



WHO Global Code of Practice: Implementation in the U.S.

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Code of Practice Public Meeting
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Overview

- U.S. Implementation of the Code of Practice
- Challenges
- Next Steps
- Summary

Code of Practice: In Brief

- The WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted by the 63rd World Health Assembly on 21 May 2010
- This voluntary Code aims to establish and promote principles and practices for the ethical international recruitment of health personnel as well as promote health system strengthening

Negotiations: How the Code Came to Be

- OGA staff, along with counterparts from the State Department, led the negotiating team on behalf of the United States
- There were several points of contention during the negotiations on the Code

Key Elements of the Code

- Promotion of ethical recruitment practices
- Fair labor practices for foreign educated health workers, including appropriate hourly wages and benefits
- Increased efforts from all countries, developed and developing, to meet their own health workforce needs
- Support for health system strengthening in less developed countries
- Tracking of migration patterns
- Periodic national status reports

Code Implementation: In Brief

- Each country has been asked to designate a National Authority to be responsible for Code implementation, with responsibilities to include managing domestic implementation as well as communicating progress to WHO
- Member states are requested to provide a regular national report to the WHO Secretariat every three years, with the first report requested in 2012 (likely in the spring)

WHO Activities on Code Implementation

- As part of the implementation process, WHO has collected the contact information for each Member State's designated National Authority and published it online.
- WHO has issued a set of draft reporting guidelines for Member States

The National Authority: A HRSA/OGA Partnership

- HRSA and OGA have been designated as the joint National Authority for the U.S.
- OGA is the lead HHS office in global health and international matters. OGA provides advice and direction to the HHS leadership regarding international health, family, and social affairs, including health diplomacy in support of U.S. foreign policy.
- HRSA provides national leadership, program resources and services needed to improve access to culturally competent, quality health care. HRSA focuses on improving access to health care services for people who are uninsured, isolated or medically vulnerable and on training health professions to improve the supply, capacity and distribution of the health workforce

Code of Practice: Implementation in the U.S. (2)

- An inter-governmental work-group, led by the Health Resources and Services Administration (HRSA) and the Office of Global Affairs (OGA) at the U.S. Department of Health and Human Services, has been convened to guide the U.S. implementation of the Code
- The National Authority is developing the data required for the national report requested by WHO Secretariat, to be submitted in the spring 2012
- Relationships are being established with non-governmental stakeholders
- The USG continues to support ongoing efforts to increase health workforce capacity both nationally and internationally

The National Center for Health Workforce Analysis (NCHWA)

- Created in 2010 by the passage of the Affordable Care Act¹
- Charged with developing information on the health care workforce and workforce related issues
- Mission to support more informed public and private sector decision making related to the health workforce through expanded and improved health workforce data, projections and information.

¹ Sec. 5103 of PL 111-48, which amended the Public Health Service Act Title VII.

Draft Reporting Guidelines

- The WHO issued their most recent draft guidelines on monitoring the implementation of the Code of Practice in March 2011
- In addition to a draft regular national reporting instrument, these guidelines include a rationale for monitoring and suggestions for the reporting and monitoring process
- The draft national reporting instrument includes a qualitative section and a quantitative section to address the question of minimum data sets, with an initial focus on medical doctors, nurses, and midwives for quantitative reporting

USG Global Health Workforce Development Activities

- Activities are based on the principles of country ownership and sustainability
- Collaborate with source countries to design and implement programs that will address “push” factors
- Efforts span the spectrum of human resources of health (HRH) interventions but are tailored in each country to their individual needs and priorities

USG Global Health Workforce Development Activities (cont.)

- Activities are primarily divided into three categories:
 - 1) HRH Policy and Planning
 - 2) Workforce Development
 - 3) Performance Support

International Activities at HRSA

HRSA Global HIV/AIDS Program:

- International AIDS Education and Training Center (I-TECH)
- Medical Education Partnership Initiative (MEPI)
- Nursing Education Partnership Initiative (NEPI)

Challenges to U.S. Implementation

- Privatized nature of the US health care system
- Incomplete data and information to track migration of health professionals
- Challenges to ensuring an adequate US production level to meet future needs
- Attractive professional and personal opportunities in the U.S.; strong interest in migration

Next Steps (1)

- The National Authority will track updates from WHO regarding the Code, its implementation, and monitoring
- The inter-governmental work-group will continue to meet to address key issues in the U.S. implementation of the Code
- The U.S. government will continue to encourage and participate in international conferences dedicated to the global health workforce

Next Steps (2)

- HRSA will compile available data to respond to suggested WHO reporting guidelines
- NCHWA will continue to develop data to describe supply of and demand for the health workforce across the U.S. in order to inform public policy and private investments in the domestic health workforce
- The National Authority will continue to establish relationships with interested stakeholders in the public

Summary

- The U.S. supports the principles espoused by the WHO Code of Practice
- The U.S. will continue to participate in partnerships that are designed to strengthen local health resources in developing countries
- Due to the privatized nature of the U.S. health care and health personnel recruitment systems, our country will face challenges in the implementation of the Code of Practice
- Partnerships across federal agencies and with non-governmental organizations will be critical to the U.S. Implementation of this Code

Contact the National Authority

- The USG is eager to engage the public and interested stakeholders in implementation, monitoring, and reporting efforts
- Interested parties may reach the National Authority at its dedicated email address:

US.WHO.IRHP@HHS.GOV