Health workers’ intra-EU migration causes headaches
Editor’s note

The increasing intra-EU migration of health workers has created severe problems for many member states, putting at risk their health systems’ resilience.

Looking for better conditions, doctors and nurses from eastern and southern Europe are moving to the West, leaving many member states with significant staff shortages.

In this European Special Report, EURACTIV’s Network examines the different measures the EU and its member states could take in order to face this critical situation.
Migrant workers keep German care system afloat, say experts

Brussels urged to address EU health workforce ‘ticking bomb’

Bulgarian healthcare suffers from severe dysfunction, lack of staff

Romania seeks EU-wide solution to address shortage of doctors

Poland’s health system not affected ‘yet’ by increasing doctors’ exodus

Urgency felt but political will missing, says health workforce expert
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With an ageing population whose demand for care is growing steadily, and with labour shortages already being abundant, migrant workers form an essential part of the German care sector. [Bencemor/Shutterstock]

Migrant workers keep German care system afloat, say experts

By Jonathan Packroff | EURACTIV.de

Languages: Français | Deutsch

The German health and old-age care system is dependent on migrant workers, according to experts, with 690,000 people born in another country working in the sector.

With an ageing population whose demand for care is growing steadily, and with labour shortages already abundant, migrant workers form an essential part of the German care sector.

“Without immigrant professionals at all levels of the health system, as the COVID-19 pandemic has shown at the latest, the German health system would face a collapse,” a report by the German Expert Council on Integration and Migration reads.

Of 4.2 million people working in the German health and care sector as a whole, 690,000 have been born abroad, according to the expert council.

While foreign-born workers are
spread across all kinds of medical professions, from doctors and nurses to supporting and more administrative professions, the highest share is recorded among elderly care workers, where 25% of all workers have migrated from abroad.

Most elderly people with a need for care are provided for in their own homes, not in stationary facilities such as nursing homes. But with traditional multi-generation households declining, demand for support by external personnel is high.

The biggest group of migrants in the German care sector thus operates in a legal grey area, so-called live-in care, which means they go directly into the homes of the elderly and support their families in caring for their elder relatives at home.

While exact numbers are unknown, estimates range from 300,000 to 700,000 migrants working in such an arrangement.

Often, the families are promised 24-hour support for their elderly relatives by placement agencies, but “this is not even possible in a legal way”, explained Justyna Oblacewicz of “Faire Mobilität”, a helpdesk funded by the German government and trade unions to legally advise affected workers.

While contracts would often only cover a weekly working time of 30 to 40 hours, workers would be expected to be available around the clock for potential emergencies.

As confirmed by a ruling of the Federal Labour Court in 2021, however, this would also count as working time and thus would need to be remunerated with at least the minimum wage – something that, in practice, is usually not the case.

**Eastern Europe main region from where workers come**

Most of the workers operating in households directly are women above the age of 50, coming from Central and Eastern European countries, Oblacewicz said.

The main countries of origin are Poland, Romania and Slovakia, the expert council notes.

But while EU nationals make the lion’s share of affected workers, an increasing number of non-EU nationals would also work under such arrangements, Oblacewicz said, citing Ukraine and Serbia as examples.

This reflects the overall pattern in migration for medical and care-related professions, with the biggest groups of immigrant workers in Germany coming from countries which joined the EU in or after 2004 as well as other, non-EU countries in Eastern Europe.

Unlike medical or care professionals in stationary care homes, who need to get their foreign qualifications recognised, workers in family households would often have no medical or care-specific qualification, the expert said.

“While contracts would often only cover a weekly working time of 30 to 40 hours, workers would be expected to be available around the clock for potential emergencies. As confirmed by a ruling of the Federal Labour Court in 2021, however, this would also count as working time and thus would need to be remunerated with at least the minimum wage – something that, in practice, is usually not the case.”

**German care system encourages care at home**

The practice would also be encouraged by the workings of the German long-term care insurance system.

If the elderly are affected by certain medical conditions, such as dementia, families can choose between stationary care and a direct payment (nursing care allowance) ranging from €300-900 per month, depending on the medical conditions of the affected person.

The expert council noted that 80% would choose the option to care for their relatives at home.

Thereby, the payment from the long-term care insurance can be used to partly pay for the monthly fees of live-in care agencies, large parts of which typically stay with the agencies, instead of reaching the workers.

“Often, workers would not know what they should expect from the work, and thus would be overstrained quickly,” Oblacewicz said.

“The problem is that often no special qualifications are required, which means that recruitment works in such a way that they can be recruited within a few days, and they do not have to have any nursing training,” she said.

“While on paper, workers would often have a legal form of employment, either through the rules of the EU’s Posted Workers Directive or by being self-employed in their home country, “you have a completely different reality that is lived but not recorded anywhere,” Oblacewicz told EURACTIV.
An increasingly disproportional migration of health workers within the EU has resulted in a workforce crisis as several member states face staff shortages putting health systems’ sustainability at risk. Although the EU’s role is limited, stakeholders say quick solutions can be found.

EU member states’ health systems are under stress due to a severe healthcare staff shortage, according to a 2021 report from the Commission.

Contrary to the EU push for ‘upward convergence’, the report showcases a disparity in healthcare among EU member states. For example, Romania and Poland have lower densities of doctors and nurses than Germany and Sweden, partly explained by intra-EU migration.

Critics suggest that all member states are struggling with the same problem and fishing in the same pond, with the richer member states winning the game. “Romania, Italy, Greece and all the eastern European countries are the most looted and impoverished by this process of stripping skilled workforce and brilliant brains”, Gugliemo Trovato, director of communications of the European Medical Association, told EURACTIV.

Trovato stressed that better salaries, facilities, and training opportunities are among the reasons why health workers decide to migrate. Similarly, the European Federation of Nurses emphasises that staff shortages are a severe issue affecting the entire EU, not only eastern and southern member states.
“The situation is bad everywhere [...] All EU member states are suffering from shortages,” EFN Secretary General Paul de Raeve told EURACTIV, adding that “hospitals close down units because there are no nurses.”

De Vries also called nursing staff shortages a “ticking bomb”.

Several EU lawmakers argue that the EU should be more involved in finding a solution, however, it’s not an easy task, considering that the EU has limited competences in the health field.

An EU official told EURACTIV that according to the EU Treaty, the Commission’s actions are limited as member states are responsible for managing health services and medical care.

The Commission, however, is aware of health workers shortages, as well as the disparities between member states and the difficulty of some countries to retain professionals, the EU official said.

The EU official emphasised that the executive is already adopting measures to address the multi-layered health workers issues under the EU4Health programme.

One of these measures is the member state Joint Action on Health Workforce Planning and Forecasting ‘Heroes’ launched in February 2023, aiming to improve staffing planning capacities and policies.

MEPs call for action

“It is up to the EU and its institutions to flank and complement the actions of individual European countries,” Lega (ID) MEP Annalisa Tardino told EURACTIV, adding that the institutions should encourage collaboration and support the measures and interventions of member states.

Her colleague from S&D Tudor Ciuhodaru, also a medical doctor, said more funds are needed.

“The healthy solution I propose, according to the model of each state’s percentage contribution to NATO, let’s do the same thing about health financing,” Ciuhodaru told EURACTIV, adding that there is a need for a “revolution in health”.

MEP István Ujhelyi believes the EU should have a more active role in stimulating the growth of health systems across all member states, and this could be achieved through a true European Health Union.

“Since the beginning of my mandate, I have called for a European health union and a single health, starting from the development of European quality standards in health and up to financing policies that guarantee fair access to health. Unity in diversity, the motto of the European Union, must also mean equal access to health,” the Hungarian politician said.

Countries such as Romania and Poland have lower densities of doctors and nurses than Germany and Sweden, which is partly explained by intra-EU migration. [Shutterstock/Yavdat]
The steps EU could take

For WEMOS, an NGO dealing with health policy research, Europe’s main “promise” is being broken.

“We’re failing to deliver on the promise we made, to member states and to the people in the member states, that in the EU, we will prosper together, in solidarity,” said Corinne Hinlopen, Global health policy researcher at WEMOS.

Despite its limited competence, the NGO believes the EU could take specific steps to improve the situation. However, the EU must first fully understand what is happening in the health labour market.

These measures could range from giving explicit attention to health workforce issues at the EU health ministers’ meetings to discussing the issue across the different DGs of the European Commission and not only within the one related to health (DG SANTE).

Another policy measure is collecting the proper data at the EU level, as currently there are many sources, but still not a clear picture of the situation.

For instance, this data could be communicated through the European Semester, a tool the Commission uses to provide member states with policy recommendations in various fields of the economy.

WEMOS suggests mandatory reporting on health worker densities in member states, countries’ self-sufficiency in health worker training and education or reliance on foreign-trained and foreign-born health workers.

For the NGO, the data collection could happen either by setting up a new entity or via existing ones, such as the European Observatory on Health Systems and Policies or ECDC.

Regarding the funding, WEMOS insists that the EU should encourage member states to use various tools, from the Recovery Fund to cohesion funds and the European Investment Bank.

“The cost of inaction is huge […] we should realise that countries like Romania, Estonia, Slovakia, Hungary have in the past 12 years seen so many doctors leaving that they would make up to 20-25% of their current doctors’ health workforce size,” Hinlopen concluded.
"Staff shortages are a severe issue affecting the entire EU, not only eastern and southern member states."

European Federation of Nurses
[DisobeyArt/Shutterstock]
Bulgarian healthcare suffers from severe dysfunction, lack of staff

By Emilia Milcheva and Krassen Nikolov | EURACTIV.bg

Languages: Deutsch | Bulgarian

Bulgarian healthcare is up against a number of challenges, including an imbalance in the types of staff leading to a nurse shortage and issues with funding, putting the health of citizens at risk.

Bulgaria had the second highest death rate per capita during the COVID-19 pandemic, second only to Peru, despite the official state statistics pointing to Bulgaria being third in the EU in terms of the number of beds for hospital treatment.

While the country is home to 340 hospitals for a population of 6.5 million, ranking it in the top three in the EU regarding hospital beds, a staff shortage is hampering the situation resulting in the third highest mortality rate in the EU, at 21.7%.

"Beds and medical devices do not heal patients. This is what doctors do," said Ventsislav Mutafiyski, head of the Military Medical Academy in Sofia, one of the largest Bulgarian hospitals.

Bulgaria currently has 29,604 doctors and 28,816 nurses—figures that differ from the European norm, which usually sees more nurses than doctors in national health systems.

A ‘severe’ nurses issue

According to Eurostat, the ratio of nurses to the population is the lowest in the EU – 6.9 per 100,000 people, with one-third of working nurses over 65. Ireland reports that 1.6% of the population are nurses, and in 10 other EU countries, the share of nurses is at least 1% of the population.

In the 1990s, at the start of the democratic transition from communism to a market economy and democracy, there were...
28,000 doctors and 53,000 nurses in Bulgaria.

The number of nurses has almost halved since then, with a 9% drop over the last ten years. While there has been a slight decline in the number of doctors, it is not as concerning as that of nurses and has been somewhat mitigated by an 11.5% population decrease over the last 30 years.

The decline of medical professionals was particularly sharp after 2013 when the restrictions on access to EU labour markets for citizens of Bulgaria and Romania were removed, and many went to work abroad.

Research by the Institute of Market Economics (IMP) notes that 2020 also saw a sharp drop in numbers due to the pandemic, risks to elderly staff, and harsh working conditions.

IMP commented that for the optimal functioning of the health system in Bulgaria, the nurse-doctor ratio should be at least two to one, still a far cry from Finland, Luxembourg, Ireland, Switzerland, Iceland and Norway, where the balance is over four to one.

The dwindling numbers make providing two nurses per shift in hospitals impossible, meaning there is often just one nurse to take care of over eight patients.

In response to EURACTIV’s query, the Health Ministry reported that the biggest shortages were in emergency medicine, internal medicine, general and clinical pathology, infectious diseases, paediatrics, epidemiology of infectious diseases, general medicine, and otolaryngology.

There are less than 70 forensic doctors and roughly the same amount of pathologists.

The number of general practitioners is decreasing, and the workload is increasing. At the same time, and despite the increased budgets of the Bulgarian state health fund, Bulgarians pay up to 40% of the health services they use. This is almost twice the EU average.

**Beyond any standards**

One of the main drivers behind the issue is believed to be related to salary. Nurses in Bulgaria have an average monthly wage of €450-€1,000. Public hospitals are the most reliable employers, while private hospitals have no regulation, according to Nadezhda Margenova from the Union of Bulgarian Medical Specialists (SBMS).

She told EURACTIV that there are options for nurses to increase their income, but not all are viable.

“One option is to change their workplace – the so-called professional tourism. The other is to take on extra shifts, to have a second and third job, which worsens the quality of life and work. To bring in additional funds, colleagues do it without observing the mandatory rest after 12 hours on duty. The second option is making a life decision to leave the profession or to emigrate,” said Margenova, a nurse herself.

Dr Stoicho Katsarov from the Centre for the Protection of Rights in Healthcare and a former health minister commented that the solution is to limit the state intervention that has led to most of the problems.
“Countries that have market-based health systems responded better to the COVID-19 pandemic”

“Countries that have market-based health systems responded better to the COVID-19 pandemic,” he said. “The state distributes the money, regulates almost everything and thus has limited competition. It sets limits for the hospitals, which are practically their budgets, and the hospitals strive to absorb them, and no one is interested either in the quality or whether people are actually treated in them,” said Katsarov.

According to him, salaries are determined by the market. Therefore, any attempts by the state to introduce a basic wage for doctors are not advised.

The lack of a career development system was noted by Dr Vanyo Sharkov, who is a former deputy minister of health. Speaking to EURACTIV, Sharkov stated that it is necessary to distinguish funding, and more funds should be available for those medical facilities that provide quality medical care, including emergency medicine.

“At the moment, Emergency Services in Sofia transports patients to two or three medical facilities that receive less funding than medical facilities that do not have an emergency department, and since all hospitals – both public and private – are financed on the same principle, then they must have emergency departments as well,” he said.

To date, no political party has proposed solutions to the problems in the health system, including and about the shortage of personnel.

The decline of medical professionals was particularly sharp after 2013 when the restrictions on access to EU labour markets for citizens of Bulgaria and Romania were removed. A large part of the medical staff goes to work abroad. [Shutterstock/Circlephoto]
Romania seeks EU-wide solution to address shortage of doctors

By Catalina Mihai | EURACTIV.ro

Despite massive migration to the West, Romania has seen an increase in the number of doctors, but the current ratio (346 doctors per 100,000 inhabitants) is still not enough, and stakeholders say EU-wide solutions should be found with the proper implementation of the post-pandemic Recovery Fund.

"Over the last five years, there has been an increase in the number of doctors in Romania, now we are closer to the European average – we currently have 346 doctors per 100,000 inhabitants – but this is not enough", Health Minister Alexandru Rafila said in March during a high-level WHO Europe Regional Office meeting on human resources in healthcare, in Bucharest.

Rafila said that Romania had an extended period, "which we hope had ended," when over 10,000, probably 15,000 doctors from Romania generally emigrated to other countries in the European Union and the US and Canada.

The number of nurses who left the country is even higher – over 21,000.

Currently, there are around 65,000 doctors in Romania, more than in 2018 when the country decided to substantially increase health workers' wages, according to the National Institute of Statistics (INS).

However, the authorities do not know exactly how many doctors have left the country since joining the EU in 2007.

In 2019 and 2020, 5,188 health workers requested certificates of good standing issued by RCP and necessary to work abroad: 2,173 in 2020 and 3,015 in 2019, according to the Ministry of Health.

However, these figures include doctors, dentists and pharmacists who are citizens of Romania, other EU member states, and third countries.

No doctors in many rural areas

The President of the College of Physicians in Romania, Daniel Coriu, claims that there are two “countries”, one with an excess of doctors and the other without doctors.

Over 50% of doctors are concentrated in the university areas, i.e. Bucharest, Dolj, Timiș, Cluj, Mureș and Iași.

"In these university areas, there are enough doctors, but not in the rest of the country. We have a big, big problem", said Coriu.

Three counties have less than 300 doctors, and ten counties have less than 500.

With the support of the WHO, Romania adopted in 2022 its first strategy regarding health workforce
Ciuhodaru proposes modular multifunctional medical centres with EU funds to readdress the lack of facilities and professionals. [European Parliament]

development. The health minister expressed hopes that the regional problems related to the health care human resources will be solved by 2030.

Among other initiatives, a pilot project will soon be developed to improve living conditions and accessibility in rural areas to attract health workers.

“The drive for doctors to work in the countryside is given not only by the fact that they have an equipped office, but we have to find solutions that address their families as well, which means access to education for the children of these families of doctors or nurses and, last but not least, a living standard that will allow them to practice without worries”, Rafila said.

Along the same lines, Romanian PM Nicolae Ciucă recognises the country’s health infrastructure issues.

“The drive for doctors to work in the countryside is given not only by the fact that they have an equipped office, but we have to find solutions that address their families as well”

“The hospital infrastructure in Romania needs investments and equipment at the highest standards. Citizens need quality medical services and safer hospitals,” said Ciucă on 25 April after visiting a hospital in Iaşi.

Many hospitals in the country also face a shortage of basic materials and essential medicines, including for cancer, and doctors are forced to send more severe cases to hospitals in university cities. About 25 counties currently have no radiotherapist, and others have only one oncologist per tens of thousands of inhabitants, according to an investigation of Digi24.

Doctor Gindoovel Dumitra, a Romanian College of Physicians member, says that the deficit is increasing in the case of ATI and surgery specialists. One of the reasons young people don’t choose these specialities is the prospect of
"Even if the healthcare systems lie within member states, some programmes could be financed through EU funding"

a malpractice suit, he says.

The shortage of health professionals ultimately means longer waiting times for patients, Romanian MEP Tudor Ciuhodaru, vice-chair of the Subcommittee on Public Health and member of the Committee on the Environment, Public Health, and Food Safety, told EURACTIV Romania.

"From an economic point of view, the lack of access to medical care means more days of sick leave, more drugs, more days of hospitalisation", he added, pointing at the costs of not having enough medical facilities.

**EU-level solutions**

Ciuhodaru proposes modular multifunctional medical centres with EU funds to readdress the lack of facilities and professionals.

"I propose an EU standard for quality health. A European citizen, whether in Iaşi, in Bacău, Brussels or Paris, to benefit from the same health care, same access to investigations or advanced medical procedures," said Ciuhodaru.

He added, "Even if the healthcare systems lie within member states, some programmes for mothers and children, cardiovascular pathology, strokes, etc..... could be financed through EU funding".

He concluded that the EU's support in member states' health systems could resemble the European civil protection mechanism, but it would be permanent rather than only activated when a crisis arises.

**Long-term planning needed**

The health minister approved in March 2023 sectoral action plans for human resources for health development over 2023–2030.

These plans follow the approval of the Multiannual Strategy for the Human Resources for Health Development over 2022–2030 in June 2022, which aims to attract health professionals to underserved areas and improve education, recruitment, retention, and motivation of the workforce. The strategy is part of the National Recovery and Resilience Plan (NRRP).

One of the primary measures of this strategy includes enhancing the quality of healthcare facilities and the essential infrastructure required for ensuring safe medical practices with European funds.

Another measure is collaborating with local authorities to motivate healthcare professionals to work in local medical facilities. This aim can be accomplished by offering monetary and non-monetary benefits, such as covering commuter transportation costs, providing housing options, or assisting with relocating the families of healthcare professionals.

The long-term strategy also aims to collaborate with medical and pharmacy universities to ensure the delivery of high-quality medical education that meets the needs of patients. Additionally, addressing the challenge of coordinating the number of students with the number of residents and available positions within the healthcare system is another crucial aspect to consider.

Other measures mentioned are to create a national platform to advertise all available positions within the healthcare system publicly and to increase the number of open positions in regions and specialities where there is a shortage of medical personnel.
Currently, there are around 65,000 doctors in Romania, more than in 2018 when the country decided to substantially increase health workers’ wages, according to the National Institute of Statistics (INS). [Shutterstock/Cryptographer]
The growing migration of doctors outside Poland has not yet impacted the healthcare system, stakeholders told EURACTIV. Poland, however, if trends continue, then the impact will be felt.

By Bartosz Sieniowski | EURACTIV.pl

Hoping for better working conditions and higher salaries, Polish doctors increasingly apply to the Supreme Chamber of Physicians (NIL) for a certificate confirming that they are qualified to practice their profession and pursue a career abroad.

Healthcare professionals stress that the situation in Poland is better than a few years ago, although 2022 was a record year for applications.

“The outflow of workforce is most visible in hospitals. However, doctors leaving them do not always go abroad; they also take up jobs in infirmaries and clinics, both private and public. There are better working conditions and pays there,” Doctor Jakub Kosikowski, acting spokesperson for the NIL, told EURACTIV.

“Doctors are still leaving, but the annual total of requests for documentation to leave is less than one per cent of all doctors in our healthcare system,” he added.

He explained that the “medical exodus” in recent years has been relatively stable, but 2022 – the first post-pandemic year – faces more than 50% in certificates issued.
For Kosikowski, such an increase could be attributed to doctors’ fatigue with the system’s inadequacies, which the pandemic mercilessly exposed.

On the other hand, he added, changes in recent years have made Polish healthcare more competitive.

He cited the abolition of limits on the performance of specific procedures as an example.

“This has made it possible to do away with the annual reduction in the activities of many wards and outpatient clinics due to the exhaustion of contracts. As a result, trips are no longer motivated purely financially, as was the case years ago,” he said.

In 2022, NIL issued 887 certificates, 220 documents for dentists and 346 speciality equivalence letters.

Since 2018, 3,445 doctors and 730 dentists have applied for documents allowing them to emigrate.

Thus, one can see an upward trend, temporarily interrupted by years of intense fight against the COVID-19 pandemic and increased health system work.

How increased salaries helped

A Polish health ministry spokesperson told EURACTIV that currently, Warsaw is not dealing with an increased emigration of medical personnel, but on the contrary, it’s being noticed an increased influx of staff into the health care system.

“The first effects are beginning to be seen in increased enrolments in medical studies. We also see an influx of doctors from abroad, mainly from Ukraine and Belarus, under the fast-track work permit procedure. Today there are nearly 4,500 doctors”, the spokesperson said.

Regarding the salaries, the ministry official said they were increased in recent years and are now “comparable” with the cost of living in other EU countries.

“Those applying today for confirmation of their qualifications after graduation are often students from abroad who have come to Poland with the sole purpose of obtaining a medical degree“, he added.

The impact will be noticeable

Text Sebastian Goncerz, chairman of the Residents’ Agreement, confirmed the rising migration trend of health workers, saying about one-third of medical students declare their intention to leave the country.

“The main reasons cited are the working and development conditions, the atmosphere in the workplaces, unsatisfactory salaries, but also the political and social situation in the country, which is often the main reason for the decision to emigrate,” the doctor said.

“Doctors are still leaving, but the annual total of requests for documentation to leave is less than one percent of all doctors in our healthcare system,” Doctor Jakub Kosikowski said. [Shutterstock/Szymon Pelc]

“Doctors are still leaving, but the annual total of requests for documentation to leave is less than one percent of all doctors in our healthcare system,” Doctor Jakub Kosikowski said. [Shutterstock/Szymon Pelc]
expect its impact on health care to become much more noticeable”.

Moreover, the Polish doctor noted that a dramatic increase in the emigration of healthcare workers and employees is expected due to a significant increase in the number of medical students trained in Poland.

“If, according to the health minister’s plans, we reach an annual ceiling of 14,000 first-year students in this field nationwide, this will give us about 36 medical graduates per year per 100,000 inhabitants,” he said, adding that the EU average in 2019 was around 12.

Wrong policy choices

Polish young doctors insist that the state focuses on the wrong investments that exacerbate the emigration problem rather than eliminate it.

“The massive increase in the number of medical faculties, in the absence of improvements in working conditions and healthcare funding, and the politicised narrative towards doctors or social minorities discourage residents from staying in Poland,” Goncerz said.

He emphasised that to halt migration, the state offers to pay the tuition fees for medical studies under the condition that the student chooses a deficit specialisation and later takes up a job in public health care for ten years after graduation.

“The medical community is very negative about this idea – the loan is at a variable interest rate, for a large amount and reduces creditworthiness up to 40. In addition, with the current increase in the number of doctors, there is no guarantee of employment”, Goncerz concluded.
Urgency felt but political will missing, says health workforce expert

By Max Griera | EURACTIV.com

Member states need to take the lead in addressing healthcare labour shortages, and the EU needs to establish monitoring and funding schemes as part of a common European response, global health policy researcher at WEMOS Corinne Hinlopen told EURACTIV.

While the bulk of the work needs to be done by member states, Hinlopen believes that the EU is responsible for supporting them by strengthening monitoring across the bloc and earmarking EU funds.

Europe has been dealing with a shortage of health workers, and whether it is caused by intra-EU migration or by internal mobility from rural to urban areas or from the public to the private sector, “they’re all symptoms of a situation where we do not seem to be capable of recruiting the right people with the right skills in the right places,” said Hinlopen.

“We have lots of money going around, lots cohesion funds, social funds, the recovery and resilience funds, and they are to some extent utilised for WHO Regional Office for Europe published a report illustrating healthcare workers’ issues and inviting policymakers to act, and in 2021 the Commission published a report showcasing that EU member states’ health systems are under stress due to healthcare staff shortages. [Shutterstock/sheff]
health system strengthening, but we need to make it known,” she added.

One thing the EU could do is issue recommendations via the European Semester, including data on the density figures of health worker availability at a local level, as well as reports on the member states reliance on foreign healthcare workers, according to Hinlopen.

At the same time, “there should be some kind of more nudging or mandatory action for the member states to actually start investing in their health workforces”, she added.

Lack of action

In September 2022, the WHO Regional Office for Europe published a report illustrating healthcare workers’ issues and inviting policymakers to act, and in 2021 the Commission published a report showcasing that EU member states’ health systems are under stress due to healthcare staff shortages.

According to Hinlopen, a sense of urgency is felt among stakeholders, noting that “the health workforce crisis for those who are working in this area has been called a crisis for decades already”.

Despite the “signs”, EU lawmakers have failed to take action, the reason being the need for sustained action over courses of time longer than the EU’s political cycle and the complexity of achieving tangible results.

“As an MEP, you would like to be a champion for something, and you would like to then show in your within your mandate that you have actually achieved something. It may be harder in the health workforce area to demonstrate that you have achieved concrete results,” Hinlopen said.

Rising on the agenda?

In April 2023, however, Green MEPs sent a letter to the European Council urging leaders to address the shortages of healthcare workers hitting the continent, and the talks about the European Health Union, as well as the new parliamentary Committee on Public Health, seem to be have created a momentum to higher the issue on the policy agenda.

The recent unveiling of the EU’s pharmaceutical strategy is also “a first step in the direction of more harmonisation of EU policies”, and “it opens the door to another way of thinking about health policies”, Hinlopen said.

Despite the apparent momentum, though, Hinlopen is not hopeful about solutions in the short term, as it would require a lot of “energy and proactiveness” from decision-makers.

She further regrets that EU health policy, which gained traction during the COVID-19 pandemic, “is disappearing a little bit from the agenda”, and assures that the EU needs a triple transition, not only green and digital but also in health.

On top of that, with new stricter fiscal rules looming and potential spending cuts on the horizon, the public sector is at risk of receiving fewer resources, which “then translates into firing public sector workers, including health workers”, Hinlopen said.

“The health workforce is the pillar of any and every health system, and if we do not invest in their protection and making them stronger and better up to their responsibilities and tasks, then EU health is going to face serious challenges in the very near future, and we will not be able to attain universal health coverage, and we will not be able to reduce the health inequalities,” she said.
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