UK AFRICA HEALTH SUMMIT THEMATIC REPORT: Health Workforce

Introduction

The UK Africa Health Summit 2025 explored the pressing priorities for global health in 2025 in the context of broader UK Government ambitions to restore trust and modernise its partnerships with African countries. The Summit reflected its roots in the diaspora health professional community, serving as a platform to share learnings and celebrate the ways in which the diaspora community connects the UK to health systems across the continent of Africa.

Theme, purpose and objectives

Over the two days of the Summit, these discussions brought together diaspora associations and health professionals, policy makers and public sector leaders, WHO representatives, health workforce experts, researchers, professional bodies, non-state actors, thought leaders and Health Partnerships. The purpose of this Health Workforce theme was to foster collaborative dialogue and evidence-based action to strengthen the health workforce and health systems across the UK and Africa, with a particular focus on diaspora engagement, ethical recruitment, and sustainable partnerships. Speakers offered valuable perspectives and unique insights, whilst inviting Summit participants to collaboratively examine and explore these topics.

The sessions under this thematic strand were designed to achieve the following objectives:

- **Present and discuss** findings from a multi-country study on diaspora engagement in health systems strengthening across Kenya, Ghana, and the UK, highlighting strategies to optimise diaspora contributions for greater strategic impact.
- **Showcase real-world examples** of impactful diaspora engagement and Health Partnerships that deliver tangible benefits for both UK and African health systems
- **Advance understanding** of the WHO Global Code of Practice on the International Recruitment of Health Personnel, diaspora contributions, and the experiences of source and destination countries in health workforce migration.
- **Explore evidence** from the WHO Expert Advisory Group's review of the Code, focusing on circular migration and diaspora contributions.
- **Examine country experiences and promote dialogue and debate** on how ethical and mutually beneficial migratory pathways and bilateral agreements (BLAs) built on co-investment can contribute to global health workforce and systems strengthening and inform the ongoing review of the Code.
- **Showcase evidence-based Health Partnership interventions** that support health and workforce system strengthening, examine how such evidence informs decision-making, and assess the impact of interventions on policy and practice across diverse settings.
- **Facilitate peer learning and collaboration** among stakeholders to co-develop practical solutions to shared challenges in building sustainable and resilient health workforces and health system.

WHO Global Code of Practice on International Recruitment of Health Personnel (the Code)

The current estimated stock of health workers exceeds 70 million with a projected workforce shortage of 11.1 million by 2030, with the global shortage increasingly concentrated in the African and Eastern Mediterranean regions. The likelihood of increased pressure on domestic financing, in the context of reduced funding and rising debt, is high, with between 700,000 to 1.6 million health jobs at risk (WHO, 2024).

The Code, introduced in 2010, aims to promote ethical international recruitment of health personnel by guiding countries in developing fair legal frameworks, supporting bilateral agreements, and fostering global cooperation—especially to protect and strengthen health systems in LMICs. The WHO's Expert Advisory Group's (EAG) interim report on the review of the Code, confirms the continued relevance of the Code amidst a backdrop of growing health workforce migration, reduced ODA, interconnected health systems, and health security threats.

The future relevance of the Code depends on its ability to address emerging challenges, particularly in source countries, and those on the WHO 2023 Support and Safeguards List, 1 which face the most severe health workforce challenges related to universal health coverage.

In its review of the Code, the EAG reviewed evidence to assess the contributions of health worker diaspora networks to source countries and understand the prevalence of enablers and barriers to the circular migration of health workers. Recommendations proposed to maximise diaspora engagement in source and destination countries included: introducing policies to support reciprocal labour agreements; enabling diaspora health workers to maintain licensure and contribute through economic and professional incentives; and providing coordinated platforms to share the logistical burden of their engagement. Additionally, source countries should align diaspora contributions with national health priorities and address the root causes of migration to create a more supportive environment for sustained impact.

Discussion

Optimising diaspora contributions to strengthening global health systems

Speakers, including diaspora health workers and African policy makers, offered valuable and unique insights into diaspora health workers' vital contributions to UK and heritage country health systems across two Summit sessions. They shared challenges faced and invited Summit participants to explore ways in which these could be overcome to enhance diaspora engagement.

Research findings and recommendations

The preliminary findings from a DHSC-funded research study on diaspora engagement in Kenya, Ghana, and the UK, commissioned by GHP and undertaken by the Liverpool School of Tropical Medicine (LSTM) and LVTC Kenya, underscored the vital role that diaspora health workers play in strengthening health systems both within the NHS and in their countries of heritage. Their contributions include service provision and equitable access, capacity building, and resource mobilisation. The study also highlighted the continued contribution of returnee Kenyan health workers in Kenya. Underlying systemic challenges that limit the impact of diaspora were highlighted and highlighted recommendations to provide coordinated support and investment to diaspora-led health systems strengthening (HSS) across both host and heritage countries.

Findings and challenges identified through this study were validated by panellists and speakers in various sessions. For example, Ghanaian and Kenyan diaspora health workers and UK-based diaspora associations described their experiences of engaging in global health, identifying opportunities for enhancing impact and overcoming challenges to strengthening health systems in these countries. Zimbabwean and Nigerian Ministry of Health policymakers shared experiences of engaging diaspora associations in their countries and the efforts they have made to enhance the strategic impact of the diaspora on their health systems. Along with contributions from members of the audience, speakers showcased success factors and good practice examples to overcome bottlenecks and systemic challenges, offering suggestions to accelerate efforts around coordinated support and investment in diaspora engagement in both the UK and countries of heritage.

Diaspora contribution in the UK

Diaspora health workers make substantial contributions to the UK's health system and their communities. The Summit heard that these contributions are considered crucial to strengthening the health workforce in the UK, for example by ensuring the provision of essential services. Further, diaspora health workers' contributions extend beyond clinical roles; the diaspora display high-levels of cultural competency, are adept at working with constrained resources, often lead community outreach initiatives and are a major support in the delivery of 'migrant-sensitive' services in their local areas, particularly notable during the COVID-19 pandemic. Diaspora health professionals contribute through knowledge and skills transfer, training and mentoring. Their proficiency in local languages and cultural competence is valuable for strengthening partnerships in global health initiatives. However, these contributions are often informal, underappreciated, and face significant barriers to optimising their impact.

Diaspora contributions to countries of heritage

Within Summit sessions diaspora health workers shared their unique experiences, knowledge and connections gained both in their host countries and countries of heritage, and how they applied these to strengthen the health systems they are connected to health. Diaspora health workers described how they support the capacity building of local health workers through formal or informal knowledge and skills transfer, education, training and mentoring activities. This type of contribution was particularly valuable during the COVID-19 pandemic, where Ghanaian nurses supported their counterparts through online education and advisory networks. Diaspora health professionals acted as advisors on a Health Partnership research study, examining health worker wellbeing across Ghana, Kenya and Nigeria. Many diaspora health workers participate in 'missions' to their countries of heritage, providing clinical services, health education and health promotion. They leverage NHS Trusts to mobilise resources, contributing drugs, equipment and educational materials. Their expertise is also utilised by governments to inform policy and other decision-making processes.

The soft power effect of NHS diaspora engagement with countries of heritage - where diaspora health professionals act as ambassadors of UK expertise and health system standards - was also noted in these discussions, namely in the areas of building goodwill, reinforcing UK–LMIC diplomatic ties, and in positioning the UK as a global health leader.

Role of Diaspora Health Associations (DHAs)

Speakers from UK-based DHAs described their roles in supporting the welfare and integration of diaspora members, helping with the practicalities of settling in and navigating the UK health system, providing a 'softer landing' for diaspora health workers moving to a destination country. They offer pastoral care, facilitate networking, and support members to navigate UK services. DHAs support professional development and mentorship and engage in targeted advocacy for greater representation of diaspora health professionals in leadership positions. These Associations often have strong links to diaspora communities and provide specific health outreach to these groups.

Role of diaspora in the review and implementation of the Code

In another session, speakers representing diaspora health workers, African policy makers, UK professional bodies, the WHO EAG and health workforce experts explored the role of diaspora in raising awareness of the Code and the recommendations of the EAG related to enhancing circular migration2. A quick poll of the audience revealed that many diaspora associations are unaware of the Code, perceived to be a significant barrier to effective advocacy around ethical migration practices. Diaspora organisations were urged to familiarise themselves the Code and to better understand use and compliance within the NHS organisations they engage with. Speakers and participants explored ways to create awareness and knowledge of the Code.

It was suggested that the availability of advocacy tools would enable diaspora health professionals and associations enhance visibility and encourage dialogue among these groups on health worker migration and ethical recruitment. The importance of amplifying diaspora voices by formalising their contributions in the review of the Code and in bilateral agreements (BLA) governing health worker migration between source and destination countries was also highlighted. Speakers stressed the need for source countries to generate and use health workforce data (e.g. numbers, distribution, training capacity) to inform the development of mutual BLAs and decisions on migration and health workforce planning.

Circular migration was a key theme in the discussions on ethical and mutually beneficial workforce mobility. It was noted that the evidence generated for the EAG review of the Code found that while diaspora health workers demonstrate strong commitment to supporting source-country health systems, circular migration remains limited and is mostly observed between geographically proximate and linguistically aligned nations. However, the interim findings of the LSTM/LVTC research study suggest that there is increasing governmental recognition of diaspora contributions to health systems strengthening and that leveraging diaspora engagement and well-structured return programmes could encourage skilled professionals to return, contribute, or support capacity-building efforts in their countries of heritage. For example, Nigeria has created a 'diaspora desk' to promote and coordinate diaspora activity, while the Zimbabwe Ministry of Health is developing Memoranda of Understanding and guidelines to support more strategic diaspora engagement.

Streamlining processes for maintaining the registration of health workers in their countries of heritage, and for recognising additional skills, education, and levels of responsibility achieved whilst in the host country, need to be resolved. It was recommended that diaspora health workers document their contributions to make their work visible, ensure recognition, and provide evidence of their engagement and impact for policy development. Formalising and leveraging individual efforts through the Health Partnership model is also encouraged. Collaboration on the harmonisation of education standards and curricula was also important to support diaspora engagement and skills recognition.

Reductions in global health funding are likely to impact the availability of health workers and the resilience of health systems, making it more difficult to uphold ethical international recruitment practices. Without sustained investment and political commitment, efforts to harness diaspora engagement and promote circular migration risk becoming unsustainable. The Health Partnership model offers a structured approach to formalising collaboration between countries, enabling the effective use of diaspora health workers' skills and expertise to strengthen health systems and support workforce development.

Challenges and barriers

Diaspora health workers in the UK face substantial challenges in the workplace. These include difficulties with cultural integration and unconscious bias in the UK, and limited recognition of their skills and contributions to the UK health system which constrains their career progression within the NHS. Significant barriers, such as licencing in countries of heritage, difficulties in securing time off from NHS duties, limited financial and personal resources, and lack of formal structures and recognition of diaspora contributions can impede their involvement with both formal and informal global health activities in countries of heritage. However, there is little robust data on the impact of diaspora contributions, particularly as diaspora engagement is not formalised.

While diaspora health workers actively contribute to health systems strengthening and workforce development in the UK and countries of heritage, their full potential for strategic impact and for informing initiatives like circular migration within global health frameworks, such as the WHO Code and bilateral agreements, is yet to be fully harnessed. The formalisation of engagement is critical, along with increased awareness and advocacy, greater governmental recognition and support, and addressing systemic barriers and biases faced by diaspora health workers in both host and heritage countries.

One effective strategy identified in Summit sessions was that diaspora involvement in Health Partnerships can help to overcome some of these barriers. Through this involvement, diaspora organisations have strengthened their formal engagement with Ministries of Health in their countries of heritage, and as a result of the support and secure and predictable funding that comes from being part of a HP, they have been able to build sustained relationships, implement longer-term initiatives, and respond more effectively to local health priorities.

Health workforce migration and international recruitment

A satellite event co-hosted by GHP and WHO on the margins of the Summit explored ways of enhancing the mutual benefits of international recruitment and bilateral agreements to inform the ongoing review of the Code, including good practices, lessons learned and ideas for action to meet common challenges. Discussions highlighted that, to support ethical international recruitment and create meaningful mutual benefits, there needs to be emphasis on co-financing and co-investment by both source and destination country governments. Some countries reported that in the context of aid cuts, they are already developing 'beyond aid' strategies, creating fiscal space, arrangements and reallocating budgets to protect essential health services, and increasing their domestic spend to optimise financing on health and the workforce. Examples of opportunities for co-investment in ethical international recruitment included the provision of fellowships for specialist skills, health partnership initiatives, telemedicine, and bi-directional learning initiatives.

It was acknowledged that Governments need to manage and facilitate ethical international recruitment and migration through cross-sectoral migration policies, with destination countries doing more to invest in their own domestic supply, reducing reliance, and ensuring self-sufficiency. Few countries have a health workforce surplus, surfacing the paradox in many source countries where high levels of under- and unemployment co-exists with health workforce shortages. International recruitment and migration are increasing, but labour market failures and lack of compliance with safeguards are impacting negatively on migrant health workers' experiences and migratory journeys.

International recruitment can be supported through improved ethical bilateral agreements which are country-specific, measurable, and promote mutual benefit for source and destination countries.

Diaspora contributions to frameworks governing health worker migration

Discussants at this WHO-GHP satellite meeting recognised the crucial role and voice of the diaspora in the health worker migration discourse and space, noting that the third review of the Code is specifically looking at circular migration and the involvement of diaspora. Diaspora health workers are a valuable source of knowledge and expertise that governments should use to support decision making in the HWF migration space. For example, they have valuable information about migration pathways and understanding of health systems, key for improving migration policies and pathways. Diaspora groups reported that improving relationships with Ministries of Health and governments agencies was enabling them to engage strategically and collaboratively with these actors in their countries of heritage, enhancing alignment of their contributions to national health systems and HWF strategies and priorities. Through their involvement in Health Partnerships, diaspora organisations have strengthened their engagement with Ministries of Health in their countries of heritage, and with more secure funding, they have been able to build sustained relationships, implement long-term initiatives, and respond more effectively to local health priorities.

A case for investing in health workforce and health system strengthening through the Health Partnership approach

Across Ghana, Nigeria, and Kenya, Health Partnerships under the DHSC-funded Global Health Workforce Programme have demonstrated the power of collaborative, context-sensitive approaches to strengthening health systems and workforce capacity. In Ghana, a joint project by the Liverpool School of Tropical Medicine and the University of Ghana has addressed the persistent challenge of health worker retention in underserved districts by improving understanding of the barriers to retention, working collaboratively to tackle these. Using a participatory action approach, local managers and communities co-developed and implemented a bundle of tailored retention strategies, including:

- Refurbishment of health centres and staff accommodation
- Conflict-resolution training
- Financial management improvements

This locally led initiative empowered district and sub-district managers to analyse challenges, design solutions, and adapt interventions to their specific contexts. The result was improved job satisfaction, increased willingness among staff to remain in post, and enhanced local ownership of health workforce planning and management. The success of this model has gained national recognition and is being integrated into Ghana's National Health Workforce Strategy. The case demonstrates how health partnerships, when embedded within existing structures and driven by empowered local leadership and communities with decision making space and agency, can co-create sustainable, scalable solutions for health system strengthening.

The Health Partnership between Obafemi Awolowo University (OAU) and the Royal College of Paediatrics and Child Health (RCPCH) is addressing gaps in early childhood development (ECD) care in Osun State, **Nigeria.** The initiative developed and piloted a referral strategy linking primary health centres (PHCs) with secondary and tertiary facilities to improve the detection and management of developmental challenges in children.

Key components included:

- Training health workers at 19 PHCs in screening, identification, and referral of ECD issues.
- Empowering caregivers through the Baby Ubuntu approach[3] to support early development at home.
- Facilitating bidirectional learning through exchange visits with Alder Hey Children's NHS Foundation Trust in the UK
- Collaborating with the Osun State Health Board to embed ECD strategies into existing health systems, including using vaccination cards for childhood immunisation to track and monitor development.

The partnership's success is attributed to its multi-level engagement—from community caregivers to policy makers—and its ability to adapt existing resources to local needs. This approach has led to improved clinical skills, increased childhood screenings and referrals, and a roadmap for statewide scale-up.

In Kenya, the Health Partnership between Dharura Global Emergency Care UK and Nanyuki Teaching and Referral Hospital in Laikipia County, Kenya, has significantly enhanced emergency care capacity through a focus on leadership development, simulation-based training, and peer learning.

Key achievements include:

- Establishing a nationwide peer-learning network for emergency care professionals.
- Training Nanyuki clinicians in simulation facilitation, leadership, and communication through a structured "train-the-trainer" model.
- Creating a safe, supportive learning environment that encourages continuous professional development and open dialogue with facility leadership.
- Launching a full-time simulation and education programme at Nanyuki Hospital—the first of its kind in a Kenyan county hospital.
- Supporting scale-up and sustainability through collaboration with the Kenyan Simulation Network and engagement with county and national governments.

This partnership demonstrates how **locally embedded training and leadership development** can drive innovation, institutional recognition, and system-wide improvements in emergency care.

An external study by ReBuild for Resilience, World Vision, and International Rescue Committee (IRC), and presented by World Vision at the Summit, employed the PhotoVoice methodology to explore sustainable health system strengthening in fragile and conflict-affected states (FCAS), engaging 17 organisations across 11 countries. This participatory approach used photography and dialogue to surface grounded, context-specific insights, challenging the notion of a one-size-fits-all model for health system strengthening in these settings in these settings.

Key findings included:

- The collapse of a community health worker programme due to poor transition planning highlighted the need for gradual, well-supported handovers to local authorities.
- In Myanmar, pre-service training of locally appropriate cadres proved more sustainable than conventional in-service training, especially in border areas.
- Health workers applying context-specific skills demonstrated resilience even amid political upheaval.
- High expatriate staff turnover in donor and implementing agencies was found to undermine institutional memory and trust, while investing in national staff and diaspora professionals emerged as a more sustainable strategy for health system strengthening.

These insights have influenced policy, helping to position health system strengthening in FCAS as a priority within the UK's FCDO global health strategy, and advocating for adaptive, locally led and sustainable approaches. GHP contributed to the PhotoVoice research with experience from FCAS.

Several success factors emerged from these HP health workforce and health systems strengthening interventions as follows:

1. Locally led, context-specific solutions: Design and implement health system strengthening (initiatives that are co-created with local stakeholders, tailored to the specific needs, capacities, and contexts of communities and health systems. Use participatory methods (e.g. action workshops, PhotoVoice) to surface local insights and foster ownership.
2. Sustainable workforce development: Focus on capacity building through pre-service and in-service training, mentorship, and leadership development, particularly for community-based and context-appropriate cadres. Support resilient workforce models that can adapt to political and environmental instability, especially in fragile and conflict-affected settings.
3. Multi-level engagement and integration: Engage actors across all levels of the health systems community; primary, secondary and tertiary facilities and policy-makers - to ensure alignment, integration, and sustainability of interventions. Embed successful models into national and sub-national strategies to sustain gains and support scale-up.
4. Health partnerships for policy influence and scale: use evidence-based HP interventions to influence national and global health policy. Promote bidirectional learning and knowledge exchange between local and international partners to enhance global health systems.

The sessions highlighted key priority areas of action to strengthen the Health Workforce:

- Maximising diaspora contributions to strengthening global health systems:
- Formalise diaspora contributions to health systems in both the UK and countries of heritage through greater institutional support, diaspora-led Health Partnerships, and structured consultation with the diaspora health workforce (via Diaspora Health Associations) on frameworks and bilateral agreements. This will promote ethical recruitment practices and enable circular migration for greater strategic impact. Systemic challenges—including limited recognition, regulatory barriers, and funding gaps—must be addressed through coordinated investment, advocacy, and harmonised education and workforce policies.
- Health workforce migration and international recruitment: Promote co-investment on ethical recruitment practices by source and destination countries through tailored bilateral agreements, specialist fellowships, and health partnerships to ensure mutual benefits and strengthen health workforce sustainability. Enhance regulatory compliance and address labour market imbalances to protect diaspora health workers. Formalise diaspora engagement in migration policy development and align Health Partnerships with national health workforce strategies to optimise impact and support circular migration.
- Invest in in health workforce and health system strengthening through the Health Partnership approach: Prioritise locally led, context-specific solutions co-created with communities and health system stakeholders to ensure relevance and ownership. Strengthen sustainable workforce development through targeted training, mentorship, and resilient models adapted to fragile settings. Promote multi-level engagement across community, facility, and policy levels to embed successful models into national strategies for sustainability and scale. Use Health Partnerships to influence policy and facilitate bidirectional learning between local and international partners to strengthen global health systems.

Conclusions

Diaspora health workers are increasingly recognised as vital contributors to both the UK's NHS and the health systems in their countries of heritage. Their impact spans clinical service delivery, cultural competence, community outreach, and policy advice. They also play a key role in resource mobilisation and crisis response, particularly through diaspora-led initiatives such capacity development initiatives, virtual support networks, and health missions. However, despite their commitment and contributions, diaspora engagement remains underutilised due to systemic barriers such as limited formal recognition, lack of strategic coordination, and underrepresentation in leadership and policy-making roles. To fully harness the potential of diaspora health workers, formal structures and sustained investment are essential.

Persistent labour market mismatches, where health worker surpluses coexist with underemployment and shortages, underscore the need for more systemic health workforce planning and investment. Enhancing the mutual benefits of health workforce migration requires co-investment by both source and destination countries, particularly in the face of declining global health funding. Ethical international recruitment must be supported by robust bilateral agreements (BLAs), cross-sectoral migration policies, and evidence-based domestic workforce planning to reduce over-reliance on international recruitment. Diaspora health professionals are strategic assets, offering critical insights and contributions to the design of bilateral agreements and policy dialogue on co-investment in global health systems strengthening.

Their strategic engagement, especially through health partnerships and improved collaboration with Ministries of Health, is key to building sustainable, mutually beneficial migration frameworks. Health Partnerships have emerged as effective vehicles for enabling diaspora engagement, offering structured, locally embedded models that support workforce development, policy influence, and scalable health system strengthening. These partnerships demonstrate the power of co-created, context-specific solutions and multi-level engagement—from community caregivers to national policymakers. Moreover, ethical international recruitment and circular migration require structural reforms, including co-investment by source and destination countries, improved bilateral agreements, and better alignment with national health strategies. Without political will and financial commitment, the sustainability of these efforts—and the broader goal of equitable global health workforce development—remains at risk.

Recommendations

Formalise diaspora engagement in the following ways:

- Provide coordinated support and investment to address systemic barriers (e.g. bias, lack of recognition, limited data) and optimise diaspora-led health systems strengthening in both host and heritage countries.
- Formalise and recognise diaspora health workers' non-clinical contributions, such as cultural competence and community outreach, improve their integration and career progression by addressing unconscious bias to optimise their impact within the UK health system, whilst ensuring enabling environments for diaspora involvement in global health activities.
- Formalise diaspora engagement (e.g. diaspora desks, MoUs) to reduce barriers in countries of heritage. Formalisation measures include: streamlining licensure and recognition processes to enable cross-border practice; acknowledging skills gained in host countries; and supporting knowledge and skills transfer initiatives in alignment with national priorities to strengthen health systems in countries of heritage.
- Advocate for increased recognition and investment in diaspora associations, and strengthen DHAs' capacity to provide integration support, professional development, and advocacy for diaspora health professionals.
- Develop and disseminate advocacy tools and awareness campaigns to familiarise diaspora associations with the WHO Code and enhance their role in ethical recruitment and policy dialogue.

Management of health workforce migration and international recruitment

- Migration is inevitable—but migratory pathways must be mutually beneficial, ethical, equitable, and sustainable.
- Reform bilateral agreements into mutually beneficial, fair, ethical and gender responsive partnerships, through social dialogue and intersectoral collaboration, grounded in health system strengthening and respect for human rights.
- Design co-investment models that ensure proportionate benefits and long-term health system resilience in both source and destination countries.
- Engage diaspora, a powerful but underutilised resource in the design and implementation of health workforce migration policies and bilateral agreements, leveraging their lived experience and health systems knowledge.
- Generate robust data and transparent reporting to understand the impact of HWF migration and bilateral agreements, and to inform effective workforce planning and sustainable migration

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- Urgent and coordinated action is now imperative. Governments, donors, and multilateral organisations must move beyond declarations and commit to tangible, sustained investments and action to strengthen health systems globally.

Health workforce and systems strengthening through Health Partnerships

- Invest in and scale the Health Partnership model as a sustainable mechanism to harness diaspora expertise and strengthen health systems amid global funding constraints.
- Provide a supportive learning environment which enables health workforce teams to have the space to learn new concepts, discuss challenges, and develop leadership skills and confidence.
- Strengthen both leadership skills and clinical skills to sustain improvements in the health workforce.
- Securing buy-in of local stakeholders at all levels - national, district, facility, community, and from the start is critical to the sustainability of interventions.
- Improved retention of health workers can be achieved by working in partnership on locally led solutions and using methods such as participatory action research.
- Recognise that there is health systems plurality in fragile and conflict settings - and a one size fits all approach is not appropriate in such settings, and plan early for transition to ensure continuity.

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Published:
July 2025