COMMITTEE B
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GLOBAL MODEL UN WHO 2026

ANNOTATED BIBLIOGRAPHY

COMMITTEE A6: ETHICAL GOVERNANCE OF INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL

Simulation: Committee B

Welcome to Global Model WHO 2026,

We are very pleased to introduce you to the most authentic simulation of the World Health Organization in the world; and hope to contribute to your understanding of the organization, its mandate, and its critical role in global affairs.

Through a series of pre-conference webinars that will be offered and documents – like this resource guide – we aim to educate you not only about the global issues on the UN agenda, but also about the ways and means through which those topics are discussed, debated and negotiated by real UN diplomats.

This resource guide will provide you with a head start in doing research to gain a deeper understanding of the global issue that you will be discussing and the actions that the government you have been assigned recommends that the international community should take to address this issue. To make the research process a bit easier, the resource guide has been divided into sections and sub-sections to assist you in researching these two components. We strongly recommend you to give a careful look through the sources listed below so that the interaction with your peers is as exciting as possible.

We wish you all the very best in this journey of learning!

TOPIC DESCRIPTION

International migration allows health and care workers to pursue employment, higher wages, professional development and other opportunities abroad, while helping destination countries fill workforce shortages. However, large-scale recruitment from countries already experiencing severe shortages can weaken health systems and reduce access to care. The WHO Global Code of Practice on the International Recruitment of Health Personnel provides the international framework for managing these competing interests. In May 2026, the World Health Assembly amended the Code, adding provisions concerning care workers, emergencies and co-investment so that international recruitment can produce proportional benefits for source and destination countries.

Key Points and Main Issues

International recruitment of health personnel is not simply a question of whether migration is good or bad. The central challenge is how countries can meet genuine workforce needs while protecting the health systems workers leave, respecting workers' freedom to migrate, and ensuring fair recruitment and employment conditions. The WHO Global Code of Practice provides the main international framework, while ILO and IOM standards address labour rights and fair recruitment. The International Platform on Health Worker Mobility brings these strands together by supporting cooperation among governments and international organizations.

1. BALANCING HEALTH WORKERS' FREEDOM TO MIGRATE WITH THE NEEDS OF SOURCE-COUNTRY HEALTH SYSTEMS

Doctors, nurses, midwives and care workers may seek opportunities abroad for higher pay, safer working conditions, professional development or personal reasons. At the same time, large-scale departures can weaken countries that already struggle to provide essential health services. Ethical governance therefore has to protect both individual rights and population health.

Key issues include:

- Health personnel should not be prevented from migrating simply because their skills are needed at home.
- Source countries have a legitimate concern when organized recruitment removes workers from already understaffed health systems.
- Destination countries may depend on international recruitment to fill real shortages, especially as populations age and demand for care rises.
- Policies that protect a health system should not shift the burden of solving workforce shortages onto individual workers.

Recommended Actions

- Protect the right of health workers to seek jobs abroad, while setting rules for employers and recruiters on how they advertise jobs, approach workers, charge fees, provide information and arrange contracts.
- Before approving or organizing large recruitment programmes, examine whether the source country already has serious shortages of health workers and whether further losses could reduce access to essential health services.
- Encourage source and destination countries to agree on recruitment rules, protections for migrant health workers, and ways for destination countries to support the training and retention of health workers in countries from which they recruit.

Key Points and Main Issues (cont.)

2. DISTINGUISHING ACTIVE RECRUITMENT FROM INDIVIDUAL MIGRATION

A central distinction in the WHO Code is between a health worker independently deciding to seek a job abroad and a foreign government, employer or recruitment agency deliberately recruiting workers from another country. The ethical concern is especially strong when organized recruitment targets a country with serious health-workforce shortages.

Key issues include:

- Active recruitment can include advertising jobs in another country, interviewing candidates there and arranging their placement abroad.
- An individual worker who independently applies for a foreign job is exercising personal mobility; this is not the same as a destination country deliberately targeting another health system's workforce.
- Government-to-government agreements can allow active recruitment to take place on terms negotiated with the source country rather than without its participation.

Recommended Actions

- Clearly define the recruitment practices governments will regulate and monitor, including whether recruiters may charge workers fees, what information they must provide about jobs and working conditions, whether contracts may be changed after recruitment, and what rules apply when recruiting from countries facing serious health-worker shortages.
- Require recruiters and employers to give workers accurate information about salary, duties and working conditions; provide written contracts before migration; obey rules on recruitment fees; and face penalties when they violate recruitment laws.
- When large-scale recruitment could worsen shortages in a source country, encourage the two governments to negotiate the number and types of workers to be recruited, worker protections, and any support the destination country will provide for training or retaining health workers in the source country.

Key Points and Main Issues (cont.)

3. PROTECTING COUNTRIES WITH SERIOUS HEALTH-WORKFORCE SHORTAGES

Health workers are distributed very unevenly across the world. Some countries have severe shortages of doctors, nurses and midwives and also struggle to provide essential health services. WHO's Health Workforce Support and Safeguards List identifies countries that need additional workforce support and safeguards related to active international recruitment. The current 2023 list contains 55 countries; it replaced the 2021 list discussed in the background paper.

Key issues include:

- Being on the WHO safeguards list does not mean that a country's health workers are prohibited from migrating.
- A national shortage cannot always be understood from one workforce number alone. A country may have shortages in rural areas, shortages in particular professions, or trained workers who cannot find funded jobs.
- Countries' workforce situations change over time, so recruitment policy should use current data rather than permanent labels.
- Safeguards should be accompanied by support for workforce development, not treated only as restrictions on recruitment.

Recommended Actions

- Use current data on health-worker shortages and access to essential health services to determine whether active international recruitment from a country could worsen its ability to meet the health needs of its population.
- Before establishing a major recruitment programme, examine how many health workers the source country trains, how many are actually employed, where shortages are greatest, and whether the country has enough workers to meet population health needs.
- Give particular attention to countries on the WHO Health Workforce Support and Safeguards List by avoiding active recruitment that could worsen shortages and by directing international support toward training, employing and retaining more health workers in those countries.

Key Points and Main Issues (cont.)

4. MAKING RECRUITMENT MUTUALLY BENEFICIAL THROUGH BILATERAL AGREEMENTS AND CO-INVESTMENT

The WHO Code states that the health systems of both source and destination countries should benefit from international migration. This is difficult because the destination country immediately gains trained workers, while the source country may lose both personnel and the public or private investment used to educate them. The 2026 amendments to the Code strengthen the emphasis on co-investment and proportional benefits.

Key issues include:

- A bilateral agreement can allow governments to negotiate how many workers will be recruited, from which occupations, and under what conditions.
- Destination countries can support training capacity, professional development, workforce planning, infrastructure or other agreed health-system priorities in source countries.
- Countries may disagree about what counts as a meaningful benefit and whether support should increase as the scale of recruitment increases.
- Investment in training alone may not solve shortages if the source country cannot employ or retain the workers it trains.

Recommended Actions

- In bilateral recruitment agreements, specify what the source country will gain—for example, funding for additional training places, support for health-worker education, or programmes to improve retention—and set targets that can be checked later.
- State in the agreement who will pay for each promised benefit, how and when the support will be provided, and what information will be used to determine whether the commitment was fulfilled.
- Consider arrangements in which destination countries help finance additional education and training in source countries so that more health workers are produced overall, rather than recruiting only from the source country's existing workforce.

Key Points and Main Issues (cont.)

5. PROTECTING MIGRANT HEALTH WORKERS FROM UNFAIR RECRUITMENT AND EMPLOYMENT PRACTICES

Ethical recruitment is also about how individual workers are treated. Migrant health personnel can face recruitment fees, misleading information, contract substitution, discrimination, restrictions on changing employers or other forms of exploitation. WHO, ILO and IOM therefore approach the issue from complementary perspectives: health-system sustainability, labour rights and fair rules and policies for migration.

Key issues include:

- Workers should receive accurate information about the job, salary, working conditions, professional licensing requirements and immigration status before accepting employment.
- Recruitment fees charged to workers can create debt and make workers more vulnerable to exploitation.
- Migrant health workers should receive fair labour protections and should not be treated less favourably simply because they were recruited internationally.
- Recruitment agencies and employers need accountability mechanisms when standards are violated.

Recommended Actions

- Require workers to receive, before they migrate, a written contract and accurate information about salary, duties, working hours, location, immigration requirements and other important employment conditions.
- Set and enforce rules on who pays recruitment costs so workers are not charged prohibited fees for being placed in a job or pushed into debt to obtain employment abroad.
- Give migrant health workers a safe way to report recruitment or employment abuses, provide labour authorities with power to investigate complaints, and prohibit employers or recruiters from punishing workers who report violations.

Key Points and Main Issues (cont.)

6. ADDRESSING WHY HEALTH WORKERS LEAVE: TRAINING, EMPLOYMENT AND RETENTION

International recruitment is only one cause of health-worker shortages. Workers may leave because of low salaries, excessive workloads, unsafe conditions, lack of equipment, limited career opportunities or difficulty finding a job after training. A country can therefore have too few employed health workers while also having qualified workers who are unemployed. Ethical recruitment policy has to address these underlying labour-market conditions.

Key issues include:

- Training more workers will not solve a shortage if governments or health systems cannot afford to employ them.
- National workforce totals can hide severe shortages in rural areas or particular medical specialties.
- Poor working conditions and limited professional opportunities can make retention difficult even when training capacity is adequate.
- Destination-country recruitment can worsen these pressures, but stopping recruitment alone may not fix them.

Recommended Actions

- Determine why shortages exist: whether too few workers are being trained, trained workers cannot find funded jobs, workers are concentrated in certain regions, or poor pay and working conditions are causing them to leave. Match the policy response to the actual cause.
- Help source countries retain workers by addressing specific reasons they leave, such as unsafe or understaffed workplaces, limited opportunities for promotion or specialist training, and difficulty attracting workers to rural or underserved areas.
- Direct international assistance toward the specific cause of a shortage—for example, financing more training places if too few workers are trained, funding positions if trained workers cannot find jobs, or improving rural incentives if workers are unevenly distributed.

Key Points and Main Issues (cont.)

7. RECRUITMENT DURING EMERGENCIES AND THE GROWING IMPORTANCE OF CARE WORKERS

Health emergencies can create sudden workforce needs in destination countries while simultaneously increasing the need for workers in source countries. The COVID-19 pandemic demonstrated this tension. The 2026 amendments to the WHO Code also broaden attention to care workers, reflecting the growing international movement of workers who provide long-term and personal care as populations age.

Key issues include:

- Emergency recruitment can help a country respond to an immediate crisis but may remove workers from countries facing the same or another emergency.
- Temporary emergency measures can become long-term recruitment pathways if they are not reviewed.
- Care workers may face different recruitment systems, qualifications and labour protections from doctors and nurses but can still be essential to health and care systems.
- Countries need to determine how safeguards should operate when both source and destination countries have urgent needs.

Recommended Actions

- State in recruitment agreements what will happen during a health emergency—for example, whether recruitment will be temporarily reduced, whether urgently needed categories of workers will be excluded, or whether additional support will be provided to the source country.
- Apply recruitment protections not only to doctors and nurses but also to care workers, including rules on recruitment fees, contracts, accurate job information and access to complaint procedures.
- After an emergency, review any temporary recruitment arrangements to see how they affected workers and both countries' health systems, and then end, revise or formally renew them rather than allowing emergency measures to continue automatically.

Key Points and Main Issues (cont.)

8. IMPROVING DATA, REPORTING AND ACCOUNTABILITY

Governments cannot judge whether recruitment is ethical if they do not know how many health workers are leaving and arriving, which occupations are affected, who is recruiting them, or whether agreements are strengthening source-country health systems. The WHO Code therefore depends heavily on national reporting and international monitoring, but reporting has been uneven.

Key issues include:

- Countries need comparable data on health-worker stocks, vacancies, migration, unemployment and geographic distribution.
- Recruitment data should distinguish individual migration from organized recruitment programmes where possible.
- Bilateral agreements need measurable objectives so governments can determine whether promised benefits were actually delivered.
- Voluntary international frameworks depend on transparency and peer accountability because WHO does not directly enforce national recruitment policy.

Recommended Actions

- Require the government agencies responsible for health, labour and migration to share data on how many health workers leave or arrive, which occupations are affected, and how recruitment agreements are being implemented, and use that information in reports under the WHO Code.
- Publish the main terms of major recruitment agreements, including how many and what types of workers may be recruited, what protections apply to them, and what training, funding or other support has been promised to the source country.
- Review recruitment agreements at set intervals using data on worker losses, staffing shortages, access to health services and promised investments, and change the agreement if recruitment is worsening shortages or promised benefits are not being delivered.

Key Points and Main Issues (cont.)

9. COORDINATING WHO, ILO, IOM AND THE INTERNATIONAL PLATFORM ON HEALTH WORKER MOBILITY

No single international organization covers every part of health-worker mobility. WHO focuses on health systems, workforce sustainability and implementation of the Global Code. ILO contributes international labour standards and principles concerning decent work and fair recruitment. IOM addresses rules and policies for migration and ethical recruitment, including recruiter accountability. The International Platform on Health Worker Mobility provides a forum for these organizations, governments and other stakeholders to coordinate work on health-worker mobility.

Key issues include:

- Health ministries may focus on workforce shortages, while labour and migration authorities focus on employment rights, recruitment regulation and migration pathways.
- Different international standards can reinforce one another, but governments need to translate them into coherent national policies.
- Coordination is especially important for bilateral agreements that involve health, labour, immigration, education and finance authorities at the same time.

Recommended Actions

- When setting recruitment policy, combine WHO guidance on protecting health systems with ILO standards on workers' rights and working conditions and IOM guidance on fair migration and recruitment practices.
- Give health, labour, migration, education and finance ministries defined roles in recruitment agreements—for example, health ministries assess staffing needs, labour authorities oversee worker protections, education ministries assess training capacity, and finance ministries determine how promised investments will be funded.
- Use the International Platform on Health Worker Mobility to compare recruitment agreements, share data on health-worker movement, and identify approaches that have protected workers while reducing harm to countries with workforce shortages.

Key Points and Main Issues (cont.)

10. SHARING RESPONSIBILITY FAIRLY BETWEEN SOURCE AND DESTINATION COUNTRIES

Ethical recruitment ultimately raises a question of responsibility. Source countries are responsible for training, employing and retaining their health workforce, but destination countries benefit when they recruit workers whose education and professional development were financed elsewhere. A fair system therefore cannot assume that either side alone should bear the full cost of workforce development.

Key issues include:

- Source countries may argue that destination countries should contribute to the cost of replacing or training workers they recruit.
- Destination countries may argue that they cannot be responsible for every weakness in another country's health system and that workers have a right to migrate.
- Both sides have incentives to cooperate: source countries can gain investment and opportunities for their workers, while destination countries can gain a more predictable and sustainable recruitment pathway.
- The scale and form of shared responsibility may differ depending on the number and type of workers recruited and the condition of the source country's health system.

Recommended Actions

- State who is responsible for each part of recruitment: source countries for identifying workforce needs, destination countries for ensuring recruitment does not worsen serious shortages, employers for employment conditions, and recruitment agencies for truthful advertising, lawful fees and accurate contracts.
- Tie destination-country investment to a specific workforce need in the source country—for example, additional nursing-school places or rural retention programmes—and measure whether the investment actually increases the number of health workers trained, employed or retained.
- Do not prevent individual health workers from seeking jobs abroad. Instead, regulate organized recruitment and use recruitment agreements and workforce investment to reduce the risk that large-scale recruitment will leave source countries unable to staff essential health services.

Key Points and Main Issues (cont.)

Central Questions for Delegates

- How can countries protect vulnerable health systems without restricting health workers' freedom to migrate?
- When should active recruitment from a country with serious health-workforce shortages be discouraged, and when can it proceed under a bilateral agreement?
- What should destination countries contribute to source countries when they recruit significant numbers of health personnel?
- How should governments determine whether co-investment is proportional to the benefits received through recruitment?
- What protections should migrant health and care workers receive from recruiters and employers?
- How should governments respond when a country has health-worker shortages but also has trained workers who cannot find funded jobs?
- What special rules, if any, should apply to recruitment during health emergencies?
- What information should countries be required or encouraged to report so the effects of international recruitment can be monitored?
- How should WHO coordinate with ILO, IOM and the International Platform on Health Worker Mobility?
- How can bilateral agreements be evaluated to determine whether they actually benefit both source and destination health systems?

General Resources

WHO: Global Code of Practice on the International Recruitment of Health Personnel amended — 2026

This 2026 amendment expands the WHO Global Code to cover internationally recruited care workers and clarifies how the Code should apply during emergencies. It also asks destination countries to invest alongside source countries so that recruitment brings clear benefits to both health systems.

WHO: Health Workforce Support and Safeguards List — 2026 Q&A — 2026

Explains how the updated safeguards list identifies countries with pressing workforce vulnerabilities and, following WHA79.12, adds a country-led flexibility process. Countries provisionally identified may request exemption from safeguards, while other countries may request support and safeguards. This is essential for delegates because the list guides safeguards against active international recruitment without restricting an individual health worker's right to migrate.

WHO Executive Board: Health workforce — modes of international recruitment and reporting under the Global Code (EB156 report) — 2025

This WHO Executive Board report reviews how countries recruit health workers internationally and what governments reported in the fifth round of monitoring of the Global Code. It identifies gaps in reporting and monitoring and recommends better coordination before the World Health Assembly reviews the Code.

General Resources (cont.)

WHO: Health Workforce at #WHA78 — Resolution WHA78.16 on Accelerating Action on the Global Health and Care Workforce by 2030 — 2025

This resolution, led by the Philippines with Germany, Morocco, Nigeria and Thailand, extends WHO's global directions for nursing and midwifery through 2030. It also calls for regional consultations on the review of the Global Code before the Seventy-ninth World Health Assembly.

WHO/OECD/ILO: Bilateral Agreements on Health Worker Migration and Mobility — 2024

This normative guidance is one of the most useful practical resources for the simulation. It explains how governments can design, negotiate, implement, monitor and evaluate recruitment agreements so that migration benefits both participating health systems while protecting migrant workers' rights and welfare. It gives delegates concrete issues to negotiate, including workforce planning, recruitment practices, qualification recognition, worker protections, data sharing, monitoring and investment in source-country health systems.

WHO: Health Workforce Support and Safeguards List 2023 — 2023

This WHO list identifies 55 countries with low health-worker numbers and weak universal health coverage. It does not stop workers from migrating. Instead, it signals that active recruitment from these countries should include safeguards and, where recruitment agreements are used, careful study of the country's workforce needs.

General Resources (cont.)

WHO: Report on Global Health Worker Mobility — 2023

Provides comparative data on health-worker mobility across 134 countries and examines countries' dependence on foreign-trained and foreign-born workers. It is especially useful for country research because it shows that states can be both sources and destinations of health workers and that migration patterns are shaped by language, geography and bilateral or regional relationships.

IOM: Montreal Recommendations on Recruitment — A Roadmap towards Better Regulation — 2020

IOM's Montreal Recommendations give governments practical guidance for making recruitment fairer. They focus on rules for recruiters, protection of migrant workers, and accountability when recruitment standards are violated. Although they cover many types of migrant workers, the principles are relevant to health personnel.

ILO: General Principles and Operational Guidelines for Fair Recruitment and Definition of Recruitment Fees and Related Costs — 2019

Provides the labour-rights side of ethical recruitment. The ILO guidance states that workers should not be charged recruitment fees or related costs and addresses the responsibilities of governments, employers and recruiters. It helps delegates examine ethical recruitment not only from the perspective of protecting source-country health systems, but also from the perspective of protecting the individual workers who migrate.

General Resources (cont.)

UN: Global Compact for Safe, Orderly and Regular Migration — Objective 6 — 2018

Objective 6 of the UN Global Compact for Migration calls for fair and ethical recruitment and better protection of migrant workers. It complements the WHO Code by focusing on how workers are recruited and treated, rather than only on the effect of recruitment on health systems.

WHO/ILO/OECD: International Platform on Health Worker Mobility — Context, Objectives and Activities — 2017

Sets out the purpose of the International Platform on Health Worker Mobility, created to improve policy dialogue, monitoring, country support and knowledge-sharing. The Platform links implementation of the WHO Global Code with relevant ILO standards and broader rules and policies for migration, making it a useful resource for understanding why this issue requires cooperation across health, labour and migration institutions.

WHO: Migration of Health Workers — WHO Code of Practice and the Global Economic Crisis — 2014

Uses 13 country case studies—including Australia, Belgium, Canada, El Salvador, Italy, Norway, the Philippines, Poland, the United Kingdom and the United States—to examine how countries manage health-worker mobility. Because many of these countries are assigned in the simulation, it gives delegates comparative evidence on how the WHO Code has influenced national policies and international cooperation.

General Resources (cont.)

ILO: Multilateral Framework on Labour Migration — 2006

This ILO framework sets out non-binding principles on decent work, labour migration and the rights of migrant workers. It is not specific to health care, but its principles help explain the labour-rights standards that sit alongside the WHO Code.

IOM: Ethical Recruitment — Principles and the IRIS Standard — n.d.

This IOM resource explains the International Recruitment Integrity System (IRIS), a standard for fair recruitment. It promotes transparent hiring, protection of workers and the principle that workers should not pay recruitment fees. It is useful for examining the responsibilities of recruiters and employers.

African Region

WHO AFRO: Africa's Health Workforce Expands but Shortages, Unemployment and Migration Intensify — State of the Health Workforce in Africa 2026 — 2026

This WHO African Region report finds that Africa is training more health workers, but many countries still face shortages while some qualified workers cannot find funded jobs and others leave for work abroad. It introduces the Africa Health Workforce Agenda 2026–2035, which focuses on education, employment, retention and investment.

WHO AFRO: Addressing Health Worker Migration in Africa — 2025

This article by WHO African Region experts examines the projected health-worker shortage in Africa and the growing demand for African health workers from higher-income countries. It highlights an important problem: countries can train more workers and still lose many of them if jobs, pay and working conditions do not improve.

WHO AFRO/AHOP: Brain Drain in Africa — Bilateral Agreements on Health Workforce Migration and Mobility — 2024

Summarizes a policy dialogue convened with Nigeria and participants from Ethiopia, Kenya, Rwanda and Senegal on whether bilateral agreements and other cooperative strategies can manage health-worker migration while reducing workforce shortages. It is particularly useful for delegates representing African source countries because it connects the general principles of the WHO Code to current African policy choices.

Region of the Americas

WHO AMRO/PAHO: Caribbean Human Resources for Health Leaders Convene to Tackle Workforce Shortages — 2026

This PAHO/CARICOM resource describes regional work on an Action Plan for Health Worker Migration and the Caribbean Roadmap 2025–2030. It shows how Caribbean countries are trying to work together on recruitment, retention and long-term workforce planning.

PAHO/WHO: Overview of the Health Labor Market in Nine South American Countries — 2026

Compares health labour-market conditions in nine South American countries, including Brazil, Colombia and Uruguay. It highlights major differences in workforce availability and distribution and emphasizes training, retention and working conditions. For delegates, it helps show why international migration cannot be understood only as a recruitment problem: domestic employment, geographic distribution and working conditions also shape whether health workers stay or leave.

WHO AMRO/PAHO: PAHO Director and CARICOM Secretary-General Sign 2025–2029 Joint Subregional Cooperation Strategy — 2025

This PAHO-CARICOM cooperation strategy includes work on health-worker shortages and migration in the Caribbean. It discusses ways to expand local training, including hybrid nursing education, while improving the region's ability to retain health workers.

South East Asia Region

ILO: Framework for Sri Lanka's Health Workers' Mobility Adopting Fair and Ethical Recruitment Practices — 2023

Examines how overseas recruitment of Sri Lankan health workers occurs and the personal and professional factors influencing workers' decisions to migrate. It applies ILO fair-recruitment principles together with the WHO Global Code, giving delegates a concrete South-East Asian example of how health-system concerns and migrant-worker rights can be considered together.

WHO SEARO: Review of International Migration of Nurses from the State of Kerala, India — 2022

Focusing on India's primary nurse-exporting state, this WHO-commissioned study reviews Kerala's policy responses to ethical recruitment under the WHO Code. It evaluates bilateral state agreements, identifying key levers to align migrant rights with destination country workforce demands.

Western Pacific Region

WHO WPRO: Regional Framework to Shape a Health Workforce for the Future of the Western Pacific — 2024

Sets out regional priorities for workforce planning, including stronger stewardship, workforce production and quality, management of distribution and productivity, and better data. Although broader than international recruitment alone, it helps delegates from Western Pacific countries connect migration to the underlying questions of how countries train, deploy and retain enough health workers.

WHO WPRO: Outmigration and Unequal Distribution of Filipino Physicians and Nurses — 2022

Highlighting severe domestic retention failures, this WPRO-supported study reveals that only 22% of registered Filipino healthcare personnel remained working domestically as of 2018. The authors point to low wages and workplace isolation as primary drivers, urging comprehensive structural reforms.

Eastern Mediterranean Region

WHO EMRO: Health Workforce — Regional Overview

n.d.

Provides regional context on workforce shortages, uneven deployment, working conditions and the need for stronger health-workforce planning across the Eastern Mediterranean. It is useful background for delegates because many assigned EMRO countries face conflict, displacement, fiscal constraints or heavy reliance on migrant workers, all of which can affect recruitment, retention and mobility.

European Region

WHO Europe: Health Workforce Migration in the WHO European Region — Country Case Studies 2025

Examines migration patterns through nine country case studies, including Ireland and Norway, and shows how European systems can simultaneously depend on foreign-trained personnel and lose workers to other countries. The report emphasizes domestic training, retention, stronger data and ethical recruitment, making it especially useful for delegates representing European destination countries.

African Region

African Union (Africa CDC): Baseline Report on the Health Workforce Status of 55 African Union Member States — 2025

This Africa CDC report provides workforce data for all 55 African Union Member States. It helps delegates compare shortages, training capacity and other workforce conditions and gives African countries evidence they can use when discussing investment and recruitment with destination countries.

Government of South Africa: Statement on International Universal Health Coverage Day — Protecting Health Personnel — 2019

In this statement, South Africa warns that recruiting health workers from countries with shortages can weaken progress toward universal health coverage. It argues that destination countries should support training and health-system capacity in the countries from which they recruit.

European Region

United Kingdom (DHSC/NHS Employers): Code of Practice for International Recruitment — 2025

England's 2025 Code of Practice applies WHO ethical-recruitment principles to employers and recruitment agencies. It bars recruiters from charging workers recruitment fees and restricts active recruitment from countries on the WHO safeguards list unless recruitment takes place through an approved government-to-government agreement.

Germany (GIZ/Federal Employment Agency): Triple Win — A Win-Win-Win Situation for Nursing Migration — 2025

Germany's government-supported Triple Win programme recruits nurses through agreements with partner countries. The programme combines recruitment with preparation and support for workers and is designed to benefit the worker, Germany and the source country.

United Kingdom (Wales): Written Statement — Memorandum of Understanding for the Placement of Health Professionals from India (Kerala) to Wales — 2024

This official Welsh statement describes an agreement with Kerala, India, to recruit health professionals under agreed rules. It is useful for showing how a destination government and a source government can negotiate recruitment conditions instead of leaving recruitment entirely to private agencies.

European Region

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CARICOM: Statement on the Human Resources for Health Caribbean Commission and Action Plan on Migration and Mobility — 2026

This CARICOM statement describes regional efforts to create a Caribbean Action Plan on health-worker migration and mobility. It shows how neighbouring countries can coordinate recruitment and retention policies even when there is no binding global treaty.

European Commission: Communication on Skills and Talent Mobility (EU Talent Partnerships and proposed EU Talent Pool) — 2023

This European Commission policy promotes legal migration pathways for workers in shortage occupations, including health care. It is useful because it shows a possible tension: policies designed to attract workers can conflict with WHO safeguards when recruitment draws from countries that already have serious health-worker shortages.

OECD: Recent Trends in International Migration of Doctors, Nurses and Medical Students — 2019

This OECD report tracks changes in the number of foreign-trained doctors and nurses working in OECD countries. It helps delegates see which countries depend heavily on internationally trained workers and why better data are important for monitoring the WHO Code.

African Region

International Council of Nurses: ICN Contributes to Global Code of Practice on the International Recruitment of Health Personnel — 2024

This International Council of Nurses resource describes growing nurse migration toward a relatively small number of destination countries. It also raises concern about weak participation in WHO reporting and calls for stronger cooperation among major recruiting countries.

Center for Global Development: A Win-Win? Migration Partnerships for an Aging EU Workforce — 2024

This policy analysis examines European migration partnerships, including arrangements involving Colombia and Egypt. It asks whether destination countries should invest in the health systems and training capacity of source countries so that recruitment does not simply deepen existing shortages.

International Health Policies: Challenges in the Implementation of the WHO Global Code of Practice — Unequal Power Relations in Global Health — 2023

This commentary argues that the WHO Code is weakened by being voluntary. It says ethical recruitment rules need stronger implementation and that destination countries should do more to support the health systems from which they recruit.

General Resources

International Council of Nurses: ICN Calls for Ethical Recruitment Process to Address Critical Shortage of Nurses — 2019

This International Council of Nurses resource calls for better data, stronger use of WHO ethical-recruitment standards and protection of nurses who migrate. It warns that large differences in pay and working conditions can make poorer health systems especially vulnerable to losing staff.

The Lancet: The Philippines' Health Worker Exodus — 2009

This Lancet feature describes the long history of health-worker emigration from the Philippines. It is useful for understanding the tension between a worker's right to seek opportunities abroad and a country's need to maintain enough health personnel to provide care.

African Region

Re-solve Global Health: Inside Africa's Push for Health Workforce Overhaul — 2026

This article describes Africa CDC proposals to strengthen the health workforce. It highlights a key problem: some countries have trained health workers who remain unemployed because public health systems cannot fund enough positions, while other workers leave for jobs abroad.

ScienceDirect: Interdisciplinary Cross-Sectoral Strategies to Mitigate Health Workforce Migration in Africa — 2025

This review examines ways African countries could retain more health workers, including better pay, career opportunities and workplace safety. It also discusses limits on aggressive recruitment by wealthier countries.

allAfrica: How to Stop the Health Worker Brain Drain in Africa? Invest in People and Innovations — 2023

This opinion piece argues that simply discouraging recruitment from countries with shortages will not solve the problem. It calls for investment in working conditions, equipment, rural incentives and other measures that make health workers more likely to stay.

Region of the Americas

Breaking Belize News: Health Worker Shortage of up to 2 Million in Latin America and Caribbean by 2030

2026

This regional news article reports a projected shortage of health workers in Latin America and the Caribbean. It highlights career development and working conditions as factors that can influence whether health workers remain in their home countries.

South East Asia Region

Eastern Eye: Kerala Nurses Trained for Safe Migration Amid UK, US Crackdown 2025

This article describes Kerala programmes that prepare nurses for migration and help protect them from recruitment fraud. It is useful for showing that source governments can support safe migration even while trying to retain enough workers at home.