

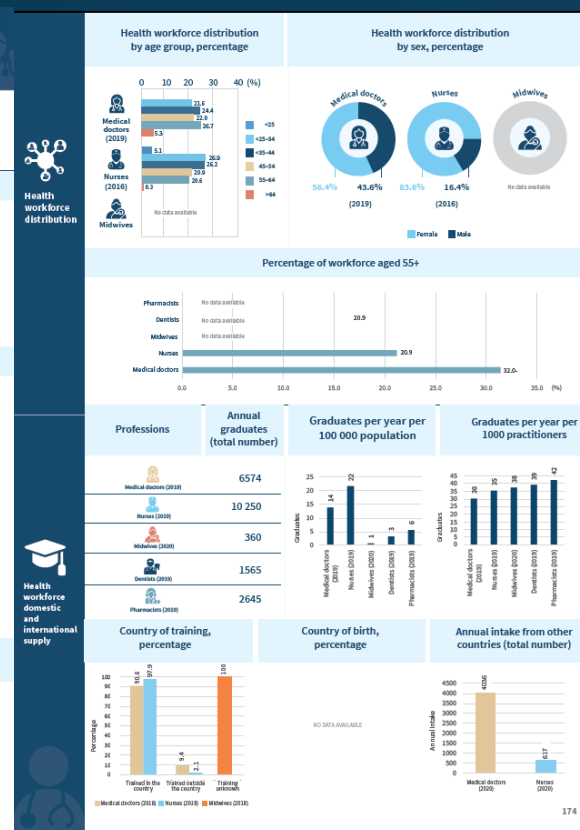
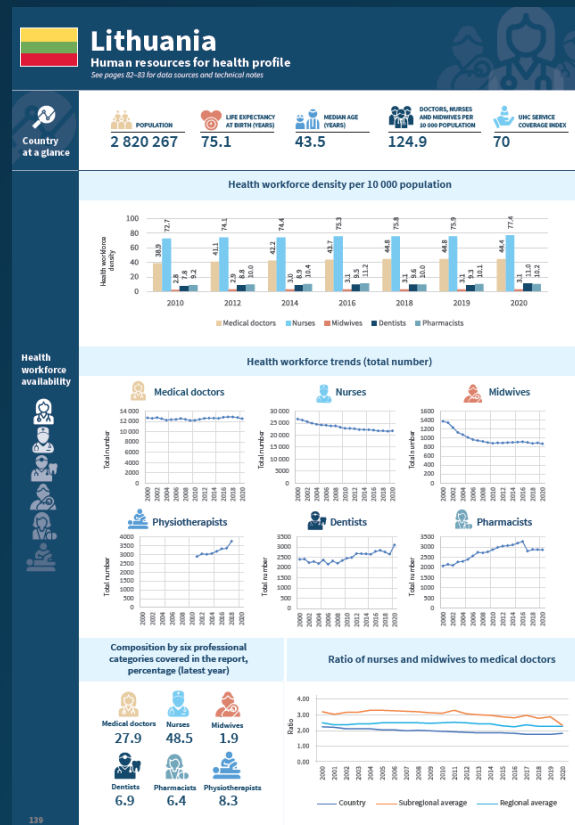
Health Workforce Crisis in Europe: possible solutions

Dr Tomas Zapata
*Director WHO Academy
Lyon*

 zapatat@who.int

 Tomas Zapata

Health and care workforce in Europe: time to act



The report has made headlines...

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Czech EU presidency seeks way out of deadlock on European digital identity

October 12th
15:00 – 16:30 (C.E.T)
09:00 – 10:30 (E.T)

Driving the EU's Non-Comm
Sharing best practices and e
equal access to stroke preven

Ageing staff 'ticking time-bomb' f

By Giedre Pescekyte | EURACTIV.com 📅 Sep 14, 2022 (updated: 📅 Sep 21, 2022)

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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

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

Advertisement

Warns of ticking time bomb in European health care

Thursday, 15 September 2022

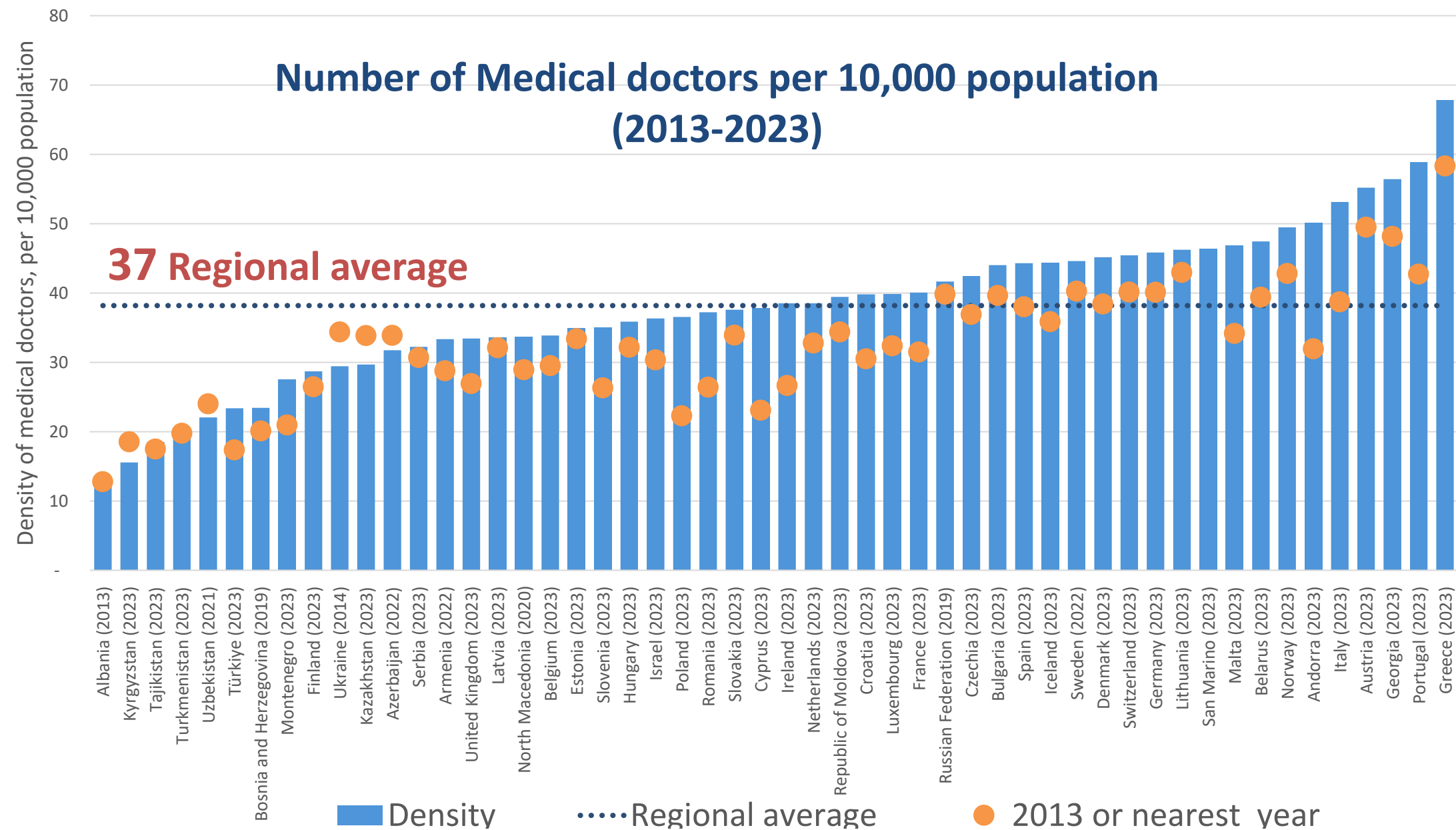


Health workforce crisis

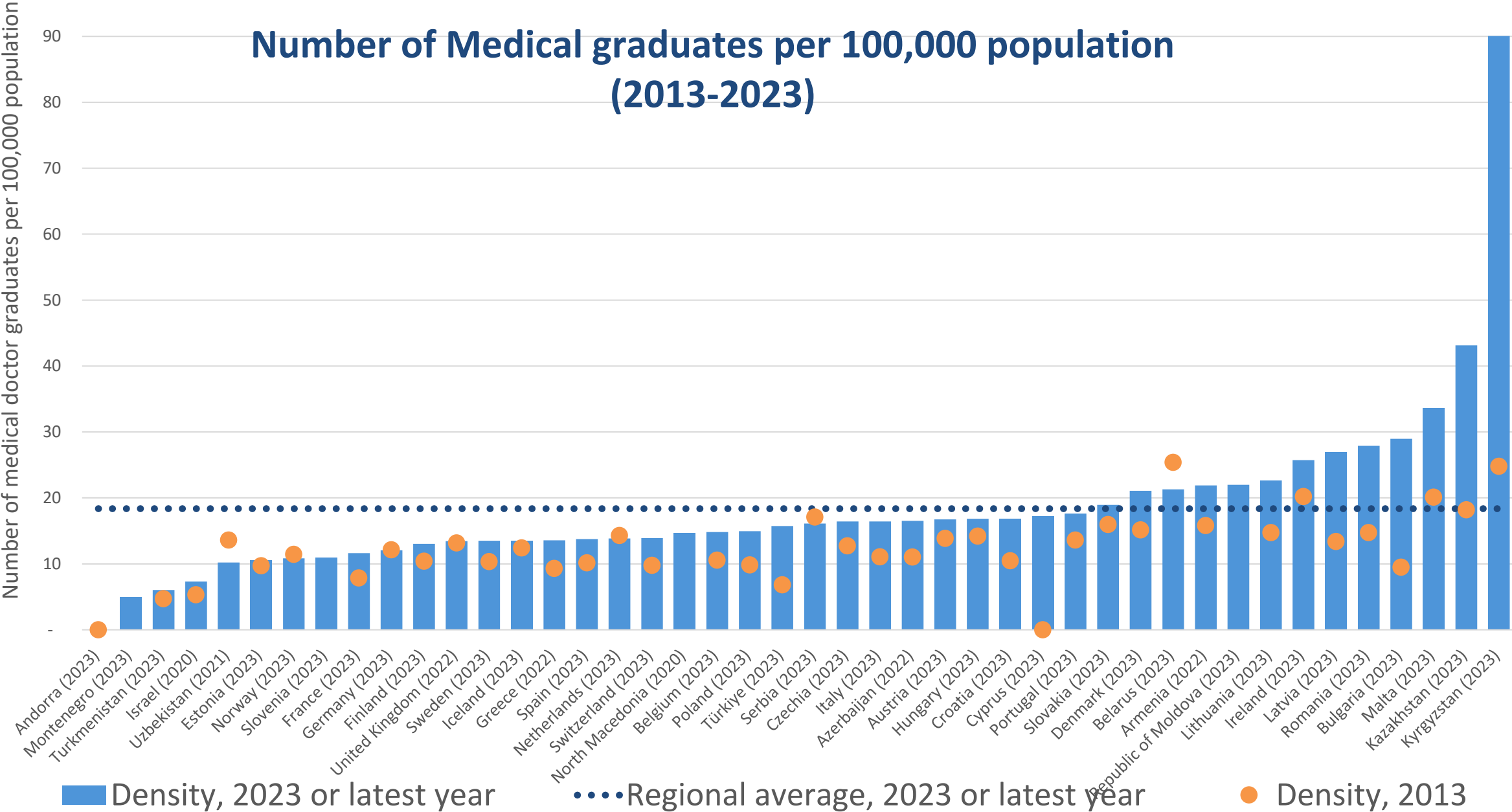
1 million projected
shortage of health
workers by 2030



16% increase in the density of Medical Doctors in Europe



37% increase in the medical graduates

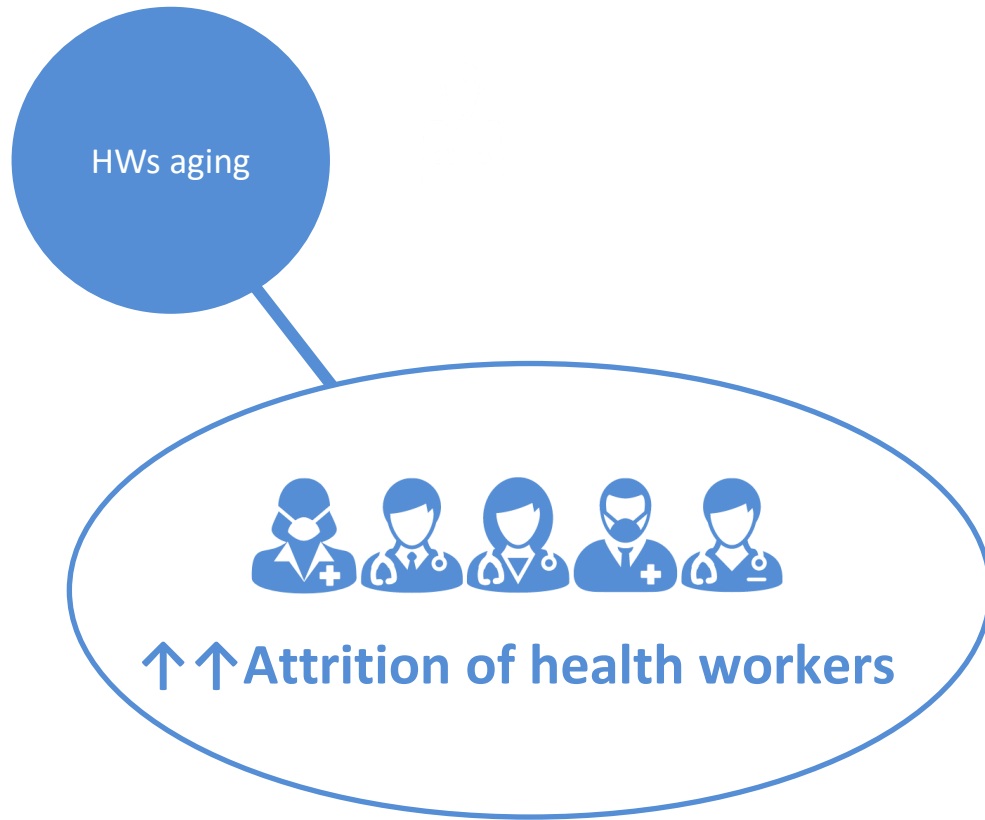


Why are shortages of health workers worsening?



↑ ↑ Attrition of health workers

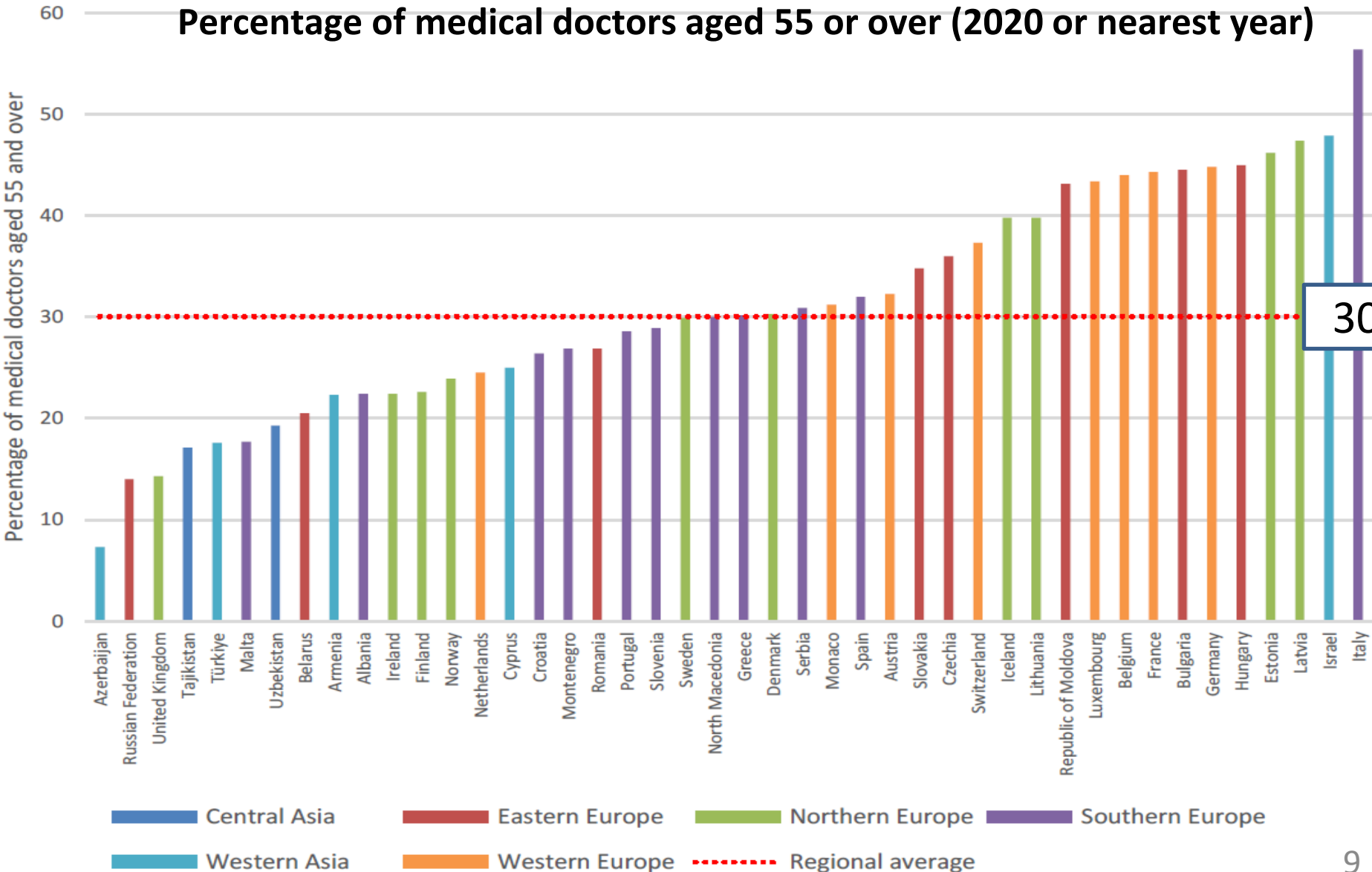
Why are shortages of health workers worsening?



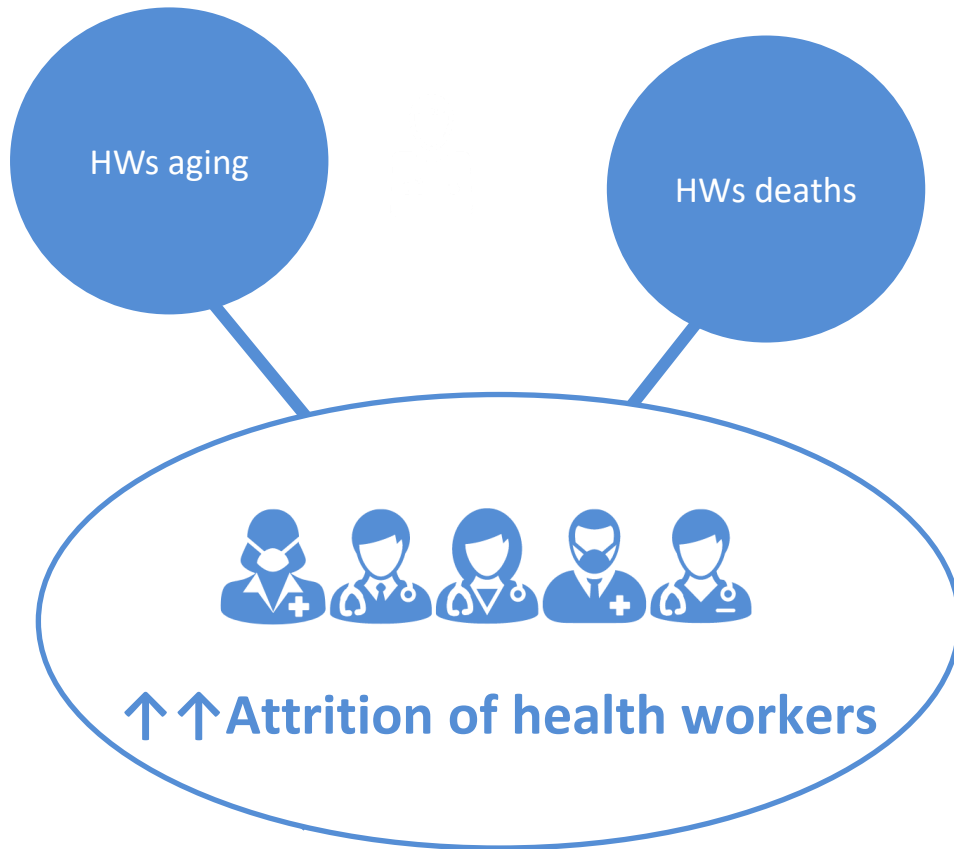
Aging of doctors



In **13** countries more than **40%** of doctors are over 55 years of age

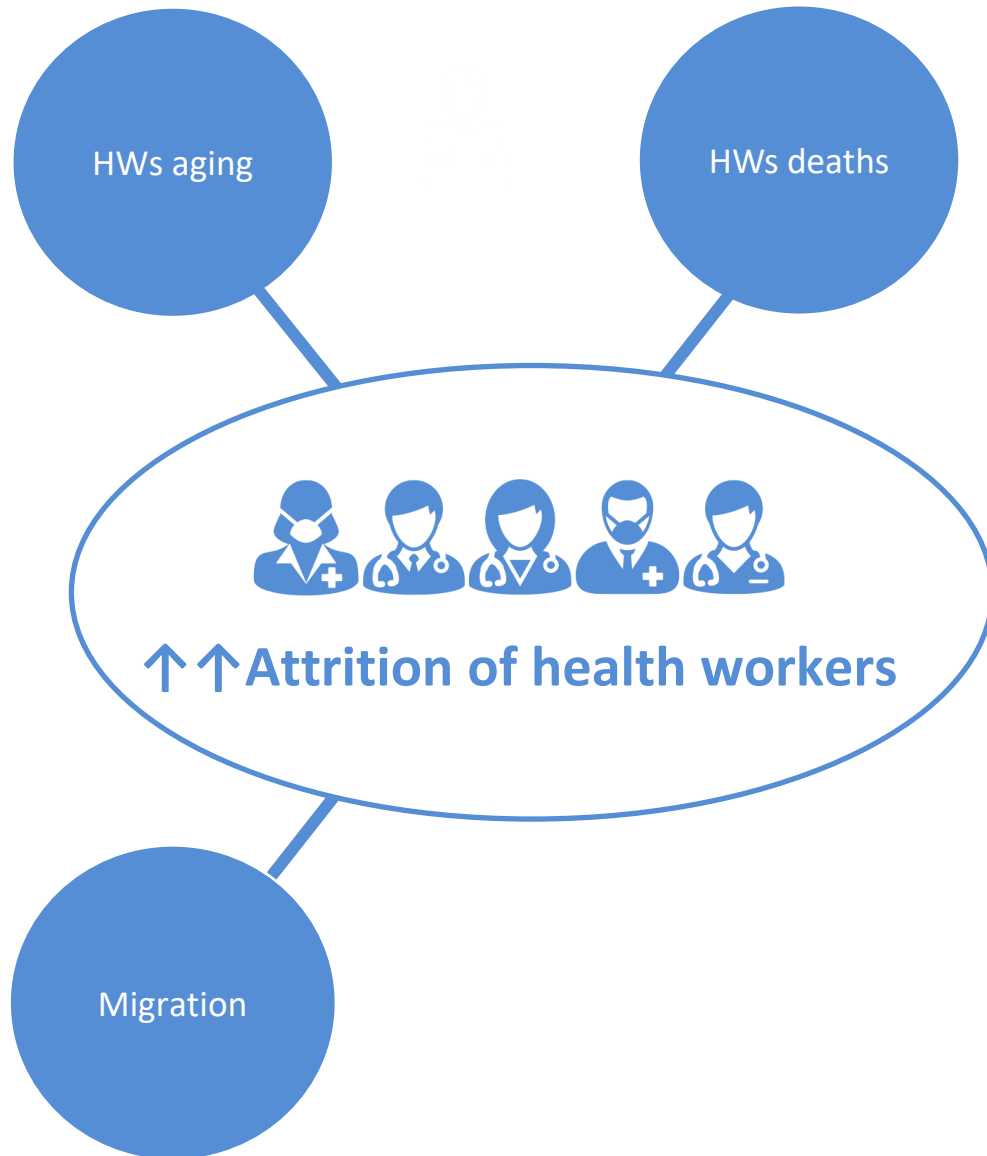


Why are shortages of health workers worsening?



- Globally 115,000 HWs COVID deaths
- 50,000 deaths in the European Region

Why are shortages of health workers worsening?



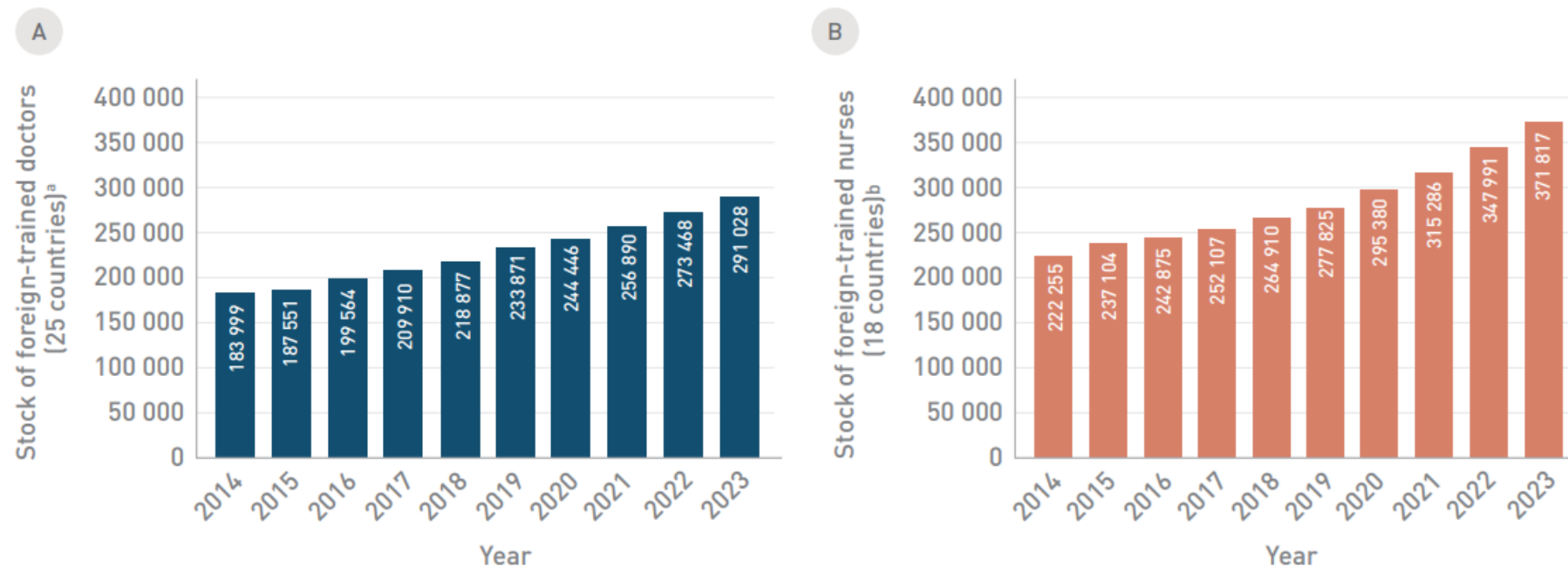
Health workforce migration in the WHO European Region

*Country case studies from Albania, Armenia, Georgia, Ireland,
Malta, Norway, Republic of Moldova, Romania and Tajikistan*

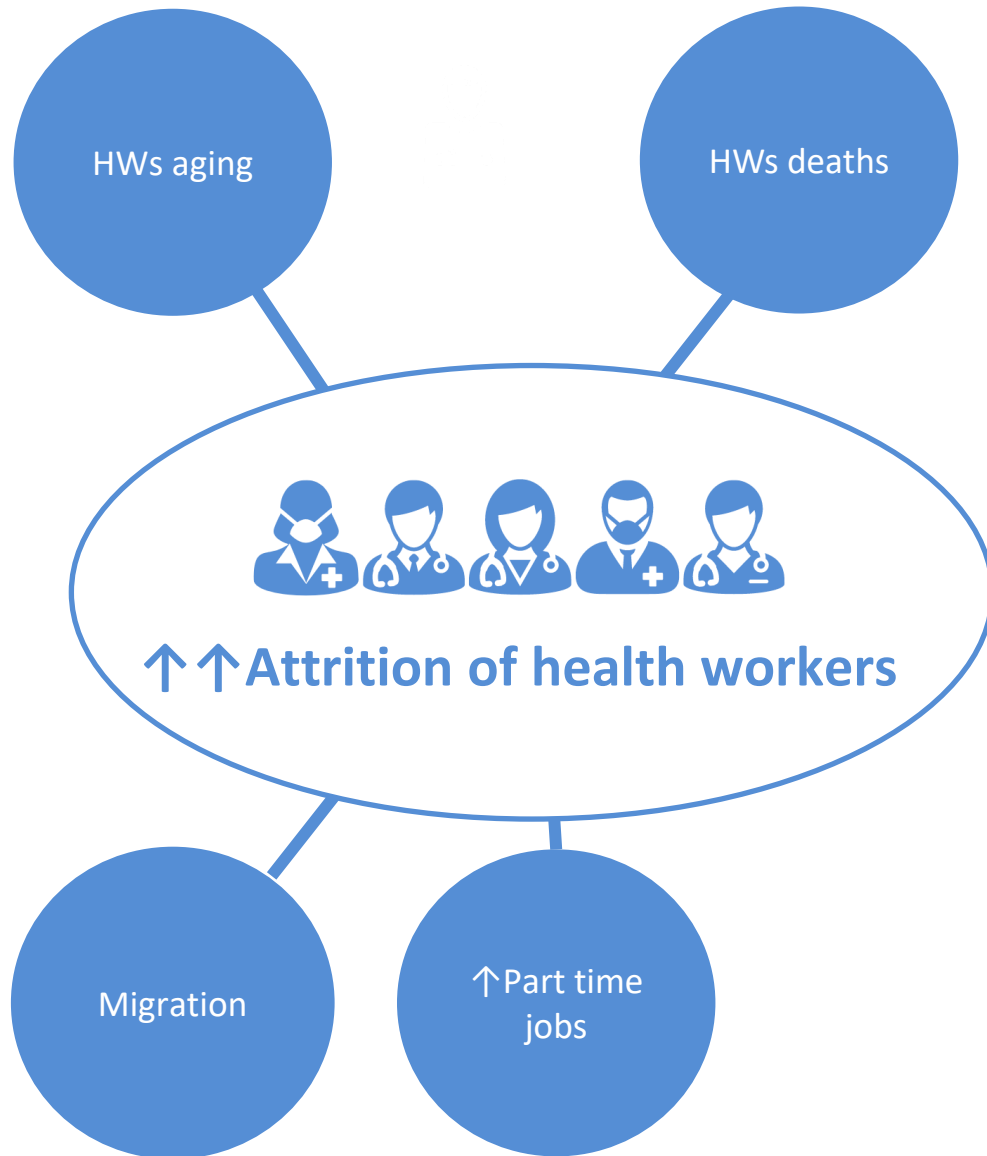


58% increase in mobility of Doctors (stock) 67% increase in mobility of Nurses (stock)

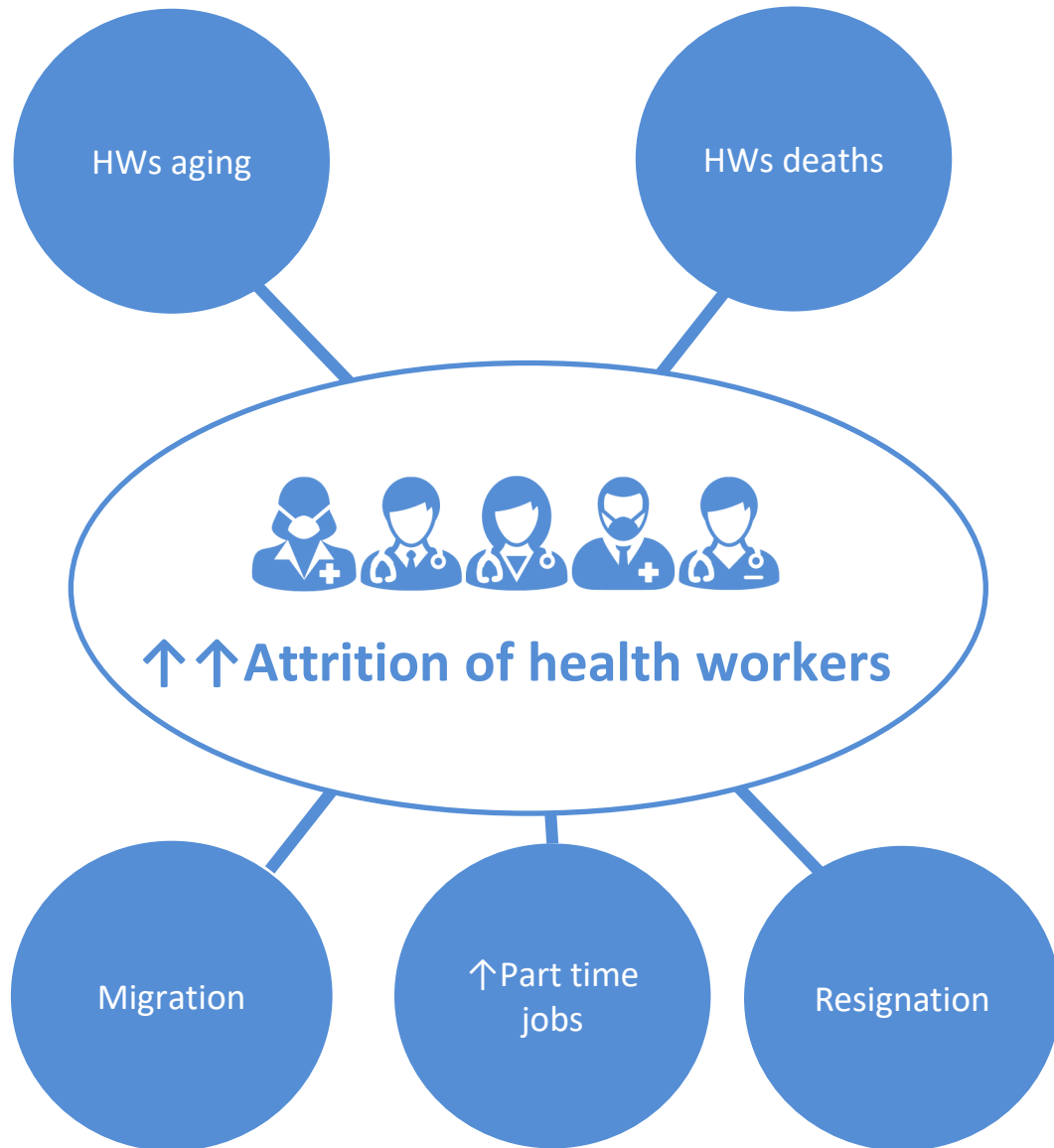
Fig. 1. Stock of foreign-trained doctors (A) and nurses (B) in reporting Member States in the WHO European Region, 2014–2023



Increase in part time jobs



Poor mental health of doctors and nurses



Mental Health of Nurses and Doctors
survey in the European Union, Iceland
and Norway

MOND

DOWNLOAD

SCAN NOW



Protecting the mental health of the health and care workforce in Europe: a strategic investment

Natasha Azzopardi Muscat, Ledia Lazëri,* Tomas Zapata, and Hans Kluge

World Health Organization Regional Office for Europe, Copenhagen, Denmark

Europe is facing a health workforce crisis, as described in our Time to Act report.¹ Despite historically high number of health workers, countries are struggling to retain enough workers and recruit new ones to meet growing population needs. Increased attrition of health workers is the result of an ageing workforce, international migration and unsafe working conditions, and their impact on mental health.

While the impact of unsafe working conditions on mental health and well-being is well known,² there is little data on the specific challenges faced by European doctors and nurses. Thus, in October 2024, under a contribution agreement with the European

bullying had depressive symptoms, compared to 22% of those not exposed.

Long working hours and shift work are also taking a toll: Mental health declined as working hours increased (25% of respondents working 31–40 h per week reported depression vs 40% for those working 70 h). Among those working night shifts more than once per week, 40% reported depression.

These challenges are impacting health systems, with upwards of 40% of doctors and nurses with depressive symptoms reporting sick leave in the past year (vs 15% without such symptoms) and 34% reporting an intention to leave their job (vs 17%). Over time, this may mean fewer workers, longer wait



The Lancet Regional
Health - Europe
2025;57: 101489

Working conditions and mental health among doctors and nurses in the European Union, Iceland, and Norway: a cross-sectional survey

Roberto Mediavilla,^{a,b,*} Vicente Arrona-Gómez,^a Tomas Zapata,^c Ledia Lazëri,^c Cassie Redlich,^c Margrieta Langins,^c Karen Bjoro,^{d,e} Alvaro Cerame del Campo,^f Marc Hermans,^g Markus Kujawa,^h Paul De Raeye,ⁱ Tiago Villanueva,^j Natasha Azzopardi-Muscat,^c and José Luis Ayuso-Mateos^{a,b,k}

^aWorld Health Organisation Collaborating Centre for Mental Health Services Research and Training, Universidad Autónoma de Madrid, Madrid, Spain

^bCentro de Investigación Biomédica en Red de Salud Mental, Instituto de Salud Carlos III, Madrid, Spain

^cWorld Health Organisation Regional Office for Europe, Copenhagen, Denmark

^dEuropean Forum of National Nursing & Midwifery Associations (EFNMA), Brussels, Belgium

^eNorwegian Nurses Organisation, Oslo, Norway

^fEuropean Junior Doctors Association (EJD), Brussels, Belgium

^gEuropean Union of Medical Specialists (UEMS), Brussels, Belgium

^hThe Standing Committee of European Doctors (CPME), Brussels, Belgium

ⁱEuropean Federation of Nurses Associations (EFN), Brussels, Belgium

^jEuropean Union of General Practitioners and Family Physicians (UEMO), Brussels, Belgium

^kDepartment of Psychiatry, Hospital Universitario La Princesa – Instituto de Investigación Sanitaria, Madrid, Spain

Summary

Background Europe faces persistent challenges in retaining and recruiting healthcare workers. Poor working conditions and deteriorating wellbeing may contribute to attrition and turnover intentions, yet large-scale studies examining associations between working conditions and mental health in Europe after the COVID-19 pandemic remain scarce.

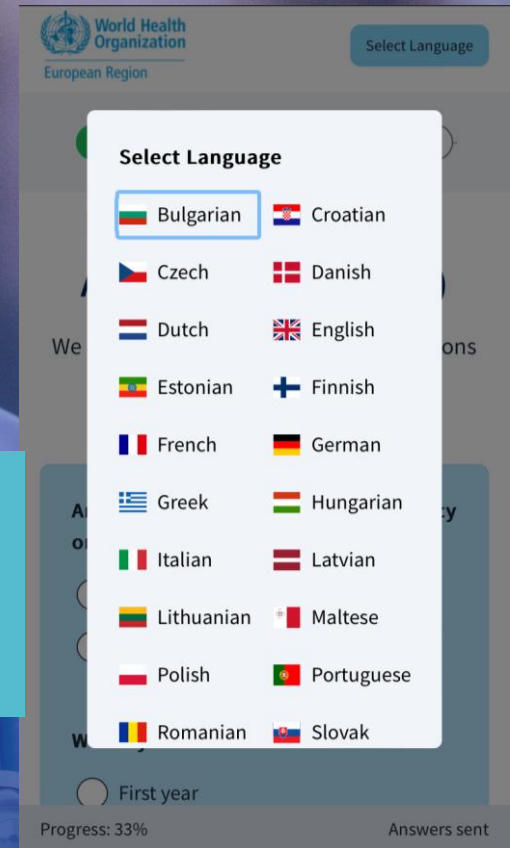
Methods We conducted a cross-sectional online survey between October 2024 and April 2025 among a non-probabilistic sample of doctors and nurses in the 27 EU countries, Iceland, and Norway. Working conditions



The Lancet Regional
Health - Europe
2026;69: 101809
Published Online xxx
<https://doi.org/10.1016/j.lanepe.2026.101809>

Over 120,000 doctors and nurses responded.

90,000 valid responses | 29 countries | 25 languages



The screenshot shows the World Health Organization European Region survey interface. At the top, there is a 'Select Language' button. Below it, a dropdown menu is open, displaying a list of 25 languages with their respective flags. The languages are arranged in two columns. The first column includes Bulgarian, Czech, Dutch, Estonian, French, Greek, Italian, Lithuanian, Polish, and Romanian. The second column includes Croatian, Danish, English, Finnish, German, Hungarian, Latvian, Maltese, Portuguese, and Slovak. At the bottom of the survey interface, there is a progress bar indicating 'Progress: 33%' and a button labeled 'Answers sent'.

Select Language	
Bulgarian	Croatian
Czech	Danish
Dutch	English
Estonian	Finnish
French	German
Greek	Hungarian
Italian	Latvian
Lithuanian	Maltese
Polish	Portuguese
Romanian	Slovak

Progress: 33% Answers sent

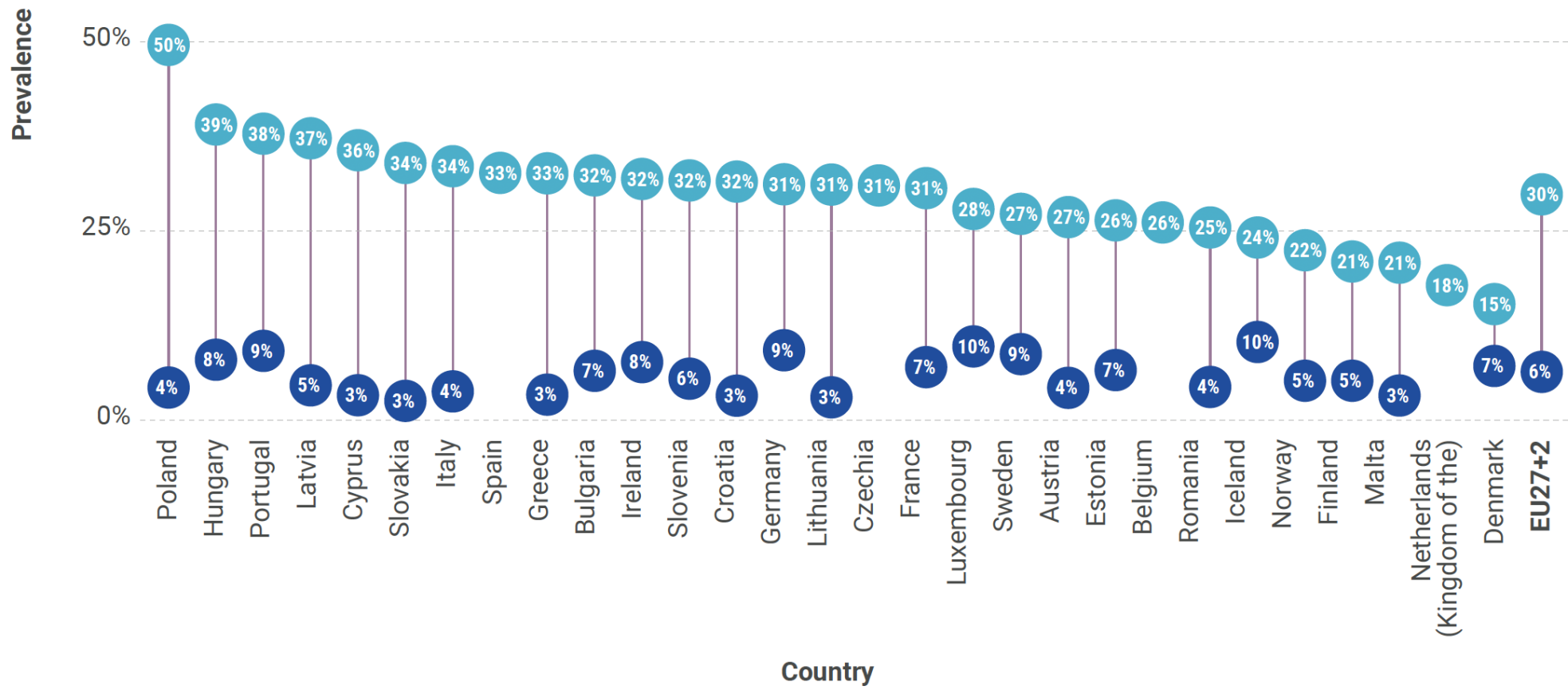
Socios para el reclutamiento



European Forum of National
Nursing and Midwifery Associations

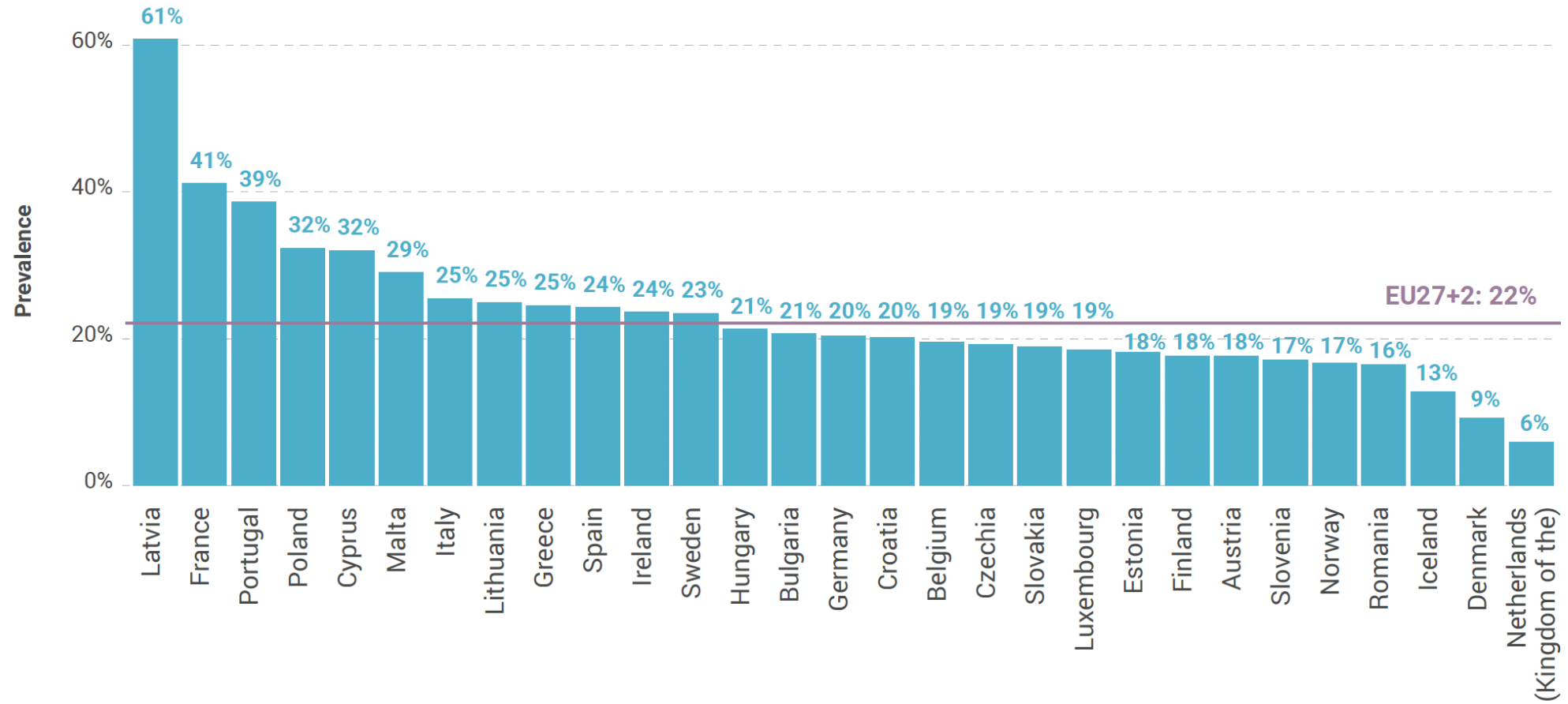


1 in 3 doctors and nurses report symptoms of depression



Population ● General Population ● WHO survey

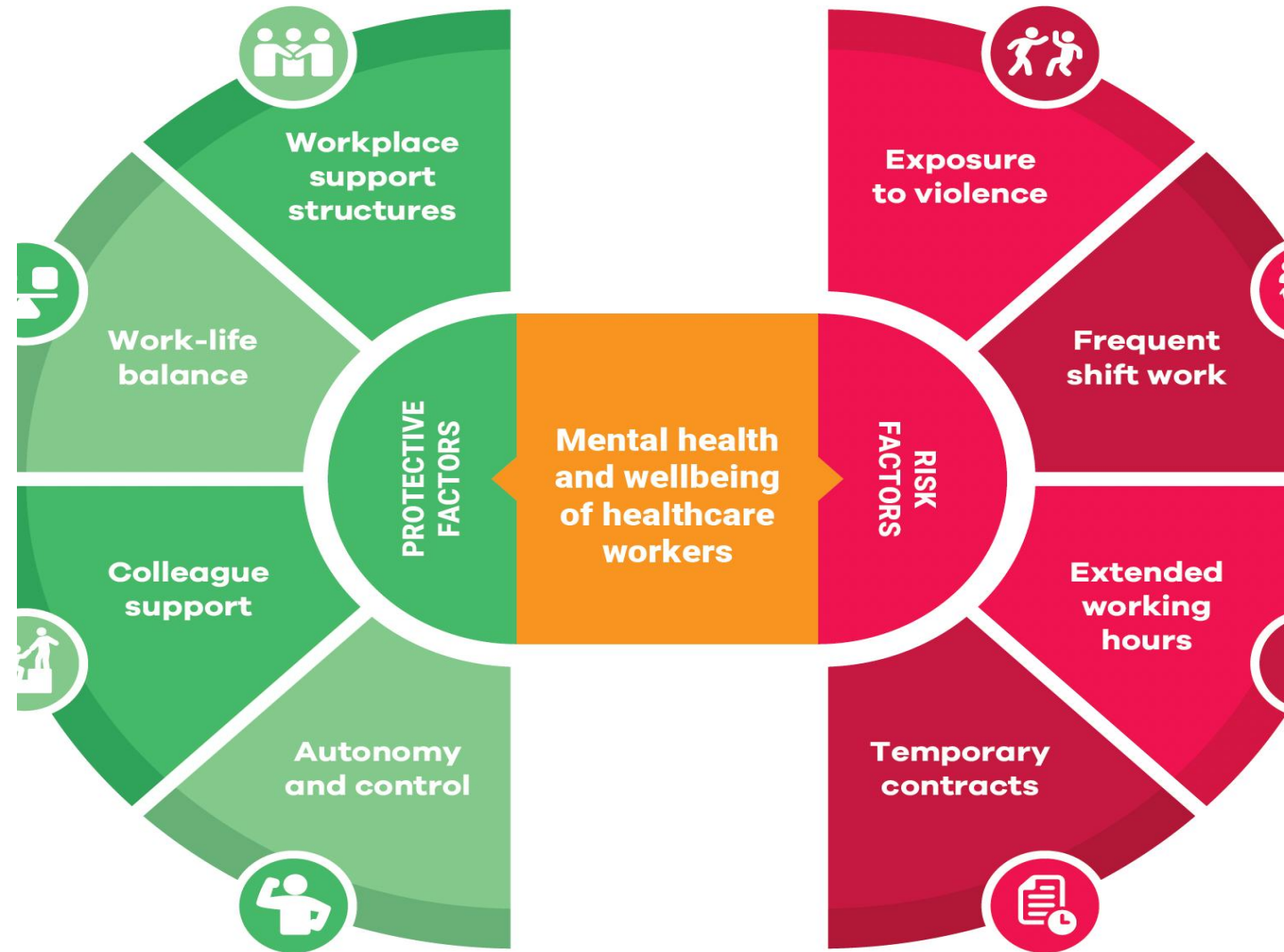
1 in 4 doctors and nurses report symptoms of anxiety



A close-up photograph of a healthcare worker, likely a nurse or doctor, wearing dark blue scrubs and light blue nitrile gloves. The worker's hands are visible, gently holding or examining a patient's arm. The background is softly blurred, showing a clinical setting. A large, semi-transparent blue rectangular box is overlaid on the center of the image, containing white and yellow text.

Over 10% of doctors and nurses report thoughts of ending their life or harming themselves

Exposure to harmful working conditions is detrimental to mental health



Exposure to **violence** is highly prevalent

1 in 3 doctors and nurses exposed to **bullying** or violent **threats** at work in the past year.

10% report physical **violence** and sexual **harassment**.



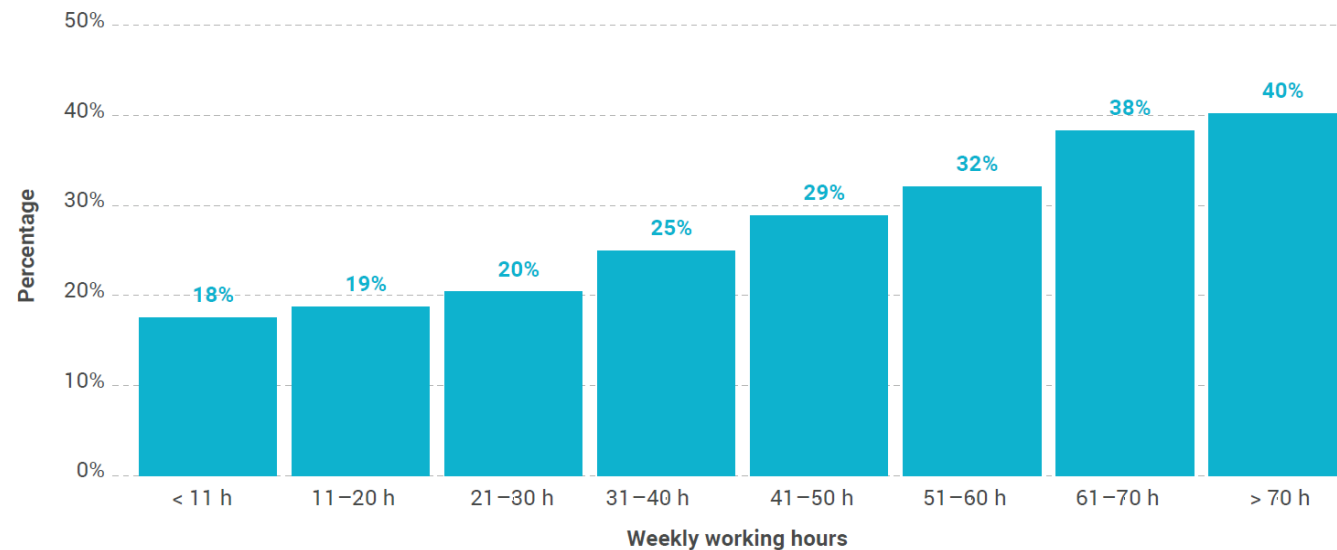
Figure 22. Proportion of workers exposed to violence, by setting



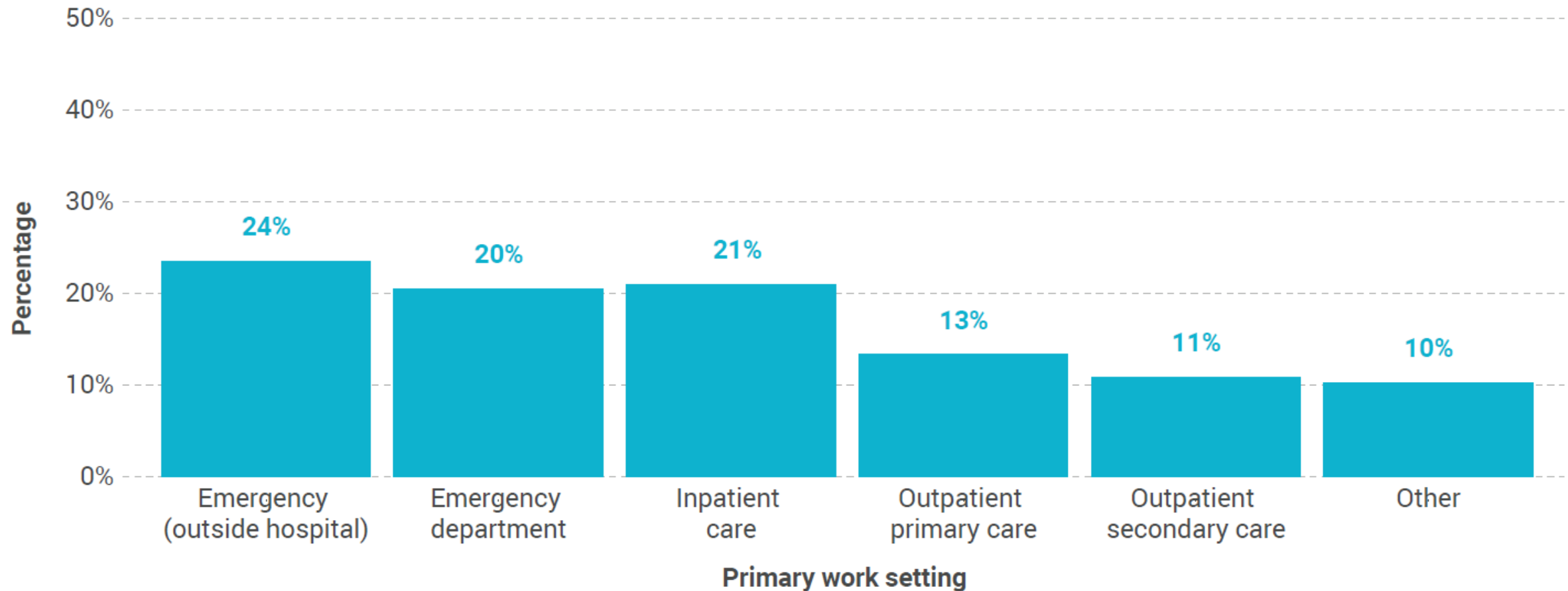
Extended **working hours** increases the risk of depression, anxiety and alcohol dependence

1 in 4 doctors work **over 50 hours per week**, which is over recommended limits.

Figure 30. Depression, by working hours



Proportion of doctors working **Extended working hours** (>50 hours) by setting



Frequent **shift work** is linked to higher levels of depression and anxiety

34% of doctors and 39% of nurses report working **night shifts** weekly or more frequently.

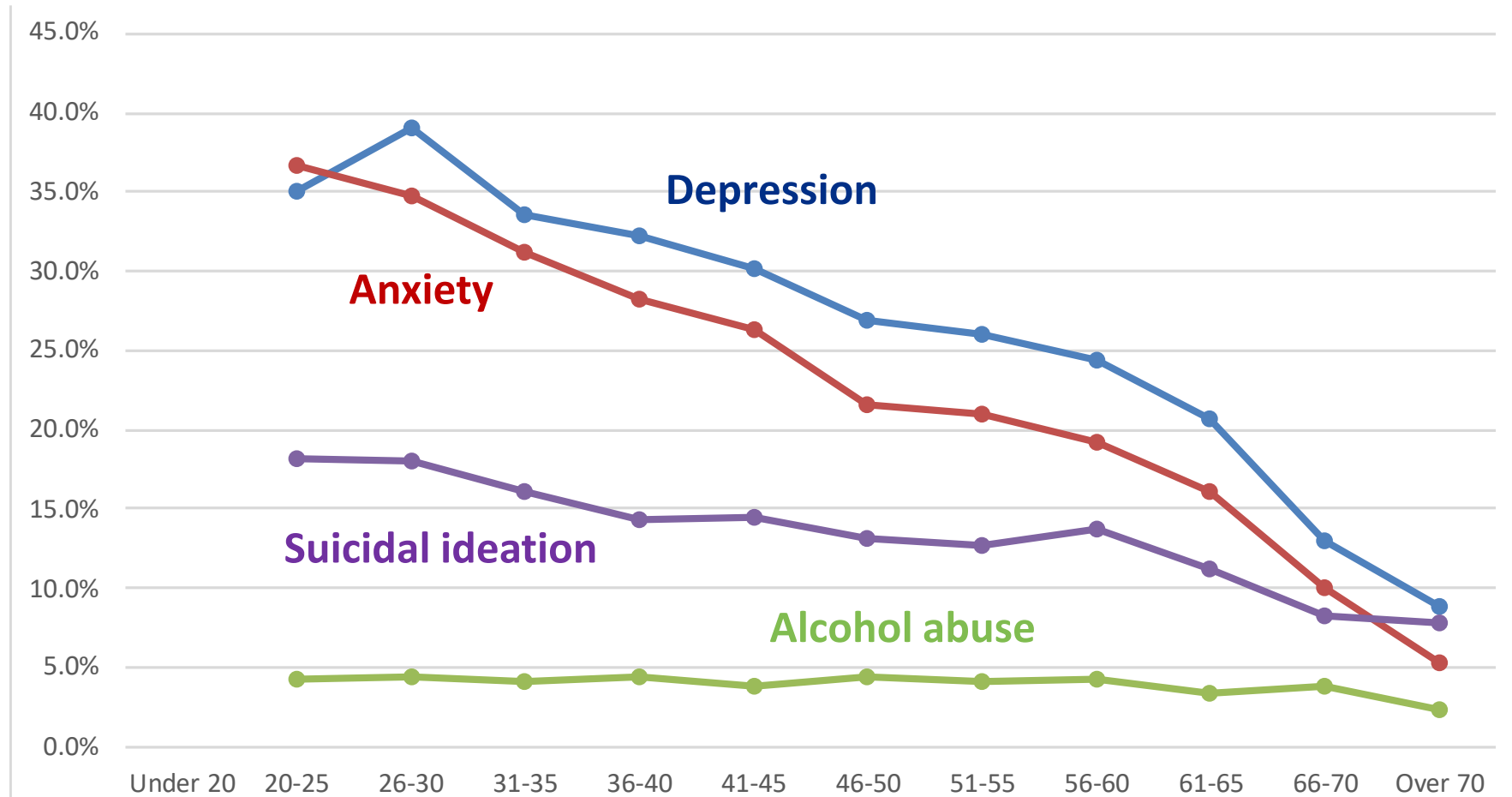


Mental health conditions more prevalent among people with **temporary contracts**

1 in 4 doctors and nurses report weak job security, often through **temporary contracts**.



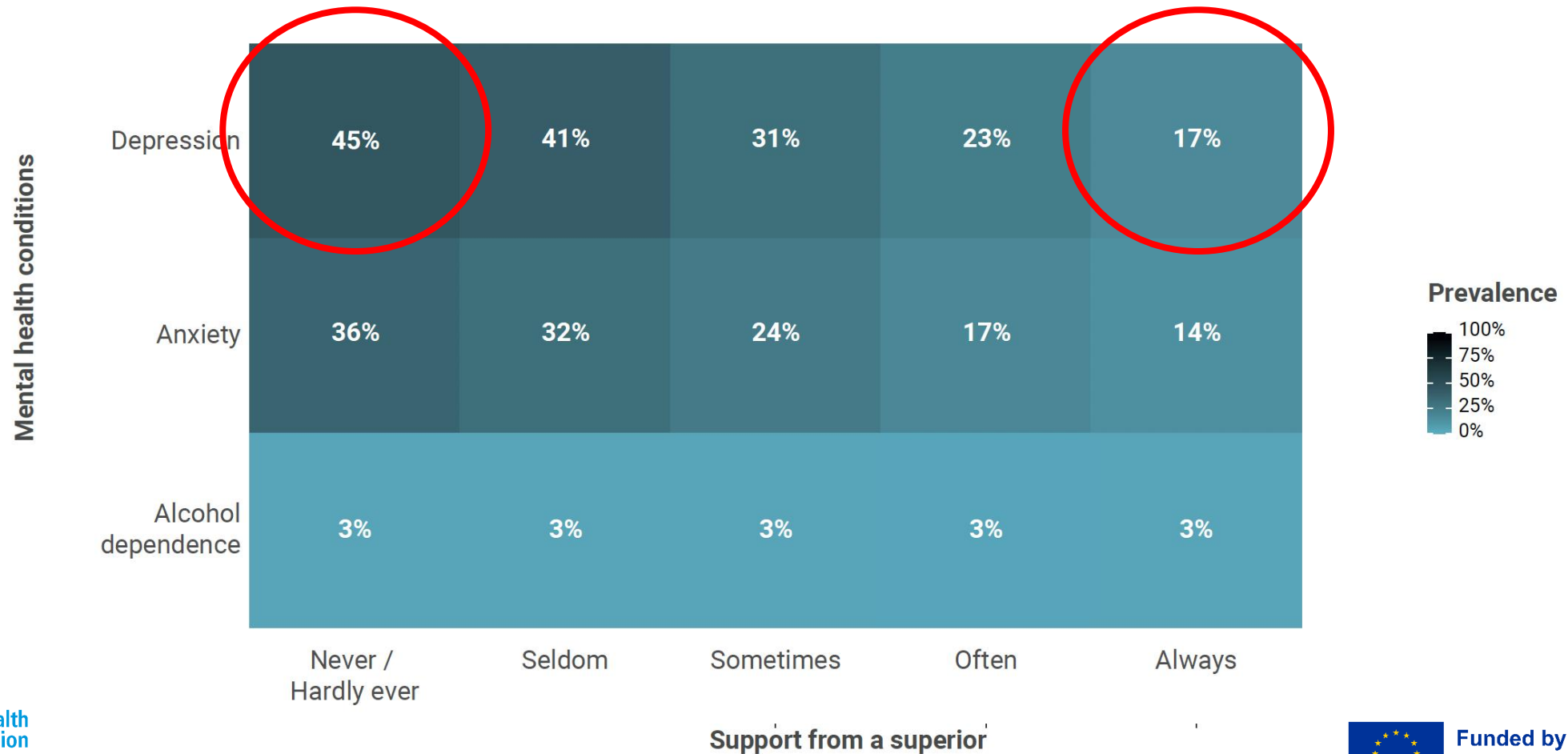
Junior Doctors report more mental health problems





Protective factors

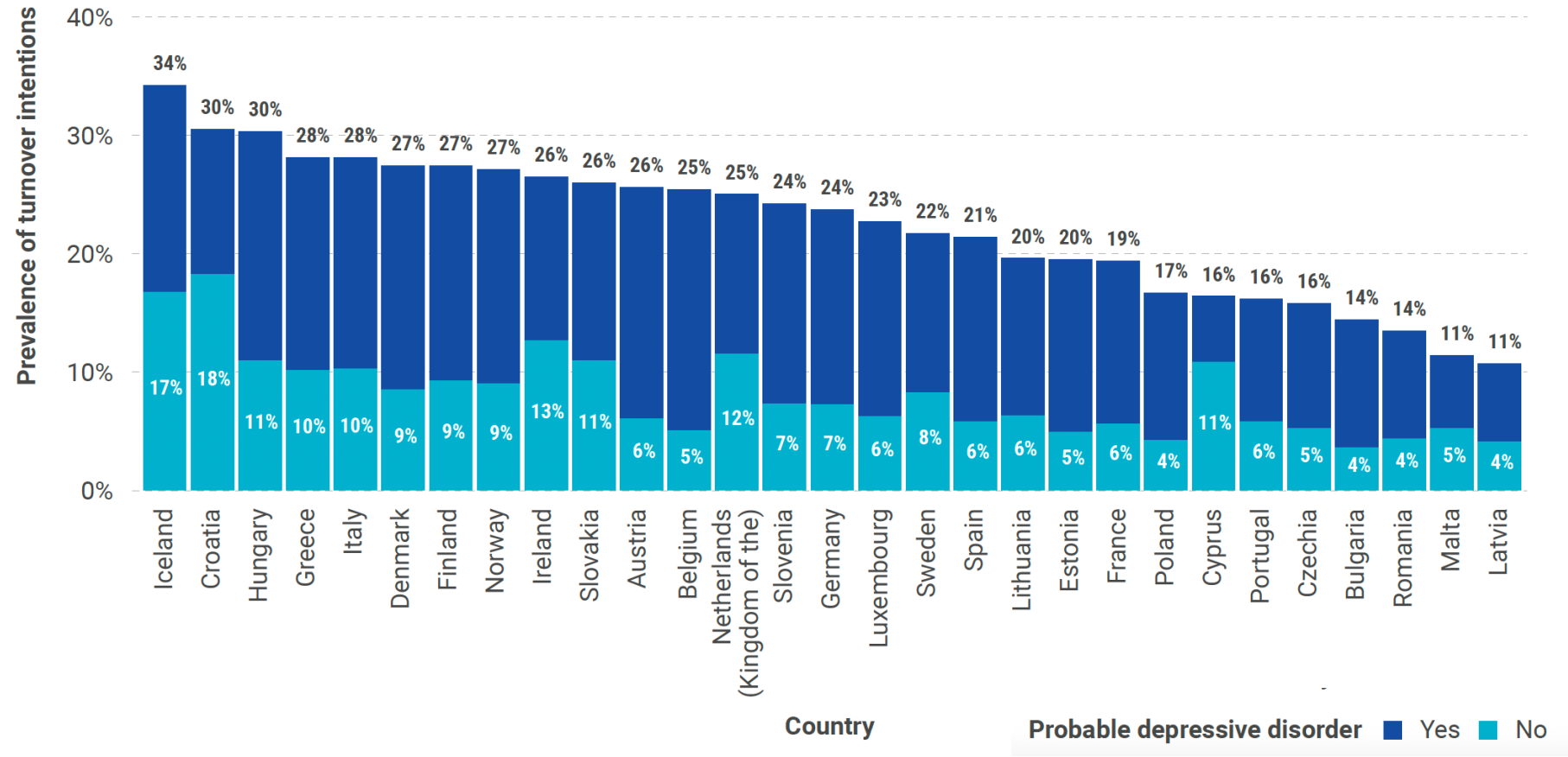
Supportive workplaces see half the mental health difficulties among staff





Doctors and nurses who have **more control** over their work, report **lower rates of depression and anxiety**.

Doctors and nurses who report mental health problems are **more likely to leave their job**



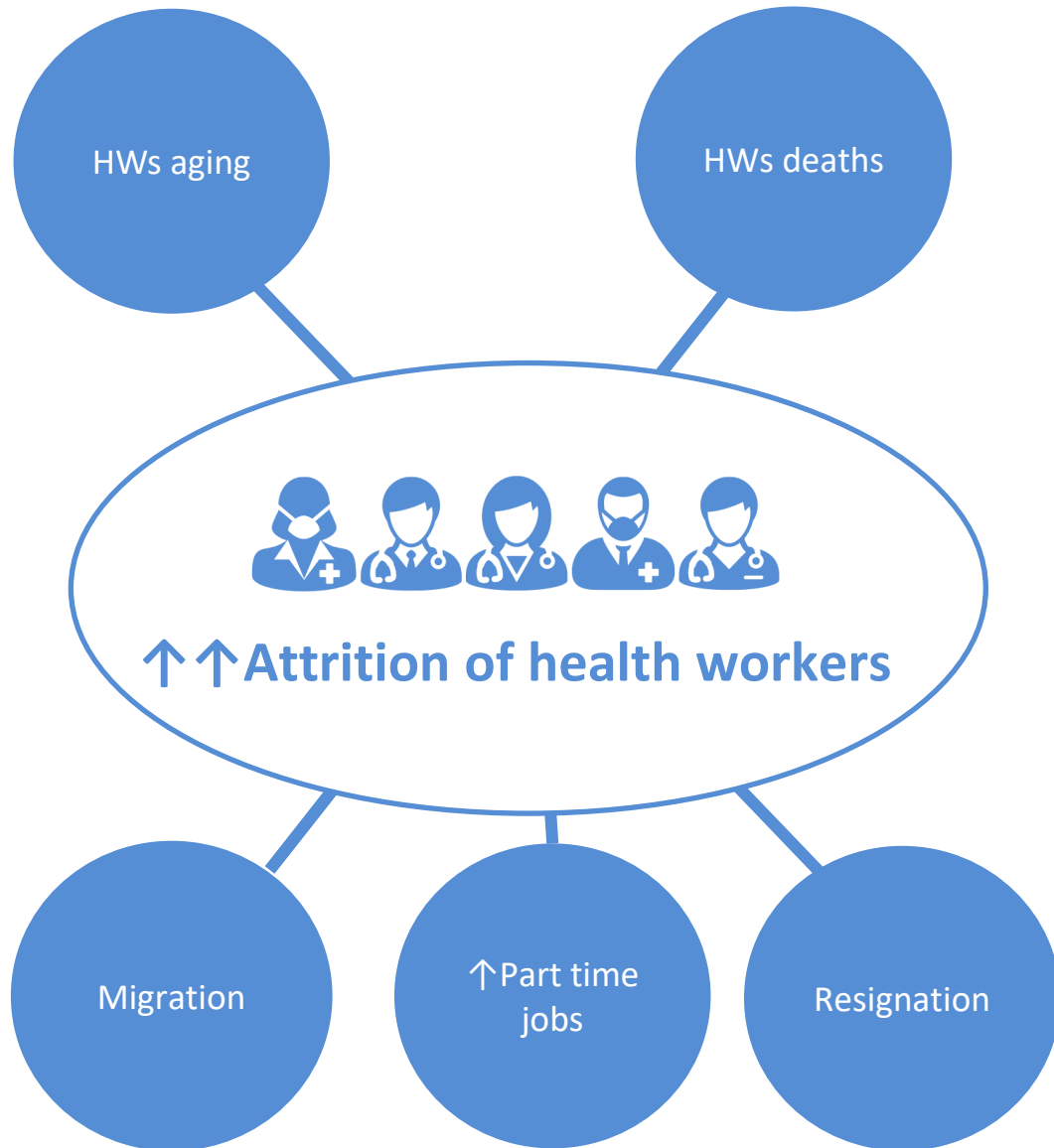


However

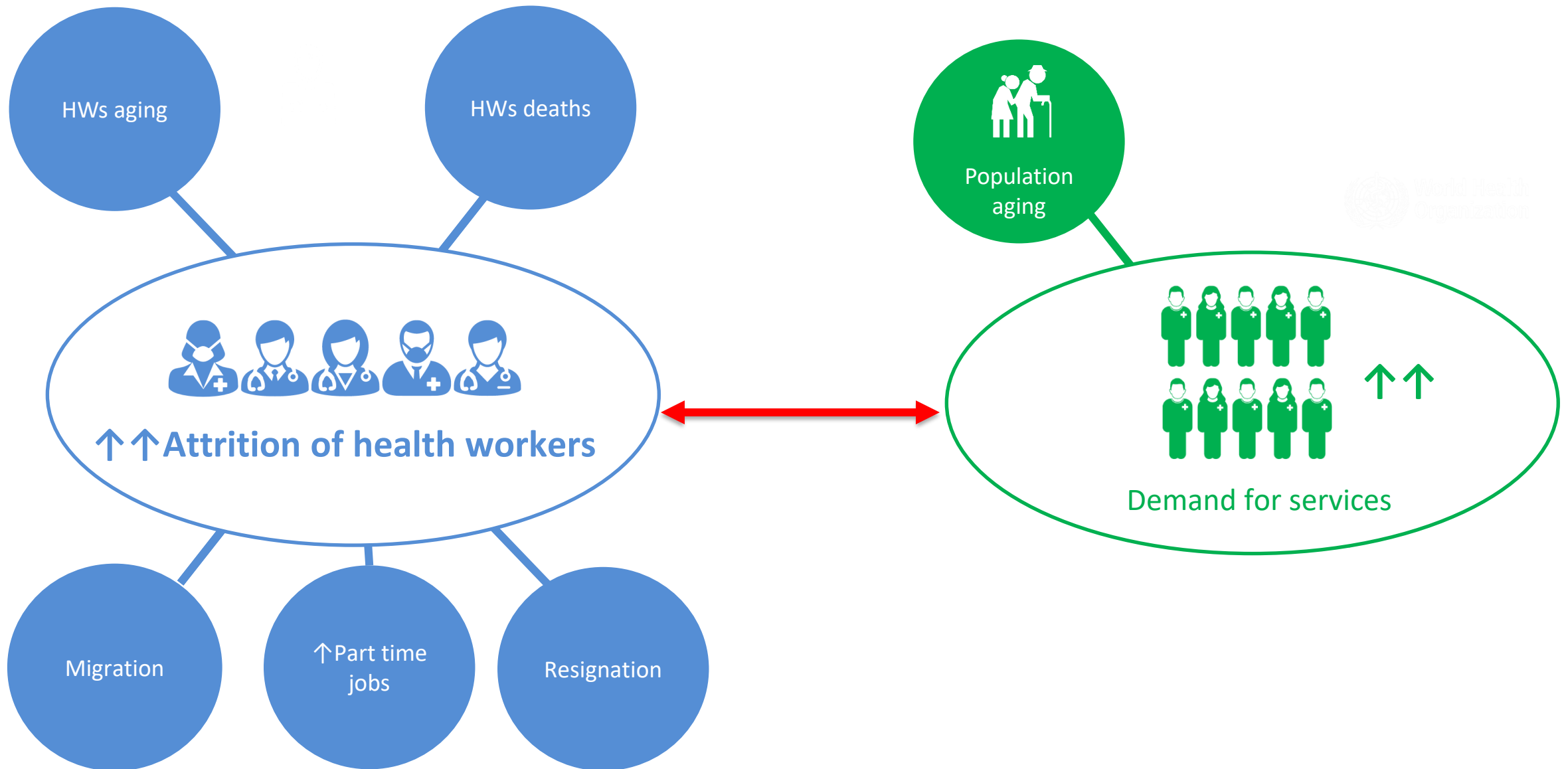
2/3 doctors and nurses
find **meaning** and
satisfaction in their work.



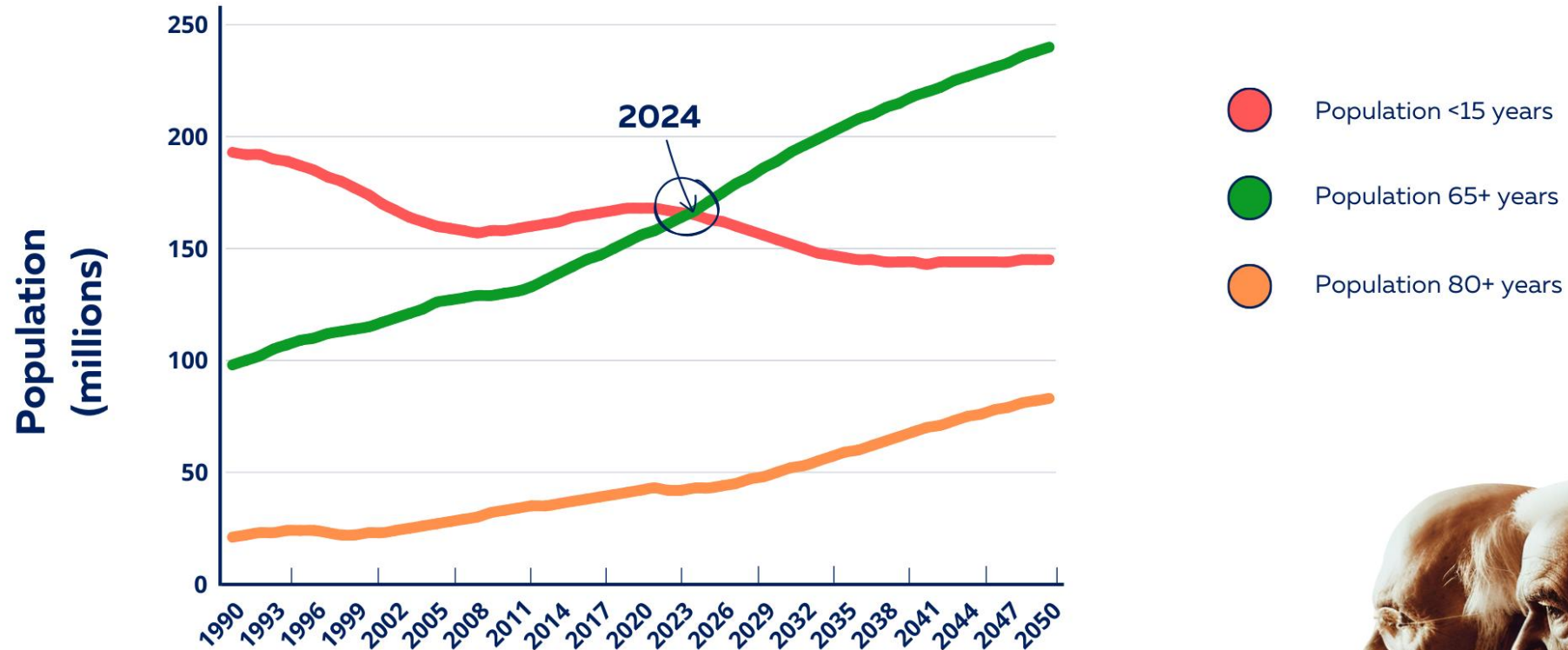
Why are shortages of health workers worsening?



Increase in the demand for health services



Population ageing has been accelerating in the WHO European Region, and fertility rates are going down....

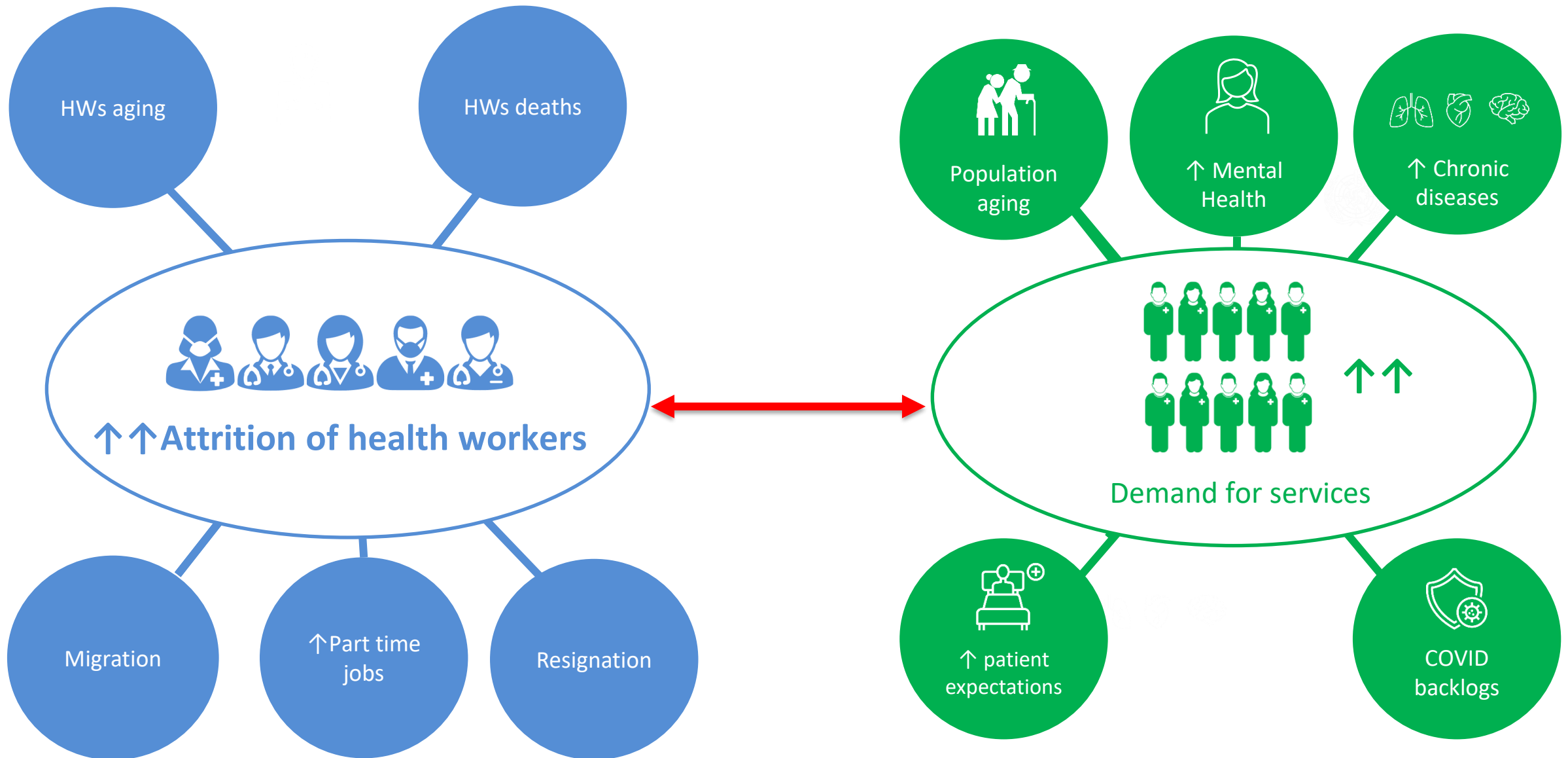


Population by age groups from 1990 to 2050

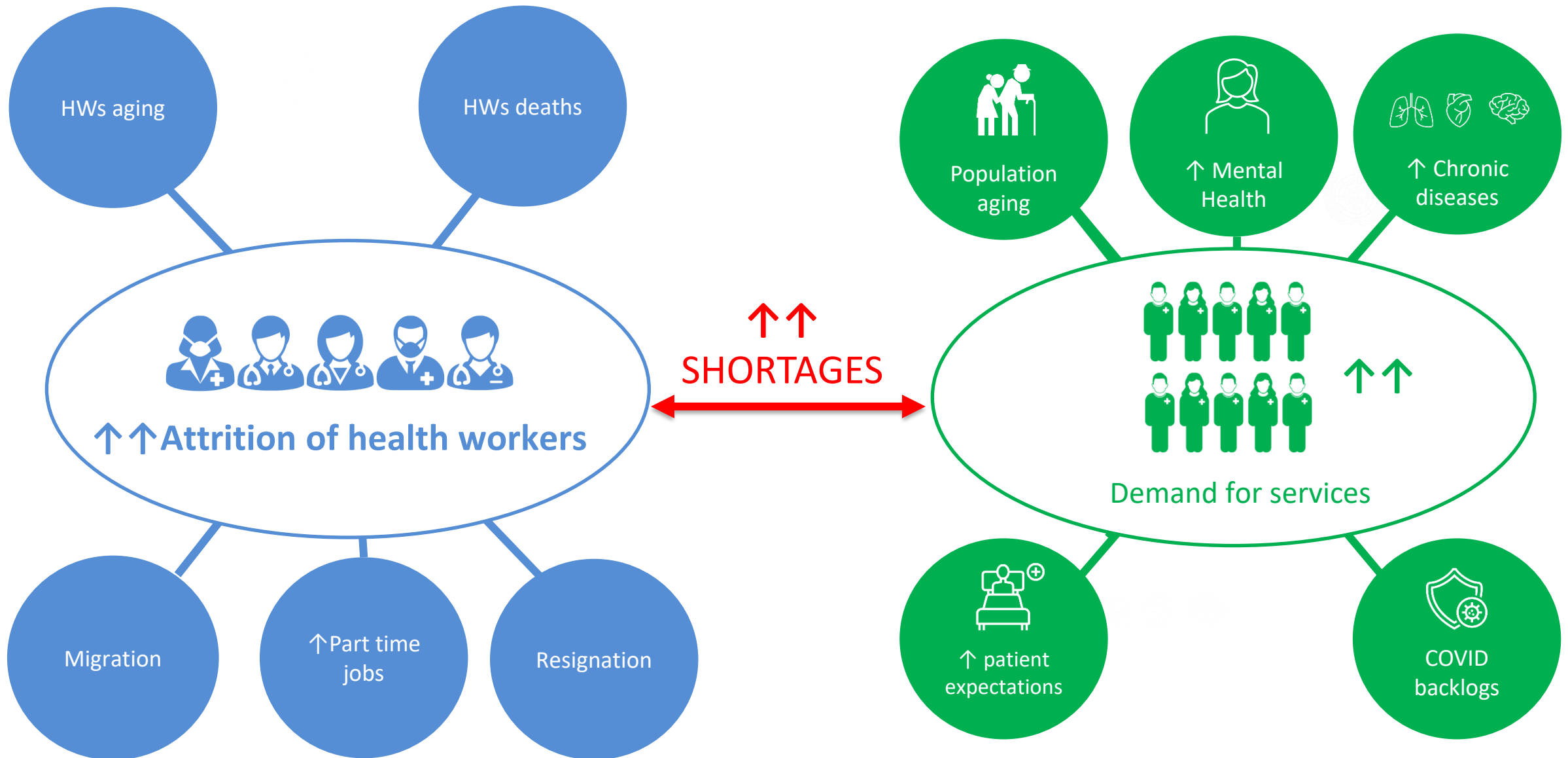
Source: World Population Prospects 2022 (UN DESA (2022)).



Why are shortages of health workers worsening?



Why are shortages of health workers worsening?



The increasing needs and demands are **challenging health systems**

↑ **Waiting times**

↓ **Trust by the population**

↑ **Workload**

↓ **Economic sustainability**



MINISTRY OF HEALTH



World Health
Organization
European Region

BUCHAREST DECLARATION ON THE HEALTH AND CARE WORKFORCE

High-level Regional Meeting
on Health and Care Workforce in Europe:
TIME TO ACT

22–23 March 2023, Bucharest, ROMANIA





Framework for action on the health and care workforce in the WHO European Region 2023–2030





Check for updates

Fixing the health workforce crisis in Europe: retention must be the priority

Tomas Zapata,¹ Natasha Azzopardi-Muscat,² Martin McKee,³ Hans Kluge⁴

Health and care workers in all parts of Europe are experiencing overwork, with high levels of burnout.¹ They describe feeling undervalued and disaffected and are losing trust in the systems in which they work.²⁻⁶

Strikes by health workers should be seen as red flags, pointing to serious underlying problems, but they are now taking place in several European countries.^{7,8} Less visible is the steady loss of skilled workers, with many attracted by the improved work-life balance

assumes that those highly pressurized workers now in post have capacity to provide the clinical training required. A more immediate solution is to recruit from elsewhere, but this raises important ethical issues. The obvious conclusion is that policies should prioritise retention of existing staff, with increased training offering only a partial, and long term answer. But how?

Health professionals are highly educated people. They have other options if they feel undervalued.

¹ WHO Regional Office for Europe, Copenhagen, Denmark

² WHO Regional Office for Europe, Copenhagen, Denmark

³ London School of Hygiene and Tropical Medicine

⁴ WHO Regional Office for Europe, Copenhagen, Denmark

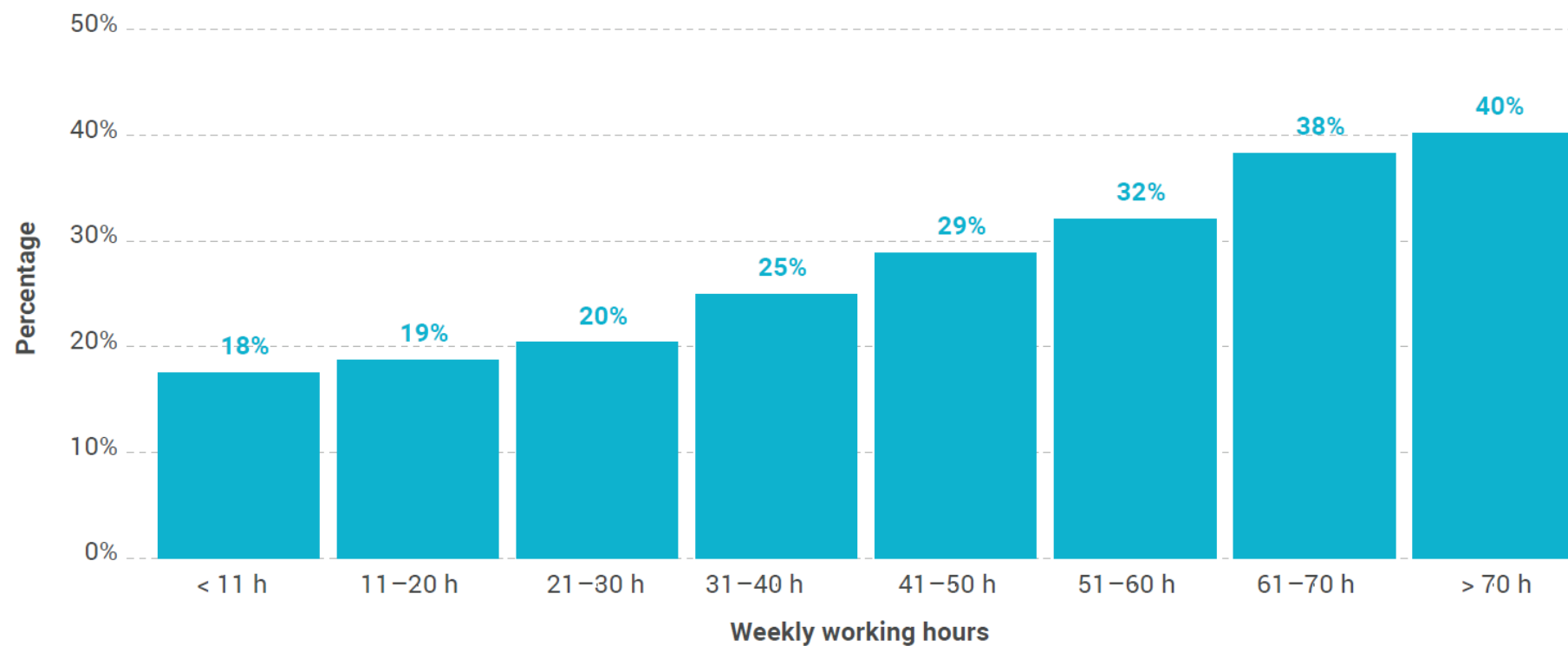
Cite this as: *BMJ* 2023;381:p947
<http://dx.doi.org/10.1136/bmj.p947>

Published: 26 April 2023

1- Working hours

1 in 4 médicos work **more than 50 hours per week**

Figure 30. Depression, by working hours



2- Night shifts

Frequent shifts are associated to higher levels of depression and anxiety

34% doctors y 39% nurses report weekly or more **night shifts**



2- 24 Shifts



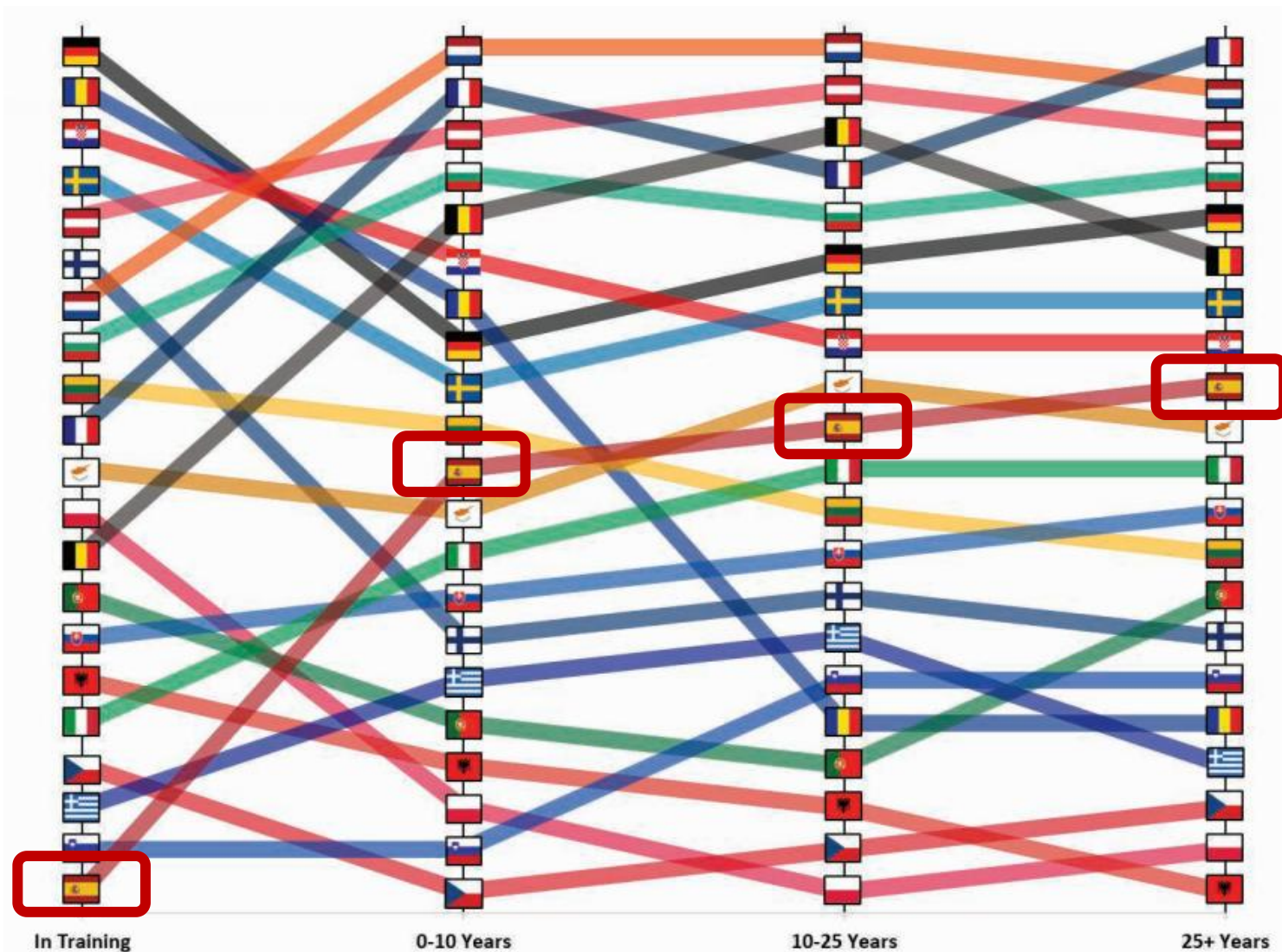
3- Workload

↑ **Demand for services**

↑ **Waiting lists**

4- Remmuneration

Doctors wages PPP



5- Flexibility, work-life balance

- Estimulating, attractive
- Sense of purpose, of impact
- Innovation
- Carers of the planet
- Learning throughout the career
- Flexibility (work-life balance)
- Geographical mobility

6- Job Stability

Reduce temporary contracts

7- Zero tolerance to violence against HWs

European Journal of Public Health, Vol. 33, No. 1, 4–5

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<https://doi.org/10.1093/eurpub/ckac180> Advance Access published on 12 December 2022

Commentary

Violence against healthcare workers is a political problem and a public health issue: a call to action

Ellen Kuhlmann^{1,2}, Monica Georgiana Brînzac^{3,4}, Katarzyna Czabanowska ⁵, Michelle Falkenbach^{6,7}, Marius-Ionut Ungureanu^{3,8}, George Valiotis⁹, Tomas Zapata¹⁰, Jose M. Martin-Moreno¹¹

1 Clinic for Rheumatology and Immunology, Hannover Medical School, Hannover, Germany

2 EUPHA Health Workforce Research Section, European Public Health Association, Utrecht, Netherlands

3 Department of Public Health, Faculty of Political, Administrative and Communication Sciences, Babeş-Bolyai University, 3 Cluj Napoca, Romania

4 EUPHANxt, European Public Health Association, Utrecht, Netherlands

5 Department of International Health, Care and Public Health Research Institute (CAPHRI), University of Maastricht, Maastricht, Netherlands

6 European Observatory on Health Systems and Policies, Brussels, Belgium

7 Department of Public and Ecosystem Health, Cornell University, Ithaca, New York, USA

8 Center for Health Workforce Research and Policy, Faculty of Political, Administrative and Communication Sciences, Babeş-Bolyai University, Cluj Napoca, Romania

9 European Health Management Association, Brussels, Belgium

10 World Health Organisation Regional Office for Europe, Copenhagen, Denmark

11 Department of Preventive Medicine and Public Health, INCLIVA, University of Valencia, Valencia, Spain

Correspondence: Ellen Kuhlmann, Clinic for Rheumatology and Immunology, Hannover Medical School, Carl-Neuberg-Straße 1, 30625 Hannover, Germany, Tel: 0049 511 5325540, e-mail: kuhlmann.ellen@mh-hannover.de

8- Retention in rural areas

1. Education

	Strength of recommendations	Certainty of evidence
1. Enrol students with a rural background in health worker education programmes	Strong ⊕⊕	Moderate ⊕⊕⊕○
2. Locate health worker education facilities closer to rural areas	Conditional ⊕○	Low ⊕⊕○○
3. Bring students in health worker education programmes to rural and remote communities	Strong ⊕⊕	Low ⊕⊕○○
4. Align health worker education with rural health needs	Strong ⊕⊕	Low ⊕⊕○○
5. Facilitate continuing education for rural and remote health workers	Strong ⊕⊕	Low ⊕⊕○○

2. Regulation

	Strength of recommendations	Certainty of evidence
6. Enable rural health workers to enhance their scopes of practice to better meet the needs of their communities	Conditional ⊕○	Low ⊕⊕○○
7. Expand range of health worker occupations to meet rural health needs	Conditional ⊕○	Low ⊕⊕○○
8. Ensure that compulsory service agreements respect the rights of health workers and are accompanied with appropriate support and incentives	Conditional ⊕○	Low ⊕⊕○○
9. Tie education subsidies for health workers to agreements for return of service in rural areas and remote areas	Conditional ⊕○	Low ⊕⊕○○

3. Incentives

10. Provide a package of attractive incentives to influence health workers' decisions to relocate to or remain in a remote or rural area

4. Personal and professional support

11. Improve living conditions in rural and remote areas

12. Ensure workplace safety in rural and remote health facilities

13. Ensure decent work for health workers in rural and remote areas

14. Foster the creation of health workforce support networks

15. Develop and strengthen career pathways for rural health workers

16. Facilitate knowledge exchange between health workers

17. Raise the profile of rural health workers

WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas

An update of the WHO guideline
Increasing access to health workers in remote
and rural areas through improved retention:
global policy recommendations (2010)

Framework for action on the health and care workforce in the WHO European Region 2023–2030



INVEST

- Increase public investment and optimise use of funds
- Make the economic and social case for investing in the health and care workforce



BUILD SUPPLY

- Modernise education and training
- Strengthen continuous professional development
- Build digital health competencies



RETAIN & RECRUIT

- Improve working conditions and ensure fair remuneration
- Safeguard health and well-being
- Ensure policies that address gender inequality and have zero tolerance for abuse and violence
- Attract young students
- Recruit and retain in rural and underserved areas
- Address outmigration; ethical recruitment



OPTIMIZE PERFORMANCE

- Redefine teams and skill mix
- Improve interactions with patients
- Promote appropriate use of digital technologies
- Reconfigure services to be more efficient

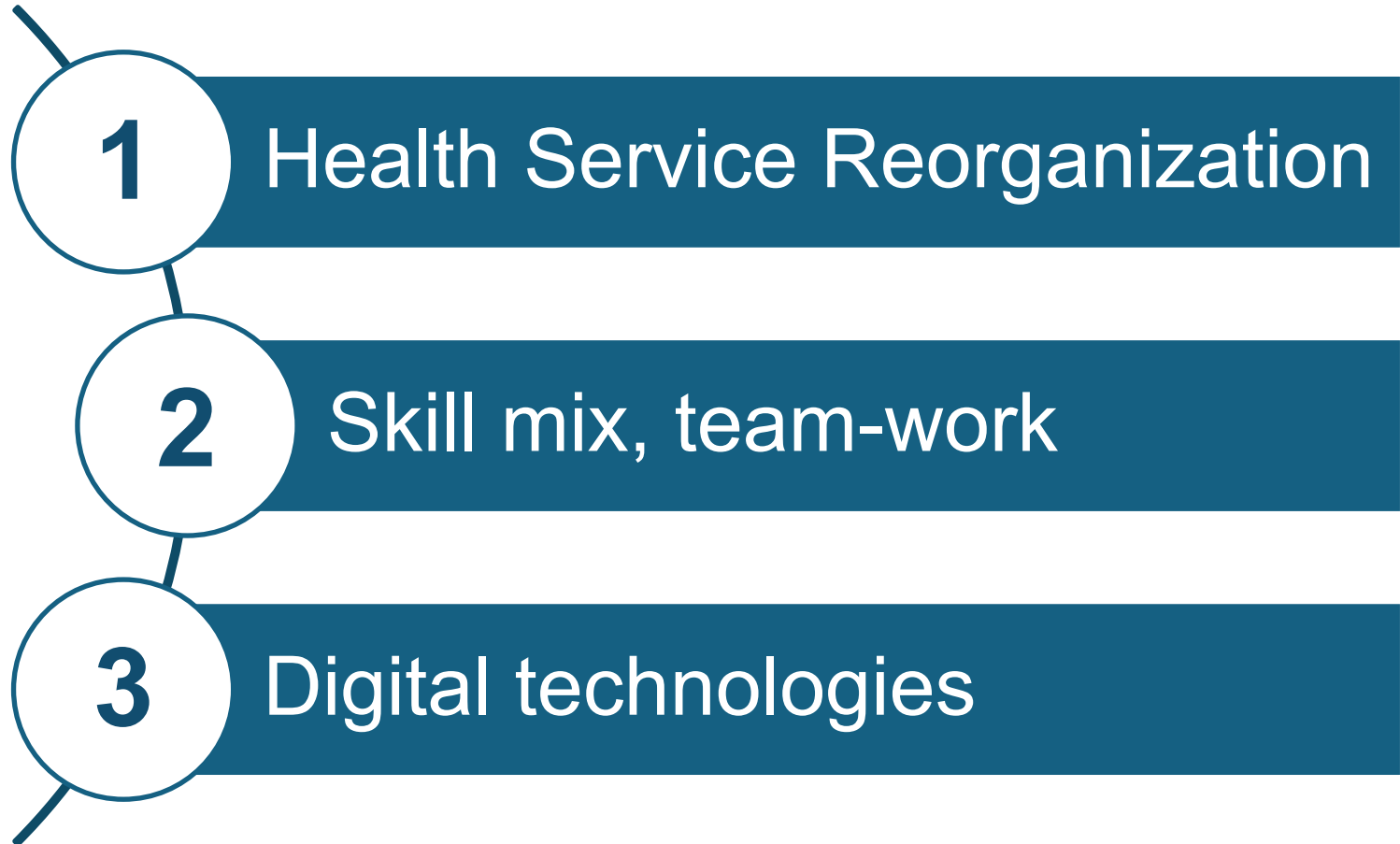


PLAN

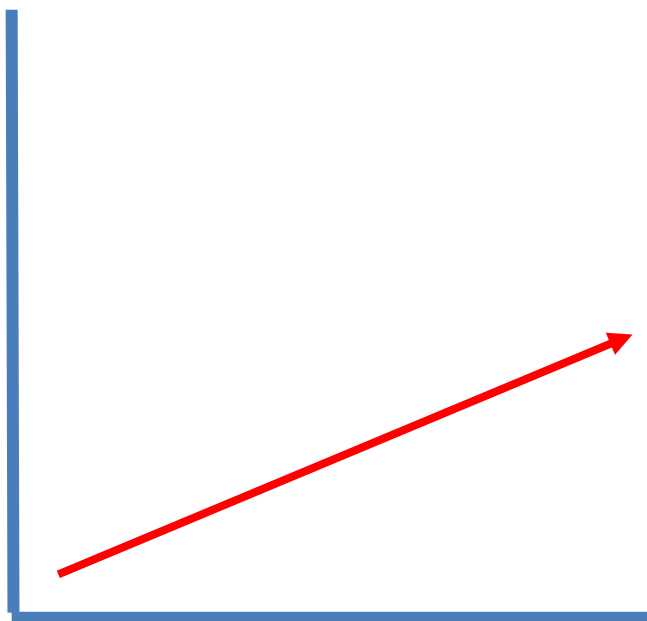
- Plan and forecast needs
- Adopt intersectoral planning approach
- Strengthen capacity of HRH units
- Regulate education, service delivery and professions
- Strengthen HRH information systems



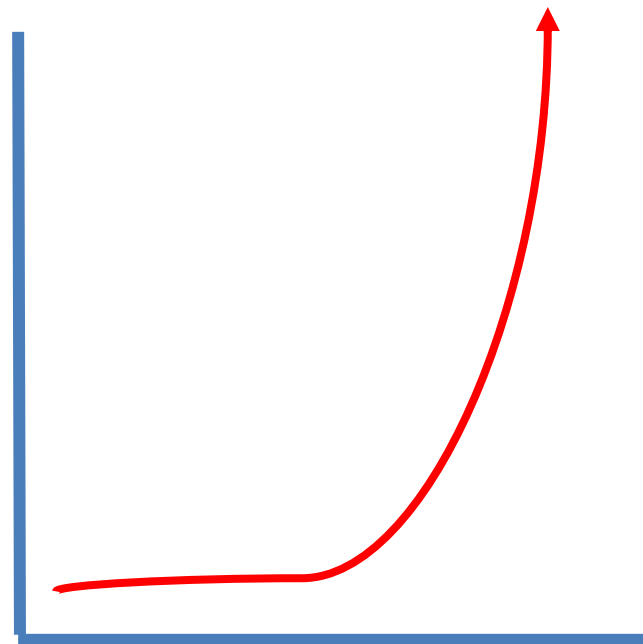
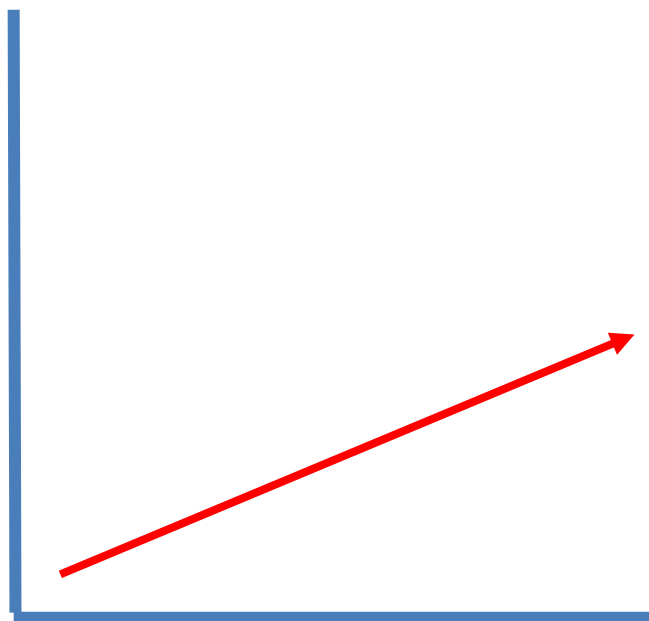
Optimization: 3 dimensions



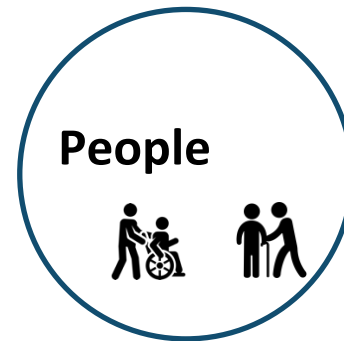
How do we rethink about the future of health sytems?



How do we rethink about the future of health sytems?



1- Reorganizing health services



1- Reorganizing health services



1- Reorganizing health services



Need of **paradigm change**

Rethinking Healthcare Systems

- 1- Integration (vertical & horizontal)
- 2- Public Health & Prevention
- 3- Innovation & Resilience

EUHA Position Paper

FIT FOR THE FUTURE

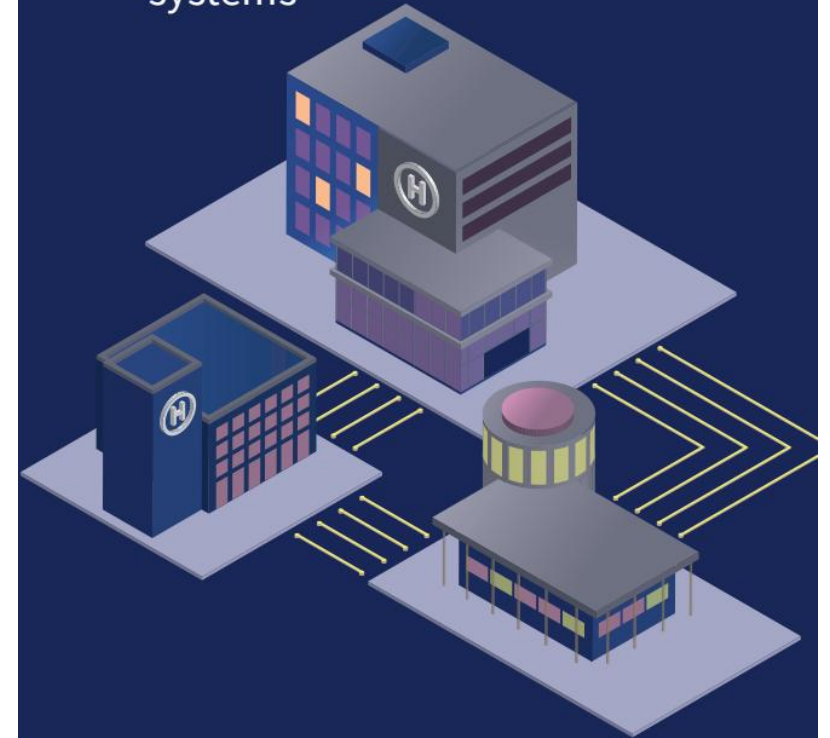
10 Year Health Plan for England

Executive Summary

- 1- From Hospital to Community
- 2- From Sickness to Prevention
- 3- From Analogue to Digital

July 2025

Shaping the vision: strategic hospital transformation within WHO European Region health systems



1- Reorganizing health services

1.1 Vertical integration



UNIDADE LOCAL DE SAÚDE COIMBRA



6

Hospitals

2 General Hospitals, 1 Paediatric Hospital, 1 Community Hospital, 1 Mental Health Hospital, 1 Physical Medicine and Rehabilitation Centre



68

PHC units

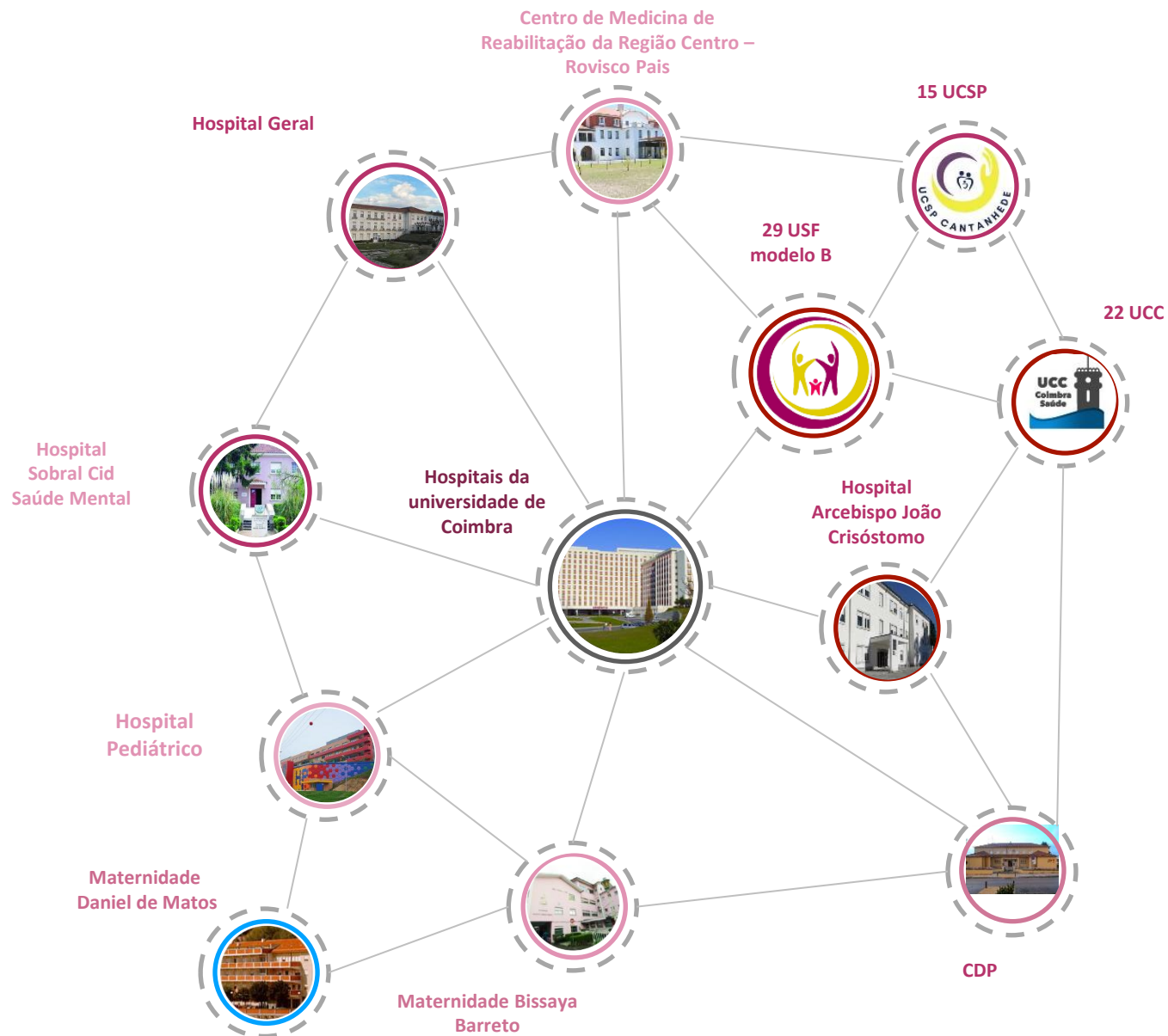


2

Maternities



European
Reference
Networks





UNIDADE LOCAL DE SAÚDE
COIMBRA

Redesign patient pathways, integrating Hospital, PHC & LTC



6

Hospitals

2 General Hospitals, 1 Paediatric Hospital, 1 Community Hospital, 1 Mental Health Hospital, 1 Physical Medicine and Rehabilitation Centre



68

PHC units

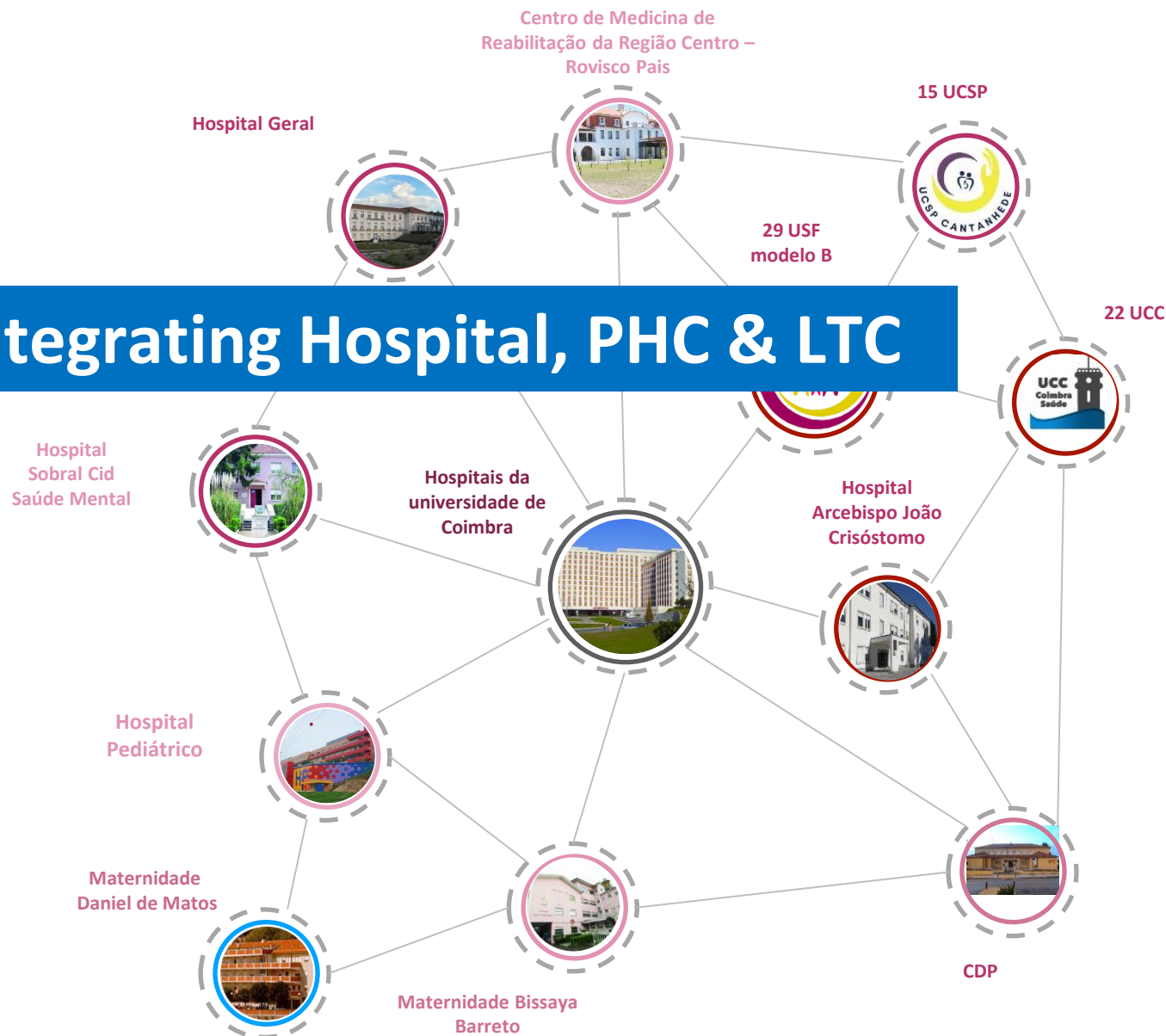


2

Maternities



European
Reference
Networks





UNIDADE LOCAL DE SAÚDE
COIMBRA

Redesign patient pathways, integrating Hospital, PHC & LTC

Focus on outcomes, not activities/processes

6

Hospitals

2 General Hospitals, 1 Paediatric
Hospital, 1 Community Hospital,
1 Mental Health Hospital, 1
Physical Medicine and
Rehabilitation Centre

PHC units

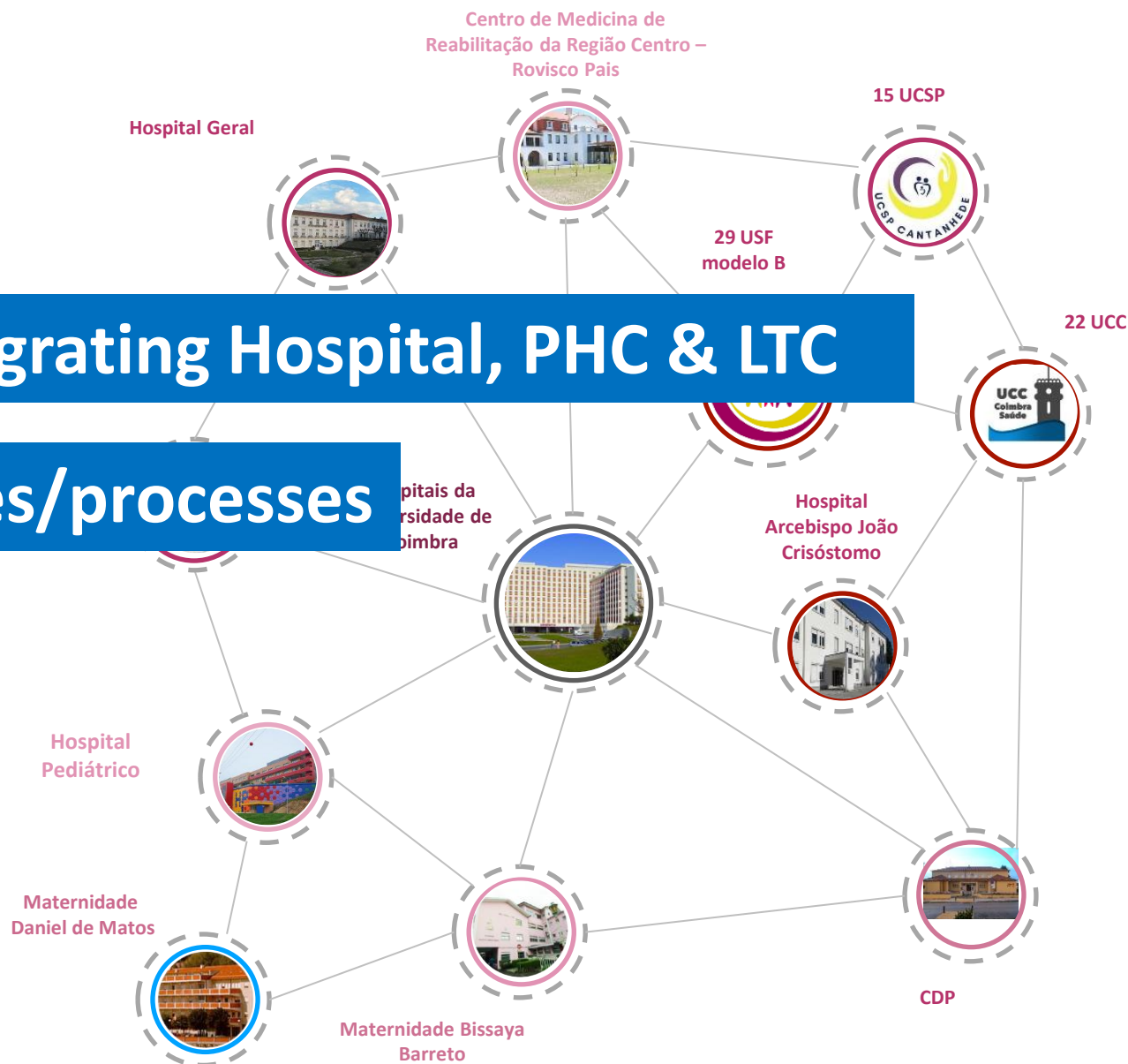


2

Maternities



European
Reference
Networks





UNIDADE LOCAL DE SAÚDE
COIMBRA

Redesign patient pathways, integrating Hospital, PHC & LTC

Focus on outcomes, not activities/processes

Align health financing

6
2 General Hospitals, 1 Paediatrics
Hospital, 1 Community Hospital,
1 Mental Health Hospital, 1
Physical Medicine and
Rehabilitation Centre

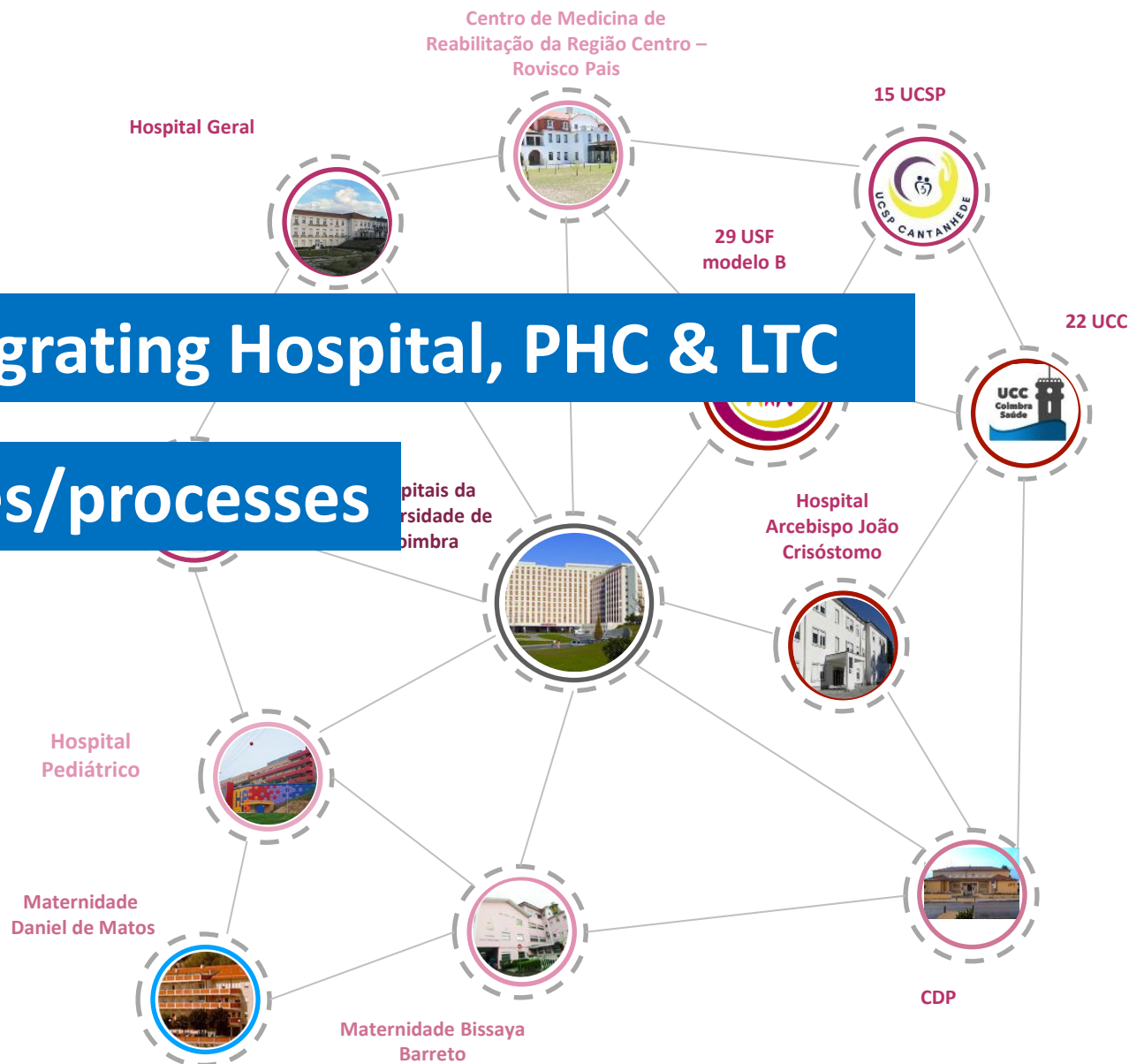


2

Maternities

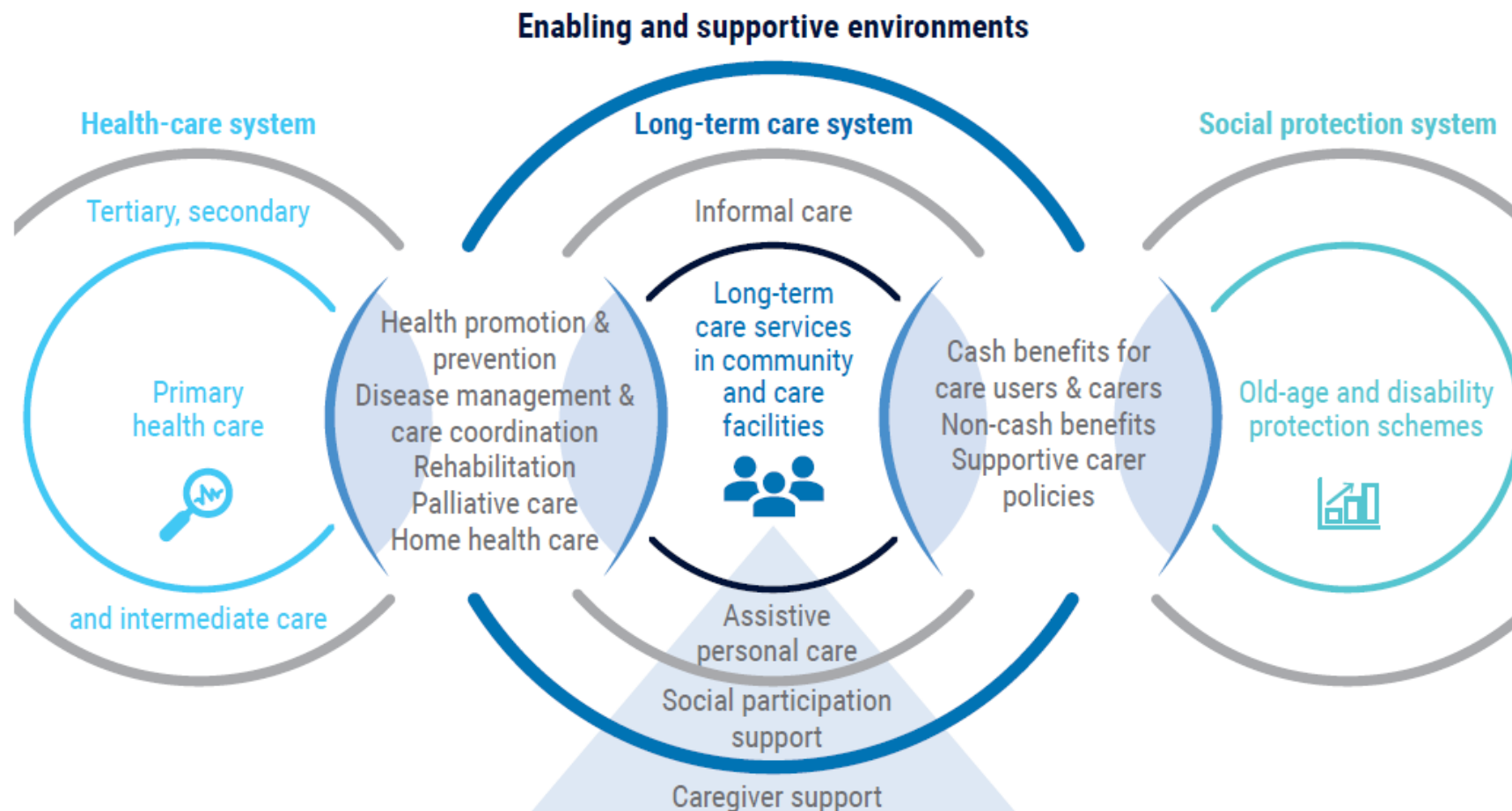


European
Reference
Networks



1- Reorganizing health services

1.2 Horizontal Integration (health & social care)



1- Reorganizing health services

1.3 Reduce low-value care & bureaucracy

THE HEALTHCARE PARADOX

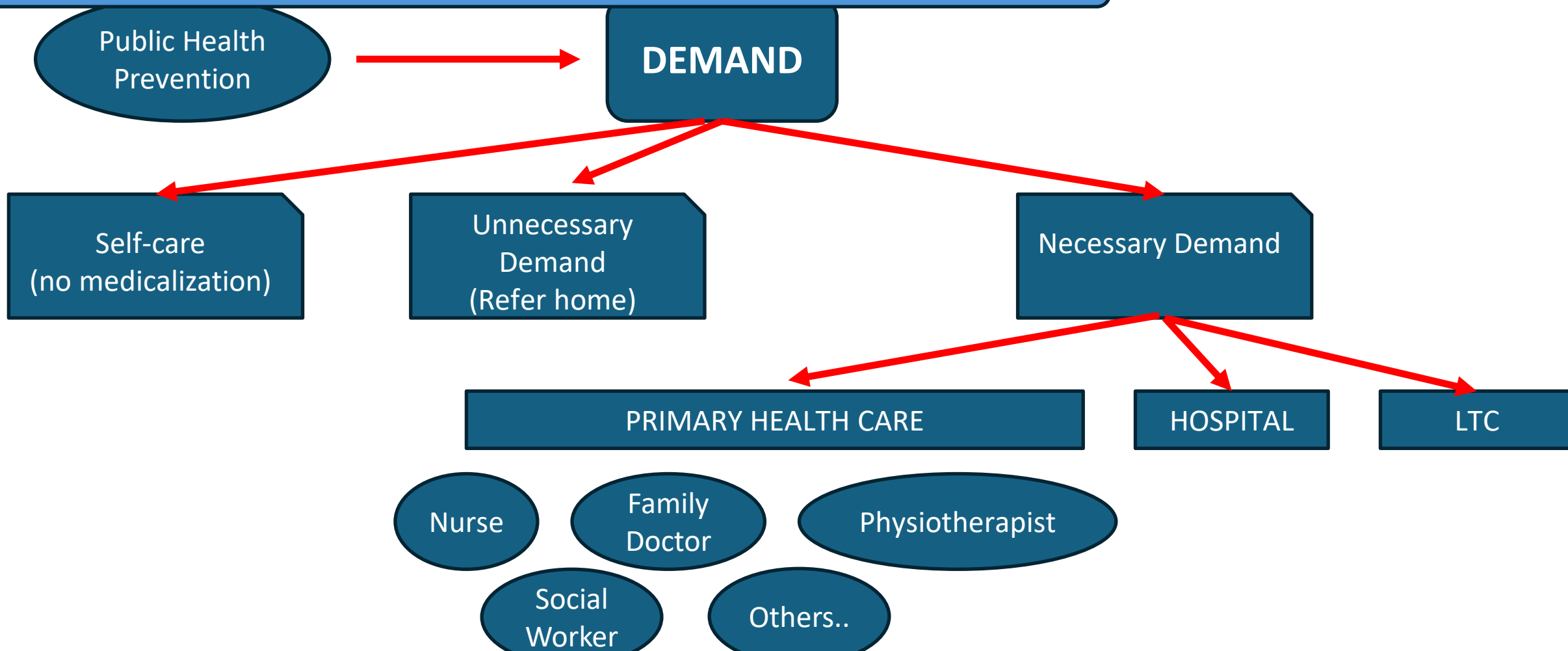
The **60,30,10** Challenge*

60% of care is in line with evidence- or consensus-based guidelines

30% is some form of waste or of low value
10% is harmful

1- Reorganizing health services

1.3 How to better channel the demand for health services?

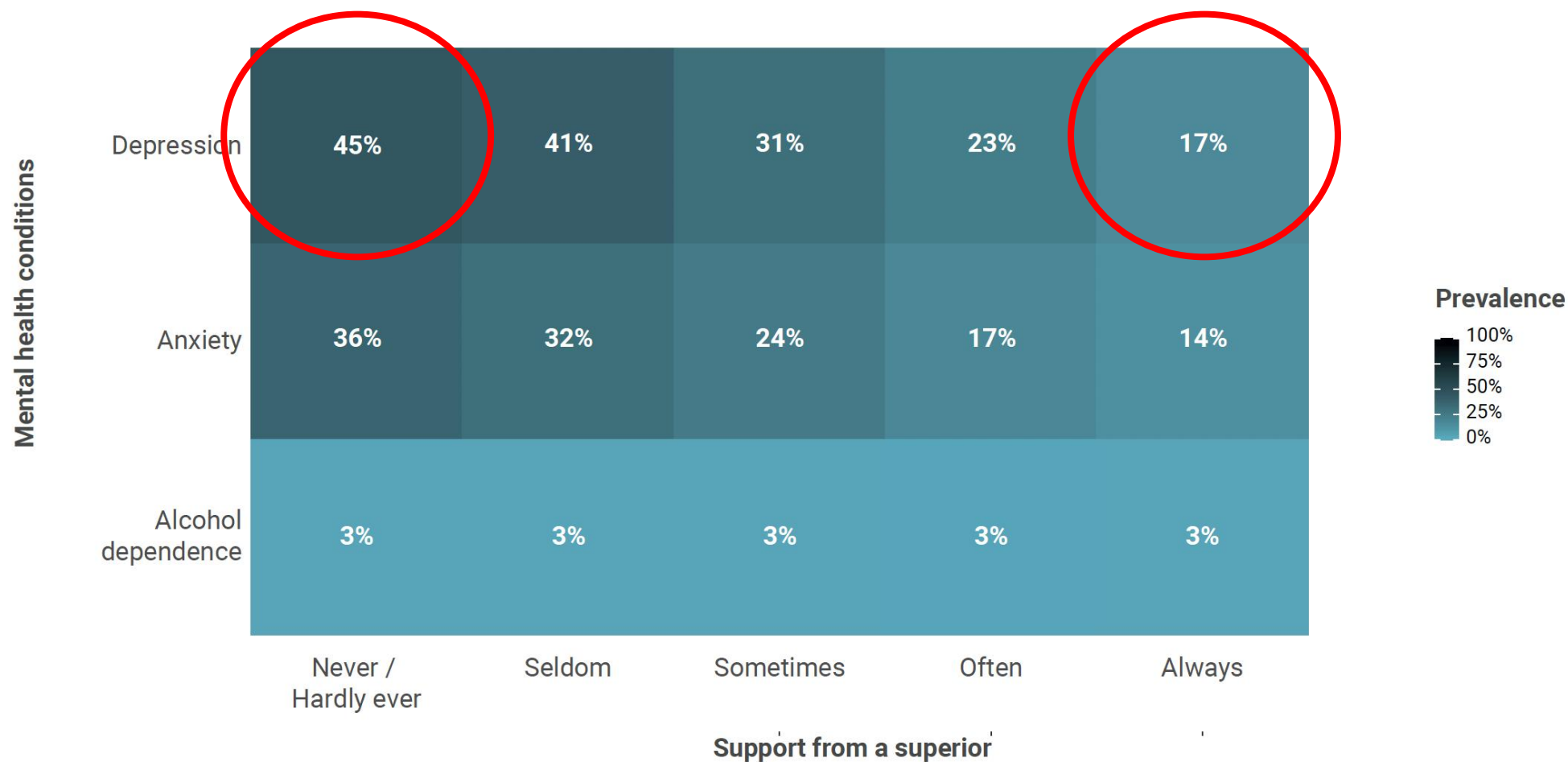


"There is nothing worse, than doing very efficiently what is not needed"



1- Reorganizing health services

1.4 Management and Leadership

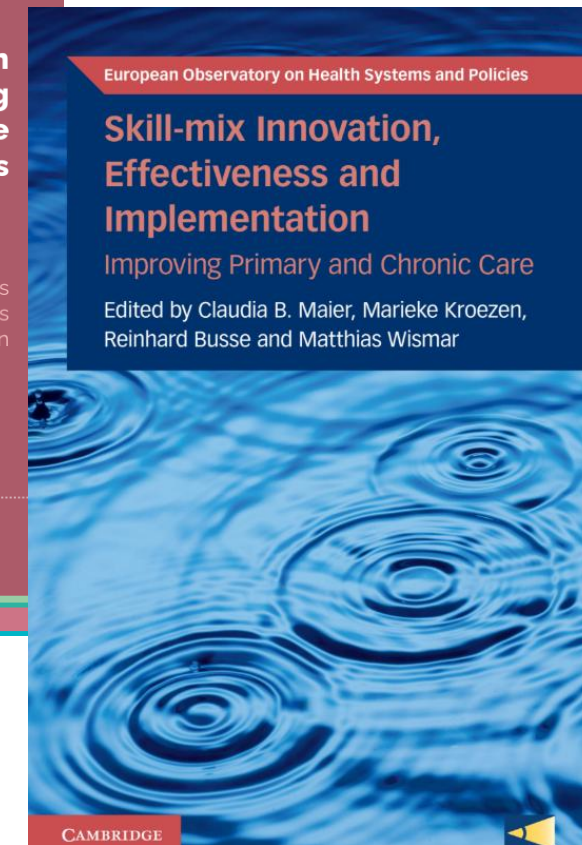
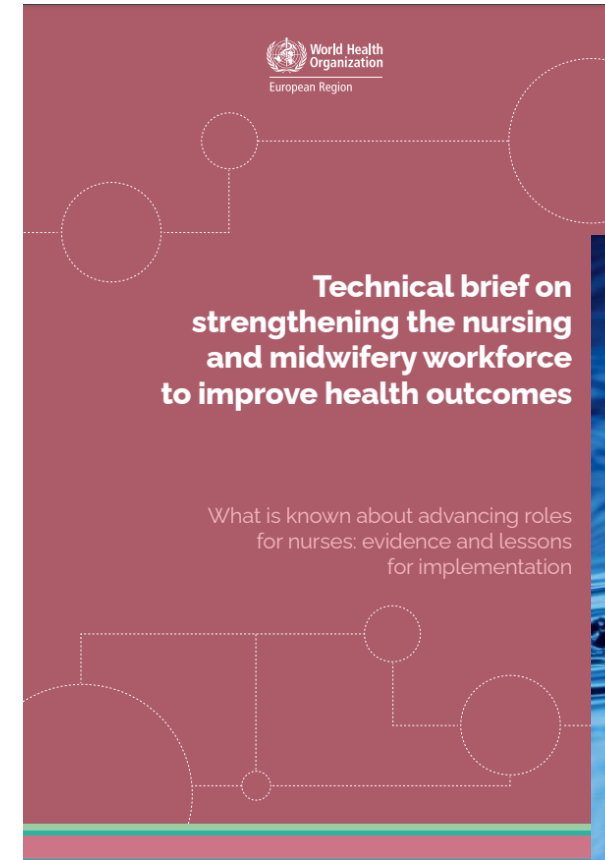


1- Reorganizing health services

1.5 Innovation across the system

2- Rethink the skill mix

1. Multidisciplinary teams
2. Task Sharing
3. Expanded roles in nursing, pharmacists, social workers...
4. New roles (IT engineers, patient navigators...)



3- Digital Health Technologies

1. **AI as a complement, not substitution**
2. **Respond** to patient & system needs
3. **Involve** health workers and patients in its development
4. **Easy** to use
5. It is a **mean, not an end in itself**
6. The “**High Touch**” of health workers should not be replaced by the “**High Tech**”.
7. **Train** health workers on DH/AI



Workforce development

92%

(46 out of 50)

report reducing pressure on the healthcare workforce as the **second** leading driver of AI adoption

20%

(10 out of 50)

offer in-service AI training

24%

(12 out of 50)

offer pre-service AI training

Health professionals offered in-service AI training



3- Digital Health Technologies

REVIEW ARTICLE

OPEN



Barriers and facilitators to utilizing digital health technologies by healthcare professionals

Israel Júnior Borges do Nascimento^{1,2}, Hebatullah Abdulazeem³, Lenny Thinakaran Vasanthan⁴, Edson Zangiacomi Martinez⁵, Miriane Lucindo Zucoloto⁵, Lasse Østengaard⁶, Natasha Azzopardi-Muscat¹, Tomas Zapata¹ and David Novillo-Ortiz¹✉

Digital technologies change the healthcare environment, with several studies suggesting barriers and facilitators to using digital interventions by healthcare professionals (HPs). We consolidated the evidence from existing systematic reviews mentioning barriers and facilitators for the use of digital health technologies by HP. Electronic searches were performed in five databases (Cochrane Database of Systematic Reviews, Embase®, Epistemonikos, MEDLINE®, and Scopus) from inception to March 2023. We included reviews that reported barriers or facilitators factors to use technology solutions among HP. We performed data abstraction, methodological assessment, and certainty of the evidence appraisal by at least two authors. Overall, we included 108 reviews involving physicians, pharmacists, and nurses were included. High-quality evidence suggested that infrastructure and technical barriers (Relative Frequency Occurrence [RFO] 6.4% [95% CI 2.9–14.1]), psychological and personal issues (RFO 5.3% [95% CI 2.2–12.7]), and concerns of increasing working hours or workload (RFO 3.9% [95% CI 1.5–10.1]) were common concerns reported by HPs. Likewise, high-quality evidence supports that training/educational programs, multisector incentives, and the perception of technology effectiveness facilitate the adoption of digital technologies by HPs (RFO 3.8% [95% CI 1.8–7.9]). Our findings showed that infrastructure and technical issues, psychological barriers, and workload-related concerns are relevant barriers to comprehensively and holistically adopting digital health technologies by HPs. Conversely, deploying training, evaluating HP's perception of usefulness and willingness to use, and multi-stakeholders incentives are vital enablers to enhance the HP adoption of digital interventions.



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Framework for action on the health and care workforce in the WHO European Region 2023–2030



INVEST

- Increase public investment and optimise use of funds
- Make the economic and social case for investing in the health and care workforce



BUILD SUPPLY

- Modernise education and training
- Strengthen continuous professional development
- Build digital health competencies



RETAIN & RECRUIT

- Improve working conditions and ensure fair remuneration
- Safeguard health and well-being
- Ensure policies that address gender inequality and have zero tolerance for abuse and violence
- Attract young students
- Recruit and retain in rural and underserved areas
- Address outmigration; ethical recruitment



OPTIMIZE PERFORMANCE

- Redefine teams and skill mix
- Improve interactions with patients
- Promote appropriate use of digital technologies
- Reconfigure services to be more efficient



PLAN

- Plan and forecast needs
- Adopt intersectoral planning approach
- Strengthen capacity of HRH units
- Regulate education, service delivery and professions
- Strengthen HRH information systems



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Moving from health workforce crisis to health workforce success: the time to act is now

[Natasha Azzopardi-Muscat](#) • [Tomas Zapata](#)   • [Hans Kluge](#)

[Open Access](#) • Published: October 26, 2023 • DOI: <https://doi.org/10.1016/j.lanepe.2023.100765> •



Contributors

Declaration of interests

Acknowledgements

References

Article info

Europe is in the middle of a health workforce crisis.¹ But this crisis is many crises at once: it is labour crisis, a mental health crisis, an education crisis, a gender equality crisis and a financial investment crisis.

First, it is a **labour crisis** because countries are finding it difficult to retain the existing health and care workers in the health system and recruit new to adequately respond to the increased demand for health services over the past few years.² There is an increased attrition of health workers that is due to: an aging workforce (in 13 countries in Europe more than 40% of the doctors are over 55 years of age)¹; increased absenteeism and resignations (62% increase during the COVID-19 pandemic)³; increased number of deaths during the COVID-19 pandemic (50,000 health workers in Europe are estimated to have died)⁴; and increased migration of health and care workers in certain countries (27% and 79% increase in the global migration to OECD countries after the COVID-19 pandemic).⁵

Second, it is a **mental health crisis** because health and care workers are experiencing high burnout (52% of health workers report to have experienced burnout).⁶ Health workers were exposed to high workloads and working times before the COVID pandemic and the situation has been exacerbated during and after the COVID pandemic. Stress, anxiety, depression have been common symptoms experienced by health and care workers and that are contributing to increase attrition, dissatisfaction, and reduced productivity.³



- ▶ Changing population needs, increased demand, HWF crisis, requires **transformation of health systems**
- ▶ Retaining doctors in the short-term
- ▶ Optimize the performance so we can transform health services and the HWF to address present and future challenges

Thank you

For more information, please contact:

Health workforce and service delivery unit
Division of Country Health Policies and Systems
World Health Organization, regional office for Europe

✉ zapatat@who.int

Relevant links:

1. The Resolution on Health and Care Workforce: <https://iris.who.int/handle/10665/372656>
2. The Framework for Action 2023-2030: <https://iris.who.int/handle/10665/372563>
3. The Bucharest Declaration: <https://www.who.int/europe/publications/i/item/bucharest-declaration>
4. Health and care workforce in Europe: time to act: <https://www.who.int/europe/publications/i/item/9789289058339>
5. The web story announcing the adoption: <https://www.who.int/europe/news/item/26-10-2023-who-europe-53-member-states-adopt-historic-resolution-to-protect-and-support-health-and-care-workers-across-europe-and-central-asia>
6. The Lancet article: [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)
7. Video: Protecting our health and care workers: [WHO Regional Office for Europe on LinkedIn: Let's tackle the #HealthWorkforce crisis!](#)
8. A short video on the health workforce crisis: [WHO Regional Office for Europe on LinkedIn: #TimeToAct2023](#)

