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2024 Independent Stakeholders Reporting Instrument on the WHO Global Code of Practice on the International Recruitment of Health Personnel

Report of Brot für die Welt

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1. What has been the trend in international migration and mobility of health personnel (e.g., increasing trend in migration of health personnel or increasing reliance on international health personnel) in the countries where you work in the past three years and its effects?

In the past years there has been a high increase of international migration and recruitment of health personnel to Germany. However, it is not clear if the migration to Germany especially increased in the past three years since the COVID-19 pandemic due to lack of publicly accessible data. It is assumed that the number of health professionals has also risen, as the general number of foreign workers has increased.

According to the Federal Statistical Office of Germany, 30,879 applications for recognition in a medical healthcare profession were submitted in 2022. Of these, 14,257 applications (47%) were from nursing professions. Compared to 2015, the number of applications more than doubled (5,937 applications). In 2021, 8,340 nurses immigrated to Germany (in 2012: 663). This means that around 9.6% of nursing staff were trained abroad in 2021.

In 2022, around 2,290 doctors left Germany. Nevertheless, more doctors are immigrating to Germany than emigrating. According to the Expert Council for Integration and Migration, the number of foreign doctors in Germany has been rising for years: Since 2010, around 3,500 net foreign doctors have come to Germany every year (after deduction of emigrants). According to the Organisation for Economic Co-operation and Development (OECD), there were 51,395 doctors working in Germany in 2021 who had obtained their professional qualification abroad. The number of doctors with a professional qualification from abroad has thus increased more than fivefold since 2000 (2000: 9,971).

As the Federal Statistical Office of Germany assumes a lack of between 280,000 and 690,000 employees in nursing professions by 2049 and a shortfall of 30,000 doctors in 2040, the German government puts more and more efforts in recruiting from other countries. For example, new “Triple Win”-programs implemented by the German Agency for International Cooperation (GIZ) and the Federal Employment Agency were introduced in Jordan, Indonesia, and Kerala/India in 2022. The Federal Ministry of Health introduced two new Global Skills Partnerships with Mexico and Philippines. The Federal Employment Agency negotiated new bilateral agreements with Mexico, Indonesia, and India in 2022. Furthermore, the Western Balkans Regulation (introduced in 2016) allows nationals from Western Balkan countries to enter more easily the German labor market. As a result, the number of nurses from the Western Balkan states has more than quadrupled to 47,000 in 2024 since 2015. The Western Balkans Regulation was originally due to expire in December 2023, but a new amendment of 2023 now allows 50,000 instead of 25,000 workers of Western Balkan countries - with no time limit.

At the present time, around 30 % of those employed in geriatric care have a migrant background, 20 % of nursing staff in hospitals have this background and 27.3 % of employed doctors and dentists have a migration background.

2. What kind of measures for health and care workforce sustainability are countries taking and how effective are they?

The German government has implemented different approaches in recent years to make the healthcare professions more attractive.

Since 2020 a qualification as a nursing specialist can be completed either as a professional education in a hospital and nursing home or as a university course to offer more career opportunities. But most of the training in Germany takes place within the framework of professional education. The proportion of nurses with academic qualifications was only around 1% in 2021. Furthermore, training fees that nurses had to pay themselves were abolished and minimum wages in care are increased. Since May 2024 qualified care assistants receive 16.50 euros gross per hour, care specialists 19.50 euros and supporting staff at least 15.50 euros. A further increase in the minimum wage will then follow on July 1, 2025.

In 2023, there were almost 12,000 places for human medicine at public universities in Germany. The number of study places has therefore risen slightly in recent years. The creation of further study places is planned. In order to distribute doctors evenly across Germany, some federal states such as North Rhine-Westphalia, Bavaria or Lower Saxony introduced a so-called rural doctor quota. This means that students undertake to work in a rural region of the respective state after completing their studies, in order to obtain a place for human medicine at a university. Similarly, Bavaria, Hesse, Rhineland-Palatinate, and Saxony-Anhalt have a quota for public health service.

The Federal Ministry of Health further developed the Diagnosis Related Group (DRG) system in hospitals by removing personnel costs in DRGs and introducing minimum levels of nursing staff in care-sensitive areas such as intensive care medicine, geriatrics, general surgery and cardiac surgery to reduce the economic pressure on hospitals and to improve working conditions.

Furthermore, the Federal Ministry of Health is working on an Act to integrate new professions such as an „Advanced Practice Nurse“ or a „Community Health Nurse“ into the German healthcare system. These new professions should be given the opportunity to practice medicine themselves (substitution of services instead of delegation) and thus have more responsibility which increases the attractivity of the nursing profession.

A challenge is that there is no systematic monitoring of health and nursing staff in the country (for all categories of health personnel) as a basis for planning sustainable staffing.

But according to the Advisory Council on the Assessment of Developments in the Health Care System, a committee that convenes the German Federal Ministry of Health, there remain other challenges to obtain and win a sustainable health workforce in Germany. In internation comparison, Germany has already a relatively large workforce in the healthcare system and there is great interest in entering the healthcare professions. However, employees are faced with a high number of patient cases compared to other countries - as can be seen, for example, when comparing the ratio of nurses or doctors to patient cases (EU average: 11.7 doctors and 26.8 nurses per 1,000 cases; Germany: 8.4 doctors and 18,7 nurses per 1,000 cases). This puts Germany in third-last place in Europe, ahead of Hungary and Romania. Therefore, the situation for healthcare professionals is tense, as there is a comparatively high workload for employees. This points to organizational and structural weaknesses in the German healthcare system.

The elimination of these weaknesses should be the focus of healthcare policy efforts according to the Advisory Council on the Assessment of Developments in the Health Care System, because simply increasing the number of employees is expensive, does not appear realistic due to demographic developments and promotes the maintenance of inefficient structures.

3. Among the different mobility/migration pathways available for health personnel, which ones do they most use and why? What has been the advantages and disadvantages of this?

In Germany, there are two pathways available for health personnel.

First, there is public recruitment via different German ministries such as the Federal Ministry of Health, the Federal Ministry for Economic Cooperation and Development or the Federal Ministry of Labour and Social Affairs as well as public institutions such as the Federal Employment Agency or GIZ (e.g. "Triple Win"-projects, bilateral agreements, laws such as the Western Balkan Regulation). These recruitment programs aim to protect the migrated personnel in compliance with labor standards and respect the WHO Health Workforce Support and Safeguards List. However, it is possible for the Federal Employment Agency to recruit in these countries with a critical number of healthcare workers. This should be prohibited.

The German Federal Ministry of Health started a new approach by introducing Global Skills Partnerships with Mexico and the Philippines to ensure that the qualifications of nurses from outside Germany can be swiftly recognized in Germany. Therefore, partner universities incorporate key elements of German nursing training into their own curricula and nurses receive a training in their home countries with additional comprehensive training, specialized modules and German language courses, offered free of charge, if they wish to immigrate to Germany. The program complies with the fair recruitment standards set by the International Organization for Migration (IOM) and the UN International Labour Organization (ILO). However, there is no information if this program is reported as Official Development Assistance (ODA) which is also seen critically in the ongoing debate, as it benefits the country distributing the aid.

Second, there is private recruitment via private recruitment agencies, the diaspora, professional networks, and bilateral contacts such as family and friends. To date, private recruitment agencies are not regulated in any legally binding way. Thus, fair and ethical recruitment and the protection of health workers are not given. Furthermore, the type and scope of support varies depending on the agency. On the one hand, there are some which offer a wide range of services: from recruitment to help with official procedures and support after arrival. On the other hand, there are also agencies that not only provide interested persons with inadequate information, but also exploit people's ignorance. It is not known how many recruitment agencies exist in Germany, or how many people are recruited from which country. This leads to a lack of data and control.

For both pathways, it must be stated that active recruitment also leads to missing care resources in home countries, not only in care professions but also for domestic care work like childcare and household work. This phenomenon is called the Global Care Chain and specifically affects women.

It is estimated that 15-25% of health workers migrate via public pathways, whereas 75-85% are recruited via private ways. But detailed data is missing.

4. From health workers' perspective, how are the arrangements (and implementation) for the migrant health personnel?

The arrangements for the migrant health personnel differ from the recruitment pathway. If health workers migrate to Germany via public programs, it is assured that migrant workers must not pay for language courses, visa, flights, and translation of official documents. Furthermore, they are accompanied by GIZ or the Federal Employment Agency during the recruitment process.

Furthermore, the Federal Ministry of Health implemented a quality seal named "Fair recruitment healthcare Germany" (German: Gütesiegel "Faire Anwerbung Pflege Deutschland") for private recruitment agencies which sets ethically justifiable standards in recruitment and respects the ethically acceptable recruitment of nurses. The quality seal advocates providing information and maintaining transparency and fairness in the recruitment of nurses from other countries. It is a voluntary seal and there is no binding control instrument. In addition, problems arise as the Federal Ministry of Health has no inside in data of private recruitment agencies with the quality seal. Therefore, there is no data how many health workers from which countries are recruited.

The arrangements for the migrant health personnel recruited via private recruitment agencies are opaque and not comprehensible in Germany. The German government never ratified the Private Employment Agencies Convention (C181) of the UN International Labour Organization (ILO). There are cases recorded that health workers from other countries are recruited with promises of lucrative positions but encounter discrimination, sexism, racism, and bureaucratic barriers, preventing them from practicing the profession they were originally trained in. Therefore, they are often less well paid, additionally to the gender pay gap which also exists in the healthcare sector in Germany.

The institution "IQ Fachstelle Faire Integration", a counselling service in Germany on social and labor law issues for refugees and migrants from outside the European Union, reports different cases such as residence law dependencies on the intermediary/ employer, lack of recognition of qualifications and no compliance with labor protection. Migrants reported that employment contracts were only in German, not issued to them or changed after entry, that certifications and passports are held or that they didn't get additional allowances for night and weekend shifts or were threatened by employers.

As a lot of German employers are not interested in letting employees go and the pay gaps between Germany and origin countries are so high, circular migration as an approach is not applicable.

5. How have source countries (countries from where international health personnel are recruited) benefitted from international migration of health personnel?

The majority of German recruitment programs – either public or private – do not focus on source countries and do not strengthen health system capacity by providing technical assistance and financial support.

Within the scope of German bilateral agreements with other countries there are advantages for individuals in compliance with labour standards, but the Federal Employment Agency does not negotiate benefits for source countries. In the case of the "Triple Win" program, GIZ argues that migrants' remittances provide a developmental stimulus in their countries

of origin. In our view, this is not sustainable as the remittances do not support social security and healthcare systems. For example, a “Triple Win” project is implemented in Tunisia and highly educated healthcare workers are recruited via this pathway, but there is no bilateral program for health system strengthening. The same applies to private recruitment agencies – with and without quality seal – which do not focus on benefits for source countries.

The only program with a little focus on source countries is the Global Skills Partnerships program of the German Federal Ministry of Health with Mexico and the Philippines. It advertises that the universities in the countries of origin can reap lasting benefit thanks to reciprocal placements for lecturers and supplementary train-the-trainer programs. However, if the Global Skills Partnership program aims to educate health personnel to facilitate migration to Germany, it does not contribute to strengthening sustainable health systems in source countries.

6. How have destination countries (countries where international health personnel are recruited to) benefitted from migration of health personnel?

As more and more employees are coming from other countries to Germany, their share of support of the German social security and health system by paying income taxes and social insurance contributions is becoming bigger. This also supports the general economy of Germany.

As the German government is recruiting educated health workers via the “Triple Win” program and bilateral agreements, Germany is saving education cost of health personnel. Instead, the source countries invest in the education of these health care workers and afterwards they are recruited by German public or private recruitment programs.

7. How have national/sub-national data and research on health personnel (including health personnel information systems, migration data) been used to inform policies and plans?

Germany does not have a health personnel information and migration system. Furthermore, there is a lack of data regarding public and private recruitment processes and no transparency about available data.

The Federal Employment Agency has a detailed system to track the routes of health personnels from countries with which Germany has concluded bilateral agreements. But there is no possibility for other stakeholders to see all bilateral agreements or data about the amount of healthcare workers coming to Germany.

GIZ publishes irregularly data about the amount of healthcare workers coming via the “Triple Win” program. But current figures are usually only published in response to written small questions from the opposition in the German Bundestag.

There are no publicly accessible data of the Global Skills Partnerships program of the Federal Ministry of Health. The ministry itself has also no data of the recruitment numbers of private agencies with the quality seal. The same applies to private agencies without the quality seal. There is no data. Therefore, it is not possible to develop policies and

plans based on health personnel data. In addition, problems arise as a lot of different public actors at federal and state level are involved in recruiting health personnel from other countries which do not cooperate and exchange enough.

8. How have countries, international organizations, donors, and other stakeholders used the WHO health workforce support and safeguards list?

Germany has implemented the WHO health workforce support and safeguards list into the Ordinance on the Employment of Foreigners (section 38, 39 and annex). Section 38 says that “Recruitment in and placement from countries listed in the Annex to this Ordinance for employment in health and long-term care professions may only be carried out by the Federal Employment Agency”. The annex leads to the listed countries of the WHO health workforce support and safeguards list. This section should be amended so that no one is allowed to recruit.

No article of the WHO Global Code of Practice on the International Recruitment of Health Personnel is implemented in German law.

9. Please provide reflection on the past 14 years since the resolution on the Code in the country(ies) where you work or support (e.g., the Code’s relevance, achievements, and challenges; alignment of the Code with other global instruments such as the United Nations Global Compact on Migration, international labour standards etc.; contribution of the Code to achieving the Sustainable Development Goals, etc.).

Recruiting became more and more important for the German government since the adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel in 2010.

For over 10 years, the German government has been promoting public recruitment programs for health personnel from abroad. The German government's recruitment programs such as "Triple Win", bilateral agreements with the Federal Employment Agency and the Federal Ministry of Health's quality seal " Fair recruitment healthcare Germany” and “Global Skills Partnerships” are currently actively recruiting nurses in the following countries: Bosnia-Herzegovina, Brazil, El Salvador, India (here: the state of Kerala), Indonesia, Jordan, Colombia, Mexico, the Philippines, Tunisia, Uzbekistan and Vietnam. Serbia had originally also signed a bilateral agreement with Germany as part of the "Triple Win" program, but unilaterally suspended it in February 2020 due to fears of a brain drain in the healthcare sector. During the negotiations between Brazil and Germany on a bilateral agreement, the new Brazilian government of President Luiz Lula da Silva put the discussion "on hold" due to the non-participation of Brazilian trade unions. On the German side, the Federal Ministry for Economic Cooperation and Development (BMZ),

trade unions, civil society organizations and feminist organizations are not included during bilateral agreement negotiations, whereas the source country can decide by itself which organizations can participate the negotiations.

The COVID-19 pandemic has also underlined the outstanding importance of healthcare staff in Germany. In many places, the lack of personnel proved to be a hurdle to a comprehensive medical response to the pandemic. Although Germany had enough ventilators and intensive care beds, it did not have the necessary staff to care for the sick. For this reason, the current government consisting of the Social Democratic Party of Germany (SPD), Alliance 90/The Greens and the Free Democratic Party (FDP) agreed in the 2021 coalition agreement to simplify the recruitment of skilled workers from abroad, including healthcare staff. Therefore, a various of laws have been implemented or adapted to facilitate the migration of health personnel.

According to Bread for the World, the German government has been able to achieve improvements for the recruited individuals as part of its recruitment initiatives, but the development policy component and the benefits for countries of origin and their healthcare systems have not yet been sufficiently taken into account. There is too little benefit for source countries. It should also be noted that the Expert Council for Integration and Migration emphasized in its 2022 annual report "Migration as a support and challenge for healthcare in Germany" that international recruitment of skilled healthcare workers cannot be the only solution to the shortage of skilled workers in Germany’s healthcare system.

10. Please provide any other information or upload documents that is relevant to the implementation of the Code (please specify country).

In the German debate on the recruitment of healthcare personnel from abroad, Bread for the World therefore believes that the following aspects must be given particular consideration in order to minimize the negative impact on countries of origin:

- Health personnel from other countries should only be recruited in accordance with the WHO Global Code of Practice on the International Recruitment of Health Personnel. Active recruitment in the 55 countries listed by the WHO with a critically low number of health workers must not take place under any circumstances, neither from the state nor from the private sector.
- The working conditions for healthcare professionals must be made more attractive in order to retain existing staff and attract new professionals who already live in Germany.
- Countries from the Global South should be supported by Germany in improving local healthcare structures through technical and financial support. Therefore, the Federal Ministry for Economic Cooperation and Development (BMZ) must increase its financial resources for health system strengthening and human resources development in other countries.

- There must be comprehensive data collection and accompanying research of German public and private recruitment processes.
- Instead of voluntary quality seals for private recruitment agencies, legal requirements with correspondingly effective regulatory mechanisms and a firm commitment to the WHO Code are needed in Germany. Furthermore, the German government must ratify the ILO Convention 181 for private recruitment agencies.
- The Federal Employment Agency should cooperate with the Federal Ministry for Economic Cooperation and Development (BMZ), trade unions and independent civil society organizations from Germany and the countries of origin when negotiating bilateral agreements with other countries.

Sources:

Advisory Council on the Assessment of Developments in the Health Care System

Expert Council for Integration and Migration

Federal Statistical Office of Germany

Federal Employment Agency

Pillars of Health

Global Skills Partnerships

Faire Anwerbung Pflege Deutschland

Triple Win

IQ Fachstelle Faire Integration

Ordinance on the Employment of Foreigners

personal exchange with relevant actors in Germany