



SEE Health Network Response
to the
European Commission Green Paper
on
“The European Workforce for Health”

The South-Eastern European Health Network (thereafter called SEEHN):

- welcomes the “Green Paper on the European Workforce for Health” initiative of the European Commission and the opportunity to submit responses to the issues raised in the Green Paper;
- agrees with the importance of the issues raised;
- considers the timing of the Green Paper particularly relevant in the light of the growing financial and economic crisis which affects overall not only the European Union but also SEE Region (thereafter called Region), and the effects of which start impacting also the health systems;
- acknowledges the support it received from the European Commission for the Multi-country Workshop on Health Manpower Needs and Mobility in Brussels, 30 June-1 July 2008 bringing together representatives of the Ministries of Health, Education, Labour, Economy and Social Affairs, as well as professional chambers to discuss the wide ranging nature of this topic;
- recognizing the importance of the WHO Regional Committee for Europe Resolution EURO/RC57 of 2007 and the attention drawn to the growing mobility of health workers at the 8th Conference of Ministers of Health (Council of Europe) on “People on the Move: Human Rights and Challenges for Health Care Systems” held in Bratislava, November 22-23, 2007, as well as the importance given to human resources for health by the WHO European Ministerial Conference on Health Systems “Health Systems, Health and Wealth”, Tallinn, Estonia, 25-27 June 2008;
- agrees with the analysis regarding the health workforce situation made by the European Commission and considers it also broadly appropriate to Region;
- considers that the health workforce situation in the Region requires urgent attention;
- recognizes that some of the issues raised in the European Commission’s “Green Paper” are even more acute in the SEE; they point out clearly to the need for concerted action in this field by the SEE countries and the Region as a whole, in close cooperation with the European Commission and the Member States of the EU;

- welcomes the rationale of the “Green Paper” that action in the field of the health workforce in the EU should not have a negative impact on the developing countries but considers that the significant impact which this action is most likely to have on the SEE Region must also be carefully considered and taken into account by the European Commission.

Labor mobility and its promotion is considered in the European Union as a fundamental right and key to the achievement and completion of the internal market and its further economic development. Should the health workforce mobility be considered in the same light? The European Commission’s “Green Paper” is very cautious on this topic. It emphasizes more the need to ensure that the health workforce in the Member States will be meeting the changing health needs of their populations, avoiding regional disparities by appropriate policy responses, and that the EU policy in this field is not to have a negative impact outside the EU. Can health care, and in particular primary health care, be delocalized?

In the light of the above considerations the SEEHN is submitting below a number of comments and proposals for possible action:

1. The Region, composed of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Montenegro, Romania, Serbia and the Former Yugoslav Republic of Macedonia, has the particularity of including European Union Member States, Accession and Candidate countries as well as others. This special situation is taken into account in the present document.

The population of the Region is estimated at 57 million inhabitants. The population projections over the next 40 years for SEE countries show a small but significant expected decline for the Region as a whole and for most countries of the Region, similar to the situation in most of the new EU Member States from Central and Eastern Europe, whereas for the EU-27 as a whole population projections over the same period show stability.

While life expectancy for most of the countries of the Region is lower by several years with respect to the EU-27 average life expectancy, the percentage of the older population (>65 and >80) is rather similar in the EU and some SEE for which data are easily available (several SEE countries have a significantly lower percentage of aged population), and is expected to increase up to 30% for the Region in 2050, for the >65, as a consequence of which the health services of the Region will face the same challenges with the elders as the health services in the EU. There is also a similar expected change in the family structure which will lead to an increase in formal care needs for the elderly.

2. While in the EU there are currently between 3 and 4 MDs per 1000 population, in the SEE as a whole the number is significantly lower for the Region (2.2 per 1000) with considerable variations between the countries of the Region (1.0 to 3.6 per 1000, with the majority between 1.6 and 2.7). Any emigration of MDs from SEE to the EU and other parts of the world will not only accentuate the already chronic lack of MDs and will thus impact negatively on health care.

As just mentioned the per capita numbers of MDs and Nurses (and assimilated) varies considerably between the countries of the Region, from 1 to 3.6 per 1,000 for MDs, and from 4.2 to 6.2 for Nurses and assimilated. Taking into account the population of each of the countries and the per capita number of MDs and Nurses (and assimilated), one can estimate that there are approximately 120,000 MDs and 260,000 Nurses (and assimilated) in the Region.

As of June 2008 (latest statistics available, German Bundesagentur für Arbeit) there were 1137 MDs and 6768 nurses from the Region working in Germany and subject to social insurance contributions represent respectively 1% and 2.5% of the numbers in the Region. This number has doubled for MDs in 3 years (since 2005) while it has only increase by 50% for nurses and assimilated. For MDs between June 2007 and June 2008 there has been a 25% increase as compared with only 15% for the previous year; unfortunately there are no more recent data than June 2008 to assess the possible impact of the current financial and economic crisis.

Extrapolating to Germany and then to the old 15 EU Member States, one can estimate that the number of MDs and Nurses from the Region working in the old 15 EU are respectively between 5-10% (for MDs) and between 12-25% (for nurses)!!! However the lack of reliable data should be emphasized.

In addition one has to consider the emigration of the health workforce from this Region to countries outside the EU (and outside of Europe, in particular to North America and the Middle East), including some European countries such as Norway and Switzerland.

3. The Green Paper stresses the importance of the *gender balance in the health force*, indicating that in some Member States women represent more than 50% of the intake in medical schools; the proportion of women MDs in the SEE is even greater. Some data indicate that the proportion of women currently in medical schools exceed 2/3 of the enrollment, however no reliable and comparable data is available for the Region. The Green Paper stressed the importance of the promotion of gender equality measures in human resources strategies. A dialogue between the EU and SEE should be established specifically on how this issue is handled in the health area.
4. The “Green Paper” stresses that *training capacity* is also an issue to be considered as part of workforce planning, and that Member States will have to assess these needs. It considers that a possible area on which to focus action on health professionals’ continuous professional development (CDP). A number of countries in SEE have difficulties in providing such an adequate CDP. In service training and regular updating of qualifications of the health workforce is of high priority for the Region. The SEEHN would welcome the opportunity to work closely with the European Commission and the EU Member States in the development and implementations of strategies in this area. The creation of an EU Observatory on the health workforce, with which the SEE Region would be associated, would be most welcomed.
5. The “Green Paper” recognizes the need for Member States to address *health workforce disparities within countries*; this issue was also recognized as been of importance in the SEE Region at the Multi-country Workshop on Health Workforce Needs and Mobility in Brussels, 30 June-1 July 2008, in particular the growing unbalance in health professionals between urban and less urbanized areas. The proposal by the “Green Paper” to create an EU-wide forum or platform where managers could exchange experiences is most welcome; it would be desirable if the SEE Region could be also included.
6. While the “Green Paper” stresses that action on health within the EU, it also has important *policy implications for the EU’s external and development policy*, it then focus essentially on developing countries. It would be desirable if the needs of the SEE Region would also be considered and a dialogue established.
7. The issue of *managed migration* in the health sector is mentioned by the “Green Paper” in relation to the study undertaken by the European Migration Network, which found *considerable lack of data* in particular regarding third country health nationals in the EU. The actions proposed by the “Green Paper”, setting up of systems to monitor flows of

health workers, and ensuring the availability and comparability of data on health workers are also essential for the SEE Region and a close cooperation with the EU would be welcomed. The Commitment of the EU, stressed in the “Green Paper” to develop a Code of Conduct for the ethical recruitment of health workers from non-EU countries is strongly welcomed.

8. The importance of *workplace-related health* stressed in the “Green Paper” is also relevant to SEE; the SEEHN would welcome an increased visibility of the activities of the Agency for Safety and Health at Work (OSHA) to the Region.
9. The accent placed in the “Green Paper” on the need to have an adequate and properly trained *public health* workforce is welcomed; the growing need for such a workforce is fully recognized by the SEEHN and the countries of the Region. Close collaboration in the area between the European Commission and the SEEHN would be highly welcomed.
10. Finally the “Green Paper” recalls that the development of the EU health workforce is also linked to the Cohesion Policy and that under the current legal framework it is *possible to use Structural Funds to develop the health workforce*. The possibilities to use pre-accession funds as well as EU funds related to the neighborhood policy should be explored.

The SEEHN wishes to thank the European Commission for the opportunity which it was given to comment on its “Green Paper” on the “European Workforce for Health” and expresses the hope that the above comments and suggested proposals will lead to an enhanced cooperation between the European Commission and the SEEHN



Ms Snezana Cicevalieva

Chair
Executive Committee
SEE Health Network



Dr Piotr Mierzewski

SEE Health Network Secretariat
Head of Health Division
Council of Europe



Dr Maria Haralanova

SEE Health Network Secretariat
Regional Adviser
Public Health Services
Division of Country Health Systems
WHO Regional Office for Europe

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.