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

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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]

Third, it is an **education crisis** because many education institutions in Europe have not adapted yet to educate and train the new generations of health and care workers with the necessary skills and competencies to be fit for purpose for the present and future demands of the health system.[7] One example is the inclusion of digital health competencies in the curricula.

Fourth, it is a **gender equality crisis**. Women constitute 75% of the health workforce in Europe,[1] however they face a 24% pay gap in relation to men, have poorer working conditions, suffer higher workplace violence and sexual harassment and occupy fewer leadership positions than men.[8,9]

Finally, it is a **financial investment crisis**. After the 2008 financial crisis health budget cuts and health workers' salary cuts reduced the purchasing power of health workers and decreased the number of jobs for health workers. The COVID-19 pandemic represented a window of opportunity for increased investment in the health sector and its health workforce, but the recent war and increase inflation poses a challenge for the necessary investments on the health and workforce sector that are needed.

But this quintuple health workforce crisis is also a big opportunity to transform and strengthen the health workforces of European countries to contribute to stronger and more resilient health systems. As we said in our previous WHO Regional report on health and care workforce, "the time to act is now".[1]

WHO Europe jointly with its Member States have prioritized health workforce and has produced a "Health and Care Workforce Framework for Action 2023–2030" to guide the required transformation. The framework, which has five pillars, puts health and care workers at the center. The central pillar is "**Retain and Recruit**". It includes policy actions to improve the working conditions of health and care workers to revert the labour, mental health and gender equality crises. Improving working conditions entails reducing heavy workloads, reducing excessive working hours, provide more flexibility in contract arrangements and ensure fair remuneration among others. These actions will help to improve the mental health and well-being of health workers and increase the attractiveness of health jobs, including in rural areas, for the existing health workers and for the new generations of young students.

The second pillar is "**Optimize Performance**". It includes policy actions to increase efficiency of the limited health workers available in the health system. It is about reconfiguring health services, using digital health technologies, and redefining teams and the skill mix to maximise the limited human resources and guarantee that the actions they perform add value.

The third pillar is "**Build Supply**" and it is about modernising health education and training, including building digital health competencies to build a fit for purpose health workforce for present and future health services demands and needs.

The last two pillars are the enabling pillars, "**Plan**" and "**Invest**". Health workforce planning is essential for anticipating future needs of the health system and start taking actions on them now. Strengthening capacity of

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Human Resources for Health Units in Ministries of Health, including other stakeholders, and improving Human Resources for Health Information Systems and data are some of the actions to improve health workforce planning. Increase investment in health workforce will be a pre-condition to improve working conditions and health education. At the same time it will be required to invest more smartly by investing in those areas that add value.

During the recent WHO Regional Committee held in Astana, Kazakhstan on 24–26 October all countries in the WHO European Region noted the "Bucharest Declaration on Health and Care Workforce",[10] endorsed the "Health and Care Workforce Framework for Action 2023–2030" and have unanimously adopted a resolution to implement the framework and strengthening their health workforces. Countries across the region have politically committed to take action on the five pillars to revert the quintuple health workforce crisis into a situation where health workers are valued, respected and protected and can contribute to improve health systems and people's health outcomes.

Contributors

Natasha Azzopardi Muscat and Tomas Zapata conceptualized the commentary and agreed on the structure of the commentary.

Tomas Zapata wrote the first draft.

Natasha Azzopardi Muscat reviewed the first draft and provided valuable comments.

Hans Kluge reviewed the first draft and provided valuable comments.

Declaration of interests

All authors declare that they have no conflicts of interest.

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