World Health Organization

Health Workforce Support and Safeguards List, 2020

Background

Through decision WHA73(30),[1] the Seventy-third World Health Assembly noted the report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel (the "Report").[2]

In the Report, the Expert Advisory Group recommended that countries with the most pressing UHC-related health workforce needs be identified, and that support and safeguards be targeted to these countries. The Expert Advisory Group further called on leading destination countries and development partners, as well as others interested in providing health workforce related support and safeguards, to commit multi-year flexible funds towards implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (the "Code") as a global public good.

In light of the considerations in the Report and decision WHA73(30), the WHO Secretariat has prepared this "Health Workforce Support and Safeguards List, 2020".

Health Workforce Support and Safeguards List, 2020

The Health Workforce Support and Safeguards List (provided in **Table 1** below) comprises forty-seven countries. These countries face the most pressing health workforce challenges related to UHC, pursuant to the methodology contained in the Report. In particular, the countries listed have a UHC Service Coverage Index that is lower than 50 and a density of doctors, nurses and midwives that is below the global median (i.e. 48.6 per 10,000 population).

Consistent with the guiding principles of the Code, Code article 5 (Health Workforce Development and Health System Sustainability), Code article 10 (Partnerships, technical collaboration and financial support), and as called for in the Report, the listed countries should be:

- *Prioritized for health personnel development and health system related support; and*
- *Provided with safeguards that discourage active international recruitment of health personnel.*

The Code review further clarifies that Government-to-Government health worker mobility-related agreements are not proscribed for listed countries, but as good practice should:

1. *Be informed by a health labour market analysis to ensure adequate domestic supply in countries;*
2. *Explicitly engage health sector stakeholders, including ministries of health, in the dialogue and negotiation of relevant agreements; and*
3. *Be notified to the WHO Secretariat through the respective National Health Workforce Accounts and Code reporting processes.*

Consistent with the principles of the Code, extension of the afore-identified safeguards approach to additional low- and middle-income countries is encouraged as good practice.

The 2020 Health Workforce Support and Safeguards List replaces the list of countries with critical health workforce shortages, as contained in the 2006 World Health Report, and the WHO Secretariat intends to update the List alongside scheduled progress reports on Code implementation to the World Health Assembly every three years.

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[1] https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73(30)-en.pdf.
[2] https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_9-en.pdf.

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Table 1: Health Workforce Support and Safeguards List, 2020

African Region (33)	Region of the Americas (1)
Angola	Haiti
Benin	
Burkina Faso	**Eastern Mediterranean Region (6)**
Burundi	Afghanistan
Cameroon	Djibouti
Central African Republic	Pakistan
Chad	Somalia
Congo	Sudan
Côte d'Ivoire	Yemen
Democratic Republic of the Congo	
Equatorial Guinea	**South East Asia (2)**
Eritrea	Bangladesh
Ethiopia	Nepal
Gabon	
Gambia	**Western Pacific Region (5)**
Ghana	Kiribati
Guinea	Micronesia (Federated States of)
Guinea-Bissau	Papua New Guinea
Lesotho	Solomon Islands
Liberia	Vanuatu
Madagascar	
Malawi	
Mali	
Mauritania	
Mozambique	
Niger	
Nigeria	
Senegal	
Sierra Leone	
South Sudan	
Togo	
Uganda	
United Republic of Tanzania	