



# PROTECT: Protect migrant healthcare workers: closing a gap in Germany's pandemic preparedness and global health policy

## Project type

interdisciplinary pilot project       cross-sector project       global health postdoc fellowship

## Project duration

May 2022- April 2023

## Research areas involved

Biomedical sciences       Social sciences and humanities  
 Public health       Engineering and other sciences

## Focus areas

Pandemic preparedness & response, migration and health, health policy

## Project team

Name	Organization	Discipline(s)
Dr. Ellen Kuhlmann	Hannover Medical School (MHH)	Public health, sociology/social policy
PD Dr. Alexandra Dopfer-Jablonka	MHH	Medicine
<i>Collaborators</i>		
Dr. Frank Müller	University Medicine Göttingen (UMG)	Medicine, sociology
Dr. Marius-Ionut Ungureanu	Babeş-Bolyai University, Cluj-Napoca, Romania	Public health, medicine





## Narrative Report

WHO has declared the healthcare workforce (HCWF) a global policy priority and efforts have been stepped up in the European region. However, effective policy responses and implementation strategies are still lacking both globally and nationally. In Germany, demographic conditions and an increasingly burned-out HCWF threaten future recruitment and retention, while foreign recruitment is gaining significance, illustrated recently by high-level Government action and new bi-lateral agreements. Against this backdrop, PROTECT addresses a 'hot topic' that became even more urgent during the research process. PROTECT contributes new knowledge through three major work packages that consider different levels of HCWF policy: evidence (research and conceptual approaches), people (the perspective of the healthcare workers) and policy issues.

### **Evidence. Scoping review and secondary data analysis of COVID-19 HCW surveys**

Our analysis of survey data gathered at Hannover Medical School did not report differences between national- and foreign-born HCWs for items related to health status (SARS-CoV-2 infection, vaccination) and perceptions of infection risk, protective workplace measures and government measures. But items related to social participation and work conditions with higher infection risk indicate a higher burden of migrant HCWs. The findings call for systematic inclusion of migrant HCWs in pandemic policy. However, looking at the migrant status is not enough. We introduced an intersectional health systems-related approach to understand the complexity of social inequalities and how the protection of migrant HCWs may be improved at different levels of policy.

### **People. Qualitative interviews with Romanian physicians working in Germany**

Migrant physicians showed strong resilience during the COVID-19 crisis and rarely complained; they mostly perceived the COVID-19 limitations as effecting everybody in the same way. Commitment to high professional standards and career development were major pull factors towards Germany, while perceptions of limited career choices, nepotism and corruption in Romania caused strong push mechanisms. Health system-related and professional aspects appeared to be strong drivers for migration; personal aspects (having a better life, higher salaries, family issues, etc.) were mentioned but seemed to play a weaker role. We identified two major mobility patterns that support circular migration policies: (1) mobile cosmopolitan physicians who flexibly balance career opportunities and personal/family interests, e.g., feeling like 'a European citizen', or practising a commuter model between work in Germany and family in Romania, and (2) well-integrated physicians with a wish to give something back to their home country.

### **Policy. Facilitating knowledge exchange, exploring policy solutions with international experts**

We found strong connections between push and pull factors in sending and destination countries that highlight a need for **transnational healthcare workforce policy** efforts. For instance, EU investment in anti-corruption law and the healthcare system in CEE countries may create co-benefits for HCWF retention in sending countries. The results revealed **capacity for circular migration policies** that were further explored through expert workshops/webinars, e.g., a webinar with high-level European experts from policy, management and the medical profession and a session at the WHO Global Forum Human Resources for Health) to facilitate knowledge exchange and move the issue higher up on the policy agenda.



<sup>1</sup> Front. Public Health, 2023;11:1152862; doi: 10.3389/fpubh.2023.1152862;

<sup>2</sup> medRxiv, 2023; <https://doi.org/10.1101/2023.04.29.23289300>

## Funding

PROTECT is supported by the German Alliance for Global Health Research with funds from the German Federal Ministry of Education and Research (BMBF).

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Last updated: 11/08/2023

File name: 230726\_narrative report\_PROTECT.docx



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