NEWSLETTER NO. 2 – MY EXPERT OPINION

What are the constraints and main difficulties for an effective Health Workforce planning, how can these constraints be managed and/or overcome, and what governance issues do JA HEROES need to work on?

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Healthcare systems in many developed countries are currently facing a significant challenge. It lies in ensuring an adequate number of qualified healthcare personnel, respectively corresponding Health Workforce (HWF) capacities, capable of responding to increased demand for healthcare services due to an aging population. Though deeply engaged in tackling the challenge of securing sufficient HWF in my country, assessing regional healthcare disparities, and enhancing healthcare accessibility, my primary expertise lies in demography. And perhaps that's why I perceive the potential challenges posed by demographic aging more intensely than other colleagues.

The population of Europe is aging, some regions faster than others, but according to the latest population projections from Eurostat (EUROPOP 2023[1]), it is expected that by 2030, the number of seniors (aged 65 and over) in EU-27 countries will increase by more than 11 million to 107 million, constituting almost 24% of the population. And this trend will continue – by 2040: 121 million (27%), by 2050: 130 million (29%), and so on. Even faster growth can be observed in the so-called "oldest-old" (80 and over), with their expected increase from approximately 27 million currently to nearly 50 million in 2050 (+80%), when these individuals will account for 11% of the current EU-27 population.

Seniors can generally be perceived as individuals who demand and utilize the majority of healthcare services provided (which also means increasing healthcare costs – though this issue is beyond the primary focus of JA HEROES, it is crucial to be aware of it), as confirmed by OECD[2] healthcare spending results. Increasing their numbers and share of the overall population is a result of extended life expectancy. However, this does not necessarily imply the same pace of

growth in healthy life expectancy. And this mismatch naturally translates into higher demand for healthcare services.

Is Europe prepared to meet this demand with an adequate HWF supply? With the aging population and a projected decline in the working-age population (20–64 years) by 28 million individuals between 2023 and 2050, acquiring new healthcare workforce becomes challenging. Consequently, not only is the overall population aging, but so is the healthcare workforce itself, with many countries already witnessing older age structures among certain healthcare professions. While efforts often focus on addressing this shortage by attracting foreign workers, this tends to redistribute existing HWF within European countries, exacerbating the gap. Alternatively, fostering conditions and incentives for young people to pursue healthcare education and view healthcare work as prestigious, stable, and beneficial to society might be more appropriate.

Educating and training a quality healthcare professional often takes more than 10 years, up to 15 years for specialist physicians. Therefore, we must already look not at what the situation will be in 2030, but rather in 2040 or 2050. Only then can we adequately highlight potential problems in HWF shortages or inadequate structures and provide relevant insights to stakeholders to create conditions that ensure future healthcare accessibility.

I personally perceive the greatest challenge in healthcare workforce planning in three main aspects, stemming from my experience in the Czech context, but I believe many colleagues from other countries may see similar issues:

1) Determining "optimal capacities" for individual healthcare specializations and categories of workers. Can we truly consider current capacities as "optimal," even if the supply is able to meet demand? Regional variability both between states and within individual states is significant. Nevertheless, based on data on healthcare provided, HWF capacities, we should be able to, in collaboration with key stakeholders, define certain "boundaries" within which the relationship between care provision and the workload of a given worker can be perceived as "optimal", and to refer to this delineation in the process of planning future HWF needs.

2) Unclear concept/vision and future direction of healthcare systems, structure of healthcare services. With an aging population, the structure of demand and thus supply of

healthcare services will naturally change. Certain specializations or segments of healthcare services should therefore be seen as more progressive for future care provision (e.g., follow-up care, geriatrics, psychiatry, etc.), and there will undoubtedly be greater pressure to strengthen the role of general practitioners throughout the system, who should be the main coordinators of the patient's relationship with the healthcare system, etc. There are various strategies for the future development of healthcare, but all these documents are too general. Of course, it is difficult now to estimate to what extent ongoing digitization of healthcare, various forms of e-health, telemedicine, and high expectations from artificial intelligence involvement will help in providing healthcare services. However, complex it is to estimate this now, it is necessary for the process of healthcare workforce planning to have an idea of the future direction for specific segments of healthcare services. This is primarily the task of key stakeholders in healthcare, as well as epidemiologists, healthcare data analysts, etc.

3) **Political will and professional consensus.** Regardless of how good model estimates of HWF capacities we create, regardless of whether we are able to provide clear recommendations for ensuring future accessible healthcare, we cannot do without political consensus and support. From my own experience as a member of various departmental working groups, I can confirm that implementing any change is very difficult, not only politically but often also within individual professional groups within the healthcare sector. Personal egos and the inability to compromise or seek compromise often thwart many negotiations, and already perceived problems deepen further due to the inability to find consensus on an appropriate solution.

A specific aspect, relevant to Czechia, is the establishment of a certain "institution" that will deal with HWF planning (whether as a department within the Ministry of Health, or other organizations or in cooperation with research institutions in the academic sphere). Currently in Czechia, we do not have such a platform that would comprehensively, conceptually, and continuously conduct appropriate analyses and estimates. However, thanks to the JA HEROES project, we are diligently working on this point, and we believe that at the end of the project, we will be able to declare that our efforts have been successful and that we will join countries that have these activities established. Examples of best practices from foreign partners, which can be presented during leader meetings of individual countries, will certainly help achieve this goal.

[1] https://ec.europa.eu/eurostat/databrowser/product/view/proj_23np?category=proj.proj_23n

[2] https://www.oecd.org/health/a-system-of-health-accounts-2011-9789264270985-en.htm

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