the recommendations on the marketing of foods and non-alcoholic beverages to children;

(4) to take active steps to establish intergovernmental collaboration in order to reduce the impact of cross-border marketing;

(5) to cooperate with civil society and with public and private stakeholders in implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children in order to reduce the impact of that marketing, while ensuring avoidance of potential conflicts of interest;

3. REQUESTS the Director-General:

(1) to provide technical support to Member States, on request, in implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children and in monitoring and evaluating their implementation;

(2) to support existing regional networks, and where appropriate to facilitate the establishment of new ones, in order to strengthen international cooperation to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt;

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<sup>1</sup> Document A63/12, Annex.

- (3) to cooperate with civil society and with public and private stakeholders in implementing the set of recommendations to reduce the impact of marketing of foods and non-alcoholic beverages to children, while ensuring avoidance of potential conflicts of interest;
- (4) to strengthen international cooperation with other international intergovernmental organizations and bodies in promoting the implementation, by Member States, of the recommendations on marketing of foods and non-alcoholic beverages to children;
- (5) to use existing methodologies for evaluating the action plan for the global strategy for the prevention and control of noncommunicable diseases to monitor policies on marketing of foods and non-alcoholic beverages to children;
- (6) to report on implementation of the set of recommendations on the marketing of foods and non-alcoholic beverages to children as part of the report on progress in implementing the global strategy on prevention and control of noncommunicable diseases and the action plan for the global strategy for the prevention and control of noncommunicable diseases to the Sixty-fifth World Health Assembly through the Executive Board at its 130th session.

## Agenda item 11.4

### Monitoring of the achievement of the health-related Millennium Development Goals

The Sixty-third World Health Assembly,

PP1 Having considered the report on monitoring of the achievement of the health-related Millennium Development Goals;<sup>1</sup>

PP2 Recalling resolution WHA61.18 on monitoring of the achievement of the health-related Millennium Development Goals;

PP3 Recalling the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health, in particular the 2005 World Summit Outcome and the commitments made by the international community to attain the Millennium Development Goals and the new commitments made during the United Nations High-level Event on the Millennium Development Goals (New York, 25 September 2008);

PP4 Stressing the importance of achieving the health-related Millennium Development Goals, especially with the objective of ensuring socioeconomic development;

PP5 Concerned by the fact that achievement of the Millennium Development Goals varies from country to country and from goal to goal;

PP6 Welcoming the Ministerial Declaration adopted at the annual ministerial review held by the Economic and Social Council in 2009 on implementing the internationally agreed goals and commitments in regard to global public health;

PP7 Recalling United Nations General Assembly resolution 64/108 (10 December 2009) on global health and foreign policy;

PP8 Recognizing that the Millennium Development Goals are interlinked, and reiterating the Health Assembly's commitment to continued reinvigoration and strengthening of the global partnership for development, as a vital element for achieving these Goals, in particular those related to health, inter alia through capacity building, transfer of technology, sharing of best practices and lessons learnt, South–South cooperation, and predictability of resources;

PP9 Recalling the Monterrey Consensus of March 2002 to “urge developed countries that have not done so, to make concrete efforts towards the target of 0.7% of the gross national product (GNP) as ODA” and “encourage developing countries to build on progress achieved in ensuring that ODA is used effectively to help achieve development goals and targets”;

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<sup>1</sup> Document EB126/7.

PP10 Reaffirming the commitments by many developed countries to achieve the target of 0.7% of gross national income on official development assistance by 2015 and to reach 0.56% of gross national income for official development assistance by 2010, as well as the target of 0.15% to 0.20% for least developed countries;

PP11 Welcoming increasing efforts to improve the quality of official development assistance and to increase its development impact, such as the Development Cooperation Forum of the Economic and Social Council, the principles contained in the Paris Declaration and the Accra Agenda for Action, and the experience of the International Health Partnership and others, in order to strengthen national ownership, alignment, harmonization and managing for results;

PP12 Noting the work of the Leading Group on Innovative Financing for Development and of the High-level Task Force on Innovative International Financing for Health Systems, the additional pledges made by several countries to increase financing for health, and the announcements made by several countries at the United Nations General Assembly High-level Meeting on Health (New York, 23 September 2009) to achieve universal access to affordable basic health care, including provision of free services for women and children at the point of use where countries choose, and financial mechanisms toward social health protection;

PP12 bis Welcoming the important initiative of the United Nations Secretary-General and of the work on the Joint Action Plan to improve health of women and children and his invitation to all Member States to engage;

PP13 Expressing concern at the relatively slow progress in attaining the Millennium Development Goals, particularly in sub-Saharan Africa;

PP 13 bis Expressing deep concern over the weak institutional capacity in health-information systems, the inadequate coverage and poor quality of civil registrations in developing countries which hamper monitoring progress of Millennium Development Goals;

PP14 Expressing deep concern that maternal, newborn and child health and universal access to reproductive health services remain constrained by health inequities, and at the slow progress in achieving Millennium Development Goals 4 and 5 on improving child and maternal health;

PP15 Welcoming the contribution of all relevant partners and progress achieved towards the goal of universal access to prevention, treatment, care and support related to HIV/AIDS;

PP16 Reaffirming WHO's leading role as the primary United Nations specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate;

PP17 Welcoming WHO's report on women and health<sup>1</sup> as important in advancing women's rights and gender equality, underlining the need to address women's health through comprehensive strategies targeting root causes of discrimination, and stressing the importance of strengthening health systems to better respond to women's health needs in terms of access and comprehensiveness;

PP18 Recognizing that health systems based on the principles of tackling health inequalities through universal access, putting people at the centre of care, integrating health into broader public

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<sup>1</sup> *Women and health: today's evidence tomorrow's agenda*. Geneva, World Health Organization, 2009.

policy, and providing inclusive leadership for health are essential to achieving sustainable improvements in health;

PP19 Recognizing also the growing burden of noncommunicable diseases worldwide, and recalling the importance of preventing infectious diseases that still represent a heavy burden, particularly in developing countries, the adverse impacts of the food, environmental, economic and financial crises on populations, in particular on the poorest and the most vulnerable ones, which may increase the level of malnutrition and reverse the achievement of Millennium Development Goal 1 (Eradicate extreme hunger and poverty) and the health-related Goals and the progress made in the past two decades,

1. URGES Member States:

(1) to strengthen health systems so that they deliver equitable health outcomes as a basis of a comprehensive approach towards achieving Millennium Development Goals 4, 5 and 6, underlining the need to build sustainable national health systems and strengthen national capacities through attention to, inter alia, service delivery, health systems financing, health workforce, health information systems, procurement and distribution of medicines, vaccines and technologies, sexual and reproductive health care and political will in leadership and governance;

(2) to review policies, including those on recruitment, training and retention, that exacerbate the problem of the lack of health workers, and their imbalanced distribution, within countries and throughout the world, in particular the shortage in sub-Saharan Africa, which undermines the health systems of developing countries;

(3) to reaffirm the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, transparency, accountability, decentralization and community participation and empowerment, as the basis for strengthening health systems, through support for health and development; taking into account leadership, public policy, universal coverage and service-delivery reforms necessary for strengthening primary health care;

(4) to take into account health equity in all national policies that address social determinants of health, and to consider developing and strengthening universal comprehensive social protection policies, including health promotion, infectious and noncommunicable disease prevention and health care, and promoting availability of and access to goods and services essential to health and well-being;

(4) bis to further commit to increased investment in financial and human resources and to strengthening the national health-information systems in order to generate accurate, reliable and timely evidence on achievement of the Millennium Development Goals;

(5) to renew their commitment to prevent and eliminate maternal, newborn and child mortality and morbidity: through an effective continuum of care, strengthening health systems, and comprehensive and integrated strategies and programmes to address root causes of gender inequalities and lack of access to adequate care and reproductive health, including family planning and sexual health; by promoting respect for women's rights; and by scaling up efforts to achieve integrated management of newborn and child health care, including actions to

address the main causes of child mortality; in particular through interventions that increase rates of exclusive and sustained breastfeeding;

(6) to expand significantly efforts towards meeting the goal of universal access to HIV prevention, treatment, care and support by 2010 and the goal to halt and reverse the spread of HIV/AIDS by 2015;

(7) to maximize synergies between the HIV/AIDS response and strengthening of health systems and social support;

(8) to enhance policies to address the challenges of malaria including monitoring of drug resistance in artemisinin-based combination therapy;

(9) to sustain and strengthen the gains made in combating tuberculosis, and to develop innovative strategies for tuberculosis prevention, detection and treatment, including means of dealing with new threats such as coinfection with HIV, multidrug-resistant tuberculosis or extensively drug-resistant tuberculosis;

(10) to sustain commitments to support the eradication of poliomyelitis and the efforts to eliminate measles;

(11) to include best practices for strengthening health services in bilateral and multilateral initiatives addressed to the achievement of the Millennium Development Goals, in particular in South–South cooperation initiatives;

(12) to support developing countries in their national endeavours to achieve the Millennium Development Goals, in particular the health-related Millennium Development Goals, inter alia through capacity building, transfer of technology, sharing of lessons learnt and best practices, South–South cooperation, and predictability of resources;

(13) to fulfil their commitments regarding official development assistance by 2015;

(14) to fulfil and sustain the political and financial commitment of developing country governments in mobilizing adequate budget allocation to health sectors;

2. INVITES concerned organizations of the United Nations system, international financial institutions, and calls upon international development partners and agencies, nongovernmental organizations and private sector entities to continue their support and consider further support to countries, particularly in sub-Saharan Africa, for the development and implementation of health policies and national health development plans, consistent with internationally agreed health goals, including the Millennium Development Goals.

3. REQUESTS the Director-General:

(1) to continue to play a leading role in the monitoring of the achievement of the health-related Millennium Development Goals, including progress towards achieving universal coverage of services essential to these Goals;

(2) within the framework of WHO's Medium-term strategic plan 2008–2013, to continue to cooperate closely with all other United Nations and international organizations involved in the

process of achieving the Millennium Development Goals, maintaining a strong focus on efficient use of resources based on the respective mandates and core competencies of each, avoiding duplication of efforts and fragmentation of aid, and promoting the coordination of work among international agencies;

(3) to provide support to Member States in their efforts to strengthen their health systems, address the problem of the lack of health workers, reaffirm the values and principles of primary health care, address the social determinants of health, and strengthen their public policies aimed at fostering full access to health and social protection, including improved access to quality medicines required to support health care for, inter alia, the most vulnerable sectors of society;

(4) to foster alignment and coordination of global interventions for health system strengthening, basing them on the primary health care approach, in collaboration with Member States, relevant international organizations, international health initiatives, and other stakeholders in order to increase synergies between international and national priorities;

(5) to articulate and present to the Health Assembly as part of its action plan for the renewal of primary health care, the actions that the Secretariat envisages will strengthen its support for the realization of Millennium Development Goals 4, 5 and 6;

(6) to work with all relevant partners in order to achieve high immunization coverage rates with affordable vaccines of assured quality;

(7) to lead the work with all relevant partners to help to ensure that action on the health-related Millennium Development Goals is one of the main themes of the United Nations Millennium Development Goals High-level Plenary Meeting, 20–22 September 2010;

(8) to continue to collect and compile scientific evidence needed for achieving health-related Millennium Development Goals and to disseminate it to all Member States;

(9) to continue to submit annually a report on the status of progress made, including on main obstacles and ways to overcome them, in achievement of the health-related Millennium Development Goals, through the Executive Board, to the Health Assembly;

(10) to assist Member States in the development of reliable health-information systems to provide quality data for monitoring and evaluation of the Millennium Development Goals.

## Agenda item 11.5

### **International recruitment of health personnel: draft global code of practice**

The Sixty-third World Health Assembly,

Having considered the revised draft global code of practice on the international recruitment of health personnel, annexed to the report by the Secretariat on the international recruitment of health personnel: draft global code of practice contained in document A63/8,

1. ADOPTS, in accordance with Article 23 of the Constitution, the WHO Global Code of Practice on the International Recruitment of Health Personnel, hereafter the “WHO Global Code”, annexed to the present resolution;
2. DECIDES that the first review of the relevance and effectiveness of the WHO Global Code shall be made by the Sixty-eighth World Health Assembly;
3. REQUESTS the Director-General:
  - (1) to give all possible support to Member States, as and when requested, for the implementation of the WHO Global Code;
  - (2) to cooperate with all stakeholders concerned with the implementation and monitoring of the WHO Global Code;
  - (3) to rapidly develop, in consultation with Member States, guidelines for minimum data sets, information exchange and reporting on the implementation of the WHO Global Code;
  - (4) based upon periodic reporting, to make proposals, if necessary, for the revision of the text of the WHO Global Code in line with the first review, and for measures needed for its effective application.

#### ANNEX

### **REVISED WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL**

#### *Preamble*

The Member States of the World Health Organization:

PP1 Recalling resolution WHA57.19 in which the World Health Assembly requested the Director-General to develop a voluntary code of practice on the international recruitment of health personnel in consultation with all relevant partners;

PP2 Responding to the calls of the Kampala Declaration adopted at the First Global Forum on Human Resources for Health (Kampala, 2–7 March 2008) and the G8 communiqués of 2008 and 2009 encouraging WHO to accelerate the development and adoption of a code of practice;

PP3 Conscious of the global shortage of health personnel and recognizing that an adequate and accessible health workforce is fundamental to an integrated and effective health system and for the provision of health services;

PP4 Deeply concerned that the severe shortage of health personnel, including highly educated and trained health personnel, in many Member States, constitutes a major threat to the performance of health systems and undermines the ability of these countries to achieve the Millennium Development Goals and other internationally agreed development goals;

PP5 Stressing that the WHO Global Code of Practice on the International Recruitment of Health Personnel be a core component of bilateral, national, regional and global responses to the challenges of health personnel migration and health systems strengthening;

THEREFORE:

The Member States hereby agree on the following articles which are recommended as a basis for action.

#### *Article 1 – Objectives*

The objectives of this Code are:

- (1) to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel;
- (2) to serve as a reference for Member States in establishing or improving the legal and institutional framework required for the international recruitment of health personnel;
- (3) to provide guidance that may be used where appropriate in the formulation and implementation of bilateral agreements and other international legal instruments;
- (4) to facilitate and promote international discussion and advance cooperation on matters related to the ethical international recruitment of health personnel as part of strengthening health systems, with a particular focus on the situation of developing countries.

#### *Article 2 – Nature and scope*

2.1 The Code is voluntary. Member States and other stakeholders are strongly encouraged to use the Code.

2.2 The Code is global in scope and is intended as a guide for Member States, working together with stakeholders such as health personnel, recruiters, employers, health-professional organizations, relevant subregional, regional and global organizations, whether public or private sector, including nongovernmental, and all persons concerned with the international recruitment of health personnel.

2.3 The Code provides ethical principles applicable to the international recruitment of health personnel in a manner that strengthens the health systems of developing countries, countries with economies in transition and small island states.

### *Article 3 – Guiding principles*

3.1 The health of all people is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and states. Governments have a responsibility for the health of their people, which can be fulfilled only by the provision of adequate health and social measures. Member States should take the Code into account when developing their national health policies and cooperating with each other, as appropriate.

3.2 Addressing present and expected shortages in the health workforce is crucial to protecting global health. International migration of health personnel can make a sound contribution to the development and strengthening of health systems, if recruitment is properly managed. However, the setting of voluntary international principles and the coordination of national policies on international health personnel recruitment are desirable in order to advance frameworks to equitably strengthen health systems worldwide, to mitigate the negative effects of health personnel migration on the health systems of developing countries and to safeguard the rights of health personnel.

3.3 The specific needs and special circumstances of countries, especially those developing countries and countries with economies in transition that are particularly vulnerable to health workforce shortages and/or have limited capacity to implement the recommendations of this Code, should be considered. Developed countries should, to the extent possible, provide technical and financial assistance to developing countries and countries with economies in transition aimed at strengthening health systems, including health personnel development.

3.4 Member States should take into account the right to the highest attainable standard of health of the populations of source countries, individual rights of health personnel to leave any country in accordance with applicable laws, in order to mitigate the negative effects and maximize the positive effects of migration on the health systems of the source countries. However, nothing in this Code should be interpreted as limiting the freedom of health personnel, in accordance with applicable laws, to migrate to countries that wish to admit and employ them.

3.5 International recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and promotion of sustainability of health systems in developing countries. Member States, in conformity with national legislation and applicable international legal instruments to which they are a party, should promote and respect fair labour practices for all health personnel. All aspects of the employment and treatment of migrant health personnel should be without unlawful distinction of any kind.

3.6 Member States should strive, to the extent possible, to create a sustainable health workforce and work towards establishing effective health workforce planning, education and training, and retention strategies that will reduce their need to recruit migrant health personnel. Policies and measures to strengthen the health workforce should be appropriate for the specific conditions of each country and should be integrated within national development programmes.

3.7 Effective gathering of national and international data, research and sharing of information on international recruitment of health personnel are needed to achieve the objectives of this Code.

3.8 Member States should facilitate circular migration of health personnel, so that skills and knowledge can be achieved to the benefit of both source and destination countries.

***Article 4 – Responsibilities, rights and recruitment practices***

4.1 Health personnel, health professional organizations, professional councils and recruiters should seek to cooperate fully with regulators, national and local authorities in the interests of patients, health systems, and of society in general.

4.2 Recruiters and employers should, to the extent possible, be aware of and consider the outstanding legal responsibility of health personnel to the health system of their own country such as a fair and reasonable contract of service and not seek to recruit them. Health personnel should be open and transparent about any contractual obligations they may have.

4.3 Member States and other stakeholders should recognize that ethical international recruitment practices provide health personnel with the opportunity to assess the benefits and risks associated with employment positions and to make timely and informed decisions.

4.4 Member States should, to the extent possible under applicable laws, ensure that recruiters and employers observe fair and just recruitment and contractual practices in the employment of migrant health personnel and that migrant health personnel are not subject to illegal or fraudulent conduct. Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce. Recruiters and employers should provide migrant health personnel with relevant and accurate information about all health personnel positions that they are offered.

4.5 Member States should ensure that, subject to applicable laws, including relevant international legal instruments to which they are a party, migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work.

4.6 Member States and other stakeholders should take measures to ensure that migrant health personnel enjoy opportunities and incentives to strengthen their professional education, qualifications and career progression, on the basis of equal treatment with the domestically trained health workforce subject to applicable laws. All migrant health personnel should be offered appropriate induction and orientation programmes that enable them to operate safely and effectively within the health system of the destination country.

4.7 Recruiters and employers should understand that the Code applies equally to those recruited to work on a temporary or permanent basis.

***Article 5 – Health workforce development and health systems sustainability***

5.1 In accordance with the guiding principle as stated in Article 3 of this Code, the health systems of both source and destination countries should derive benefits from the international migration of health personnel. Destination countries are encouraged to collaborate with source countries to sustain and promote health human resource development and training as appropriate. Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.

5.2 Member States should use this Code as a guide when entering into bilateral, and/or regional and/or multilateral arrangements, to promote international cooperation and coordination on international recruitment of health personnel. Such arrangements should take into account the needs of developing countries and countries with economies in transition through the adoption of appropriate measures. Such measures may include the provision of effective and appropriate technical assistance, support for health personnel retention, social and professional recognition of health personnel, support for training in source countries that is appropriate for the disease profile of such countries, twinning of health facilities, support for capacity building in the development of appropriate regulatory frameworks, access to specialized training, technology and skills transfers, and the support of return migration, whether temporary or permanent.

5.3 Member States should recognize the value both to their health systems and to health personnel themselves of professional exchanges between countries and of opportunities to work and train abroad. Member States in both source and destination countries should encourage and support health personnel to utilize work experience gained abroad for the benefit of their home country.

5.4 As the health workforce is central to sustainable health systems, Member States should take effective measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country, including areas of greatest need, and is built upon an evidence-based health workforce plan. All Member States should strive to meet their health personnel needs with their own human resources for health, as far as possible.

5.5 Member States should consider strengthening educational institutions to scale up the training of health personnel and developing innovative curricula to address current health needs. Member States should undertake steps to ensure that appropriate training takes place in the public and private sectors.

5.6 Member States should consider adopting and implementing effective measures aimed at strengthening health systems, continuous monitoring of the health labour market, and coordination among all stakeholders in order to develop and retain a sustainable health workforce responsive to their population's health needs. Member States should adopt a multisectoral approach to addressing these issues in national health and development policies.

5.7 Member States should consider adopting measures to address the geographical maldistribution of health workers and to support their retention in underserved areas, such as through the application of education measures, financial incentives, regulatory measures, social and professional support.

#### ***Article 6 – Data gathering and research***

6.1 Member States should recognize that the formulation of effective policies and plans on the health workforce requires a sound evidence base.

6.2 Taking into account characteristics of national health systems, Member States are encouraged to establish or strengthen and maintain, as appropriate, health personnel information systems, including health personnel migration, and its impact on health systems. Member States are encouraged to collect, analyse and translate data into effective health workforce policies and planning.

6.3 Member States are encouraged to establish or strengthen research programmes in the field of health personnel migration and coordinate such research programmes through partnerships at the national, sub-national, regional and international levels.

6.4 WHO, in collaboration with relevant international organizations and Member States, is encouraged to ensure, as much as possible, that comparable and reliable data are generated and collected pursuant to paragraphs 6.2 and 6.3 for ongoing monitoring, analysis and policy formulation.

#### *Article 7 – Information exchange*

7.1 Member States are encouraged to, as appropriate and subject to national law, promote the establishment or strengthening of information exchange on international health personnel migration and health systems, nationally and internationally, through public agencies, academic and research institutions, health professional organizations, and subregional, regional and international organizations, whether governmental or nongovernmental.

7.2 In order to promote and facilitate the exchange of information that is relevant to this Code, each Member State should, to the extent possible:

- (a) progressively establish and maintain an updated database of laws and regulations related to health personnel recruitment and migration and, as appropriate, information about their implementation;
- (b) progressively establish and maintain updated data from health personnel information systems in accordance with Article 6.2; and
- (c) provide data collected pursuant to subparagraphs (a) and (b) above to the WHO Secretariat every three years, beginning with an initial data report within two years after the adoption of the Code by the Health Assembly.

7.3 For purposes of international communication, each Member State should, as appropriate, designate a national authority responsible for the exchange of information regarding health personnel migration and the implementation of the Code. Member States so designating such an authority, should inform WHO. The designated national authority should be authorized to communicate directly or, as provided by national law or regulations, with designated national authorities of other Member States and with the WHO Secretariat and other regional and international organizations concerned, and to submit reports and other information to the WHO Secretariat pursuant to subparagraph 7.2(c) and Article 9.1.

7.4 A register of designated national authorities pursuant to paragraph 7.3 above shall be established, maintained and published by WHO.

#### *Article 8 – Implementation of the Code*

8.1 Member States are encouraged to publicize and implement the Code in collaboration with all stakeholders as stipulated in Article 2.2, in accordance with national and subnational responsibilities.

8.2 Member States are encouraged to incorporate the Code into applicable laws and policies.

8.3 Member States are encouraged to consult, as appropriate, with all stakeholders as stipulated in Article 2.2 in decision-making processes and involve them in other activities related to the international recruitment of health personnel.

8.4 All stakeholders referred to in Article 2.2 should strive to work individually and collectively to achieve the objectives of this Code. All stakeholders should observe this Code, irrespective of the capacity of others to observe the Code. Recruiters and employers should cooperate fully in the observance of the Code and promote the guiding principles expressed by the Code, irrespective of a Member State's ability to implement the Code.

8.5 Member States should, to the extent possible, and according to legal responsibilities, working with relevant stakeholders, maintain a record, updated at regular intervals, of all recruiters authorized by competent authorities to operate within their jurisdiction.

8.6 Member States should to the extent possible encourage and promote good practices among recruitment agencies by only using those agencies that comply with the guiding principles of the Code.

8.7 Member States are encouraged to observe and assess the magnitude of active international recruitment of health personnel from countries facing critical shortage of health personnel, and assess the scope and impact of circular migration.

#### ***Article 9 – Monitoring and institutional arrangements***

9.1 Member States should periodically report the measures taken, results achieved, difficulties encountered and lessons learnt into a single report in conjunction with the provisions of Article 7.2(c).

9.2 The Director-General shall keep under review the implementation of this Code, on the basis of periodic reports received from designated national authorities pursuant to Articles 7.3 and 9.1 and other competent sources, and periodically report to the World Health Assembly on the effectiveness of the Code in achieving its stated objectives and suggestions for its improvement. This report would be submitted in conjunction with Article 7.2(c).

9.3 The Director-General shall:

- (a) support the information exchange system and the network of designated national authorities specified in Article 7;
- (b) develop guidelines and make recommendations on practices and procedures and such joint programmes and measures as specified by the Code; and
- (c) maintain liaison with the United Nations, the International Labour Organization, the International Organization for Migration, and other competent regional and international organizations as well as concerned nongovernmental organizations to support implementation of the Code.

9.4 WHO Secretariat may consider reports from stakeholders as stipulated in Article 2.2 on activities related to the implementation of the Code.

9.5 The World Health Assembly should periodically review the relevance and effectiveness of the Code. The Code should be considered a dynamic text that should be brought up to date as required.

**Article 10 – Partnerships, technical collaboration and financial support**

10.1 Member States and other stakeholders should collaborate directly or through competent international bodies to strengthen their capacity to implement the objectives of the Code.

10.2 International organizations, international donor agencies, financial and development institutions, and other relevant organizations are encouraged to provide their technical and financial support to assist the implementation of this Code and support health system strengthening in developing countries and countries with economies in transition that are experiencing critical health workforce shortages and/or have limited capacity to implement the objectives of this Code. Such organizations and other entities should be encouraged to cooperate with countries facing critical shortages of health workers and undertake to ensure that funds provided for disease-specific interventions are used to strengthen health systems capacity, including health personnel development.

10.3 Member States either on their own or via their engagement with national and regional organizations, donor organizations and other relevant bodies should be encouraged to provide technical assistance and financial support to developing countries or countries with economies in transition, aiming at strengthening health systems capacity, including health personnel development in those countries.

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