

Gesund für alle Beteiligten? Der „Triple-Win“-Ansatz im Gesundheits- und Pflegesektor auf dem Prüfstand

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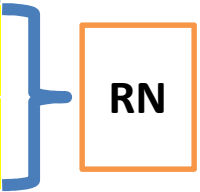
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Nursing Education in India

Courses	2000	2005	2010	2012	2014	Duration
ANM	298	360	676	1452	1938	18 months
GNM	285	983	2083	2576	2968	3,5 years
BSc	30	377	1326	1516	1700	4,5 years
MSc	10	59	315	481	582	2 years

Source: Snapshots, Indian Nursing Council, 2014



1. 95% of GNM and BSc institutions are private.
2. 5113 institutions produce registered nurse. 227,370 GNM/BSc nurses per years #.

Das and Singh. Florence Nightingale J Nurs. 2022 Feb;30(1):9-17. doi: 10.5152/FNJN.2021.21013

Public health institutions

Institutions	Number	Population covered	% vacancy India	% Vacancy in Kerala
Sub centre	156,101	3000-5000	#	
PHC rural	25,140	20000-30000	30.2	4.4
CHC rural	5, 481	100,000-120,000	26.3	12.1
PHC urban	5439		27.1	4.5
CHC urban	470		37.3	7.0

77,784 nurses are recruited on contractual basis under Ayushman Bharat Program as Community Health Officer. Approx 450 Euro/Month

***40, 847** nurses are on contractual basis under NHM. Approx 150-300 Euro/Month

Source: Rural Health Survey 2021 (as per 31.03.2021)

* Chapter 2, NHM Annual Report 2015-16.

(<https://main.mohfw.gov.in/sites/default/files/56987532145632566578.pdf>)

Levels of exploitation

Nurses family background	Majority are from middle or lower middle economic class family Take education loan for education (8000 Euro) Majority are women. There are limitations access their rights and to take decision.
Education	Private institutions work for profit Lack of practical facilities Other cost: Food, accommodation, books and No stipendium
Job Market	Private hospitals salary are less than Rs 20000/month Public health institutions increased contractual (informal) jobs Migration restrictions (After Syria war incident) Private oversees recruitment agents

Kerala

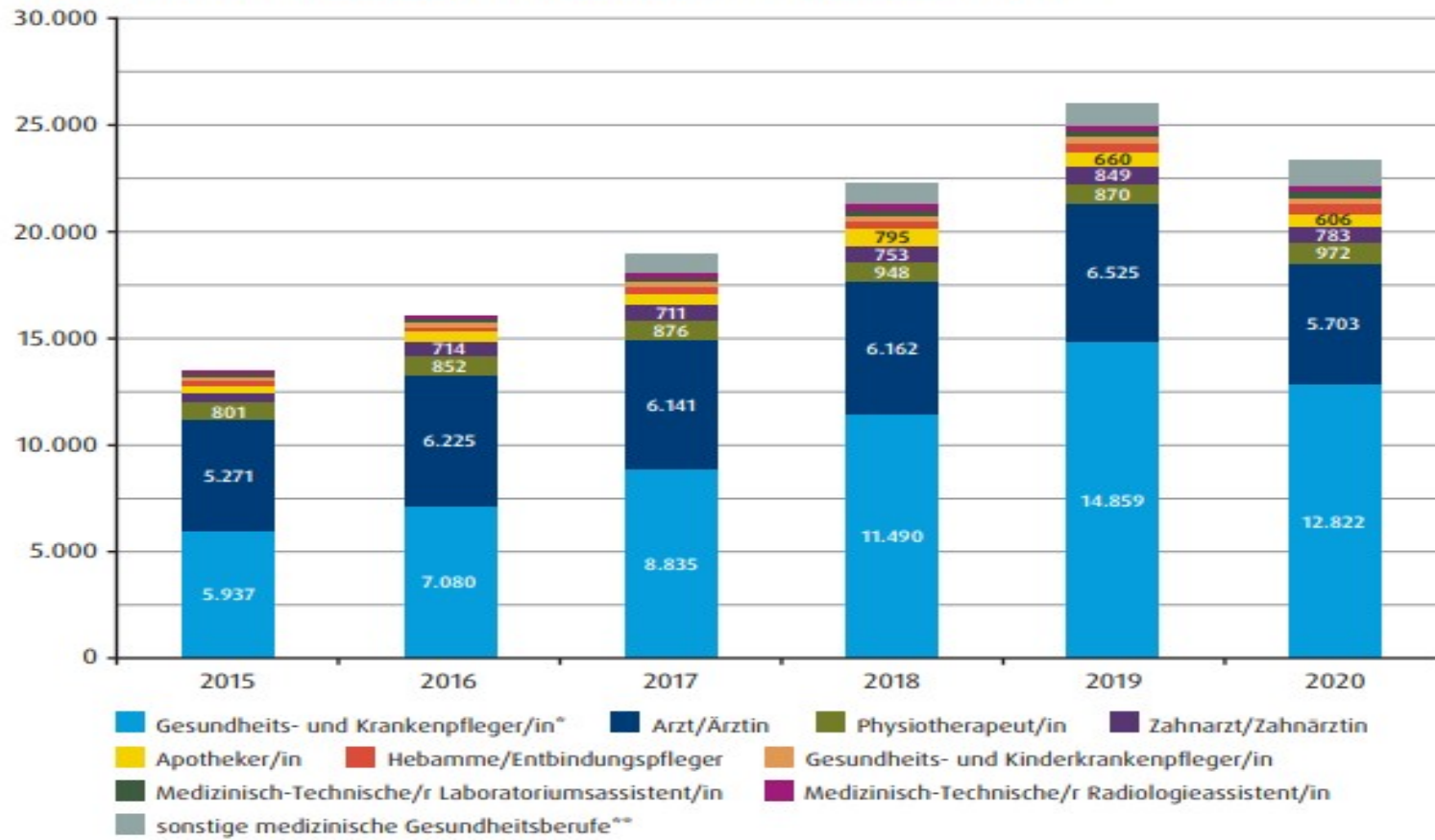
- The registered nurses and midwives (RN/RM) density 78.7 in Kerala and 16.1 per 10,000 population at a national level.
- With the current capacity, the nurses and midwives deficit can only be met in a 6-12 years period. (approx 2028-2034)
- There is 4.4% and 12.1% nurses shortage at rural PHC and CHC respectively.
- Nursing is more populous course in state of Kerala.
- This state has exposed to migration since decades.
- Kerala nurses are known for their skill and dedication.

New agreement with Kerala

- Silent features:
 - State could have migration statistics
 - **State could be held responsible** if there are any shortages.
 - Remittance will anyhow help nurses family and state
 - Less chances of private recruitment agency exploitation
 - **Isolation of migrated nurses due to cultural and language barriers (Not considered under Triple Win)**
 - Non clarity on their future retirement and health plans.
 - **Returns to state for production of human resource:**
Education is either free or subsidized by public fund.

Does this health workers migration
create hierarchy within German
health system and society?

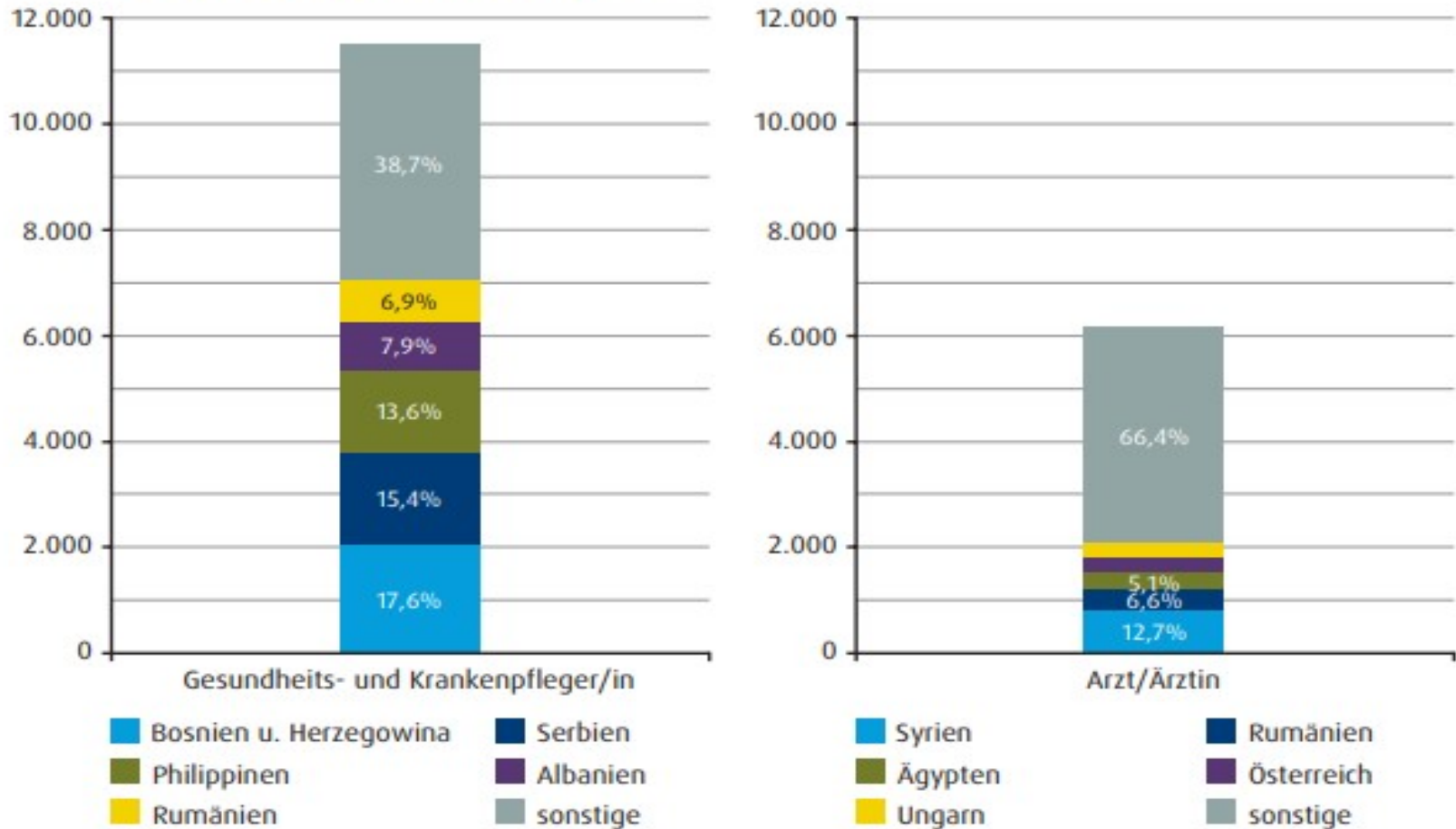
Abb. A.1 Anträge auf Anerkennung in ausgewählten Gesundheitsberufen 2015–2020



Anmerkung: Werte unter 600 sind nicht ausgewiesen. *Für 2020 inkl. Pflegefachmann/-frau. **Keine Angaben für die Jahre 2015 und 2016.

Quelle: Schmitz/Wünsche 2016; Schmitz 2017; 2018; Böse/Schmitz 2019; 2020; 2021; Berechnung und Darstellung: SVR

Abb. A.2 Anträge auf Anerkennung in den Referenzberufen Gesundheits- und Krankenpfleger/in und Arzt/Ärztin 2018 nach Ausbildungsstaat



Anmerkung: Werte unter 5 Prozent sind nicht ausgewiesen. Aufgrund von Rundungen können die Gesamtsummen von 100 Prozent abweichen.

Quelle: BMBF 2020: 40; Berechnung und Darstellung: SVR

Interpretations

Half of the nurses studied in Germany and another half come from abroad.

Many of the states are male dominated with limited or no women rights

Doctors from abroad are also higher economic and social class.

Intercultural conflict at workplace

Gender

Social
Background Dr,
RN and other

Race

Cultural
Practices
(Religion)

Summary

- Migration of the health workers is an need of the hour in this global world
- Triple win: Is there any scope for psychosocial aspects of migrant workers.
- Does the receiving country contribute direct in the public systems improvement?
- Modes to tackle intercultural differences within the multicultural health workers to built sensitive health team.