



Addressing the health and care workforce crisis: ways forward for policymaking

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1 Executive summary

This paper was written in collaboration and in consultation with EPHA members, gathering representatives of different professions in the health and care workforce, and public health organisations.

The paper provides an overview of the challenges faced by the health and care workforce, especially in the aftermath of the COVID-19 pandemic. These include significant shortages of workers across the European Region and across professions within the workforce, but also evolving skills requirements and needs due, for example, to climate change and digitalisation. Growing issues regarding the

working conditions, leading to difficulties with staff retention, are also presented. The paper then focuses on how to address these challenges with a cross-sectoral approach, stronger political governance and improved funding.

The paper gathers key recommendations for the EU, the Member States and key stakeholders in the sector. These recommendations include elements on addressing shortages, improving and adapting training to the new realities of the sector, but also skills recognition and improving working conditions. The full list of recommendations is available in section 5.3.

2 Context

A healthy and robust health and care workforce is an essential factor for resilient health systems. However, the health and care workforce has long been facing many challenges, which have been exposed, reinforced or even worsened by the COVID-19 pandemic. Worryingly, these are only expected to worsen in the coming years given the ageing populations and an increasing demand for care. As indicated in the Bucharest Declaration, challenges include “*shortages, uneven distribution, mismatches in skill-mix, insufficiencies in developing skills to meet evolving health and care needs and new digital and other technologies*”.¹ As the population is ageing, so is the workforce, who is facing a changing labour market characterised by worker mobility and migration, while issues with staff retention and recruitment are also observed. Simultaneously, working conditions are deteriorating. The mental and physical health and well-being of health and care workers have been heavily impacted, especially during the COVID-19 pandemic, between stress, burnout or even violence.² The workforce is further impacted by the recovery of health systems following the COVID-19 pandemic, slowed down by the current permacrisis context. In addition, EU health systems are currently facing several other challenges, such as growing shortages of medicines, rising health and care costs, or an increasing individualisation of care.

As stressed by WHO EU Regional Director Hans Kluge, if the workforce challenges are left unaddressed, “*they are almost certain to lead to poor health outcomes across the board, long*

waiting times for treatment, many preventable deaths, and potentially even health system collapse”.³ The consequences of the crisis are not only affecting people across Europe on the short-term, but they will also have an impact on future generations. As the current situation is also influencing the attractiveness of the health and care sector, there is a risk of entering a downward spiral if no action is taken.

The urgency of the context calls for immediate action. This paper is published a year after the Bucharest Declaration and follows the publication of an EESC Opinion on Health Workforce and Care Strategy for the future of Europe.⁴ The latter stresses the fundamental role of the health and care workforce in achieving human-centred health coverage for all and the right to health recommended by the Conference on the Future of Europe.⁵ Furthermore, this paper also comes after the publication of the WHO’s Health and Care Workforce Framework for Action 2023-2036, providing five pillars of action (investment, building supply, retaining and recruiting, optimising performance and planning). Finally, in the context of its priority to strengthen the health agenda, the 2024 Belgian Presidency of the Council of the European Union has committed to developing a strategy to boost the EU’s health and care workforce. Going forward, it is essential that the EU supports this initiative and acts in its upcoming mandate to tackle the pressing short- and long-term challenges imposed by this crisis.

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- 1 Bucharest Declaration on health and care workforce (2023). “High-level Regional Meeting on Health and Care Workforce in Europe: time to act”, <https://www.who.int/europe/publications/i/item/bucharest-declaration>
 - 2 Bucharest Declaration on health and care workforce (2023), op. cit.
 - 3 Schobel, D. (2023). “All countries have workforce issues”. *Healthy Europe*, <https://www.healthyeurope.info/all-countries-have-workforce-issues/>
 - 4 European Economic and Social Committee (2022). Opinion of the European Economic and Social Committee on Health Workforce and Care Strategy for the future of Europe, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022IE1513>
 - 5 European Economic and Social Committee (2022), op. cit.
 - 6 World Health Organisation (2023). Framework for action on the health and care workforce in the WHO European Region 2023-2030, <https://iris.who.int/handle/10665/372563>

3 Objectives

In this context of multiple challenges for the health and care workforce and following the Bucharest Declaration, recognising the key role of the workforce in our healthcare systems and societies, several public health organisations⁷ have decided to work together on recommendations through a joint paper. The paper stresses the urgency of developing and implementing solutions to protect, support and enhance the health and care workforce, and brings forward recommendations to national and European policymakers and other relevant stakeholders to address this time-sensitive issue. In a joint effort to accomplish this, the paper brings together the voices of civil society organisations representing the health and care sector, as well as public health organisations.

Building on existing literature, this paper seeks to bring new elements, a new vision through the public health perspective, while focusing not only on the post-COVID-19 recovery but on a long-term vision for the health and care workforce.

This paper is published in the context of the 2024 Belgian Presidency of the Council of the European Union. In their health priorities, the Belgian Presidency has indicated the goal of “*exploring how the EU can strengthen and support Member States’ health systems and health workforce strategies, including shortages*”.⁸ In light of this, a dedicated Strategy would pave the way to stronger policies addressing the challenges of the health and care workforce.



⁷ This joint paper was developed with the support of several public health organisations, which participated through written contributions, informal discussions and draft reviews. These are: Wemos, the European Association of Hospital Pharmacists (EAHP), the European Specialist Nurse Organisation (ESNO), the European Network of Medical Residents in Public Health (Euronet MRPH), the Royal College of Nursing (RCN), the European Pharmaceutical Students Association (EPSA), the Association of Schools of Public Health in the European Region (ASPHER), European Federation of Salaried Doctors (FEMS), European Association of Senior Hospital Physicians (AEMH), the International Federation of Medical Students Associations (IFMSA), International Federation of Anthroposophic Medical Associations (IVAA).

⁸ Belgian Presidency of the Council of the European Union (2024). “Programme – Belgian Presidency of the Council of the European Union – First half of 2024”, https://belgian-presidency.consilium.europa.eu/media/3kajw1io/programme_en.pdf

4 The situation of the health and care workforce

4.1 Staff shortages and medical deserts

4.1.1 State of play on the workforce shortages

Currently, health and care workforce shortages, especially of nurses and primary care professionals, are observed in all countries.⁹ As highlighted by the Bucharest Declaration, *“health systems are experiencing difficulties in meeting the increased demand for health services, as a result of ageing populations, increases in chronic diseases, service backlogs due to the COVID-19 pandemic”*.¹⁰ Additionally, climate change is putting an extra challenge to the situation, acting as a threat multiplier. However, the health and care workforce issue is not new and health systems have been facing it for several years already.

In 2013, the WHO estimated that, in the European Region, the overall shortage of health and care workforce was 1.6 million. While there has been, in the past decade, a 37% and 26% increase in the training of doctors and nurses respectively, this has not been sufficient to address the shortages. The WHO estimates a shortage of 4.1 million health workers by 2030. This includes specifically 0.6 million physicians, 2.3 million nurses and 1.3 million other health and care professionals.¹¹ Indeed, the demand for health and care workforce is destined to grow as it is estimated that by 2050 around 30% of the EU population will be at least 65, compared to 21% in 2022.¹²

Furthermore, the ageing of the health and care workforce itself is adding to this challenge as a large number of health and care workers are expected to retire in the coming years. Indeed, in the WHO European Region, in 13 out of 44 countries providing data, at least 40% of the doctors are over 55 years old and are expected to retire within the coming 10 years.¹³

The health and care workforce crisis is therefore affecting the performance of healthcare systems. The shortages prevent meeting the demands and expectations for all the professions in health and care. Particularly in rural areas, hospitals across Europe are experiencing shortages (nurses, physicians, but also pharmacists and technicians), resulting in insufficient staffing to meet patients' needs.

The COVID-19 crisis did not create the shortages but exacerbated them.¹⁴ Due to the pandemic, 50 000 health and care workers are estimated to have died in the European Region.¹⁵ Furthermore, health services and the health and care workforce have not been able to keep up with the fast-increasing demand for health services, which was already happening before. The pandemic has led to increasing backlogs, which are exacerbating the issue even further.

9 European Commission (2023). “State of Health in the EU. Synthesis Report 2023”, https://health.ec.europa.eu/document/download/66d6601b-8a37-4d44-ae2b-3ba2f8f34f41_en?filename=state_2023_synthesis-report_en.pdf

10 Bucharest Declaration on health and care workforce (2023), op. cit.

11 Zapata T. et al. (2023). “From great attrition to great attraction: countering the great resignation of health and care workers”. Eurohealth. 29(1), <https://iris.who.int/bitstream/handle/10665/372887/Eurohealth-29-1-6-10-eng.pdf?sequence=1&isAllowed=y>

12 European Commission (2023), op. cit.

13 Zapata T. et al. (2023), op. cit.

14 European Association of Hospital Pharmacists (EAHP) (2023). “EAHP Position Paper on the Hospital Pharmacy Workforce”, <https://www.eahp.eu/practice-and-policy/workforce>

15 Azzopardi-Muscat N. et al. (2023). “Moving from health workforce crisis to health workforce success: the time to act is now”. *The Lancet Regional Health*. 35, [https://www.thelancet.com/journals/lanape/article/PIIS2666-7762\(23\)00184-9/fulltext](https://www.thelancet.com/journals/lanape/article/PIIS2666-7762(23)00184-9/fulltext)

The long-lasting impacts of the COVID-19 crisis are likely to make this situation even worse in the coming years.¹⁶ Among the shortages of health and care workforce, the case of specialist nurses should also be highlighted. During the pandemic, many nurses were relocated to other

wards, which required different skills, experience and competencies. This tended to disregard the fact that nurses can be trained in different specialisations with each their specific skills, and that nurses from different wards cannot necessarily be easily re-staffed to another ward.

16 Zapata T. et al. (2023), op. cit.

4.1.2 Shortages – the cost of inaction

The health and care workforce question is an essential element to address for the resilience of health systems, as the COVID-19 pandemic has demonstrated. To face future and current challenges such as climate change, migration, antimicrobial resistance and the possibility of another pandemic, a robust health and care workforce is needed.¹⁷

The shortages are not only a short-term issue; it is essential to focus as well on the long-term projections of their impacts. Children and adolescents deserve access to the highest attainable standards of health and care and health facilities, both in community-based health care and specialised care, in line with UN Convention for the Right of the Child ratified by all EU Member States.¹⁸ The shortages are also having an impact on this element. The risk of inaction on workforce shortages will be borne by future generations, and policymakers should act now on the issue. For instance, shortages in the public health workforce mean that children and families are less likely to receive their mandatory contacts and primary care in early years. Consequently, opportunities for intervention and safeguarding are missed, likely having a long-term impact on the children's health outcomes.

Furthermore, shortages are contributing to medical desertification. According to the AHEAD project, a medical desert can be defined as *“the end point of a complex process called ‘medical desertification’, that implies continuous and increasing inability of a given population to access health services in a timely and contextually relevant manner”*.¹⁹ There are medical deserts in many parts of Europe, mainly rural, remote and underserved areas, but also in densely populated ones, across all professions. While shortages contribute to medical desertification, medical deserts are also caused by policy mismatches (i.e., policy decisions on the availability and distribution of primary healthcare personnel, continuous professional development, for instance)²⁰, and lack of prioritisation of underserved areas. This has an impact on hospitals, delaying or extending the timeline for diagnosis and care, and leading to delays in critical intervention, ultimately putting pressure on the different sectors of the health and care system.

Moreover, there is a risk of getting stuck in a downward spiral as understaffing leads to worsened working conditions, leading in turn to increased employee attrition and a further decrease in staff.²¹ These conditions are also

17 European Observatory on Health Systems and Policies (2023a). “Briefing paper: Enhancing the labour market for health and care workers - Public debate on the future health priorities of the European Union”, <https://eurohealthobservatory.who.int/publications/m/enhancing-the-labour-market-for-health-and-care-workers>

18 Clark, H. et al. (2020). “A future for the world’s children? A WHO-UNICEF-Lancet Commission”. The Lancet Commissions, vol. 395, issue 10224, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32540-1/fulltext#%20](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32540-1/fulltext#%20)

19 AHEAD Project (2024). “What are medical deserts?”, <https://ahead.health/results/medical-desert/>

20 AHEAD Project (2024), op. cit.

21 Lauterbach K. (2023). “Ensuring the availability of a sufficient health and care workforce with the right skills”, Eurohealth, 29(3), <https://eurohealthobservatory.who.int/publications/i/a-europe-that-cares-prepares-protects-strengthening-the-eu-health-union-eurohealth>

undermining the attractiveness of the health and care sector, discouraging students and candidates from becoming health and care workers. At the same time, work-life balance, fair remuneration and career opportunities are increasingly valued factors among workers.²²

22 European Observatory on Health Systems and Policies (2023a), op. cit.

4.1.3 Workforce mobility

Some European countries are highly reliant on international recruitment to fill vacancies in their health systems. High levels of outmigration of health and care workers can contribute to workforce shortages in source countries and create imbalances across Europe. Some countries have developed active recruitment strategies for long-term care professionals from Eastern Europe and EU candidate countries. Countries such as Romania, Bulgaria or Poland now face high workforce attrition rates as a result.²³ In addition to creating further shortages, this can in turn have an impact on access to healthcare for citizens.²⁴ In the long term, these mobility flows also risk disincentivising government funding for education and training in both source and destination countries, compromising the availability of workforce in the future. Furthermore, the migration of health workers needs to be looked at on a global level, with low- and lower-middle-income countries representing about one third of foreign-trained health and care workers.²⁵

Strengthened international partnerships are needed to ensure that mobility is mutually beneficial to both source and destination countries, including the use of skills partnerships or other compensatory mechanisms. Examples of projects

to facilitate and efficiently manage international mobility of health workers already exist in Europe, e.g. Germany's Triple Win Programme,²⁶ recruiting nurses from countries with surpluses. While the project has recruited more than 4.300 nurses between 2013 and 2018,²⁷ more lessons should be drawn on the benefits for the workers. Further projects should be developed by European countries, but they should ensure that the health and care workers' voices are heard and considered throughout the process.

Moreover, implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel²⁸ is key to achieving European and global public health goals. However, in the most recent round of reporting, only 24 out of 49 designated national authorities within the WHO European Region submitted national implementation reports to the WHO. This represents the lowest level of engagement since reporting began, consequently leading to a lack of data on the question.²⁹ Reasons for the lack of reporting should be addressed, and countries encouraged to collect and provide more data.

23 Zapata T. et al. (2023), op. cit.

24 Wemos (2023). "Infographic: where are Europe's health workers going?", <https://www.wemos.org/en/infographic-where-are-europes-health-workers-going/>

25 European Observatory on Health Systems and Policies (2023c). "What steps can improve and promote investment in the health and care workforce? Enhancing efficiency of spending and rethinking domestic and international financing". Policy brief n°54, <https://iris.who.int/bitstream/handle/10665/366654/Policy-brief-54-1997-8073-eng.pdf?sequence=1>

26 United Nations Network on Migration (2024). "Triple Win Programme", <https://migrationnetwork.un.org/projects/triple-win-programme>

27 Center for Global Development (2024). "Sustainable Recruitment of Nurses (Triple Win)", <https://gsp.cgdev.org/legalpathway/sustainable-recruitment-of-nurses-triple-win/>

28 World Health Organization (2010). "WHO Global Code of Practice on the International Recruitment of Health Personnel", https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R16-en.pdf

29 World Health Organization (2010), op. cit.

4.1.4 Lack of staff retention and recruitment difficulties

There are more people leaving the health and care sector than entering the workforce. Staff retention issues and the persistence of health and care workforce shortages can be partly explained by the difficult working conditions and low salaries. Indeed, nurses and doctors report higher work strain than the EU average (30%), with a level of job strain reaching 61% and 43% respectively. Furthermore, nurses (69%) and doctors (51%) were among the professions reporting the highest levels of health and safety risks at work. Regarding salaries, among nurses, only 40% felt that they were paid fairly in relation to their efforts and achievements.³⁰

Moreover, due to the increased workload and serious mental health challenges imposed by the COVID-19 pandemic, many professionals of the health and care workforce have considered changing profession. According to the 2023 State of Health in the EU Report, this is especially the case for nurses. In 2021, up to 19% of Belgian nurses and 45% of French nurses taking part in the study reported that the pandemic had made them consider resigning, with one in two nurses working

in public infrastructures suffering from burnout.³¹ Furthermore, there is a flow of health and care professionals leaving the public health and care system for the private one. This can be attributed to several reasons, in particular remuneration and working conditions.

In addition, as already mentioned above, these issues are contributing to undermining the attractiveness of the health and care sector among the younger generation. Indeed, the health and care workforce crisis is also related to the decreasing number of students, with shortages in several fields (i.e., pharmacy). For the provision of adequate care, a well-running pharmacy is paramount. The negative influence of the shortages of students has already been noticed in several countries. This will lead to a decrease in the number of professionals in the future, meaning the long-term perspective should be considered. In the Netherlands, general practitioners can for instance run a small-scale pharmacy (282 across the country in 2023) in areas lacking pharmacies.³² Such practice could be further explored to face the shortages of pharmacists.³³



30 European Commission, Directorate-General for Employment, Social Affairs and Inclusion (2023). *Employment and social developments in Europe 2023*. Publications Office of the European Union, <https://data.europa.eu/doi/10.2767/089698>

31 European Commission (2023), op. cit.

32 De Staat van Volksgezondheid en Zorg (2024). "Apotheekhoudende huisartsenpraktijken", <https://www.staatvenz.nl/kerncijfers/apotheekhoudende-huisartsenpraktijken-aantal>

33 European Commission, Directorate-General for Employment, Social Affairs and Inclusion (2023), op. cit.

4.2 Skills and education

4.2.1 Skills transition and transformation

Due to several factors, including shortages but also the impact of the COVID-19 pandemic, transfers of responsibilities across professions have been observed. For instance, while doctors are increasingly required to carry out more administrative tasks, some medical tasks are transferred to the nursing and care workers. This should take account of qualifications and skills, but also be reflected in the remuneration, to avoid the professions losing attractiveness. In France, for instance, nurses can now obtain a new status of advanced practice nurses (*infirmière de pratique avancée, IPA*), allowing them to have a specialty and carry out activities and tasks usually implemented by a doctor. This new status aims both at improving access to care, and to improve patient care by reducing the workload of doctors on specific elements of care (chronic diseases, primary care, mental health, oncology, emergencies). The advanced practice includes prevention and screening activities, evaluation and clinical conclusions and monitoring, prescribing further examination, prescription renewal or adaptation.³⁴

Furthermore, growing skills needs have been observed across the professions in the health and care workforce. For instance, in the case of hospital pharmacists, there is an increasing need of highly educated and specialised workers in terms of medication and medication-related

processes that can ensure the seamless transfer of patients between healthcare settings.³⁵ In that regard, clear career development plans should be facilitated.^{36,37} Moreover, the health and care workforce is currently facing trends such as the digital transformation of health and care, and the greening of healthcare systems. These are creating growing skills needs, such as skills related to the use of AI-based decision support systems or competencies for environmental stewardship of healthcare, which consequently generate training requirements in terms of curricula, but also of continuous professional development.

Skills standards should be agreed at the EU level to better compare professional qualifications. For example, the European Academy of Paediatrics has highlighted the need of a standardised, competency-based minimum paediatric training programme to be included in the specialty curriculums.³⁸ Furthermore, specialised and advanced nurses face issues of fragmentation and lack of credibility in existing certification programmes. There is also a lack of a mechanism for the recognition of education and certifications related to specialised and advanced nurses.³⁹ The EU legal framework targeting skills recognition should reflect the current challenges that the health and care workforce is facing, and the related skills needs, which could be done through the Professional Qualifications Directive (PQD).⁴⁰

34 Ministère du Travail, de la Santé et des Solidarités (2024). "L'infirmier en pratique avancée. Améliorer l'accès aux soins en diversifiant l'activité des soignants", <https://sante.gouv.fr/systeme-de-sante/acces-territorial-aux-soins/article/l-infirmier-en-pratique-avancee>

35 European Association of Hospital Pharmacists (EAHP) (2023), op. cit.

36 European Association of Hospital Pharmacists (EAHP) (2023), op. cit.

37 Verpleegkundig Specialisten (2018). "Working together with the nurse practitioner", <https://cstor.eu/venvnvs/2018/07/2018-07-17-Factsheet-VS-ENG.pdf>

38 Završnik, J., Stiris, T., Schrier, L. et al. (2018) « Basic training requirements for health care professionals who care for children." *Eur J Pediatr* 177, 1413–1417. <https://doi.org/10.1007/s00431-018-3150-x>

39 European Specialist Nurses Organisation (2024). "A call for urgent action: Recognition of the Specialised and Advanced nursing profession in Europe". *Position paper*, https://www.esno.org/assets/files/ICN-NP-APNN_Position_Paper.pdf

40 European Union (2005). "Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance)". OJL 255, <https://eur-lex.europa.eu/eli/dir/2005/36/oj>

4.2.2 Identified skills and training needs

Education is the main way to create a functioning and effective health and care workforce. With new challenges and knowledge arising faster and more often than in the past, it is important to keep offering students and health and care workers opportunities and tools to keep up to date on relevant topics and skills. This should be carried out through updated university curricula and Continuous Professional Development (CPD) opportunities.

There are transversal topics and trends that are not sufficiently addressed but are core to the health and care professions and directly influence proper healthcare. First, this includes communication skills. With the COVID-19 pandemic, health and care professionals had to face the issue of fake news, which requires training. It is essential to train health professional to address such issues, as well as to ensure clear and effective communication between, on the one hand, health and care professionals, and on the other their patients and the general population. There is as well a lack of training for health and care professionals and staff members on interpersonal and culturally sensitive skills, to create trust among people from marginalised or racialised groups, also known as cultural competence⁴¹.

Then, the health and care workforce should be trained on the digital transformation of health and care, and thus on digital tools. Technological advancements can aid the work of health and care professionals. However, in many healthcare settings, health and care professionals do not have access to these tools despite their benefits. To futureproof the workforce, technology's potential to enhance patient care through tools

like telehealth and electronic records should be maximised. Administrative tasks should be streamlined for increased work efficiency, and overall health system operations should be strengthened through seamless and legal data sharing and quality improvement driven by analytics, while also ensuring equitable access to quality care. Finally, health and care workers of all ages and backgrounds must be trained on the use of technologies, such as AI tools, to responsibly integrate them in their practice and make well-informed decisions.

A third core area of training relates to climate change, and the greening of health and care systems. Climate change poses a top risk among causes of death by 2050⁴². As extreme weather events are expected to increase, so are related adverse health impacts, especially for vulnerable groups, and disruptions to the whole health and care system, both with short-term (deaths, injuries, impact on healthcare facilities, etc.) and long-term impacts (mental health, increased morbidities, funding issues, etc.). To face this, more knowledge on the relation between climate change and health needs to be provided to health and care workers (e.g., air pollution, heatwaves, etc.) as well as skills in how to act and how to manage essential health and care services in the event of extreme weather events (e.g. floods). Trainings on climate mitigation and adaptation opportunities should also be developed, in order to best care for patients and advocate knowledgeably as a professional category for a healthier, more sustainable future. Specifically, the Ostrava Declaration⁴³ of the WHO Regional Office for Europe recommends the inclusion of health aspects of climate change in education curricula, non-formal education, and,

41 Sorensen J. et al. (2019). "Need for ensuring cultural competence in medical programmes of European universities". BMC Medical Education. 19(21), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6332889/>

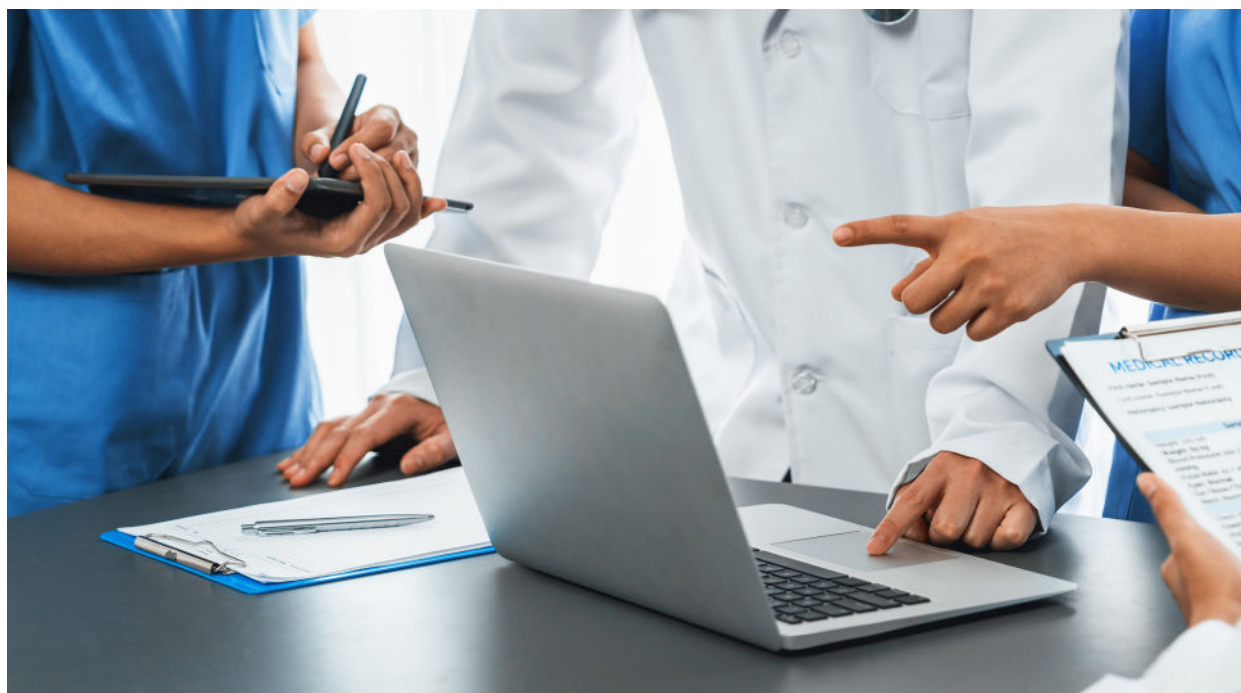
42 World Economic Forum (2024). "Global risks report 2024", <https://www.weforum.org/publications/global-risks-report-2024/>

43 World Health Organization Regional Office for Europe (2017). "Report of the Sixth Ministerial Conference on Environment and Health. Ostrava, Czech Republic 13–15 June 2017", <https://iris.who.int/bitstream/handle/10665/346131/WHO-EURO-2017-3008-42766-59662-eng.pdf?sequence=2>

in the workforce, continuing professional education.⁴⁴ Through a survey, ASPHER has found that while most public health schools consider climate and health in their education, they still face challenges in implementing it fully. This is due to lack of staff, funding, and time needed to develop the curricula. These provisions are currently an insufficient response to the growing need and demand for graduates with such skills.⁴⁵

44 Association of Schools of Public Health in the European Region (ASPHER) (2021). “ASPHER Climate and Health Competencies for Public Health Professionals in Europe”, https://www.aspher.org/download/882/25-10-2021-final_aspher-climate-and-health-competencies-for-public-health-professionals-in-europe.pdf

45 Association of Schools of Public Health in the European Region (ASPHER) (2021), op. cit.



4.3.3 Inaccessibility of medical studies and lack of mentorship

Medical studies tend to remain a privilege. Access to medical education in Europe remains unequal due to entrenched social inequities and immobilism. Students from lower socioeconomic backgrounds and racialised minorities face disproportionate obstacles to pursuing studies, such as high tuition costs, lost wages during their studies, and lack of financial support systems. Discriminatory entry systems rely heavily on standardised testing that provides advantages to students from privileged schooling, perpetuating social immobility across generations. If the medical profession hopes to adequately serve diverse populations, it must redouble efforts to dismantle systemic barriers keeping marginalised groups from reaching their career goals.

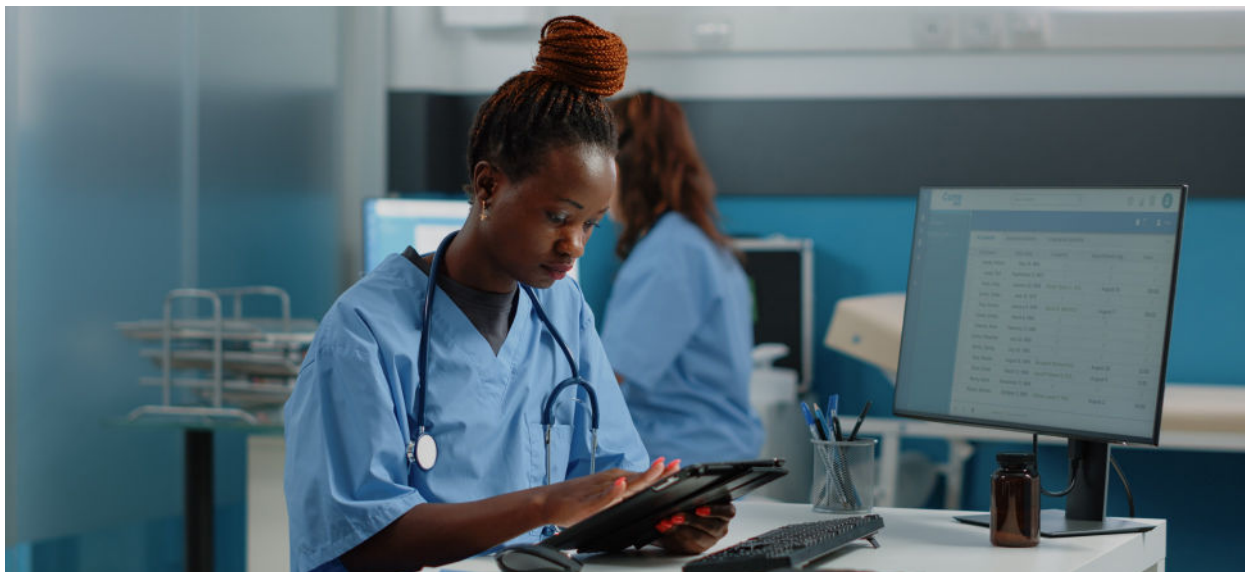
Furthermore, once becoming a young professional, health and care workers can face difficulties linked to a lack of mentorship. This is due in part to a heavy workload for the senior health and care workforce who lack time to support new health and care workers. This situation not only leads to a high level of frustration and stress in young professionals, but also to an elevated level of risk for patients. Finally, young professionals tend to be rarely included in the decision making, or, when included, can face difficulties having their voices heard.

4.3 Gender disparities

The health and care workforce crisis cannot be solved without talking about gender equity and addressing the specific issues and barriers that women face at work. Women account for 80% of professionals in the health and care sector⁴⁶ and face challenges that their male colleagues do not, resulting in disproportionate negative impacts. The gender pay gap, gender-based violence and harassment in the workplace, additional unpaid care work and the lack of representation in decision-making are some of the issues that are stacking up.⁴⁷ Gender disparities, while undermining the well-being and subsistence of women in the health and care workforce, also have a negative impact on the resilience of health systems and healthcare delivery. Indeed, a significant number of women are resigning or planning to leave the health and care sector.⁴⁸ Thus, levelling the playing field between women and men and addressing these burning issues

needs to be part of the strategy to tackle the shortages of health and care workforce.

Adding to the already dire situation, the COVID-19 pandemic seriously deteriorated working conditions and the health of professionals. While on the front lines, women were more exposed to the virus and therefore suffered more infections. In addition, they had lower access to well-fitting personal protective equipment.⁴⁹ Higher rates in anxiety, depressive and post-traumatic symptoms among women health and care workers were also reported.⁵⁰ While the workloads and risks increased, however, women were still paid less, protected less and were under-represented in decision-making processes. Furthermore, they were often impacted by the additional burden of unpaid care and domestic work at home.⁵¹ These challenges were pre-existing but deepened with the pandemic.



46 European Commission, Directorate-General for Employment, Social Affairs and Inclusion (2023), op. cit.

47 World Health Organization (2019). "Delivered by women, led by men: A gender and equity analysis of the global health and social workforce", <https://www.who.int/publications/i/item/9789241515467>.

48 Women in Global Health (2023). "The Great Resignation: Why Women Health Workers Are Leaving", <https://womeningh.org/great-resignation/>

49 European Institute for Gender Equality (2021). "Gender inequalities in care and consequences for the labour market", <https://eige.europa.eu/publications-resources/publications/gender-inequalities-care-and-consequences-labour-market>

50 Morgan R. et al. (2022). "Women healthcare workers' experiences during COVID-19 and other crises: A scoping review". *International Journal of Nursing Studies Advances*. 4, <https://doi.org/10.1016/j.ijnsa.2022.100066>

51 Women in Global Health (2023), op. cit.

The gender pay gap is a prominent issue especially in the health and care sector, where women earn approximately 20% less than men.⁵² Furthermore, the additional burden of unpaid care and domestic work at home negatively impacts women's participation in the labour market, especially where access to care services are lacking. Women tend to take part-time, temporary, under-paid jobs that they juggle with the disproportionate burden of household and unpaid care responsibilities.⁵³ Indeed, higher participation of women in paid employment can be found in countries with higher public expenditure on care policies.⁵⁴ Moreover, while women make up most of the health and care workforce, they are underrepresented in leadership positions.⁵⁵ The share of women in higher occupational categories is gradually increasing, but women remain overrepresented in lower functions.

Gender segregation in the health and care professions is an issue that contributes to the workforce shortages. While men are increasingly joining the health and care sector, the sector is still highly feminised. For professions such as nursing, for instance, relying heavily on women does not generate enough labour supply to meet the demand, adding to the difficulties in finding new workers. By challenging the gender stereotypes and addressing gender segregation in education, the pool of people available to fill vacancies in the health and care sector can be expanded.⁵⁶



52 World Health Organization and International Labour Organization (2022). "The gender pay gap in the health and care sector. A global analysis in the time of COVID-19", <https://www.who.int/publications/i/item/9789240052895>.

53 European Institute for Gender Equality (2021), op. cit.

54 World Health Organization and International Labour Organization (2022), op. cit.

55 European Institute for Gender Equality (2021), op. cit.

56 European Commission, Directorate-General for Employment, Social Affairs and Inclusion (2023), op. cit.

4.4 Recovery of health systems and organisational challenges

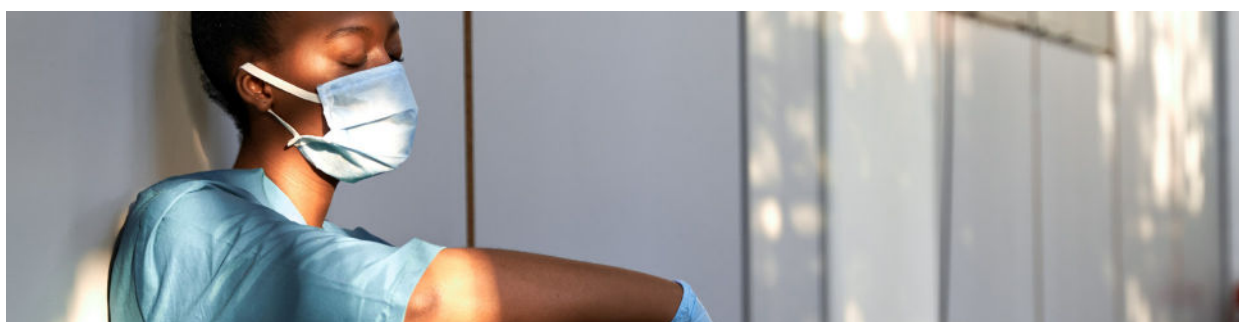
4.4.1 Mental health challenges

The aforementioned challenges of health and care workforce shortages and difficult working conditions also require better consideration of the workforce's mental health. There needs to be a real awareness that mental health challenges have an unprecedented impact on the health and care workers. This results in an increasing rate of burnout among health and care workers, with multiple countries in the WHO European Region reporting 52% of workers feeling burnt out.⁵⁷ Furthermore, the numbers of suicides⁵⁸ is still overlooked, particularly regarding nurses. Issues can include overworking, loss of interest in the profession, pressure to leave the profession, impacts on personal life and physical and mental health due to stress, illness or burnout. Working in the health and care sector has not shown to be a safe and trustful working environment in the last years, as shown by the reports on health and safety risks at work mentioned above.⁵⁹

The impact of the COVID-19 pandemic on the mental health of health and care workforce in

training should also be assessed. In a survey with Public Health Residents in France, Italy, Portugal and Spain, it was found that 60.5% of the respondents showed symptoms of depression, while 43% had anxiety symptoms, and 61% showed stress symptoms. The study also found that female residents were more affected by the depression symptoms, particularly those who had lost work-related opportunities.⁶⁰ Prior to the pandemic, studies had already shown that mental distress among physicians during their training is quite common. A stronger support system is needed, especially during the first residency years.⁶¹

This is a key problem influencing the attractiveness of the health and care professions and contributing to the lack of health and care workforce as well as to the decreased productivity of those who are currently working. The development of a Directive on work-related psychosocial risks, called for by the European Parliament,⁶² would be key regarding these points.



57 Zapata T. et al. (2023), op. cit.

58 Awan S. et al. (2022). "Suicide in Healthcare Workers: Determinants, Challenges, and the Impact of COVID-19". *Front. Psychiatry*. 12, <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2021.792925/full>

59 European Commission (2023), op. cit.

60 Failla G. et al. (2023). "Impact of the COVID pandemic on mental health and training opportunities of Public Health Residents from 4 European countries: a cross-sectional study". *Front Public Health*. 11, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10028077/>

61 Failla G. et al. (2023), op. cit.

62 Eurocadres (2022). "European Parliament calls for a directive on psychosocial risks". 10 March 2022, <https://www.eurocadres.eu/news/european-parliament-calls-for-a-directive-on-psychosocial-risks/>

4.4.2 Lack of long-term planning

There is a lack of planning and forecasting of the available health and care workforce, which relates to the shortages and the other challenges highlighted above. Long-term planning would allow to specify what health systems need in terms of health and care workforce. However, to be able to do so, more systematically collected, analysed and reported data are needed.⁶³

Over the past decade, a number of initiatives have been developed, such as the 'HEROES' Joint Action (Health workforce to meet health challenges),⁶⁴ a successor program of the JA Health Workforce and the SEPEN Joint Tender.⁶⁵ These projects have achieved important results in the field of planning

and forecasting of health workforce. The aim of the SEPEN Joint Tender was to foster cross-country cooperation and provide support to Member States in increasing knowledge and improving tools, to achieve higher effectiveness in health workforce planning processes.⁶⁶ The HEROES Joint Action focuses on four areas to reach its aims: databases and data collection on health workforce supply and demand; forecasting tools and planning methodologies to address the workforce's future challenges; development and enhancement of skills and capacities for the effective management of workforce planning systems; and stakeholder engagement. The project will also test and pilot good practices at national and regional levels.⁶⁷

63 Zapata T. et al. (2023), op. cit.

64 Joint Action HEROES (2024), <https://healthworkforce.eu/>

65 European Hospital and Healthcare Federation (2024). "Health workforce planning and forecasting expert (SEPEN) network", https://hope.be/EU_Projects/sepen/

66 European Hospital and Healthcare Federation (2024), op. cit.

67 Joint Action HEROES (2024), op cit.

4.4.3 Lack of cross-sectoral cooperation

All sectors of the healthcare system and health and care workforce are facing challenges. However, an overarching issue is the lack of horizontal approach and cross-sectoral cooperation in solving these challenges. A public health perspective could help tackling these issues as it focuses on cross-sectoral elements that cannot be addressed by one sector alone.

Indeed, treatment and care very often require the involvement of different health and care professionals and levels of care. There is a growing need for highly educated and specialised health and care professionals that can ensure the appropriate transition of patients between care settings. Cross-sectoral cooperation also has positive benefits for treatment outcomes. In the

field of antimicrobial resistance, multidisciplinary teams have proven to be essential for lowering the consumption of antimicrobials and resistance to them.

Beyond developing and strengthening cooperation between the different professions of the health and care workforce, cooperation with other sectors should also be envisaged to address the health and care workforce challenges. This cross-sectoral approach implies a focus beyond only the biomedical view of health, and rather a shift to all sectors and levels of society and government based on the social determinants of health (i.e., employment, education, housing, or social affairs).⁶⁸ This could be enabled through a stronger policy framework.

68 Gopinathan U. et al. "Conceptual and institutional gaps: understanding how the WHO can become a more effective cross-sectoral collaborator". *Globalization and Health*. 11(46), <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-015-0128-6>

5 Addressing the health and care workforce challenges

5.1 The need for stronger health and care workforce policies

To address the health and care workforce challenges, strengthen primary care and implement the necessary policies, strong political will and support are needed, both from the EU and the Member States. This includes stronger governance in terms of public health policy, stronger cooperation within the health sector but also with other policy areas such as education. Key investments are also needed to support the implementation of such policies.

5.1.1 Stronger governance and intersectoral approach

As demonstrated above, the challenge of health and care workforce shortages needs to be addressed, through the implementation of key policies at different governance levels. The AHEAD project (Box 1) has developed recommendations in that regard.

Box 1 AHEAD Project⁶⁹

The AHEAD project has developed recommendations regarding shortages, through actions focusing on retention policies, medical deserts and task shifting. The project features a medical deserts diagnostic tool and a consensus building methodology, aiming at gathering stakeholders playing a role in or affected by medical desertification.

The project aimed, among others, at putting the issue on the agenda and making it a priority in the next Commission's mandate, as well as encouraging Member States in the use of available data and tools to identify medical deserts or areas at risk. It also aimed at improving data availability on the issue.

The project formulated recommendations for Member States, such as improving data collection related to health workforce and medical desertification, creating a dedicated taskforce, monitoring medical deserts, creating a sustainable national strategy on medical deserts, recognising citizens participation and increasing investments in health, education, economy, and digital infrastructure in areas with vulnerable populations and those in rural, remote and underserved communities.

Recommendations were also drafted towards education institutes, including to ensure continuous education and professional development, with particular attention to those practising in rural and remote areas.

The project also advocates for national and regional health policy makers to invite health professionals and several other relevant stakeholder groups (citizens' representatives, patient organizations, researchers, health care providers, health insurance companies) to take part in the co-creation of policy solutions, promote the right to health for all, and create further awareness on the needs of the most vulnerable including in medical deserts.

69 AHEAD Project (2023). "Call to action - Let's go AHEAD and tackle medical deserts!", https://ahead.health/wp-content/uploads/2023/07/AHEAD_Call-to-Action_Lets-go-AHEAD-and-tackle-medical-deserts_May-2023.pdf

Top-level political leadership can support setting the required agenda for health and care workforce development, involving all the necessary sectors (i.e., education, finance, economy, health).⁷⁰ The health and care workforce question should also be considered within the agenda of the European Health Union. EPHA has called for the next European Commission to establish a Vice-President for public health, social rights and well-being (Box 3), that could take on this role, ensuring silos to be broken.

Such cross-sectoral cooperation was implemented when facing the emergency of COVID-19 and should be strengthened and ensured on a more regular basis. This would require institutionalising the health and care workforce question as an overarching issue, particularly regarding human capital and skills, and include it in planning and decision making in the relevant policy areas (i.e., education, employment).⁷¹ Such cooperation would require the development and the strengthening of intersectoral mechanisms, for instance, intersectoral committees, working groups and commissions. This could also be steered by the potential Vice-President of the European Commission on health, social rights and well-being. These processes should also engage a wide range of stakeholders, including civil society and health and care professionals.⁷²

More specifically, improved data collection to support stronger policies is required. There are great differences and fragmentation of data across EU countries. Improved and reliable data collection would enable the development of policies supporting the health workforce, as well as develop the long-term forecasting and planning needed, as mentioned above. Indeed, this would help provide information on the needs of health systems. This would support the development of evidence-based health and care workforce development strategies and investment plans.⁷³

Overall, implementing the necessary policies and governance mechanisms also requires strong and ambitious funding policies and investments.⁷⁴



70 European Observatory on Health Systems and Policies (2023b). “What can intersectoral governance do to strengthen the health and care workforce? Structures and mechanisms to improve the education, employment and retention of health and care workers”. Policy brief n° 53. <https://eurohealthobservatory.who.int/publications/i/what-can-intersectoral-governance-do-to-strengthen-the-health-and-care-workforce-structures-and-mechanisms-to-improve-the-education-employment-and-retention-of-health-and-care-workers>

71 European Observatory on Health Systems and Policies (2023b), op. cit.

72 European Observatory on Health Systems and Policies (2023b), op. cit.

73 European Observatory on Health Systems and Policies (2023b), op. cit.

74 European Observatory on Health Systems and Policies (2023b), op. cit.

5.1.2 The need for public investments

As shown by the COVID-19 pandemic, the health and care systems are currently facing this crisis due to underfunding for the past decades. This needs to be acknowledged, while the key role of the health and care sector should be recognised.

Alongside political will, funding is essential in implementing measures supporting the health and care workforce and reinforcing primary care. The evidence from the COVID-19 pandemic on the contribution of the health and care sector to the economy and societal health and well-being needs to be acknowledged and used as an argument supporting the calls for investments and cross-sectoral cooperation. The sector should also be involved in the decision-making process regarding investments and budget allocation.⁷⁵

Box 2. 10 Actions to strengthen the health and care workforce

10 actions to strengthen the health and care workforce (WHO report September 2022):⁷⁶

- Align education with population needs and health service requirements
- Strengthen continuing professional development to equip the workforce with new knowledge and competencies
- Expand the use of digital tools that support the workforce
- Develop strategies that attract and retain health workers in rural and remote areas
- Create working conditions that promote a healthy work-life balance
- Protect the health and mental well-being of the workforce
- Build leadership capacity for workforce governance and planning
- Strengthen health information systems for better data collection and analysis
- Increase public investment in workforce education, development and protection
- Optimise the use of funds through innovative workforce policies

The EU should encourage the Member States to make the necessary investments to strengthen their health and care systems and workforce. The investments should focus on increasing the number of health and care workforce (i.e., through education), supporting the re-skilling of the workforce, and ensuring staff retention.⁷⁷ Indeed, investments in education, training and lifelong learning opportunities for the health and care workforce are needed. This includes investing in secondary education, education infrastructure, university level education, online learning, continuing professional development and lifelong learning.⁷⁸ Investments should be made in improving working conditions, to support better the health and care workers, and to strengthen workforce retention. Finally, investments are needed in the Member States to strengthen data collection on the health and care workforce in terms of analytical capacity, and with the establishment of national registries.⁷⁹

⁷⁵ European Observatory on Health Systems and Policies (2023c), op. cit.

⁷⁶ World Health Organization Regional Office for Europe (2022). *Health and care workforce in Europe: time to act*. Copenhagen: WHO Regional Office for Europe. <https://www.who.int/europe/publications/i/item/9789289058339>

⁷⁷ European Observatory on Health Systems and Policies (2023c), op. cit.

⁷⁸ European Observatory on Health Systems and Policies (2023c), op. cit.

⁷⁹ European Observatory on Health Systems and Policies (2023b), op. cit.

5.2 Reinforcing primary care

Considering the demographic and epidemiological forecasts for the coming years, and the current shortcomings of healthcare systems, strengthening primary care will prove to be crucial to respond to upcoming challenges. Indeed, developing primary care and integrated care models allow for a more efficient use of the health and care workforce.⁸⁰

While the importance of these models has been widely acknowledged, currently many European countries are dealing with shortages of primary care professionals and imbalances across geographical areas. Thus, addressing these shortages and promoting the primary care sector as an attractive working environment need to be part of the strategy.

Different avenues can be explored to reinforce primary care. For instance, the European Observatory on Health Systems and Policies has identified several avenues for increasing the attractiveness of primary care.⁸¹ Starting from education, it is relevant to expose students to the primary care professions and develop recruitment and retention strategies, including for rural and remote areas. These comprise mentoring and adaptation of curricula, or scholarships in exchange for commitment to work in primary care and/or rural areas. Moreover, to boost recruitment and retention in remote and rural areas, the provision of experience in such locations during medical training, or financial incentives could be successful strategies.

Furthermore, to boost the attractiveness of the sector, an improvement of the work environment, working conditions and work-life balance is

essential. The workforce needs better working conditions, fair remuneration, but also mental health support and protection against violence.⁸² Policies allowing for adaptation to the changing roles of the professions are also required, through lifelong learning opportunities, for instance.

Moreover, better health workforce planning is necessary, ensuring that “the right number of people with the right skills are at the right place at the right time to deliver the right services to those in need of them”.⁸³ Another avenue of action worth considering is developing different primary care models, such as standalone clinics, or larger health centres. For instance, team-based approaches have been found to support the strengthening of primary care.⁸⁴

European policymakers have already approached the topic of care. The European Care Strategy⁸⁵ provides a stepping stone towards improving Europe’s care services and the well-being of care providers which is relevant for any policy approach to strengthening the health and care workforce. It aims to improve care services by addressing availability, quality, affordability and accessibility of care services, with particular attention to rural and remote areas and regions. Leveraging EU funding instruments and strategies, it seeks to address labour shortages in care by improving working conditions and wages and fostering social dialogue, with a particular focus on the gender balance and conditions of migrant workers. Furthermore, it calls for attention to the work-life balance and mental health of (informal) care workers through support systems, monitoring systems, awareness raising

80 Wismar M. and Goffin T. (2023). “Tackling the health workforce crisis: towards a European health workforce strategy”. *Eurohealth*. 29(3), [https://eurohealthobservatory.who.int/publications/i/a-europe-that-cares-prepares-protects-strengthening-the-eu-health-union-\(eurohealth\)](https://eurohealthobservatory.who.int/publications/i/a-europe-that-cares-prepares-protects-strengthening-the-eu-health-union-(eurohealth)).

81 European Observatory on Health Systems and Policies (2023d). “Strengthening primary care in Europe: How to increase the attractiveness of primary care for medical students and primary care physicians?”. Policy brief n°55, <https://eurohealthobservatory.who.int/publications/i/strengthening-primary-care-in-europe-how-to-increase-the-attractiveness-of-primary-care-for-medical-students-and-primary-care-physicians>

82 Zapata T. et al. (2023), op. cit.

83 European Observatory on Health Systems and Policies (2023d), op. cit.

84 European Observatory on Health Systems and Policies (2023c), op. cit.

85 European Commission (2022). “Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European Care Strategy”. COM(2022) 440 final, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0440>.

measures and communication against gender stereotypes. Finally, it encourages Member States to create robust high-quality and cost-effective care systems through sustainable financing, paired with a monitoring system based on good data collection and indicator use, particularly on territorial inequalities and rural areas.

The Strategy also relates to two Council Recommendations. First, the Council Recommendation on early childhood education and care,⁸⁶ which focuses on care systems of good quality to address the cycle of inequality and disadvantage as early as possible, particularly for children in vulnerable situations. Then, the Council Recommendation on affordable high-quality long-term care⁸⁷ seeks to guide investments and reforms for person-centred long-term care systems with improved working conditions, upskilling and reskilling opportunities, and recognition of the contributions and needs of informal carers. While the European Care Strategy represents an initial framework for action to tackle the health and care workforce crisis and reinforce primary care, further targeted action is needed.



86 European Union (2019). “Council Recommendation of 22 May 2019 on High-Quality Early Childhood Education and Care Systems”. 2019/C 189/02, [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H0605\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H0605(01))

87 European Union (2022). “Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care”. 2022/C 476/01, [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01))

5.3 Recommendations from EPHA and its members

Ahead of the European elections, EPHA has published a manifesto highlighting public health priorities to be addressed during the next European Parliament's mandate. As one of the most pressing challenges of European health systems, the health and care workforce situation was also developed in this document, with key recommendations (Box 3). These include many of the points previously mentioned.

Box 3. EPHA manifesto

Recommendations from the EPHA manifesto⁸⁸

Priority 2- Providing the means for an ambitious EU health policy:

Secure an ambitious budget for health. Delivering ambitious EU objectives at the EU and global levels requires that health be viewed as an investment rather than a cost. Investing in health systems and addressing health workforce shortages across the EU, and in parallel investing in disease prevention and health promotion policies, is the only way to secure social cohesion, equity, well-being and productivity across the EU.

- The pressing issue of health workforce shortages, as well as medical deserts, should be addressed. These issues should be a priority in the next EU Commission mandate.
- Addressing health workforce shortages is essential in crisis preparedness and for strengthening European health systems in the long-term. This should include long-term planning, improving working conditions and support for health workers' own physical and mental health.
- Investments should be made in education, training, and continuous professional development for health workers, to enable them to deliver better patient care. This would help keep existing health workers up to date with new knowledge, as well as prepare new recruits for likely challenges and trends (e.g., digitalisation, sustainability). Further information about existing European funding opportunities in these areas should be disseminated by the EU institutions.
- Investments should be made for the health workforce, particularly to provide them with better salaries and working conditions. In addition, clear career pathways should be developed for different specialisations.
- Guidelines on the free movement of the health workforce should be provided. Enabling the health workforce to move between countries is essential to fill the gaps where there are more acute shortages of the workforce. However, these guidelines should be mindful that the mobility should not further create an imbalance at the European level and globally, between countries that mainly see health workers leave and countries that receive workers, thus further deepening the shortages in some areas. EU countries in particular recruit much of their workforce from non-EU countries. This should be addressed, including as part of the Global Health Strategy.

In light of the priorities identified in the previous sections, the following paragraphs gather a list of recommendations targeted to EU and national policy makers, and to other relevant stakeholders.

⁸⁸ European Public Health Alliance (2023). "Strengthening Public Health Across the European Union", https://epha.org/wp-content/uploads/2023/11/2023_epha_strengthening-public-health-across-the-european-union.pdf.

5.3.1 Recommendations for EU policymakers

- Considering the challenges that the health and care workforce is facing across Europe, we call on the European institutions to take the urgency of the situation into consideration and swiftly act by triggering action at Member State level and allocating sufficient budget to prevent worsening health outcomes in the future. In addition to these health outcomes, long-term implications of not addressing these challenges will continue impacting well-being of all EU citizens and future generations, and the economy of Member States. The development of a Health and Care Workforce Strategy could be a first step.
- To put people and patients at the centre of care, achieve universal health coverage (UHC), and strengthen health systems, budgets and investments for health should be planned in a way that addresses the challenges of the health and care workforce. Further research initiatives and projects should also be developed in that regard.
- The EU should also encourage Member States to develop and implement more flexible mechanisms for cross-border healthcare and cooperation. This could include the promotion of collaborative research, cross-border learning opportunities and sharing best practices. For instance, cross-border collaboration for specialist trainings could be extremely beneficial to smaller countries that cannot provide all specialist trainings.⁸⁹
- The EU should focus on policies on skills and training for the health and care workforce, to answer the current needs. EU-wide training schemes for lifelong learning would ensure that skill gaps in the health and care workforce are addressed in a comparable and coordinated way across the Union.
- The EU legal framework regulating health professions and skills recognition should be critically examined in order to be equipped to adapt to the current challenges and needs for development of competencies. This could be accomplished, for instance, through the Professional Qualifications Directive (PQD) and the setting of EU skills standards to better compare professional qualifications across the EU.
- As part of its labour mobility policies, the EU should be mindful of the current health and care workforce shortages and create a sustainable EU labour market for health and care workers that is in line with health systems needs and goals. Guidelines and control mechanisms on the free movement of health and care workers should be provided. Solutions could include: a European electronic health workforce register, national planning and forecasting efforts complemented by an EU mechanism, and monitoring health workers from third countries, as highlighted by the European Observatory on Health Systems and Policies.⁹⁰
- As part of its policies on mental health, the EU should make a point of calling for more support mechanisms for the mental health of the health and care workforce.

⁸⁹ Wismar M. and Goffin T. (2023), op. cit.

⁹⁰ Wismar M. and Goffin T. (2023), op. cit.

5.3.2 Recommendations for national policymakers

- We call on Member States to take the necessary measures to make the health and care professions more attractive. The health and care workforce needs more people to fill in the gaps between those leaving and those entering the profession. To ensure that more people join the workforce, the challenging working conditions need to be addressed and improved as a priority. Better pay, working and social conditions are needed, and support for mental health at the national level should be developed.
- Equal working conditions and opportunities for women and men should be guaranteed in the health and care sector, especially in tackling the gender pay gap by collecting up-to-date data, monitoring it, and setting up policies to address it.
- At the local level, measures and actions should also be taken, promoting the changing roles of the profession, making the profession more attractive, through measures from local authorities and universities.
- Member States should invest in education and training programmes. Better training is needed, through academic, professional training and mentoring.
- At the national level, organisational cultures should be reshaped and fostered within health and care systems and health and care workplaces to counter the alienation of the workforce from these professions.

5.3.3 Recommendations for other stakeholders

- Professionals of the sector should encourage interprofessional collaboration and exchange to tackle the challenges faced by the health and care workforce. Collaboration should also include students, to solve these issues in the long term.
- Health and care professional associations should showcase the benefits of the profession to make it more attractive and cooperate with universities and schools on increasing the number of students joining the workforce.





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