

CURRENT INFORMATION ON PUBLIC HEALTH AND HEALTH PROMOTION

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EUROPEAN HEALTH FORUM GASTEIN 2023



HEALTH SYSTEMS IN CRISIS: Countering shockwaves and fatigue

Climate justice

**The least powerful
will suffer most**

WHO European region

**All countries have
workforce issues**

Michael West

**We are hard-wired to
help others in pain**

SEPTEMBER 2023

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Concept:

Dorli Kahr-Gottlieb (EHFG),
Chloe Maher (EHFG),
Dietmar Schobel (teamword)

Editorial office:

Dietmar Schobel, Spengergasse 43/24,
1050 Vienna, Austria,
www.teamword.at, schobel@gmx.at,
phone +43 664 360 17 82

Translation/Proofreading:

Rosemary Bridger-Lippe

Graphic design: Gottfried Halmschlager

Photo editors:

Susanne Karlhuber, Dietmar Schobel

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The WHO is proposing collective action.



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EDITORIAL

Dear Readers,



Photo: EHFG

Insufficient funding, a work-force shortage and inequalities in access to care are problems with which the health systems struggled even before the COVID-19 pandemic. The ensuing permacrisis – including the war in Ukraine, the cost-of-living crisis and the climate emergency – have only exacerbated the situation. It is for this reason that the main theme “Health systems in crisis – countering shockwaves and fatigue” was chosen for the European Health Forum Gastein (EHFG) 2023. This issue of the magazine “Healthy Europe” examines the central topics of this year’s hybrid conference in the Gastein Valley, whose participants include international stakeholders and decision-makers from the public and private sector, civil society, and science and academia. One of the most important questions is how to safeguard the fatigued health and care workforce. The situation is discussed in the article on pages 10 to 12 of the magazine, which is also available online at www.healthyeurope.info. Organisational psychologist Michael West is one of the speakers at the EHFG 2023. In an interview on pages 14 and 15 he describes the principles behind his concept of “compassionate leadership”, which is designed to improve the atmosphere at work, enabling employees to feel valued, respected and cared for, which will result in them doing their best work – and ultimately making managers redundant. The organisation “Buurtzorg” in the Netherlands and 26 other countries shows how domestic care services can be organised without bureaucracy and hierarchical structures. On pages 16 and 17, the article summarises what is needed to make this approach work.

Anniek de Ruijter, Professor of Health Law and Policy, explains in an interview why she is currently witnessing a “revenge” of the European welfare state. In the survey on pages 4 and 5, WHO Regional Director for Europe Hans Kluge, Director-General for Health and Food Safety at the European Commission Sandra Gallina and Austrian Health Minister Johannes Rauch propose solutions to the health systems crisis.

I hope you enjoy reading the magazine and wish you interesting days of exchanging knowledge and learning at the EHFG 2023.

Dorli Kahr-Gottlieb,
EHFG Secretary General

// We must highlight the attractiveness of health professions. //

Herwig Ostermann, Managing Director of Gesundheit Österreich GmbH, in an interview on the crisis faced by the health systems.

Buurtzorg, the self-managed health-care service in the Netherlands, is considered a model of success. It demonstrates how the structures in the health system can be improved for the benefit of patients and employees. **16**

Anniek de Ruijter,

Professor of Health Law and Policy at the University of Amsterdam, in an interview about the European welfare state model and the role of the European Union in global health issues. **18**

The countries and population groups that have contributed least

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Has the idea of a European Health Union run out of steam? Healthy Europe asked two members of the Young Forum Gastein for their opinion. **21**

Why are the health systems in crisis?

Healthy Europe asked three prominent decision-makers why Europe's health systems are facing a crisis. Hans Kluge, WHO Regional Director for Europe, Sandra Gallina, Director-General, European Commission Directorate-General for Health and Food Safety, and Johannes Rauch, Federal Minister of Social Affairs, Health, Care and Consumer Protection, Austria, responded.

Hans Kluge, WHO Regional Director for Europe

The theme of this year's European Health Forum Gastein is timely: our health systems are in crisis and stretched thin. The signs are evident: the burden of non-communicable diseases, an ageing population, gaping health disparities. We must now rise to this challenge with unwavering determination and collective action.

COVID-19 exposed the fragility of our preparedness, illuminating the need to fortify our defences against future pandemics and climate-related threats. Our vulnerability stares us in the face, urging us to heed the call for resilience. As patients continue to endure agonising waiting times with inadequate access to critical care, the time to act is now.

Swift action is paramount. We must invest in sophisticated surveillance systems, robust early-warning mechanisms and meticulous pandemic preparedness.

The shortage of healthcare professionals exacerbates our plight, leaving us ill-equipped to meet a soaring demand for quality care. To overcome this, we must attract, retain, and empower our health and care workforce through competitive incentives and continuous professional development. Together, we can create an environment that nurtures their skills and compassion.

Underinvestment has crippled our health-care infrastructure, leaving us ill-prepared to face the oncoming tide. We must commit to decisive action – channelling resources to bolster our health systems, hospitals and primary care facilities, ensuring equitable access to cutting-edge medical technologies, and expanding our capacity to deliver essential services.

The time for rhetoric is over. Let us be architects of our destiny, forging a path of unity, solidarity and commitment. We are more than capable of building health systems that not only endure the trials of today but also triumph over the uncertainties of tomorrow.

WHO/Europe stands ready, unwavering in its support to friends and partners. In unity, there is strength; in commitment, there is hope. Together, let us steer our health systems towards a brighter future.



“We must attract, retain and empower our health and care workforce through competitive incentives and continuous professional development.”

HANS KLUGE

Sandra Gallina, Director-General, European Commission Directorate-General for Health and Food Safety

In recent years, the COVID-19 pandemic has highlighted the vulnerabilities present in our health systems. It was clear that they were not fully equipped to handle such a challenge. Weaknesses need to be addressed through investment to make health systems more resilient.

By increasing the capacity of our health systems, we give them the tools they need to handle surges in demand while still providing regular and emergency care. Health must be reframed as an investment for our societies and economies, rather than a cost. The European Commission responded by adopting several health policy initiatives to create a stronger European Health Union, matching the policies with funding. The EU's Recovery and Resilience Facility supports Member States' health systems



“Health systems in Europe are ill-prepared to face major threats.”

SANDRA GALLINA

with over EUR 43 billion planned for reforms and investments. From this amount, around EUR 14 billion is allocated to digital health infrastructure, telemedicine and healthcare workers’ digital skills.

The EU4Health programme funds projects for the training of healthcare professionals’ digital skills, best practice sharing in primary care, and improving the capacity of Member States for health workforce planning, while the development of tools for testing health system resilience is also underway. The diagnosis is clear: health systems in Europe are ill-prepared to face major threats. The cure? Invest more in healthcare infrastructure, strengthen the healthcare workforce, accelerate digital skills and improve primary care. The Eu-

ropean Commission is taking steps to support Member States in providing the healthcare that is needed for a European Health Union that leaves no one behind.

**Johannes Rauch,
Federal Minister of Social Affairs,
Health, Care and Consumer
Protection in Austria**

The pandemic highlighted the role of strong public health systems all around the world. At the same time, its effect was like a magnifying glass, bringing the structural weaknesses of our medical services to the fore.

While we have learned to live with the virus, the European health systems are now facing similar challenges: the demographic development of the population is leading to an ever-growing demand for health services and also an increasing requirement for long-term care. In Austria alone, we will need 76,000 additional caregivers before 2030.

The Austrian health system continues to do outstanding work, as was confirmed by the most recent report of the Organisation for Economic Co-operation and Development (OECD). Per capita health expenditure is among the highest of the European Union countries. In addition, the density of doctors in Austria is at a high level. Nevertheless, there is an acute need for action in some cases.

For instance, there is a problem with finding new health service doctors, such as



“In Austria alone, we will need 76,000 additional caregivers before 2030.”

JOHANNES RAUCH

general practitioners and paediatricians, especially in rural areas. People who cannot afford to go privately are forced to use hospital services. But the health personnel there are often already at the limit of their capabilities.

This means that structural reform is urgently needed. Reforms will have to secure medical care for the population in the future, in the form of targeted investment. To achieve this, we will need to provide doctors’ surgeries with support and also to press ahead with digitalisation in healthcare, where patients receive rapid medical assistance in accordance with the guiding principle “digital then outpatient then inpatient”, which also takes the pressure off the health professions.

SAVE THE DATE

European Health Forum Gastein
24 – 27 September 2024

A wake-up call for Europe

What is needed to secure the future of the health systems and improve the working conditions of health personnel? The European Health Forum Gastein 2023 aims to provide answers to these and other fundamental questions.

Hundskopf, Stubnerkogel and Gamskarkogel. These are the names of just some of the lofty peaks in the High Tauern mountain range, which borders on the Gastein Valley. It is in this remote Alpine location, in the Austrian state of Salzburg, that the European Health Forum Gastein (EHFG) is held every year. The list of participants reads like a “Who’s who” of health policy in Europe. This year, speakers at the conference include – among many others – Stella Kyriakides, European Commissioner for Health and Food Safety, Hans Kluge, Regional Director for Europe at the World Health Organization (WHO) and Andrea Ammon, Director of the European Centre for Disease Prevention and Control.

The 26th EHFG is taking place on 26-29 September. For the second time, it is being held as a hybrid conference, in other words as an in-person event and also online, after participation was only possible via the internet in 2020 and 2021 owing to the COVID-19 pandemic. The main theme this year is “Health systems in crisis – countering shockwaves and fatigue”.

The pandemic has exacerbated problems

“Health systems in Europe were already facing significant problems before the COVID-19 pandemic – ranging from underfunded primary and social care, workforce shortages and inequities in access to care through to the challenges posed by an ageing population and the increase in chronic



diseases,” explains President of the European Health Forum Gastein Clemens Martin Auer. Due to the COVID-19 pandemic, inflation and the war in Ukraine, these problems have been exacerbated, however, and the health systems have been pushed to their limits. Health and care workers have been especially affected as a result.

The necessary measures that must be taken to reduce the pressure on personnel, to increase the attraction of health professions and to extend the length of time that staff remain in their jobs, are therefore key issues that will be discussed at the EHFG 2023. Sessions and plenary meetings will focus on new forms of training and HR management, for example, and also on digitalisation and the use of artificial intelligence. In addition, ongoing challenges in the health sector such as anti-microbial resistance, vaccine hesitancy, the treatment of rare diseases, mental health and climate protection will be on the agenda.

The EU elections in 2024 will also be discussed at the EHFG. It is likely that the 27 Member States of the European Union will vote for the approx. 720

members of the European Parliament in June of the coming year. “The COVID-19 pandemic has suddenly put health policies in the spotlight of public attention. We need to use this momentum and also prepare even now for what we can do to ensure that this continues even after the coming elections,” remarks Auer. “It is time for the idea of a European Health Union to be realised in the next term of government.”

Financing must be secured

More than anything else, it is a question of the money involved: “When it comes to distributing taxpayers’ money, the health sector is in competition with other sectors. Everyone who is involved in health must therefore also play an active role in fighting for adequate funding of the health and social systems,” the EHFG President observes. “After all, it should be well known by now that health and social measures also benefit all other areas of society.” Auer believes that the EHFG 2023 and its main theme “Health systems in crisis” should therefore be understood as a “wake-up call for Europe”.

CLEMENS MARTIN AUER

“In all areas of life, I follow the principle of moderation.”



“During my professional career I have been fortunate enough to be able to pursue

the areas that attract my interest personally and also appealed to me during my training: systemic relationships,” says Clemens Martin Auer. Born in 1957 in Miesenbach, Lower Austria, he studied politics and philosophy at the University of Vienna and wrote his PhD dissertation on “The Crisis of Modernism in Catholicism”. From 2005 to 2018 he was head of the department

responsible for the health service and central coordination in the Austrian Federal Ministry of Health. In this position, he played a significant role in all structural policy reforms for the Austrian health service, such as the primary care legislation passed in 2017, which is designed to secure interdisciplinary basic medical care. Since 2017 Clemens Martin Auer has been President of

the European Health Forum Gastein. As a health expert, what does he do to take care of his own well-being? “In all areas of life, I follow the principle of moderation, which is also one of the seven cardinal virtues,” says the EHFG President. He is very interested in culture and specifically likes to relax while listening to music: “Preferably the music of Johann Sebastian Bach.”

MICHAEL WEST

“It is all about creating an atmosphere in which employees are recognised, supported and valued.”

Michael West was born in 1951 in Loughborough, England. He grew up in Wales and studied psychology at the University of Wales where he also completed a PhD dissertation on “Psychophysiological and Psychological Correlates of Meditation” in 1977. “Meditating means being in the here and now effortlessly,” explains the British psy-

chologist, who has been exploring the subject since his first year at university and has learned a number of different meditation techniques. After his studies, he worked in a coal mine for a year. He remarks: “It was there that I learned the true importance of teamwork.” Mutual support, trust and teamwork are all principles that have been

central to his academic career as well, as a professor of organisational psychology at Lancaster University and additionally the author and co-author of 20 books and over 200 scholarly articles. Michael West developed the concept of “compassionate leadership”. During his four years as Executive Dean of Aston Business School, when he was re-



sponsible for 200 employees, he implemented the idea himself: “It is all about creating an atmosphere in which employees are recognised, supported and valued. If that is successful, you are ultimately redundant as a manager.”

TOMAS ZAPATA

“Social justice was the most important motivation behind my decision to study medicine.”



“Social justice was the most important motivation behind my decision to study medicine. Everyone de-

serves equal economic, political and social rights and opportunities. And everyone should receive the best possible health care,” says Tomas Zapata (45). Since November 2020 he has been Head of the Health Workforce and Service Delivery unit in the WHO Regional Office for Europe based in Copenhagen, and he lives

in the Danish capital with his wife – who is a journalist – and their three children aged 13, 15 and 17. Zapata comes from Madrid, studied in the Spanish capital as well as in London and Boston, and worked as a family doctor in Spain for four years. He has 13 years of experience in policy advice, research and programme

implementation for international organisations such as the WHO, United Nations Population Fund (UNFPA) and Doctors of the World. “I have lived in countries such as Mozambique, Namibia, Bangladesh and India, and everywhere I have been able to learn more to benefit my life and my work,” he emphasises.

Beyond the Forum

The European Health Forum Gastein (EHFG), Europe's most important health policy conference, is being held for the 26th time this year. The conference has long since become the springboard for many other important initiatives.

TEXT: DIETMAR SCHOBEL

As soon as one conference comes to an end, the ten members of the team headed by Secretary General Dorli Kahr-Gottlieb delve into organising and running the European Health Forum Gastein (EHFG) for the following year. These days, however, the high-calibre health policy organisation offers far more than the plenary sessions, workshops and discussions at the conference in the Gastein Valley itself, which is visited every year in early autumn by decision-makers and experts from the realms of politics, business, science and civil society. Since the EHFG was first established in 1998, it has given rise to the following activities and initiatives, amongst others:

- European Health Leadership Award
- European Health Union Initiative
- Hosting the Austrian Chapter of Women in Global Health
- EHFG webinars
- Young Forum Gastein network

The European Health Leadership Award singles out organisations that display exceptional leadership in safeguarding or improving the health of people in the European Region of the World Health Organization (WHO). The award was presented for the first time in 2007 – when it was still called the European Health Award – and went to the European Alliance Against Depression (EAAD). This network of researchers based in Leipzig, Germany, works to improve treatment for depression and to help prevent suicide. At present, the network consists of more than 100 regional partners in Europe, Canada, Chile and Australia and is involved in several European research projects.

The latest prizewinners

In 2021, the European Society of Intensive Care Medicine (ESICM) was presented with the European Health Leadership Award. The programmes run by this medical society – LIVES C19 and C19_SPACE – facilitate knowledge exchange between stakeholders and provide health professionals with training for their non-regular work in intensive care units. In 2022,

the award – which is supported by the Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection and comes with a prize of €10,000 – went to 100% LIFE, the largest patient-led organisation in Ukraine. This initiative's work focuses in particular on the interests of people living with HIV and on providing them with extensive treatment. As Dorli Kahr-Gottlieb emphasises: "This year, the award will be presented to a grassroots initiative that is exemplary in its efforts to improve the health of European citizens – an organisation using bottom-up approaches and collective action to implement positive change for the health workforce."

The wheels were set in motion for the **European Health Union (EHU) Initiative** in 2020 at the European Health Forum in the Gastein Valley by Lithuanian surgeon, civil rights campaigner and politician Vytenis Andriukaitis, the former EU Commissioner for Health and Food Safety. Together with 15 fellow campaigners associated with the EHFG, he subsequently put together the Manifesto for a European Health Union. This was addressed to the political leaders in Europe and was presented in 2021. The main calls in this document include:

- Improving the health and well-being of all Europeans
- Strengthening the solidarity within and between the Member States of the European Union, while paying



"Women with the same qualifications find it more difficult to rise to a management position than men."

DORLI KAHR-GOTTLIEB



particular attention to the needs of disadvantaged population groups

- Providing security for all Europeans, protecting them from the major threats to health
- Involving all citizens in efforts for improved health in Europe, and hearing what they have to say

Joining forces against the “glass ceiling”

This year’s EHF will also mark the official launch of the **Austrian Chapter of Women in Global Health**, which is facilitated by the EHF team. Founded in 2015, the initiative now has 50 chapters in 47 countries with around 6,500 members and 100,000 supporters and works to actively promote gender equity. Dorli Kahr-Gottlieb explains why the EHF team is campaigning for equal rights for wom-

en: “For structural and ideological reasons, women with the same qualifications generally find it more difficult to rise to a management position than men. We want to work together with others to do something to address and overcome this ‘glass ceiling’.” The healthcare system seems to be one of the main areas in which this is urgently necessary. Even though far more women than men work in this sector, the gender ratio in top management does not reflect this.

In 2020 and 2021, the COVID-19 pandemic required that the EHF only took place online. As of 2022, it has been held in a hybrid format, meaning that participants have the choice of attending in person or following the event online. Since the pandemic, the EHF team has regularly organised webinars throughout the year as well. The most recent ones have focused on areas such as EU pharmaceutical legislation, One Health, and Cancer Care Efficiency.

Promising young professionals

Young Forum Gastein is an EHF initiative which was initiated for promising young health professionals in 2007. Every year since a shortlist has been made from a large number of potential candidates; these selected scholars are offered a tailor-made workshop day before the start of the EHF and can then take part in the conference free of charge, where they play an active role. This year, 55 applicants from a total of 180 were selected for an EHF scholarship. At the early autumn event, they are able to have one-to-one talks with prominent mentors from health policy, health sciences, the healthcare industry and civil society. And they also have the chance to take part in other workshops, webinars and conferences during the year. The Young Forum Gastein network already includes over 600 members in total. Clearly, the future of the EHF and its forum-related events and activities is in safe hands.

All countries have workforce issues

Despite their many differences, all countries in the WHO European Region are suffering from a shortage of healthcare workers, an issue that has been further exacerbated by the COVID-19 pandemic. The WHO is proposing collective long-term action.

TEXT: DIETMAR SCHOBEL

Taken together, the challenges we are currently facing with respect to the health and care workforce represent a ticking time bomb. If left unaddressed, they are almost certain to lead to poor health outcomes across the board, long waiting times for treatment, many preventable deaths, and potentially even health system collapse." It was with these dramatic words that *Hans Kluge*, WHO Regional Director for Europe, summed up the findings from the World Health Organization (WHO) report "Health and care workforce in Europe: time to act" during the presentation in September last year.

Personnel shortages, unattractive working conditions, lack of strategic planning and insufficient investment in developing the workforce are just some of the issues he made reference to. Most have been known about for decades. But despite this, they have not yet been resolved, and it seems the situation in all 53 countries of the WHO European Region is similar. "There are quantitative and qualitative differences, of course. But generally speaking, each of our Member States is currently facing severe problems in ensuring that there are enough properly qualified staff available for healthcare and long-term care in the future as well," emphasises *Tomas Zapata*. He is the Head of the Health Workforce and Service Delivery Unit in the WHO Regional Office for Europe, based in Copenhagen, Denmark,

and played a leading role in preparations for the cited report.

Comprehensive data were collected for this report, and the fact that there is a staffing crisis in the healthcare sector may seem paradoxical at first glance when looking at the raw numbers. "The health and care workforce in the European Region has never been larger or more diverse in terms of available skills," the WHO document states. In fact, the number of medical doctors, nurses and midwives in the WHO European Region increased by an average of ten percent between 2010 and 2020. Upon closer inspection, however, it becomes apparent that this growth on the "supply side" has been exceeded by an even greater increase on the demand side, ultimately leading to a shortage of personnel in all healthcare systems.

Four reasons for the staff shortage

Generally speaking, this development can be attributed to four reasons, explains *Tomas Zapata*:

- Demographic changes, i.e. the proportion of elderly and old people in the population is increasing while the proportion of younger people is decreasing.
- The increase in chronic diseases such as cardiovascular diseases, cancer, chronic respiratory diseases, musculoskeletal disorders, mental health issues and diabetes mellitus.
- The increased expectations of patients with regard to the healthcare system and its representatives.
- And last but not least, a backlog of routine examinations and therapies that were postponed due to restrictions during the COVID-19 pandemic.

Added to this is the fact that healthcare workers were pushed to their limits and often well beyond during the COVID-19 pandemic.

According to WHO estimates, no less than 50,000 health and care workers in the



"Each of our Member States is currently facing severe problems."

TOMAS ZAPATA



European Region have died as a result of COVID-19 infections. Furthermore, there will be a need to fill an especially large number of positions in the healthcare sector in coming years, as many members of the particularly large “baby boomer” cohort will retire. In 13 of the 44 countries that submitted data for the WHO report “Health and care workforce in Europe”, at least 40 percent of the doctors are over 55 and are therefore expected to retire in the next ten years. In Italy, for example, which heads up this statistic, the proportion is even higher at 56 percent. And so there are more than enough reasons for the alarm bells to be ringing among policymakers – or at least they should be. When nurses, midwives and doctors go on strike, as seen recently in England, healthcare staffing issues make it to the front pages of newspapers and news portals, thus attracting the interest of the general public. More money, more time off and greater appreciation are some of the remedies aimed at ameliorating the situation in the short term.

Immigration to countries with higher wages

Recruiting healthcare workers from other countries also appears to be a potential solution – but only for the destination countries. Within the European Union, this is facilitated by the right of establishment. Unsurprisingly, immigration primarily occurs from countries with rela-

tively low average incomes to those with relatively high incomes. In the EU, this typically means from Eastern and Southern European countries to Western and Northern European Member States. In some countries, this has already led to a significant “brain drain” due to the emigration of highly qualified workers. This makes finding collective ways of responding to the staffing problems that are common to all countries in the WHO European Region all the more urgent. The WHO held a meeting in Bucharest in March 2023. Fifty of the 53 Member States sent their responsible ministers and top officials to the conference in Romania and jointly adopted the “Bucharest Declaration”. “The short-term focus is primarily on determining what we can do to ensure that healthcare workers remain in the healthcare system or return to it,” summarises Tomas Zapata. Other important steps include improving education, performance and planning processes, as well as increasing investment. The ten most important “actions to strengthen the health and care workforce in the European Region” are already included in the cited WHO report of September 2022 (see also box). It is to be hoped that they will also be taken into account and implemented in the short, medium and long term. After all, one thing is clear: the structural problems that have existed in healthcare systems for decades will

10 ACTIONS TO STRENGTHEN THE HEALTH AND CARE WORKFORCE

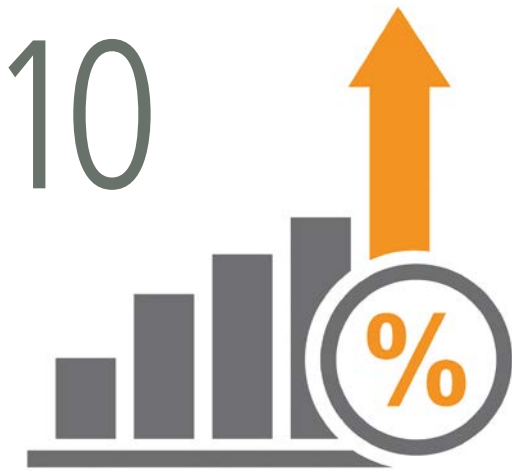
- 1 Align education with population needs and health service requirements
- 2 Strengthen continuing professional development to equip the workforce with new knowledge and competencies
- 3 Expand the use of digital tools that support the workforce
- 4 Develop strategies that attract and retain health workers in rural and remote areas
- 5 Create working conditions that promote a healthy work-life balance
- 6 Protect the health and mental well-being of the workforce
- 7 Build leadership capacity for workforce governance and planning
- 8 Strengthen health information systems for better data collection and analysis
- 9 Increase public investment in workforce education, development and protection
- 10 Optimise the use of funds through innovative workforce policies

Source: Health and care workforce in Europe: time to act. Copenhagen: WHO Regional Office for Europe; 2022

not be resolved within a few months. But taking the first steps towards a solution within a few months is all the more urgent. Ultimately, the goal is to defuse the “ticking time bomb” as quickly as possible.

Facts & figures

Data, facts and figures on professions with a workforce shortage, the migration of health personnel and the rise in staffing levels in the WHO European Region.



10 percent was the average rise in the number of medical doctors, nurses and midwives between 2010 and 2020 in the 53 Member States of the WHO European Region. The WHO Regional Office for Europe extends from Kazakhstan to Portugal and from Iceland to Turkey. In the West Asian Member States this increase was highest at 36 percent, followed by the West European Member States at 26 percent and the South European Member States at 15 percent. In contrast, in the Central Asian and East European Member States there was a decrease of 15 and six percent respectively.

Source: Health and care workforce in Europe: time to act. Copenhagen: WHO Regional Office for Europe; 2022

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out of 29 countries sent information on a shortage of nursing professionals for the 2022 report on labour shortages and surpluses by the European Labour Authority. Norway and Switzerland also took part in the survey, besides the 27 countries in the European Union. The "Top 5" professions with a workforce shortage also included bricklayers and related workers, carpenters and joiners, heavy truck and lorry drivers, and also metal working machine tool setters and operators.

Source: Report on labour shortages and surpluses. European Labour Authority, 2022



2020

Germany, Spain and the United Kingdom were the main countries of destination in absolute terms for foreign-trained doctors and nurses. In Ireland, Norway and Switzerland the number of foreign-trained medical doctors entering the health labour market in 2019 was even greater than the number of domestic graduates.

Source: Health and care workforce in Europe: time to act. Copenhagen: WHO Regional Office for Europe; 2022

Health promotion should go without saying

Health promotion in hospitals is a good way of attracting new employees as well.

It should really go without saying that hospitals and other healthcare institutions promote health," says Peter Nowak, head of the Competence Centre for Health Promotion and Healthcare at Gesundheit Österreich GmbH founded in 2022, adding: "Ideally, the healthcare institution as a whole and its processes should evolve to become a health-promoting organisation that has an influence on patients, employees and people from the region."

The call to reorientate health services in this way goes back to the Ottawa Charter of 1986, the foundational document for health promotion supported by the World Health Organization (WHO). The world's first pilot project for a health promoting hospital was launched by the WHO in 1989 at the Rudolfstiftung hospital in Vienna and was run by the late health sociologist Jürgen Pelikan, who passed away in February of this year.

Eight sub-projects were realised. For instance, a hygiene team was established to reduce the risk of hospital-acquired infections and better coordinate the use of antibiotics. A ward was reorganised, and joint meetings for all occupational groups introduced. A patient support team was established, and patients without rela-

tives or friends have been tended to by staff volunteers ever since. They have conversations with them, accompany them to examinations and on walks, and provide personal care services, like assistance with eating.

600 health promoting hospitals

What began in Vienna has grown into the WHO network entitled "Health Promoting Hospitals and Health Services". It currently comprises 19 national and regional networks as well as around 60 individual members, representing a total of around 600 healthcare institutions on four continents. In Italy, for example, there are active regional networks in six of the 20 provinces.

One of these is Trentino, whose focus is on workplace health promotion and activities for children and young people. "One of our goals is to ensure that children feel safe in hospitals and healthcare facilities, are addressed using child-friendly language, and are provided with spaces for playing and reading wherever possible," explains Ilaria Simonelli, coordinator of the Trentino region's network, emphasizing: "In order to successfully implement health promotion, it's crucial that the hospital management is behind it."

No time for health promotion?

This often remains wishful thinking in times of increasing workloads, as there is seemingly no time for health promotion. Sweden is among the countries that have successfully adopted the concept despite this. "In Sweden, 20 of the 21 regions and therefore 85 hospitals and primary care organisations belong to the national network for health promotion in hospitals and healthcare facilities," says Ralph Harlid, Vice-Chair of the International HPH Network and Coordinator of the Swedish HPH Network.

The latter advocates for such things as a holistic view of health and the importance of health promotion throughout the entire care chain. In addition, the network supports health care organisations in becoming a role model for a good working environment. Workplace health promotion is a key focus at the Krankenhaus der Elisabethinen hospital in Graz as well, which is one of around 70 institutions that make up the Austrian Network of Health Promoting Hospitals and Health Services.

Free activities

The roughly 600 employees can choose from a wide range of free activities offered each year. These include mindfulness training, resilience workshops, swimming and rowing classes and even a day trip to a nature park. "The shortage of staff in the healthcare sector is now making itself felt in our facility, as in all hospitals and healthcare institutions," says Michaela Drexel, who is responsible for occupational health promotion at the Krankenhaus der Elisabethinen hospital in Graz. "This makes such health measures all the more important, and they serve as a good way of attracting new staff as well."

"In order to successfully implement health promotion, it's crucial that the hospital management is behind it."

ILARIA SIMONELLI



We are hard-wired to help others in pain

Michael West, Professor of Organisational Psychology at Lancaster University, explains why humans are compassionate beings and why this should play a key role for managers in the healthcare sector.

INTERVIEW: DIETMAR SCHOBEL

HEALTHY EUROPE

Professor West, what is “compassionate leadership”?

Michael West: Compassion is a core element of who we are. We humans are designed to feel compassion – not only for others, but for ourselves too. When we behave compassionately and support others, the reward centres in our brain are activated. You could also say: we are hard-wired to help others in pain. Leadership that incorporates compassion manifests itself in four behaviours: attending, understanding, empathising and helping.

HEALTHY EUROPE

How does a compassionate leader behave in practice?

To be **attending** means being present with and focusing on others. It stands for “listening with fascination”, as communication trainer Nancy Kline put it. Being a good listener is probably the most important leadership skill. Compassionate leaders take the time to hear about the

challenges, obstacles, frustrations and harm experienced by their colleagues. And they also listen to what they relate about their successes and what they enjoy about their work. **Understanding** involves taking time to properly explore the situations people are struggling with. It implies valuing and exploring conflicting perspectives rather than leaders simply imposing their own understanding. **Empathising** means to mirror and feel colleagues’ emotions like distress, frustration or joy, without being overwhelmed and becoming unable to help. **Helping** involves taking thoughtful and intelligent action to support individuals and teams. Compassionate leaders remove obstacles that get in the way of people doing their work, whether it is a matter of chronic excessive workloads, conflicts between departments or something else. Compassionate leadership not only means being empathetic, but actually helping and supporting wherever necessary too.

HEALTHY EUROPE

Time pressure has increased across all industries in recent years – and in the healthcare and welfare systems in particular. Is it even possible to implement a concept like “compassionate leadership” under these circumstances?

Not only is it possible, but it’s urgently needed especially in the healthcare and welfare systems that are struggling with growing staff shortages. The most crucial task at the moment is to curb the outflow of healthcare workers. We have seen when implementing the concept of compassionate leadership in practice that it significantly increases both job satisfaction among the staff and also the quality of patient care, and it ultimately proves to be economically beneficial. This has been confirmed by numerous studies. There is also evidence that in organisations where there is room for compassion and time for listening, workdays are on no account spent less efficiently. In most cases, the opposite is true. In fact, the concept of compassionate leadership is especially well suited for the healthcare and welfare sector, because the percentage of employees who chose their profession in order to help others is very high in this area.

HEALTHY EUROPE

Where is the concept of compassionate leadership already being implemented?



“Effective organisations typically have only two or three reporting levels.”

MICHAEL WEST, PROFESSOR OF ORGANISATIONAL PSYCHOLOGY AT LANCASTER UNIVERSITY



It is already being implemented in numerous healthcare facilities in England, Ireland and other European countries. One example is Wales, where we are currently working in collaboration with Health Education and Improvement Wales to train all managers in the Welsh healthcare system. Another example is the Berkshire Healthcare NHS Foundation Trust, which has around 5,000 staff and provides mental and physical health services in the county of Berkshire in England and has likewise adopted the concept of compassionate leadership. Surveys have shown that the stress levels of employees and the staff churn rate there are the lowest in England, while job commitment is especially high.

HEALTHY EUROPE

What effect does compassionate leadership have on organisations as a whole?

It affects what leaders pay attention

to, what they monitor, what they reward, what they talk about, what they communicate to staff, and what is valued in the organisation. Compassionate leadership enhances the intrinsic motivation of staff and reinforces their fundamental altruism. It helps promote a culture of learning where risk taking is accepted within safe boundaries, and where there's an acceptance that not all innovation will be successful. It is diametrically opposite to cultures of blame and fear and bullying. Compassion also creates psychological safety, and thus enables staff to feel safe to raise concerns about errors, near misses, and problems that they perceive in the workplace. So, leadership behaviour ultimately affects the organisational culture as a whole. This doesn't just concern interactions between the employees, but also those with the patients, their relatives and everyone else who has dealings with the healthcare facility in question.

HEALTHY EUROPE

Interaction on equal terms is obviously a central element of compassionate leadership. How compatible is this with the hierarchical structures of many large organisations, which are often particularly pronounced in the healthcare sector?

In large healthcare organisations, there are indeed usually ten and more levels of hierarchy. That said, we know that effective organisations typically have only two or three reporting levels. This means we have to move away from rigid hierarchical structures. That is not the way to manage highly motivated people. Instead, we should empower employees to make more decisions autonomously and expand their freedom to do so. Fundamental changes in organisational structures will be necessary in order to achieve this. Currently, we are seeing that several healthcare institutions and systems are taking the first steps in the right direction.

Humanity over bureaucracy

Buurtzorg, the self-managed healthcare service in the Netherlands, is considered a model of success. It demonstrates how the structures in the health system can be improved for the benefit of patients and employees.

TEXT: DIETMAR SCHOBEL



In the 1990s, the management structures and bureaucracy in the healthcare and nursing services in the Netherlands became even more complex. Every single task had to be accounted for, down to the very last second, supposedly in an attempt to save money. This triggered the establishment of an organisation where the focus was returned to the needs of patients, as well as those of caregivers," explains *Thijs de Blok*, describing Buurtzorg's origins. The Dutch home care service was founded by his father, qualified nurse *Jos de Blok*, in 2006 together with *Gonnie Kronenberg* and *Ard Leferink*. It is

committed to three principles: humanity over bureaucracy, simplicity over complexity and practicability over hypothesis.

Simple and revolutionary

The organisational structure through which this is implemented in practice is considered as simple as it is revolutionary. While other institutions in the health sector often have double-digit levels of hierarchy, Buurtzorg has just one. Employees work in self-organised teams of up to twelve people. When more employees are needed, the teams are divided. The members create duty

rosters and care plans together, jointly hire new employees and also make joint decisions on whether to take on new clients.

The very first Buurtzorg team consisted of just three people. But as early as 2007, the first of many media reports about Buurtzorg came out, and the model also received support from the Dutch Health Minister at the time. As a result, the new care service grew fairly rapidly, not least because many caregivers were interested in the new form of organisation and Buurtzorg's objectives. In 2022, over 10,000 nurses organised in around 900 teams worked



“No one entered this profession for the money.”

THIJS DE BLOK, CHIEF EXECUTIVE OFFICER OF BUURTZORG INTERNATIONAL

for the social enterprise in the Netherlands. 98 percent of them are female, all work part-time, and they receive compensation that is one pay grade higher than legally required for their level of education.

Clients are exclusively cared for at home, and the caregivers handle all the tasks that arise – whether cleaning and hygiene, nursing or medical care. Documentation is dealt with immediately on-site using tablet computers. They are equipped with BuurtzorgWeb, which was specially developed for the purpose in conjunction with caregivers. The requirement was that everything relevant should be recorded with the bare minimum of data. This digital system can also be used by the nurses to coordinate their activities and obtain answers to technical questions.

Maintaining independence

The goal of Buurtzorg is for clients to receive the best possible care while remaining independent for as long as possible and receiving as much social support as possible. Employees should have the time to provide high-quality care and maintain personal relationships with those in need of care and also receive ongoing training.

According to the “Onion Model”, the first step is to assess the care needs of the clients. After that, the caregivers determine which tasks can be handled by neighbours, friends and family members, provided that they are willing and able. If necessary, these people are then also trained to handle the responsibilities. The remaining tasks are undertaken by the professional caregivers. Specialists who may be additionally required in order to provide optimum care for those in need form “the outermost

layer of the onion”. They might include general practitioners, physiotherapists or pharmacists, for example.

Regional coaches solve problems

Buurtzorg employs 21 regional coaches who are on hand to act as professional mediators in case conflicts arise within the care teams, for instance. Each coach is responsible for around 40 teams. They do not hold a hierarchical position and are primarily responsible for conveying the philosophy, culture and working methods of the social enterprise to the nurses. The coaches accompany the development of the teams and are there to support them in working independently, self-managing and solving problems.

Buurtzorg’s back office currently consists of 50 people and is responsible for the invoicing of care services, paying caregivers and all other administrative tasks. “This means that only about 0.5 percent of our workforce are not directly involved in caregiving,” says Thijs de Blok.

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2022.

Quality of care has increased

The fact that at Buurtzorg – which means “neighbourhood care” in English – tasks normally undertaken by professional caregivers are delegated to friends, neighbours and family members is viewed by critics as a shortcoming. Despite this, the concept is considered a model of success both nationally and internationally. A study by the major consulting firm KPMG in 2012 showed that “by changing the model of care, Buurtzorg has accomplished a 50 percent reduction in hours of care, improved the quality of care, and raised job satisfaction for their employees”.

Ernst & Young, another major consulting firm, has found that the costs per patient at Buurtzorg are “20 to 30 percent” lower than conventional care services in the Netherlands. What’s more, according to a paper authored by three researchers from the University of Applied Sciences and Arts Northwestern Switzerland, “98 percent of clients would recommend Buurtzorg”.

26 other countries are adopting the model

In recent years, the Buurtzorg model has been adopted by various organisations in many other countries, with varying degrees of success. “Buurtzorg International was established to support and assist our international partners with implementation,” says Thijs de Blok, Chief Executive Officer of Buurtzorg International. The concept is currently being adopted in 26 other countries in addition to the Netherlands.

In these countries, there are between ten nurses, as in Austria, and 300 nurses, as in Taiwan, working with it. The fundamental principle is the same in all these nations as it was when Buurtzorg was founded in the Netherlands 17 years ago, emphasises Thijs de Blok: “At its core, it’s about trust – the trust that people are indeed capable of making the right decisions and managing themselves at work. This is especially the case for nurses, because no one entered this profession for the money.”

The return of the welfare state?

An interview with Annik de Ruijter, Professor of Health Law and Policy at the University of Amsterdam, about the European welfare state model and its relevance for EU and global health issues.

HEALTHY EUROPE

We are living in a time marked by acute crisis – the COVID-19 pandemic and the war in Ukraine, as well as ongoing challenges like demographic shifts and climate change. Does this endanger the model of people-centric welfare states in Europe?

Annik de Ruijter: On the contrary, you could even go as far as to say we're currently experiencing a renaissance of the European welfare state, after its accomplishments were disputed and also dismantled to varying degrees in many countries since the 1980s. The COVID-19 pandemic has prompted the majority of policymakers to reaffirm their commitment to this model. Of course, what will come of this remains a question.

HEALTHY EUROPE

Was the COVID-19 pandemic a kind of catalyst for this development?

The COVID-19 pandemic did indeed play a significant role here. It not only showed us as individuals how much we rely on each other, but also highlighted the central importance of an inclusive and fair welfare state, and ultimately also the importance of strengthened solidarity among Member States at European Union level. Prior to the COVID-19 pandemic, facilitating the joint purchase of vaccines and medicines so quickly or taking on debt jointly to cope with the consequences, and thus make the EU's Recovery and Resilience Facility a reality, was all but unimaginable. And the EU also set up the Health Emergency Preparedness and Response Authority (HERA) as a new body in the field of healthcare with an annual budget of one billion euros.

HEALTHY EUROPE

The COVID-19 pandemic has also led to the realisation that, like environmental issues, health issues must

be considered on a global scale. To what extent is this already being taken into consideration in the European Union?

The European Union is in the first stages of performing a role in health governance

WHAT CONSTITUTES A WELFARE STATE?

Welfare state is the term used to describe a state that seeks to provide high levels of social security and welfare services for its citizens through comprehensive programmes such as compulsory health insurance, pension schemes and unemployment insurance, as well as appropriate social policies such as state support for education and retraining, and housing subsidies. In addition, a welfare state includes state support for wealth accumulation, social tax benefits and comprehensive public infrastructure such as educational and recreational facilities.

Source: Abridged from a glossary entry (in German) on the "welfare state" on the website of the German Federal Agency for Civic Education: <https://www.bpb.de/kurz-knapp/lexika/lexikon-der-wirtschaft/21166/wohlfahrtsstaat/>, accessed 25 August 2023



"Investments in social security and the health of the population ultimately benefit the economy as well."

ANNIEK DE RUIJTER, PROFESSOR OF HEALTH LAW AND POLICY AT THE UNIVERSITY OF AMSTERDAM

at a global level. The EU is playing a leading role in the adoption of the international pandemic treaty, which the World Health Organization intends to present in 2024. This treaty is expected to include a variety of measures to reduce inequalities in pandemic preparedness between the Global North and Global South. The EU Global Health Strategy was introduced back in November 2022 with the same goal of improving global health security and delivering better health for all. Also, the work of the European Medicines Agency (EMA) establishes standards that are recognised worldwide. This has been called the “Brussels” effect, and it means that EU regulation that might be intended to have an impact only for Europeans, can have a direct and indirect impact on the health of people beyond.

HEALTHY EUROPE

Can you give some examples?

The 27 countries of the European Union are collectively the second-largest exporters and importers of goods in the world. Only China and the United States export and import more goods respectively. In global health the trade aspect is very important. Legal instruments such as the EU Supply Chain Law, which is currently under negotiation, can really set a new standard outside of Europe and contribute to better health and living conditions for people around the world. It establishes standards that companies within the EU must adhere to throughout their supply chains and thus has a knock-on effect on supplier companies based outside the EU. Amongst other things, the law contains regulations intended to prevent child labour, ensure fair wages and protect the environment. There are definite issues here that can be raised regarding a new type of colonialism, but on the other hand these supply chains are there, and it remains unfair if in Europe we are not paying for the unhealthy situations we create elsewhere in the world. In any case, there is more than health legislation alone that

THE FUTURE OF THE WELFARE STATE IN THE EU

A group of eleven experts examined the future of social protection and the welfare state in the EU between November 2021 and December 2022. *Anna Diamantopoulou*, former European Commissioner for Employment, Social Affairs and Equal Opportunities, chaired this high-level group. The final report on their work contains nine recommendations on the measures that are predominantly important for safeguarding the welfare states in Europe. Specifically, these are:

- 1 Starting strong: nurturing child development for all
- 2 Creating a springboard for the young generation
- 3 Ensuring inclusive social protection and lifelong learning
- 4 Supporting longer careers in good health to safeguard adequate retirement incomes
- 5 Ensuring equitable and high-quality long-term care provision
- 6 Promoting inclusive and environment-friendly housing and transport
- 7 Ensuring sustainable financing for a resilient welfare state
- 8 Ensuring inclusive service provision that enhances well-being and capabilities
- 9 Stepping up EU capacity to secure social protection in the future.

Source: “The future of social protection and of the welfare state in the EU”, Luxembourg: Publications Office of the European Union, 2023

can make an important contribution to ensuring better health.

HEALTHY EUROPE

What is needed in order to safeguard the European welfare state model for the future?

The European welfare state model is a success story. One reason for this is because investments in social security and the health of the population ultimately benefit other important aspects of our communities as well. In order to ensure its future, it needs to adapt to the changes brought about by new ways of working, digitalisation, demographic shifts, and the challenges of climate change. This may also mean changing how the welfare states are funded and adjusting the taxes levied on income from work, capital, wealth, inheritance, consumption and carbon emissions accordingly. The fundamental principle of

the European welfare state model remains unchanged: to ensure social security and healthcare for all, while providing targeted support for the socially disadvantaged. The European Pillar of Social Rights has established an important foundation for consolidating and expanding the European welfare state model at EU level. I would like to see this pillar being supported by appropriate legislative measures and consideration being given to the topic of health specifically in accordance with its importance. The European Pillar of Social Rights will certainly be a particular focus of Belgium’s EU Council Presidency from January to June 2024.

Anniek de Ruijter was born in 1982 and is Professor of Health Law and Policy at the University of Amsterdam as well as a member of the Board of the European Health Forum Gastein.

Inequality of this scale is a cancer

The countries and population groups that have contributed least to climate change are suffering most from it. Climate justice is about redressing the balance.

TEXT: DIETMAR SCHOBEL

Over the past 25 years, the richest 10 percent of the global population have been responsible for more than half of all carbon emissions, and the poorest 50 percent were responsible for just seven percent of emissions. Rank injustice and inequality of this scale is a cancer," United Nations Secretary-General Antonio Guterres said in 2020 when the global initiative Countdown was launched. It aims to cut greenhouse gas emissions in half by 2030 and achieve net-zero emissions by 2050.

The countries of the Global South, which bear the least responsibility for climate change, are often the most severely affected by its consequences, such as an increase in heatwaves, wildfires, droughts, hurricanes, landslides and floods. Carbon dioxide emissions in the sub-Saharan countries in Africa, in South and Southeast Asia and in India, for example, are below the threshold of an average 1.61 tonnes of CO₂ emissions per capita per year that would need to be maintained to achieve the

goal specified in the Paris Climate Agreement of limiting the average increase in global temperature to a maximum of 1.5 degrees Celsius by 2100. This threshold is being significantly exceeded in China, Russia, Central Asia and Europe. In the United States, the average per capita CO₂ emissions are especially high at 14.5 tonnes per year.

92 percent of emissions come from the Global North

According to an article published in the medical journal *The Lancet* on 1 July 2023, over the period 1850–2015 the countries of the Global North were responsible for "92 percent of historical carbon dioxide emissions in excess of the safe planetary boundary". In the interest of climate justice, wealthy countries are therefore called upon to implement significant climate protection measures both rapidly and intensively, while simultaneously compensating the poorer countries of the world – for example, through debt cancellation, giving land back to communities, uncondi-

tional grants or similar measures.

There is likewise a need to redress the balance between privileged and disadvantaged population groups in all countries of the world. On the whole, marginalised groups such as migrants, refugees, ethnic minorities and generally people with relatively low income and education levels contribute least to climate change. Yet they often suffer most from it. "These population groups frequently live in environments where the noise and air pollution is especially severe, and there is also very little green space," says Denis Onyango, Programmes Director at the Africa Advocacy Foundation in England, which assists migrants and refugees in matters relating to health and welfare. In recent years, he has noticed an increase in refugees from Africa who have left their home countries due to changing climate conditions. "They migrate to us because climate change caused by humans, and primarily by the countries of the Global North, has made life and survival in their home countries impossible. At the same time, migration policies in England and other European countries have become increasingly inhumane," Denis Onyango points out, adding: "I would like to see Europe showing the same compassion towards refugees from Africa and other parts of the world who have been displaced by climate change and conflicts as it has demonstrated towards refugees from Ukraine."



"Migration policies in England and other European countries have become increasingly inhumane."

DENIS ONYANGO

Has the idea of a European Health Union run out of steam?

In the wake of the COVID-19 pandemic, there were calls to take the momentous step of establishing a European Health Union. What has happened since then? Was it just a case of empty words? Healthy Europe asked two members of the Young Forum Gastein for their opinion.



The European Pillar of Social Rights, the European Green Deal and the European Health Union are three key initiatives by the European Union (EU), and specifically the European Commission. They share not only grand and impressive names, but also a considerably less grand treaty basis. Whilst the EU has been active for decades in social, environmental and health policy, these areas have attracted more than their fair share of controversy among Member States. Indeed, by assigning grand names to its initiatives, the Commission has sought to construct a unity – and eventually a comprehensive set of EU-level rules and norms – that does not yet exist. This may put into perspective expectations vis-à-vis the youngest of the three initiatives, designated with the impressive title of “European Health Union”. That is not to say, of course, that we should not be allowed to hope for or expect action, legislation and impact – or, in a word, change in the area. Even though much remains to be done to achieve anything worthy of this grand title, not least regarding health rights and health access for all people living in the EU, the area of health has become a key field of EU intervention. This, indeed, is one main achievement of all three aforementioned initiatives: to identify old and newly opening gaps in competences provided by the European treaties. Some of these gaps have already been closed. The next steps for all of these initiatives – including the “Health Union” – should now consist in developing a stable, growing and implementable EU legislative construct. This would allow them to abandon their grand names, and to become part and parcel of the broader system of rules and norms that constitutes the EU.

Even though much remains to be done to achieve anything worthy of this grand title, not least regarding health rights and health access for all people living in the EU, the area of health has become a key field of EU intervention. This, indeed, is one main achievement of all three aforementioned initiatives: to identify old and newly opening gaps in competences provided by the European treaties. Some of these gaps have already been closed. The next steps for all of these initiatives – including the “Health Union” – should now consist in developing a stable, growing and implementable EU legislative construct. This would allow them to abandon their grand names, and to become part and parcel of the broader system of rules and norms that constitutes the EU.

Mechthild Roos is a lecturer in Comparative Politics at Augsburg University. She has been a member of the Young Forum Gastein, the network for young European health professionals belonging to the European Health Forum Gastein, since 2021.

As health advocates and professionals, we all have now memorised the words of President of the European Commission Ursula von der Leyen from 2020, when she emphasised the need for a European Health Union. Equally, we have welcomed all the new policies and initiatives launched from this milestone, from the EU4Health programme and the European Health Data Space EHDS through to the ambitious pharmaceutical legislation reform. However, it is equally clear that the difficult part of the work is still to come. While the 2024 EU elections will bring change and hopefully new perspectives, it will be essential for the “renewed” EU to build on the positive road that has been prepared over these last years. This is fundamental, especially since some, if not all of the most important dossiers and initiatives launched, including the pharmaceutical reform, the EHDS and the EU Comprehensive Mental Health strategy, will end up being finalised or implemented from next year onwards. The European Health Union will equally need to develop “new pillars” currently missing from the picture, starting from granting more centrality to discussing and urgently finding joint solutions to health workforce issues, such as shortages and skilling. In addition, more attention paid to the Health in All Policies approach, better integration between programmes and priorities, and further funding and opportunities, will all be needed. To conclude, it will be essential to show European citizens that the road being travelled by EU health policies is indeed heading towards “more health in the EU” and will be leading to an ambitious long-term European vision and strategy: a true European Health Union, not only one on paper, but one that can be touched and felt by all Europeans, patients, healthcare professionals and beyond.

Michele Calabrò is Director of EUREGHA, the European network of regional and local health authorities. He has been a member of the Young Forum Gastein since 2018.



We must highlight the attractiveness of health professions

An interview with Herwig Ostermann, Managing Director of Gesundheit Österreich GmbH, on the crisis faced by the health systems, potential solutions, and the concept Health for all Policies.

INTERVIEW: DIETMAR SCHOBEL

HEALTHY EUROPE

Are the health systems in Europe facing a crisis?

Herwig Ostermann: Yes, if we compare the current situation with ten or twenty years ago, we must indeed call it a crisis. Even then, there was pressure especially as cost increases needed to be reduced and financing of the health systems had to be secured. Now there is added pressure from growing staff shortages. Besides this, the crises in society currently experienced in Europe and around the world have a direct and indirect effect on the health systems as well. In addition to the war in Ukraine and inflation, there are also the ongoing challenges presented by climate change and demographic shifts.

HEALTHY EUROPE

What is the best approach to dealing with this crisis?

Provided that digitalisation is employed correctly, it can be an important lever and make working easier. And we must try to motivate people who are currently not in work to join or return to the health system. To achieve this, on the one hand it is important to improve working conditions. On the other hand,

it is all about placing the attractiveness of working in the health system in the foreground and communicating this appropriately.

HEALTHY EUROPE

What makes this kind of work so attractive?

People who work in the health system are of great benefit to the community and usually have a high standing. Also, jobs in health systems are generally very secure and you don't have to worry about being out of work. But attracting more staff will not solve the problem on its own. In the European Union, the employee/patient ratio in the health systems differs from country to country. At the same time, however, we know that a relatively large health workforce does not automatically increase the quality of the care. And so we also have to consider other ways of relieving pressure on the health systems while contributing to better health in the population. The concept "Health **for** all Policies" uncovers new possibilities here.

HEALTHY EUROPE

Can you describe the concept?

It is based on the "Health **in** all Poli-

cies" concept and refers to the fact that the most important factors that influence people's health are found outside the traditional health system, such as in the areas of social, education, environmental, labour market, transport and economic policy. If measures are taken in these social sectors, their effects on health also need to be taken into account. The concept "Health **for** all Policies" expands this approach to include one key component: it focuses on the co-benefits that are created for other social sectors if they take health aspects into account as well during planning and in processes.

HEALTHY EUROPE

Where are such co-benefits found?

One example is when companies that promote the health of employees and maintain their capacity to work also enjoy a better economic performance as a result. Another is when schools that develop into health-promotion organisations also create better conditions for teaching and learning in the process. New ideas can and should be implemented in the health system itself as well, of course. Increasingly, the health system needs to go beyond exclusive-



“A relatively large health workforce does not automatically increase the quality of the care.”

HERWIG OSTERMANN,
MANAGING DIRECTOR OF
GESUNDHEIT ÖSTERREICH GMBH

ly caring for patients, and also promote the health of employees, patients and people in the region – and additionally be oriented on climate protection. On a policy level, orientation on the concept “Health for all Policies” can help to better fulfil the United Nations Sustainable Development Goals.

HEALTHY EUROPE

You are managing director of Austria’s public health institute. How would you describe the range of responsibilities in general at such an institution?

Despite all the differences in the national health systems and also the public health institutes in the European countries, there are many similarities. Monitoring and controlling infectious diseases are among the “traditional tasks”, but since the 1970s at the latest there

has also been a broader understanding of the responsibilities at national public health institutes. This includes, for example, a focus on non-communicable diseases, prevention and health promotion, and also on intersectoral cooperation as an important prerequisite for better health of the population.

HEALTHY EUROPE

What role can be played by knowledge exchange between European countries in the area of public health?

It is only possible to a certain extent to transfer ideas from one health system to the next, from one country to another. That said, health systems can be improved from the inside, and you can learn from other countries in certain smaller areas. At European level it would therefore be a good idea

to intensify knowledge exchange between the nations and especially between their public health institutes. For example, this can involve collecting models of good practice for various areas of the health system. The International Alliance of National Public Health Institutes – IANPHI, to which Gesundheit Österreich GmbH has belonged since 2019, intends to make a key contribution here. And both nationally and internationally, it is a matter of forming new, intersectoral alliances not just on a policy level, but also scientifically – such as by public health researchers intensifying exchange with economic and environmental researchers, entirely in the sense of “Health for all Policies”.

Health economist **Herwig Ostermann** (44) studied Economics and Health Sciences in Austria and Ireland, and has been Managing Director of Gesundheit Österreich GmbH (GÖG) since 2016. GÖG is Austria’s research and planning institute for the healthcare sector and is also the central office for health promotion in Austria, employing around 300 people.

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