

Quines són les Innovacions i transformacions de future a nivell internacional en el personal de salut?

Dr Tomas Zapata


Jefe de Unidad, Recursos Humanos en Salud y Servicios de Salud

Division de Politicas y Sistemas de Salud

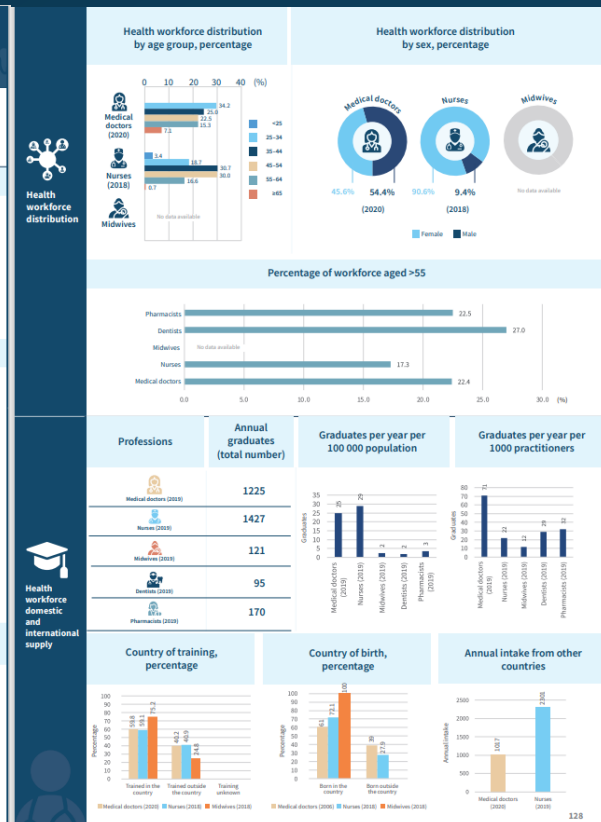
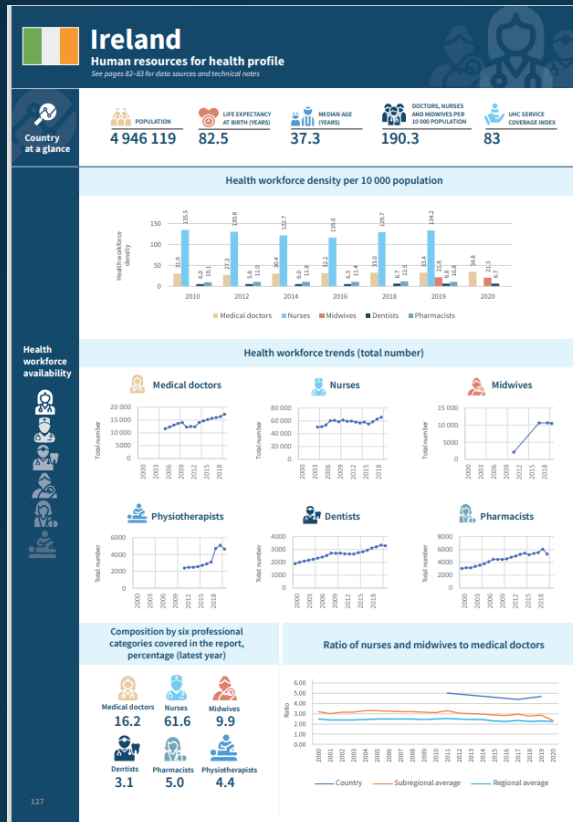
OMS Europa

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Health and care workforce in Europe: time to act



The report has made headlines...

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Ageing staff 'ticking time-bomb' f

By Giedre Peseckyte | EURACTIV.com Sep 14, 2022 (updated: Sep 21, 2022)



Health

'A ticking time bomb': healthcare under threat across western Europe

They're supposed to be among the world's best systems, but ageing populations, Covid and workforce issues are biting

Jon Henley, Kate Connolly in Berlin, Sam Jones in Madrid and Angela Giffrida in Rome

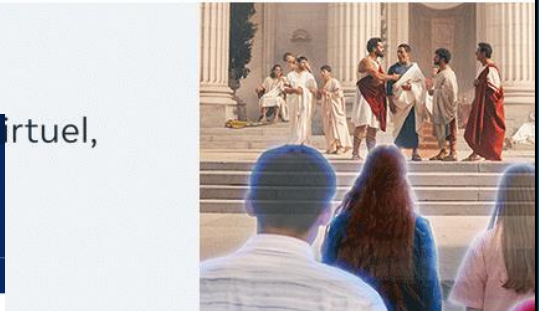
Wed 14 Dec 2022 13:48 GMT



Health workers in Madrid demonstrating against privatisation, staffing shortages and difficult working conditions. Photograph: Anadolu Agency/Getty Images

For decades, western Europe's national healthcare systems have been widely

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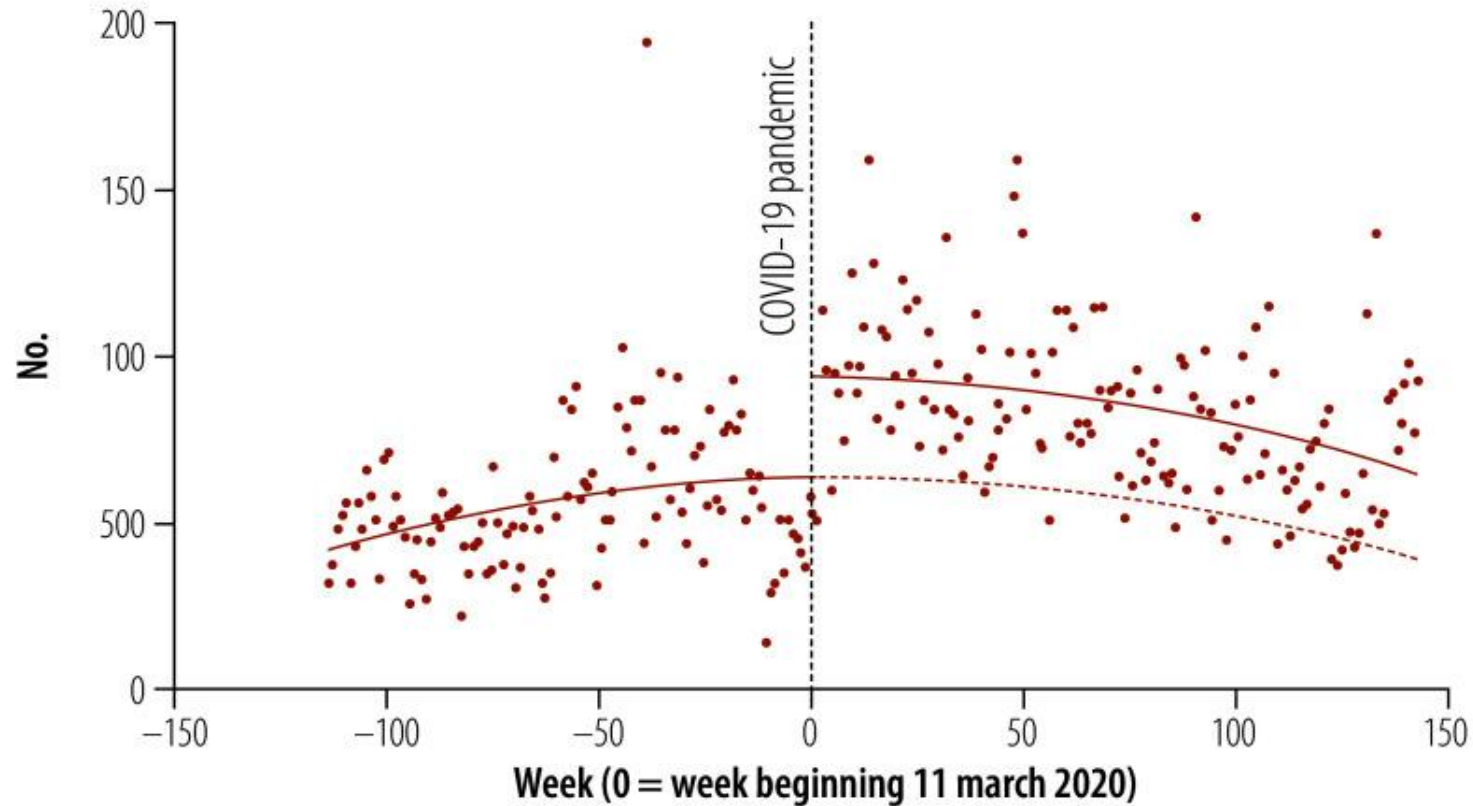


warns of ticking time-bomb in European health care

Thursday, 15 September 2022



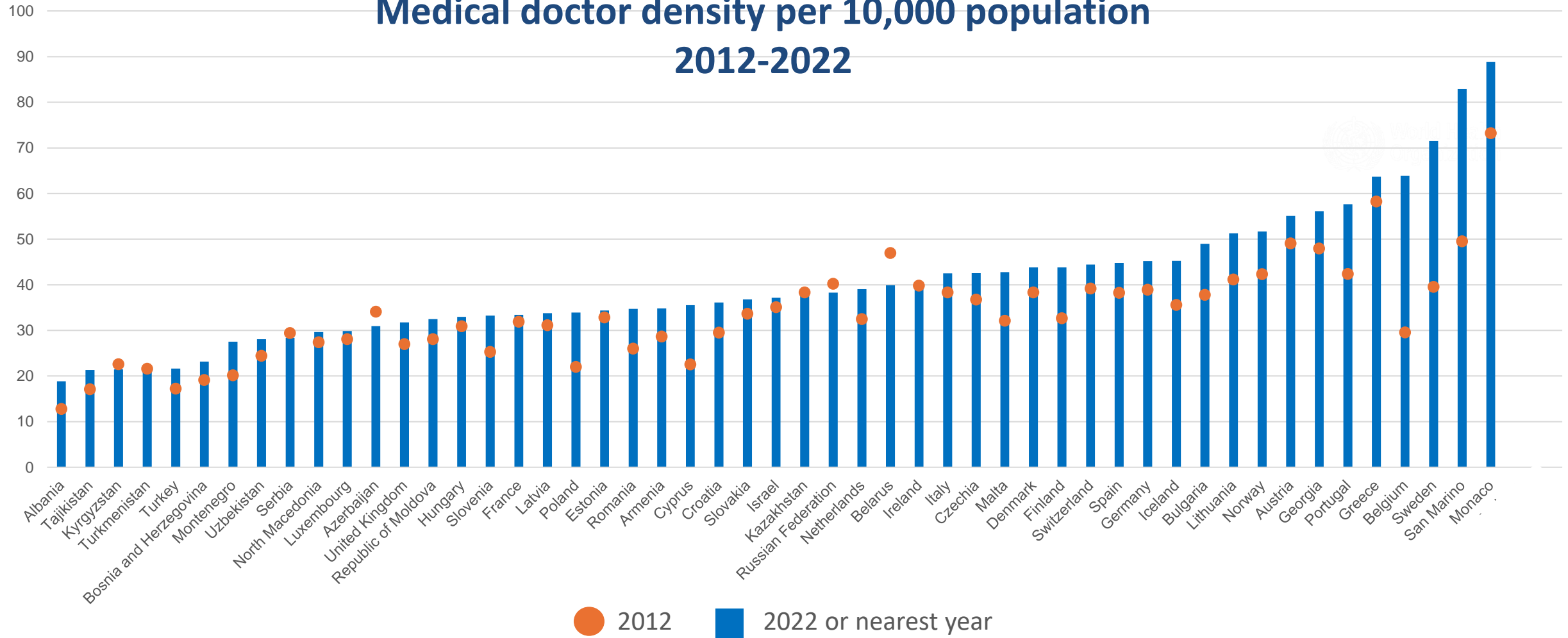
24% Increase in the Total health worker protest activity globally, 2018–2022



Increase of 20% of the density of doctors in the European Region



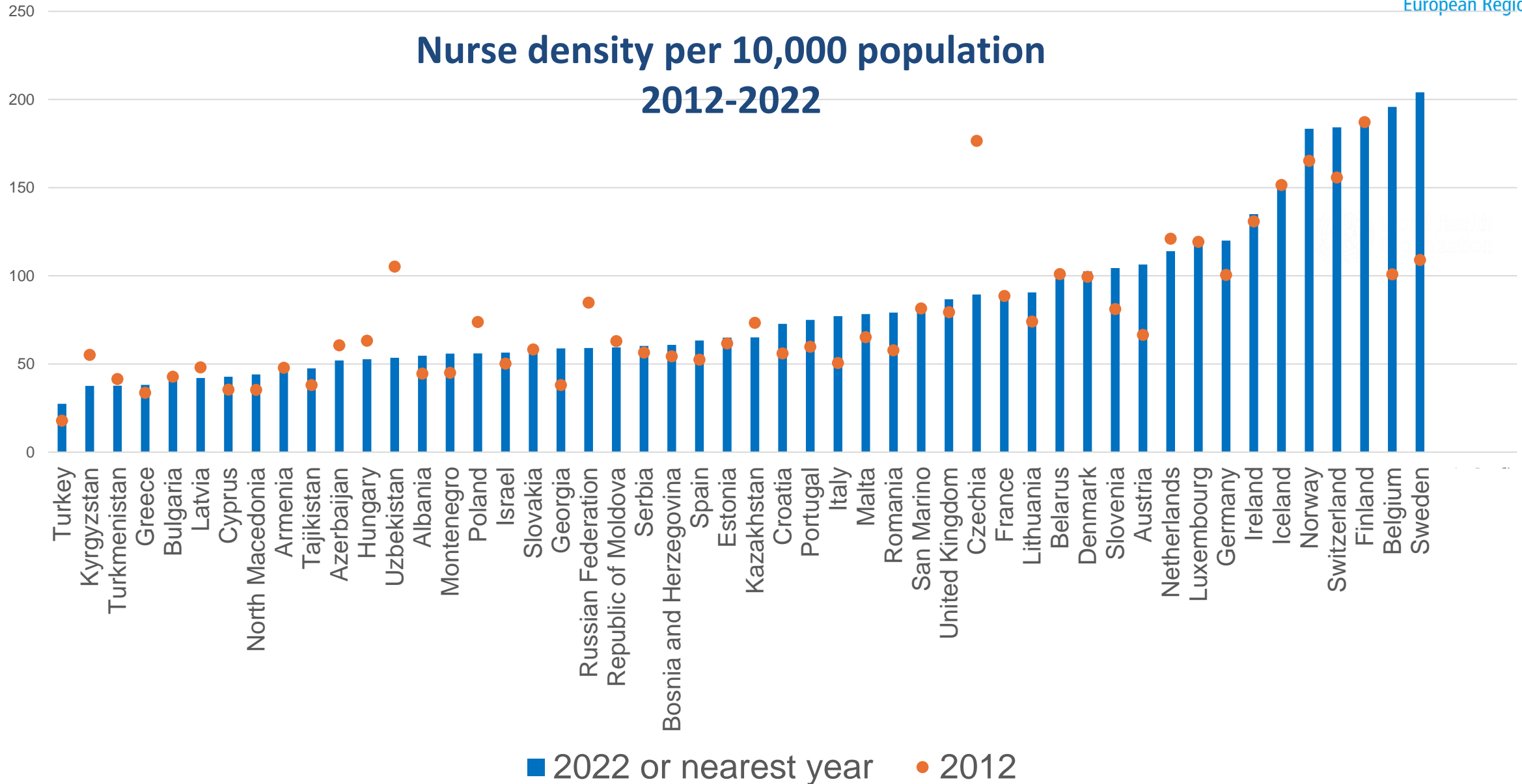
Medical doctor density per 10,000 population 2012-2022



Source: WHO National Health Workforce Accounts & Joint Data Collection Questionnaire

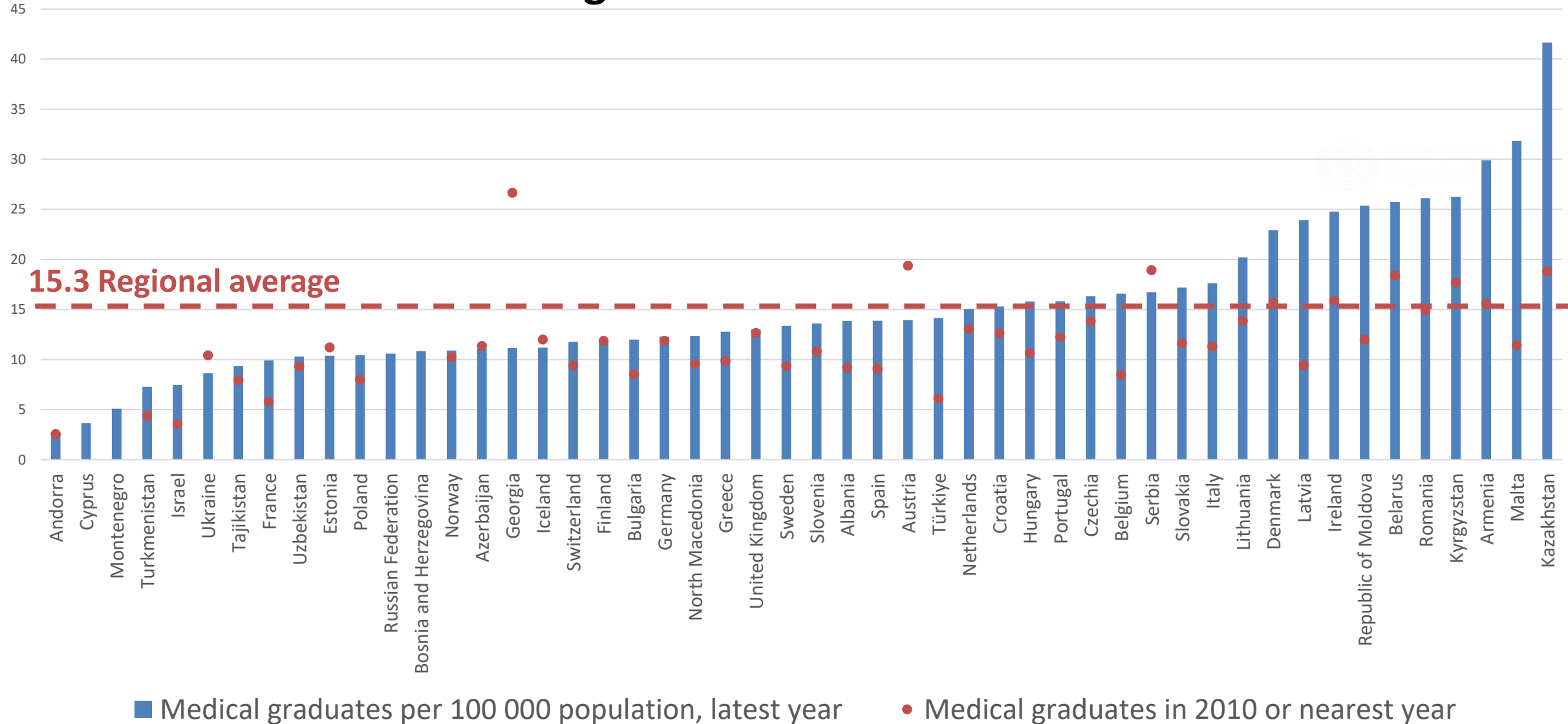
Increase of 8% of the density of nurses in the European Region

Nurse density per 10,000 population 2012-2022



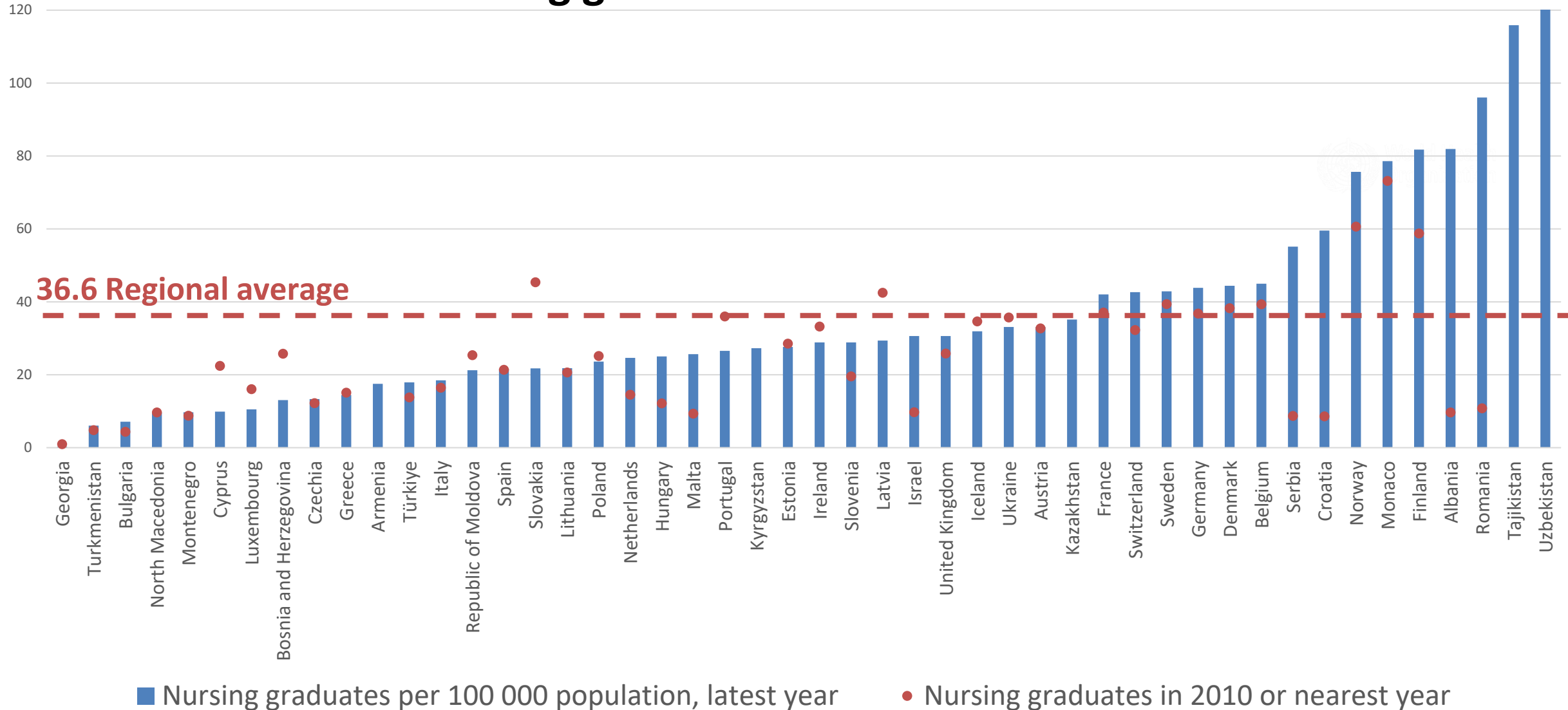
Increase of 37% of the production of doctors

Medical graduates 2010-2020



Increase of 26% of the production of nurses

Nursing graduates 2010-2020



Gender equality crisis

75%

of the health workforce

Gender equality crisis

30%

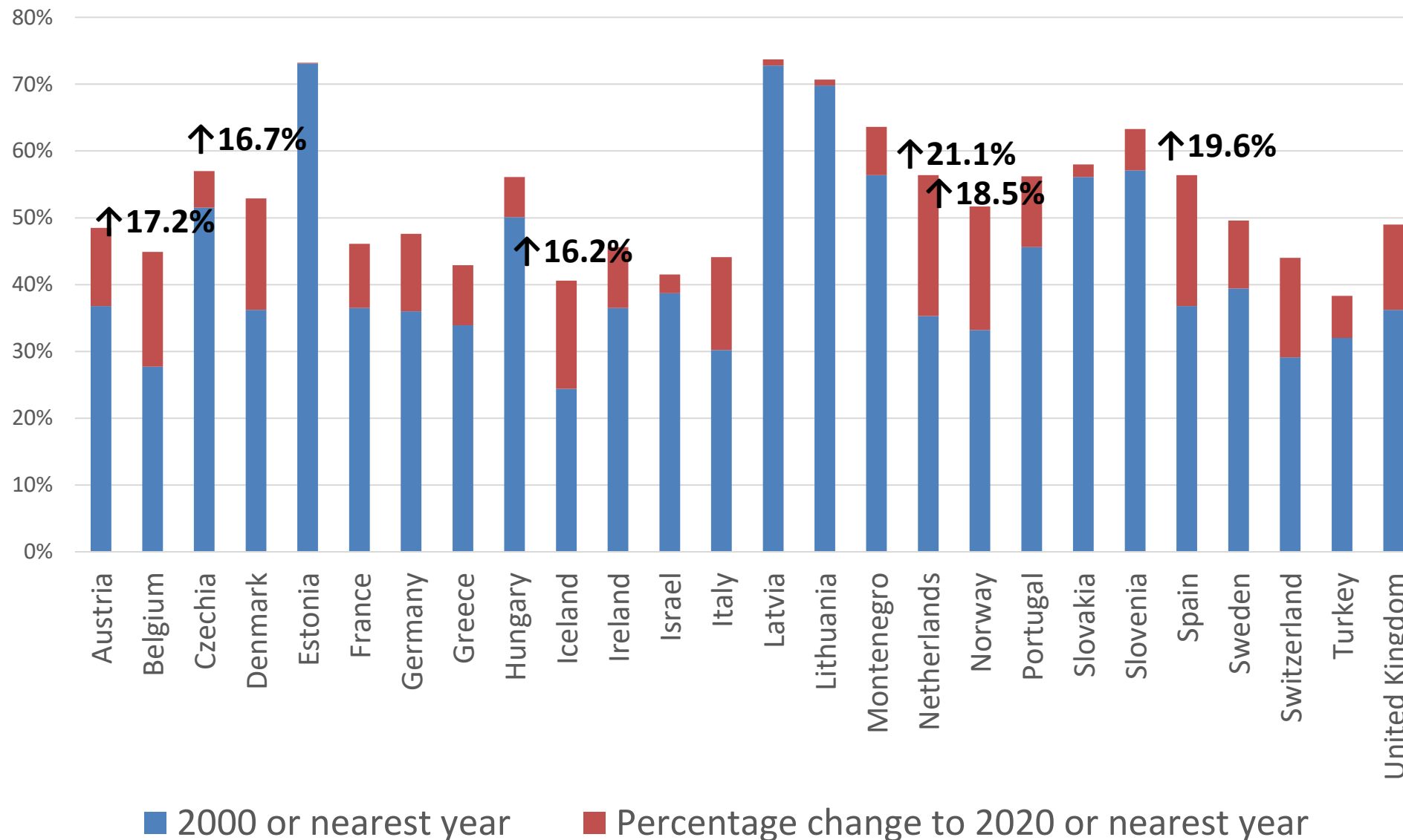
of leadership positions

24%

pay gap

Highest increase of women medical doctors in Western Europe

Percentage of women medical doctors in 2000 and 2020 (or nearest year)

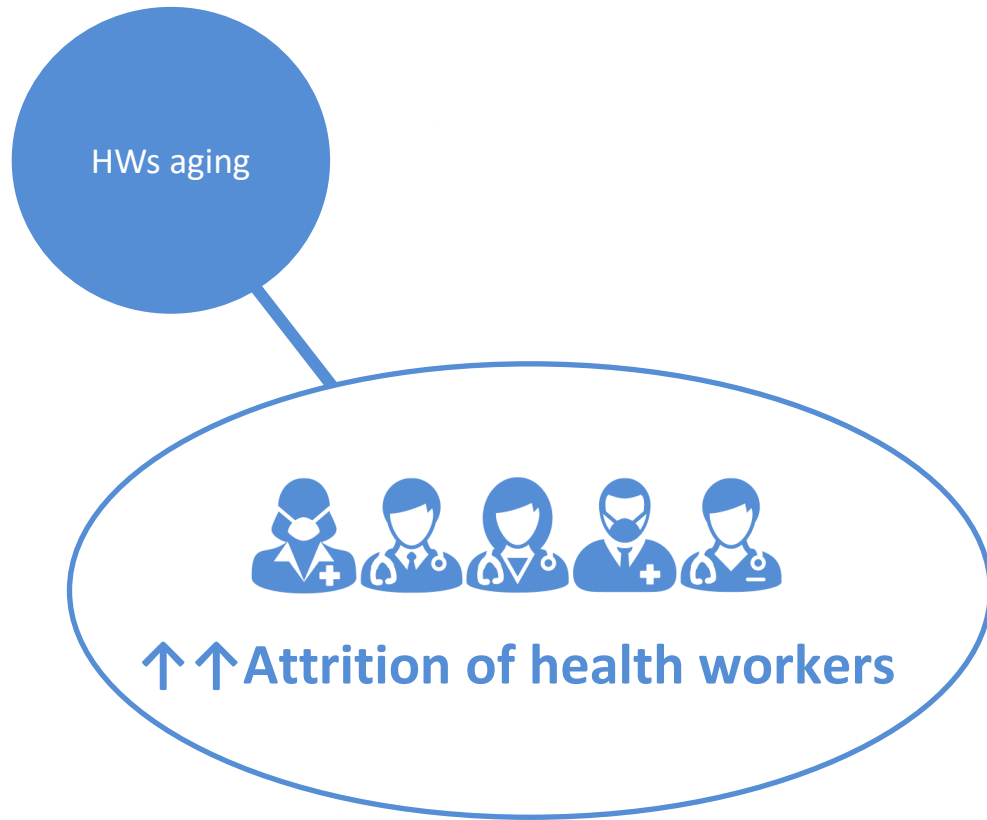


Why are shortages of health workers are worsening?



↑↑ Attrition of health workers

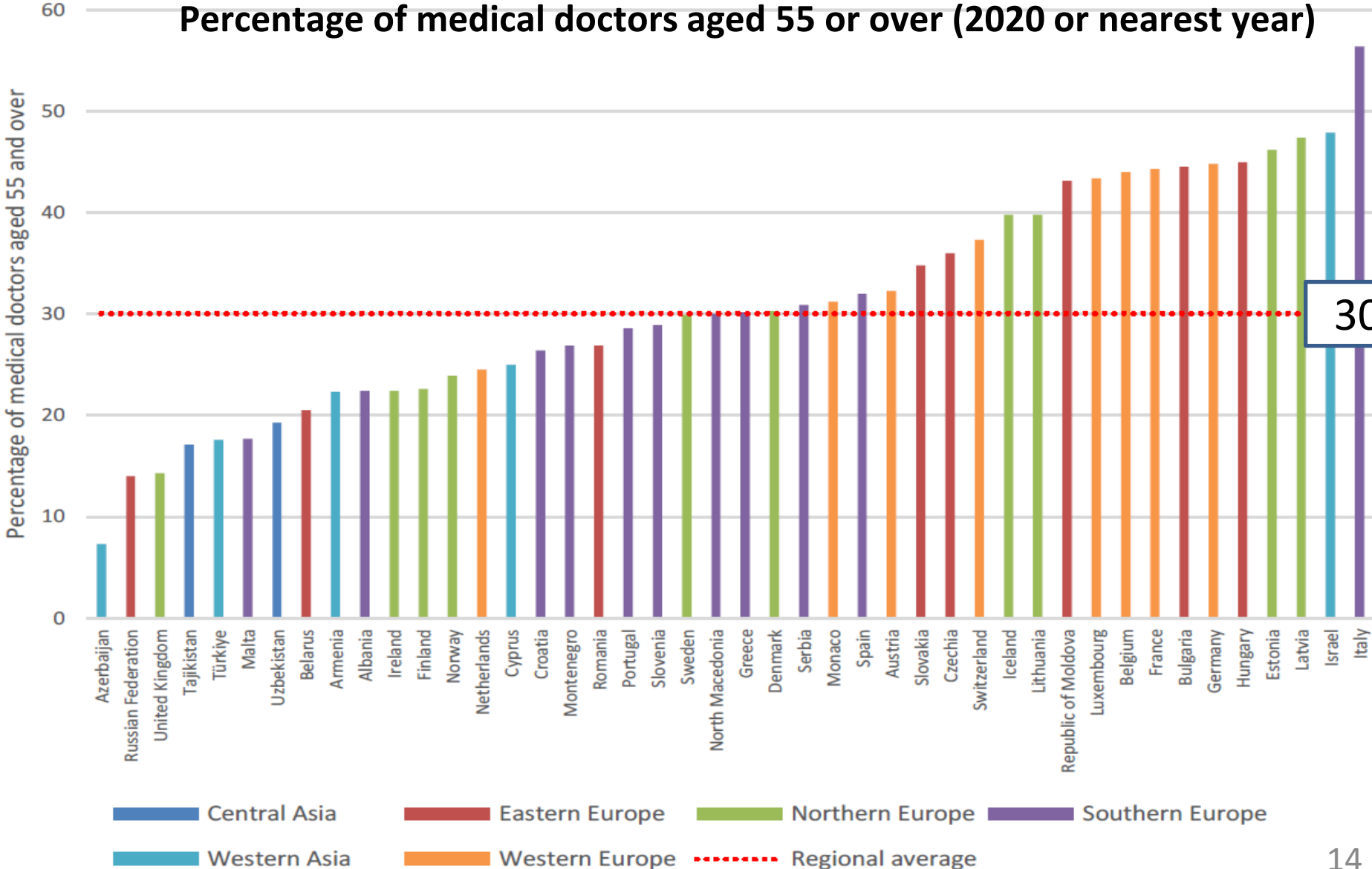
Why are shortages of health workers worsening?



Ageing health workforce: “a ticking time bomb”

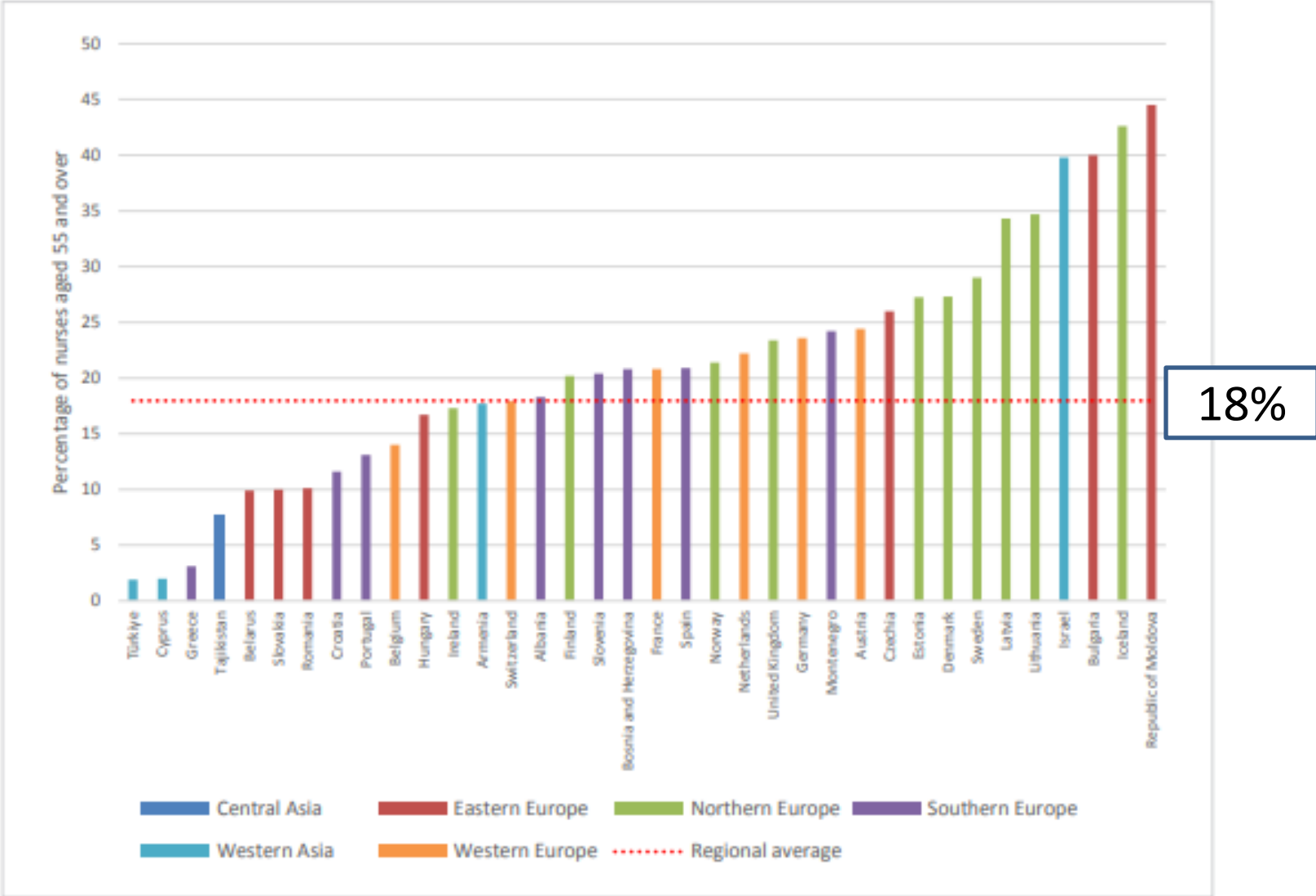


In **13** countries more than **40%** of doctors are over 55 years of age



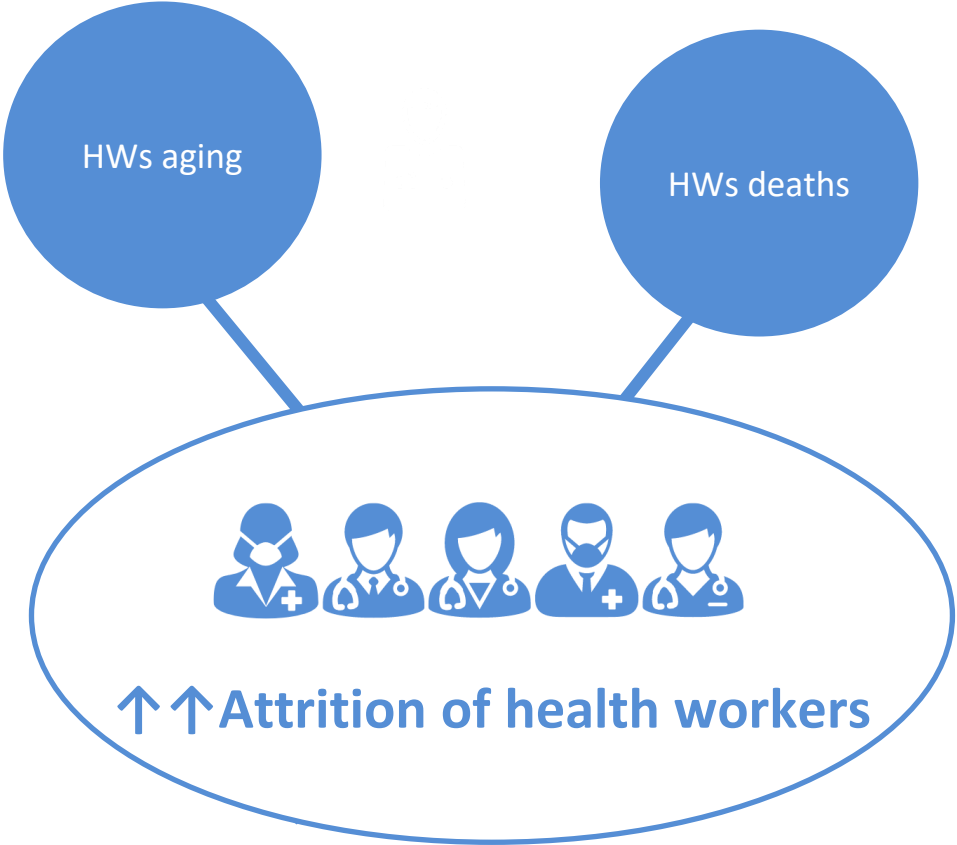
Ageing health workforce: “a ticking time bomb”

Fig. 4. Percentage of nurses aged 55 or over, 2020 or latest year

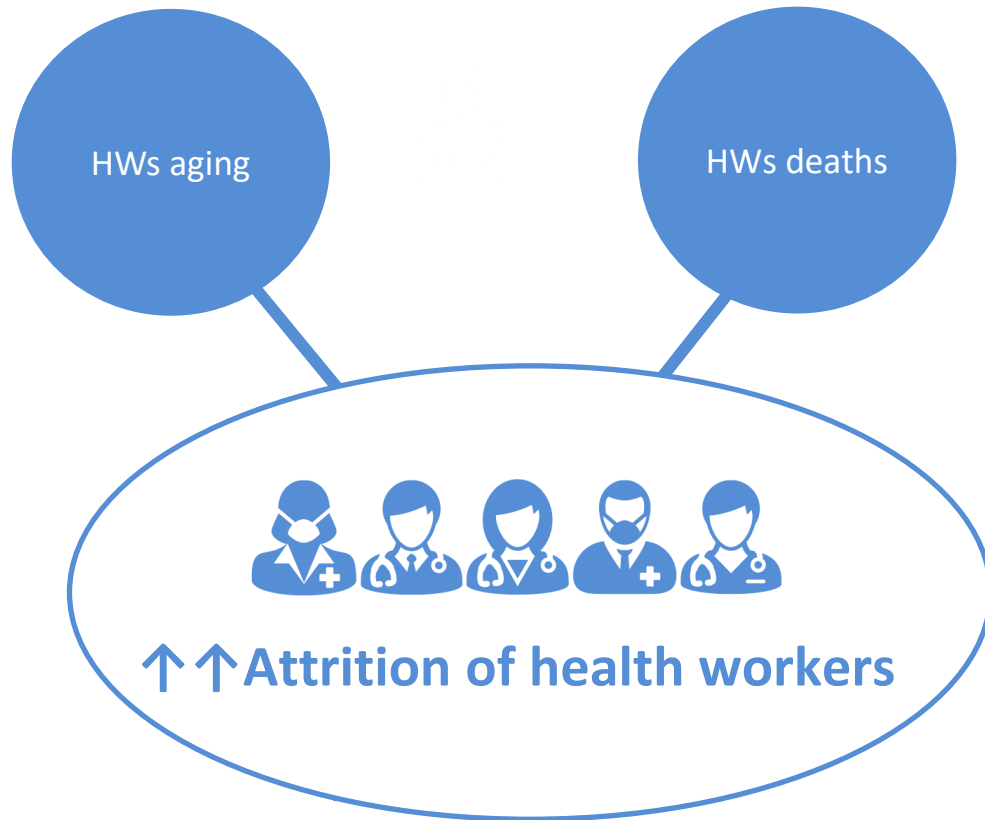


Source: WHO (3).

Why are shortages of health workers worsening?

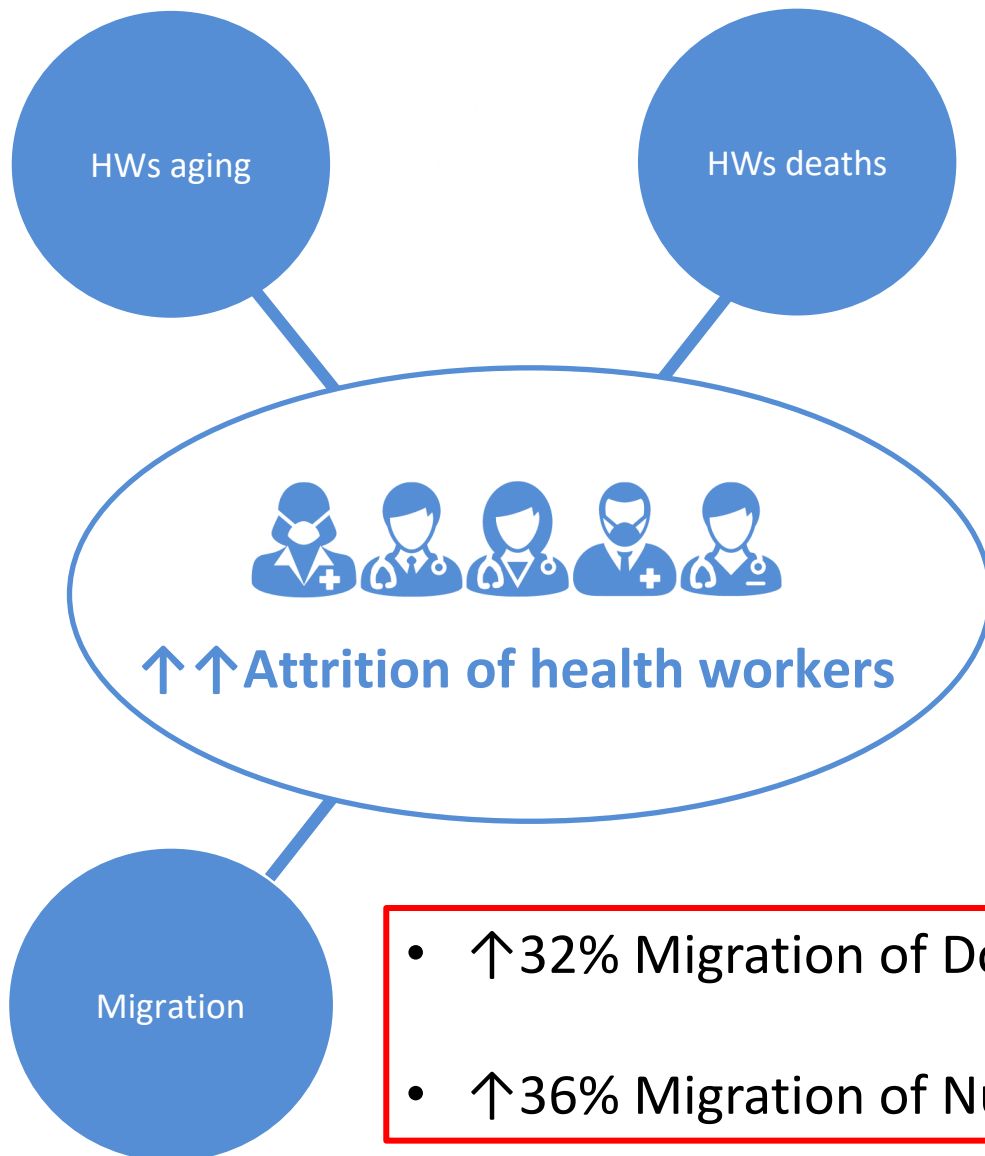


Why are shortages of health workers worsening?



- Globally 115,000 HWs COVID deaths
- 50,000 deaths in the European Region

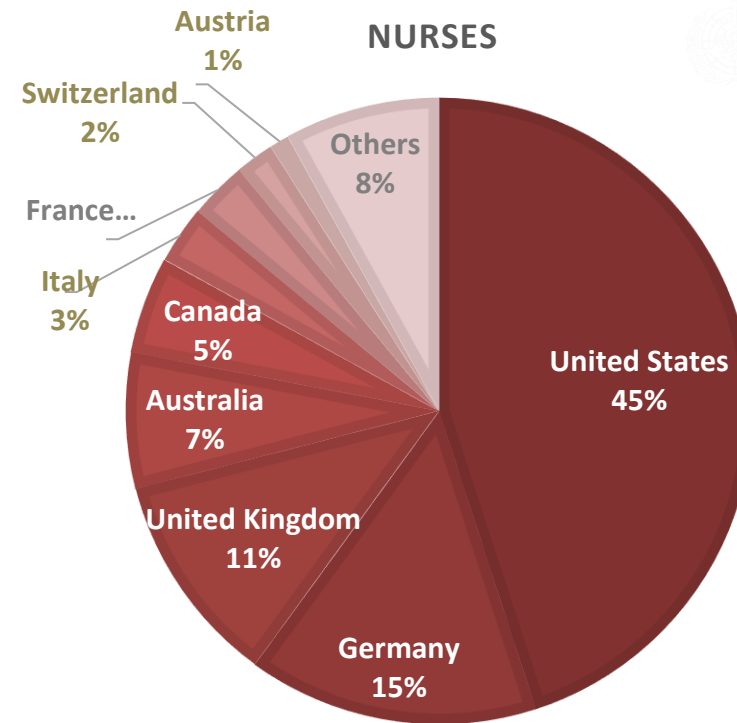
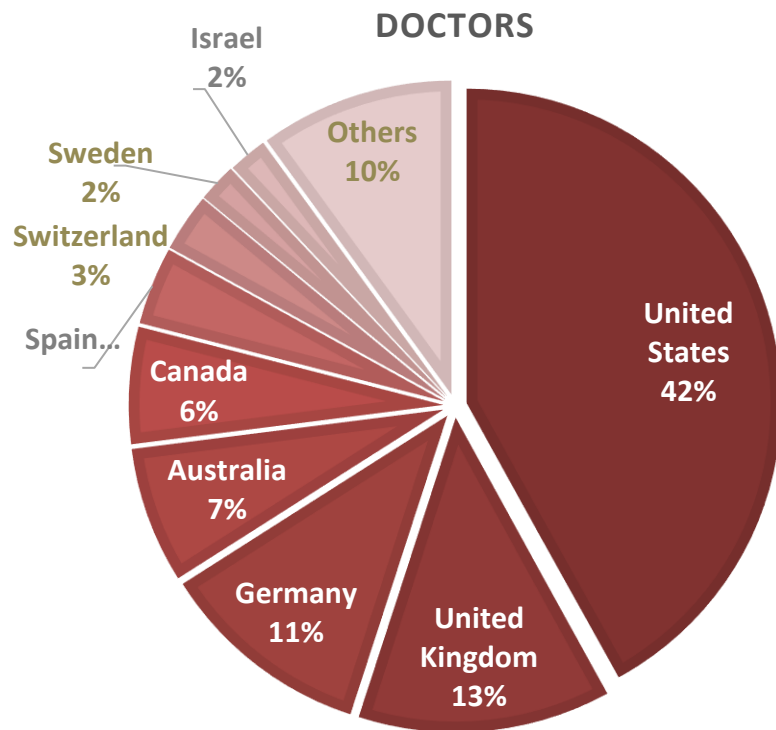
Why are shortages of health workers worsening?



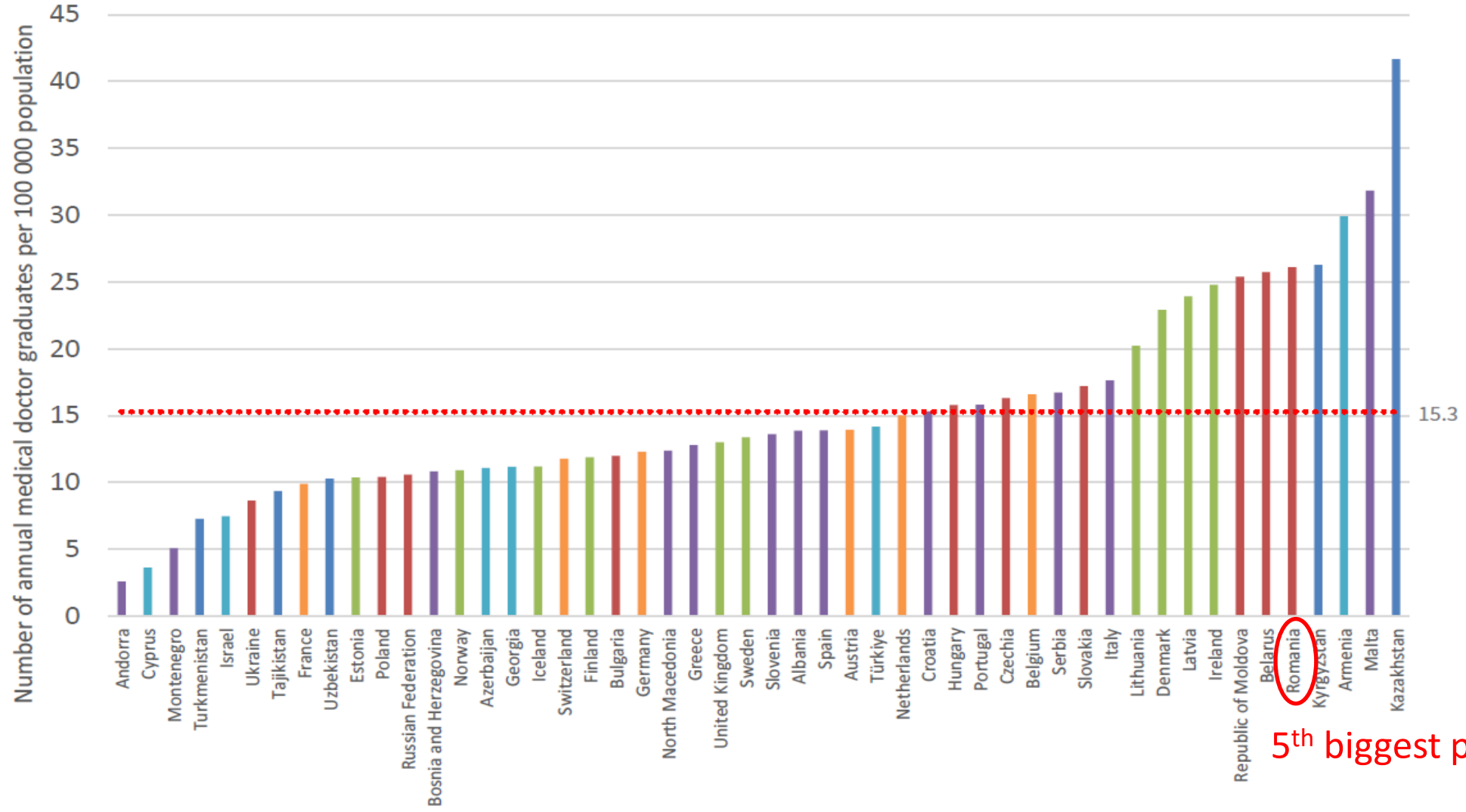
- ↑32% Migration of Doctors after COVID
- ↑36% Migration of Nurses after COVID

International health practitioners in OECD countries

Five countries host three-quarters of foreign-born nurses and physicians in the OECD



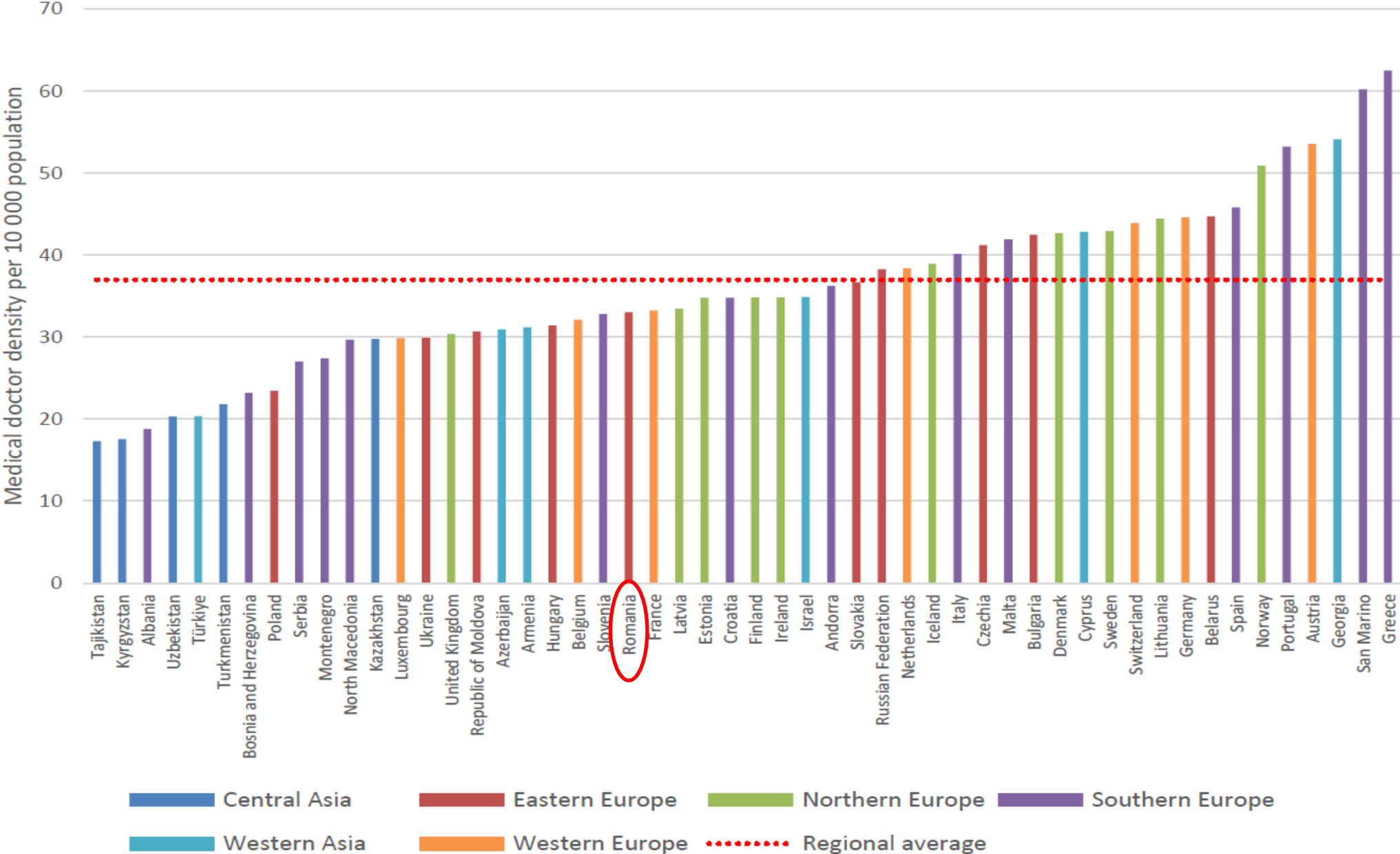
Number of annual medical doctor graduates per 100 000 population



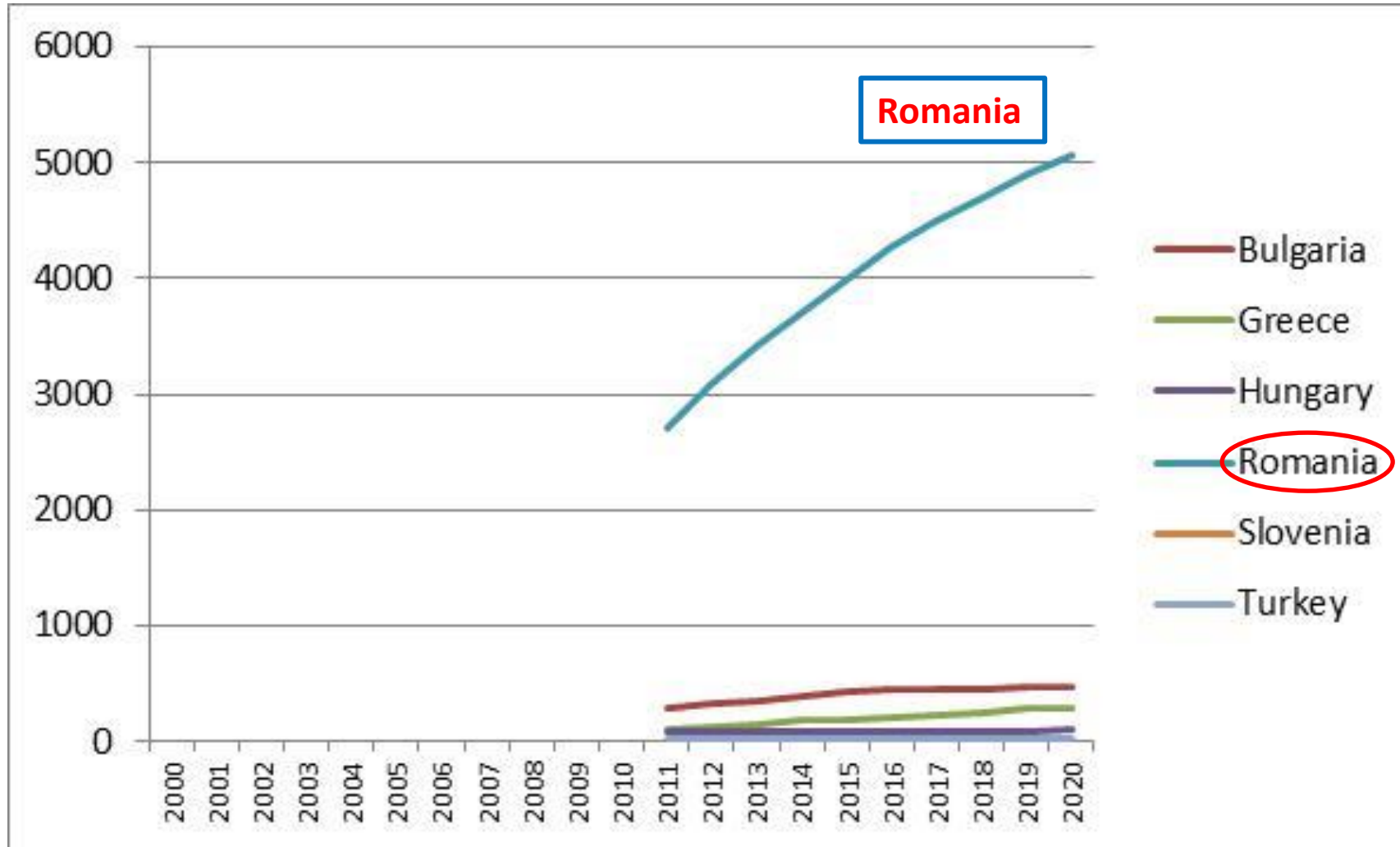
■ Central Asia
 ■ Eastern Europe
 ■ Northern Europe
 ■ Southern Europe
■ Western Asia
 ■ Western Europe
 ⋯ Regional average

5th biggest producer

Medical doctor density (per 10 000 population)

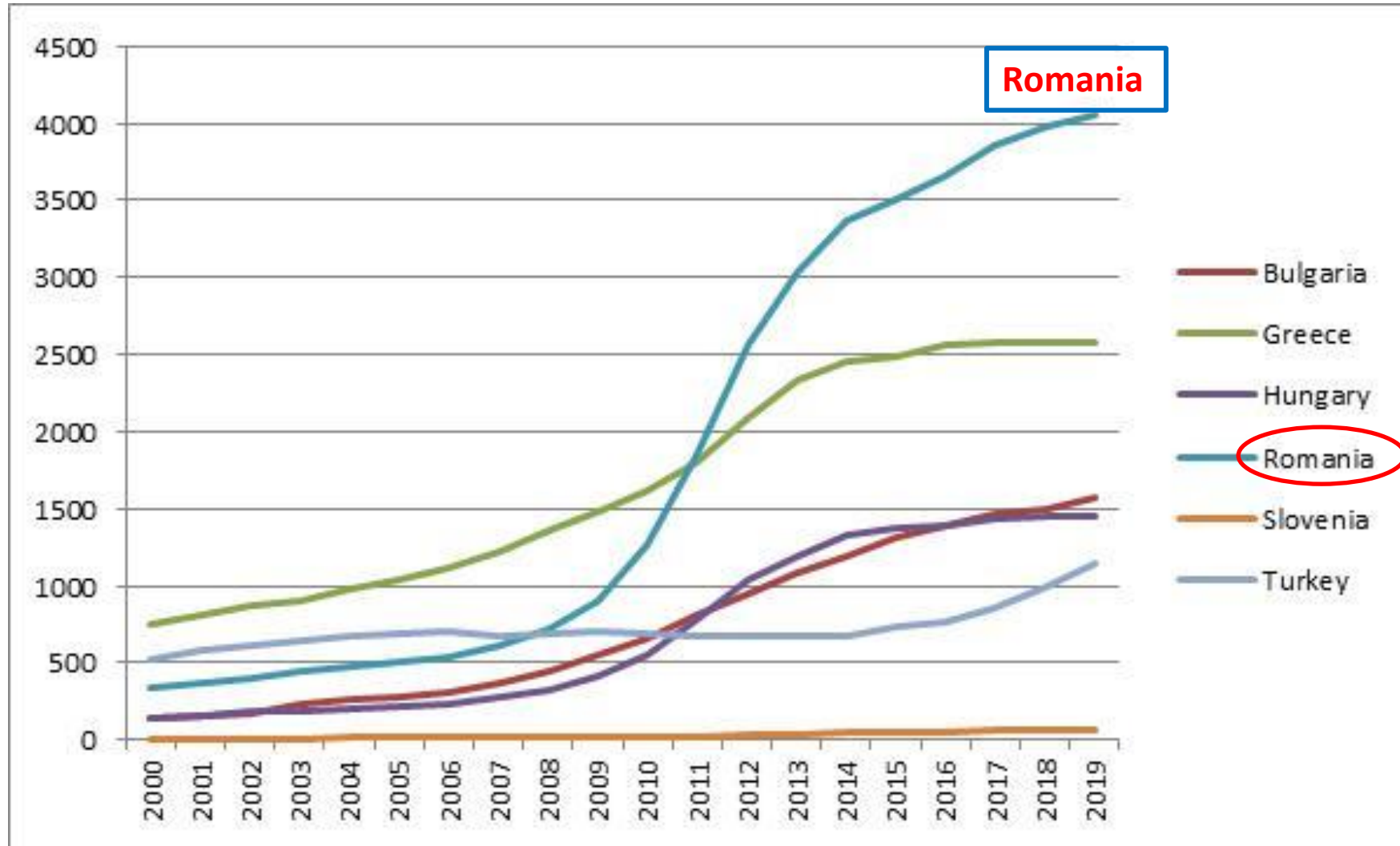


Migration of doctors to France

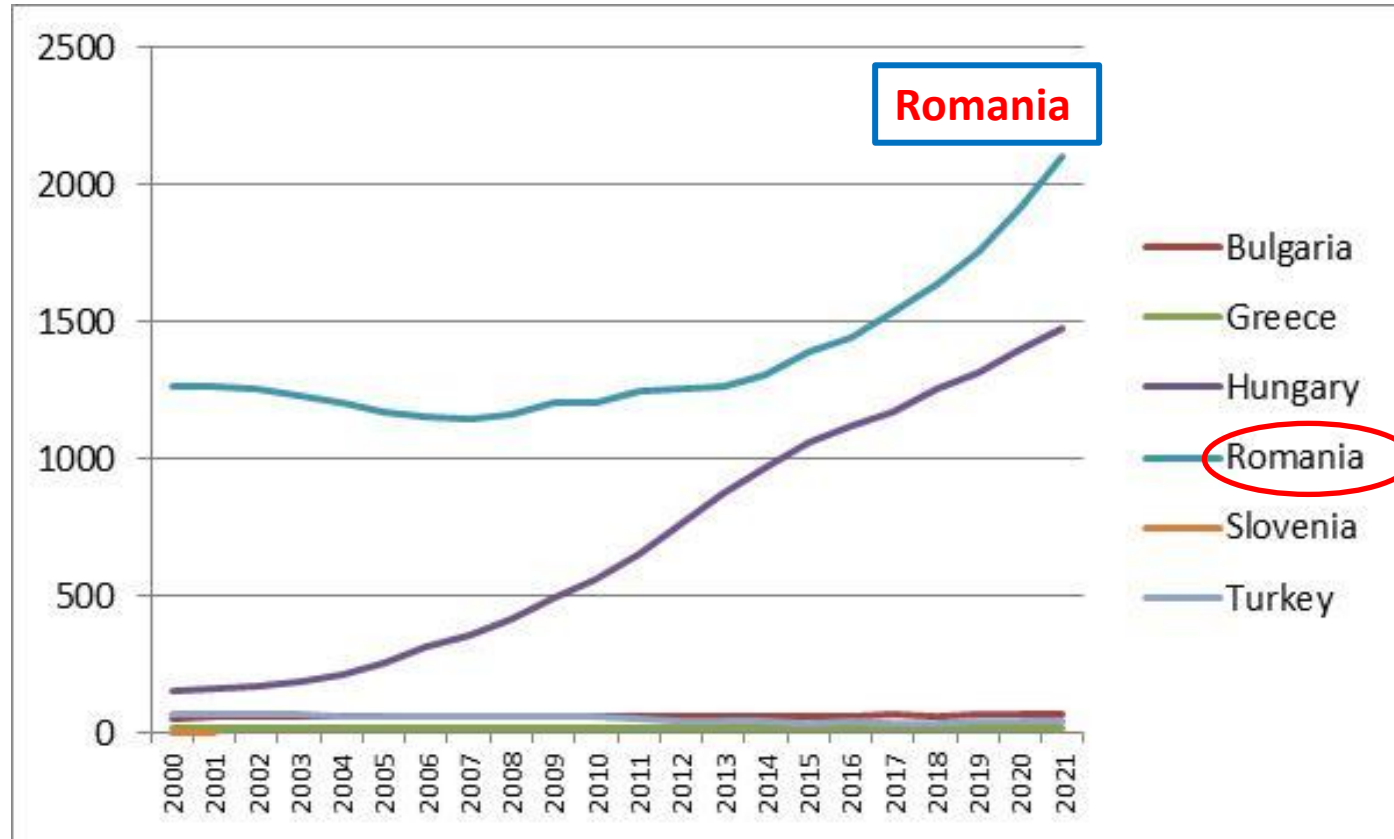


Migration of doctors to Germany

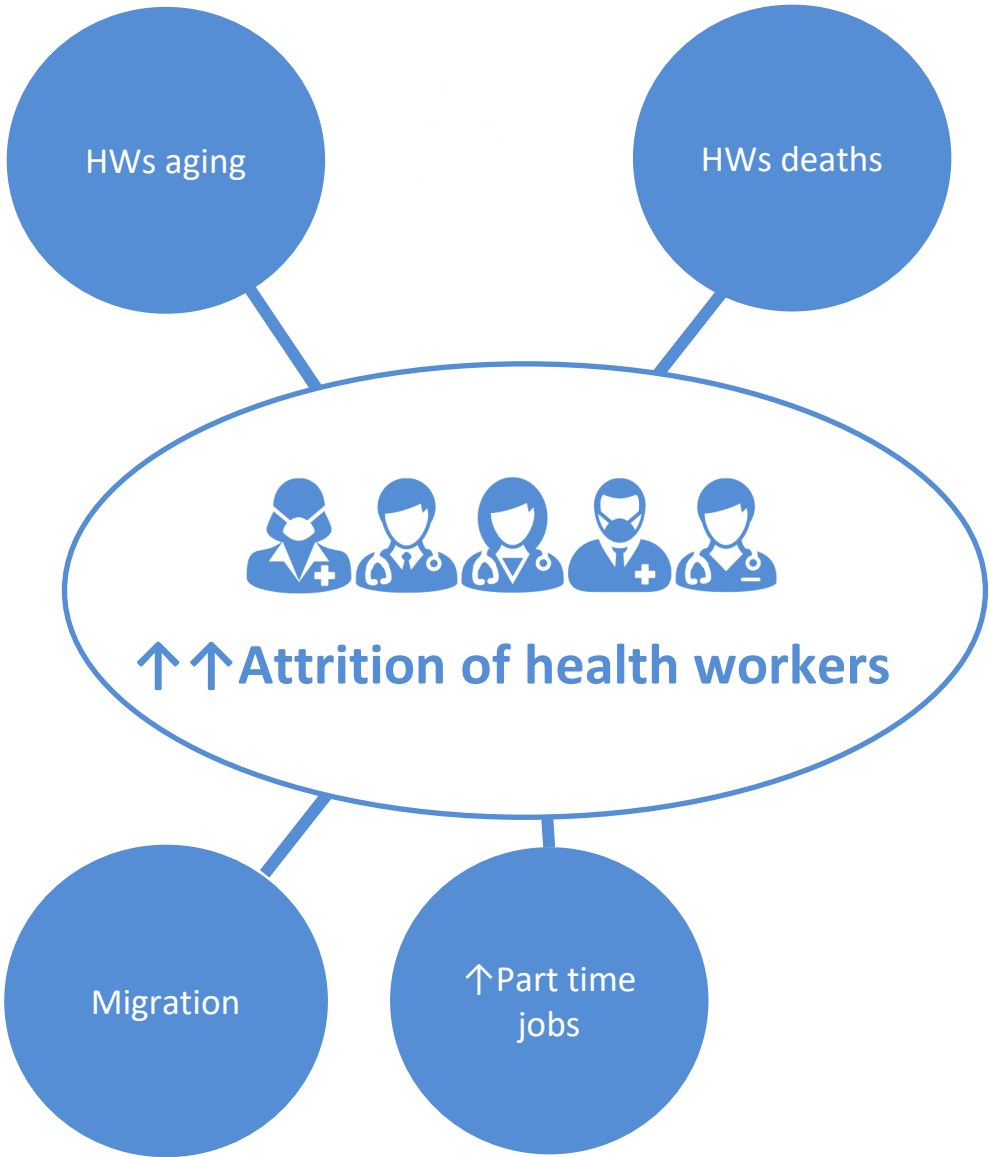
From other countries



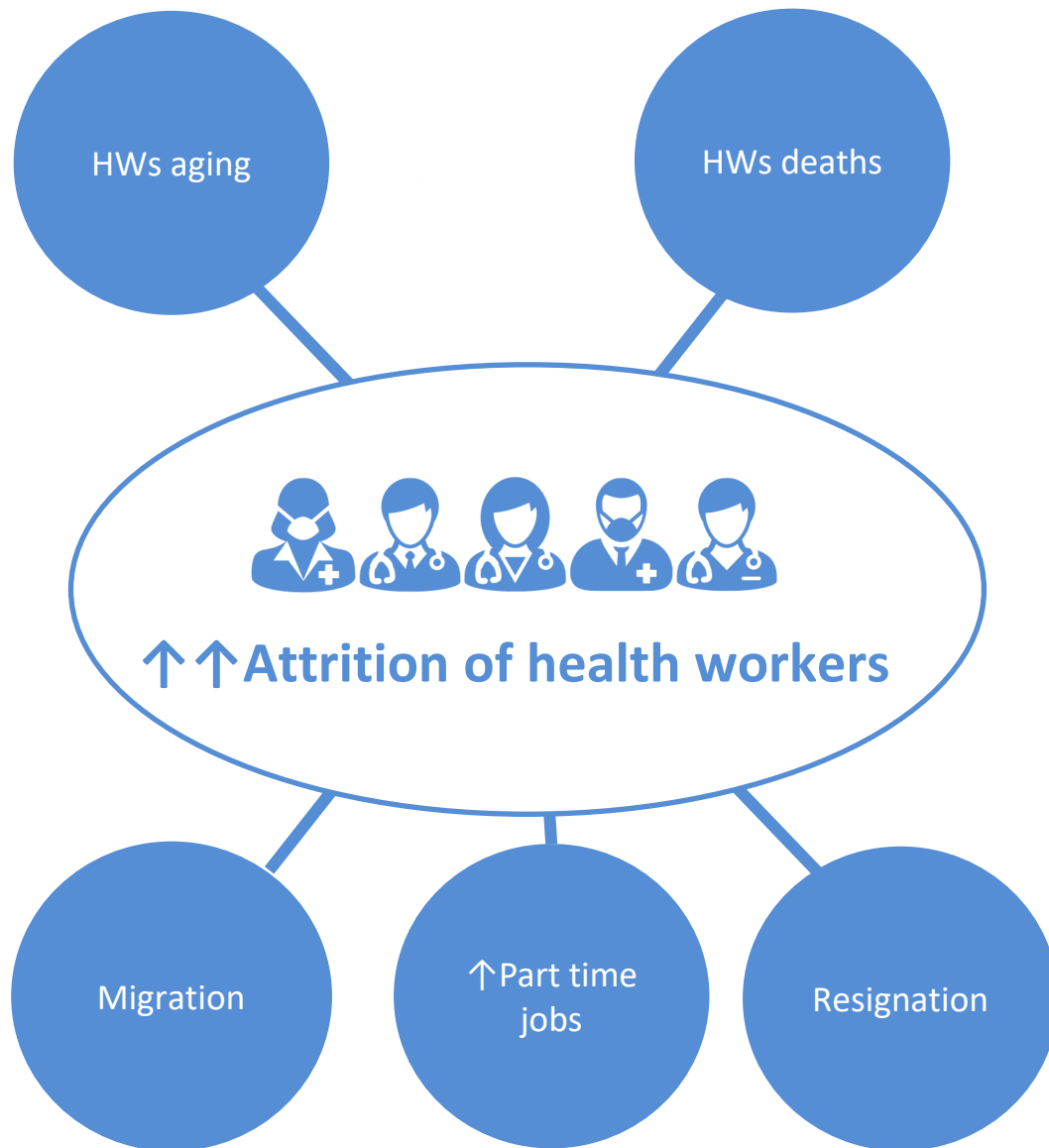
Migration of doctors to Israel



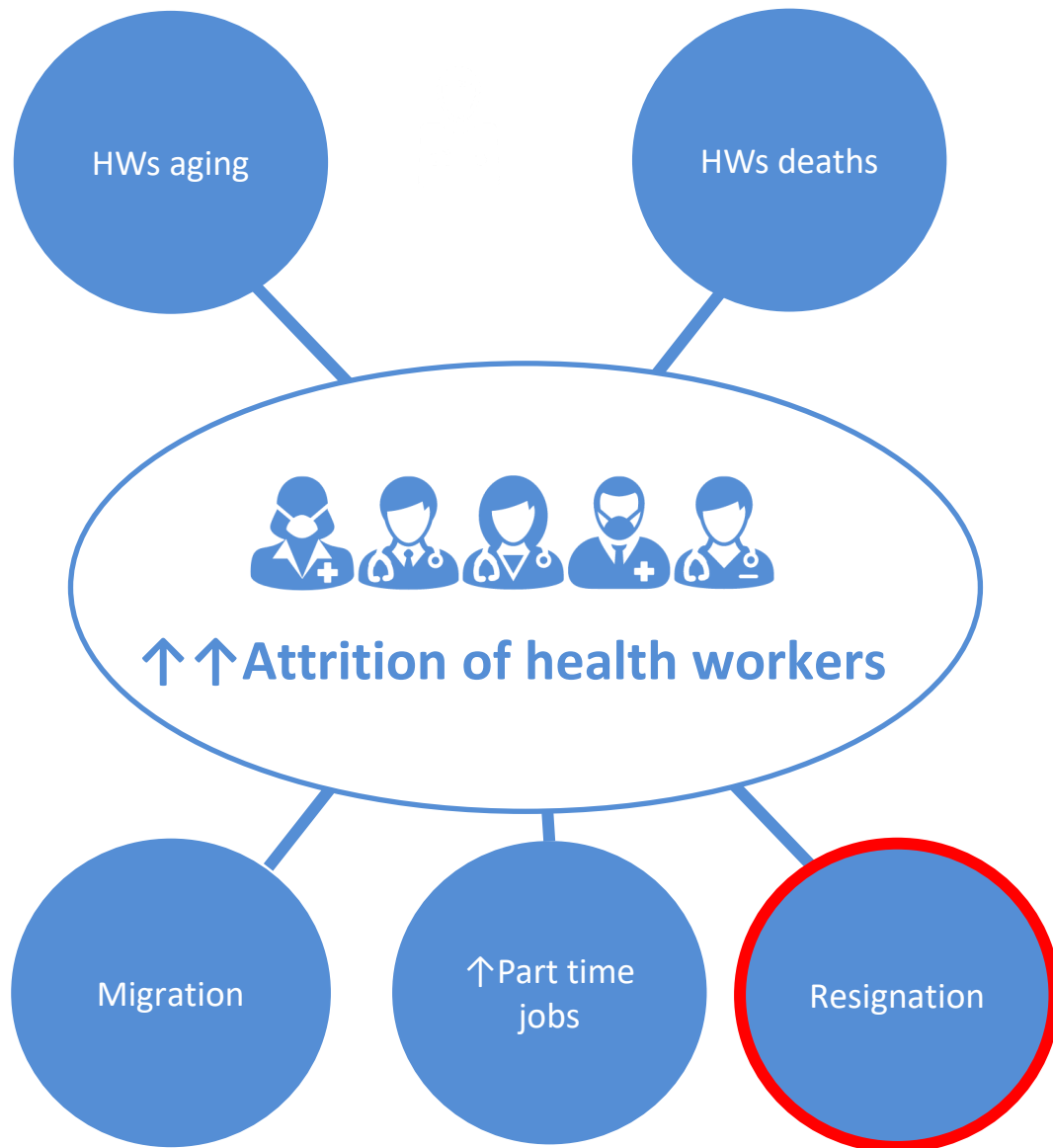
Why are shortages of health workers worsening?



Why are shortages of health workers worsening?



Why are shortages of health workers worsening?



- Higher levels of anxiety and depression compared to other professionals
- Scale of burnout and impact
 - Estimates of burnout among HCW 41–52% among HCWs
 - Highest among **physicians and nurses** (reported 70% among nurses in some cases)
 - **Women** among most affected groups
 - HCW **absences increased by 62%** in the first days of the pandemic
 - Up to **9 out of 10 nurses** had declared an **intention to quit their jobs**



Sarah Abrams

Junior doctor, United Kingdom



World Health
Organization

European Region



“

I am regularly looking after 2 or even 3 times the number of patients I should be, which means patient safety is being compromised.

Sarah Abrams

Junior doctor, United Kingdom



European Region



“

I regularly go home very late, and I nearly always feel like I haven't done the best for my patients.

Sarah Abrams

Junior doctor, United Kingdom



World Health Organization

European Region

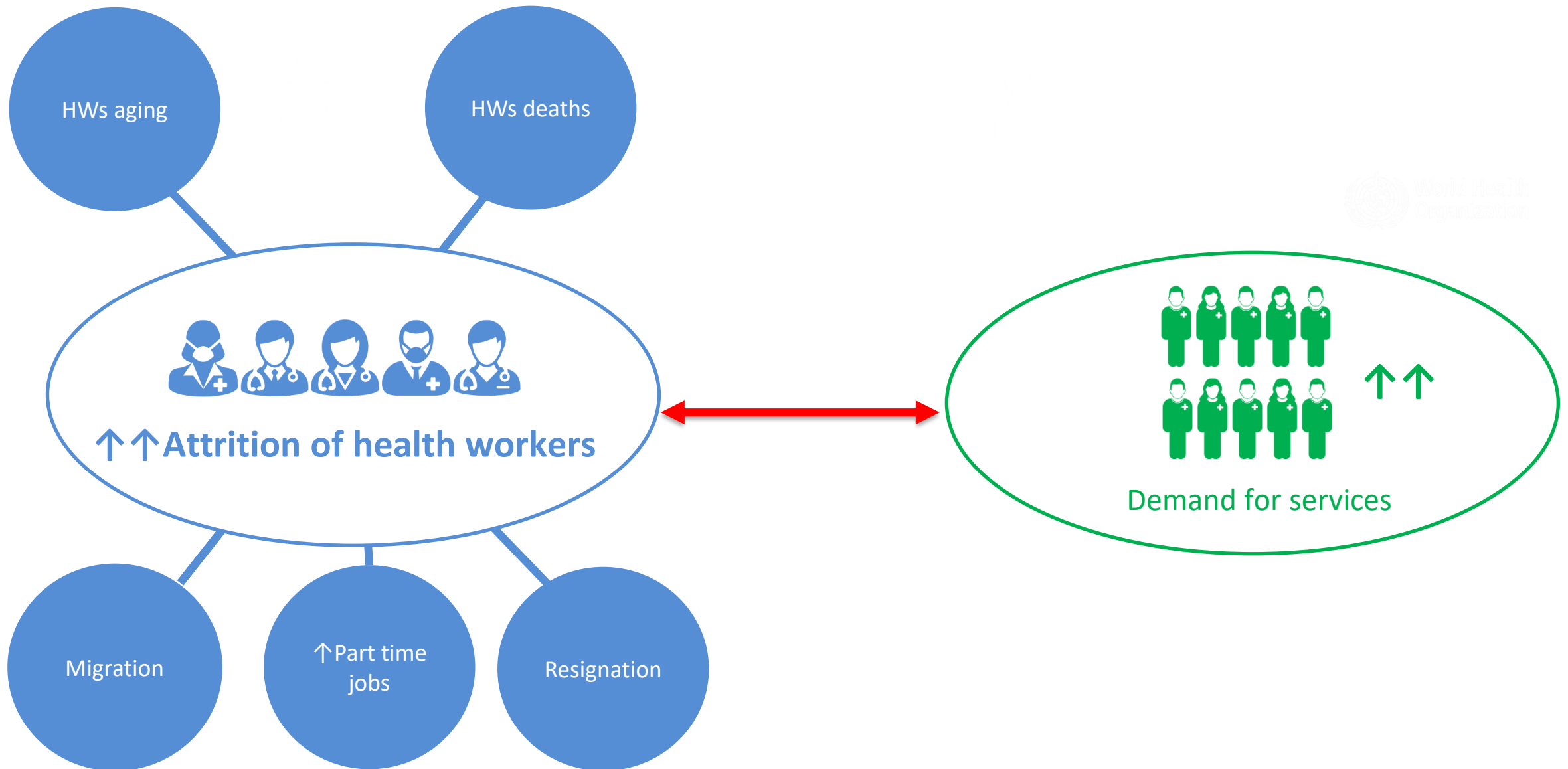


“ —
This is so disheartening,
and the exact opposite
of the empowering and
inspiring role I thought
being a doctor would be
and should be.

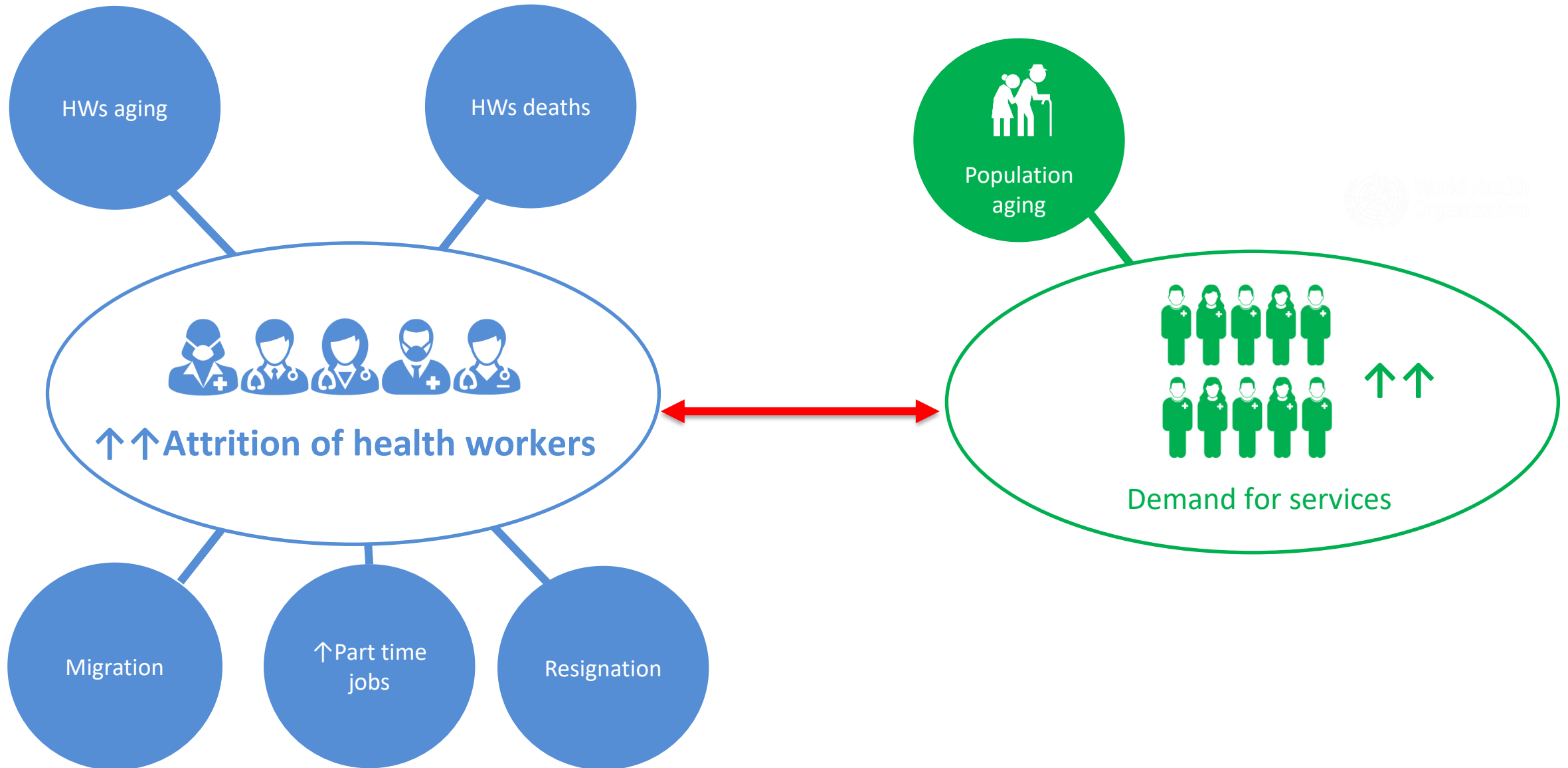
Sarah Abrams

Junior doctor, United Kingdom

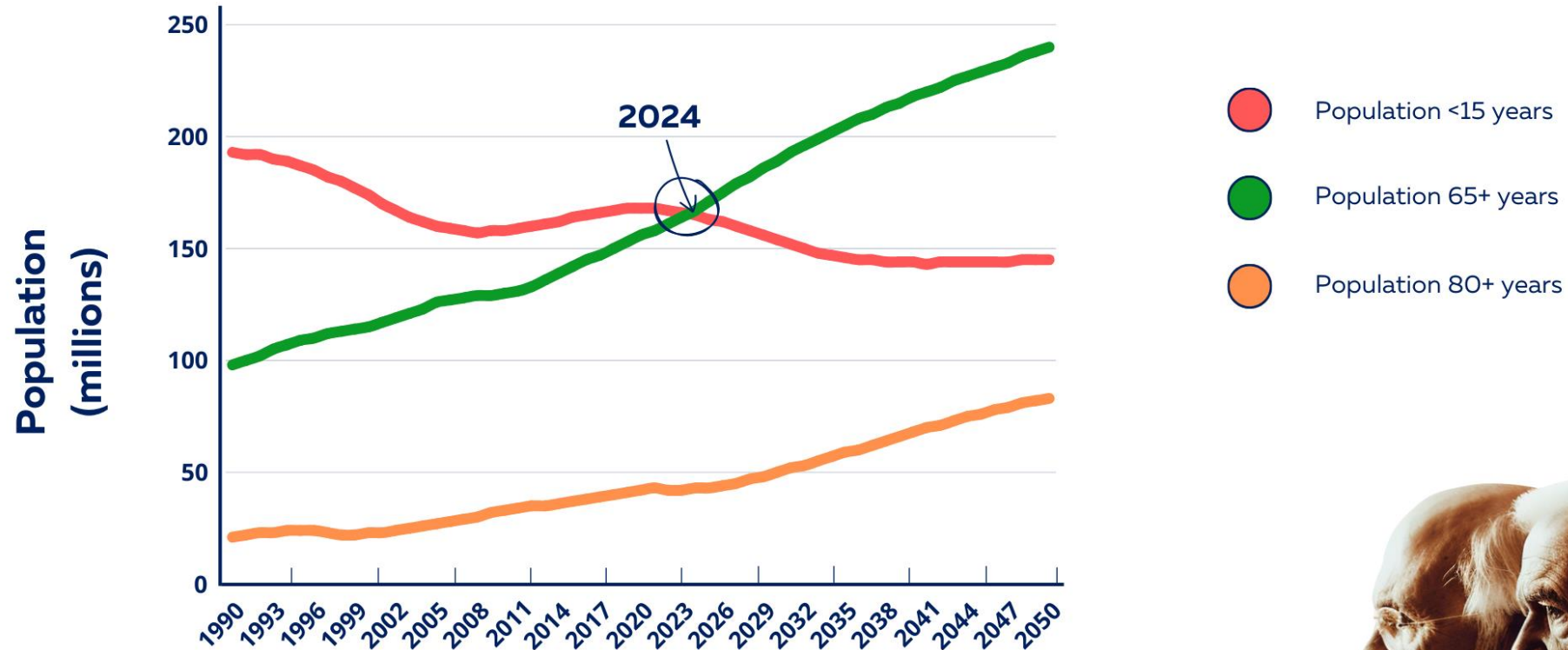
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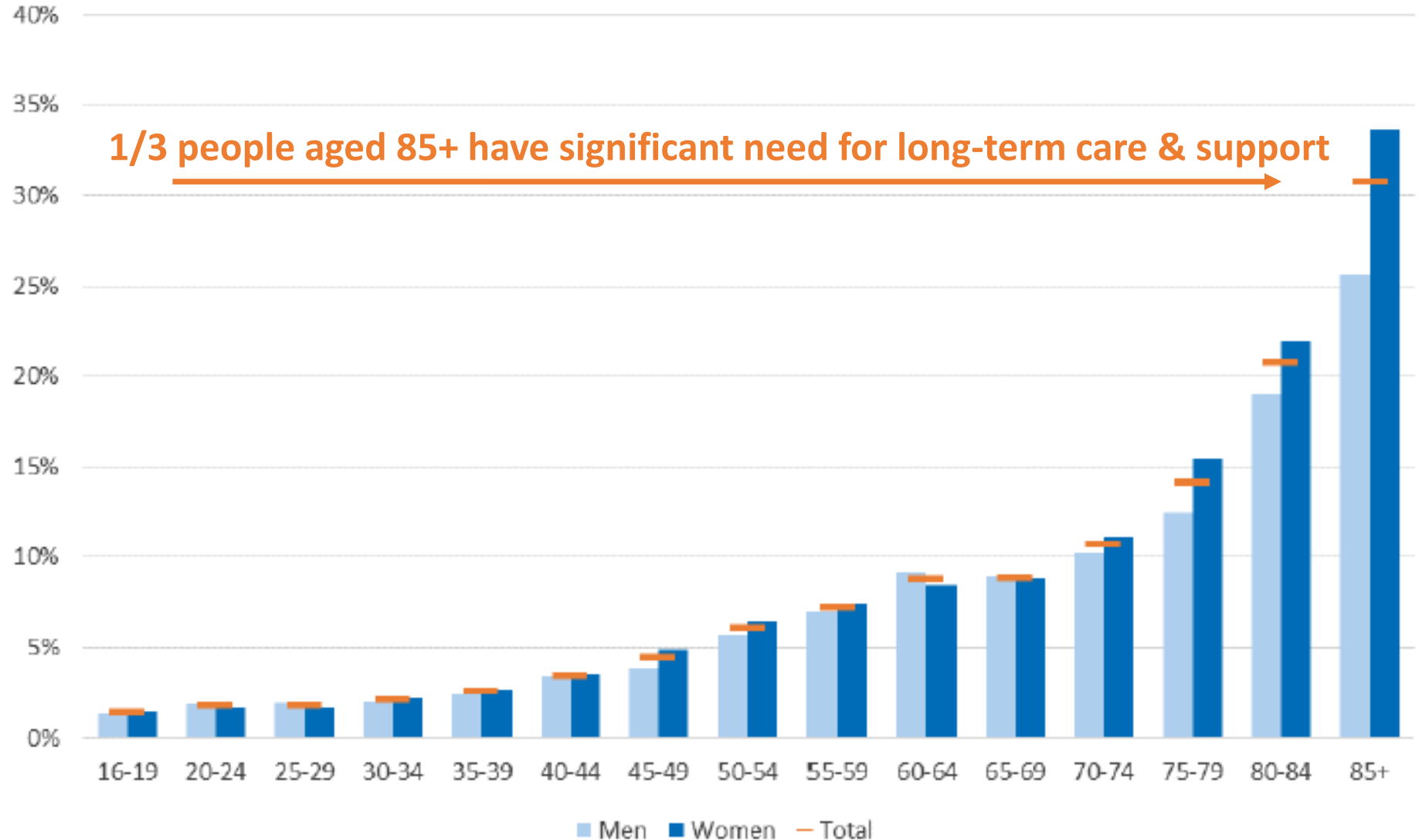
Population ageing has been accelerating in the WHO European Region, and fertility rates are going down....



Population by age groups from 1990 to 2050
Source: World Population Prospects 2022 (UN DESA (2022)).

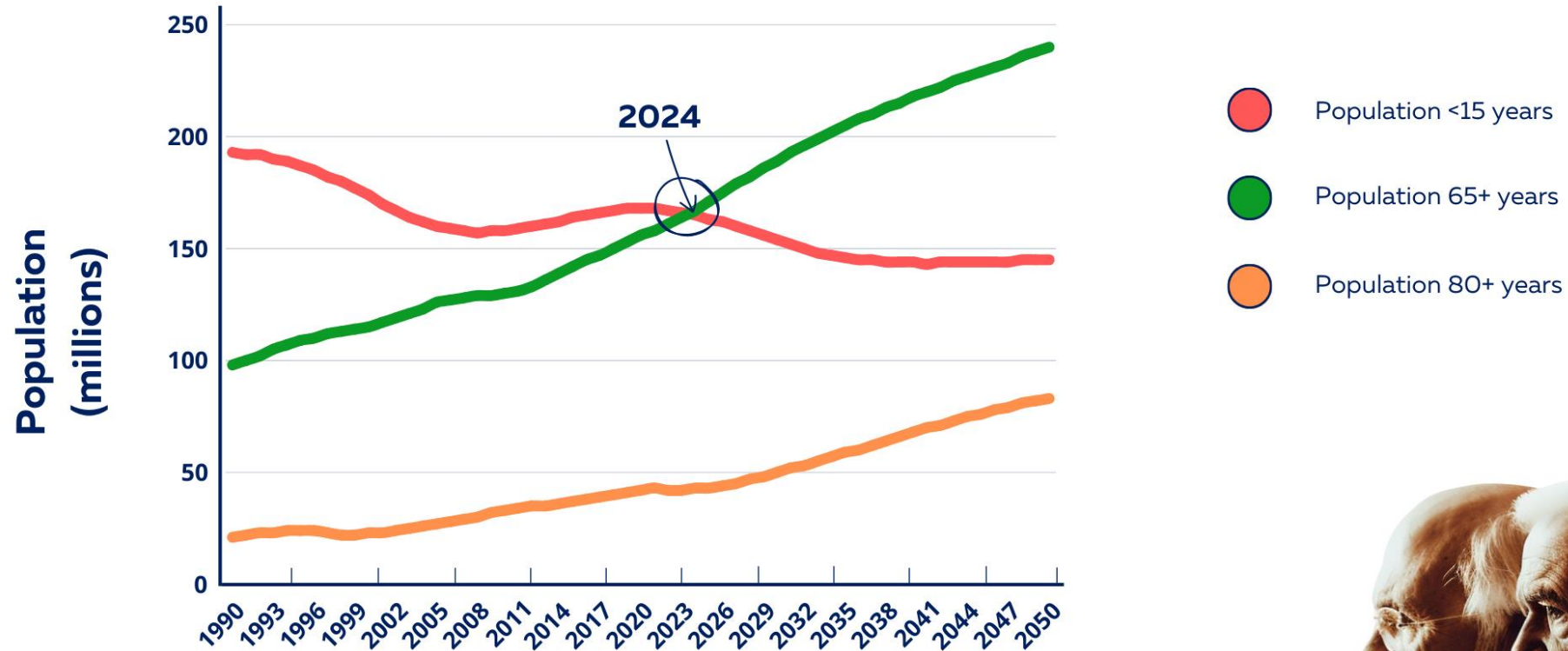


Considerably higher care needs with progressive (unhealthy) ageing of older population



Share of the EU-28 by age group population reporting a severe level of activity limitation (GALI) EU-SILC 2019

Population ageing has been accelerating in the WHO European Region, and fertility rates are going down....



Population by age groups from 1990 to 2050
Source: World Population Prospects 2022 (UN DESA (2022)).



ICT professions are more attractive for 15 years old than health professions

Percentage-point change of students who expect to work as the following when they are about 30 years old

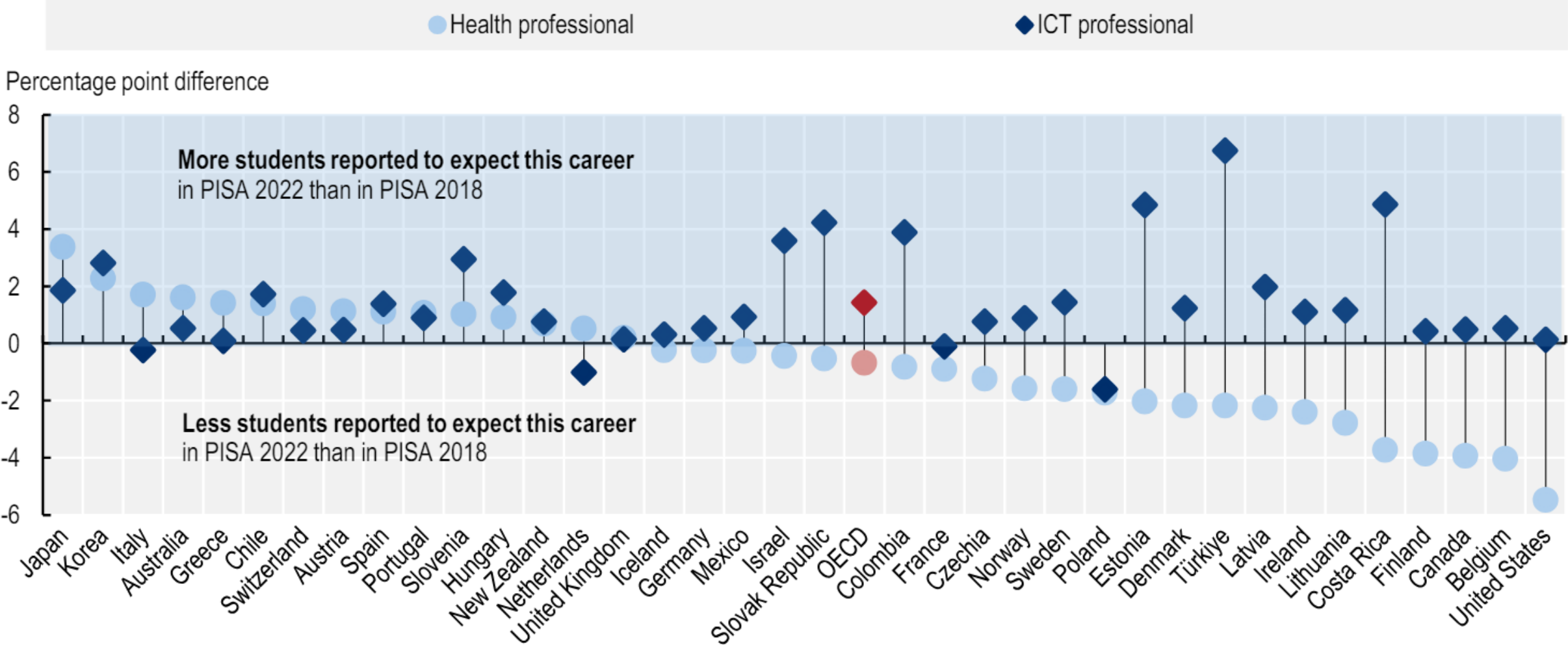
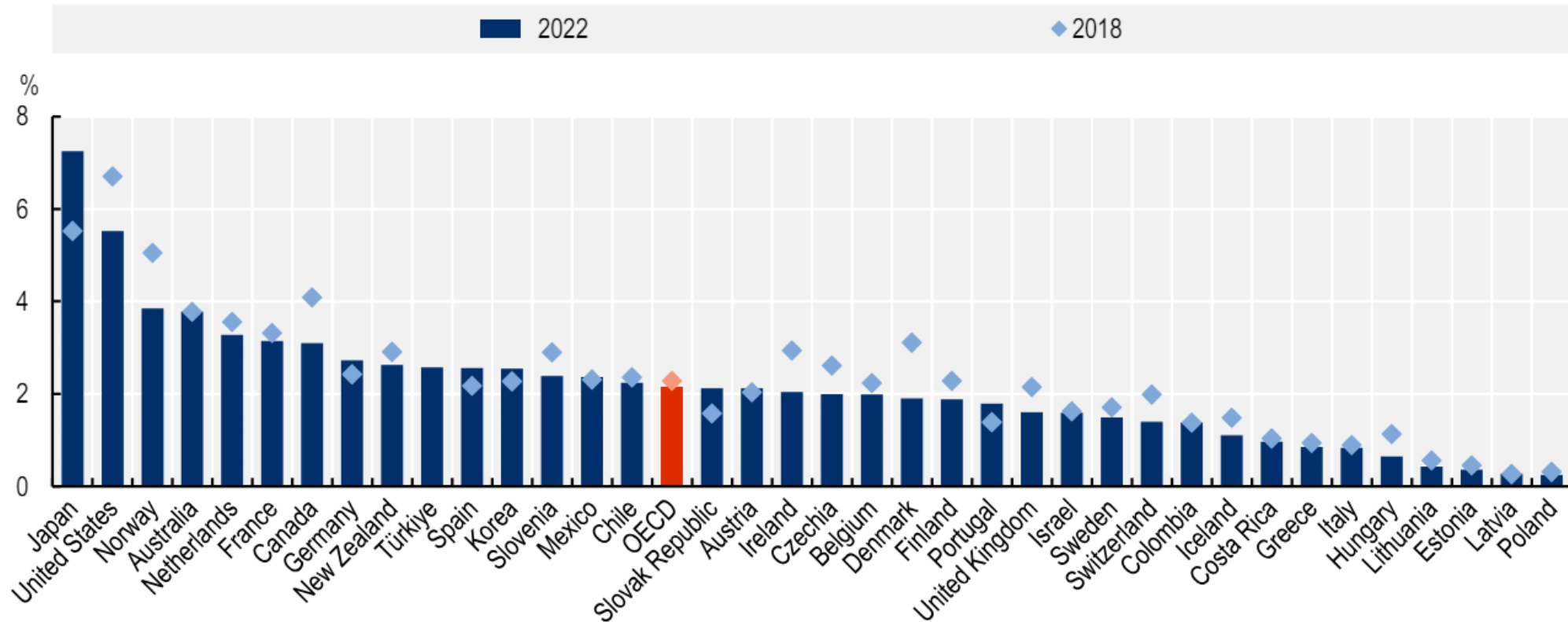


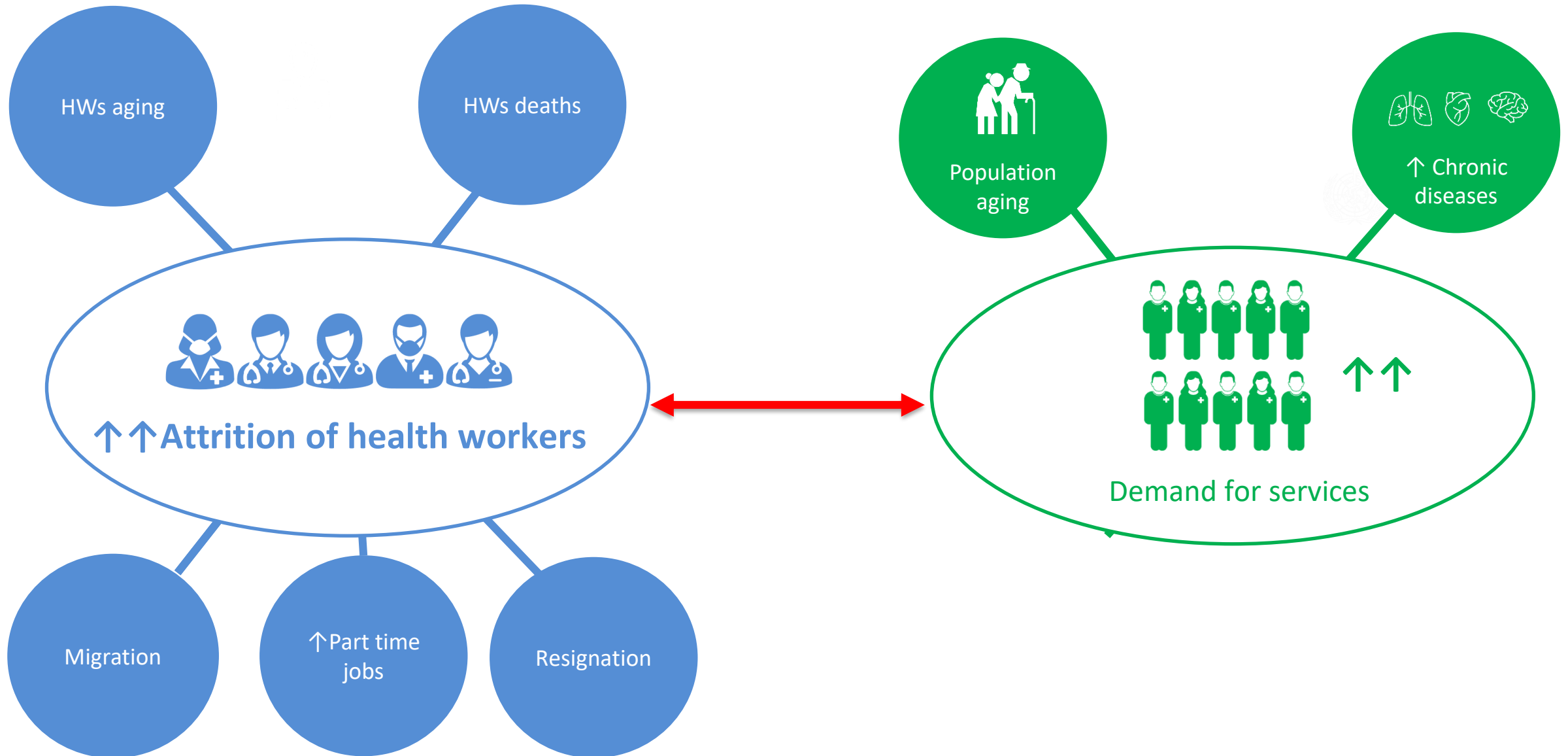
Figure 1. Nursing interest among 15-year-olds fell in half of OECD countries between 2018 and 2022



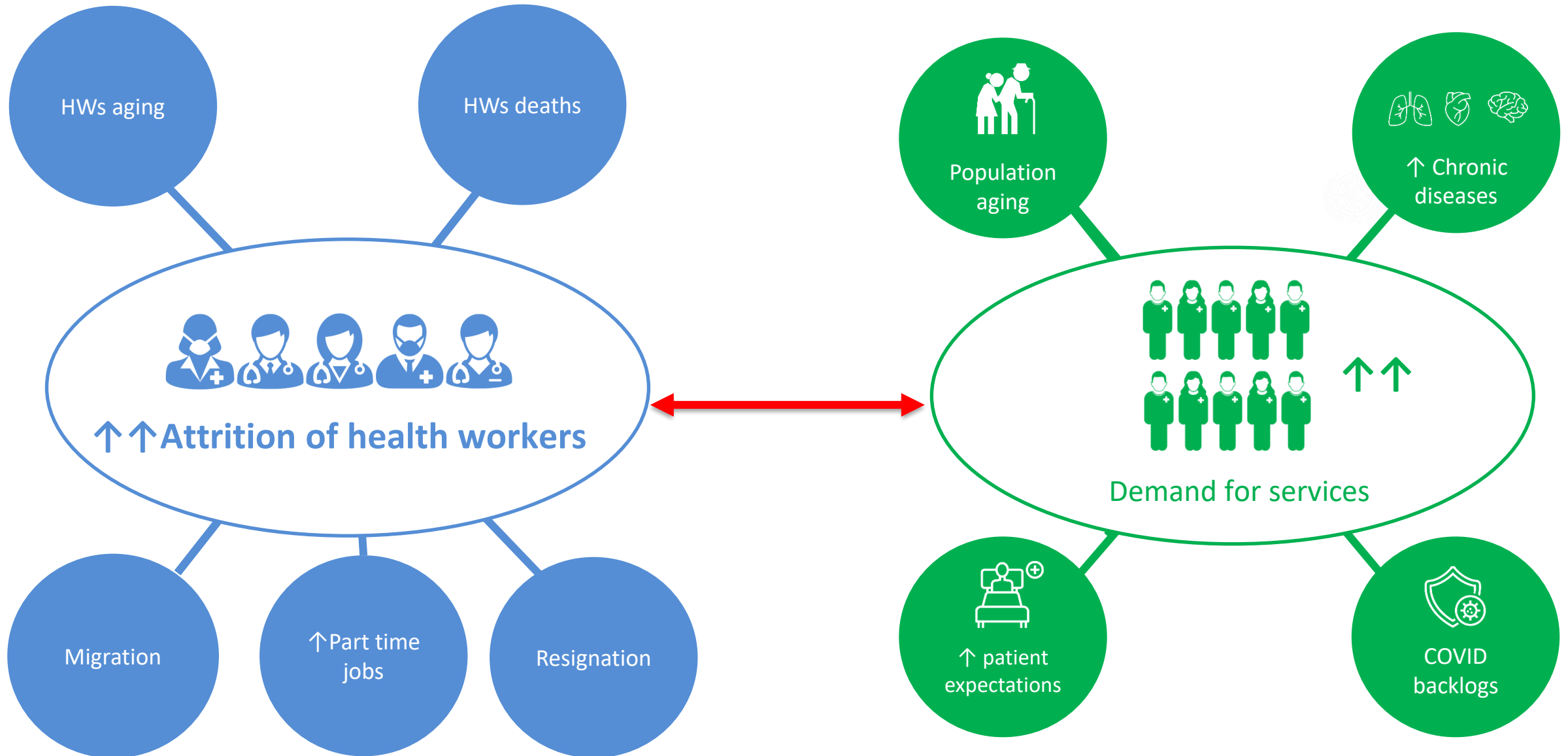
Note: Luxembourg did not participate in PISA 2022. Data from Türkiye for PISA 2018 is not included due to low reliability.

Source: OECD, PISA 2018 and 2022 Database.

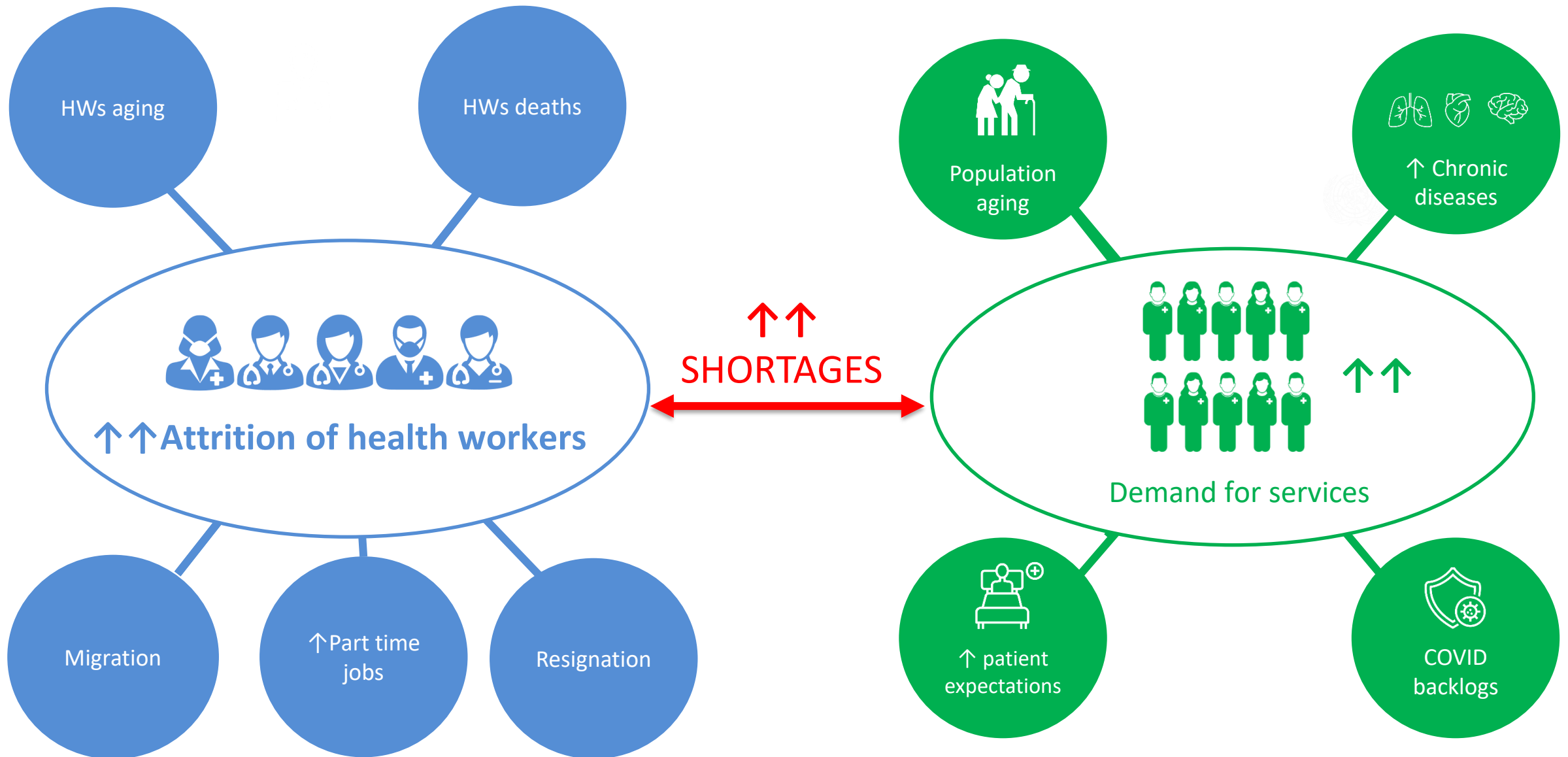
Why are shortages of health workers worsening?



Why are shortages of health workers worsening?



Why are shortages of health workers worsening?





MINISTRY OF HEALTH



World Health Organization
European Region

BUCHAREST DECLARATION ON THE HEALTH AND CARE WORKFORCE

High-level Regional Meeting
on Health and Care Workforce in Europe:
TIME TO ACT

22–23 March 2023, Bucharest, ROMANIA





Framework for action on the health and care workforce in the WHO European Region 2023–2030



INVEST

- Increase public investment and optimise use of funds
- Make the economic and social case for investing in the health and care workforce



BUILD SUPPLY

- Modernise education and training
- Strengthen continuous professional development
- Build digital health competencies



RETAIN & RECRUIT

- Improve working conditions and ensure fair remuneration
- Safeguard health and well-being
- Ensure policies that address gender inequality and have zero tolerance for abuse and violence
- Attract young students
- Recruit and retain in rural and underserved areas
- Address outmigration; ethical recruitment



OPTIMIZE PERFORMANCE

- Redefine teams and skill mix
- Improve interactions with patients
- Promote appropriate use of digital technologies
- Reconfigure services to be more efficient



PLAN

- Plan and forecast needs
- Adopt intersectoral planning approach
- Strengthen capacity of HRH units
- Regulate education, service delivery and professions
- Strengthen HRH information systems





Fixing the health workforce crisis in Europe: retention must be the priority

Tomas Zapata,¹ Natasha Azzopardi-Muscat,² Martin McKee,³ Hans Kluge⁴

Health and care workers in all parts of Europe are experiencing overwork, with high levels of burnout.¹ They describe feeling undervalued and disaffected and are losing trust in the systems in which they work.²⁻⁶

Strikes by health workers should be seen as red flags, pointing to serious underlying problems, but they are now taking place in several European countries.^{7,8} Less visible is the steady loss of skilled workers, with many attracted by the improved work-life balance

assumes that those highly pressurized workers now in post have capacity to provide the clinical training required. A more immediate solution is to recruit from elsewhere, but this raises important ethical issues. The obvious conclusion is that policies should prioritise retention of existing staff, with increased training offering only a partial, and long term answer. But how?

Health professionals are highly educated people. They have other options if they feel undervalued.

¹ WHO Regional Office for Europe, Copenhagen, Denmark

² WHO Regional Office for Europe, Copenhagen, Denmark

³ London School of Hygiene and Tropical Medicine

⁴ WHO Regional Office for Europe, Copenhagen, Denmark

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<http://dx.doi.org/10.1136/bmj.p947>

Published: 26 April 2023

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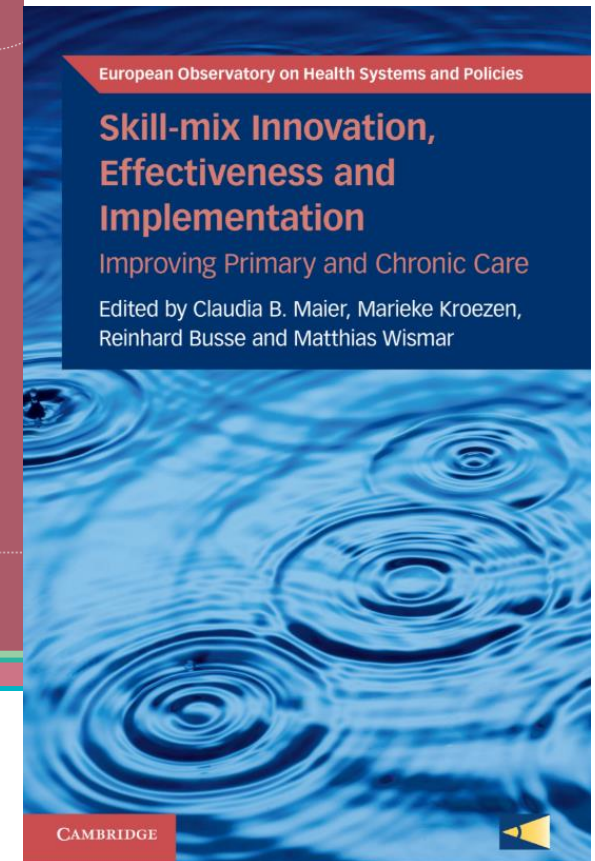
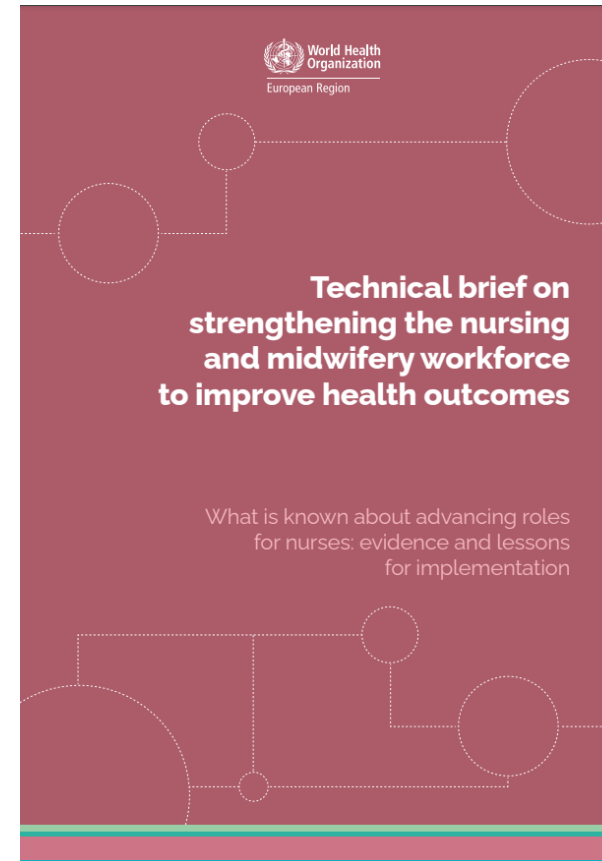
PLAN

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Redefine teams and skill mix

1. Task Sharing - This helps to fill gaps in health services, particularly in areas with staff shortages.
2. Enhancing the Role of nurses, pharmacists...
3. Promoting Multidisciplinary Teams & Collaborative practice.
4. Continuous Professional Development and Training.



Transform health services to become more effective and efficient



World Health Organization
European Region

- Prevention
- Innovation

Example from Madrid, Spain. Patient and service flow optimisation.
Dr Javier Arcos

THE HEALTHCARE PARADOX

The 60-30-10 Challenge*

60% of care is in line with evidence- or consensus-based guidelines

30% is some form of waste or of low value
10% is harmful

Source: Caplan, J. National Medical Journal
The three numbers you need to know about healthcare: the 60-30-10 Challenge
BMJ Quality & Safety 2015;24:e1-4
doi:10.1136/bmjqs-2014-004000

Fit-for-purpose hospitals:
Prioritizing quality and sustainability to meet the demands of modern healthcare

The triple imperative: digital transformation, human resources and governance and management
Innovative HRH approaches to face the urgency

Automated Clinical Pathway Standardization

Reducing workload and improving outcomes through Digital Health



Dr. Javier Arcos, Medical Director,
Fundacion Jimenez Diaz University Hospital
Quironsalud Innovation Unit, Red 4H Quironsalud Hospital Network
Madrid, Spain
@Javi_Arcos_

Fit-for-purpose hospitals:
Prioritizing quality and sustainability to meet the demands of modern healthcare



Responding to people's needs



Promote appropriate use of Digital Health Technologies

- ✔ DH technologies should respond to patients' and health workers' needs
- ✔ Patients and health workers should be heavily involved in the design of digital health tools
- ✔ Digital technologies should support health, patients and workers and avoid transforming the current complexity of healthcare systems into a digital complexity. They should not be a burden for health workers
- ✔ Redesigning patient pathways, care delivery models and processes should be the starting point from which to anchor digital health technologies
- ✔ DH should be integrated into broader health systems, not just delivered in isolation and be part of a long term strategic vision to ensure sustainability, resilience, equity, and people-centeredness
- ✔ Digital technologies shouldn't be used just because they are available. Assessing the effectiveness and impact of digital health technologies is critical for making efficient use of limited resources and to reduce harm
- ✔ The "high-touch" of health workers will not be replaced by the "high-tech" of digital health. Actually, the human component will have to be strengthened in the education and daily work of health workers
- ✔ Build the capacity of Health workers through under graduate education and Continuous Professional Development on Digital Health Competencies



Framework for action on the health and care workforce in the WHO European Region 2023–2030



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Planning is like sailing....


Plan long, Act short, Monitor frequently, Have the right people on board



COMMENT | [ONLINE FIRST](#)

Towards an equitable people-centred health system for Spain

[Helena Legido-Quigley](#)  • [Itxaso Berrojalbiz](#) • [Manuel Franco](#) • [Montserrat Gea-Sánchez](#) • [Sara Jaurrieta](#) • [Muriel Larrea](#) • [Sergio Minue](#) • [Javier Padilla](#) • [Jose Maria Valderas](#) • [Tomas Zapata](#) • [Show less](#)

Published: September 05, 2023 • DOI: [https://doi.org/10.1016/S0140-6736\(23\)01858-5](https://doi.org/10.1016/S0140-6736(23)01858-5) •  Check for updates

References

Article info

Figures



The COVID-19 pandemic has had a profound impact on Spain¹ and its devastating effects on health and health care have been felt across various domains, including the social, economic, and political spheres. Among the sectors hardest hit were the health system and its dedicated health professionals.² Consequently, there has been a growing recognition among the Spanish population that the health system, often regarded as an efficient and high-quality system,³ requires strengthening and modernisation.

Spain held its national elections on July 23, 2023, in a context of high polarisation of public opinion and absence of clear majorities of parties in the formation of the government. In these coming weeks, political parties are negotiating a programme for the next legislature and if they do not reach an agreement the elections will be repeated in January, 2024. Against a background of heightened political tensions and eroding trust in politicians and health systems, we, a team of academics with expertise in public health and leaders from the broad political spectrum in Spain, engaged in a collaboration that had two purposes. First, we aimed to reimagine an equitable and people-centred health system prepared to be resilient to both current and future challenges. Second,

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

[Natasha Azzopardi-Muscat](#) • [Tomas Zapata](#)   • [Hans Kluge](#)

[Open Access](#) • Published: October 26, 2023 • DOI: <https://doi.org/10.1016/j.lanepe.2023.100765>

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Contributors

Declaration of interests

Acknowledgements

References

Article info

Europe is in the middle of a health workforce crisis.¹ But this crisis is many crises at once: it is labour crisis, a mental health crisis, an education crisis, a gender equality crisis and a financial investment crisis.

First, it is a **labour crisis** because countries are finding it difficult to retain the existing health and care workers in the health system and recruit new to adequately respond to the increased demand for health services over the past few years.² There is an increased attrition of health workers that is due to: an aging workforce (in 13 countries in Europe more than 40% of the doctors are over 55 years of age)¹; increased absenteeism and resignations (62% increase during the COVID-19 pandemic)³; increased number of deaths during the COVID-19 pandemic (50,000 health workers in Europe are estimated to have died)⁴; and increased migration of health and care workers in certain countries (27% and 79% increase in the global migration to OECD countries after the COVID-19 pandemic).⁵

Second, it is a **mental health crisis** because health and care workers are experiencing high burnout (52% of health workers report to have experienced burnout).⁶ Health workers were exposed to high workloads and working times before the COVID pandemic and the situation has been exacerbated during and after the COVID pandemic. Stress, anxiety, depression have been common symptoms experienced by health and care workers and that are contributing to increase attrition, dissatisfaction, and reduced productivity.³

CONCLUSION

1. Health & Care workers are the cornerstone of quality health systems
2. Health & care workforce to be aligned with changing population needs and health services
3. HCWs numbers matters, but also skill mix, distribution and performance. Working conditions!
4. Health workforce planning is not just about MoH but many other stakeholders and a mix of technical, policy and political process



We need to TRANSFORM the way we provide services so that we health system and Health Workers can cope with the increasing demands for services

Thank you

For more information, please contact:

Health workforce and service delivery unit
Division of Country Health Policies and Systems
World Health Organization, regional office for Europe

✉ zapatat@who.int

Relevant links:

1. The Resolution on Health and Care Workforce: <https://iris.who.int/handle/10665/372656>
2. The Framework for Action 2023-2030: <https://iris.who.int/handle/10665/372563>
3. The Bucharest Declaration: <https://www.who.int/europe/publications/i/item/bucharest-declaration>
4. Health and care workforce in Europe: time to act: <https://www.who.int/europe/publications/i/item/9789289058339>
5. The web story announcing the adoption: <https://www.who.int/europe/news/item/26-10-2023-who-europe-53-member-states-adopt-historic-resolution-to-protect-and-support-health-and-care-workers-across-europe-and-central-asia>
6. The Lancet article: [https://www.thelancet.com/journals/lanepa/article/PIIS2666-7762\(23\)00184-9/fulltext](https://www.thelancet.com/journals/lanepa/article/PIIS2666-7762(23)00184-9/fulltext)
7. Video: Protecting our health and care workers: [WHO Regional Office for Europe on LinkedIn: Let's tackle the #HealthWorkforce crisis!](#)
8. A short video on the health workforce crisis: [WHO Regional Office for Europe on LinkedIn: #TimeToAct2023](#)

