

# Regional report on “Health and care workforce in Europe: time to act”

## Overview of key findings



**SCOHPICA webinar**

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# About the report

- **First** report to describe the situation of the health and care workforce (HCWF) in the **European Region**
- **Challenges, good practices, effective policy and planning responses**
- Provides **10 actions** for Member States and WHO
- Focuses on medical doctors, nurses, midwives, dentists, pharmacists and physiotherapists – six professions for which **data are available**





# 53 human resources for health country profiles




## Spain

Human resources for health profile

See pages 82-83 for data sources and technical notes


**Country at a glance**

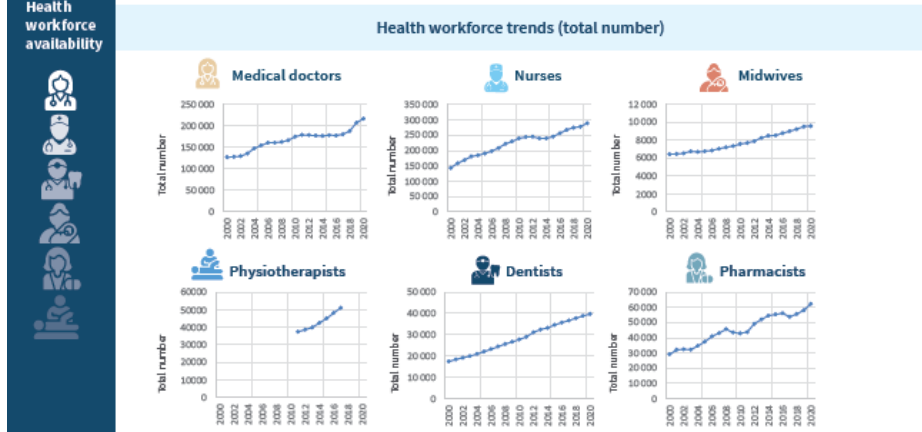
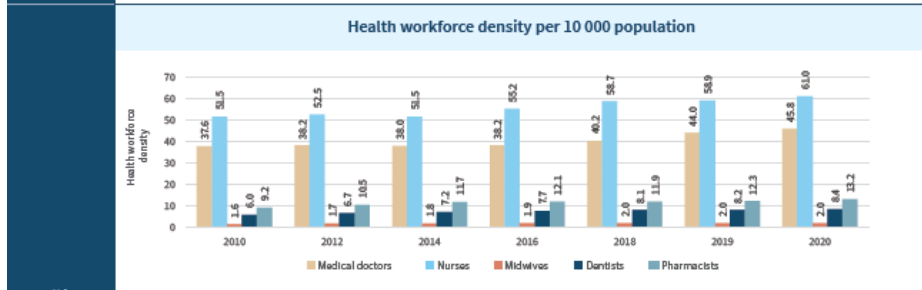
 **POPULATION**  
47 363 807

 **LIFE EXPECTANCY AT BIRTH (YEARS)**  
82.3

 **MEDIAN AGE (YEARS)**  
43.5

 **DOCTORS, NURSES AND MIDWIVES PER 10 000 POPULATION**  
108.8

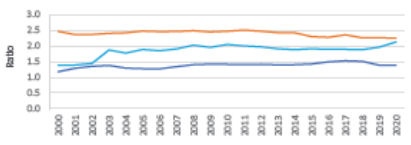
 **UHC SERVICE COVERAGE INDEX**  
86




### Composition by six professional categories covered in the report, percentage (latest year)

Medical doctors	32.4	Nurses	43.2	Midwives	1.4
Dentists		Pharmacists		Physiotherapists	

### Ratio of nurses and midwives to medical doctors





## Switzerland

Human resources for health profile

See pages 82-83 for data sources and technical notes

**Country at a glance**

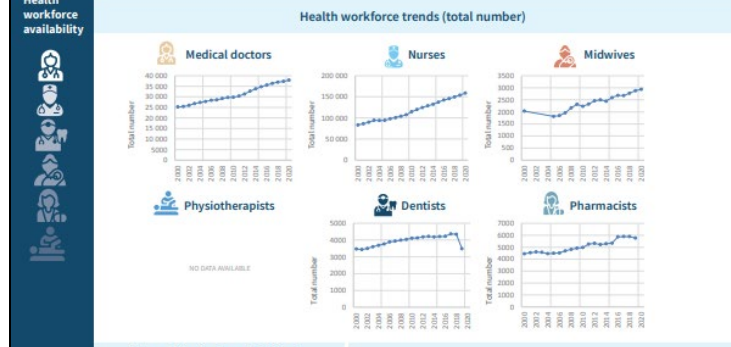
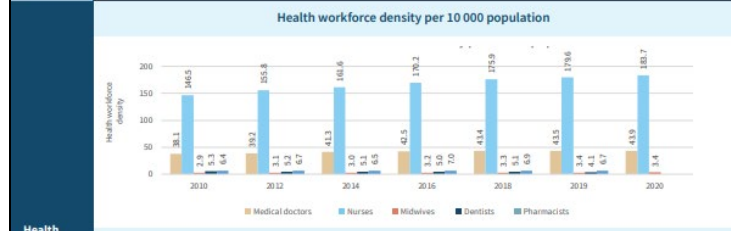
 **POPULATION**  
8 638 613

 **LIFE EXPECTANCY AT BIRTH (YEARS)**  
83.1

 **MEDIAN AGE (YEARS)**  
41.7

 **DOCTORS, NURSES AND MIDWIVES PER 10 000 POPULATION**  
231.0

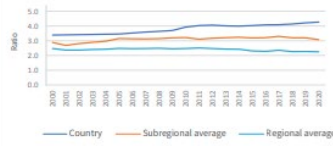
 **UHC SERVICE COVERAGE INDEX**  
87




### Composition by six professional categories covered in the report, percentage (latest year)

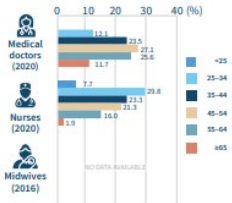
Medical doctors	18.2	Nurses	76.0	Midwives	1.4
Dentists	1.7	Pharmacists	2.8	Physiotherapists	

### Ratio of nurses and midwives to medical doctors





**Health workforce distribution**


#### Health workforce distribution by age group, percentage




#### Health workforce distribution by sex, percentage

**Medical doctors**  
(2020)  
44.0% Female, 56.0% Male

**Nurses**  
(2016)  
98.6% Female, 1.4% Male

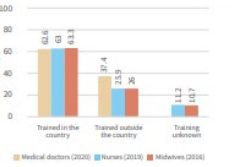
**Midwives**  
(2016)  
No data available

#### Percentage of workforce aged >55




Professions	Annual graduates (total number)	Graduates per year per 100 000 population	Graduates per year per 1000 practitioners
Medical doctors (2019)	1017	12	27
Nurses (2019)	3682	43	21
Midwives (2019)	173	2	59
Dentists (2019)	133	2	18
Pharmacists (2019)	228	3	49

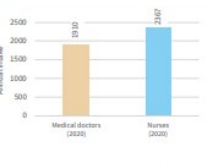
#### Country of training, percentage



#### Country of birth, percentage



#### Annual intake from other countries



# The report has made headlines...

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## Europe's hospitals face

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Czech EU presidency seeks way out of dead end

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15:00 - 16:30 (C.E.T)  
09:00 - 10:30 (E.T)

Driving the EU's Non-COVID  
Sharing best practices and  
equal access to stroke p

# MHO raises concern

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### Health

#### 'A ticking time bomb': healthcare under threat across western Europe

They're supposed to be among the world's best systems, but ageing populations, Covid and workforce issues are biting

Jon Henley, Kate Connolly in Berlin, Sam Jones in Madrid and Angela Giuffrida in Rome

Wed 14 Dec 2022 13:48 GMT

Reconstruy mi salud y mi vida!

Health workers in Madrid demonstrating against privatisation, staffing shortages and difficult working conditions. Photograph: Anadolu Agency/Getty Images

For decades, western Europe's national healthcare systems have been widely

# The Guardian

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Desserter uden tilsat sukker

Se opskrift

## warns of ticking time bomb in European health care

Thursday, 15 September 2022



# Health workforce challenges in the WHO European Region



Irrespective of their income level, countries are, to varying extents, having to deal with



- **Shortages** of health and care workers
- **Insufficient recruitment** in services such as PHC, LTC, Rehab and MH
- **Difficulties in retaining health workers**
- **Difficulties in attracting HCWs** to work in underserved geographical areas
- **Increased internal and international mobility**
- **Skills mismatches**
- **Lack of data and information** to plan effectively
- **Insufficient investment**
- **Inefficient organization of work**, underuse of digital health tools and limited integration of services
- **Unattractive employment**, poor working conditions, a failure to protect the physical and mental health of HCWs
- **Lack of gender-responsive policies**
- **Inadequate HCWF governance and management**





# Country good practices

- 15 vignettes of good/promising practices
- Mix of countries:
  - sub-regions (Ireland- Kyrgyzstan)
  - level of economic development (Belgium-North-Macedonia)
  - population size (Malta-England)
  - pre-covid and triggered by covid
- Topics: education and training, organization of work and performance, attractive and healthy work environment, governance, planning



## Vignette 11.

### Iceland: establishing a national council of staffing and education in health services

Iceland is an island country with a small population and its own language. Some parts are rural and hard to access during winter, which influences the challenges in ensuring adequate numbers and education for the HCWF.

Iceland's policy is to provide access to quality health services to all citizens in remote, rural and urban areas. To enable this, working groups for three health-care professions (general nurses, practice nurses and medical doctors) submitted reports to the Minister of Health in 2019 that presented proposals on how to improve staffing.

In May 2021, the Minister established a national council to tackle challenges in staffing and education in the health-care system. The council acts as a consultation forum to provide advice on HCWF education and employment priorities, including cross-government and stakeholder involvement.

The council comprises representatives from the ministries of education and children, and higher education, science and innovation, national health-care institutions, PHC, universities, the Icelandic Association of Local Authorities and the Directorate of Health. Among its key aims is improving connections between the education and training of HCWs and the identified priorities of employment and skills required.

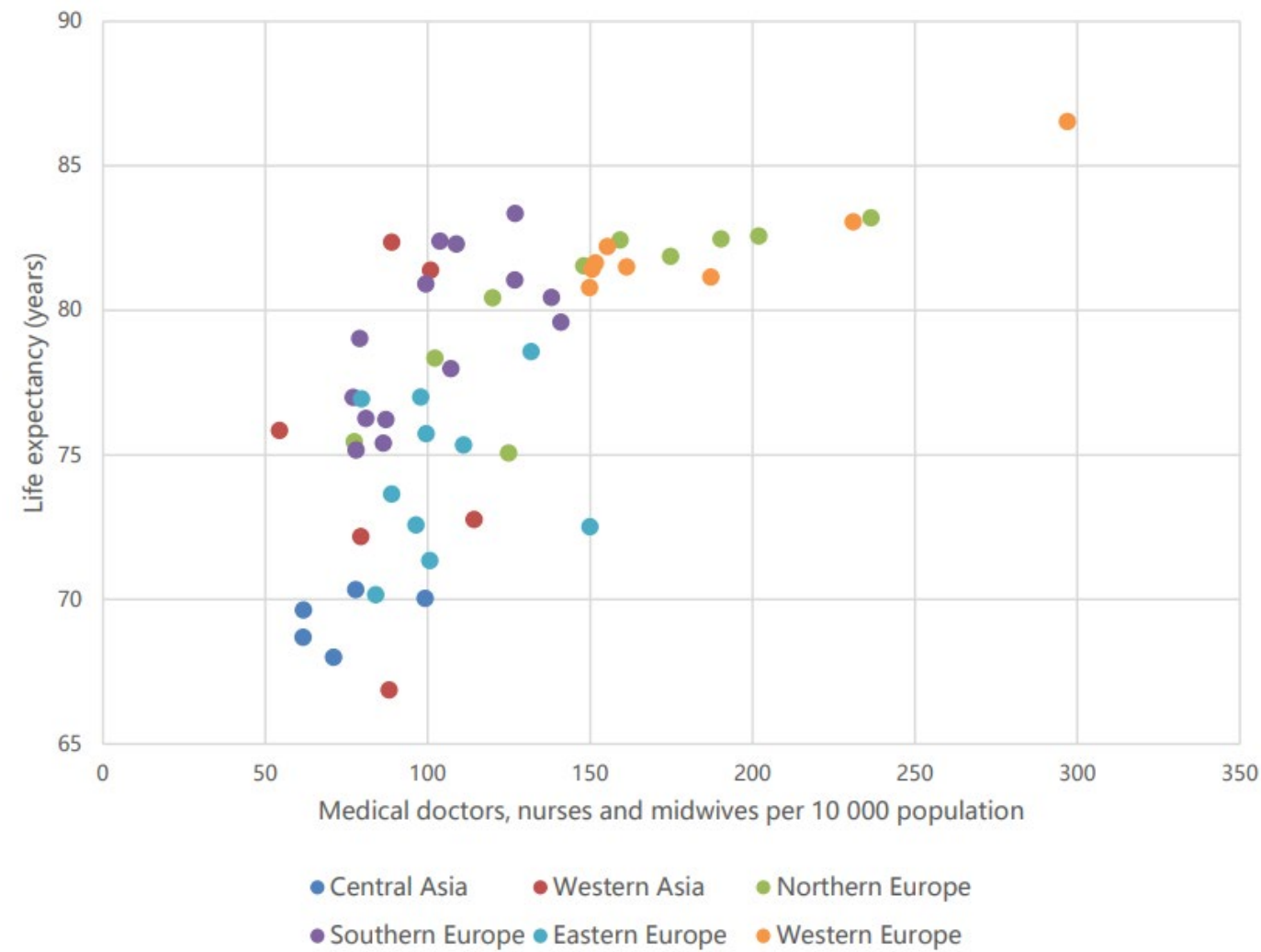
#### Main tasks include:

- building a stronger education system for HCWs, especially for specialist education and postgraduate training programmes;
- improving task-sharing or task-shifting between health professions to build stronger cooperation;
- placing greater emphasis on the self-sufficiency of the system;
- providing sufficient staffing in rural areas; and
- performing analytical work to profile the workforce and assess future needs.

The council meets twice monthly (one face-to-face and one virtual meeting). Other stakeholders are invited to participate when appropriate.

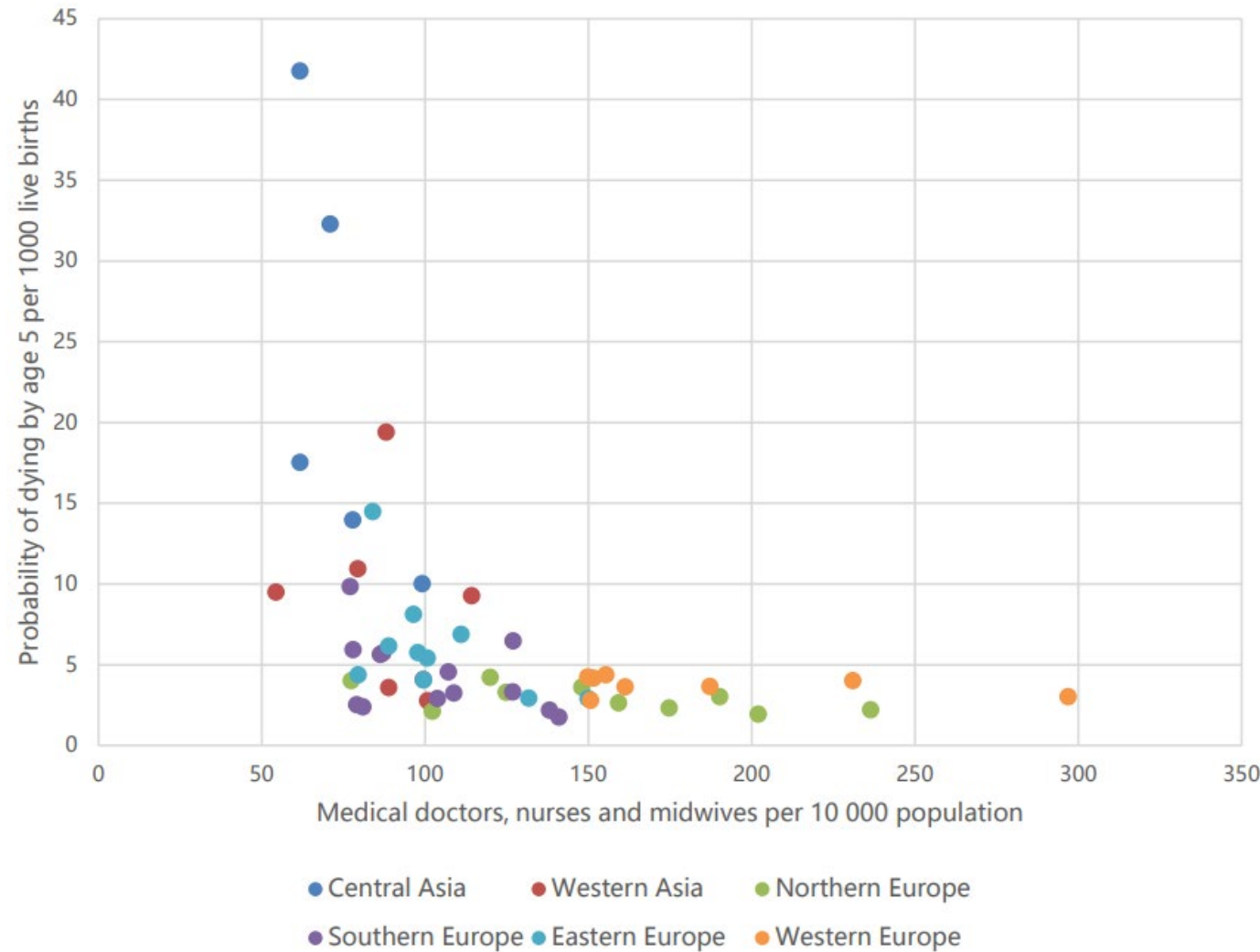
# Increasing evidence on correlation of density of health workers and life expectancy

Life expectancy and health workforce density, 2020



# Increasing evidence on correlation of density of health workers and Under 5 mortality

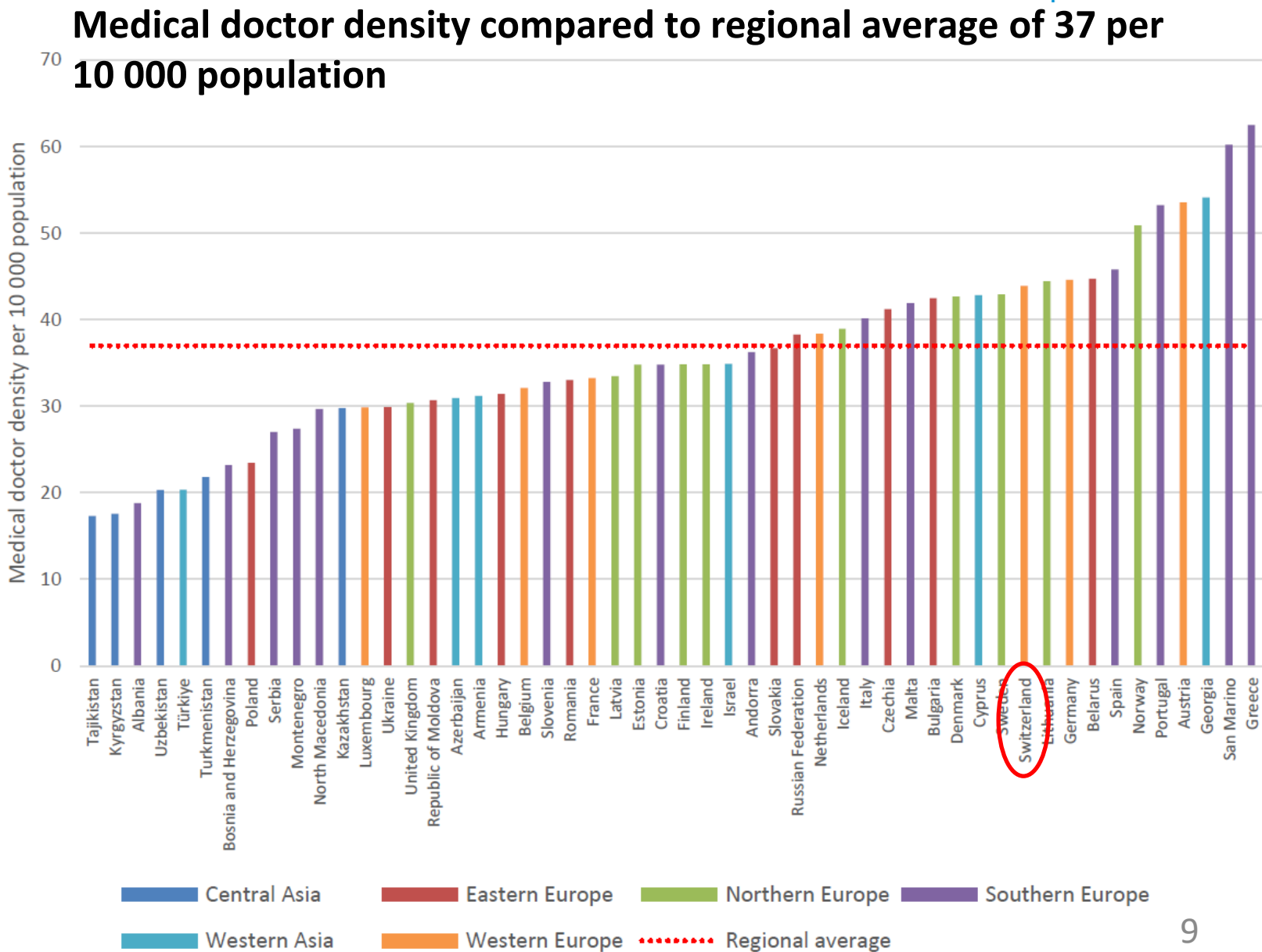
## Under 5 mortality and health workforce density, 2020





# Substantial inequities exist across the Region (cont'd)

Variation in medical  
**doctor availability**  
ranges from **17.3** to  
**88.7**



# Why shortages of health workers are increasing?

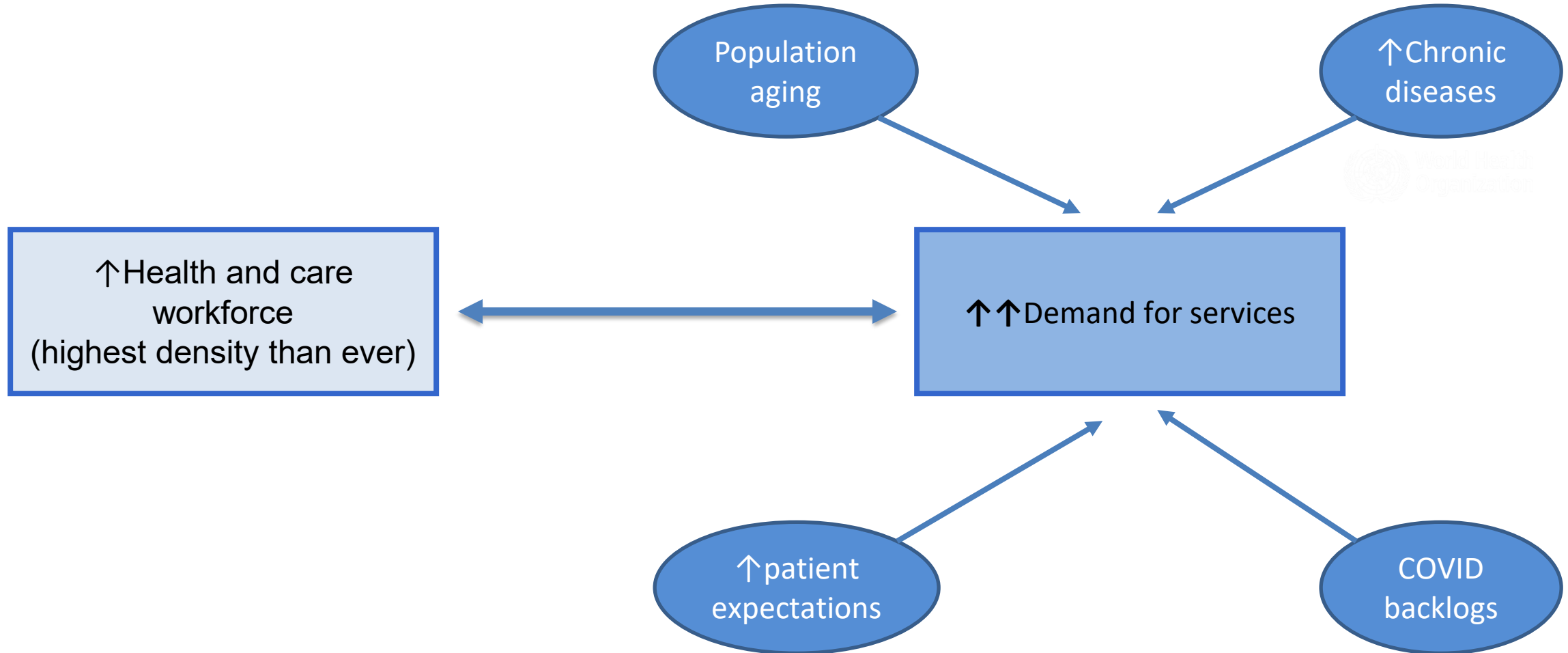
↑Health and care  
workforce  
(highest density than ever)

# Why shortages of health workers are increasing?

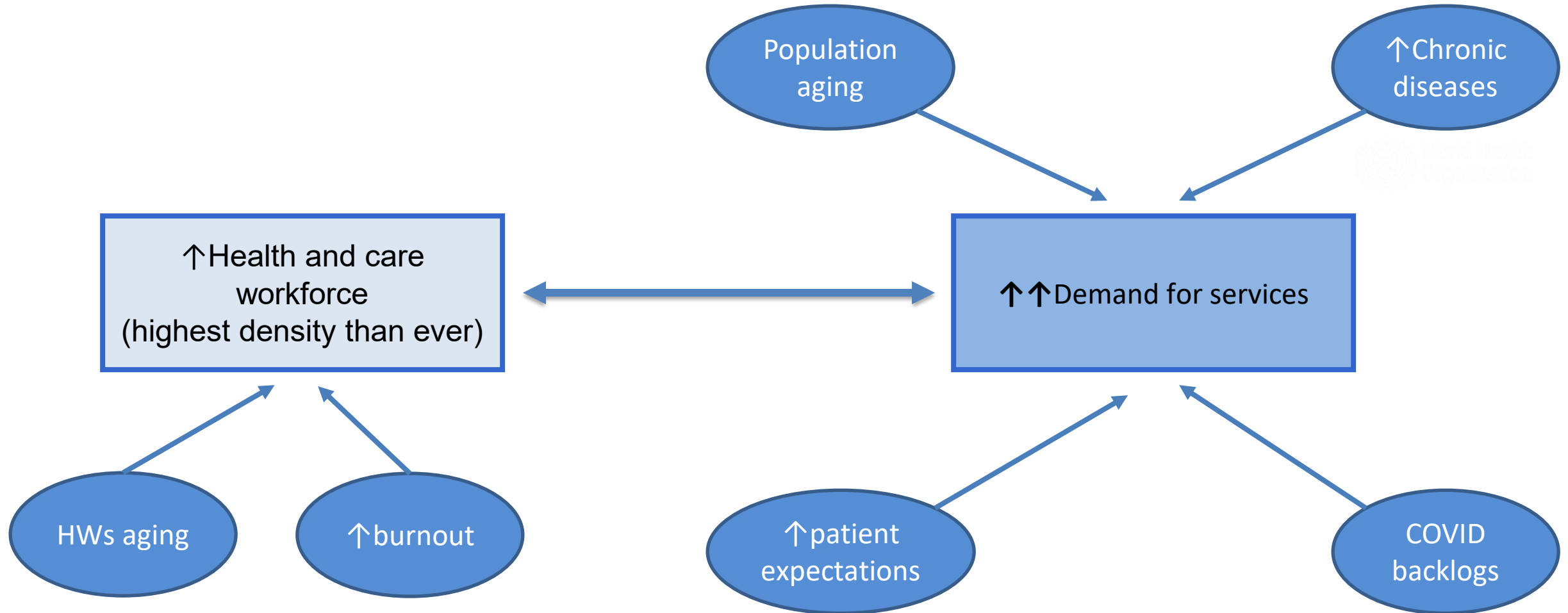




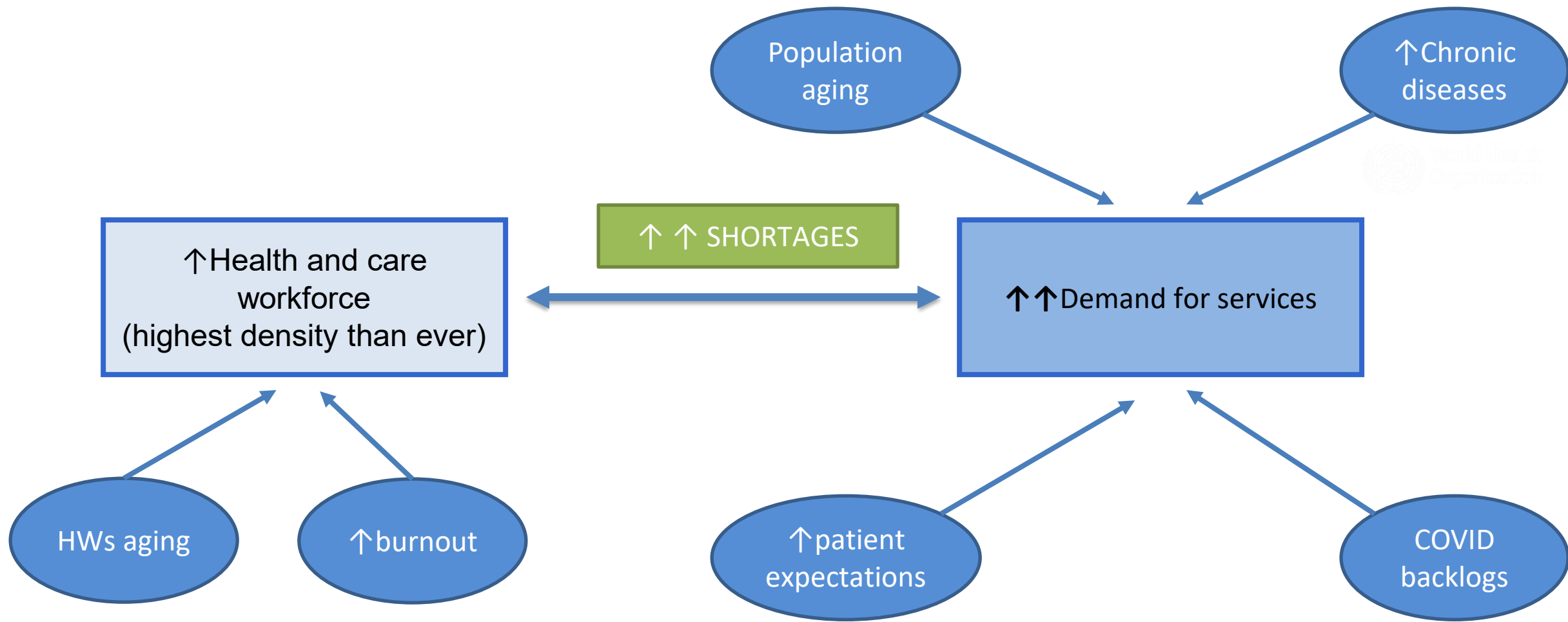
# Why shortages of health workers are increasing?



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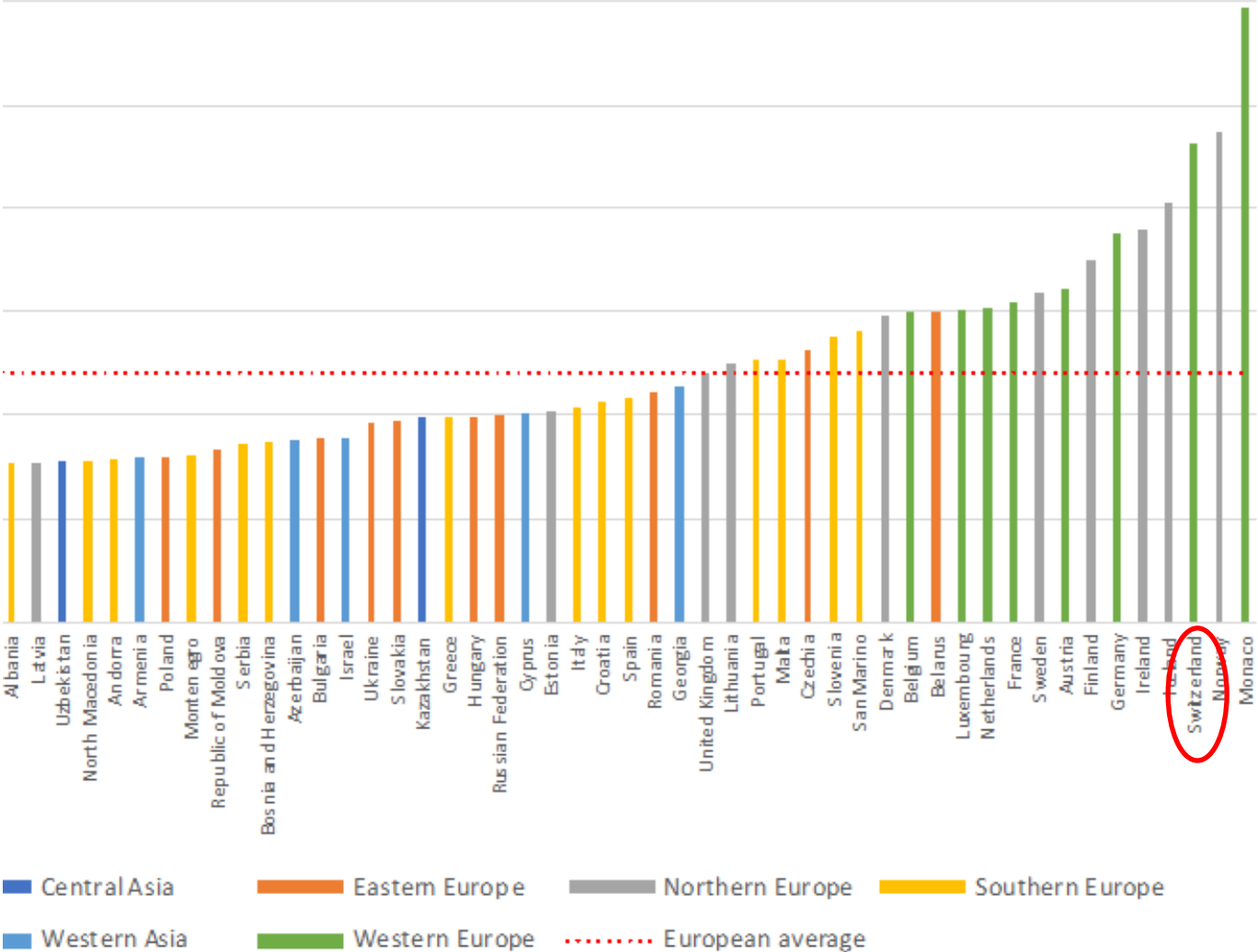




# Substantial inequities exist across the Region

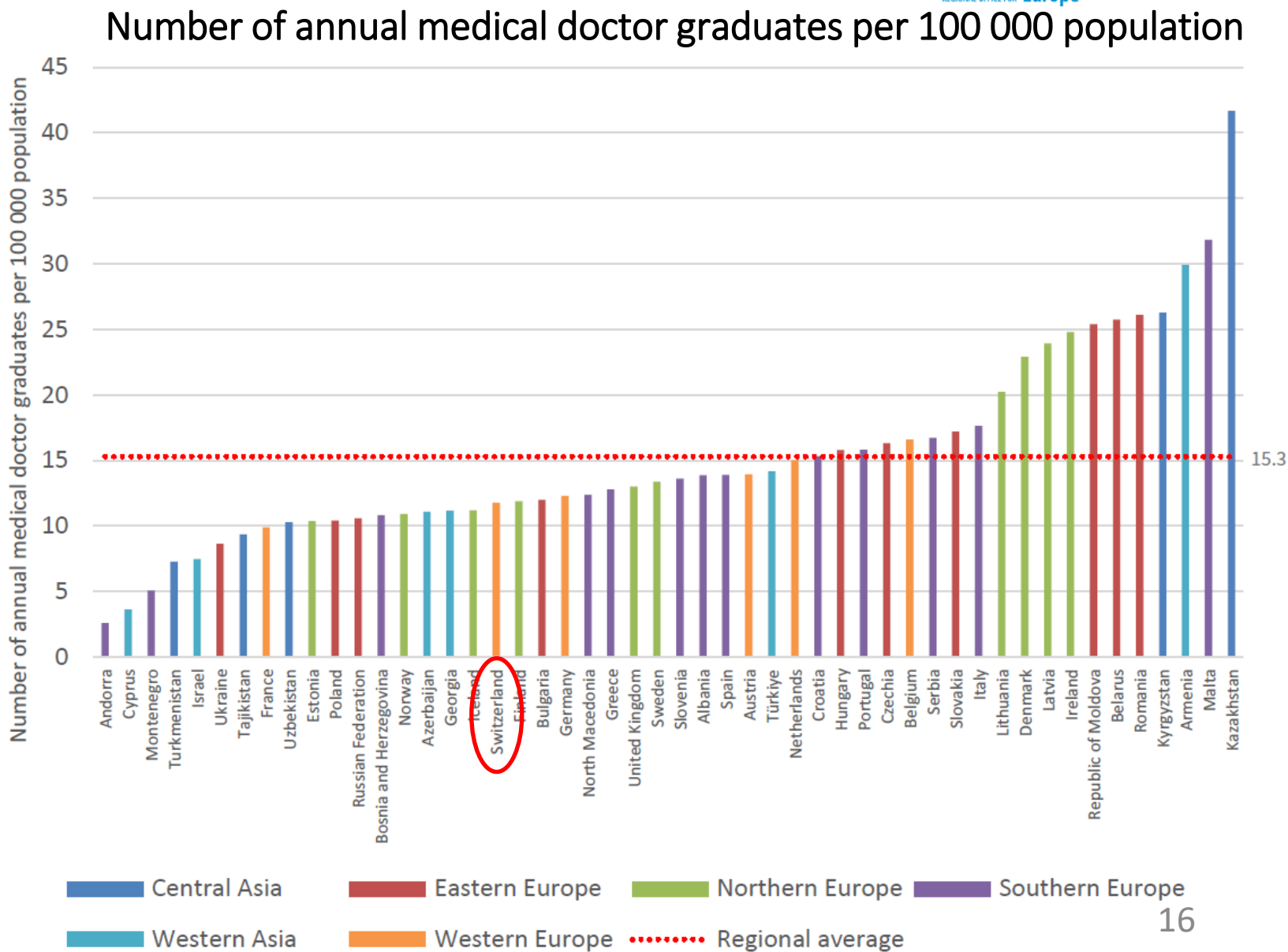
Nurse density versus European average of 80 per 10 000 population

**Strong** intercountry variations exist, particularly for nurse availability, ranging from **27 to 202** per 10 000 people



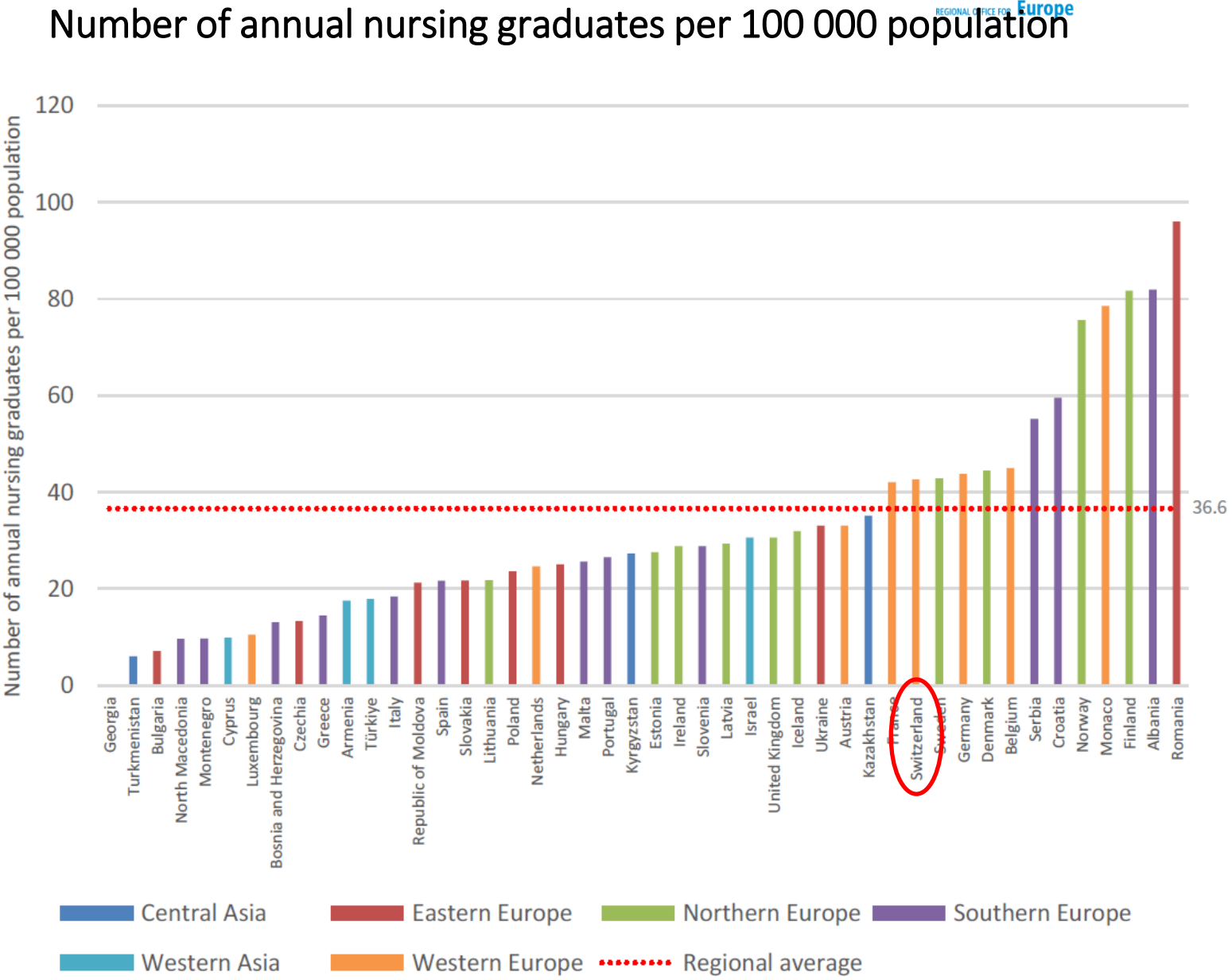
# Increased production of graduates BUT wide variability

- Regional increase of:
  - medical doctor graduates by 37%
- Wide variability in the production of doctors



# Increased production of graduates BUT wide variability

- Regional increase of nursing graduates by 26%

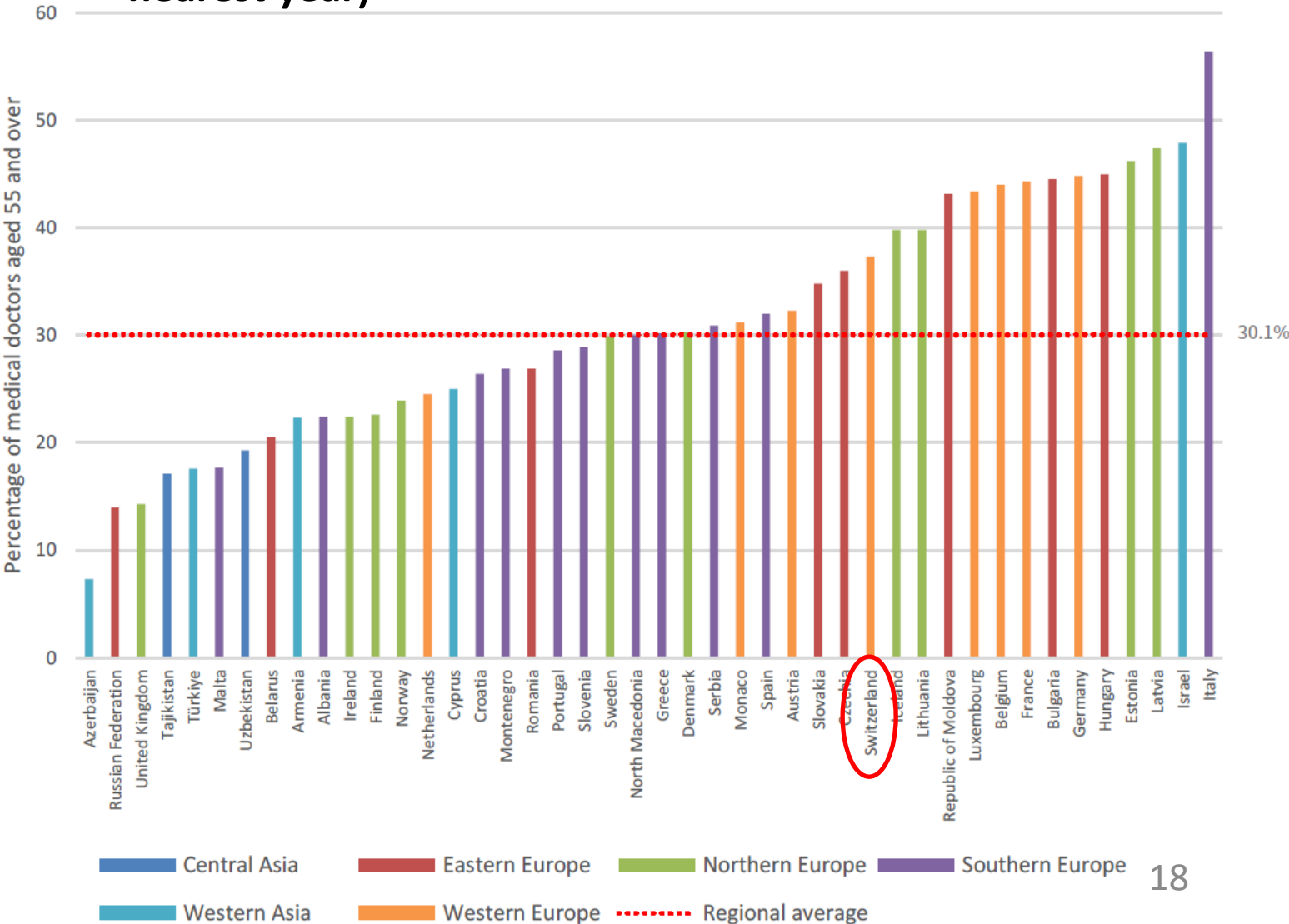




# Ageing health workforce: an important concern

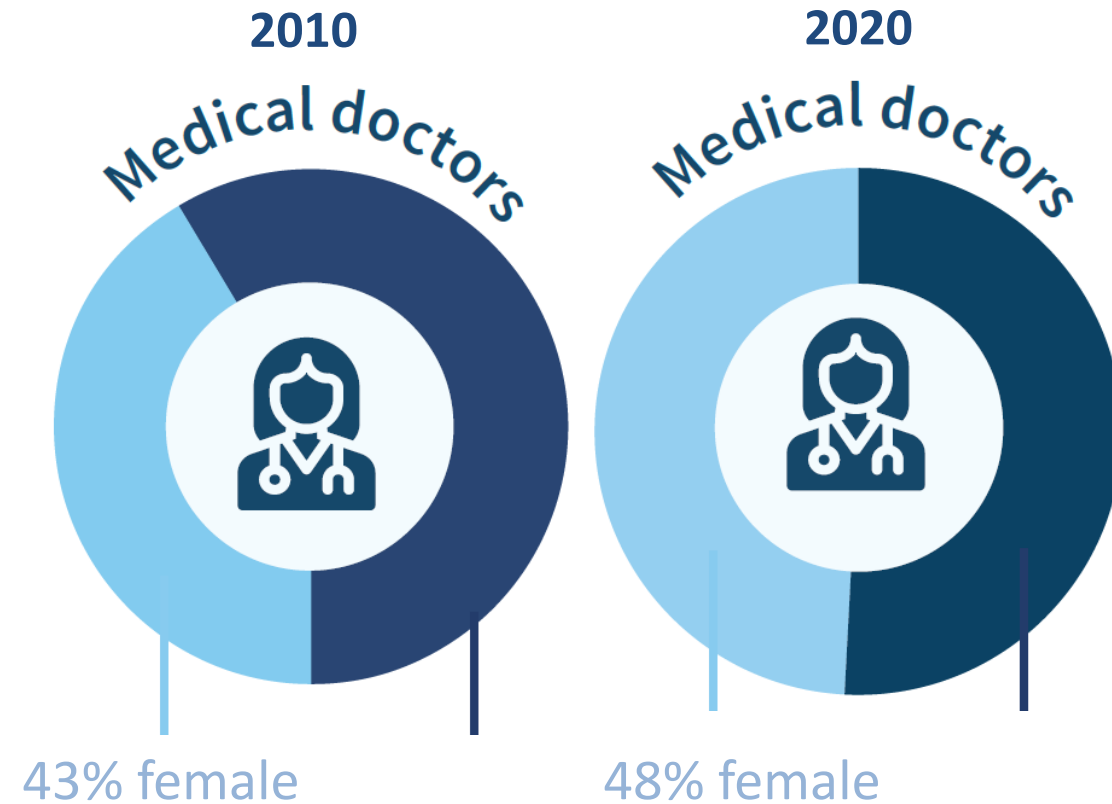
In one out of three countries in the European Region **more than 40% of doctors are over 55 years of age**

Percentage of medical doctors aged 55 or over (2020 or nearest year)



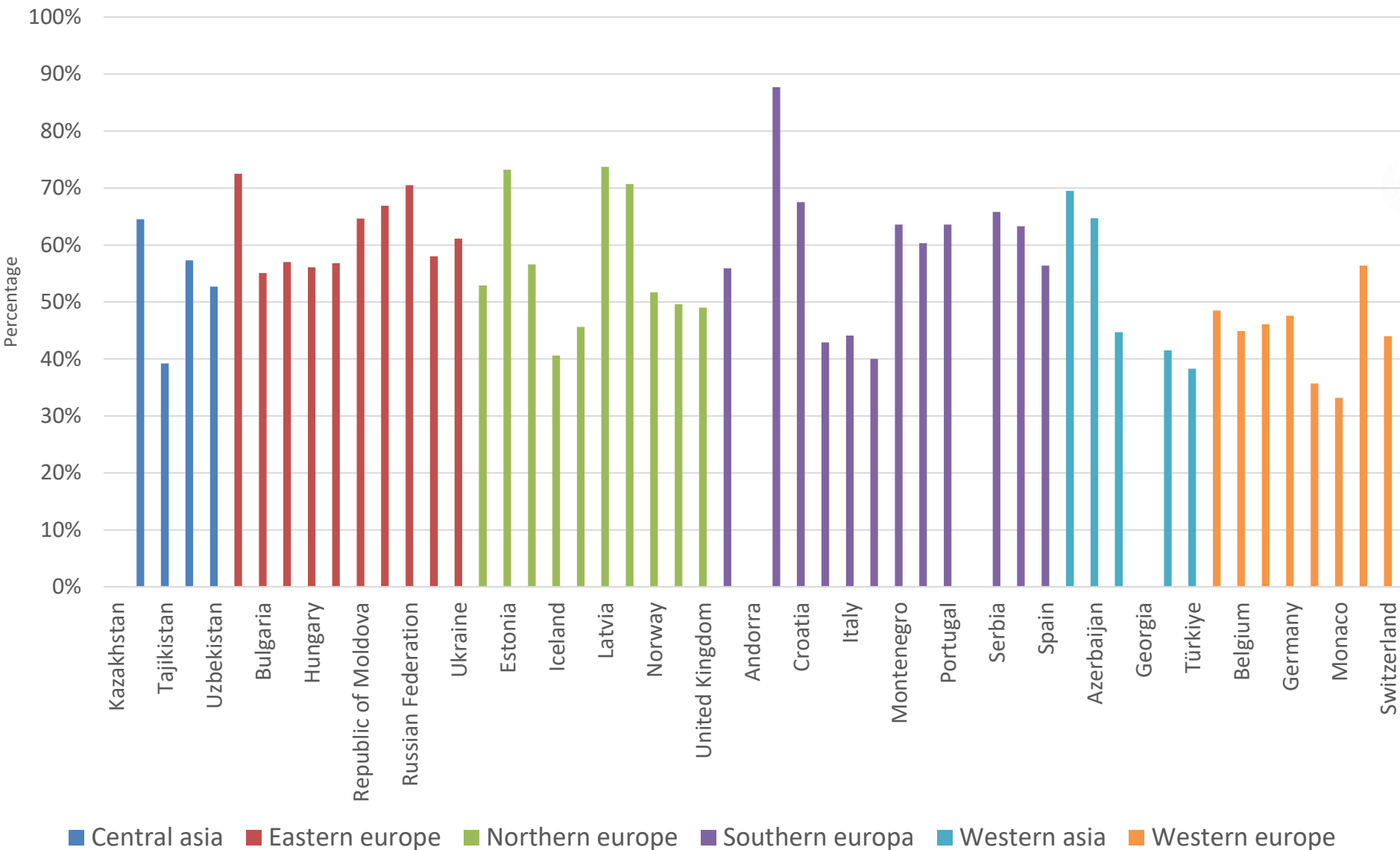
# The proportion of women health workers is increasing

- The percentage of **female medical doctors** in the Region **increased** from approximately **43% in 2010** to **48% in 2020**
- **89% of nurses** and **98% of midwives** in the Region are women



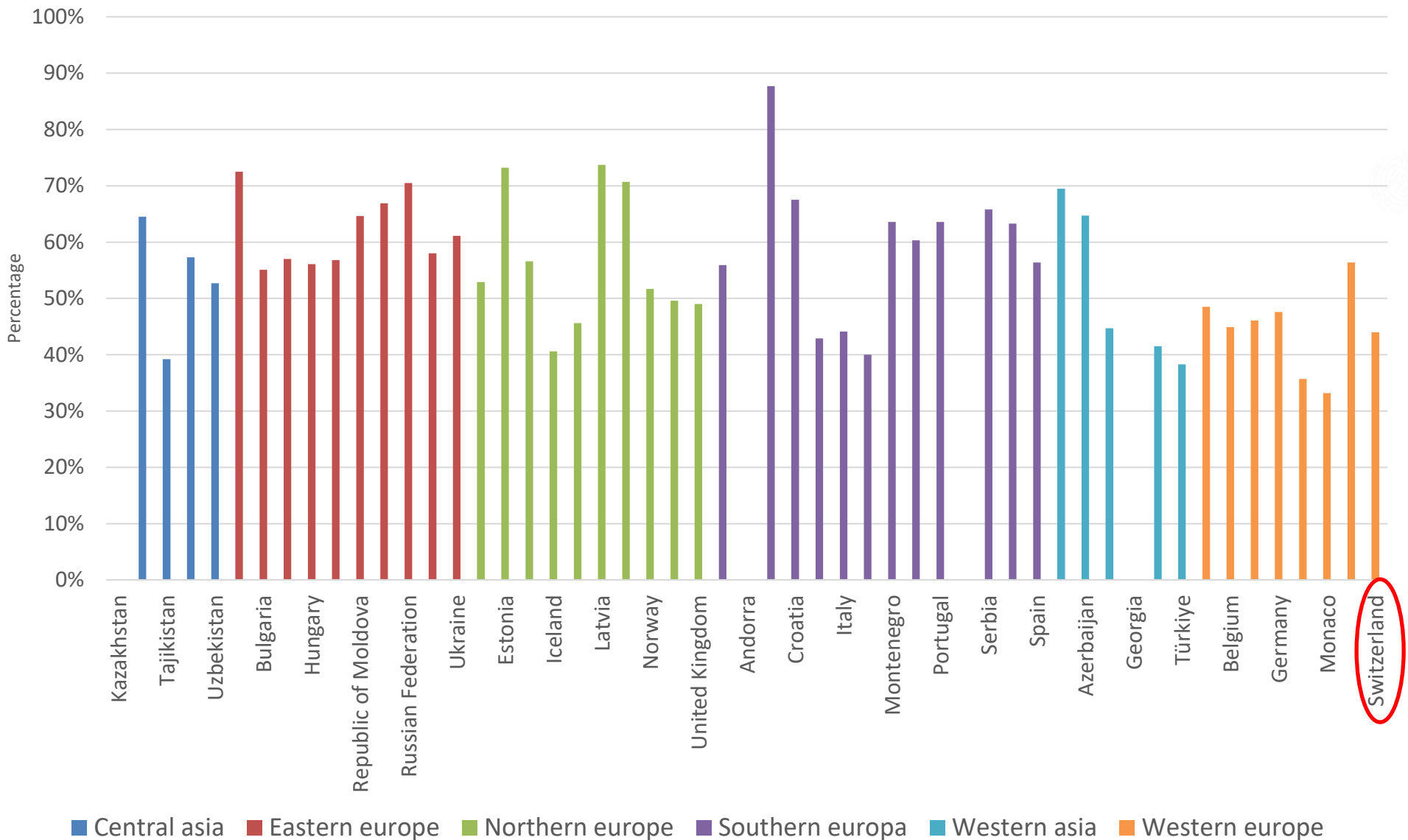
# Eastern Europe doctors are mainly females

Percentage of female medical doctors by subregion (latest year)



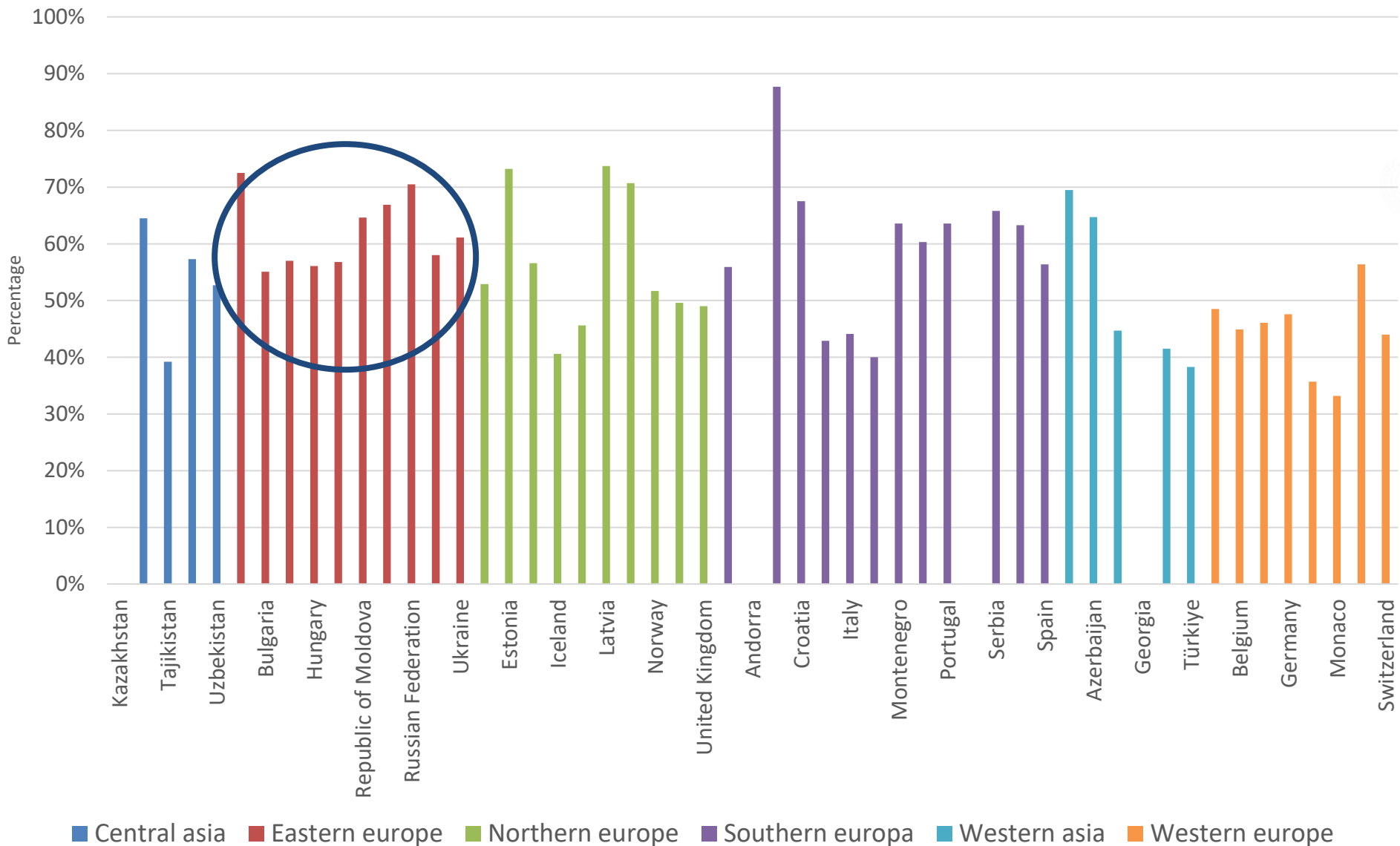
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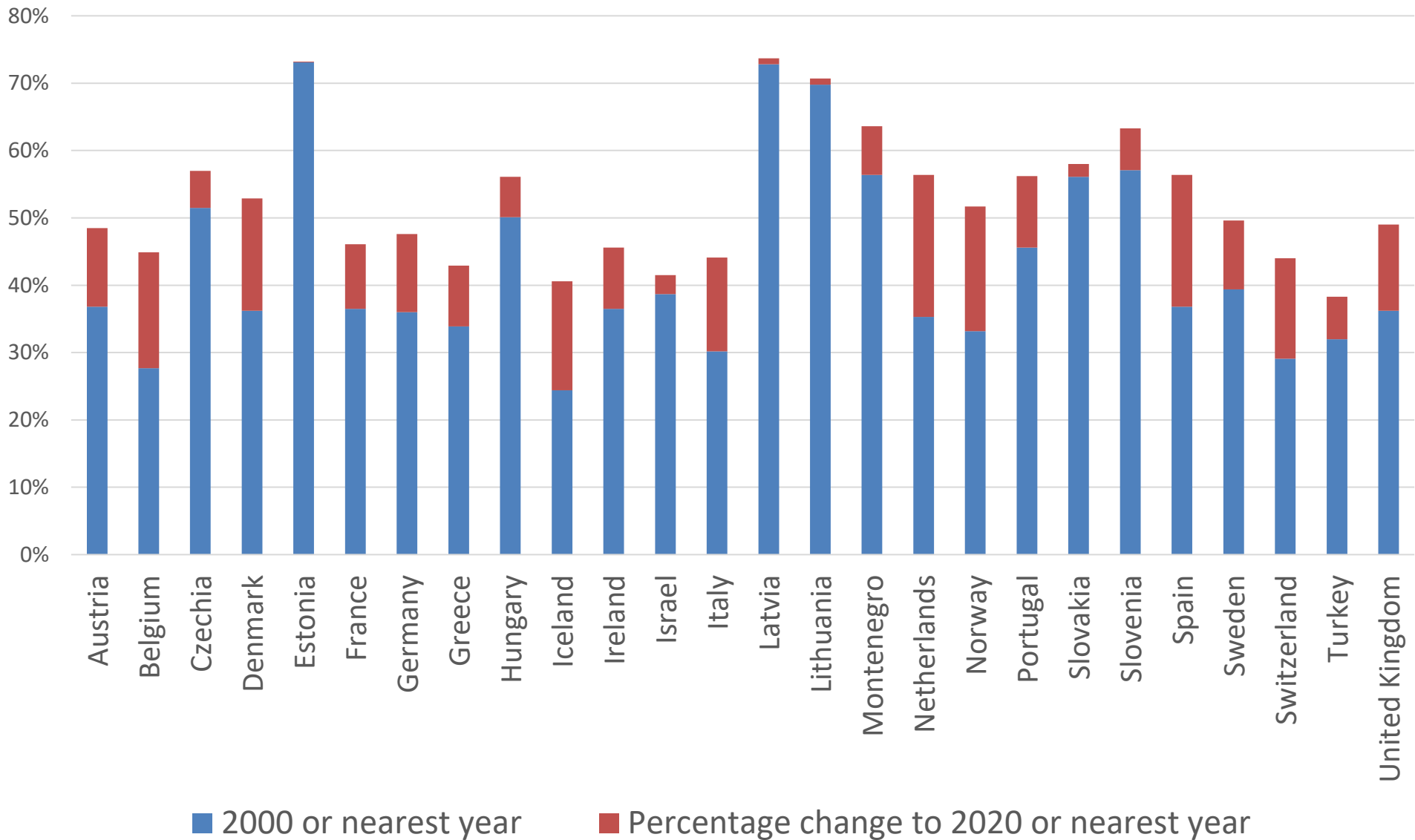
Percentage of female medical doctors by subregion (latest year)





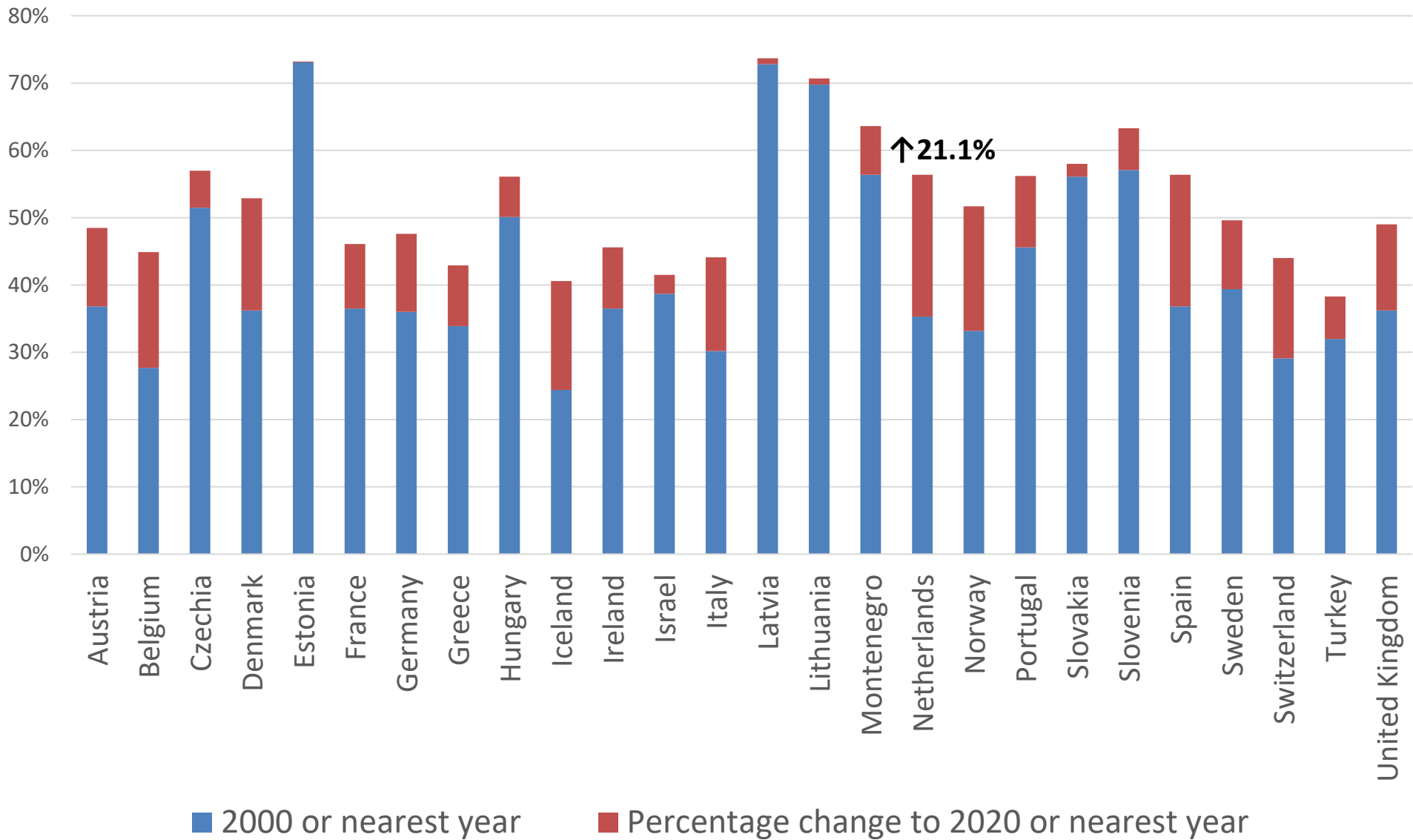
# Eastern Europe doctors are mainly females

Percentage of female medical doctors in 2000 and 2020 (or nearest year) and change over time



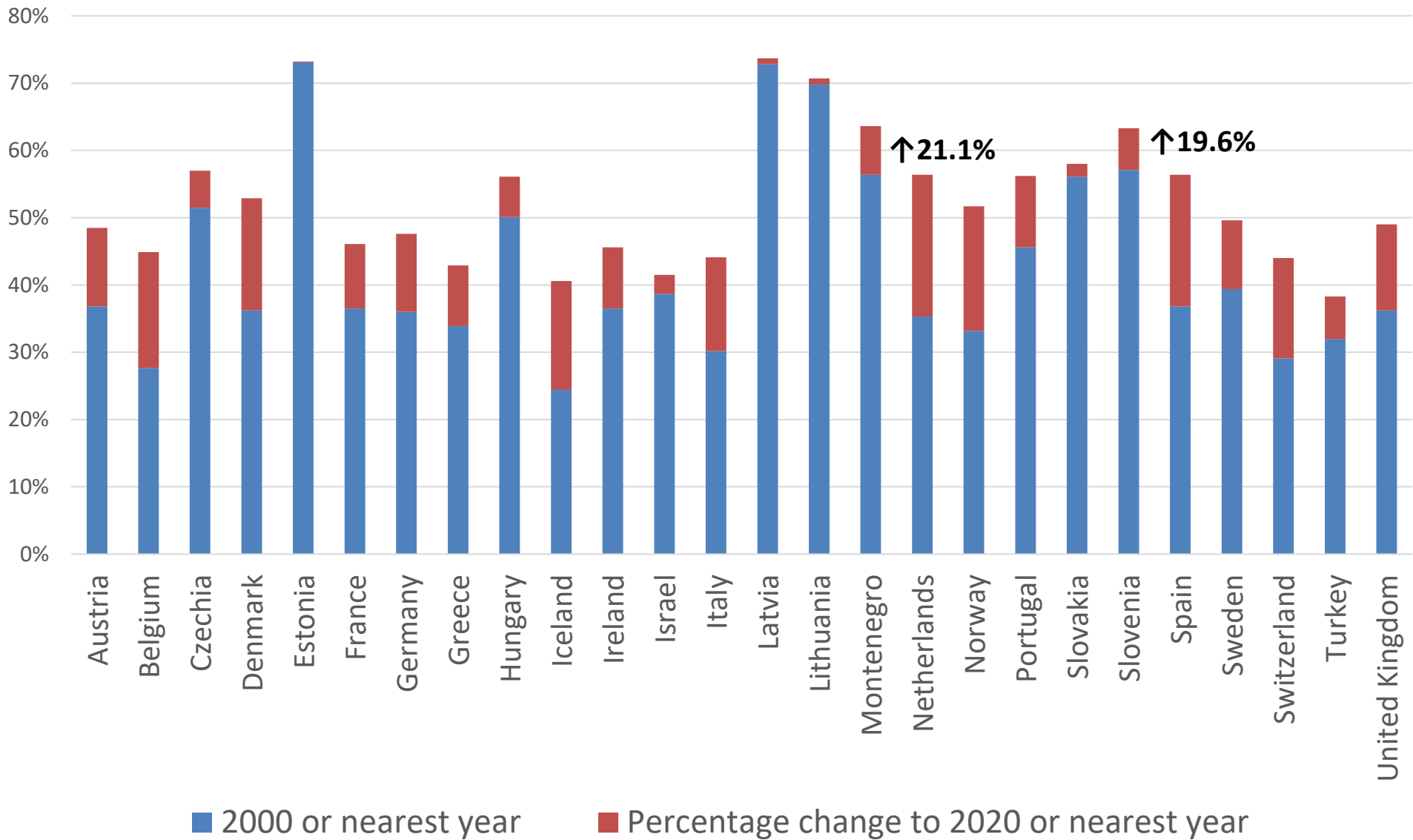
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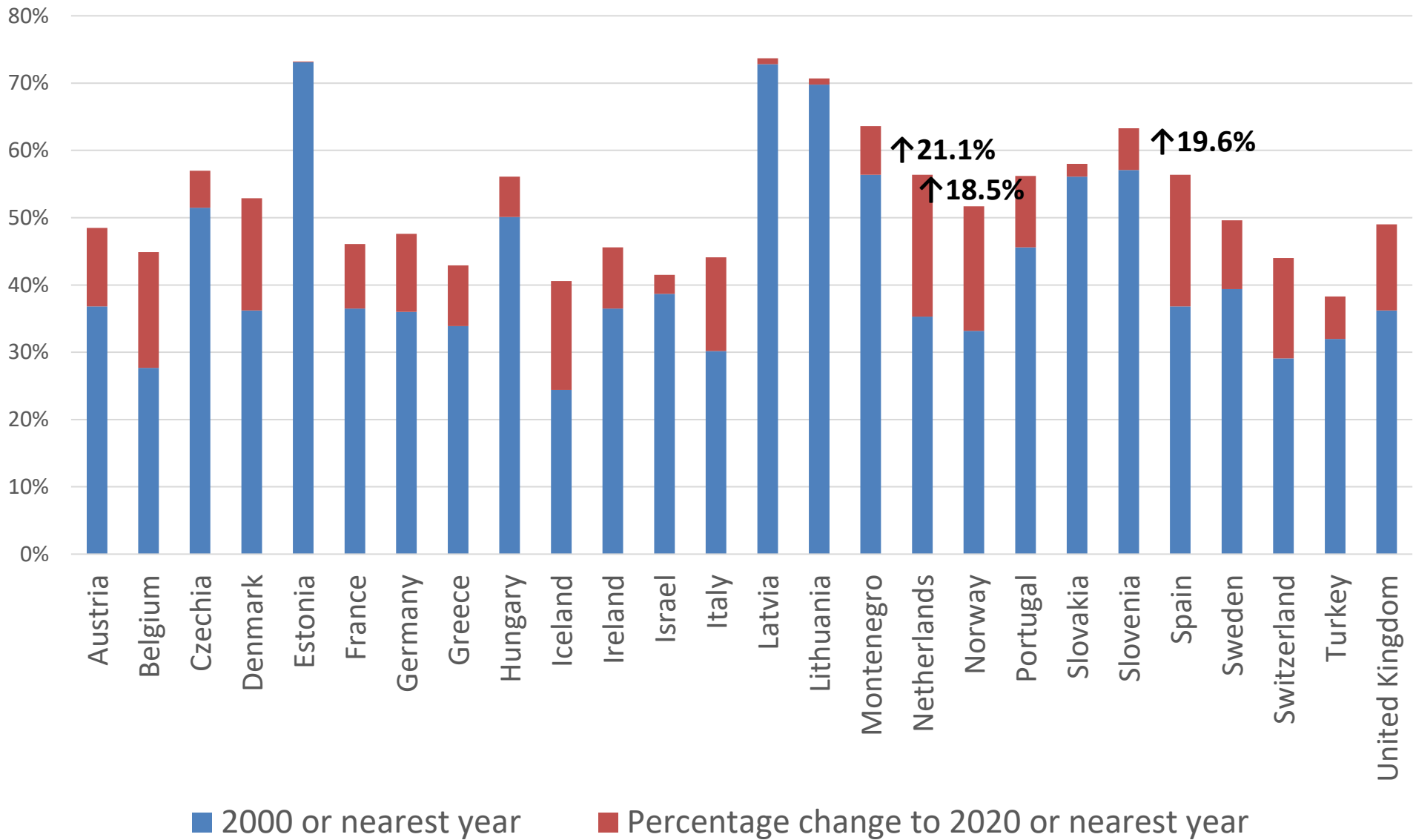
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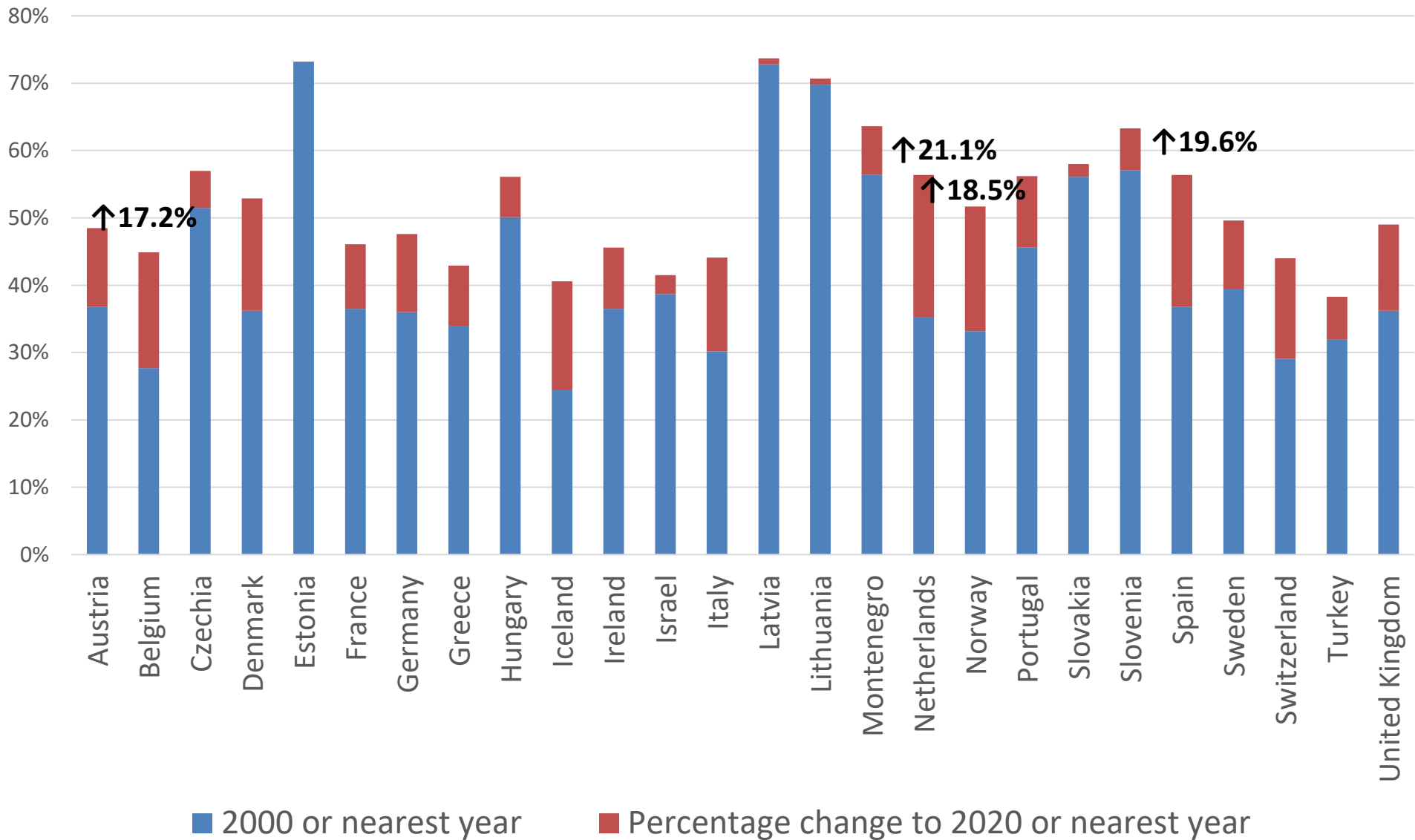
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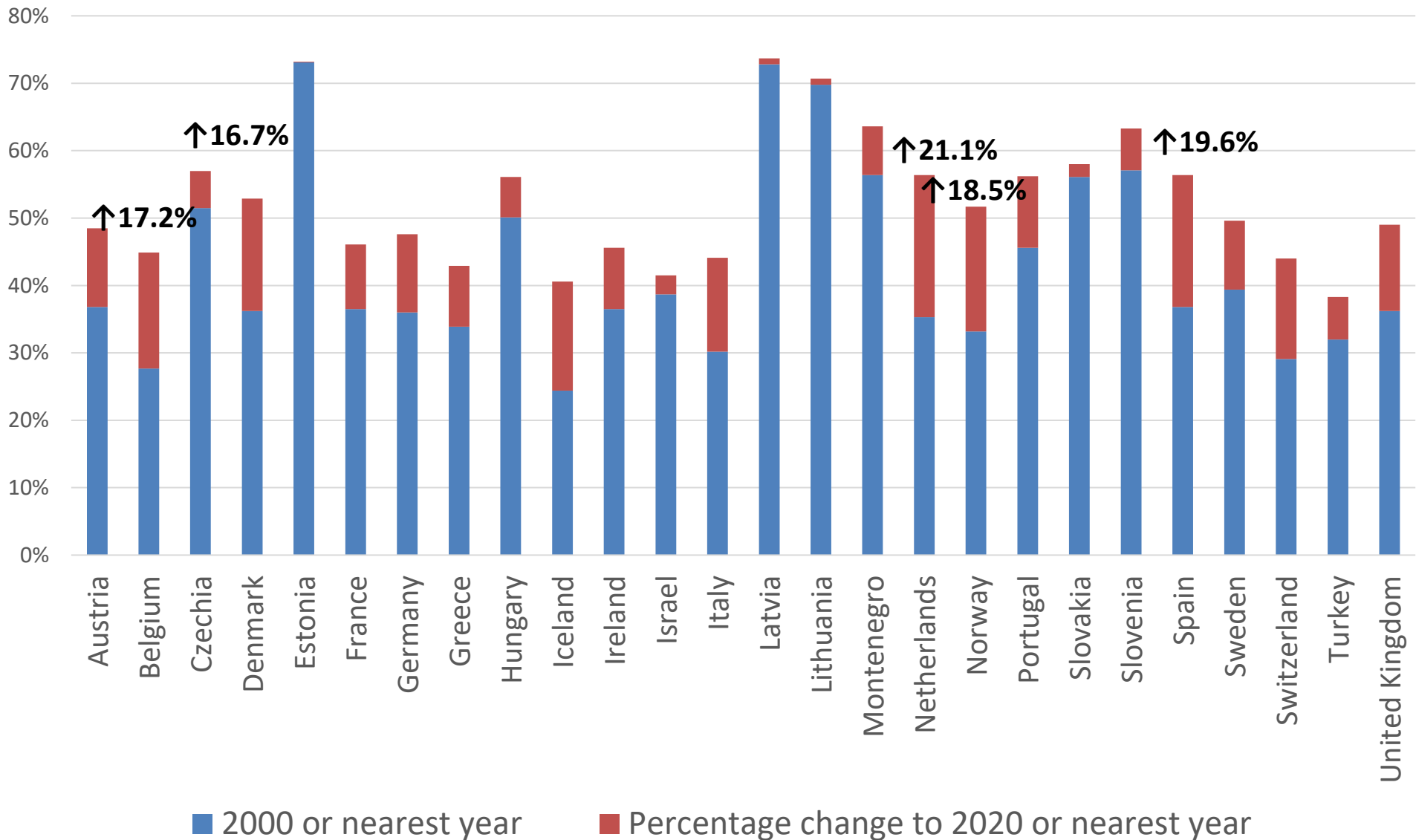
Percentage of female medical doctors in 2000 and 2020 (or nearest year) and change over time





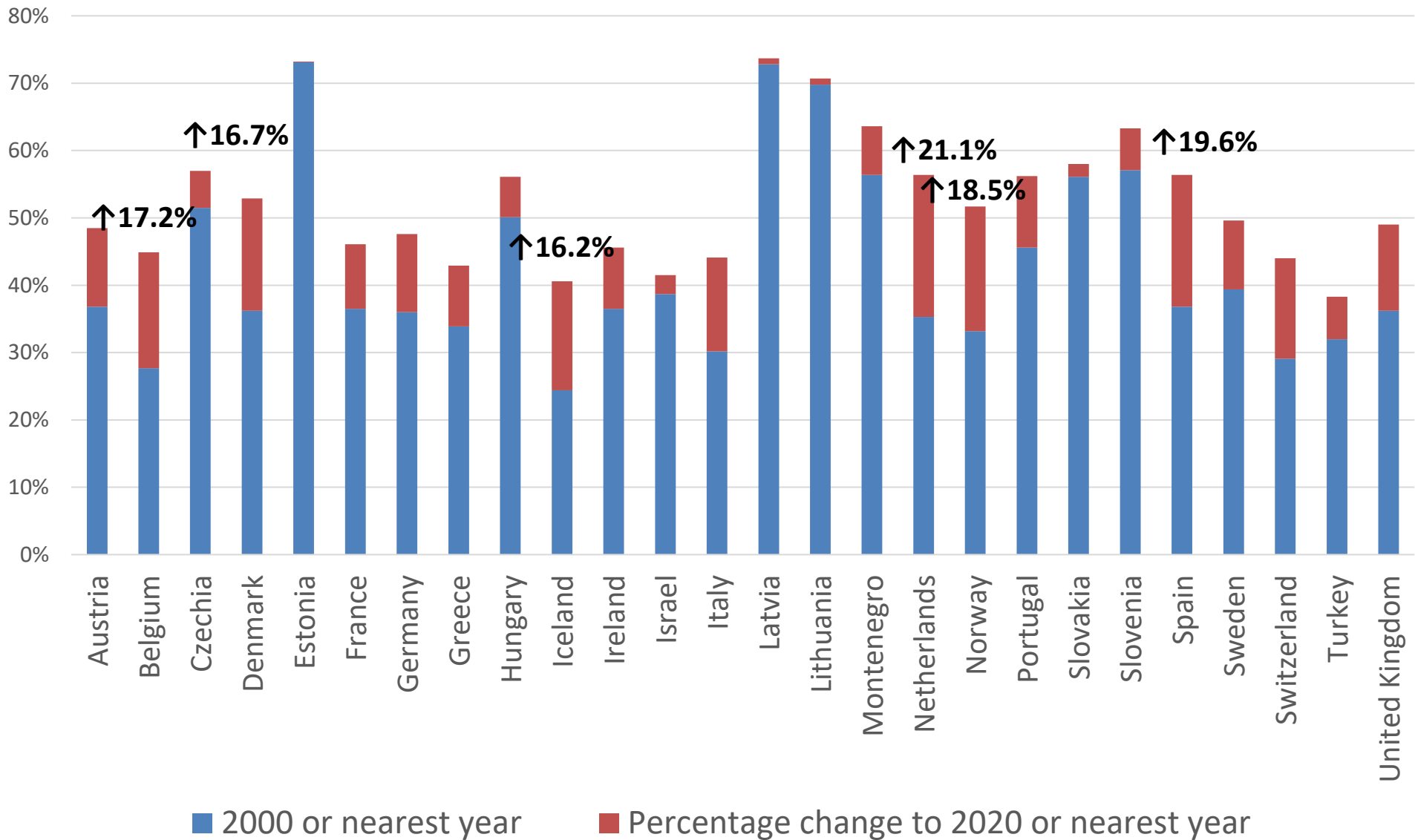
# Eastern Europe doctors are mainly females

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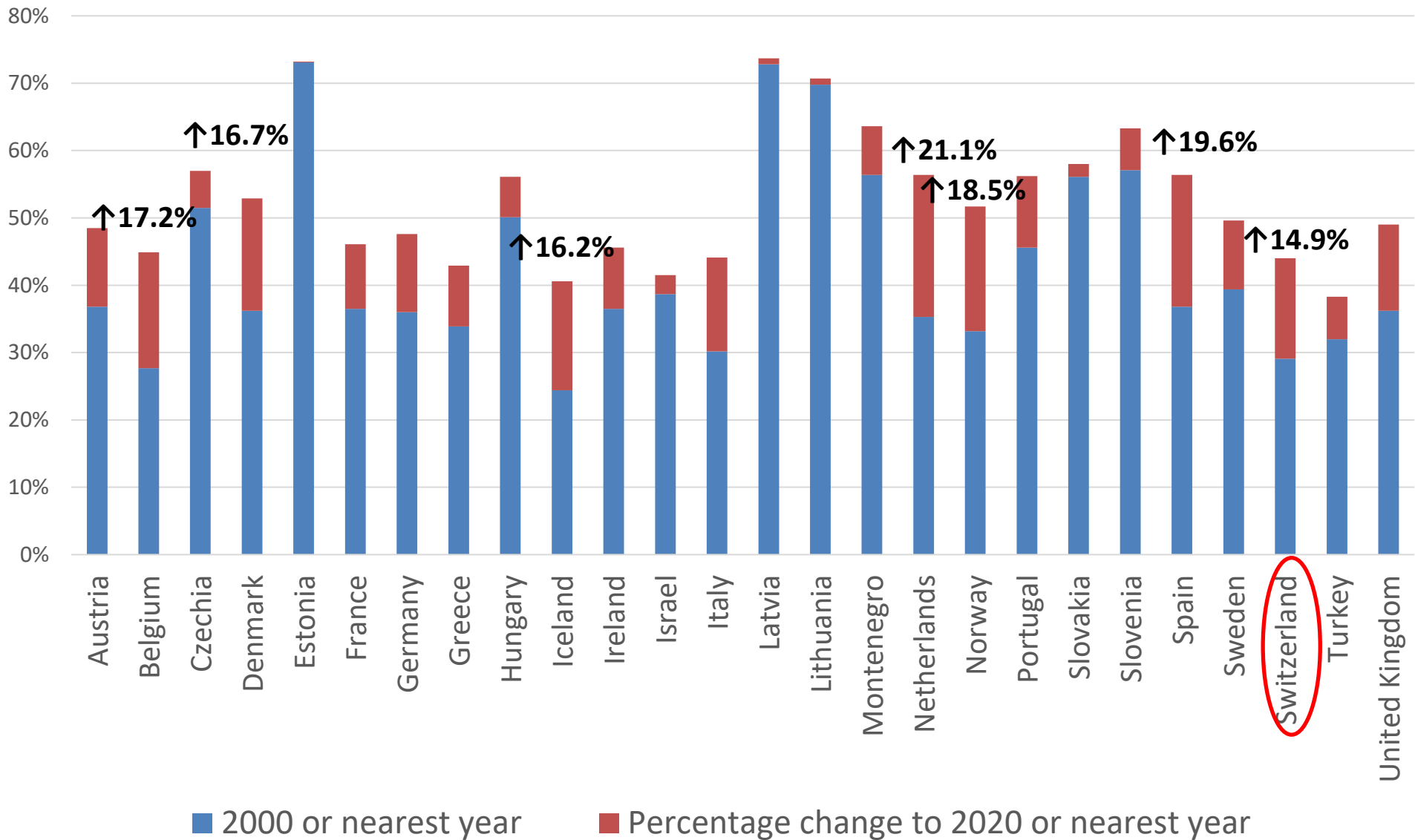
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Percentage of female medical doctors in 2000 and 2020 (or nearest year) and change over time



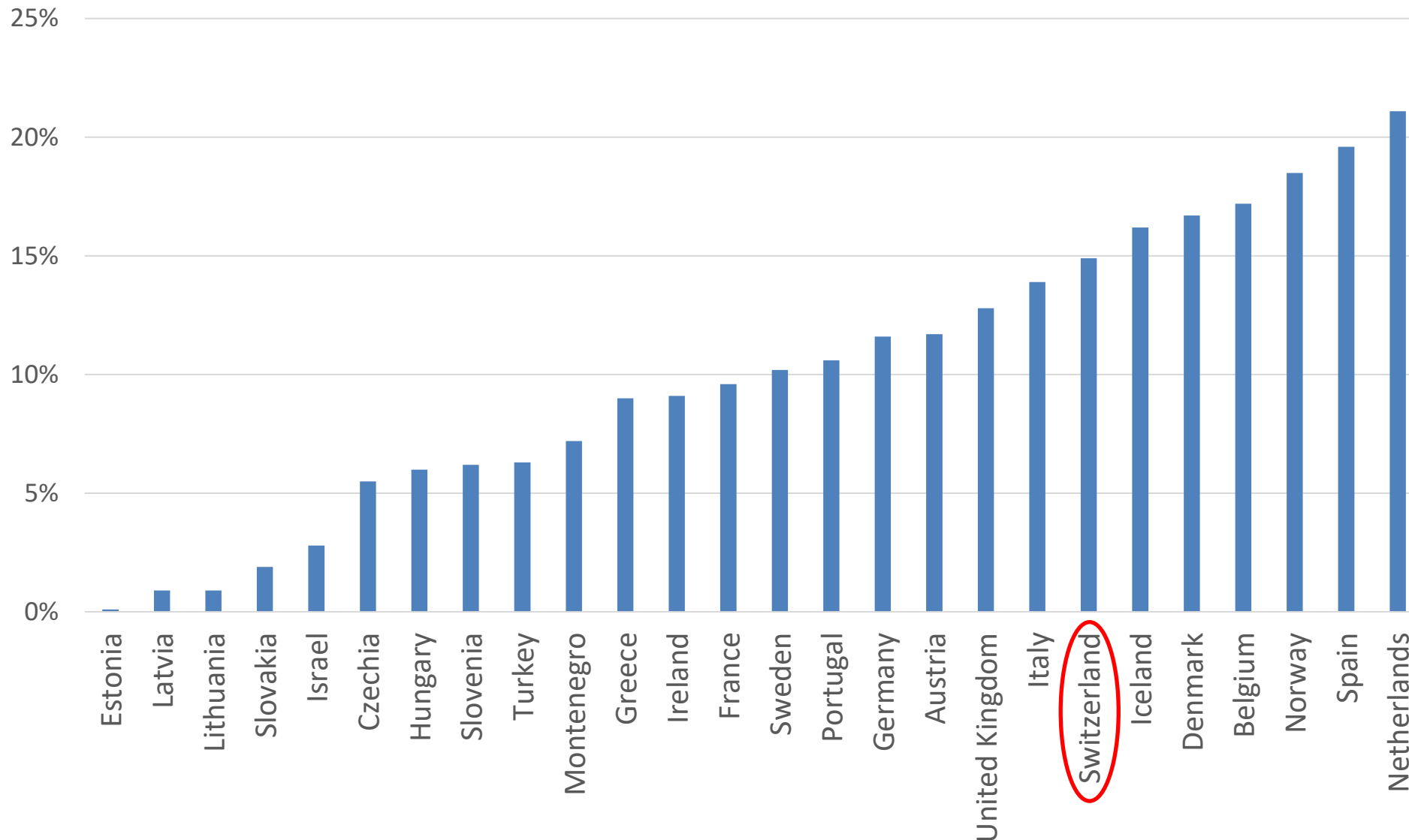
# Eastern Europe doctors are mainly females

Percentage of female medical doctors in 2000 and 2020 (or nearest year) and change over time



# Eastern Europe doctors are mainly females

Percentage of change in female medical doctors, 2000 and 2020 (or nearest year)



# TEN ACTIONS

## to strengthen the health and care workforce



### Action 1.

**Align** education with population needs and health service requirements

### Action 2.

**Strengthen** Continuing Professional Development to equip the workforce with new knowledge and competencies



### Action 3.

**Expand** the use of digital tools that support the workforce

### Action 4.

**Develop** strategies that attract and retain health workers in rural and remote areas



### Action 5.

**Create** working conditions that promote a healthy work-life balance



### Action 6.

**Protect** the health and mental well-being of the workforce



### Action 7.

**Build** leadership capacity for workforce governance and planning

### Action 8.

**Strengthen** health information systems for better data collection and analysis



### Action 9.

**Increase** public investment in workforce education, development and protection



### Action 10.

**Optimize** the use of funds through innovative workforce policies







# Events



European Region

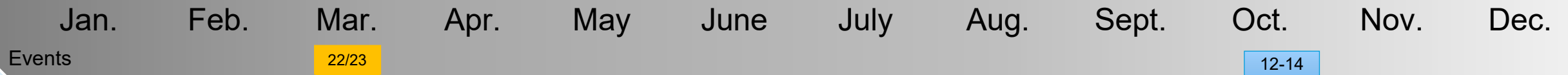
07/03/2023

Regional Meeting on Health and Care Workforce in Europe (**Bucharest Declaration**)

WHO Health and care workforce **resolution** in Regional Committee 73 (Astana)



# Events



European Region

07/03/2023

Gantt chart overview of timeline to RC72

Regional Meeting on  
Health and Care  
Workforce in Europe  
(**Bucharest  
Declaration**)

WHO Health and  
care workforce  
**resolution** in  
Regional Committee  
73 (Astana)

# Thank you

For more information, contact: Dr Tomas Zapata [zapatat@who.int](mailto:zapatat@who.int)



The COVID-19 pandemic has tested the strength and resilience of health workers all over the world. As frontline workers, they have made enormous personal sacrifices and experienced personal loss, pain and suffering. They deserve better recognition and investment in their work.

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