

ETHICAL GLOBAL RECRUITMENT: A CALL TO EMBRACE OUR SHARED RESPONSIBILITY

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The global health workforce shortage remains one of the defining challenges of our time. Updated analyses by the World Health Organization (WHO) estimate a global shortfall of 11 million health workers by 2030, with the burden falling most heavily on regions that are already below the WHO's workforce density benchmarks.¹ International recruitment has accelerated in the wake of COVID-19, exacerbating inequities in countries with the lowest densities of doctors, nurses and midwives.²

In late 2025, CHA was invited to participate in a U.K. All-Party Parliamentary Group (APPG) inquiry that explored co-investment models for recruiting foreign-trained professionals.³ The inquiry, supported by Global Health Partnerships (formerly THET, the Tropical Health and Education Trust) and the Center for Global Development, gathered evidence from WHO, ministers of health from low- and middle-income countries (LMICs), National Health Service (NHS) leaders, and internationally trained clinicians and their colleagues. The findings were scheduled for release in mid-March at the U.K. Global Health Summit in London.

As Ben Simms, chief executive officer of Global Health Partnerships, states, if we want to build an ethical and sustainable workforce, we must “stop treating international recruitment as a stopgap and start building genuine partnerships with the countries and professionals we rely on.”

HIDDEN COSTS OF UNCHECKED RECRUITMENT

Simms' reminder that global recruitment cannot remain an unplanned, ad hoc response to workforce shortages underscores an uncomfortable truth: The costs of that approach do not disappear. The hidden costs of unchecked recruitment fall disproportionately on the same countries whose workers make high-income systems viable.

Two well-documented concerns should guide our discernment: losses in public education investment and health and economic impacts.

Many LMICs subsidize the training of physicians, nurses and other professionals who later migrate to high-income countries (HICs). While exact training costs vary, the net transfer of subsidized human capital from LMICs to HICs is substantial and persistent. Health worker migration from LMICs is also linked to excess mortality and significant economic losses, estimated at nearly \$16 billion annually due to physician migration alone in one modeling study.⁴ While these figures underscore the scale of the challenge, they remain contested and highlight the need for continued validation and updated analyses as workforce dynamics evolve.

These massive outflows make it imperative that we are aware of and follow the guidance on the WHO Health Workforce Support and Safeguards List, which identifies 55 countries needing priority support and discourages active international recruitment from them unless adequate safeguards are in place.⁵ As Manjula M. Luthria, World Bank senior economist and member of the WHO Workforce Expert Advisory Group, points out, “Most destination countries have either ignored the safeguards list or interpreted it as a ban on recruitment from countries facing shortages. Instead, global development would be well-served if the users of human capital collaborated closely with the producers of human capital to increase the supply of high-quality health sector workers, boost employment prospects and enhance service delivery.”

TWO REALITIES TO GUIDE US

As we move from discernment to future action, Luthria's sentiment refutes the view of international recruitment as a zero-sum choice. Instead, she frames it as a shared challenge. Translating that vision into practice requires a level of evidence and insight that remains incomplete. Two realities must therefore shape our response.

First, we don't know enough. Persistent gaps in data on training costs, workforce flows and system impacts limit the design of proportionate co-investments needed to sustain the flow of health workers. The WHO's Global Health Workforce Statistics database highlights the variability in coverage, quality and completeness across countries and emphasizes the need for stronger data sets to inform policy and planning.⁶

Second, we can do better. WHO provides a voluntary framework⁷ that discourages active recruitment from vulnerable countries while encouraging bilateral agreements, fair treatment of migrant workers and capacity-building in source countries. Recent reporting to the WHO's executive board highlights an increase in international mobility and underscores the need to pair recruitment with co-investment and transparent monitoring.⁸

Acting upon these realities requires more than just principles. We need more research and practical tools that translate global standards and Catholic values into active steps. As Damond Boatwright, president and CEO for Hospital Sisters Health System, emphasizes, "Catholic social teaching calls us to uphold human dignity and strengthen the global common good. As Catholic health systems, we must strive to foster reciprocal relationships that reflect our shared responsibility within the global family we serve."

FROM DIALOGUE TO DIRECTION: CHA'S CHECKLIST

CHA's Global Workforce Ethics & Strategy Checklist is an important first step toward aligning recruitment practices with the WHO's Global Code

of Practice and the moral imperatives of Catholic social teaching. Developed by CHA as a practical tool to help ensure that mobility strengthens, rather than depletes, source-country health systems, the checklist applies global standards and Catholic social teaching into actionable guidance for ethical recruitment.⁹

Highlights from CHA's checklist include the following:

1. Ethical recruitment practices: Avoid harm to source countries.
2. Support for recruited workers: Provide holistic support, integration and retention.
3. Partnership with source nations: Ensure mutual benefit and capacity strengthening while avoiding dependency.
4. Investment in workforce pipelines: Strengthen domestic and global training systems.
5. Advocacy and policy engagement: Influence ethical recruitment standards and legislation.
6. Education and awareness: Develop staff education and ministry-wide engagement.
7. Monitoring and accountability: Track impact, report transparently and include diverse voices.

This call to uphold dignity across borders invites us to consider how these principles must guide not only our intentions, but also the systems and policies that shape global workforce mobility. Colleen Scanlon, vice chair of Bon Secours Mercy Ministries and former chair of CHA's Board of Trustees, explains: "As sponsors, we are entrusted with the sacred responsibility to ensure that our ministries reflect Gospel values in decisions and actions. Ethical recruitment is not only a workforce strategy, it is also an expression of solidarity and justice."

LEADING FORWARD

Overall, our participation in the U.K. APPG inquiry underscores the point shared by Scanlon:

"Catholic social teaching calls us to uphold human dignity and strengthen the global common good. As Catholic health systems, we must strive to foster reciprocal relationships that reflect our shared responsibility within the global family we serve."

— DAMOND BOATWRIGHT

Recruiting a foreign-trained workforce cannot only be a strategy for Catholic health care, but it must also be an expression of solidarity and justice. We recognize that ethical recruitment is a journey, not a destination. Each conversation with global experts deepens the case for stronger data, more innovative policies and sustained collaboration.

As we reflect on these lessons and our response, we should keep in mind Pope Leo XIV's reminder that true solidarity requires looking beyond our own borders and immediate interests: "The widespread tendency to look after the interests of limited communities poses a serious threat to the sharing of responsibility, multilateral cooperation, the pursuit of the common good and global solidarity for the benefit of our entire human family."¹⁰

With this call to solidarity in mind, CHA's global workforce checklist serves as a starting point, but the goal is workforce sustainability that advances health equity for all. The global health workforce challenge is too significant for any country or single system to address alone. Together, Catholic health leaders have a unique and powerful opportunity to invest, practice and advocate for transforming international recruitment practices.

In collaboration with the Church and our global partners, Catholic health care can lead with integrity and make a lasting impact on the future of global health.

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NOTES

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