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Making sure that the emigration of health-care personnel from Albania and BiH works for all: What Germany can do

Clara Schmitz-Pranghe, Nermin Oruč,
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Recommendations

\ Harmonise ministerial policies

The migration of healthcare professionals has detrimental impacts on socio-economic development in Albania and Bosnia-Herzegovina (BiH). Germany's active recruitment of healthcare professionals contributes to this trend and thus adversely affects the goals of bilateral development cooperation. The Ministry of Economic Cooperation and Development should engage with the Ministries of Health and of Labour and Social Affairs to bolster the sustainability of the government's inter-agency strategy on the recruitment of qualified workers (2019). A detailed whole-of-government approach needs to be put in place that further assesses and prevents adverse long-term demographic and socio-economic effects of emigration of care personnel in origin countries.

\ Oversee and regulate the operational standards of private (for-profit) recruitment agencies

The German Ministry of Health must ensure that legal and ethical standards for the recruitment of international personnel are observed. It should support the governments of Albania and BiH in monitoring the private mediation companies' training and recruitment practices of nurses and medical technicians to avoid exploitative practices and adhesion contracts.

\ Support programmes to improve the working conditions of healthcare personnel in Albania and Bosnia-Herzegovina

The German Ministry for Economic Cooperation and Development should support programmes that provide equipment and know-how. Options for career advancement and training, safety measures and legal protection are the most urgent issues to prevent a care drain and need for medical tourism.

\ Support labour market and education sector reforms

The German Ministry for Economic Cooperation and Development should support such reforms through bilateral cooperation (technical advice) with Albania and BiH to counteract distortions of the labour market due to out-migration and to aid structural economic recovery. The attractiveness of alternative apprenticeships and job profiles needs to be increased, not least because the long-term attachment and increase of skilled workforce will positively affect the investment climate.

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Introduction

The labour market for healthcare workers is one of the largest occupational markets worldwide with a comparatively high scale of public investments in human capital. Given a projected shortfall of 18 million health workers by 2030 globally (estimate by the World Health Organization-WHO)—mostly in low- and lower-middle-income countries—there is competition among high and middle-income countries to recruit highly skilled health personnel. According to ver.di-unionists, Germany has a deficit of care professionals, which amounted to 162,000 nurses in stationary care in 2014 (dggp, n.d.). Despite the already tangible ‘care crisis’, Germany and other European countries train healthcare workers below their actual demand relying on other countries to provide highly qualified personnel. Accordingly, the German Federal Ministries of Health (BMG) and Labour and Social Affairs (BMAS) as well as private institutions are attracting and actively recruiting workers from several countries—prominently among them Albania and Bosnia-Herzegovina (BiH) (see Box 1). The large-scale recruitment campaigns by German public and private institutions were paralleled with an increase in legal opportunities for labour migration from the Western Balkans, especially in the framework of the Western Balkan Regulation (effective since 2016) and the more recent Skilled Immigration Act (effective since March 2020).

While Germany thus supports labour migration from Albania and BiH, the second pillar of Germany’s migration policy aims to reduce irregular migration. Germany’s asylum policies are accompanied by programmes facilitating the return and reintegration of unsuccessful asylum applicants.¹ Albania and BiH feature in the Federal Ministry of the Interior, Building and Community’s (BMI) programme for assisted voluntary return (“REAG/GARP” and “Starthilfe Plus”).

¹ \ Germany has significantly decreased the number of asylum claims it recognises since Albania and BiH were declared safe countries of origin in 2015. As of 31 December 2019, the German Central Register of Foreign Nationals in Germany counted 2,350 rejected asylum seekers from BiH (out of 19,380 Bosnians seeking protection in total) and 7,995 from Albania (of a total of 13,970) (Statistisches Bundesamt, 2019).

Returning Albanians (Albania was the second-leading country of return from Germany in 2018) are also eligible to apply for reintegration assistance in the framework of the BMZ-programme “Perspektive Heimat”/“Startfinder”, executed by the German Association for International Cooperation (GIZ). The programme aims to provide employment opportunities in the country of origin, pave the way for the ‘sustainable reintegration’ of returnees without stay-perspective in Germany and reduce irregular migration. In parallel, the bilateral development cooperation portfolio of the BMZ includes a variety of programmes that seek to foster sustainable economic development and the creation of employment opportunities in Albania and BiH (see below) and offer prospects for stayees and sustainable reintegration perspectives for returnees.

We argue that these trends—Germany’s active recruitment of healthcare professionals (BMG/ BMAS), the support for socio-economic development and employment in the origin countries of healthcare workers (BMZ) and the creation of economic perspectives for returnees to foster their sustainable

Box 1

Emigration trends of health care professionals from the Western Balkans

Emigration from Western Balkan countries amounted to almost 230,000 people in 2019 and is largely directed towards countries of the European Union and Switzerland, the United States and Canada. Germany draws the highest percentage of its labour force from southeast Europe: For 2019, the German Ausländerzentralregister indicates the immigration of almost 80,000 people from Western Balkan countries to Germany. These numbers increasingly include health and elderly care professionals: At the end of 2019, BafA registered almost 58,000 citizens of Serbia, BiH (21,950), Albania (6,820), Kosovo, North Macedonia and Montenegro working in the German health, educational and social sectors, more than 18,000 of whom are employed as nurses and related professions, almost 6,200 are practice nurses and almost 3,500 are employed in elderly care. 3,598 persons with citizenship of a Western Balkan country are employed as a physician or dentist in Germany. Almost 30,000 citizens of Western Balkan countries who are employed in the German health sector have a recognised professional qualification and more than 8,700 hold an academic degree (BaFA, 2020).

reintegration (BMZ, BMI)—show a conflict of stated objectives among ministerial policies. Given the risk of detrimental impacts of the migration of health professionals on the long-term socio-economic development in the Western Balkans, the recruitment incentives set by BMG and BMAS undermine the aims of bilateral development cooperation, i.e. to help enable people to live a life of dignity, including access to decent employment, to education and health services.

It is thus high time for the BMZ to engage BMG and BMAS to further develop the inter-agency strategy on the recruitment of qualified workers (2019). The existing strategy mainly addresses the German employment market and considers the need to build capacity and support the local economy to bolster development in the country of recruitment. However, it is still necessary to spell out how Germany's recruitment policy can account for and prevent adverse long-term demographic and socio-economic effects of emigration of e.g. care personnel in origin countries.

The implementation of a whole-of-government approach that goes beyond the common aim of preventing irregular migration and fostering labour migration is needed to bring ministerial policies together. The BMG and BMAS should systematically factor in the long-term demographic and socio-economic impacts of policies that attract foreign health professionals. The BMZ should systematically scrutinise existing policies on the recruitment of foreign healthcare workers based on long-term impact assessments in both countries. Here, it should complement the GIZ's programme on Migration and Diaspora which states to check whether foreign recruitment is "acceptable for the origin country's labour market". It should also engage proactively with BMG and BMAS in shaping these policies through joint programmes that target the healthcare sector in Albania and BiH. The recommendations in this *Policy Brief* aim to prevent Germany's policies from undermining its own mandate to support socio-economic development to foster a life in dignity for all and to create perspectives for the stayees and returnees and enable the long-term reintegration of the latter.

Oversee and regulate operational standards of private (for-profit) recruitment agencies

BiH is one of five countries included in the so-called Triple Win project run by the German Federal Employment Agency's International Placement Services (ZAV) and the German Gesellschaft für internationale Zusammenarbeit (GIZ) that recruits certified nursing staff to work in Germany. However, only a small portion of emigrating health professionals makes use of the Triple Win project or mediation by public employment agencies. The programme does not have a good reputation among BiH health professionals because they perceive the process to be bureaucratic and lengthy, and people generally suspect nepotism, corruption and a lack of transparency in official employment initiatives. According to the Federal Labour Office (BafA), by 11 December 2019, only 676 nurses were recruited via Triple- Win from BiH since its inception in 2013. Instead, the majority of health professionals migrates through personal networks or is recruited by private agencies which have mushroomed in the region. Although private agencies have been operating in Western Balkan countries for several years now, data is lacking on who uses their services and under which conditions: Media reports document a variety of exploitative practices among private recruitment agencies ranging from contracts that foresee fines when a contract is cancelled, not accepting open positions offered by the agencies or working conditions that contradict German labour law. By accepting applicants who are already employed in other sectors and retraining them, private recruitment might contribute to skills gaps in other sectors. Left unchecked, these agencies bolster the marketisation of care personnel to the detriment of the country's economy and society.

Governments in the Western Balkans need to actively steer (e)migration policies for the benefit of their national economy/society, e.g. by steering the supply of vocational training for certain professions or monitoring recruitment agencies and training institutions. The German Ministries of Health and Labour

can support this process by strengthening state-owned initiatives, e.g. bilateral framework agreements of the ZAV with Western Balkan governments (as with BiH). At the same time, supported by for example the German Agency for Health and Nursing Professions (DeFa), they should bring forward the certification of good practices of private recruitment agencies, hospitals, nursing homes or practices in Germany. Furthermore, they should initiate political dialogue with Bosnian and Albanian counterparts to oversee and regulate the operational standards of private (for-profit) recruitment agencies and training facilities in both countries that serve German health and care institutions to ensure that legal and ethical standards are observed.

Improve the working conditions of healthcare personnel in Albania and BiH

The numbers of healthcare professionals who are actively recruited cannot compare to the numbers of those who emigrated of their own accord. More than 1,000 medical doctors, some 200 specialists and around 2,500 medical technicians have left BiH in the past five years, which amounts to an approximate loss of EURO 250 million in human capital (Domazet et al., 2020). Not only is their education paid for by Bosnian taxpayers, but the BiH public educational system is also transformed to fit labor market demands of receiving countries. Understanding and addressing underlying conditions and drivers of large-scale emigration in the countries of origin thus remains pivotal for developmental actors.

Besides eased immigration requirements for persons originating from the Western Balkans and active recruitment, considerable salary imbalances between Western European and the Western Balkan origin countries and a lack of professional perspectives are among the factors contributing to increasing emigration from Western Balkan countries. Moreover, existing networks abroad play a role especially for the choice of the destination country. Our interviews also indicate that the working conditions in the

healthcare system play a huge role for the decision to work as a physician or nurse abroad. Specifically:

- \ There is a lack of opportunity for career advancement and specializations (interview with student of medicine, Sarajevo, July 2020).
- \ There is a lack of equipment and tools, such as scalpels, scissors, and the like and modern technology (interview with Bosnian surgeon and returnee, Sarajevo, June 2020).
- \ Working conditions are poor, particularly with regard to hygiene, safety, legal protection and job security (interview with hospital physician, Albania, August 2020)
- \ Frustration with nepotism, patronage networks and corruption in the BiH health sector contribute to the decision to emigrate, but also pose a challenge for returnees who are unable to get a job and forced to work below their qualification (interview with returned immunologist, Sarajevo, June 2020);
- \ Bureaucratic obstacles prevent many interested emigrants from returning.

The BMZ can help make the Albanian and BiH healthcare sectors more attractive through bilateral programmes that support training capacities and modern medical technology and equipment. This would also be an appropriate measure to partially compensate the training investments for emigrated healthcare professionals by the public sectors (see below). In dual-track approaches that foresee an “away track” and a “home track” of medical training in the origin countries, support of training facilities should be tailored to address partner country needs (“home track”). Moreover, all aid and financial assistance to domestic health sectors should be conditioned upon healthcare reform focused on improving domestic work environments for medical staff and an active fight against corruption. In this way, the BMZ can prevent a care drain as well as medical tourism (going abroad for specific complex treatment, see below) and foster the reintegration of returning professionals.

Box 2**Knowledge transfer and return**

Around 40 per cent of those who plan to leave BiH have no intention of ever going back (Turčilo et al., 2019, p. 36). German immigration policies reinforce this trend: The German Skilled Immigration Act explicitly aims for the long-term integration of professionals by granting them a residence permit („Niederlassungserlaubnis“) after two years if they have a German University degree or a German professional qualification and after four years for professionals with a foreign professional qualification. This very welcome and meaningful provision contrasts with the development goals of transferring knowledge to benefit the countries of origin, e.g. through the Programme Migration and Diaspora, implemented by GIZ and offering among other things training and salary subsidies to returning professionals, short-term trips of migrant experts, cooperation with diaspora organisations and counselling services. Knowledge transfer based on short-term visits of professionals originating from Western Balkan countries and now living and working abroad, implemented also for instance by Programme Migration and Diaspora (PMD or the Diaspora for Development project (D4D) run in BiH by the United Nations Development Programme, the International Organization for Migration and BiH ministries, is more realistic than knowledge transfer through return. The D4D programme involves short visits of emigrated professionals—among them doctors—to assist in public and private institutions in BiH (universities, clinics, institutes) or private companies. Though this type of temporary return does transfer some knowledge, it does not help fix structural deficits in the healthcare sector, and so does not contribute to long-term development in this sector.

Counteract distortions of the labour market through labour and education sector reforms

Labour mobility is a part of everyday life of Western Balkan citizens and an important livelihood strategy. It can positively affect development in the country of origin through remittances, foreign direct investments and knowledge transfer. Yet, the emigration of medical technicians and nurses—encouraged by German immigration and recruitment policies—severely distorts the domestic health sector’s labour markets, both nationally and regionally. According to a representative of the Labour and Employment Agency of BiH, unemployment rates of health workers with secondary medical school qualifications (medical technicians and nurses) do not decrease due to

emigration in BiH but are increasing from year to year (except 2019). According to the latest data (31 December 2019), there were 7,271 unemployed medical technicians and nurses in BiH (BiH counts only 63 healthcare workers per 10,000 inhabitants compared to 132 healthcare workers per 10,000 people in Germany). Persons with a secondary medical school certificate are in the top five surplus occupations in both entities of BiH, and in all cantons (interview with a representative of the Labour and Employment Agency, BiH, Sarajevo, June 2020). Media reports suggest that Albania has a surplus of 3,000 nurses. A regional comparison shows considerable disparities in the number of health workers per inhabitant, especially in peripheral and rural areas which are underserved in both countries and where—according to insights from our qualitative interviews—a large proportion of those who are highly qualified tend to migrate. In Albania, the imbalance between personnel which is unemployed and open vacancies in peripheral rural areas also has the effect that many places hire very young and inexperienced personnel, which reduces the quality of service. Despite high unemployment rates in the health sector in Albania, nurses and doctors have to make up the lack of medical personnel through extra-shifts and overtime.

The demand for nursing classes is increasing both in Albania and BiH. Without countermeasures by domestic policies, it contributes not only to the surplus of nurses but also creates increasing losses in public investments. According to our interviews, young people in both BiH and Albania see nursing studies as an opportunity to emigrate and not as an employment opportunity in their home country. This incentive clearly affects employment rates and skilled labour supply in other economic sectors and is further amplified by common family migration, i.e. partners of healthcare personnel who leave other sectors with the effect that the size and quality of the labour force visibly decreases. A recent Westminster Foundation for Democracy (WFD, 2020) study estimates the total educational costs of people who leave BiH in a single year to vary from €650 to 800 million. Moreover, unemployment records indicate that the training of nurses exceeds labour market needs. The fact that in

many cases, the qualification/ professional skills of nurses and medical technicians trained in public medical schools exceed the required skills in destination countries (at least in the case of Germany) contributes further to a waste of public spending.

Equally problematic is the fact that the provision of specialised medical services, such as organ transplants, for Bosnian and other patients needs to take place at private clinics abroad because there is no qualified medical staff for such procedures in Albania or BiH. BiH has agreements with clinics in Croatia (Mercur) and Turkey (Memorial Health Group, Acibadem Medical Park) to treat patients from BiH for a set of specific conditions that cannot be treated adequately inside the country. Since 2014, the number of interventions performed abroad and paid for by the Health Insurance and Reinsurance Institute in the Federation of BiH (FBiH) has increased steadily (Karaica, 2020). Since these treatments are publicly-funded, government policies create incentives to go abroad (Croatia, Turkey, among other countries) for medical treatment (“medical tourism”). Domestic health institutions are thus deprived of development opportunities, respective skills for treatment not sought and the entire health infrastructure structurally undermined.

In a broader economic perspective, emigration leads to a loss of consumption and tax receipts in the countries of origin and decreasing growth rates. WFD estimates for BiH state a potential GDP loss of €21,000 per person due to the inability to prevent the departure of one citizen by productively employing them. High amounts of remittances in BiH (10-12% of GDP) and Albania (5.2%) which considerably improve the quality of life of recipient families, and other personal income from abroad cannot compensate for these macro-economic costs as the development potential of remittances is mostly limited to relatives. They are mainly spent on private consumption while business investments—in the absence of appropriate socio-economic conditions—are minimal both in BiH and Albania.

To counter a (future) lack of skilled workers and a decrease in employment options in other than health- and care-related economic sectors, the

attractiveness of alternative apprenticeships and job profiles needs to be increased. The BMZ can contribute to this by supporting expert training and employment prospects in the framework of its bilateral cooperation (technical advice) with Bosnia-Herzegovina and Albania and by encouraging labour market reforms oriented towards domestic labour market needs. For this purpose, the BMZ should build on its existing programmes that aim to create prospects for economic development, sustainable employment and growth.² A sound strategy of how to avail these programmes as building blocks in a larger bilateral cooperation effort will aid structural economic recovery, not least because the long-term attachment of and increase in a skilled workforce will have a positive effect on the investment climate.

Outlook

The emigration of mainly young people reinforces the trend of a declining birth rate and an ageing population: Migrants from Bosnia predominantly belong to the most economically active part of the population. Emigration increasingly and predominantly involves entire families. However, children and the elderly are often left behind, which significantly affects family structures, gender and generational roles. In Albania, survey data from 2018 suggests that potential migration is higher amongst men (62%) than amongst women (King & Gedeshi, 2019). Moreover, in Albania, we find higher intentions to migrate (50-60%) amongst those with secondary and tertiary qualifications compared to those with primary and less than primary education. Accordingly, in BiH, too, there is an above-average emigration of highly qualified people (Dumont et al., 2010). Even within the framework of the Western Balkans Regulations, which does not require any professional qualification for working in

2 \ Such as the Sustainable Economic and Regional Development, Employment Promotion and Vocational Education and Training (ProSEED) with the components Vocational Education & Training (VET) and support for micro, small and medium-sized enterprises (MSMEs), the Support to Economic Diversification of Rural Areas in Southeast Europe (SEDRA) programmes, and others. In Albania, a BMZ-funded German Information Centre for Migration, Training and Career (DIMAK) was set up in October 2016. It caters to returnees as well as stayees and provides on-site advice to both groups on job and vocational training opportunities in Albania.

Germany, an evaluation by the Institut für Arbeitsmarkt- und Berufsforschung (2020) suggests that 59 per cent of immigrants from Western Balkan countries have completed professional training in their country of origin and 10 per cent have a university degree. However, only 41 per cent of the survey participants work in Germany as a skilled worker or specialist and expert. With the Skilled Immigration Act, the share of highly skilled workers emigrating is likely to increase. Furthermore, we find a trend of rural-urban migration that might lead to the depopulation of the peripheries and an underserved ageing rural population.

These long-term effects and consequences for socio-economic development in the origin countries illustrate the urgent need to assess international policies that attract health and geriatric care professionals from a development-oriented point of view. The WHO's Code of Practice on the International Recruitment of Health Personnel provides that the recruitment of health professionals should not harm domestic health-care provision in the countries of origin. Germany has translated this provision into national law and also supports the "Working for Health" Five-year Action Plan for Health Employment and Inclusive Economic Growth (2017-2021). In a next step, the Ministry of Health should initiate the discussion on long-term demographic and socio-economic effects of emigration in the countries of origin of health and care personnel at the international level, i.e. with the WHO in the first place.

The current coronavirus pandemic and its worldwide economic implications will most probably weaken domestic economies of Western Balkan states further and increase existing unemployment. The World Bank is forecasting regional growth in the Western Balkans in 2020 to be between -3.0 and -12.4 per cent and a decrease of remittances of more than 20 per cent, which worsens the ratio of costs and benefits of emigration. Combined with increasing competition for healthcare professionals, this might further induce young professionals to emigrate, negatively affect return and reintegration processes and thus accelerate long-term demographic and socio-economic effects of the worldwide marketisation of healthcare.

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