

**ETHICAL RESTRICTIONS ON INTERNATIONAL RECRUITMENT OF
HEALTH PROFESSIONALS FROM LOW-INCOME COUNTRIES**

Proposed by the American Public Health Association
Washington DC, USA

THE WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS

Geneva, Switzerland
May 16, 2005

The General Assembly of the World Federation of Public Health Associations

Acknowledges that:

health professionals from less prosperous countries are flooding into privileged countries of the world, with the effect being a widening gap between the rich and poor nations¹,

Acknowledges furthermore that:

while the developed countries have 33.4% of the world's population, they contain 74% of the world's physicians and 89% of the world's migrating physicians, and the vast majority of the 14,000 nurses moving across national boundaries each year are headed for Europe, North America and the developed areas of the Western Pacific²,

Regrets that:

increases in health worker migration to the U.S. and other rich countries undermine the economic, social and health status of exporting poor countries,³ and

Notes that:

there are only 750,000 health workers in all of sub-Saharan Africa, a region that serves 682 million people and suffers from 25% of the world's burden of disease,⁴ and

Supports:

the U.S. Physicians for Human Rights (PHR)⁵ recommendations that low-income countries be compensated for the loss of health professionals to rich countries,⁶ and

Notes that:

the Joint Learning Initiative, a collection of more than 100 global health experts, has estimated that Africa needs about 1 million more doctors, nurses and midwives (as well as pharmacists and other categories of health professionals) to achieve the Millennium Development Goals,⁷ and

Recognizes:

the plight of health care workers in poor countries who often work under dangerous conditions that do not meet their needs or those of their patients, and understands their frequent desire to leave their countries (and their right to do so under the 1948 Universal Declaration of Human Rights), and

Notes that:

in May of 2004 the World Health Assembly (WHA) adopted a resolution (57.19) on the international migration of health personnel, urging member states to "develop strategies

to mitigate the adverse effects of migration of health personnel and minimize its negative impact on health systems,” and

Respects that:

the U.K. has adopted codes of practice for the international recruitment of health care professionals,⁸ and that the World Conference of Family Doctors recommended a code of practice for recruitment in its “Melbourne Manifesto”⁹ and

Agrees with:

the previously-referenced PHR report that rich countries, such as the U.S., should adopt a national ethical recruitment codes.

Therefore:

the WFPHA recommends health worker employers in developed countries, including public and private hospitals, long-term care facilities, and outpatient facilities, voluntarily adopt a code of ethics to judiciously manage the employment of health professionals (including unlicensed caregivers) from abroad. Governments should take an active lead by clearly requiring all public health services to adopt the code of ethics.

Governments can encourage compliance in the private sector by contracting only with health care delivery organizations that have signed and are abiding by the code, and by discouraging the movement of recruited individuals from the private sector (to which they may have been actively recruited) to the public sector. Governments should be encouraged to also ask health care employers to report regularly on their recruitment practices.

In addition, those abiding by the code should be publicly acknowledged with a WFPHA certificate, suitable for framing, and their names placed on a WFPHA honor roll registry available to all.

A Code of Ethics Pertaining to Health Worker Recruitment from Developing Countries

1. Health care workers will not be recruited from a developing country, unless that country has negotiated an explicit government-to-government agreement to promote recruitment. The WFPHA refers developed countries to the list of countries identified by the U.K.’s Department of Health (appended to this document).

2. Even if a country has an explicit government-to-government agreement to permit recruitment, health care facilities incorporating workers from abroad are strongly encouraged to manage recruitment and incorporation of health care workers from those countries in such a way that the sending country receives something in return. Reciprocal strategies of this nature could include sending developed country health workers in an exchange program, remunerating the source government for its investment in a workers’ education program, or offering continuing education that a foreign health worker could apply in the home country.

3. Active recruitment, without a bilateral agreement that specifies how sending country health system needs are recognized and remunerated, is prohibited. Active recruitment includes placing advertisements in locations (including websites) known to target professionals in developing countries, listing openings with a recruitment agency known to primarily operate in developing countries, placing a recruiting station at a conference that attracts primarily developing country health professionals, and the like. Active recruitment also refers to onsite recruitment in developing countries and contracting with “for profit” recruitment agencies.

4. International health care professionals recruited from overseas to work in the developed countries must be protected by relevant domestic employment law in the same way as all other employees. Health workers from abroad are given adequate orientation. Costs of migration, for example recruitment fees, are reported to and tracked by the employers.

5. Destination countries shall develop coordinated and comprehensive plans for monitoring the movement of physicians and nurses across their borders, and shall contribute appropriate funds possibly managed by WHO to assist sending countries to develop information systems to track the movement of their own health professionals.

6. Low income countries that lose significant numbers of health professionals to migration shall commit to improving the working conditions for health workers, in order to mitigate the factors that push them to emigrate. This can involve adequate and regular payment, professional development opportunities, sabbatical time, career pathways, opportunity for research etc. WHO and other relevant international organizations are requested to help develop models of best practice. PHAs should help to strengthen the involvement of public health professionals.

7. Higher income countries that receive significant numbers of health professionals from lower income countries shall invest in training and skills development in the sending countries, as a means of providing compensation for the loss of trained personnel.^{10, 11}

8. Destination countries commit to provide an adequate supply of domestically trained human resources for health within their own borders and ensure appropriate workforce distribution, in order to reduce demand for health workers from abroad.

U.K. Department of Health

Developing Countries restricted for recruitment of health professionals

Updated August 2004

Afghanistan	Ethiopia
Albania	Fiji
Algeria	Gabon
Angola	Gambia
Anguilla	Georgia
Antigua and Barbuda	Ghana
Armenia	Grenada
Aruba	Guatemala
Azerbaijan	Guinea
Bahamas	Guinea-Bissau
Bahrain	Guyana
Bangladesh	Haiti
Barbados	Honduras
Belize	India
Benin	Indian states of Andhra Pradesh, Madhya Pradesh, Orissa and West Bengal, only **
Bermuda	Indonesia
Bhutan	Iran
Bolivia	Iraq
Bosnia and Herzegovina	Jamaica
Botswana	Jordan
Brazil	Kazakhstan
Burkina Faso	Kenya
Burundi	Kiribati
Cambodia	Korea, Democratic Republic
Cameron	Kyrgyz Republic
Cape Verde	Laos
Central African Republic	Lebanon
Chad	Lesotho
Chile	Liberia
China (rural only)*	Macedonia
Chinese Taipei	Madagascar
Columbia	Malaysia
Comoros	Malawi
Congo, Rep	Maldives
Cook Islands	Mali
Costa Rica	Marshall Islands
Cote d'Ivoire	Mauritania
Croatia	Mauritius
Cuba	Mayotte
Democratic Republic of Congo	Mexico
Djibouti	Micronesia
Dominica	Moldova
Dominican Republic	Mongolia
East Timor	Montserrat
Ecuador	Morocco
Egypt	Mozambique
El Salvador	Myanmar
Equatorial Guinea	Namibia
Eritrea	

Nauru
Nepal
Nicaragua
Niger
Nigeria
Niue
Oman
Palau Islands
Palstinian Administered Territories
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Rwanda
Samoa
Sao Tome and Principe
Saudi Arabia
Senegal
Seychelles
Sierra Leone
Solomon Islands
Somalia
South Africa
Sri Lanka
St Helena
St Kitts and Nevis
St Lucia
St Vincent and Grenadines
Sudan
Suriname
Swaziland
Syria
Tajikistan
Tanzania
Thailand
Togo
Tokelau
Tonga
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Turks and Caicos Islands
Tuvalu
Uganda
Uruguay
Uzbekistan
Vanuatu
Venezuela
Vietnam
Virgin Islands
Wallis and Futuna
Yemen
Yugoslavia
Zambia

Zimbabwe

NOTES

* The Chinese Government has asked that China be removed from this list but requested that no recruitment should take place in small rural areas.

** After discussions with the Department for International Development (DFID) and High Commission in India, we can confirm that agencies can recruit healthcare professionals from India. However, there are four states that receive DFID aid and should not be targeted for recruitment. These are Andhra Pradesh, Madhya Pradesh, Orissa and West Bengal.

There is a Memorandum of Understanding between the UK and Philippine governments to enable the UK to recruit registered nurses and other healthcare professionals. Other healthcare professionals refers to physiotherapists, radiographers, occupational therapists, biomedical scientists and other Allied Health Professionals that are regulated by appropriate professional bodies in both countries.

The Pakistani Government has asked that Pakistan be removed from this list.

REFERENCES

¹ Alfonso Mejia. "Migration of Physicians and Nurses: A World Wide Picture," *WHO Bulletin* 2004, 82:8.

² Mejia, *ibid.*

³ Barbara Brush, Julie Sochalski, and Anne Berger. "Imported Care: Recruiting Foreign Nurses to U.S. Health Care Facilities," *Health Affairs* 2004, 23:3.

⁴ High Level Forum on the Health MDGs, “Addressing Africa’s Health Workforce Crisis: An Avenue for Action,” Abuja, 12/04, available at <http://www.hlfhealthmdgs.org/documents/africasworkforce-final.pdf>

⁵ Physicians for Human Rights, Eric Friedman (author). “An Action Plan to Prevent Brain Drain: Building Equitable Health Systems in Africa,” Boston, June 2004.

⁶ New York Times, August 13, 2004, editorial: Africa’s Health Care Brain Drain.

⁷ Lincoln Chen, Timothy Evans, Sudhir Anand, Jo Ivey Boufford, et al. “Human Resources for Health: Overcoming the Crisis,” *The Lancet* 2004, 364:9449.

⁸ Code of Practice for the International Recruitment of Healthcare Professionals, U.K. Department of Health, December 2004 (revised).

⁹ A Code of Practice for the International Recruitment of Health Care Professionals: The Melbourne Manifesto, Melbourne Australia, May 3, 2002.

¹⁰ Anna Whelan, Rachelle Arkles, John Dewdney and Anthony Zwi. “International Movement of Skilled Health Professionals: Ethical Policy Challenges for Developed Nations,” *Harvard Health Policy Review* 2004, 5:2.

¹¹ Medact, Kwado Mensah, Maureen Mackintosh and Leroi Henry (authors). “The ‘Skills Drain’ of Health Professionals from the Developing World: a framework for Policy Formulation,” London, February 2005.