

# SDG3.c.1 Health Worker Density and Distribution

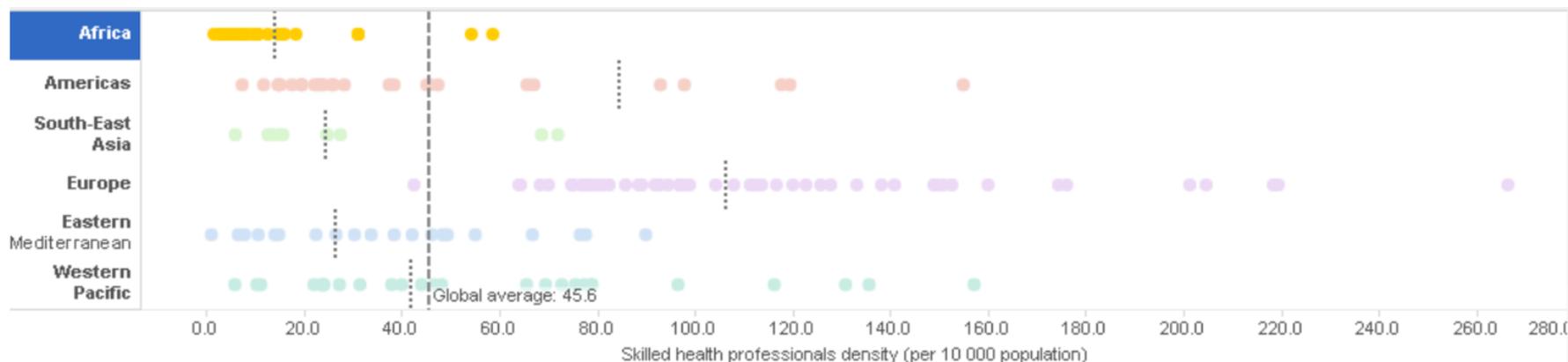
## Health Worker Labour Mobility

**Jim Campbell, Director, Health Workforce Department**  
**World Health Organization**

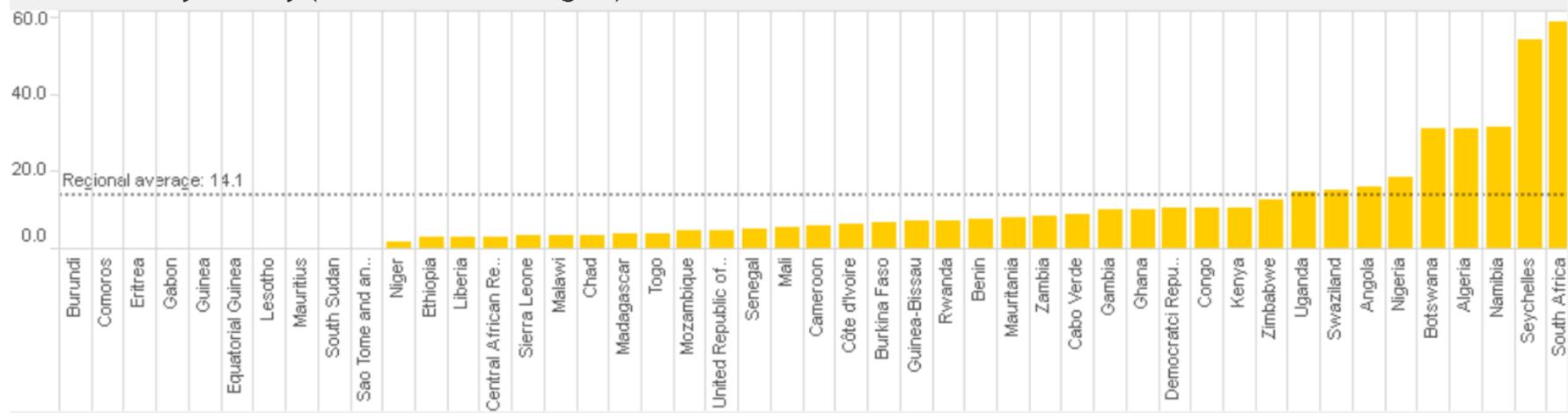
# I. Health worker density and distribution

# SKILLED HEALTH PROFESSIONALS DENSITY

(per 10 000 population, by WHO region, 2005-2015)



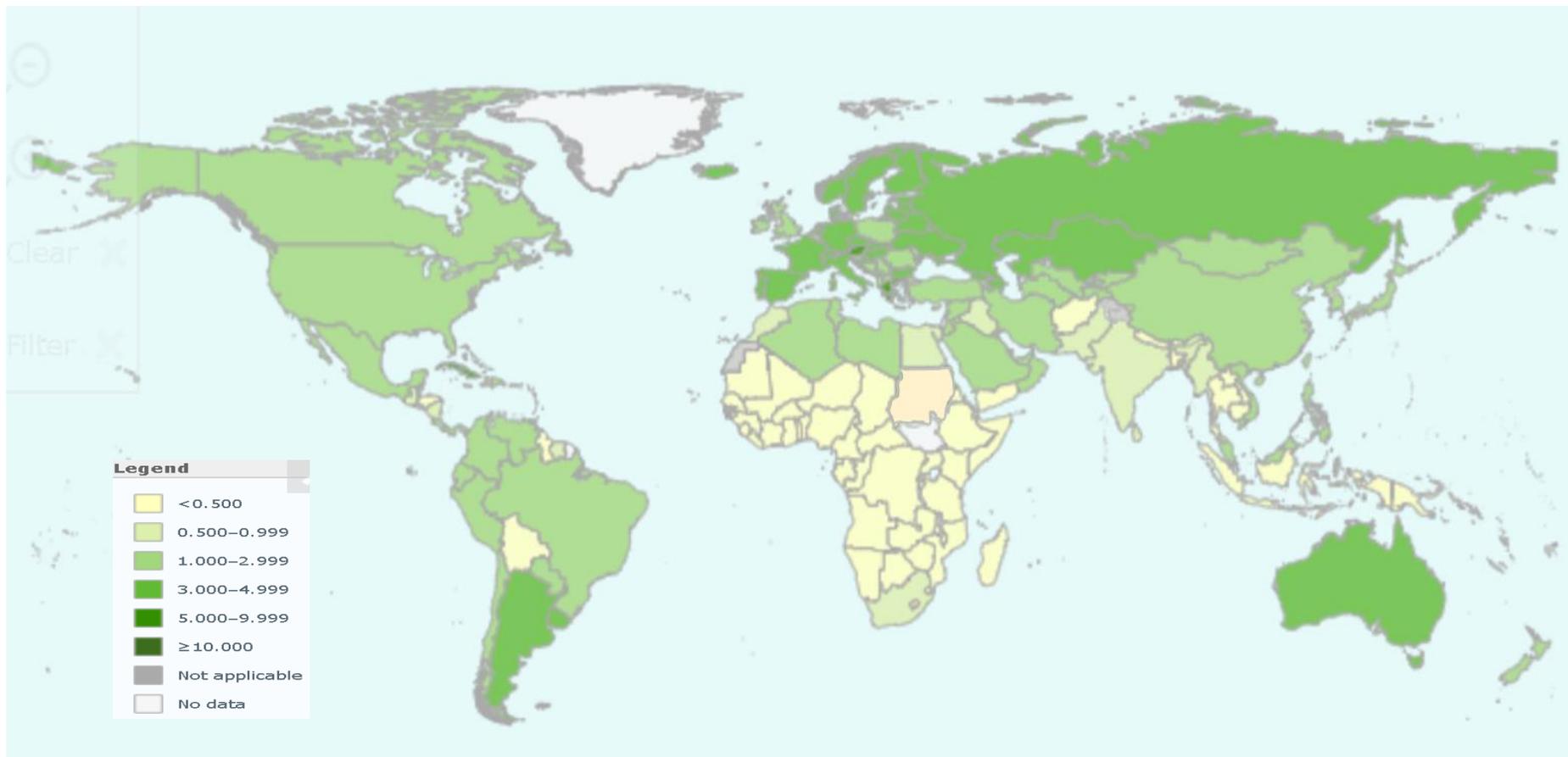
Distribution by country (in selected WHO region)



Source: World Health Statistics data visualizations dashboard, as of 13 Feb 2018

# DENSITY OF PHYSICIANS

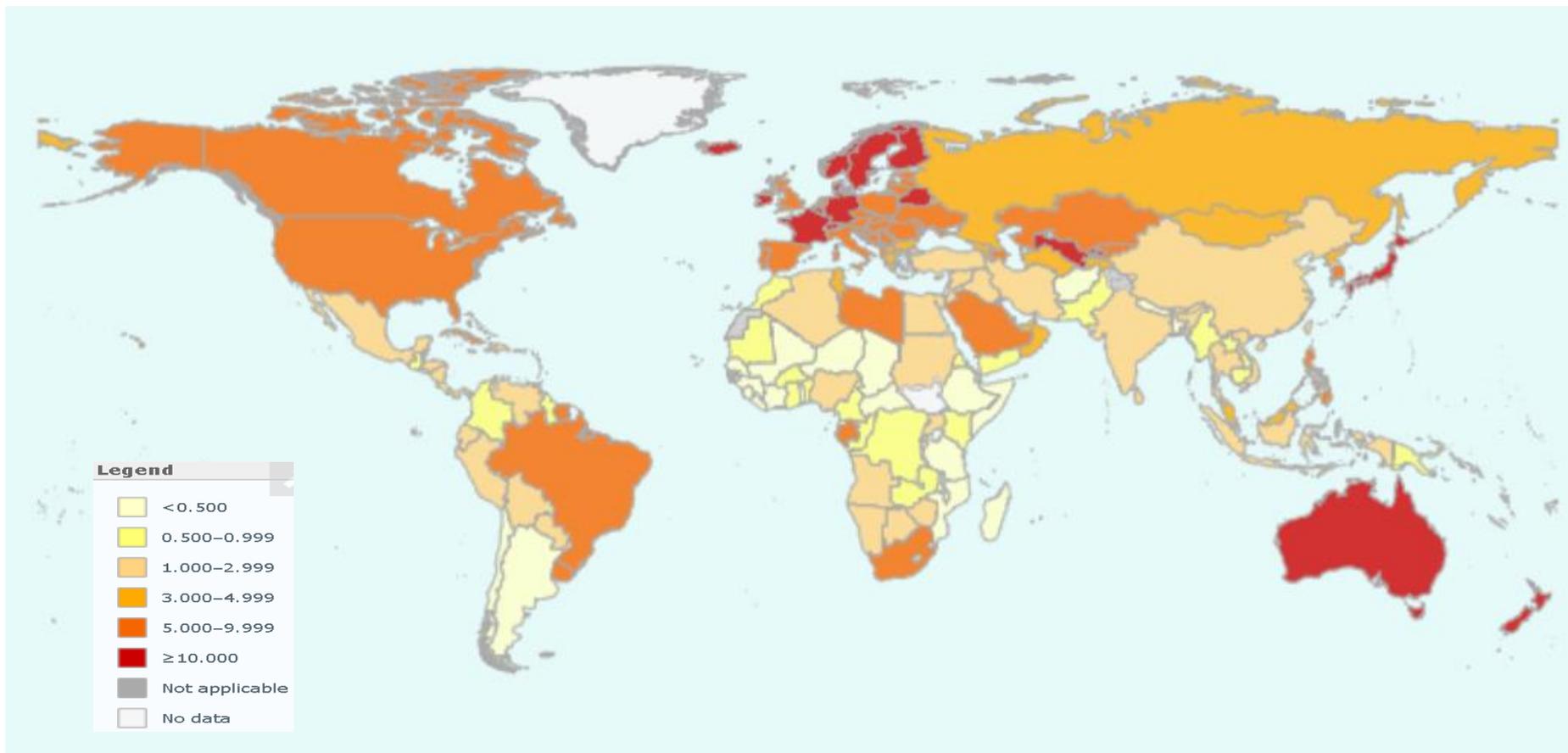
(total number per 1000 population, latest available year)



Source: Health Workforce, Global Health Observatory, as of 13 Feb 2018

# DENSITY OF NURSING AND MIDWIFERY PERSONNEL

(total number per 1000 population, latest available year)

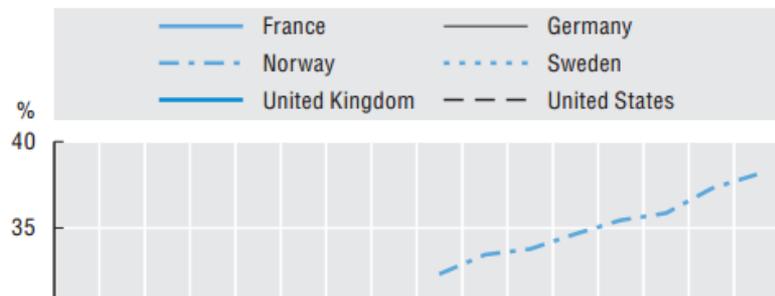


Source: Health Workforce, Global Health Observatory, as of 13 Feb 2018

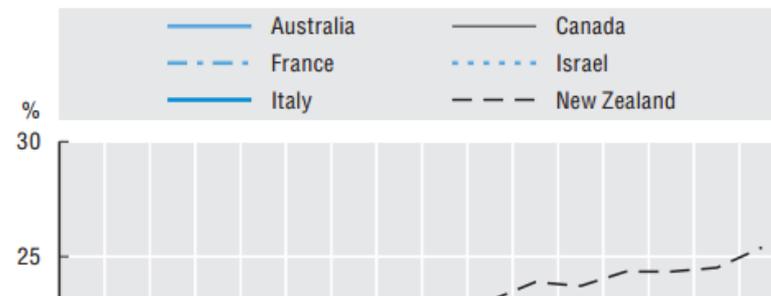
## II. Health worker labour mobility

# INTERNATIONAL MIGRATION ON THE RISE

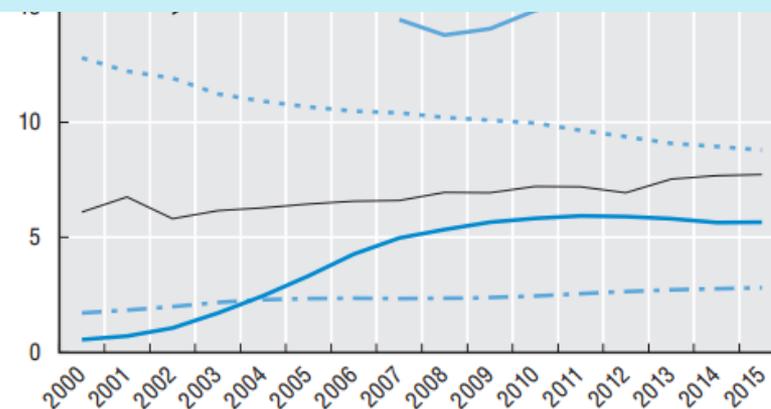
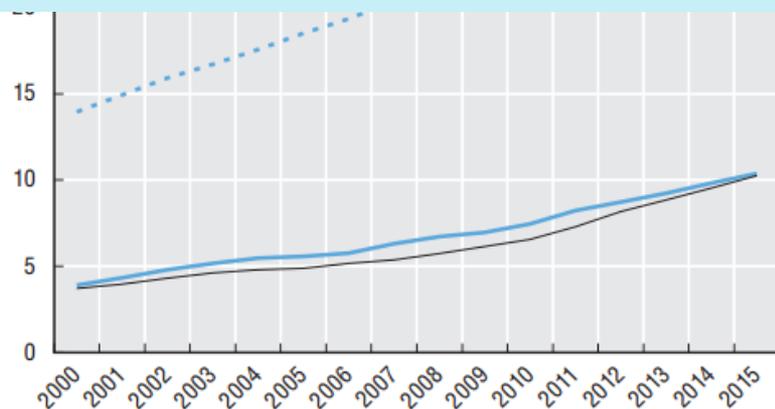
Evolution in the share of foreign-trained doctors, selected OECD countries, 2000 to 2015



Evolution in the share of foreign-trained nurses, selected OECD countries, 2000 to 2015



The number of migrant doctors and nurses working in OECD countries has **increased by 60%** over the past 10 years (from 1,130,068 to 1,807,948).



Source: OECD, Health Statistics, 2017

# Complex Patterns of Mobility: A blurring of “source” and “destination”

## South to South movement

Nigeria, Cuba, and Democratic Republic of the Congo (DRC) are respectively the

**1<sup>st</sup>, 3<sup>rd</sup> and 4<sup>th</sup>**

largest sources of immigrant medical doctors who entered South Africa between 2011-2013.

More than

**1/2**

of emigrant nurses from Kerala (India) are estimated to reside in Gulf countries according to the Kerala Migration Survey.

In 2014 approximately

**1/5<sup>th</sup>**

of all new entrants licensed to practice in Nigeria were foreign medical graduates with an estimated half from Asia and one third from African countries.

Approximately

**1/2**

half of doctors in Trinidad and Tobago are foreign born and foreign trained, with one third from India, and a quarter each from Jamaica and Nigeria.

## Globalization of medical education

In the General Division of Ireland's Health Services Executive, less than

**1/2**

of European medical school graduates (including Ireland's) are EU passport holders.

From 2010-2016, 38 foreign nationals (including Korea, India, Iran, Mexico and Poland,) received their basic medical qualification in Uganda.

## North to South movement

Almost

**1/3<sup>rd</sup>** of GP's

who registered in Uganda (2010-2013) were trained and hold nationality in Europe or North America. Nationals from 74 countries registered in Uganda during the period.

UK was the

**2<sup>nd</sup>**

largest source of immigrant medical doctors who entered South Africa (2011-2013).

## Temporary migration

Of doctors who received their basic medical qualification in South Africa and registered in Ireland, only

**1/5<sup>th</sup>**

reported practicing only in Ireland.

## Intra-regional movement

Over

**1/2**

of emigrant GPs from Uganda

(2010-2013) are estimated to have moved within Africa, primarily to Southern and Eastern Africa with Namibia and Kenya as leading destinations.

**2/3<sup>rd</sup>**

of Argentina's

foreign-trained doctors originate from Bolivia and Colombia.



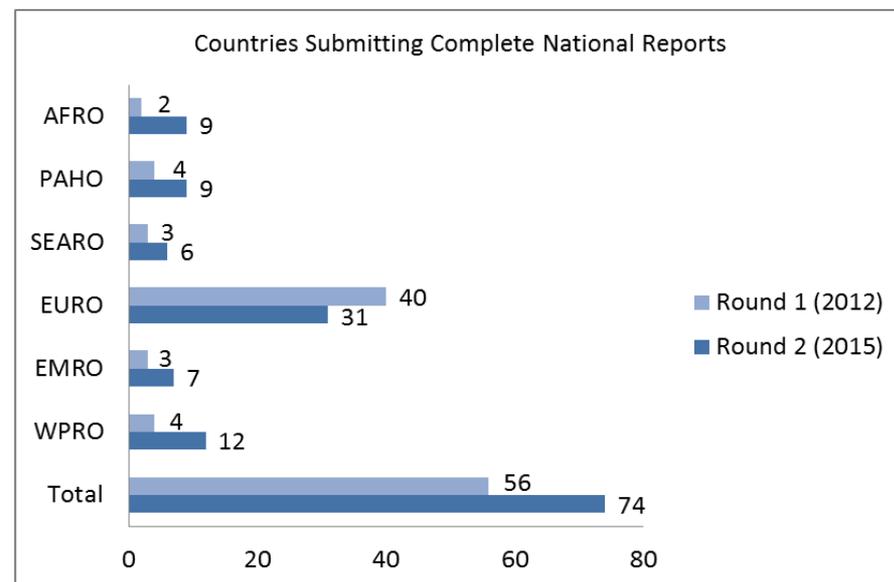
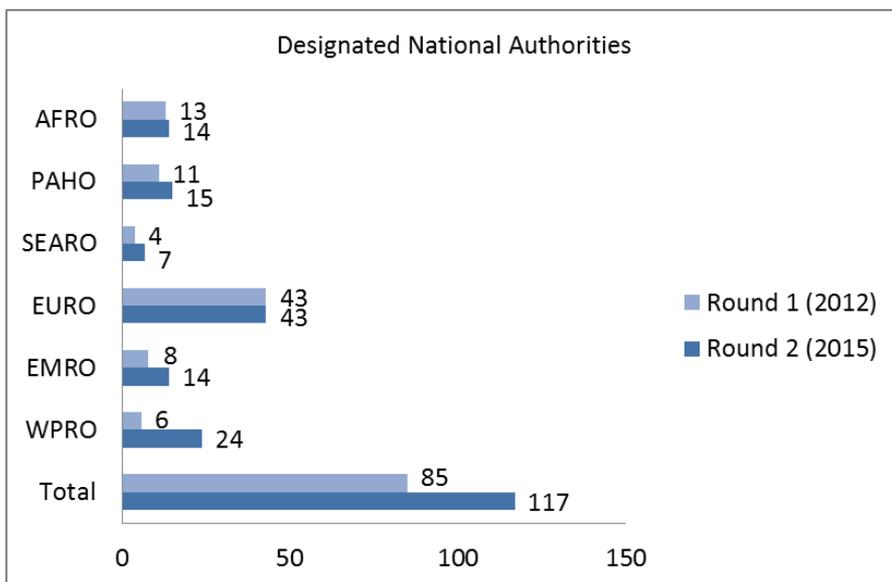
# WHO GLOBAL CODE OF PRACTICE

## History

- Six year negotiation process
- Adopted in 2010 at the 63<sup>rd</sup> World Health Assembly
  - Only the second instrument of its kind promulgated by the WHO
  - Broadest possible articulation of the ethical norms, principles, and practices related to international health worker migration.
- While the WHO Global Code is voluntary, it contains a robust process for reporting
  - WHO's reporting on the Code is mandatory (“shall”)
- Progress on the Code is to be reported upon at the World Health Assembly every three years



## INCREASING LEGITIMACY AND VALUE



### Second Round of Code reporting:

**37% increase** in countries appointing DNAs, **32% increase** in countries submitting complete national reports, improvement in the **quality** and **diversity** of national reporting, **65 bilateral agreements** notified, reports **publically available**.

# III. Working for Health Programme & International Platform on Health Worker Mobility

# WORKING FOR HEALTH

High-Level Commission on  
Health Employment  
and Economic Growth

**One vision:** Accelerate progress towards universal health coverage and the SDGs by ensuring equitable access to health workers within strengthened health systems

**Two goals:** Expansion and transformation of the health and social workforce

**Three organizations:**



**Four SDGs**



**Five work streams:**

- Facilitate country-driven intersectoral action:
- (1) Advocacy, social dialogue and policy dialogue
  - (2) Data, evidence and accountability
  - (3) Education, skills and jobs
  - (4) Financing and investments
  - (5) **International labour mobility**

***“Encourages actions in support of the creation of some 40 million new jobs in the health and social sector by 2030, paying specific attention to addressing the projected shortages of 18 million health workers by 2030.”***

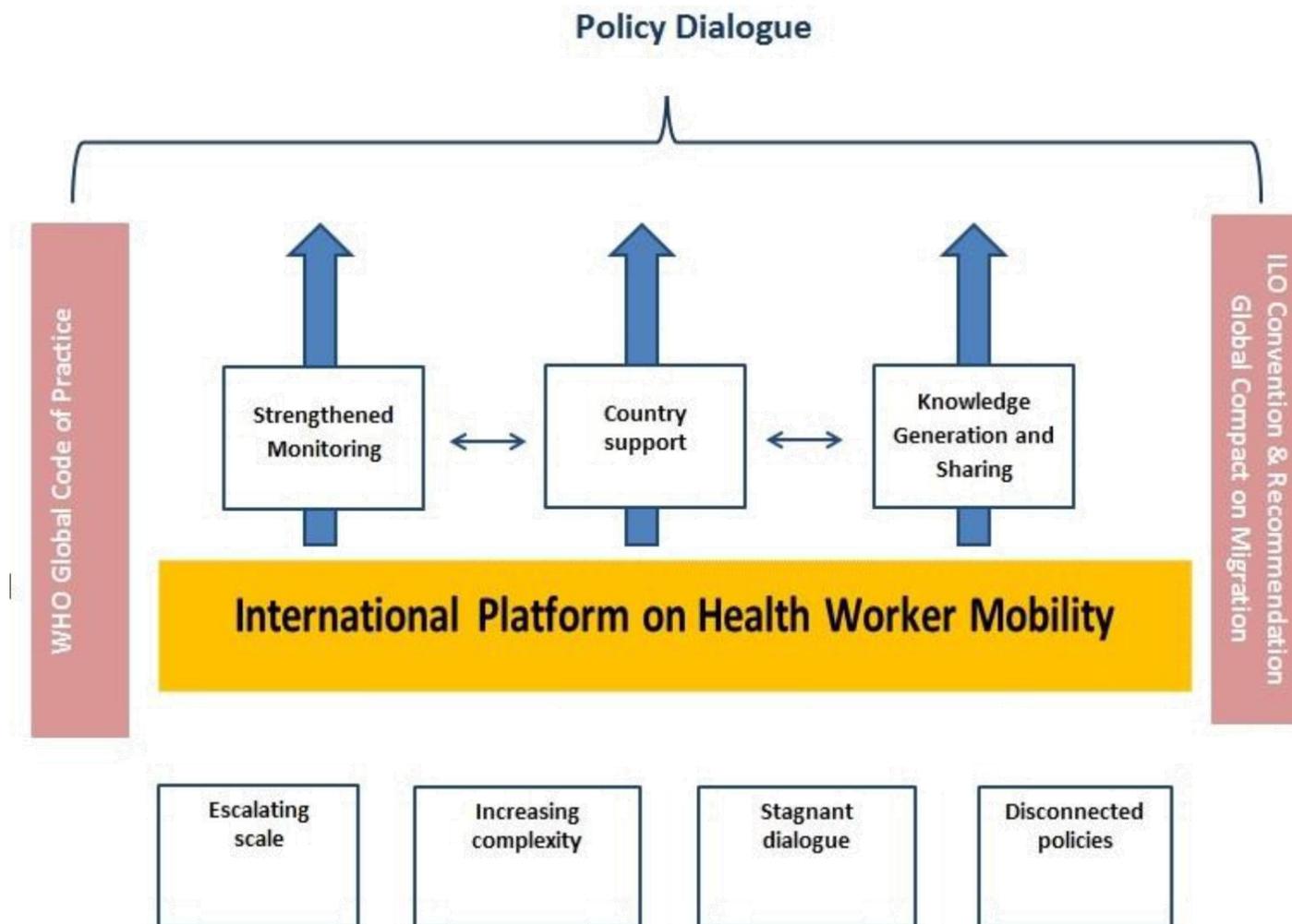
UN General Assembly Resolution A/RES/71/159,  
December 2016  
<http://bit.ly/2nDOGA1>

***“Urges all Member States to act forthwith on the Commission’s recommendations and immediate actions, with the support of WHO, ILO and OECD”***

70<sup>th</sup> World Health Assembly Resolution

(WHA 70.6), 25 May 2017  
[http://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\\_R6-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R6-en.pdf)

# INTERNATIONAL PLATFORM ON HEALTH WORKER MOBILITY



Thank you

[who.int/hrh](http://who.int/hrh)  
#workforce2030