



**Ministry of Health and Social Affairs**

*Health Care Division*

European Commission  
Directorate-General for Health and  
Consumers  
Consultation on the Green Paper on the  
European Workforce for Health

**Response to the Commission's public consultation on the *Green Paper on the European Workforce for Health***

*General remarks*

The Swedish Government takes a positive view of a discussion within the EU on tackling the challenges faced by the Member States with regard to health professionals and carers.

The Swedish Government shares the Commission's views with regard to the challenges facing the healthcare sector in the EU, in terms of both balancing increasing demand with a restricted supply and responding to people's health needs locally, while also being prepared for major crises (e.g. pandemics). Taken together, all this could lead to increasing spending on health, which in turn would have an effect on the scope and operations of healthcare.

It is important that the financing and organisation of healthcare remains a national responsibility in the future. Community action in the field of public health must fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care. At the same time, however, the Swedish Government wishes to state that there are very good reasons for continuing to strive for accessible healthcare of high quality throughout the European Union.

*Demography and the promotion of a sustainable health workforce*

Demographic developments are one of the dimensions having an impact on the availability of workers. One of many possible actions, which is also proposed by the Commission in the Green Paper, is effective deployment of the health workforce already available. The issues of skills composition and the division of tasks between different professions in healthcare (skill-mix issues) become important here. Views on the distribution of roles differ from Member State to Member State, and for this reason there is potential for valuable exchanges of experience.

*Public health*

The Swedish Government agrees that action in the fields of health promotion and disease prevention improves patients' quality of life and may reduce demand for care and treatment services, thereby also being cost-effective.

Healthcare should be highly accessible and of good quality and should offer freedom of choice for the individual. A well functioning healthcare system is of great significance to public health. Healthcare helps people to regain or maintain their health and their ability to function and makes a positive contribution to their return to work or to active life in another way. Not least, the healthcare system provides security, in that everyone can get help for themselves and their families when they need it.

To improve the quality of life and reduce demand for care, it is important for a general approach aimed at health promotion to be established in all spheres of society. The Swedish National Board of Health and Welfare presented a report in 2005 identifying action taken in the health sector to improve health and prevent disease, and in 2010 it is expected to issue national guidelines for preventive work in the health sector. Work is also ongoing at the Swedish National Institute of Public Health to assess and disseminate existing knowledge of health-promoting measures in the health sector. Since 2005 the Swedish Association of Local Authorities and Regions has had a strategy to support the work of the local authorities and regions towards a health sector concentrating more on health promotion. The Cancer Strategy (SOU 2009:11) recently presented to the Government includes several parts on work undertaken in the health sector on prevention and changing lifestyles. Furthermore, lifestyle changes have been added as parameters in many Swedish quality registers.

#### *Education*

The Green Paper refers to the weak attractiveness of jobs in healthcare. However, this only applies to certain professions. For example, it is extremely attractive to become a doctor or a dentist. Instead, the problem here is rather one of unequal access between and within countries, but also between different specialisations. It is therefore important to note that the different professional categories in the health sector are facing different problems.

#### *Mobility and global migration*

Free movement of persons is one of the fundamental freedoms guaranteed under Community law. Directive 2005/36/EC provides for the recognition of professional qualifications in view of establishment in another Member State and in view of facilitating the provision of cross-border services in a Member State other than the one of establishment. The opportunity to move freely across borders makes it possible for workers and students to obtain improved career and training opportunities or better pay and working conditions. Sweden views this as something fundamentally positive, as also are the implications of the proposed Directive on cross-border healthcare.

As far as global migration is concerned, Sweden agrees that the shortage of health workers is a huge challenge in some countries, in particular on the

African continent, and that action on health within the EU also has important implications for the EU's external and development policy. Sweden welcomes the fact that the Green Paper refers to these measures within the framework of the EU's Global Approach to Migration and other measures intended to avoid undermining the development prospects of third countries through the 'brain drain', by instead promoting circular migration. When migrants return home, either temporarily or permanently, they take with them valuable skills and new contacts which can benefit their home country. This is why the possibility of circular migration is important. A common EU policy on immigration which provides incentives and avoids barriers to circular migration could contribute to reducing the brain drain in third countries that are particularly hard hit. With regard to the question of ethical rules for the recruitment of health workers, Sweden agrees that the active recruitment of health workers from countries which themselves have a shortage of such workers should be avoided. However, it is important to point out that one of the fundamental causes of the brain drain is often the lack of decent working conditions in the home country. Sweden therefore advocates taking a broad view of migration and development, in which, for example, the issue of the brain drain in the health sector is tied to measures to promote the developmental effects of returning home, to improve the working environment and conditions for health workers in their countries of origin, etc. One of the basic points must be that individuals should not be prevented from seeking a better quality of life in another country (provided, of course, that this is done legally) and that there should be no discrimination against immigrants on the basis of their country of origin.

#### *Data to support decision-making*

Increased mobility of health workers between countries means that in future domestic access to personnel will largely depend on the labour market situation in other EU/EEA countries. It is therefore particularly important to provide central assistance to the Member States in matters concerning access to health workers, to set up common systems to monitor the flows of personnel between the Member States and to coordinate statistical methods and definitions in order to produce joint statistics. An exchange of experience between the Member States concerning planning methods with a view to having a sustainable supply of personnel would also be valuable.

#### *New technology*

Sweden welcomes the fact that the Green Paper sets out so clearly the benefits for health workers of using new information and communication technologies. The Swedish Government wishes to stress that user-friendly and coherent IT support is an absolute necessity to be able to make work processes more effective, improve treatment methods and promote cooperation between all the categories of health workers. In this way, new technology will also result in better conditions for offering safe healthcare based on the individual needs of each patient, while at the same time guaranteeing the continuity of care when the patient seeks healthcare from different providers. Sweden also has a long history of using telemedicine services and distance healthcare as natural elements of the healthcare sector, and the Government therefore particularly welcomes the highlighting of this aspect in the Green Paper.

The description of the benefits and the problem profile as set out in the Green Paper are therefore highly relevant as far as Sweden is concerned. Since 2006 cooperation has become well established between the Government, the health authorities and other key players with the aim of coordinating investments in this area. A national IT strategy for healthcare and welfare has been drawn up, including common principles for how the healthcare sector's provision of information should function. The strategy also points to the need for increased training for health workers and the need for increased cooperation between healthcare providers, health workers and IT service providers in order, for example, to make the record-keeping systems more user-friendly and suited to the needs of the activities undertaken. As a result, there would also be increased opportunities for health workers to set about using new technology so that they could themselves provide the impetus to change, improve and modernise work routines and processes in the healthcare sector.

### *Entrepreneurship*

The Swedish Government takes a positive view of action to increase the number of health professional entrepreneurs. In recent years, the Government has worked actively to increase diversity and entrepreneurship in the healthcare sector and, thereby, to strengthen the patient's freedom of choice and to generate improvements in quality.

One example of a national measure, introduced by Sweden on 1 January 2009, is a new set of rules which makes it possible for the user or patient to choose the party that will provide support, healthcare and welfare services. Both private companies and non-profit organisations may apply for approval as suppliers. The law is based on there not being price competition between suppliers, but instead on the individual being given the opportunity to choose the supplier that he or she considers to provide the best quality. The aim of the legislation is to create further opportunities for e.g. entrepreneurs to supply healthcare services.

Furthermore, the Government has contributed to the launch of a number of projects aimed at strengthening entrepreneurship and business activity, including in the non-profit sector, with the goal of further strengthening diversity in the healthcare sector.

The Government also shares the Commission's opinion that entrepreneurs in the healthcare sector can contribute to the strengthening of European growth and act as a driving force for innovation, local development and employment, as well as helping to improve access to healthcare.

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