

The Minister of Health

WHO Member states

5 May 2026

Your Excellency,

I am writing on behalf of the International Council of Nurses (ICN), representing more than 30 million nurses and over 140 National Nursing Associations worldwide, ahead of the World Health Assembly in May, where the WHO Global Code of Practice on the International Recruitment of Health Personnel will be a key agenda item. We welcome the leadership shown by Member States to date, including the Expert Advisory Group report, WHO Executive Board discussions, and the decision to continue member-led consultations. However, the Global Code currently lacks the practical commitments and enforcement mechanisms needed to translate its principles into tangible protections, and despite efforts, certain key elements of the Code are not universally well understood. **ICN believes this World Health Assembly must be a turning point and we write to share our proposals for practical measures that support equitable and sustainable recruitment.**

Nurses are the world's largest health workforce, and for many years, ICN and other stakeholders has produced evidence and advocated strongly on this issue, including through our official relations with the World Health Organization. We are now gravely concerned at evidence clearly demonstrating a rapid increase in nurse mobility patterns that are severely exacerbating nursing workforce shortages and weakening health systems in the countries that can least afford to lose their nurses. We are receiving reports of **a striking lack of proportional compensation or reinvestment, despite new evidence showing that many high-income recruiting countries save substantial sums in training costs**—costs generally borne by the low-income countries that trained these nurses, a dynamic leading to perceptions of neo-colonialism and exploitation and affecting global health solidarity, trust, and equity. ICN recently [submitted evidence to a UK All-Party Parliamentary Group \(APPG\) inquiry](#): the resulting report, which was subsequently the focus of a round table meeting of high-income countries, highlighted the scale of reliance on internationally educated health workers with evidence of the significant financial benefits that destination countries derive from this model.

The global health workforce is a global public good and collective, worldwide action is needed to protect it. ICN believes we now have an opportunity and a responsibility to move decisively towards practical, implementable solutions, and we set out below the practical measures that we believe are needed. These include:

1. **Collective and concrete re-investment mechanisms** shared by major recruiting countries
2. **Directing co-investment towards nurse employment**, education and retention
3. Investing in **specialist nurses, nursing faculty, and leadership** development
4. **Financing mechanisms** such as proportionate reinvestment linked to costs saved, revenue contributions, and debt forgiveness
5. **Source countries as equal partners** in decision-making
6. Convening a **global meeting of high-recruiting countries**

1. Major recruiting countries must act collectively to co-invest

Though we welcome increasing recognition of the need for co-investment in the health systems of source countries, we emphasize that co-investment cannot depend on individual countries acting alone. The scale and systemic nature of international recruitment of nurses demands a global, collective, and ambitious response.

ICN calls for the major recruiting countries to align with the Code and EAG recommendations to build bilateral and multilateral agreements and come together to create shared commitments and joint mechanisms for sustained, proportionate, and transparent reinvestment in the health workforces of countries recruited from, through vehicles such as a global fund to support health workforce education and employment in fragile source countries.

2. Directing co-investment towards decent nursing employment, education, and retention

Co-investment must go directly towards strengthening source countries' health workforce rather than broader trade deals or channels where benefits may not accrue to the health system.

Investment must create and sustain real nursing jobs in source countries' health systems, by addressing the push factors that drive nurses to leave:

underemployment, inadequate pay, poor working conditions, lack of career opportunities and professional development.

This funding must support a health professional workforce plan, rather than substituting professionals with less qualified health worker cadres.

3. Invest in nursing specialists, faculty, and leadership development

The loss of experienced, specialist nurses and educators through international recruitment undermines both current care and future training pipelines, and thus, funding must be directed towards specific programmes to develop and retain specialist and advanced nurses and nursing faculty.

Strong nursing leadership is also fundamental to building resilient health systems and co-investment should support nursing leadership programmes and capacity building, in line with WHO Strategic Directions for Nursing and Midwifery commitments.

4. Concrete co-investment and financing mechanisms

To build clear defined and costed parameters for co-investment, we propose that recruiting countries consider committing to the following measures:

- Implementing ratio-based parameters: for example, for every nurse recruited, a commitment to supporting a defined number of nurses in that country's health system.
- Directing a proportion of education savings made by recruiting countries – and a proportion of taxation revenues generated by migrant health workers in destination countries – towards reinvestment.
- Using co-investment to offset sovereign debt in source countries.

5. Centring the needs of source countries in policy decisions

Too often, the voices of source countries – including Chief Nursing Officers and National Nursing Associations – are not heard in shaping the agreements that directly affect their workforces.

Source countries must be equal partners in determining co-investment priorities, how resources are allocated, and what policy actions are taken in bilateral agreements and other mechanisms.

6. Convene an urgent policy dialogue

Concrete, coordinated action requires collective leadership.

As a first step towards effective and fair co-investment, ICN calls for recruiting countries to demonstrate their leadership by convening a global meeting or WHO-convened dialogue to share emerging good practice and agree with source countries, agree with source countries an effective and collective way forward, and discuss joint co-investment mechanisms, and shared commitments, which must further include self-sufficiency targets.

Finally, we urge all WHO member states to fully respect the Code for International Recruitment by seizing this opportunity for **global health sustainability, security, and health system strengthening**. We cannot meet our global health commitments and achieve Universal Health Coverage while the workforce that sustains the world's most fragile health systems is being depleted through inequitable recruitment.

ICN would welcome the opportunity to contribute our expertise, evidence, and the perspectives of our global network of National Nursing Associations to forthcoming discussions and practical steps. We stand ready to support efforts to make this year's World Health Assembly a decisive turning-point in protecting and strengthening the global health workforce through equitable, ethical, and sustainable recruitment.

Yours sincerely,



Howard Catton
Chief Executive Officer
International Council of Nurses