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Aged and overstretched: EU health workforce 'under observation'

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Aged and overstretched: EU health workforce 'under observation'

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The COVID-19 pandemic placed unprecedented strain on European healthcare systems.

While the dedication of the health workforce saved systems from collapsing, ongoing COVID-19 infections together with the flu season and current bronchiolitis epidemics among children are continuing to exert pressure on already over-stretched health systems and their workers.

In this series of articles, EURACTIV looks into how the number of challenges that the ageing and tired European workforce is facing could be addressed.

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EU Commissioner: Yes to treaty amendments, but pragmatism needed

By Giedre Peseckyte | euractiv.com

In the treaty, which was signed in 2007, common safety concerns in public health matters are 'shared competence', while protection and improvement of human health fall under Article 6 as supporting competence. [Emilie GOMEZ/EP]

Health services should be better coordinated across the EU, according to social rights Commissioner Nicolas Schmit. Amendments to the Lisbon Treaty should be considered, alongside more immediate action.

"We can only resolve these many problems [in healthcare] through better cooperation, better coordination at the European level," the Commissioner said at a European Institute of Health and Sustainable Development (EIHSD) event.

"Therefore, I agree that we have to change a bit the chapter on health policy [in the Lisbon treaty]".

In the treaty, which was signed in 2007, common safety concerns in public health matters are 'shared competence', while protection and improvement of human health fall under Article 6 as supporting competence.

As such, the EU can only intervene to support, coordinate or complement the action of its member states.

The Commissioner added that the timeframe for such a change is unsure, as this requires an inter-governmental conference. "That may happen in three,

four, or five years," he said at the event on 30 November.

"But I think now we have to be pragmatic and say health has become an important issue and we have to see how we can use first what exists in the treaty," he continued.

"Treaty amendments – yes. But in the meantime, life goes on and unfortunately, health remains an issue so we have to be pragmatic," Schmit stressed.

Schmit emphasised that high-quality health services are a social right.

However, a September World Health Organisation (WHO) report on the health and care workforce in Europe warned that without immediate action, health and care workforce gaps in the European region could spell disaster.

The report said that 40% of medical doctors are close to retirement age in one-third of countries in Europe and Central Asia, warning that adequately replacing retiring doctors – and other health and care workers – will be a significant policy concern for governments and health authorities in the coming years.

Coordination at the EU level is needed

Another key finding was the poor mental health of the health workforce, resulting in staff leaving their jobs. The WHO report showed that 9 out of 10 nurses had declared their intention to quit.

The Commissioner described the risk of the workforce quitting as the 'biggest danger' to health systems.

"A lot of people think about leaving the healthcare system because people are exhausted, they do not want to continue not because they do not like their job but because they have burnouts and they cannot sacrifice their family life or their life," Schmit said.

Additionally, health worker availability varies five-fold worldwide. For example, the density of nurses differs by nine times between the country with the lowest (Turkey) and highest (Monaco).

"The question of internal migration of healthcare people is an issue, but we have to be cautious," Schmit warned.

"The free movement of people is a key principle I agree with. But the free movement of people cannot be that the richest get the best, and the others have to see how they can survive," he said, adding that this affects also countries outside of the EU.

To address these complex issues Schmit urged member states to work together.

"There is a need for coordination at the European level and seeing what can we what can we improve what can be done," he said.

Defusing the 'ticking time bomb'

The year 2023 will be the European Year of Skills, as announced in October by Commission President Ursula von der Leyen in her 2022 State of the Union address.

"Lifelong learning in this sector is an essence, it is extremely important," Schmit said. He stressed that as new technologies are being introduced in many areas, the health workforce needs to have opportunities "to be reskilled and upskilled".

He also stressed the importance of working conditions and ensuring that staff are fairly paid, underlining that this is especially important for nurses, whose jobs are often undervalued.

The Commissioner highlighted that the issue of working conditions and capacity go hand in hand – if too many health staff choose to leave the profession, those who stay are under greater strain.

Moreover, working with dangerous substances, such as some cancer treatments, can entail risks for those who handle, prepare and administer those medicinal products, Schmit said.

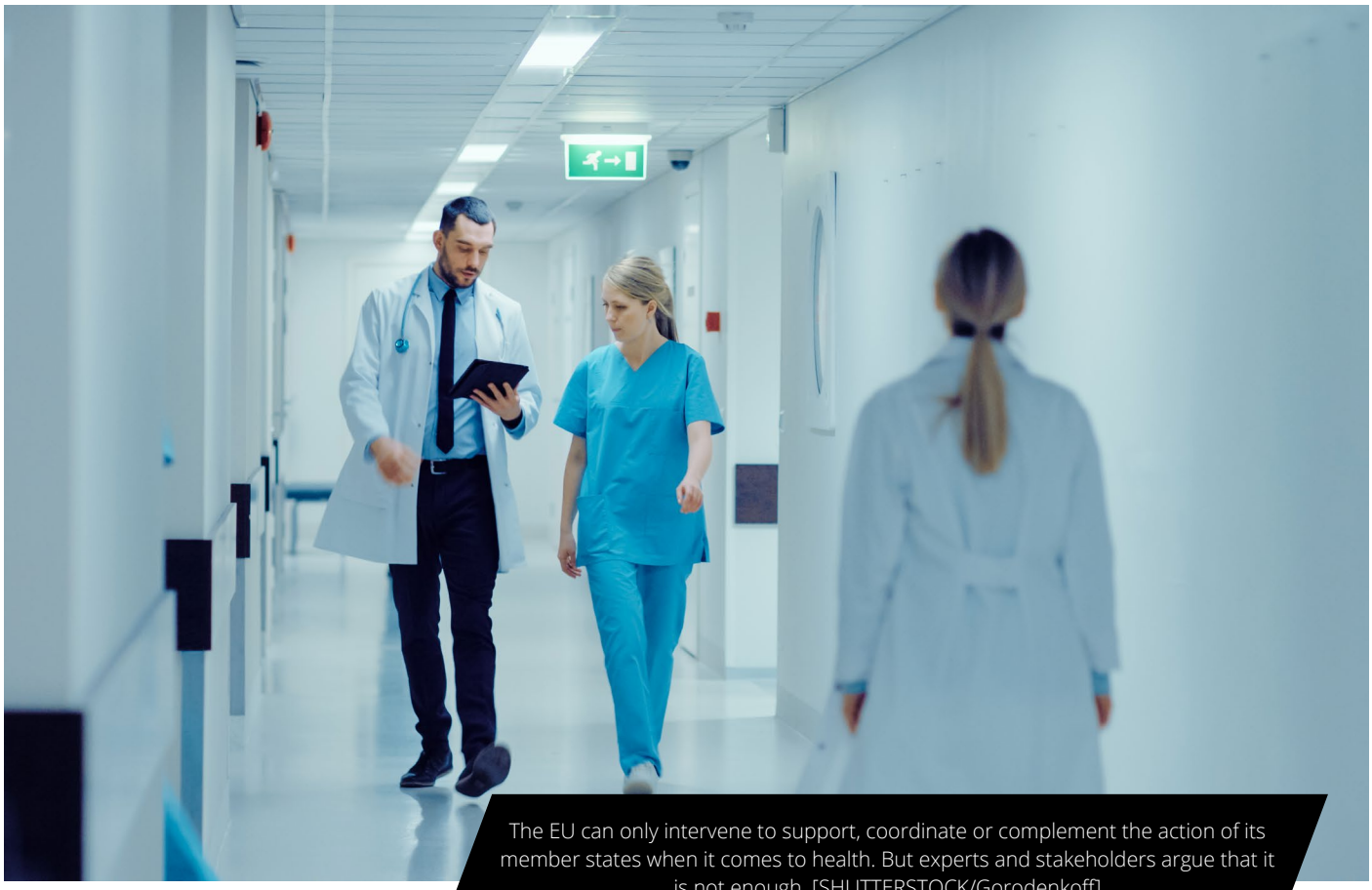
It is estimated that 12 million healthcare workers every year are exposed to dangerous or hazardous medicinal products.

"We have to guarantee also health and safety for nurses and all health workers," he said.

EU health systems at 'critical moment', require common approach

By Giedre Peseckyte | euractiv.com

Languages: Deutsch



The EU can only intervene to support, coordinate or complement the action of its member states when it comes to health. But experts and stakeholders argue that it is not enough. [SHUTTERSTOCK/Gorodenkoff]

While there is no silver bullet to address the many issues facing Europe's overstretched medical systems, addressing them at the EU level is a good start, former EU Health Commissioner Vytenis Andriukaitis said.

"Europe is running out of doctors and nurses and it is a really ongoing scenario," Andriukaitis, now a special envoy of the World Health Organisation (WHO) European region, stressed at a European Institute of Health and Sustainable Development (EIHSD) event on 30 November.

The EU's health systems are at a "very critical moment", he added.

Since 2010, the proportion of foreign-trained nurses and doctors has risen faster than domestically trained professionals, with increased mobility driven by rising East to West and South to North intra-European migration, research shows.

The migration of health workers results in some sending countries facing

substantial inequalities in the availability of health workers across the region, despite having medical programs full of students.

The findings of the September WHO report on the health and care workforce in Europe suggested that without immediate action, health and care workforce gaps in the European region could spell disaster.

Unequal distribution of healthcare workers creates "medical deserts" – a lack of medical personnel or medical services in certain geographical areas or communities, mostly in rural and remote regions, especially when it comes to vulnerable minority populations and they are seen all over Europe.

"Millions of Europeans don't have a referring general practitioner," he added, highlighting the lack of family doctors and general practitioners in rural, remote and underdeveloped areas.

For example, Lithuania's healthcare system is currently lacking 2,000 nurses, despite nursing programmes being full, with LRT reporting that the main reason is migration. It is estimated that in the next 10 years, the number will rise to 3,000.

"Sending member states are investing a lot for expensive training. But the health workforce may end up working at the level below their qualifications," Andriukaitis stressed, referring to staff who immigrate to other countries after they qualify.

He urged that receiving member states are using "health care professionals from poorer member states as a quick fix to the health worker shortage in their health care systems".

Wind of change

National governments, however, cannot face the plethora of issues facing the health system alone, Corrine Hinlopen, a global health policy researcher at Wemos, highlighted.

"It's essential that we have to look at what the EU can do," she stressed. "We regard health as a national competence. But it isn't in the European integrated level market."

Investments made in one country can yield economic and health benefits in another country, she said, adding that internal market forces can override the efforts of national governments.

In the Lisbon Treaty, common safety concerns in public health matters are 'shared competence', while protection and improvement of human health fall under Article 6 as supporting competence. As such, the EU can only intervene to support, coordinate or complement the action of its member states.

Andriukaitis has repeatedly called for amendments of the Lisbon treaty to better enable EU institutions to effect change in health policy.

"The only right way is to keep health at the highest level as an European issue, not only as a member states' issue," he said.

"We need to think about possibilities to improve the Lisbon treaty to provide EU with shared competencies otherwise, there will be no possibility to push member states to be more active in face of such a big, big crisis," he concluded.

PROMOTED CONTENT

DISCLAIMER: All opinions in this column reflect the views of the author(s), not of EURACTIV Media network.

European Health Union to Strike the Balance between Free Movement of Health Workforce and Universal Health Coverage

By Vytenis Andriukaitis | EIHSD

[janews/shutterstock]

The health and care workforce is at the centre of health policy debates. Focus on healthcare professionals was especially strong during the peak phase of the COVID-19 pandemic. The participants of the Conference on the Future of Europe (CoFoE) that ran from April 2021 to May 2022 discussed how to reinforce the resilience and quality of member states healthcare systems guaranteeing equal access to healthcare in all MS and what should be done in this area at EU level.

Vytenis Povilas Andriukaitis is the Former Commissioner of Health and Food Safety of the EU between 2014 and 2019.

Inequalities in health across the EU, that is partially caused by uneven allocation of medical personnel, are striking. The importance of European health policy strengthening (not excluding the upgrading of European Treaties) is reflected in the conclusions of CoFoE. By presenting on September 2022 a report "Health and care workforce in Europe: time to act" the WHO Regional Office for Europe acknowledges the Europe-wide importance of issues related to

health personnel.

Training, recruitment and retainment of health personnel are in the domain of national policies but the issue has regional and even global components. The complex interaction of national and international actions in the development of the healthcare workforce was discussed on the 30th of November 2022 on the premises of the European Parliament. The main objective of the conference was to identify how to balance the free movement of workers as a fundamental principle of the European internal market with the assurance that equitable accessibility of health services will be provided across all European regions including those of workforce source countries and to discuss the policies, strategies and actions that most meaningfully contribute to the solution of the existing health and care workforce-related problems on national and European levels. The European Institute for Health and Sustainable Development (EIHSD) together with the Foundation of European Progressive Studies (FEPS) and the Members of the European Parliament organised the conference.

Speakers of the conference: Vytenis Andriukaitis (EIHSD), Giorgio Cometto (WHO), Corrine Hinlopen (Wemos), Maren Hopfe (ILO), Christopher Fearne (Government of Malta), Juozas Olekas (EP) Maria João Rodrigues (FEPS), Nicolas Schmit (EC), Tomas Zapata (WHO), Tiemo Wölker (EP). Moderators: Mathias Wismar (European Observatory on Health Systems and Policies), Mariam Zaidi (Euractiv)

Speakers have indicated health workforce challenges across Europe:

• Shortage of health personnel especially in primary health care, long-term care, rehabilitation, rural, remote, and poor urban zones. In the EU a lot of countries are not able to assure accessibility of doctors and even nursing services in remote areas, including reach countries like Italy, France or Sweden;

• Shortage of health personnel aggravation because of the lack of protective equipment, overwork and additional stress caused by COVID-19;

• Skills mismatches, inefficient organisation of work, inadequate governance;

• Improper working conditions in health such as too long working hours, underfunding, shift work, nonregulated work of informal carers

• Striking variation in medical doctor availability between countries that ranges from 17,3 to 88,7 and in nurses from 27 to 202 by 10000 population;

• Ageing of medical professionals. In one out of three European countries, 40+ percent of doctors are over 55 years of age. Young people are lacking interest in medical professions;

• Most of the health workforce are women, thus general problems of gender equality are reflected in the health sector;

• Free movement of people is the asset of the EU but it can't undermine equal access to health services for European citizens. The certain contradictions between the two create preconditions for a political storm. Competition between MS for the best resources do not help to reduce the problem and to assure equal access to health services across the EU;

• Non-regulated international mobility of the healthcare workforce has certain characteristics of brain drain from source countries or even waste of health resources (if investment into training by source countries is wasted by employment in destination countries below acquired qualifications). Qualified nurses from Eastern and Southern Europe working just as babysitters or carers in families of more affluent countries equals to brain waste for the European Union.

Certain policies that according to the speakers' opinion are already tackling market and regulatory failures in health and are delivering reasonable outcomes:

• Challenges the EU is facing because of international migration of the healthcare workforce mirror those on the global stage. WHO Global Code of Practice on the International Recruitment of Health Personnel (2010) is the key instrument of international governance of health workforce migration (HWM). For more than a decade design and execution of bilateral agreements on international HWM is contributing to achieving win-win results for the source and destination countries even if it is not common for Ministries of Health to be involved in HWM. A guidebook on HWC is one of the promising avenues for the growing role of the Code.

• The European Pillar of Social Rights (2017). The Pillar jointly proclaimed by the main EU institutions During the Gothenburg Social Summit sets out 20 key principles guiding the EU towards a strong social Europe. Four of these principals are explicitly stressing the importance of health. The 16th principle of the Pillar (health care) states that 'Everyone has the right to timely access to affordable, preventive and curative health care of good quality'. European health policy is gradually evolving even in circumstances then the EU has no competencies to legislate on health matters related to the health workforce.

• European health systems survived COVID due to the dedication of health professionals. Doctors, nurses, and carers are central workers in European economies. The fact that during the pandemic MS and EC acted together, even in the fields with no clear competencies of the EU, was of critical importance. European health policy is gradually evolving even in circumstances then the EU has no competencies to legislate on health matters related to the health workforce. Now the understanding that the resilience of health care systems is one of long-term goals for the EU prevails in the discussions between all political groups of European Parliament.

• The pandemic exposed problems of health systems like underinvestment, extortion/ burnouts of health personnel, undervalued and underpaid work of nurses. And in this situation, a European Care Strategy (2022) is an example of how the EU starts acting for better health and tackling problems in this sector.

Talking about the future developments speakers concentrated on regional actions promising European value added:

• Challenges to sustainability of healthcare workforce should be addressed locally and also at EU level. Specific combinations of policies are needed for the training, recruitment and retaining of medical personnel. Training of medical professionals may be one of the pillars of a European Health Union;

• Agreement on having decent health as one of the social rights of Europeans requires that the scoup and the quality of services should be comparable across the EU;

• Health should be an important part of the European Semester and should be strongly presented in European upskilling policies. Free movement of people should not be a way for the rich to have everything at expense of the less affluent;

• Stronger European actions are needed in medical research and development of orphan and personalised medicines as well as the management of rare diseases and rare cancers;

• Working conditions and payment of health personnel have to be upgraded across the EU, mobility of health personnel should be organised in a more cooperative way, and training of health and care personnel should be as high on the priority list of MS and the EU.

• Inequalities in health across the EU are striking and the scope of those challenges require bold actions. Mapping of medical deserts indicates correlation between inequalities in health and dissatisfaction with European project. Politicians should be encouraged to act by the fact that health is high among the priorities of Europeans.

• One way is to tackle personnel imbalances by measures based on existing legal instruments. Another one is to fine-tune existing instruments in parallel to the development of secondary legislation and institutional capacities. The most radical way to reform European health policy is to strengthen the status of the European Health Union with provisions for a European Health Union incorporated into the Treaty on the European Union, giving the EU shared competencies in very concrete areas while preserving the principle of subsidiarity as a core;

• Today health is at the level of supporting competencies of the EU, but, according to the opinion of speakers that promotes radical reforms, it has to be upgraded to the level of shared competencies between the EU and MS.

European Union is evolving. Some of the developments already pre-agreed by MS (for example, the accession of Balkan states, Georgia, Moldova, and Ukraine) will require the Treaty changes. Accelerating the debates related to Treaty changes and European health policy is in the interest of the medical community, patients, the European Project.

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