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Authors: Nicole Turad, Philipp Lassig

Editor: Heide Kühlken

Training nurses for Germany – part of development cooperation’s remit?

In many developing countries, people lack good employment prospects. Jobs and incomes that can feed families are rare - a breeding ground for social discontent. At the same time, there is an urgent need for skilled workers in Germany. This results in people making their way to Germany, often without the necessary technical training. South-North skilled worker migration is a global reality. Should German development cooperation therefore help to shape this migration and use its instruments of vocational training support in the process? The healthcare industry is a prime example of the potential this type of commitment has but most strikingly of its limits, too.

Lack of skilled workers in nursing – a German and global trend

The coronavirus pandemic has brought to light the vulnerabilities of global healthcare systems. **Globally, there is a shortage of 5.9 million nurses** in hospitals, care homes and other healthcare facilities. Of these nurses, 89% (or 5.3 million skilled workers) are needed in developing countries and emerging economies alone. There is also a shortage of nurses in Germany, where at least 35,000 workers skilled in nursing and geriatric care are needed. At the root of this is the demanding and often not very attractive nature of nursing work in Germany. As a result, many nurses are leaving the profession or working part-time. It is becoming increasingly difficult to attract skilled workers either through initial training or, most of all, through retaining existing nurses. The reasons for this are the high workload due to **insufficient time** for the individual patient, a **lack of professional development opportunities** and appreciation, **the difficulty**

maintaining a work-life balance and **poor earnings opportunities**. Due to demographic change, there will be a shortfall of about 500,000 nurses by 2035.

Before 2013, nursing facilities in Germany were only permitted to employ foreign nursing staff in exceptional cases. Nowadays, freedom of movement for workers applies to all EU member states, meaning that a work permit is no longer required for people from these countries. Even when it comes to non-EU countries, the nursing industry is now in the privileged position of being able to recruit specialists without a priority check, as healthcare, nursing and geriatric care roles are on the shortage occupations list. This means that it is not necessary to check whether preferential domestic or equivalent applicants are available for the specific job. In 2018, the German Federal Employment Agency reported a total of almost **143,500 foreign national nurses subject to social security contributions – around 1.7 million employees** in hospital-based and elderly care.

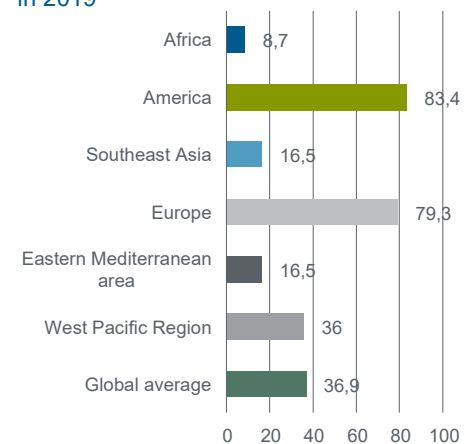
Germany compared to developing countries and emerging economies

Compared to developing countries and emerging economies, the nursing sector in Germany is relatively well positioned with 139 nurses per 10,000 inhabitants in 2019. In the Global South, working conditions in nursing are even worse, salaries and treatment of employees are sometimes poorer, and training is lower in quality – resulting in much lower numbers of available nurses per capita. In Africa, for example, we find an average of just under nine nurses per 10,000, although this naturally also means that

families traditionally play a much greater role in caring for their relatives.

Worldwide availability of nursing staff by region

Number of nurses per 10,000 inhabitants in 2019



Source: own illustration based on the State of the World's Nursing 2020 report (<https://www.who.int/publications>)

South-North migration of nurses

In addition, the pool of available nurses in the Global South is reduced in part by **emigration to wealthier countries**. Of nurses born or trained abroad, 15.2% come from high-income countries versus less than 2% from low-income countries. The reasons for migration are better jobs and salaries, further training opportunities, as well as safe living conditions in the destination countries. Moreover, remittances from nurses living abroad can be a major source of income for families and contribute to the countries of origin's economies. Migration patterns are constantly changing, with the Gulf countries also increasingly attracting nurses from Asia, Africa and the Caribbean, and South-South migration between countries within the same region is also on the rise.

Managed immigration to address nursing shortage

The recruitment of nurses from third countries (outside the EU) is also in the spotlight in Germany. In summer 2021, the **Federal Employment Agency** concluded a placement agreement for nurses with Indonesia. Germany's **Federal Ministry for Economic Affairs and Federal Ministry of Health** are also involved in the recruitment of nurses from third countries. In this, the World Health Organization (WHO) Global Code of Practice on the International Recruitment of Health Personnel also applies to the German Federal Government as well.

This WHO Code of Practice encourages Member States to make their own efforts to ensure a sustainable supply of healthcare professionals and develop strategies to curb the recruitment of healthcare workers from abroad. Recruitment should not have a negative impact on the health systems of developing countries and should respect the rights of migrants, so healthcare professionals should not be actively recruited from developing countries with workforce shortages. In 2006, the WHO found that 57 countries had a "critical shortage".

Key challenge – lack of language and professional skills

A key factor for the successful recruitment of nurses from third countries and their integration into the German labour market is their degree of vocational expertise and language skills. This raises the question of whether the process for skilled worker immigration should not start abroad and whether people there should be trained to German standards. If so, there is the additional question of whether **German development cooperation (DC)** should play a role in this. In many of its partner countries, German DC already promotes the Technical and Vocational Training and Education (TVET) of young people – future skilled workers who could potentially also be considered for recruitment in Germany.

Financial Cooperation (FC) projects on behalf of the BMZ In the East African Community (EAC), there is an FC project underway to promote the health programmes of Aga Khan University (AKU). The project finances high-quality training of healthcare professionals and the harmonisation of educational

qualifications with the aim of promoting a regional labour market. The programmes are currently being implemented at the university's Nairobi, Dar es Salaam and Kampala sites. The target group is nurses and midwives who take on leadership roles in their professional lives, acting as multipliers and advancing the quality of healthcare systems.

Role of German development cooperation in TVET

There is high unemployment in many of these DC partner countries. Many people emigrate because they do not see any economic prospects for themselves in their home country. To improve these career opportunities, DC is working to help strengthen TVET systems in many partner countries on behalf of the **Federal Ministry for Economic Cooperation and Development (BMZ)** – for example, by financing training infrastructure and upskilling teachers. There are also individual projects aimed at increasing training capacity in the nursing sector.

DC in vocational education to counter the nurse shortage in Germany?

Could developmental projects like this also be used to prepare skilled workers for the German labour market? This is a relevant question – especially since there are approaches to migration policy aimed at using training in the partner country to both increase the supply of skilled workers for the labour market in the country of origin and to promote targeted migration of training graduates to Germany (**global skill partnerships**).

At first glance, there appear to be some advantages. This would directly strengthen training capacity in the country of origin, which would also be available to those trainees who do not emigrate. However, the training would have to meet high standards based on the German model to allow for recognition in Germany. The quality of training in the country of origin could benefit from the sharing and application of knowledge and experience. A successful vocational training course in nursing with the option of working in Germany could also help to make nursing training in the country of origin more attractive. Training for migration to Germany would enable graduates to earn an income in Germany, and countries of origin would benefit from relieved strain on labour markets as well as from remittances, which could have positive developmental effects.

Risks and uncertainties

Overall, however, benefits are outweighed by the risks and disadvantages. First, the qualification and preparation outlay would be enormously high – and even then would not guarantee success. This is because the **professional requirements** for nursing staff and the **image of the profession** in Germany are starkly different from those in other countries. Nor does learning the profession **largely in a hospital setting** in Germany mirror the learning practices in most other countries, which are often almost exclusively academic. Last but not least, the hurdle of learning German is often underestimated. Studies show that these factors lead to **conflicts in the process of professional integration**, which are accompanied by a high level of dissatisfaction among both newly migrated and established nurses. These often lead to further migration or even to a return to the country of origin, exacerbating the problem in German nursing facilities.

Above all, however, a DC TVET project aimed at skills training for the German labour market would quickly conflict with

its own developmental aspirations. Aligning training with the needs of the German healthcare system would cause the needs and requirements of the local labour market to take a back seat. Furthermore, this may lead to the creation of **parallel structures** that **compete with existing TVET offers** and consequently weaken them, frustrating the development policy approach of strengthening training capacity in developing countries to meet local needs. Another risk is the **high cost** involved. Promoting training in developing countries “based on German standards” without significant **assumption of training costs by employers**, as is customary in Germany, would incur an enormous cost for the public sector. The question is whether such an approach can be **sustainably financed** – and crucially by whom. Accordingly, proponents of the global skill partnership also regard the private sector as duty-bound to finance the model independently or through public-private partnerships in order to make it sustainable and free of cost for the countries of origin. Partner countries are also unlikely to be interested in such a model if they fear that their skilled workers will leave as a result. Since the vast majority of developing countries also lack skilled healthcare workers, it is difficult to reconcile a **potential brain drain** with values-based development cooperation – especially since it is difficult to estimate and limit the consequences for neighbouring countries of origin, for example.

Conclusion

Investing in the vocational competencies of healthcare workers in countries of origin may be an important undertaking when it comes to attracting skilled workers from third countries. The (German) business sector is pivotal in this regard, with its involvement being a key prerequisite for the successful integration of foreign skilled workers into the German labour market. There are existing examples of this.

However, this is not the remit of development policy. The **risk is too high** that the use of public development cooperation funds (official development assistance) in TVET for the preparation of skilled worker migration will **frustrate developmental goals**. The developmental goal of promoting training capacity in developing countries for employment in the partner country should be strictly separated from Germany’s labour market goal of attracting skilled workers to the



Nurse at a hospital in Uganda. Source: KfW photo archive, copyright: Kirsten Milhahn

domestic market. For example, a DC project to train nurses should always aim to produce qualified workers for the labour market in the partner country.

This does not rule out the possibility of graduates from vocational training institution promoted by DC looking for and finding work abroad. Promoting training opportunities **hardly yields any influence on individual migration decisions** nor on whether existing migration opportunities are taken up. In this respect, one of DC’s tasks is to consider regional and international labour migration when promoting training in partner countries – it is not, however, required to advance the aims of migration policy in the process.

Contact

KfW Group

KfW Development Bank
Palmengartenstrasse 5–9
60325 Frankfurt am Main, Germany
Phone +49 69 7431 0
nicole.turad@kfw.de
www.kfw.de