
4.1. Demography and the promotion of a sustainable health workforce

- Older Europeans have lived most of their lives out of the European Union. For them, it is particularly difficult to sometimes understand the implications of EC policies on matters particularly concerning their everyday lives. Greater efforts need to be done in order to take into account older European citizens' points of view on healthcare, care provision, health promotion or health security. Let's ask them!
- I believe there is one key actor missing from the debate regarding the debate on European Workforce for Health: immigrants. Let me just quote the Green Paper, "... *demand for formal care is likely to increase given the likely reduction of availability of informal carers for example as a result of changing family structures*". In many countries, informal care is provided by immigrants, who develop a particular relationship with those they care for, be it older persons or disabled ones. The reduction of availability of informal carers from within the families is sometimes supplied by external carers. In Spain, for example it is a common thing to see an old man being cared for by a young, non-Spanish man. Sometimes this informal carers become the older person's main voice reporting to the healthcare specialist (nurse, physician, etc) when they are both at the hospital or health centre. Major immigrant association should also be asked about some of the issues raised in the Green Paper.

4.2. Public Health Capacity

- More synergies between public healthcare institutions and private healthcare bodies should be promoted.
- Workplace-related health is fundamental is people are to have longer working lives. Older people should enjoy going to work and staying at work after 60 or 65. More flexible and innovative ways to work must be set up in order to delay retirement. What do they suggest?

4.3. Training

- A career in the healthcare field is hard and takes time. More incentives to pursue post-graduate studies are needed in order to stop poor retention of health professionals. This studies have to be acknowledged and taken into account in the public and private sector when determining salaries and posts.
- Universities or Research Institutions and the healthcare business sector should come closer. Research is essential to make decisions. For example, in San Sebastian (Spain) Ingema and Matia Foundation have launched a *Innovation Cluster on Ageing* as a means to make business initiatives, healthcare specialists, researchers and public authorities come closer and debate, create and propose concrete solutions to the economic, social and political challenges and opportunities set out by our ageing societies.

5. THE IMPACT OF NEW TECHNOLOGY: IMPROVING THE EFFICIENCY OF THE HEALTH WORKFORCE

- More in-depth analysis of the ethical implications of the interaction between people and new technologies. They are of great help to further the exercise of the right to health and the right to the right to enjoy the benefits of scientific progress and its applications, both enshrined in the Universal Declaration of Human Rights (article 27), in the International Covenant on Economic, Social and Cultural Rights (Article 15 § 1 b) and in the Universal Declaration on Bioethics and Human Rights (Article 15).

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.