The WHO Code and US Nursing

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In 2010, all member states of the World Health Assembly, including the United States, adopted the World Health Organization (WHO) Global Code of Practice on the International Recruitment of Health Personnel (the WHO Code).[1] The development and unanimous adoption of the Code by all WHO affiliate countries marked a watershed in policy focus on the issue of health worker migration.

The driving force in the development and adoption of the Code was concern among policymakers in global health regarding development in large-scale active recruitment of nurses and other health professionals by high-income countries from low-income countries.[2,3] This pattern of migration was exacerbating skills shortages, which were contributing to health systems failures and undermining the capacity of some of these countries to achieve population health improvements and ultimately reach U.N. Millennium Development Goals. Sometimes characterized as a "brain drain," this migration flow was not a new phenomenon in nursing,[4] but had become more apparent on the policy agenda and featured in mainstream media coverage. The Code was intended as a global response to establish a policy frame for a more balanced approach by member states to the issue of health worker migration. It set out a broad-based, voluntary, policy-oriented approach to the issue of health worker migration at national and international levels. It articulated key principles for any member state that wishes to develop a more effective approach to health workforce sustainability and migration.

This paper examines the status of the WHO Code, 5 years after adoption, in the context of broader issues of international nurse mobility and migration. The aim is to provide US-based nurse executives with a brief overview of the WHO Code and its main elements, and an associated review of the policy context of international nurse labor market dynamics. There has been a significant growth in research, policy analysis, and discussion on issues related to nurse migration and mobility in recent years. This paper is not intended to be a comprehensive review of all these sources.[5-7]

THE WHO CODE

The WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted by the 63rd World Health Assembly on May 21, 2010.[8]

The main purposes of the Code are to:

- Establish and promote voluntary principles 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.
- Serve as a reference for member states in establishing or improving the legal and institutional framework required for the international recruitment of health personnel.
- Provide guidance that may be used where appropriate in the formulation and implementation of bilateral agreements and other international legal instruments.
- Facilitate and promote international discussion and advance cooperation on matters relating to the ethical international recruitment of health personnel as part of strengthening health systems, with a particular focus on the situation of developing countries.

The Code sets out a broad-based, voluntary, policy-oriented approach to the issue of health worker migration at national and international levels. It recognizes the complexities and dynamics of migration, emphasizes the need for more effective monitoring and analysis of trends, and places migration in a broader health workforce policy and planning context. It also clearly sets out that the rights of individuals to move and migrate should be respected and be at the core of any policy framework.

The Code signals that health workforce "sustainability" should be the overall goal for member states, and that in attending to their domestic labor market situation, destination countries in particular, will reduce the need for active international recruitment by minimizing the "push" factors creating out-migration if they are high-income source countries.

THE LABOR MARKET CONTEXT FOR THE CODE

Over the last 15 years, analysis and debate about the reasons for nurse migration and mobility, the trends in flow, and the impact of nurse migration have developed from an overly simplistic one-way brain drain argument to an acknowledgment of a more complex, if not yet comprehensive, picture. There has been progress in understanding the strengths and limitations of different datasets depicting an accurate picture of migration, and also in research analyzing why nurses move, and their experiences of migration.

It is also apparent that the current nurse labor market situation in many high-income countries points towards an increase in skills shortages that may further drive active international recruitment. This is compounded by an ageing of the nursing workforce, with the likelihood of growth in retirement numbers. Recent data highlight the ageing profile of the nursing workforce in many high-income countries, with increasing average age of a nurse: Denmark (average age 45), Finland (42), Ireland (44), New Zealand (47), Sweden (46), United States (45), and United Kingdom (42).[9]

Despite increased nursing employment as a result of the economic crisis and recession in many Organization of Economic Co-operation and Development (OECD) countries, a few recent national reports also underscore increasing gaps between projected supply and demand for nurses due to the reasons of demand, ageing, and increased retirements.[10-13] For example, although based on rudimentary analysis, the European Commission estimates that there could be a potential shortfall of 1 million healthcare workers in the countries of the European Union by 2020.[14] International recruitment is one policy solution that has been actively pursued in the past by high-income countries trying to fill the supply–demand gap, and appears to continue as a "solution" to projected future shortages. As such, the Code will not lose relevance as a policy frame. At the time of writing this paper, it is anticipated that new data on health professional mobility in and into OECD countries, including the United States, will be published within the next few months. This dataset being developed by OECD, WHO, and Eurostat will give an updated and more complete picture of patterns of international flows. The current picture is more fragmented, and current data and analysis of the mobility of nurses and other health professionals tend to focus primarily on the inflow or stock of foreign nurses and other health professionals working in high-income destination countries.[15-19]