



World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

Dear WHO Executive Board Members:

The Health Workforce Advocacy Initiative (HWAI), supported by the Global Health Workforce Alliance, is an international civil society-led coalition that works to support and strengthen human resources for health (HRH) and seeks to ensure that all people everywhere have access to skilled, motivated and supported health workers. We welcome the December 3, 2009, draft of the *Global Code of Practice on the International Recruitment of Health Personnel*, and urge the Executive Board to submit the Code to the 63rd World Health Assembly in May 2010.

The Code is necessary to (1) respond to the critical HRH shortages and (2) ensure the full realization of the right of everyone to the enjoyment of the highest attainable standard of health – “the right to health” – in all contexts. While recognizing the importance of respecting the right of health professionals to migrate, we also support strong language to set clear boundaries and expectations on State and non-State actors on recruiting HRH, particularly from developing countries, and to prioritize health systems strengthening.

Among the improvements in the current draft of the Code, we welcome:

- The call for destination countries to provide technical and financial assistance to developing countries to strengthen health systems, and the recognition of the need to fully realize the right to health. **(Article 3)**
- The provision on abstaining “from active recruitment of health personnel from developing countries unless” equitable agreements (or other arrangements) supporting that recruitment are in place. **(Article 5)**
- The call for Member States to establish and maintain an effective legal and administrative framework to give effect to the Code of Practice. **(Article 9)**

Whilst these and other amendments make for a stronger Code, we urge the Executive Board to adopt the following recommendations to better achieve the Code’s overall aims:

- Strengthen language on the shared responsibility of source and destination countries to contribute to health systems strengthening in developing countries to realize the right to health and enable universal access to health services as part of a primary health care approach.
- Adopt timetables to develop comprehensive and well-costed HRH plans based on evidence, need, and the right to health, and ensure the financing and other strategies to enable the full implementation of these plans.

- Strengthen the monitoring and institutional arrangements for the Code by requiring a report on compliance within one year of Code’s adoption, and subsequent reports every two years.
- Strengthen information systems and ensure transparency of the monitoring process, such as Member State reports on implementing the Code.
- Direct the WHO Secretariat (or empower another authority) to proactively engage Member States – including in response to Member State reports and NGO observations – to encourage and facilitate their full and effective Code implementation and compliance.
- Recognize that in-country recruitment by international organizations and intra-country migration can also have a major impact on the availability and distribution of health workers and on the health system. In this respect, the Code should make reference to the need to ensure that the practices of all organizations support health system strengthening and the right to health.
- Recognize that the right to health entails both the obligation of countries to strengthening their own health systems and the obligation of international cooperation and assistance, including through technical and financial support and by avoiding measures that interfere with the right to health in other countries, including by reducing the availability of health workers and the functioning of their health systems.
- More comprehensively address source country policies and practices beyond active recruitment that accelerate HRH migration.
- Be more explicit that all policies that have implications for the international recruitment of health personnel should have a net positive impact on the health systems of developing countries.
- Modify the Code’s formal title to include the word ‘ethical’ -- so it reads: Global Code of Practice on the Ethical International Recruitment of Health Personnel.

We acknowledge finding consensus on these complex issues is difficult. It is, however, imperative that consensus is reached if we are to serve the millions of people who have difficulty accessing even the most basic of health services. We commend you on the initial positive steps. We urge the Executive Board to submit the Code to the 63rd World Health Assembly and to amend the Code to address the above recommendations so that it will be of even greater benefit to those who suffer as a consequence of weak health systems and current international recruitment practices of health personnel.

Thank you for your consideration of our comments.

Sincerely,

Health Workforce Advocacy Initiative and the below undersigned

The following organizations endorse this letter (HWAI Steering Committee Members indicated by ‘*’):

1. Action Group for Health, Human Rights and HIV/AIDS - Uganda (AGHA) *
2. African Council for Sustainable Health Development (ACOSHED/CHESTRAD) *
3. African Medical and Research Foundation (AMREF) *
4. African Public Health Rights Alliance & 15%+ Campaign *
5. American Public Health Association (APHA)
6. Center for Health and Gender Equity (CHANGE)

7. Program for Health Systems, Columbia University *
8. East, Central and Southern African Health Community (ECSA) *
9. Family Care International (FCI)
10. Global AIDS Alliance (GAA) *
11. Global Health Council (GHC)
12. Health Alliance International (HAI) *
13. Health GAP *
14. International AIDS Society (IAS) *
15. International Council of Nurses (ICN) *
16. Merlin *
17. Medicus Mundi International Network
18. Oxfam International
19. Partners in Health (PIH)
20. Physicians for Human Rights (PHR) *
21. RESULTS Educational Fund (REF)
22. Treatment Action Group (TAG)
23. Touch Foundation*
24. Voluntary Services Overseas (VSO) *
25. Wemos *