HEROES

Deliverable 4.1 - HEROES Policy Action Plans

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HEROES

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ABSTRACT

The HEROES Joint Action was established to strengthen health workforce (HWF) planning systems across Europe in response to workforce shortages, demographic ageing, mobility, geographical imbalances, and increasing healthcare demand. This report analyses the role of Policy Dialogues (PDs) and Policy Action Plans (PAPs) in supporting evidence-based and sustainable HWF planning at national and European levels.

The findings demonstrate that effective workforce planning extends beyond technical forecasting and depends on the interaction of workforce intelligence, governance arrangements, and stakeholder engagement. Through national and European Policy Dialogues, policymakers, technical experts, professional organisations, educational institutions, and other stakeholders jointly identified workforce challenges and developed policy responses.

Analysis of the national Policy Action Plans revealed three common policy areas: workforce supply and planning capacity; workforce distribution, retention, and labour market functioning; and governance, workforce intelligence, and stakeholder coordination. Despite differences in planning maturity, countries showed a common trend towards more institutionalised, data-driven, and policy-oriented planning systems. The report also highlights the contribution of HEROES to strengthening national capacities and promoting policy learning across countries.

At the European level, the Policy Dialogues emphasised the importance of cooperation in workforce intelligence, data harmonisation, methodological development, mobility monitoring, and capacity building. Overall, the findings indicate that sustainable HWF planning requires the integration of technical evidence, governance capacity, stakeholder ownership, and long-term policy commitment to support resilient health systems across Europe.

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Abbreviations

AI	artificial intelligence
CPME	Standing Committee of European Doctors
EU	European Union
EU MS	European Member States
EFN	European Federation of Nurses Associations
EHMA	European Health Management Association
EPHA	European Public Health Alliance
EPSU	European Federation of Public Service Unions
FTE	Full time equivalent
HWF	health workforce
HEROES	HEalth woRkfOrce to meet health challEngeS (EU Joint Action)
HRH	Human resources for health
HWF	Health workforce
OECD	Organisation for Economic Cooperation and Development
PAP	Policy action plan
PD	Policy dialogue
SEPEN	Support for the health workforce planning and forecasting expert network joint Tender
TSI	Technical Support Instrument
WHO	World Health Organization

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Executive Summary

This report presents the main findings of **HEROES Policy Dialogues (PDs) and Policy Action Plans (PAPs) and it examines how they contributed to strengthening health workforce (HWF) planning systems across Europe**. The HEROES Joint Action, co-funded through the EU4Health Programme, was developed in response to persistent structural challenges affecting European health labour markets, including HWF shortages, demographic ageing, mobility pressures, skill imbalances, and increasing service demands.

This report demonstrates **that sustainable and effective HWF planning depends not only on technical forecasting capacity but also on governance, stakeholder engagement, and the ability to translate evidence into policy action**.

One key finding of the report is that HWF planning relies on two closely interconnected pillars: **technical capacity and policy governance**. Technical capacities include HWF data systems, forecasting methodologies, modelling tools, HWF intelligence, and analytical expertise. These components provide the evidence base needed to understand current and future HWF challenges. However, technical evidence alone is insufficient unless linked to governance structures, institutional ownership, and policy processes that support implementation. This report, therefore, emphasises that HWF planning must be understood as a strategic governance function rather than a narrow technical exercise.

Within this framework, HEROES supported participating countries through **18 national and 2 EU-level Policy Dialogues**. These dialogues created structured platforms where policymakers, technical experts, professional organisations, educational institutions, and other stakeholders could jointly interpret evidence, identify HWF challenges, and formulate feasible policy responses. The Policy Dialogues also supported the development of national Policy Action Plans tailored to the institutional and policy contexts of each country. This report confirms that **stakeholder engagement is one of the strongest determinants of sustainable planning capacity**. Countries with institutionalised governance mechanisms and recurring multi-stakeholder coordination processes were generally more successful in translating technical evidence into long-term policy action. The comparative analysis of the national Policy Action Plans identified three broad policy areas that consistently shaped national priorities, demonstrating how HWF planning and work under HEROES supported progress across these areas: 1) the first area concerns HWF supply and planning capacity. Many countries focused on improving education and training systems, strengthening forecasting capacity, aligning training with HWF needs, and developing evidence-based planning mechanisms. These measures reflect a broader transition from historically based HWF decisions toward more systematic, demand-driven and data-informed

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planning approaches. 2) The second policy area concerns HWF distribution, retention, and labour market functioning. Several countries identified geographical imbalances, HWF shortages, retention difficulties, and professional mobility as critical challenges affecting health system sustainability and access to care. In response, countries increasingly prioritised recruitment and retention measures, HWF wellbeing initiatives, career development pathways, and actions aimed at improving working conditions. This report highlights that **HWF sustainability is no longer viewed only through HWF numbers, but also through the ability of systems to attract, support, and retain health professionals over the long term**. 3) The third policy area concerns governance, HWF intelligence, and stakeholder coordination. Across countries, there was a strong recognition that fragmented data systems, unclear institutional responsibilities, and weak coordination mechanisms limit the effectiveness of HWF planning. As a result, many Policy Action Plans focused on strengthening data quality, interoperability, forecasting systems, and governance arrangements.

This report repeatedly demonstrates that **data systems and modelling tools are most effective when they are embedded within decision-making structures and linked to broader health system governance**. It also summarises how through support under HEROES, countries managed to link policy objectives with workforce data and projections, demonstrating progress in the effective use of HWF planning to translate strategic priorities into actionable and sustainable implementation measures.

Despite differences in planning maturity and governance structures, several common cross-country trends emerged.

1) First, **countries during HEROES managed to increasingly institutionalise HWF planning as a permanent governance function rather than a temporary project-based activity**.
2) Second, **HEROES contributed to a clear shift towards data - driven and needs - based planning approaches that integrate demographic trends, epidemiological developments, service utilisation patterns, and changing models of care**.
3) Third, **countries managed to strengthen substantially the connection between HWF planning and education policy**, recognising that education and training decisions have long-term implications for HWF sustainability.
4) Finally, **there is increasing recognition that HWF wellbeing, retention, and working conditions are central planning issues** rather than secondary human resource concerns, which was aligned with the work on the data expanded to capture these key issues in planning.

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The overall direction across countries was consistent: moving towards more integrated, participatory, and sustainable HWF planning systems.

At the European level, the **two EU Policy Dialogues reinforced the importance of long-term collaboration in HWF intelligence, methodological development, data harmonisation, and capacity building**. Participants highlighted the strategic importance of improving interoperability between HWF data systems and strengthening the integration of HWF intelligence into broader policy processes. The discussions also emphasised the added value of EU-level cooperation in areas such as mobility monitoring, forecasting methodologies, peer learning, and the exchange of good practices.

Based on these findings, the report concludes that **the interest in the continuation of work, including at EU level, is strong** and efforts should focus on strengthening interoperable HWF data systems, embedding HWF intelligence into policymaking, supporting demand- and needs-based planning approaches, and institutionalising governance and stakeholder engagement mechanisms. Strong commitment at national level to sustain results of HEROES and continued investment in planning skills, forecasting capacities, and cross-country collaboration will remain essential for sustaining progress. This report further demonstrates that HWF planning must evolve beyond a predominantly technical function and become an integrated component of health system governance capable of supporting resilient, adaptive, and sustainable health systems across Europe.

Overall, the HEROES Joint Action demonstrated that sustainable health workforce planning is no longer a technical exercise but a strategic governance function requiring permanent institutional capacity, continuous stakeholder engagement, and long-term European cooperation. Sustainable, resilient and effective HWF planning systems require long-term institutional commitment, integrated governance structures, and continuous collaboration at both national and European levels. The long-term impact of HEROES will therefore depend on the extent to which countries are able to maintain and institutionalise the planning capacities, governance mechanisms, and collaborative approaches developed during the Joint Action.

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1. Introduction

1.1. HEROES Joint Action and the importance of the sustainability of planning systems

The HEROES Joint Action is an initiative co-funded by the EU4Health Programme to strengthen health workforce (HWF) planning and address persistent structural challenges in European health labour markets, including workforce shortages, skills mismatches, and limited planning capacity. Building on previous European initiatives such as JA EUHWF and SEPEN[1], HEROES enhances evidence-informed decision-making and supports the development of more accessible, sustainable, and resilient health systems across Member States.

The HEROES Joint Action focuses on four strategic pillars:

1. strengthening HWF data and intelligence systems;
2. advancing forecasting and planning methodologies;
3. building planning capacity through skills development;
4. and improving governance through structured stakeholder engagement.

Together, these pillars provide an integrated framework for evidence-informed HWF planning, supporting data-driven decision-making, cross-country collaboration, mutual learning, and policy transfer while addressing emerging challenges such as workforce mobility, digital transformation, interprofessional practice, and health system resilience.

Within this framework, the Sustainability Work Package aimed to ensure the long-term uptake and institutionalisation of project results by supporting the adoption of flexible, evidence-informed HWF policies at European, national, regional, and local levels. Its activities promoted structured stakeholder dialogue, sustainable action planning, and the development of recommendations to facilitate the scaling-up of good practices and strengthen national HWF planning systems beyond the lifetime of the Joint Action.

The work package also coordinated the HEROES Policy Board, bringing together high-level representatives from participating Member States to support strategic policy dialogue and long-term

[1] https://healthworkforce.eu/

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ownership of project outcomes. In parallel, participating countries were supported in developing Policy Action Plans and national sustainability strategies that translate project findings into concrete policy actions.

The two principal outputs of the work package - the present Deliverable D4.1 and the Final Sustainability Report (D4.2) - are complementary. While D4.1 examines how Policy Dialogues and Policy Action Plans strengthened HWF planning through stakeholder engagement, governance, and workforce intelligence, D4.2 identifies the conditions necessary to sustain and institutionalise these achievements beyond the project period. Together, the reports demonstrate that sustainable HWF planning requires the integration of robust technical capacities - including data, forecasting, modelling, and planning competencies - with effective governance, stakeholder ownership, and continuous policy dialogue, enabling HWF planning to become a permanent function of health system governance rather than a project-based activity.

2. HEROES Policy Dialogues putting HWF planning at the core of policy making

Key Messages

- HEROES Policy Dialogues strengthened the connection between technical health workforce intelligence and practical policy decision-making.
- The Policy Dialogues created structured platforms for cooperation between policymakers, technical experts, professional bodies, and educational institutions.
- Health workforce planning emerged as both a technical and governance function requiring continuous stakeholder engagement.
- Countries increasingly recognised that sustainable health workforce planning depends on institutionalised coordination and evidence - based policymaking.

HEROES played a key role in strengthening the integration of HWF planning into policy decision-making across participating countries. Recognising that policy change is a gradual process requiring stakeholder engagement, consensus-building, and evidence-informed dialogue, Task 4.1 - led by Semmelweis University - implemented a series of Policy Dialogues (PDs) to raise awareness among policymakers and key stakeholders and support the institutionalisation of HWF planning within Member States.

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Effective HWF planning operates at the intersection of technical evidence and policy decision-making. As European health labour markets face persistent workforce shortages, demographic change, mobility, digital transformation, and evolving models of care, robust policy frameworks are essential for translating analytical evidence into strategic priorities, resource allocation, regulatory measures, and education policies. While high-quality data, forecasting models, skill-mix analyses, and planning tools provide the technical foundation for decision-making, their impact depends on effective governance and policy implementation (Batenburg & Williams, 2026). HEROES therefore strengthened not only the evidence base for HWF planning but also the policy processes required to support timely and sustainable workforce reforms. Experience of several countries participating in HEROES shows that HWF planning is at the very core of HWF strategies and reforms of health systems.

HWF policies across EU Member States address common challenges, including workforce shortages, geographical maldistribution, professional mobility, changing service demands, and skills imbalances. Based on the WHO National Health Workforce Accounts (2016), the SEPEN mapping study (EU, 2021) identified eight core policy domains that underpin HWF planning and management across Europe:

- Workforce stock, shortages, and skill distribution
- Workforce performance
- Professional mobility
- Education, enrolment, and workforce attractiveness
- Education capacity and infrastructure
- Continuous professional development (CPD)
- Regulation of the private sector
- Working conditions

Although these policy domains are widely recognised, their implementation varies considerably across Member States, reflecting differences in health system organisation, governance structures, and national priorities.

Integrating technical planning capacities with coherent policy frameworks enables countries to better understand workforce supply, demand, mobility, and performance while ensuring that planning responds to population health needs, financial sustainability, and broader socio-economic priorities (D2.4 HEROES Policy Briefs, 2026). Approaches, such as the System Dynamics and Modelling for Health Workforce Planning (SANDEM) framework further demonstrate how demographic trends, service

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demand, workforce flows, and policy scenarios can be combined within comprehensive long-term planning models (SANDEM, 2024).

Figure 1 - The two Pillars of Sustainable HWF Planning, 2026

A critical feature of modern and effective HWF planning is the recognition that it rests on two interdependent pillars: the technical and the policy domains. The technical pillar encompasses data systems, indicators, modelling techniques, forecasting tools, and analytical capacities that generate insights into HWF supply, demand, and performance. The policy pillar encompasses governance structures, regulatory mechanisms, institutional arrangements, and strategic priorities that guide and sustain action. These pillars are mutually reinforcing: technical outputs inform policy options by identifying current gaps and future scenarios, while policy processes determine which technical tools are developed, adopted, and institutionalised (see also the Sustainability framework for HWF Intelligence of HEROES in D4.2 2026, Rees et al 2023). For example, HWF projections may highlight shortages in specific professions, but policy decisions are required to expand training capacity, adjust scopes of practice, or introduce retention incentives. Conversely, policy priorities - such as improving primary care access or integrating digital health - shape the type of data collected, and the modelling approaches used. This interaction underscores the need for integrated planning systems in which

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technical expertise and policy leadership are continuously aligned through feedback loops (Batenburg & Williams, 2026).

Evidence-informed decision-making is fundamental to effective HWF policy and health system performance. In increasingly complex health labour markets, decisions based on incomplete information risk reinforcing workforce shortages, maldistribution, and inefficiencies. Integrating empirical data, forecasting results, and evaluation evidence into policymaking enables countries to better anticipate demographic, epidemiological, organisational, and technological changes while supporting timely and targeted interventions (see also the HEROES Advanced Minimum Dataset in the D2.4 HEROES Policy Brief Nr 2, 2026). By embedding robust evidence within governance processes, HWF planning becomes more strategic, responsive, and sustainable.

2.1 HEROES Policy Dialogue as a tool in strengthening health workforce planning systems

Within the HEROES framework, Policy Dialogue is conceptualised as a structured, evidence-based process that bridges the technical and policy dimensions of HWF planning. It enables decision-makers, technical experts, and stakeholders to collectively interpret data, identify HWF challenges, and co-create feasible policy responses. As highlighted in the HEROES Policy Dialogue Guide (Annex 1), PD is not a one-off event, but a continuous process and series of structured sessions embedded in the policy cycle, aimed at improving understanding, identifying solutions, and building consensus on implementation pathways. By facilitating interaction between the technical outputs (e.g. data, models, planning skills) and policy actions, PD strengthens governance and engagement, enhances ownership, and ensures that planning systems are both analytically strong and politically actionable.

2.1.1. Set-up of international and national Policy Dialogues

The HEROES approach planned a multi-level PD architecture, combining 2 EU-level dialogues with 18[2] national policy dialogues led by competent authorities, ensuring vertical and horizontal policy coherence. At the national level, the setup required a structured planning horizon (approximately 12 months' timeframe), early stakeholder engagement, and alignment with ongoing HWF initiatives and training activities. Countries were encouraged to define the number and format of sessions, select appropriate online/offline modalities, and ensure broad stakeholder representation, including policymakers, professional bodies, and technical experts. This structured set-up ensured that national dialogues are context-sensitive while contributing to EU-level learning and policy convergence.

[2] Germany was not included in this task, as associated partners did not conduct all the JA-related activities

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The analysis of policy dialogue topics (see Chapter 3.3) across EU MS demonstrates a comprehensive and evolving approach to HWF policy. While traditional areas such as education, supply, and distribution remain central, there is a clear shift toward integrated, system-level planning supported by strong data systems and inclusive governance mechanisms. We can identify 3 main categories **- (1) Supply and Planning Capacity, (2) Distribution and Labour Market Functioning, and (3) Governance, Data and Stakeholder Engagement -** capturing the multidimensional nature of HWF policy in Europe. Importantly, these domains are highly interdependent: technical planning tools require governance structures for implementation, while policy decisions depend on accurate data and stakeholder consensus. From a HWF planning perspective, this combined approach reflects a maturation of health labour market policy frameworks in the EU. It highlights the growing recognition that sustainable and resilient health systems depend not only on the availability of human resources but also on the capacity to plan, govern, and continuously adapt HWF policies in response to changing health needs and system dynamics.

2.1.2. HWF planning stakeholder pool

The engagement of policy stakeholders - as one of the four strategic pillars of HEROES - emerges as a cornerstone of effective HWF planning. HWF policies inherently involve multiple actors, including ministries of health and education, regulatory bodies, professional associations, healthcare providers, academic institutions, and increasingly, patient and community representatives. Each stakeholder group brings distinct perspectives, interests, and forms of knowledge, which must be reconciled to develop feasible and legitimate policy solutions. Structured mechanisms such as policy dialogues provide a platform for inclusive, evidence-based deliberation, enabling stakeholders to jointly interpret data, identify priorities, co-create solution options, and negotiate trade-offs. This engagement is not merely consultative but co-productive, fostering shared ownership of policy decisions and facilitating smoother implementation. Moreover, stakeholder engagement helps to surface potential barriers - such as institutional resistance, HWF dissatisfaction, or regulatory constraints - and to identify enablers for change, including incentives, capacity-building measures, and communication strategies.

Importantly, stakeholder engagement also enhances the quality and relevance of evidence use in policymaking. Technical analyses often require contextual interpretation to ensure that assumptions, limitations, and uncertainties are well understood by decision-makers. Through dialogue and interaction, stakeholders can validate data, contribute experiential knowledge, and refine policy options to better reflect on-the-ground realities. This process strengthens the legitimacy and credibility of HWF policies, while also promoting transparency and accountability in decision-making. In addition,

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continuous engagement supports adaptive governance, allowing policies to evolve in response to new evidence, emerging challenges, and shifting priorities within the health labour market.

Stakeholder engagement within the HEROES Joint Action emerges as a central governance mechanism for advancing HWF planning from a technical exercise to a strategic, policy-oriented function. MS were asked to monitor their stakeholder engagement during the project. A stakeholder map was prepared at the beginning of HEROES, and then continuously updated and monitored by the participating countries (see HEROES final reports D5.1, D6.1, D7.1 of 19 countries "Report on countries' data collection, HWF planning models and tools, planning skills improvement and stakeholders' involvement"). Across the reports, engagement is primarily implemented through structured Policy Dialogues and multi-institutional coordination platforms, which bring together actors from health, education, labour, and finance sectors. These processes have been instrumental in bridging traditional governance fragmentation, aligning technical evidence with policy priorities, and fostering shared ownership of planning reforms. In some of the national planning systems, stakeholder engagement is not ad hoc, but increasingly institutionalised, supporting continuous interaction between data producers, analysts, and decision-makers. This shift enables **more effective translation of forecasting outputs into concrete policy actions, such as training quotas, HWF distribution strategies, and long-term system reforms.**

Across all HEROES country clusters, the reports demonstrate that stakeholder engagement maturity is one of the strongest determinants of sustainable HWF planning capacity.

Countries with formalised governance structures, recurring multi-stakeholder dialogues, and integrated coordination mechanisms are better able to translate HWF intelligence into effective policy action (Table 1). Rees et al. (2023) summarise the typology of HWF planning approaches - ranging from "serendipitous replacement" to "strategic health workforce planning" - that closely mirrors the varying maturity levels observed among HEROES countries. More advanced systems are characterised by integrated data systems, strategic governance, stakeholder coordination, and the ability to align HWF planning with broader health system objectives. The authors also acknowledge that planning approaches may coexist within the same country or evolve over time (Rees et al 2023).

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Stakeholder Engagement Group	Countries	Main Characteristics of Stakeholder Engagement
Institutionalised Stakeholder Engagement	**Netherlands, Belgium, Sweden, Norway**	-Legally mandated and institutionalised HWF planning structures, clear ownership -Regular and structured policy dialogue mechanisms -Broad stakeholder participation across ministries, regions, professional bodies, academia, and technical agencies -Strong integration between data systems, governance, and policymaking -Mature multi-level coordination and learning - oriented governance systems -Stakeholder engagement embedded into routine planning cycles
Developing Stakeholder Engagement	**Germany, Estonia, Spain, Slovakia, Malta, Italy, Ireland, Greece, Portugal**	-Expanding and increasingly formalised stakeholder involvement (e.g. planning or strategic HWF units) -Policy dialogues becoming integrated into governance processes -Strong technical and analytical engagement, but governance arrangements still evolving

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		-Coordination mechanisms exist but remain partially fragmented -Increasing collaboration between ministries, regions, technical bodies, and professional organisations -Continued reliance on HEROES - supported collaboration, capacity building, and consensus - building mechanisms
Foundational Stakeholder Engagement	**Czechia, Croatia, Slovenia, Lithuania, Hungary, Poland**	-Stakeholder engagement is largely project - driven or operational -Limited or transitioning institutionalisation of policy dialogue and governance structures -Fragmented coordination across institutions and sectors -Greater focus on technical and data-related issues than governance integration -Limited formal planning mandates or coordinating bodies, transitioning ownership -Need for stronger cross-sector collaboration, permanent structures, and sustained stakeholder engagement mechanisms

Table 1 - Stakeholder engagement maturity in HEROES

Across the 18 participating countries, stakeholder engagement maturity varied considerably, ranging from institutionalised governance arrangements to more project-based and emerging forms of collaboration. First, Ministries of Health hold the strongest strategic authority, shaping policy direction, regulatory frameworks, and overall governance of HWF planning. Second, inter-ministerial actors, particularly Ministries of Education and Finance, are critical for aligning HWF supply (education pipelines) and fiscal sustainability with health system needs. Third, public health institutes and

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specialised agencies (e.g., national institutes, planning units) play a key technical role, especially in systems where they are formally mandated to manage data, forecasting models, and analytical outputs. Fourth, social insurance funds and payers exert a strong influence through financing and contracting mechanisms that directly affect HWF demand and distribution. Finally, professional bodies and chambers (e.g., medical and nursing associations) represent a highly influential group, as they regulate professional standards, influence labour market dynamics, and shape the acceptability of policy decisions. In more mature systems, these stakeholders are not only involved but structurally integrated into governance frameworks, enabling coordinated, evidence-based decision-making, that is, actively participating through stable, recurring and influential mechanisms. Conversely, where engagement remains fragmented or consultative rather than institutionalised, the impact of advanced planning tools is significantly constrained, highlighting that stakeholder alignment is a key determinant of planning maturity and policy effectiveness.

2.1.3. Process of HEROES Policy Dialogues

The PD process in HEROES was organised into three interlinked phases: preparation, dialogue sessions, and follow-up, each supported by practical tools and checklists (Annex 1). The preparation phase included defining objectives, identifying topics, collecting evidence, and engaging stakeholders. The dialogue phase typically consisted of structured sessions: an introductory session to establish collaboration and define priorities, deep-dive sessions to analyse specific HWF challenges using evidence, and a final consensus session to agree on policy directions. The follow-up phase focused on evaluation, documentation, and continuous refinement of outputs, ensuring that each session contributes to cumulative learning and policy development. This cyclical and adaptive process reflects good practice in complex system governance and stakeholder-driven policymaking.

2.1.4. HEROES Policy Action Plan as an output of Policy Dialogues

A key output of the PD process is the National Policy Action Plan (PAP), which is progressively refined throughout the dialogue sessions (see HEROES Policy Dialogue Guide, Annex 1). The PDs provide a structured platform to validate evidence, prioritise actions, and build stakeholder consensus, translating discussions into feasible and implementable policy measures. The PAP documents agreed policy objectives, implementation actions, responsibilities, timelines, and sustainability considerations, integrating technical evidence with stakeholder perspectives to strengthen ownership and facilitate long-term implementation.

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The PAP is developed using a structured template that captures policy goals, responsibilities, resources, monitoring indicators, and potential risks. Complementary tools - including the PD checklist, evaluation survey, and wrap-up report - support quality assurance, stakeholder feedback, and continuous improvement throughout the dialogue process. Together, these instruments ensure a systematic and transparent approach to policy development, strengthening national capacity for evidence-informed HWF planning.

2.1.5. Challenges and limitations in linking Policy Dialogues and National Policy Action Plans

National PDs were designed to provide the deliberative basis for country-level PAPs by linking the technical and policy dimensions of HWF planning. Within HEROES, PDs enabled stakeholders to interpret evidence, identify priorities, and translate them into feasible policy actions, while PAPs captured agreed objectives, implementation steps, responsibilities, timelines, resources, monitoring indicators, and risks. However, because both PDs and PAPs were embedded in diverse national policy environments, their scope, ambition, and degree of formalisation varied across countries.

In practice, the PD-PAP relationship was shaped by different national starting points, policy windows, and institutional capacities. Some countries focused on specific technical or policy priorities, such as data systems, forecasting models, training capacity, or governance arrangements. Estonia and Slovakia, for example, concentrated on HWF data systems and forecasting; Belgium and the Netherlands emphasised governance, regional planning, and institutionalised stakeholder coordination; Italy focused on demand estimation for medical specialities; Lithuania prioritised data quality and inter-institutional cooperation; and Poland addressed stakeholder involvement in the distribution of residency training positions. In countries such as Croatia, Slovenia, and Hungary, policy actions primarily aimed to strengthen the technical foundations of HWF planning, including registries, modelling approaches, and workforce intelligence systems.

Countries also entered HEROES with different levels of strategic maturity. Sweden, Belgium, and the Netherlands already had relatively advanced planning structures and multi-level coordination mechanisms, allowing HEROES to build on ongoing reforms. In contrast, in countries such as Czechia, Malta, and Greece, HEROES helped initiate or accelerate strategic planning and stakeholder engagement, sometimes in synergy with WHO-supported initiatives and broader national reforms. In Ireland and Portugal, HEROES contributed to strengthening strategic dialogue and aligning technical planning developments with emerging governance approaches.

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In several countries, national HWF policymaking processes were still under development and had not yet reached the level of political endorsement or institutional consolidation required for full reflection in an international deliverable. This was visible, for example, in ongoing planning reforms, governance restructuring, or legislative processes in countries such as Hungary and Croatia. Overall, this variation shows that HEROES acted both as a catalyst for initiating HWF planning in less mature systems and as a platform for consolidating existing governance and planning capacities in more advanced contexts.

These differences should be understood as an inherent feature of a multi-country Joint Action, reflecting the heterogeneity of countries' maturity levels and priorities. HWF planning is embedded in national governance structures, political mandates, approval processes, and resource constraints that differ across Member States. The extent to which dialogue outcomes could be translated into formal PAPs therefore depended on institutional ownership, timing within the policy cycle, stakeholder consensus, legal and administrative feasibility, and endorsement by responsible policymakers. Consequently, the PAPs included in this report should be interpreted as context-sensitive project outputs reflecting different stages of national policy development, rather than as fully equivalent national strategies or formally adopted government plans.

2.1.6. The role of national health workforce strategies

Across the 18 countries participating in the HEROES PD task, considerable variation was observed in the maturity and institutionalisation of national HWF strategies. Several countries, including Belgium, the Netherlands, Sweden, Ireland, Portugal, Spain, Norway and Italy, already had relatively established strategic frameworks, governance arrangements, or formal HWF planning structures in place. These countries typically demonstrated more mature systems characterised by institutionalised stakeholder engagement, dedicated planning bodies or commissions, and stronger integration of HWF planning into broader health system governance. In these contexts, HEROES mainly contributed to further strengthening existing planning capacities, enhancing stakeholder coordination, and advancing the use of HWF intelligence and forecasting tools.

In contrast, a second group of countries - including Greece, Malta, Estonia, Slovakia, Lithuania, Croatia, and Slovenia - were in the process of developing or operationalising national HWF strategies during the implementation of HEROES. In these settings, the HEROES Joint Action often functioned as a catalyst for initiating strategic planning activities, strengthening governance mechanisms, and building technical and analytical capacities. Meanwhile, countries such as Czechia and Hungary displayed more fragmented or emerging strategic approaches, where HWF planning structures and governance

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arrangements were still under development. In these cases, HEROES primarily supported the establishment of technical foundations, stakeholder dialogue processes, and coordination mechanisms, while some ongoing reforms had not yet reached sufficient political maturity or institutional endorsement to be fully consolidated into formal national strategies.

2.1.7. Scope of the D4.1 report

This report provides a structured synthesis of 20 Policy Action Plans (PAP) developed within the framework of the HEROES Joint Action, each derived through a series of evidence-based Policy Dialogues (PD) conducted across 18 participating countries and 2 PD sessions at the EU level. The PAPs reflect the outcomes of multi-stakeholder deliberative processes, bringing together policymakers, technical experts, professional bodies, and other key actors to identify priority areas and formulate actionable strategies for strengthening HWF planning systems. The report consolidates these national experiences to offer a comparative overview of policy priorities, approaches, and implementation pathways, grounded in real-world health labour market challenges. Additionally, the report completes the national level ambitions with EU-level policy plans.

The scope of the report focuses on analysing the policy domains emerging from the PD processes, highlighting how countries translate technical insights - such as data systems, forecasting models, and HWF intelligence - into concrete policy measures. It captures the interlinkages between supply-side policies (education, training, planning capacity), demand-side and distributional policies (labour market functioning, retention, accessibility), and governance mechanisms (data infrastructure, stakeholder engagement, institutional coordination). By synthesising these dimensions, the report aims to provide a comprehensive understanding of how integrated, evidence-based, and participatory approaches can enhance the effectiveness and sustainability of HWF planning systems across diverse national contexts.

3. Country-level Policy Dialogues and Policy Recommendations

3.1. Role of national Policy Dialogues in developing country - level Policy Action Plans

The national PDs implemented within the HEROES Joint Action provided a structured platform for translating HWF planning challenges into policy-oriented priorities and actionable recommendations. While the EU-level Policy Dialogues addressed cross-country and European-level challenges, the national dialogues focused on country-specific health labour market contexts, institutional arrangements, data capacities, and reform opportunities.

Across 18 participating countries, the Policy Dialogues served three main functions. First, they created a space for shared problem identification, enabling stakeholders to discuss HWF shortages, skill

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imbalances, geographical maldistribution, education and training bottlenecks, and weaknesses in data and forecasting systems. Second, they supported the interpretation of technical evidence within national policy contexts, helping countries to connect data, modelling, and forecasting outputs with real governance and implementation needs. Third, they contributed to the development of Policy Action Plans by helping countries move from broad policy discussion and consensus building to more concrete priorities, actions, responsible actors, and implementation pathways.

The country-level Policy Action Plans should therefore not be interpreted as isolated project outputs. In several countries, the PAPs build directly on existing strategies, legal frameworks, institutional mandates, or ongoing reforms. In others, they function as an entry point for strengthening coordination, improving data systems, or formalising HWF planning as a more permanent governance function. This diversity reflects the different maturity levels of national HWF planning systems, while also showing a shared movement towards more evidence-based, participatory, and institutionalised planning.

3.2. Comparative overview of country-level Policy Action Plans

The comparative analysis of National Policy Action Plans shows that participating countries face different baseline situations, but their policy responses converge around a limited number of strategic priorities. Some countries start from fragmented or weakly institutionalised planning systems, where the main objective is to establish formal governance structures, improve coordination, and create reliable data foundations. Others already have stronger analytical or strategic bases and therefore focus on refining forecasting models, embedding tools into decision-making, or strengthening the link between HWF planning and service transformation.

The comparative table summarises the key features of the country-level PAPs, including the baseline situation, main policy objective, key actions, main priority, and specific feature or innovation of each national approach (Table 2).

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Country	Baseline Situation	Main Policy Objective	Key Actions	Main Priority	Specific Feature/ Innovation
Belgium	Highly fragmented federal structure with separate planning entities	Improve coordination, HWF wellbeing, and integrated care implementation	Establish inter - federal governance platforms, develop wellbeing strategies, scale integrated care networks	Implementation of integrated care structures	Integration of HWF wellbeing and retention into planning models
Croatia	No recent national HWF strategy (last 2015–2020); fragmented planning practices	Improve data coverage, quality, and transparency in HWF planning.	Institutionalisation of responsible bodies, development of projection models, sub - national planning structures	Establish clear governance responsibility and strengthen the national planning model.	Introduction of national simulation model and regional - level HWF planning approach
Czech Republic	Strategic Framework *Health 2035* provides the basis for HWF planning,	Institutionalise national HWF planning through a permanent HWF	Establish a permanent HWF planning unit within the Ministry of Health; adopt	Establishing a sustainable institutional HWF planning function and implementin	Strong integration of workforce forecasting into legislative staffing standards and the creation of a permanent

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	but no permanent institutional HWF planning unit is yet established. Workforce planning is being strengthened through strategic development and legislative reforms.	planning unit, finalise the national Human Resources Strategy, and strengthen evidence-based staffing regulation.	the Human Resources Strategy under *Health 2035*; develop legislative staffing standards for psychiatric and child and adolescent psychiatric care using HEROES workforce planning methods.	g evidence-based staffing standards in psychiatric care.	national HWF planning unit within the Ministry of Health.
Estonia	Deepening HWF crisis driven by ageing population, HWF shortages, and increasing service demand; strong strategic	Establish a comprehensive, needs-based, and data-driven HWF planning and development system.	Implementation of the HEROES forecasting model; establishment of training and residency committees; alignment of training quotas with labour	Operationalisation of data - driven HWF planning and alignment of education, training, and service needs	Strong integration of HWF planning, training, and wellbeing into a single systemic framework, with regular committee - based governance and direct use of forecasting model in decision-making

	framework but need for coordinated, data - driven implementation.		market needs; development of a well-being monitoring system; retention and employer branding programmes; creation of a lifelong learning and retraining framework		
Greece	Fragmented data and governance structures	Establish an evidence-based HWF planning system	Data integration, indicators, forecasting, capacity building	Coordination mechanisms + interoperability	Integration with HEALTH - IQ digital infrastructure
Hungary	HWF strategy embedded across multiple policy frameworks; strong need for retention	Institutionalise data - driven HWF planning and forecasting	Integration of the Dutch forecasting model, annual policy dialogues, and interministeri	Improve data quality and institutional ownership	Integration of national HR monitoring systems with scenario - based forecasting models

	and forecasting improvements		al coordination		
Ireland	Improving but incomplete data landscape	Increase the domestic health and social care workforce supply informed through improved data and modelling capability	Technical Group, Minimum Data Set, modelling, strengthening medical workforce strategy	Improving data quality and modelling outputs	Strong link between education capacity and HWF planning
Italy	No unified national strategy, but a strong regulatory framework	Support structural reform via TSI Health Hub	Integration of HEROES outputs, working groups, and investment hub	Alignment of HEROES with TSI reform	Embedding HWF planning into EU - supported reform mechanisms
Lithuania	Model - based approach with limited governance structure	Institutionalise the HWF planning model	Legal reform, governance group, data integration	Continuous model operation	Integration of forecasting models into the national statistical system

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Malta	Fragmented governance and data systems	Institutionalise evidence - based HWF planning	Data harmonisation, forecasting tools (NIVEL), capacity building	Data, tools, and skills development	Rapid institutionalisation in a small system context
Netherlands	Existing expert collaboration, but lacking a formal institutional structure for this expert collaboration	Establish a permanent National Expert Group on HWF planning and forecasting.	Create governance structure, develop working groups, organise national conferences and advisory activities.	Formalisation of national expert collaboration	Strong bottom - up expert network institutionalisation model
Norway	No dedicated HWF strategy, but strong analytical basis	Develop long-term HWF plan (to 2040)	Analytical work, stakeholder engagement, policy development	Development of national strategy	Strong use of 'Helsemod' national stock-and-flow HWF forecasting model (see D5.1)
Poland	Workforce shortages in specific medical specialties and regions and uneven	Strengthen specialist allocation and professional competencies	Legislative reforms, optimisation of residency allocation, and strengthenin	Improve speciality distribution and HWF utilisation	Strong focus on education and postgraduate competency development

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	distribution across regions and specialities		g nurse and midwife roles		
Portugal	Fragmented, non - systematised HWF planning	Institutionalise HWF as a governance function	Coordination structures, capacity building, data and modelling systems	Establish a formal coordination network	Strong legal and strategic anchoring (PRHS 2030, constitutional basis)
Slovakia	Comprehensive national strategy (up to 2040)	HWF stabilisation and long-term reform	Data Authority, repatriation schemes, and education reform	Government approval + implementation roadmap	Focus on brain drain and long-term planning (2040 horizon)
Slovenia	Strategy under development	Strengthen HWF through nursing specialisations	Implementation of nursing law, data and forecasting improvements	Implementation of the legal framework	Entry point via professional specialisation (nursing)
Spain	Decentralised and fragmented system	Establish a national HWF cycle (data–model–service integration)	Minimum Data Set (MDS), forecasting models, primary care pilots,	National data and modelling system	Linking HWF planning with service redesign

			Community of Practice		
Sweden	Decentralised governance with multiple existing structures but limited coordination	Strengthen governance and institutionalise HWF planning within existing mandates.	Integrate HEROES outputs into government assignments, institutionalise policy dialogues, and strengthen data use.	Embed HWF planning into routine governance structures	Integration of policy dialogue as a permanent governance mechanism

Table 2 - Comparison of HEROES Policy Action Plans

Table 2 highlights that countries are not simply developing technical HWF planning tools; they are attempting to embed these tools into broader policy and governance systems. Portugal, Malta, Lithuania, Hungary, and Sweden, for example, emphasise institutionalisation and governance anchoring. Spain, Greece, Ireland, Croatia, Poland, and Estonia place strong emphasis on data systems, modelling, and the connection between planning and education or service needs. Other countries, such as Slovakia, Norway, and Slovenia, use national strategies, long-term planning horizons, or professional specialisation reforms as entry points for strengthening HWF planning. Belgium and the Netherlands illustrate the importance of coordination in complex or decentralised systems, while Poland highlights the role of education, postgraduate training, and professional competency development.

Overall, the comparison demonstrates that the national PAPs are highly context-sensitive, but they share a common direction: moving from fragmented, reactive, or project-based HWF planning towards more strategic, data-informed, and policy-embedded systems. Although national priorities differed, most Action Plans addressed multiple components of the HEROES Sustainability Framework, including

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data infrastructures, analytical capacities, governance arrangements, stakeholder engagement, and institutional sustainability (cf. Figure 3).

3.3. Translating National Policy Dialogues into National Policy Action Plans

Originally, country-level PDs were designed to inform and prepare the development of National PAPs. The relationship between the two was assessed by comparing country reports on the PD process with the corresponding PAPs. Rather than evaluating whether countries followed an identical process, the analysis examined how dialogue outcomes, national policy contexts, and project-based action planning interacted to translate evidence and stakeholder engagement into policy actions.

The categorisation presented in this section is intended as an analytical framework rather than a ranking of countries or an assessment of the maturity of national HWF planning systems. Participating countries differed in their institutional contexts, planning traditions, policy priorities, and stages of reform. Consequently, the categories illustrate different approaches to linking PDs with PAPs, reflecting the role of PDs in agenda-setting, stakeholder engagement, and policy development within diverse national contexts. In practice, PDs and PAPs evolved iteratively and often influenced one another throughout the implementation period.

Countries were grouped into four categories according to the degree of thematic and functional alignment between the PDs and PAPs: (1) full or substantial alignment; (2) partial alignment, where the PD had a broader scope than the PAP; (3) partial alignment, where the PAP extended beyond the PD while incorporating its main findings; and (4) limited alignment, where the PD and PAP represented relatively independent or parallel processes. The country-specific classification is presented in Annex 2.

Substantial alignment between the Policy Dialogue and Policy Action Plan

HEROES was a strategic opportunity for countries to develop or consolidate concrete health workforce reforms. HWF planning became a key tool informing HWF policies and strategies in Greece, Malta and Croatia for example.

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The first category includes countries where the PD and PAP were closely aligned in both content and function. In these cases, the PD appears to have served as a direct platform for refining priorities, validating evidence and shaping the PAP. This pattern is most likely where the country **used HEROES as a structured opportunity to develop or consolidate a concrete HWF planning agenda**, and where the dialogue process was embedded in the same institutional or technical workstream as the PAP.

Greece illustrates this pattern clearly. The Greek PAP focuses on strengthening HWF planning and governance through data mapping, integration of fragmented HWF data sources, development of a minimum dataset, HWF indicators, interoperability, forecasting capacity, policy dialogue mechanisms and capacity building. These elements correspond closely to the issues addressed through the work of Greece under HEROES and are framed as part of a broader move from intuitive decision-making towards coordinated, evidence-based HWF planning.

Malta also shows a strong link between dialogue outcomes and action planning. The PAP reflects the same core priorities that were discussed in the national HEROES process: data, tools, skills, governance, stakeholder coordination and capacity building. In this case, the PD-PAP link appears to be facilitated by the fact that Malta used HEROES to operationalise an already emerging national commitment to institutionalise HWF planning, supported by WHO technical assistance and by the Malta Health Workforce Strategy.

Croatia similarly falls into this category. The available evidence indicates that the policy dialogue process was closely connected to the development of the Action Plan for Human Resources Planning in Health 2026–2030. The PAP reflects the same implementation logic, with emphasis on institutionalising responsibilities, improving data systems, developing projection models and strengthening planning capacity at national and sub-national levels. The Netherlands can also be placed in this group, although from a different starting point: here the PAP builds directly on the HEROES-supported expert collaboration and policy dialogues, with a focus on institutionalising cooperation through a National Expert Group and strengthening the interface between modelling expertise, stakeholder collaboration and policy advice.

Partial alignment, with broader Policy Dialogue scope and narrower Policy Action Plan scope

HEROES informed important reform efforts and was an outstanding opportunity for countries to build evidence for policy choices. For example, Slovenia is managing nursing specialisations under the Act on Nursing and Midwifery, and Belgium designed actions around coordination, health workforce wellbeing and retention, and integrated care.

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The second category includes countries where the PD covered a broader set of HWF planning challenges, but the PAP focused on a more specific policy window, reform area or implementation priority. In these cases, the PAP does not fully reflect discussions during the PD. Rather, it reflects a strategic choice of one actionable area where there was sufficient policy opportunity, institutional ownership or implementation feasibility.

Slovenia is a clear example. The national discussions and consultations were linked to the broader development of a national HW strategy and addressed wider challenges in HWF availability, distribution, sustainability, data use and planning. However, the PAP focuses more specifically on strengthening HWF planning through the implementation of nursing specialisations under the Act on Nursing and Midwifery. This narrower focus does not indicate a weak PD process. Instead, it suggests that the PAP used a concrete legal and professional reform opportunity as an entry point for strengthening planning, data use, education planning and stakeholder coordination.

Belgium also fits this category. The Belgian PDs addressed a broad set of transformation issues, including digital transformation, skills needs, task shifting and task sharing, and long-term HWF sustainability. The PAP translates this broader discussion into more focused actions around coordination, HWF wellbeing and retention, and integrated care. This reflects the Belgian governance context, where policy action often requires alignment across federal and federated levels and where broader dialogue themes may need to be operationalised through more specific, institutionally feasible priorities.

Partial alignment, with broader scope of Policy Action Plan and selected input from Policy Dialogue

HEROES had spillover effects that go beyond the HWF planning agenda, for example in Ireland policy objective of increasing the domestic supply refers to health and social care workers, Hungary's focus on institutionalising data-driven HWF planning, and Italy developing a TSI Health Hub national hub for sustainable investment in health.

HEROES was positioned strongly in the overall policy framework and has been clearly very relevant to address policy needs.

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Most countries fall into the third category, where the PAP extends beyond the topics discussed during the PD. In these cases, the PD informed stakeholder alignment, evidence interpretation, and priority setting, while the PAP also reflected pre-existing national strategies, ongoing reforms, institutional mandates, and technical work undertaken within other HEROES activities.

Hungary illustrates this pattern. The PDs focused primarily on nursing workforce challenges, including recruitment, retention, education, burnout, migration, and working conditions. The PAP incorporated these themes within a broader strategy to institutionalise data-driven HWF planning through scenario-based modelling, improved data quality, annual policy dialogues, and interministerial coordination.

Ireland similarly used the PD process to inform a wider strategy aimed at strengthening data, modelling capacity, and domestic health and social care workforce supply. While one PAP action directly originated from the policy dialogue with the Health Service Executive National Doctors Training and Planning unit, the overall action plan reflects broader national workforce priorities.

In Poland, the PD supported stakeholder discussions on the allocation of residency training positions, while the PAP addressed a wider set of priorities linked to the National Transformation Plan, including specialist workforce planning and the development of nurses' and midwives' competencies.

A similar pattern was observed in Italy, Lithuania, Portugal, Slovakia, Spain, Sweden, Estonia, and Czechia. In these countries, Policy Dialogues informed broader reform processes rather than serving as the sole basis for the PAP. For example, Italy integrated HEROES outputs into the ongoing TSI Health Hub reforms, Portugal aligned the PAP with the Health Human Resources Plan 2030, Spain embedded the dialogue outcomes within a comprehensive national planning cycle, and Sweden incorporated the lessons learned into existing government assignments and decentralised planning structures.

Overall, these experiences demonstrate that HEROES effectively connected its technical outputs with ongoing national policy processes. In many countries, the resulting PAPs represent a synthesis of project evidence, stakeholder dialogue, and existing reform agendas rather than a direct product of the Policy Dialogue alone.

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Limited alignment

The fourth category includes countries where the available documents suggest only limited thematic or functional alignment between the PD and PAP, or where the relationship between them appears indirect. This does not necessarily imply that the PD was not useful. It may reflect the fact that the PAP was primarily driven by a pre-existing national strategy, legislative framework or technical reform process, while the PD had a more general awareness-raising, consultation or validation role.

Norway is an example of this pattern. The PAP is strongly oriented towards the development of a national Health workforce Plan to 2040, led by the Ministry of Health and Care Services. The PD was considered as a useful tool in the development process, as it fostered stakeholder collaboration and deepened the stakeholders' involvement and dedication. HEROES contributed mainly through the refinement of analytical work, "Helsemod"-related input, achieving the new HWF plan, and support to stakeholder and municipal competence planning. However, the direct link between specific PD discussions and the PAP is less explicit in the available materials.

Overall interpretation

The analysis shows that the PD-PAP relationship varied considerably across countries. In some cases, the PDs provided a direct basis for PAP development. In others, they supported the choice of a narrower policy angle and focus on more urgent issues. In many countries, the PAPs were wider than the PDs and incorporated dialogue outcomes alongside national strategies, ongoing reforms and technical outputs from HEROES. A smaller number of cases showed only limited or indirect alignment. The analysis suggests that there is no single optimal model for linking PDs and PAPs. Countries used the HEROES framework in different ways depending on their needs, governance arrangements, planning maturity, policy priorities and reform agendas.

What matters most is not the degree of alignment itself, but whether the dialogue process contributed to the effective implementation of HWF planning in policy practice, stronger stakeholder ownership, improved policy coordination and more actionable workforce planning priorities.

This variation should be interpreted as an inherent feature of a multi-country Joint Action operating in different national policy environments. HWF planning is embedded in national governance structures, political mandates, stakeholder constellations and policy cycles. Therefore, the translation of PD

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outcomes into PAPs depended on the timing of national reforms, the maturity of planning systems, institutional ownership and the extent to which responsible authorities were able to endorse or share policy commitments within an international deliverable. Overall, the PAPs should be read as context - sensitive outputs that reflect different stages of national policy development, rather than as fully equivalent national strategies. At the same time, the comparison confirms the added value of PDs as mechanisms for interpreting evidence, building ownership and linking technical HWF planning work with policy action. **The comparative analysis suggests that the strongest Action Plans were those where Policy Dialogues functioned not only as consultation exercises but as mechanisms for priority setting, consensus building, and governance strengthening**. Countries demonstrating a close alignment between dialogue outcomes and Action Plan priorities were generally better positioned to support sustainable implementation and institutionalisation of HWF planning.

3.4. Main policy areas addressed in the national PAPs

The analysis of the national PAPs identifies three broad policy areas that structure country-level action, linking it to the use of HWF planning and building on results of HEROES.

The first area is **HWF supply and planning capacity**. Many countries focus on ensuring that the future supply of health professionals better reflects population needs, labour market trends, and service delivery priorities. This includes actions related to education and training capacity, residency or specialisation quotas, continuous professional development, retraining, and the alignment of curricula with evolving competencies. In several countries, these measures are linked to forecasting models or planning committees, showing a shift from historically based training decisions towards more evidence-based supply planning.

The second area is **HWF distribution, retention, and labour market functioning**. Several PAPs address HWF shortages, geographical imbalances, vacancy rates, professional mobility, and retention challenges. These issues are particularly visible in countries where rural, regional, or speciality - specific shortages affect access to care. Policy actions include recruitment and retention strategies, financial and non-financial incentives, career pathways, role development, and measures to improve working conditions or HWF wellbeing. Estonia's Action Plan is a good example of this broader approach, as it links data-driven planning with recruitment, retention, well-being monitoring, lifelong learning, and competency development.

The third area is **governance, data systems, and stakeholder coordination**. This is the most cross-cutting domain across the PAPs. Countries consistently identify the need for better data quality,

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interoperability, standardised indicators, forecasting capacity, and clear institutional responsibility. However, the PAPs also show that data alone is not sufficient. Data and modelling systems need to be connected to decision-making structures, policy cycles, and intersectoral coordination mechanisms involving health, education, finance, labour market actors, professional bodies, and service providers. This confirms one of the central lessons of HEROES: sustainable HWF planning depends on the integration of technical capacity, policy processes, and stakeholder ownership.

3.5. Cross-country trends emerging from the Policy Action Plans

Several cross-country trends can be identified from the national PAPs, showing a key role of Heroes in achieving progress:

- First, there is a clear shift towards **institutionalising HWF planning**. Countries increasingly recognise HWF planning as a continuous governance function rather than a one-off analytical exercise or project-based activity. This is reflected in the establishment of committees, expert groups, coordination platforms, legal mandates, and recurrent policy dialogue mechanisms.
- Second, there is a strong movement towards **data-driven and needs-based planning**. Countries are investing in registries, minimum datasets, forecasting models, simulation tools, and improved data linkage. At the same time, the PAPs show that the future of HWF planning lies not only in better supply-side data, but also in integrating demand, service utilisation, demographic change, epidemiological trends, care models, skills, and HWF wellbeing.
- Third, the PAPs show a **closer connection between HWF planning and education policy**. Many countries aim to use planning evidence to inform training quotas, residency places, retraining priorities, and competency development. This is an important sign of system maturity, as education decisions have long-term consequences for HWF availability and skill mix.
- Fourth, countries increasingly address HWF sustainability through retention, well-being, and working conditions. This **broadens the traditional scope of HWF planning** from "how many professionals are needed" to "how professionals can be recruited, supported, retained, and enabled to work effectively". This is particularly relevant in the context of ageing HWF, burnout, migration, and competition between health and social care labour markets.
- Finally, **stakeholder engagement emerges as a critical implementation condition**. The national PAPs demonstrate that policy feasibility depends on whether key actors are involved early and meaningfully. Policy Dialogues, therefore, function not only as consultation events but also as mechanisms for building ownership, clarifying responsibilities, and preparing implementation.

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3.6. Policy Action Plan recommendations at the country level

Based on the synthesis of the country-level PAPs, the following recommendations can be formulated for strengthening national HWF planning systems.

1. Countries should **institutionalise HWF planning as a permanent governance function**, supported by clear mandates, responsible bodies, recurrent planning cycles, and links to broader health system strategies. Where planning structures already exist, the focus should be on strengthening their decision-making role and ensuring that forecasting outputs are systematically used in policy processes.
2. Countries should **continue to improve HWF data systems** by strengthening data quality, timeliness, interoperability, and comparability. This includes better integration of health, education, labour market, and service utilisation data, as well as the development of indicators that go beyond headcount, such as full - time equivalent, activity, skill mix, mobility, and HWF wellbeing.
3. Countries should **connect forecasting and modelling tools more directly to policy decisions**. Planning models should inform education and training quotas, recruitment and retention policies, HWF distribution measures, service redesign, and investment decisions. The value of modelling depends on whether it becomes part of routine governance and not only a technical output.
4. Countries should **align education, training, and lifelong learning systems with future HWF needs**. This requires structured cooperation between ministries of health and education, universities, training institutions, professional bodies, and employers. Training capacity, specialisation pathways, retraining frameworks, and competency development should be informed by HWF intelligence and service needs.
5. Countries should **address HWF retention and well-being as core components of HWF planning**. Retention policies, working conditions, leadership, career development, and staff wellbeing should be treated as strategic planning issues, not only as human resource management concerns at the institutional level.
6. Countries should **maintain and further develop structured stakeholder engagement mechanisms**. Regular Policy Dialogues, advisory committees, expert groups, and communities of practice should be embedded into national planning cycles to support evidence interpretation, consensus - building, and implementation monitoring.

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3.7. Success Stories

The identification of success stories within the HEROES Joint Action was based on a comparative qualitative analysis of national Policy Dialogues (PDs), Policy Action Plans (PAPs), stakeholder engagement maturity, and the level of institutionalisation of national HWF strategies. Countries were assessed according to the following analytical dimensions:

- Level of stakeholder engagement maturity: The degree of institutionalisation of stakeholder participation, including recurring dialogue mechanisms, governance structures, and intersectoral coordination.
- Institutionalisation of HWF planning: The existence of national strategies, formal governance mandates, planning bodies, or embedded HWF planning processes.
- Integration of technical and policy dimensions: The extent to which data systems, forecasting tools, and HWF intelligence were linked to policymaking and implementation processes.
- Sustainability and innovation potential: The likelihood that HEROES-supported activities would continue beyond the project lifecycle and contribute to long-term system transformation.

Countries demonstrating strong performance across several of these dimensions were identified as illustrative success stories, while recognising that success should be interpreted relative to national starting points and governance contexts.

The Success Stories demonstrate that meaningful progress in HWF planning is achievable across diverse national contexts. Although countries followed different pathways, the most successful experiences combined technical improvements with stronger governance arrangements, stakeholder engagement, institutional commitment, and capacity development. These examples illustrate how HEROES contributed not only to individual achievements but also to the broader transformation of HWF planning into a sustainable and strategic governance function.

3.7.1. Illustrative Success Stories from HEROES

Institutionalised Governance and Stakeholder Coordination - Belgium and the Netherlands

Belgium and the Netherlands represent examples of highly mature HWF planning systems where HEROES successfully strengthened already existing governance capacities. In Belgium, HEROES contributed to advancing integrated care implementation, HWF wellbeing strategies, and inter-federal coordination in a highly fragmented governance context. The Belgian experience illustrates how Policy

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Dialogues can support coordination across multiple governance levels while linking HWF planning with broader system transformation. Similarly, the Netherlands used HEROES to formalise and institutionalise collaboration through the establishment of a National Expert Group on HWF planning and forecasting. The Dutch case demonstrates the importance of embedding technical expertise, stakeholder dialogue, and policy advice into permanent governance structures.

Strengthening Data-Driven Health Workforce Planning - Estonia and Greece

Estonia and Greece provide strong examples of countries using HEROES to accelerate the development of evidence-based and data-driven HWF planning systems. Estonia integrated forecasting models, training committees, wellbeing monitoring, and HWF retention measures into a comprehensive planning framework closely linked to governance and education systems. Greece focused strongly on overcoming fragmented governance and data structures by developing interoperability mechanisms, minimum datasets, forecasting capacities, and policy dialogue structures connected to the HEALTH - IQ digital infrastructure. In both countries, HEROES played a catalytic role in strengthening the integration between technical intelligence and policymaking processes.

Institutionalisation and Strategic Development - Croatia, Malta, and Portugal

Croatia, Malta, and Portugal illustrate how HEROES supported the transition from fragmented or project-based planning approaches toward more institutionalised governance systems. Croatia linked the Policy Dialogue process directly to the development of the Action Plan for Human Resources Planning in Health 2026–2030, including governance reforms, projection models, and regional planning approaches. Malta rapidly institutionalised evidence-based HWF planning within a small-system context by integrating data harmonisation, forecasting tools, stakeholder coordination, and capacity building. Portugal used HEROES to strengthen coordination mechanisms and formally anchor HWF planning within broader strategic and legal frameworks, including the Health Human Resources Plan 2030. These examples demonstrate the role of HEROES as both a governance catalyst and a sustainability mechanism for embedding HWF planning into long-term policy structures.

3.8. Key messages for European health policy

The country-level PAPs provide several important messages for European health policy.

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- First, **Member States are moving in a similar strategic direction, even though their starting points differ**. Across countries, there is a shared need to strengthen data systems, forecasting capacity, governance structures, and the link between planning and policy decisions.
- Second, the PAPs confirm that **EU-level support remains highly relevant**. The European level can add value by supporting methodological development, data comparability, peer learning, capacity building, and knowledge exchange. EU-level collaboration is particularly important in areas that exceed national boundaries, such as HWF mobility, skills intelligence, data harmonisation, and the transfer of good practices.
- Third, the PAPs show **that sustainable HWF planning requires both national ownership and European collaboration**. National systems remain responsible for implementation, but EU-supported initiatives such as HEROES can accelerate learning, provide technical support, and create a shared policy language across countries.
- Finally, the country-level PAPs reinforce the central conclusion of HEROES: **HWF planning** is no longer a narrow technical task. It **is a strategic governance function** that connects data, policy, education, labour market regulation, service delivery, and system sustainability. The long-term impact of HEROES will depend on whether countries can maintain these connections beyond the project period and embed them into routine health system governance.

4. European - level Policy Dialogues and Policy Recommendations

Key Messages

- EU-level discussions highlighted the need for stronger and more interoperable health workforce data systems across Europe.
- Participants emphasised that health workforce planning must move beyond technical forecasting and become part of broader health system governance.
- Cross-country collaboration, peer learning, and shared methodologies were identified as major strengths of EU cooperation.
- There are expectations towards a future EU-level action, which should focus on governance, data integration, health workforce intelligence, and sustainable planning capacities.

4.1. Report of the first EU Policy Dialogue

The first EU Policy Dialogue of the Joint Action HEROES, held in Brussels on 17 September 2025, marked an important milestone in advancing a coordinated European approach to HWF planning. The high-

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level, multi-stakeholder event explored how HWF planning can support health system transformation, strengthen strategic policymaking, and ensure the sustainability of ongoing reforms. It brought together representatives from EU institutions, national governments, international organisations, academia, professional associations, and participating Member States, reflecting the cross-sectoral nature of HWF planning.

The event welcomed 38 on-site participants from ten participating countries - Belgium, Croatia, Greece, Hungary, Italy, Lithuania, Malta, the Netherlands, Slovenia, and Sweden - together with representatives of DG SANTE, HaDEA, the WHO Regional Office for Europe, the European Observatory on Health Systems and Policies, and European organisations including ASPHER, CPME, EHMA, HOPE, Hospeem, and EuroHealthNet. More than 300 participants joined online, demonstrating broad European interest.

The dialogue opened with an overview of the European HWF situation, highlighting demographic change, population ageing, workforce shortages, and increasing demand for health services as major long-term drivers of workforce challenges. Presentations from the European Commission and the European Observatory provided an evidence-based overview of ongoing reforms across Europe and positioned national experiences within a wider policy context (https://www.obshealthreformtracker.com).

Discussions focused on three strategic themes. The first examined how HWF planning can support health system transformation and emerging models of care, emphasising that planning should move beyond workforce numbers to address competencies, skill mix, task distribution, and changing service delivery models such as integrated care and hospital-at-home. The second explored the strategic use of workforce data, forecasting models, and planning tools, with countries sharing experiences on strengthening the links between national workforce planning and local staffing decisions. The third addressed the sustainability of HEROES, highlighting the need to embed planning capacities, governance arrangements, and stakeholder collaboration within routine policy processes to ensure long-term impact.

Several cross-cutting messages emerged from the discussions. Participants emphasised that HWF challenges are structural rather than temporary and require long-term, evidence-informed policy responses. The dialogue also highlighted the complementary role of the European Union in supporting national planning through mutual learning, methodological exchange, innovation, and improved data comparability. Despite differences in national health systems, participating countries reported

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common priorities related to governance, workforce intelligence, planning methodologies, and sustainability, demonstrating the value of continued European collaboration.

Overall, the first EU Policy Dialogue strengthened a shared understanding of the strategic role of HWF planning, reinforced the importance of integrating technical evidence with policy processes, and confirmed that sustainable workforce planning depends on strong governance, institutional ownership, and continuous collaboration across countries.

4.2. Report of the second EU Policy Dialogue

The second EU Policy Dialogue of the HEROES Joint Action was held in Brussels on 26 March 2026 in a hybrid format and focused on the role of HWF data systems in strengthening workforce planning and policy decision-making across Europe.

The event attracted broad international participation, bringing together 30 on-site participants and more than 200 online attendees/logins. Eleven country case studies (Slovakia, Hungary, Italy, Greece, Poland, Spain, Lithuania, Croatia, Portugal, Slovenia, and Norway) were presented alongside contributions from the European Commission (DG SANTE), WHO Europe, OECD, Eurofound, EU-OSHA, the European Observatory, EPHA, EFN, EHMA, CPME, EPSU, and representatives of national ministries, public health institutes, universities, and healthcare authorities. The strong participation reflected the growing strategic importance of HWF intelligence in Europe.

A central message of the dialogue was that robust HWF data systems are essential for effective planning and policymaking. Participants highlighted the complex challenges shaping European health labour markets, including population ageing, increasing demand for health services, workforce shortages, geographical maldistribution, mobility, chronic disease, skill mismatches, and the transition towards integrated, team-based, and digitally enabled models of care. These developments require planning approaches capable of responding to rapidly changing workforce supply and demand.

The dialogue demonstrated considerable progress in national HWF intelligence. Many countries have moved beyond simple headcount statistics towards full-time equivalent (FTE) measures, improved differentiation between licensed and practising professionals, and the development of minimum and advanced datasets. Increasing attention is also being given to qualitative information, including

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workforce well-being, working conditions, and organisational factors, while several countries are incorporating epidemiological data, service utilisation, and health needs into demand-based planning models.

Despite these advances, important challenges remain. Fragmented data systems, limited interoperability, delays in data availability, insufficient monitoring of workforce mobility, and the lack of information on skill mix, productivity, and team-based care continue to constrain evidence-informed planning. National case studies illustrated different stages of development, from more advanced integrated systems in countries such as Lithuania and Slovakia to ongoing efforts to strengthen interoperability and demand-based planning in countries including Estonia and Italy. Across all contexts, stakeholder engagement and institutional coordination were recognised as essential for translating data into effective policy.

The dialogue also examined European initiatives supporting HWF intelligence, including the joint OECD/WHO/Eurostat questionnaire, the European Health Data Space (EHDS), and the Skills Intelligence Observatory. While these initiatives strengthen international comparability and analytical capacity, participants agreed that national data systems remain the foundation of effective workforce planning.

Three strategic shifts emerged from the discussions: the transition from fragmented to integrated data systems; from data collection to data-driven policymaking; and from static projections to dynamic, scenario-based planning that combines supply, demand, and population health needs. Together, these developments demonstrate that strengthening HWF intelligence is fundamental to building resilient, responsive, and sustainable health systems across Europe.

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4.3. Ten Policy Recommendations for potential continuation of EU-level cooperation on Sustainable Health Workforce Planning

Figure 2 - Priority Areas for EU-Level Action on Sustainable HWF Planning, 2026

Partners of HEROES collectively highlighted the added value of the EU level collaboration on HWF planning. Figure 2 summarises the five principal areas of the EU-level sustainable HWF planning, drawing on the following ten policy recommendations for EU-level Action on sustainable HWF planning that are proposed below. The recommendations describe a progression from building workforce intelligence and governance foundations (short-term), through integration and policy implementation (medium-term), to fully institutionalised and adaptive HWF planning systems (long-term). This also emphasizes that sustainable HWF planning requires commitment at national level, the continuous interaction of technical capacity, governance structures, stakeholder engagement, and long-term political commitment.

1. Strengthening European Health Workforce Data Systems and Infrastructure

Fragmented and inconsistent HWF data systems continue to limit the comparability, reliability, and timeliness of HWF intelligence across Member States. European action could therefore focus on strengthening interoperable and harmonised HWF datasets, improving data quality, and integrating health, education, and labour market information systems. Existing mechanisms such as the

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OECD/Eurostat/WHO-Europe Joint Questionnaire on Non-Monetary Health Care Statistics provide an important basis for further strengthening European HWF intelligence infrastructure. More robust and comparable HWF intelligence would support evidence-based planning, strengthen cross-country learning, and improve the ability of Member States to respond to long-term HWF challenges.

Additionally, the integration of AI and digital tools into HWF planning and management is an opportunity. The use of AI could support the planning and forecasting function itself and support better allocation of HRH, skill matching and deployment, and task redesign to optimise workflows, such as automating administrative tasks (cf. task shifting to digital solutions).

Creating a "European Health Workforce Intelligence Hub" to support sustainable health workforce planning across Member States. The Hub could maintain the Advanced Minimum Dataset (AMDS), provide benchmarking dashboards and methodological guidance, serve as a repository of evidence and good practices, and offer technical support for countries developing national HWF intelligence systems.

2. Leveraging the European Health Data Space (EHDS) for Health Workforce Intelligence

HWF-related data remain insufficiently integrated within broader European health data infrastructures, reducing the potential for coordinated HWF intelligence. Promoting the integration of HWF, service utilisation, education, and labour market data through the European Health Data Space (EHDS) could significantly strengthen workforce intelligence. Connecting these complementary data sources will enable dynamic, evidence-informed HWF planning based on population health needs and service demand, rather than relying on fragmented and isolated datasets. The EHDS could therefore be used to strengthen the integration, accessibility, and comparability of HWF-related information across Member States. Improved linkage between HWF and health system data would support more advanced HWF analysis, strengthen monitoring capacities, and enhance strategic planning at both national and EU levels.

3. Enhancing the Link Between Data, Planning and Policy Decision-Making

In many countries, HWF data and forecasting outputs remain disconnected from policy implementation and governance processes. HWF intelligence should therefore be systematically embedded into education planning, service delivery reforms, financing decisions, and broader health system governance structures. HWF intelligence should become a routine governance function, supported by permanent planning units, regular reporting, recurring policy dialogues, and continuous monitoring. Stronger integration between technical analysis and policymaking would improve the strategic use of evidence and support more timely and effective HWF decisions.

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4. Supporting the Transition to Demand - and Needs - Based Health Workforce Planning

Traditional HWF planning approaches often remain focused primarily on HWF supply, without sufficiently considering changing population and service needs. Working together on developing planning approaches that integrate demographic change, epidemiological trends, service utilisation patterns, and evolving care models into forecasting and scenario-building processes can translate into common methodologies and alignment in data collection efforts. More comprehensive and needs-based planning would improve the alignment between HWF capacity and future healthcare demands. Dynamic modelling approaches such as SANDEM can support this transition by integrating HWF supply, service demand, productivity assumptions, and policy scenarios within a single analytical framework. Future planning models could increasingly integrate productivity, AI, digitalisation, integrated care, multidisciplinary teams, skill mix, and service redesign, while future actions might explore and test the potential of a European HWF planning model.

5. Promoting Skill Mix Innovation and New Models of Care

Changing models of care, including team-based care and task shifting, require HWF planning systems that better reflect competencies, role distribution, and continuous professional development. A systematic European monitoring of changing professional roles including advanced practice, multidisciplinary teams, new professions, AI-supported work and productivity indicators could enhance future-oriented preparedness. Future EU-level actions could therefore support policies that strengthen data collection on competencies, productivity, and professional roles while encouraging reskilling and lifelong learning. These measures would support health system transformation and enable more flexible and sustainable HWF models. Initiatives such as the EU Pact for Skills can support this transition by strengthening sectoral cooperation on reskilling, upskilling, lifelong learning, and HWF adaptability within changing models of care.

6. Strengthening Governance and Institutionalisation of Health Workforce Planning

In several countries, HWF planning remains fragmented or project-based, limiting long-term sustainability and policy continuity. HWF planning should therefore be institutionalised as a permanent governance function with clear mandates, dedicated planning units, coordinated structures, and stronger cooperation between health, education, and finance sectors. More stable governance arrangements would strengthen policy coherence, improve implementation capacity, and support long-term HWF sustainability. The EU has a clear strategic role in this, therefore national systems could be further strengthened by a European governance layer based on cooperation. This “European Health Workforce Planning Governance” could refer to the collaborative governance arrangements through

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which European institutions and Member States jointly support sustainable HWF planning by promoting common methodologies, interoperable workforce intelligence, capacity building, policy dialogue, peer learning, and coordinated policy development, while respecting national responsibility for HWF planning.

7. Investing in Capacity Building and Health Workforce Planning Skills

Limited technical and analytical capacity continue to constrain the development and use of HWF planning tools in many health systems. Continued investment is therefore needed in training, peer learning, knowledge exchange, and the development of analytical skills related to data interpretation, modelling, and evidence-based policymaking. Stronger planning capacities would improve the quality of HWF intelligence and support more effective strategic decision-making. A "European Community of Practice" supporting thematic working groups, continuous learning, expert exchanges, collaborative problem solving, and communities around modelling could enable further continuous learning ecosystems. EU initiatives such as the Pact for Skills may further support HWF capacity development through collaborative approaches to skills upgrading, lifelong learning, and HWF preparedness.

8. Institutionalising Stakeholder Engagement and Policy Dialogue Mechanisms

HWF planning processes are often weakened when stakeholder engagement remains fragmented or limited to temporary consultation exercises. Structured policy dialogues and expert groups should therefore be maintained and integrated into routine governance processes at both national and EU levels. The European Community of Practice could also regularly bring together the various stakeholders and establish a permanent European and national governance platform for stakeholder engagement. More consistent stakeholder engagement would strengthen consensus-building, improve policy feasibility, and support long-term implementation.

9. Improving Monitoring of Health Workforce Mobility

Cross-border mobility remains a major feature of the European health labour market, yet mobility data are often incomplete or insufficiently integrated into planning systems. Strengthening mobility-related HWF indicators within existing European statistical frameworks, including the Joint Questionnaire, could support more comprehensive monitoring of health labour market dynamics. EU-level action could therefore strengthen the monitoring of HWF inflows, outflows, and mobility trends, while improving the integration of mobility data into forecasting approaches. Better monitoring and European benchmarking by a European Health Workforce Intelligence Hub would support more accurate HWF planning and improve understanding of labour market dynamics across Europe.

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10. Sustaining and Expanding EU-Level Collaboration and Funding Mechanisms

The long-term sustainability of HWF planning improvements depends on the commitment at national level, but also continued cooperation, knowledge exchange, and institutional support beyond individual projects. EU-supported programmes and collaborative platforms should therefore continue to support research, pilot initiatives, twinnings, and implementation activities related to HWF planning and governance. A "European Health Workforce Intelligence Ecosystem" could be set up as a permanent network capable of combining workforce intelligence, benchmarking, peer learning, twinning, capacity building and policy cooperation across European Countries ensuring that every country has access to the tools, evidence and partnerships needed for sustainable HWF planning. It could connect a European Intelligence Hub, a European Community of Practice, and future workforce foresight. Sustained European collaboration would strengthen national planning capacities, enable continuous knowledge exchange and shared innovation, facilitate mutual learning, and maintain momentum for long-term HWF system development. Building on existing initiatives, the European Commission could continue to strengthen the enabling policy framework for HWF planning through common guidance, shared standards, coordinated actions and, where appropriate, regulatory instruments that support greater alignment, comparability, and long-term sustainability across Member States.

4.4. Links to the HEROES Sustainability Report at EU-level

The outcomes of the HEROES EU Policy Dialogue recommendations and the HEROES Final Sustainability Report at the EU-level (D4.2) reveal a strong alignment in the strategic direction for sustainable HWF planning. Both emphasise the central role of strong, integrated data systems as the foundation for effective planning besides other domains following the HEROES Framework for Sustainable HWF Intelligence (Figure 3).

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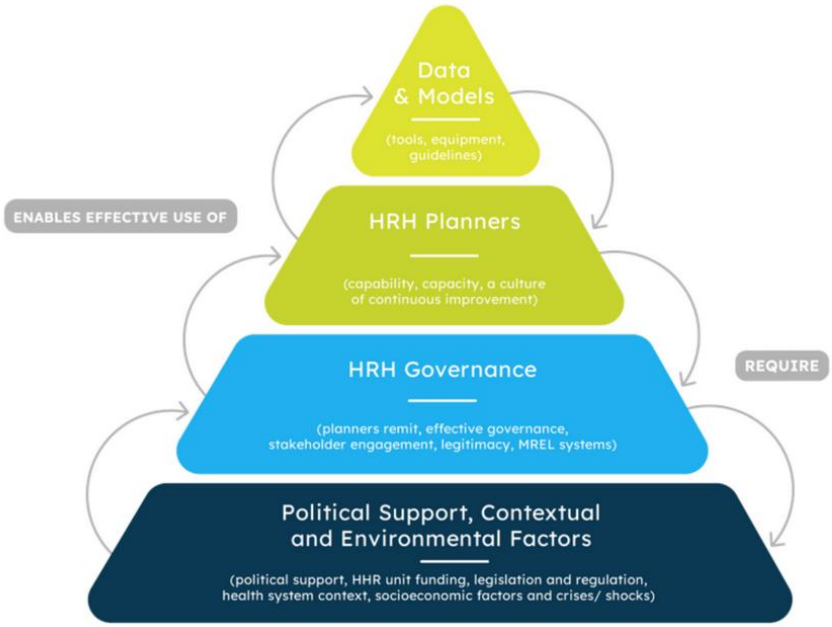

Figure 3 - HEROES Framework for Sustainable HWF Intelligence

There is a shared focus on improving data quality, interoperability, and the use of advanced indicators, alongside a shift from static data collection to dynamic HWF intelligence systems that support forecasting and scenario-based planning. Crucially, both sources underline that data must be embedded in decision-making processes to enable evidence-based policies.

A second key area of convergence is the importance of governance and institutionalisation. Both the recommendations and the Sustainability Report highlight the need to move beyond project-based approaches towards permanent, well-defined institutional structures, supported by strong political commitment and cross - sectoral coordination. Establishing clear mandates, strengthening inter-ministerial collaboration, and embedding HWF planning into broader health system governance are consistently identified as critical conditions for sustainability. This reflects a shared understanding that technical progress alone is insufficient without stable governance frameworks and long-term policy anchoring.

Finally, both sources strongly align on the need for capacity building, stakeholder engagement, and EU-level collaboration. They emphasise the importance of developing planning skills, institutionalising training, and ensuring knowledge continuity. At the same time, structured stakeholder engagement - particularly through policy dialogues and collaborative platforms - is recognised as essential for aligning actors and supporting implementation. The added value of EU-level action is seen in facilitating cross-

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country learning, communities of practice, and shared platforms, reinforcing a broader shift toward integrated, adaptive, and learning-oriented HWF planning systems across Europe.

Conclusions

Key Messages

- HEROES demonstrated that sustainable health workforce planning depends on the integration of technical evidence, governance, and stakeholder engagement.
- Countries increasingly moved from fragmented and reactive planning approaches towards institutionalised and data - driven systems.
- Stakeholder coordination and recurring Policy Dialogues proved essential for translating health workforce intelligence into policy action.
- The long-term impact of HEROES will depend on the commitment at national level, continued institutionalisation of planning capacities and European collaboration.

From a HWF systems perspective, the findings confirm that sustainable HWF planning depends on the integration of technical, organisational, and political dimensions. Across participating countries, several common priorities emerged: moving from headcount-based planning towards skills and competency planning; strengthening HWF information systems and forecasting capacity; linking education, labour market, and digital strategies; and addressing retention, wellbeing, and leadership as core system priorities.

The HEROES Joint Action demonstrates that HWF planning can no longer be understood as a narrow technical activity focused only on workforce numbers and projections. Effective planning requires the interaction of robust data systems, forecasting tools, governance arrangements, stakeholder engagement, and policy commitment. National Policy Dialogues and Policy Action Plans confirmed that technical evidence becomes actionable only when embedded in policy processes, institutional ownership, and coordinated stakeholder structures.

Stakeholder engagement emerged as a key determinant of planning maturity and implementation capacity. Countries with institutionalised governance structures, recurring multi-stakeholder dialogues, and stronger coordination mechanisms were better positioned to translate evidence into long-term planning and policy action. At the same time, HEROES added value in less mature or

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fragmented systems by supporting governance development, technical capacity building, and structured dialogue across health, education, labour, and finance sectors.

The report also highlights the strategic importance of continued European collaboration. While HWF planning remains primarily a national responsibility, EU-level initiatives such as HEROES support methodological development, peer learning, capacity building, data harmonisation, and policy convergence. The EU Policy Dialogues demonstrated a growing need for coordinated action on workforce intelligence, mobility monitoring, scenario-based planning, and governance innovation.

Overall, HEROES shows that resilient health systems require adaptive, data-driven, participatory, and institutionally embedded HWF planning systems. Its legacy lies not only in the tools, methodologies, and datasets developed, but also in the strengthened capacities, partnerships, and learning networks that provide a foundation for continued national and European cooperation.

Looking beyond the HEROES Joint Action, the long-term sustainability of HWF planning will depend on maintaining the momentum created through European collaboration. Building on the achievements of HEROES, a permanent European Health Workforce Intelligence Ecosystem could provide a platform for continuous cooperation through workforce intelligence, benchmarking, policy dialogue, peer learning, capacity building, and strategic foresight. By connecting national planning capacities within a common framework for knowledge exchange and methodological development, such an ecosystem would support more coordinated, evidence-informed, and resilient HWF planning across Europe while fully respecting Member States' responsibilities. Ultimately, this shared European approach would help ensure that HWF planning becomes a permanent strategic function underpinning resilient, sustainable, and future-oriented health systems.

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Annexes

Annex 1 - HEROES Policy Dialogue Guide (2025), including all templates

Annex 2 - Summary table on the strength of links between PD – PAP

Annex 3 - 18 HEROES National Policy Action Plans

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Annex 1

HEROES Policy Dialogue Guide (2025) including all templates

HEROES Policy Dialogue Guide

Kovacs E., Adam Sz., Cserhati Z., Korodi R., Kozak A., Kovacs R., Sziklai M. (2025) HEROES Policy Dialogue Guide - Guidelines for national level Policy Dialogues. Semmelweis University

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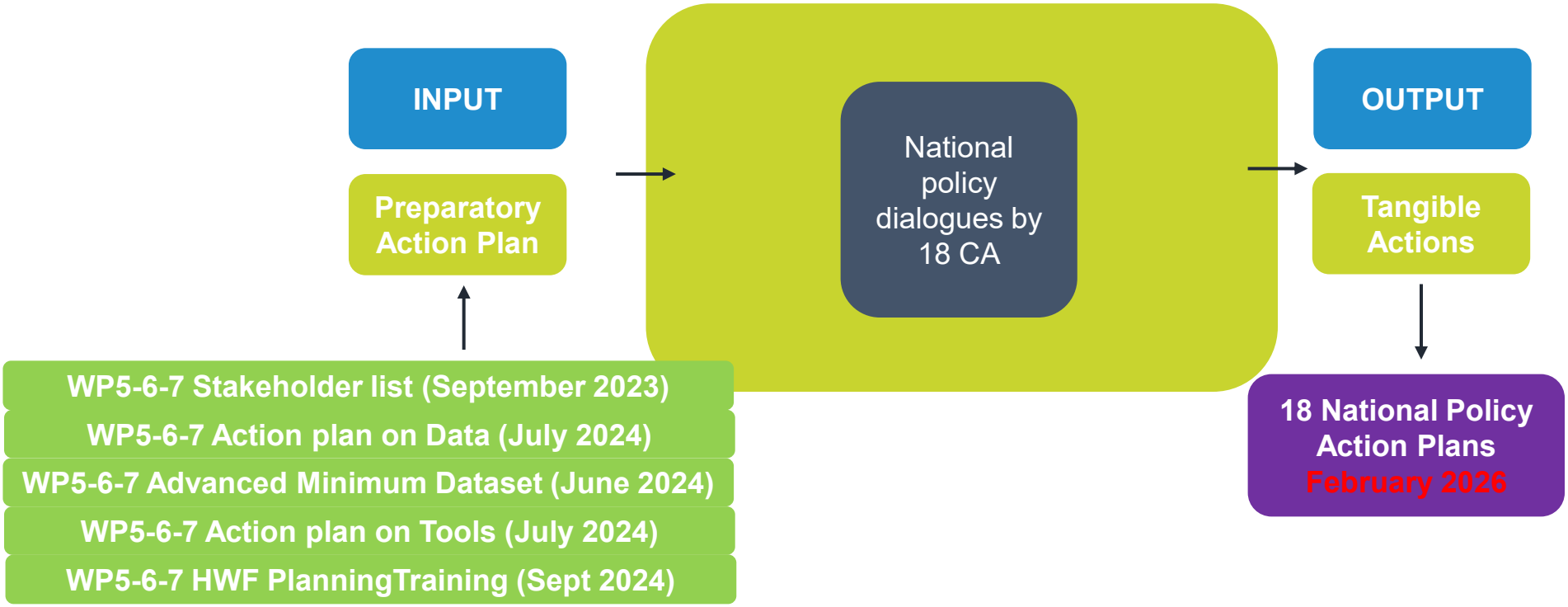
Policy dialogues (PD) at national level



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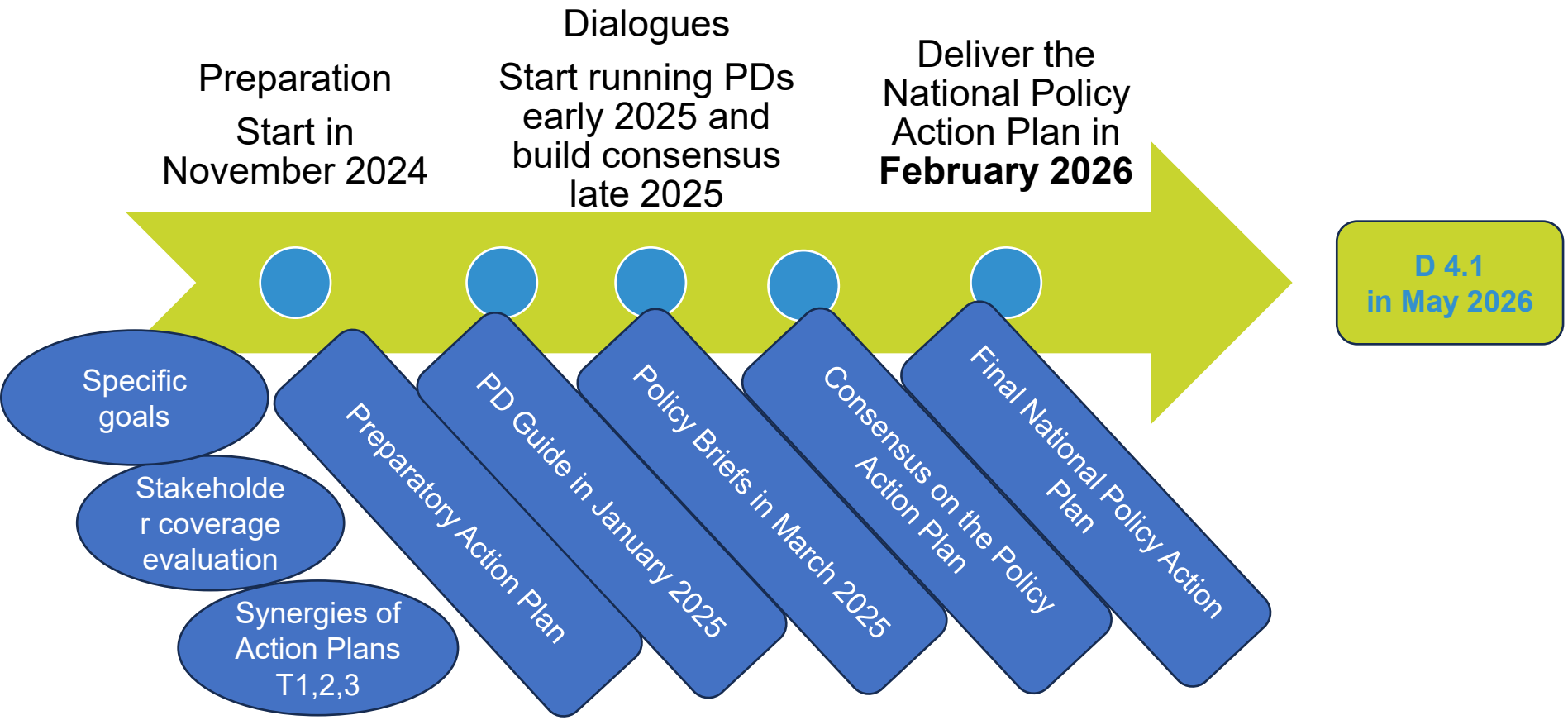
Timeline suggestion



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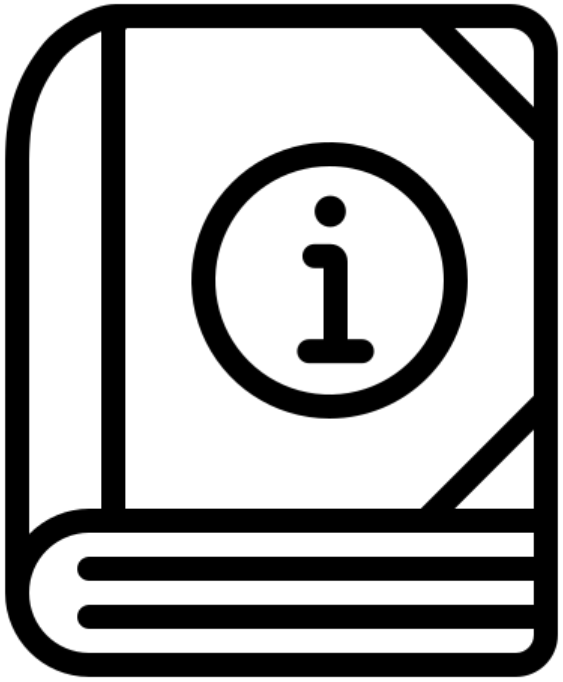
HEROES Policy Dialogue Guide

- Aims to **support** Competent Authorities in running series of Policy Dialogues at the national level
- Provides an overview and recommendations for the 3 phases of **PD organisation**
  - Preparation
  - Dialogue session
  - Follow-up
- **Checklist for each phase & templates** for PD - including Preparatory Action Plan
- **Evaluation** questions & a brief report containing the key messages & action points from the PD



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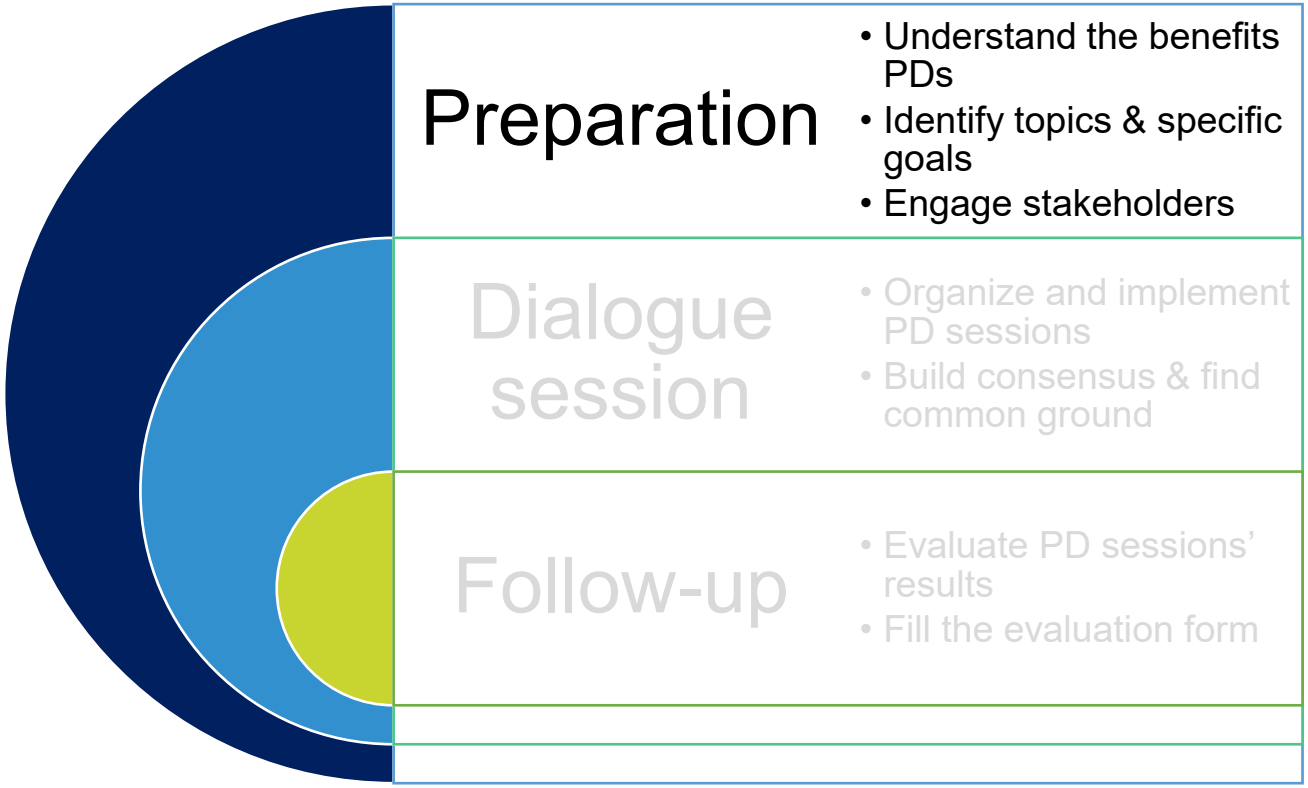
PD organisation



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Preparation phase

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Definition of a Policy Dialogue

- A structured and purposeful **conversation or exchange of ideas** between different stakeholders who are in decision-making positions or can strongly affect the implementation of potential solutions to a challenging/pressing issue
- It typically involves a range of **stakeholders**
- Policy dialogue is an **essential component of the policy-making process** and is often used to address complex issues in various domains, including healthcare, education, and social welfare
- A policy dialogue is a **tool** which promotes evidence-informed policy-making
- Policy dialogue feeds into the **policy development process!**

Ádám et al, 2024; Sure 2011

Policy Dialogue is:

- Process or session:
  Process means a **continuous action** that takes place on a regular basis, a **regular dialogue** between the parties, not only one single event that is organised on one special matter.
  Session: A policy dialogue session is a **specific time-bound event** where **facilitated dialogue** takes place between policy and technical stakeholders on a specific policy question.
- These sessions may include **committee session, multi-stakeholder dialogue, roundtable discussion, policy workshop, policy advisory group meeting, policy conference**.

Ádám et al, 2024; Sure 2011

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General objectives of Policy Dialogues

- to improve understanding of the issue,
- to identify potential solutions, and
- to build consensus on the best way to proceed.

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Find the links and synergy with national-level implementation steps in Tasks 1 & 2 & 3!

Suggestion: Check the policy considerations you had written into the Action Plan Templates ☺

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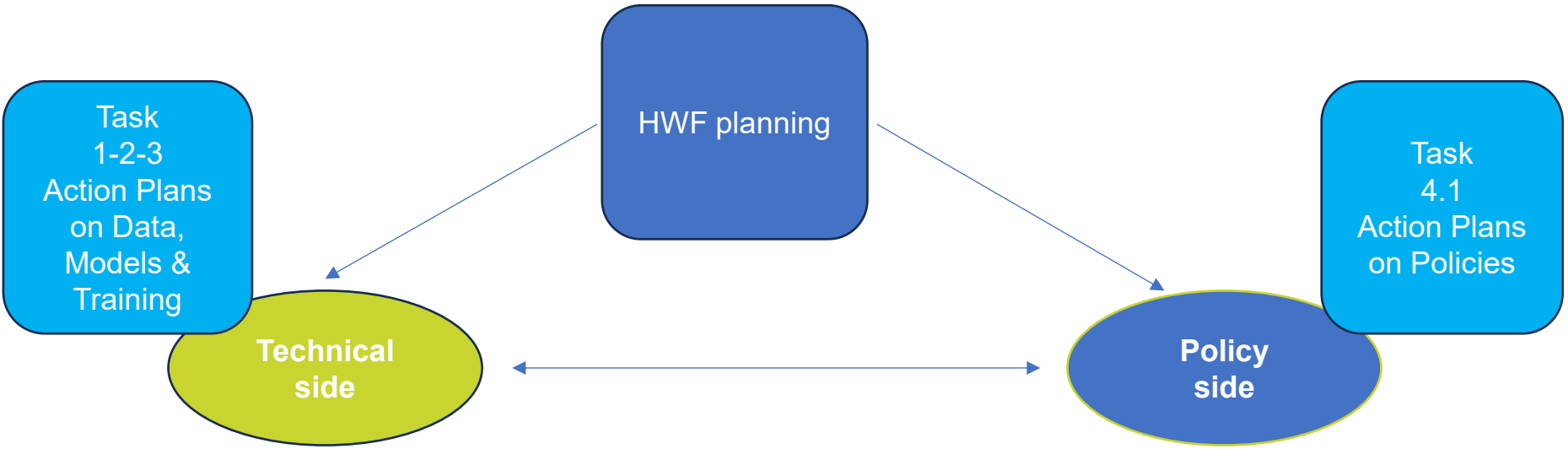
HWF planning has 2 major interrelated sides



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Topics of PD

- Define the topic(s) and **set realistic specific goals for each PD session!**
  - Formulation of a HWF strategy
  - Initiating and fostering communication of stakeholders
  - Clarifying crucial problems in HWF and searching for solutions
  - Developing a shared understanding on barriers & facilitators
  - Presenting policy options in HWF
  - Developing plans of implementing effective policies
  - Strengthening good governance for more advanced planning
  - Agreement and consensus on implementation considerations
  - Discussing and building the consensus on the HEROES Policy Action Plan itself
  - Discussing sustainability issues beyond HEROES with the support of the domains
- Rank the topics based on urgency and interest of stakeholders
- Screen the key documents of your national/regional HWF planning
- Collect information & evidence and prepare background documents
- Use the HEROES Policy Briefs to be delivered 15th March 2025

Example topics for PD

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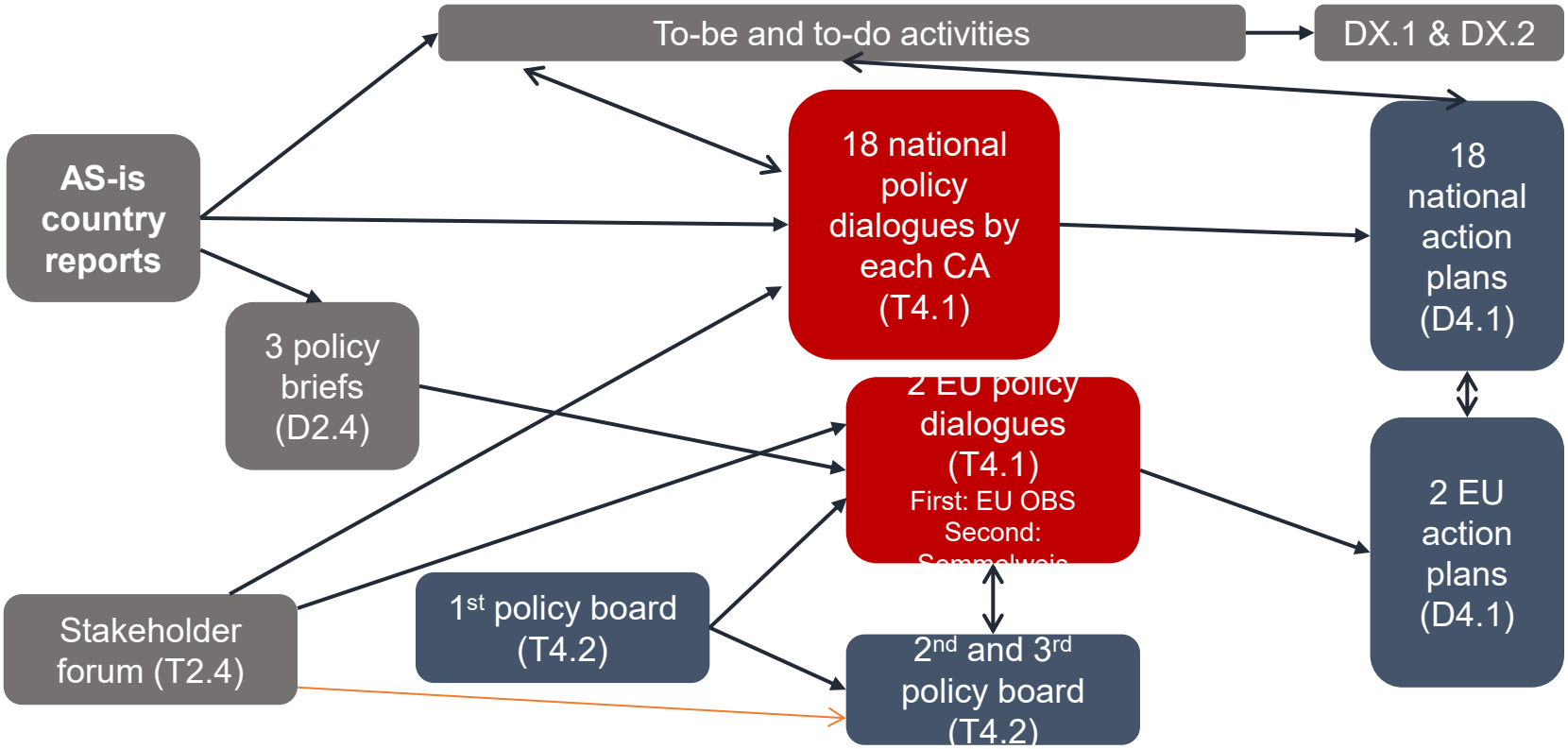
List of topics – SEPEN Inventory of Policies

Policy category	Details	Impacted professions
Manage shortages and maldistribution of skills	Policies to ensure coverage, the retention , the renewed organisation of skills in healthcare	
Improving performance	Policies like measuring or promoting quality, Setting performance targets, reorganising resources and tasks	
Address mobility	Policies ensuring self-sufficience, limit mobility or recruit abroad	
Education, enrolment and recruitment	Policies to regulate the number of students and post-graduate trainees, or promote studies in healthcare	
Education staff & infrastructure	New changes to the available training capacity, additional skills taught, and special structures to ensure appropriate training	
Continuous professional development (CPD)	CPD system of the country, revalidation regulations and relations to the labour market	
Regulation of private sector	Involvement of the private sector and specific rules applying	
Working conditions	Recent incentives, influencing retention	
Others		

https://archive.healthworkforce.eu/findings/#repository

Do not forget the big picture & relationships of activities



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The stakeholders to be invited

- Identify, analyse, invite and engage your stakeholders
- Revise and update your stakeholder list
- Use the Stakeholder coverage evaluation tool from the Toolkit on HWFP

Tool 5: The **Stakeholder coverage evaluation tool** - to carry out an evaluation of the national stakeholder network, to conduct analysis and ensure the setting up of collaboration by a national-level HWF planning network.
Tool type: Checklist
Target group: HWF Planning Committee if applicable, institution/authority responsible for HWF planning or Ministry
Benefit of the tool: supports national stakeholder analysis for strengthening and assessing the national HWF planning stakeholder network

Please consider the followings when creating, assessing, managing and strengthening the HWF Planning stakeholder network. Please list each stakeholder separately. Consider the following dimensions for each stakeholder and check for changes regularly. Apply the tool for each separate stakeholder.

1. Willingness to collaborate: engagement towards mutual benefits, commitment to joint efforts, dialogue, attention for those who are less interested in operating a planning model.

Questions to be answered: Why is the engagement low-high? What are the underlying reasons? How can commitment be increased?

2. Stakeholder motivation: clear common purposes, support for HWF planning within the organisation, partnership efforts confirmed.

Questions to be answered: How does HWF planning fit the mission of the stakeholder organisation? How does this HWF planning stakeholder network support the operation of the stakeholder organisation? How do you contribute to the HWF planning stakeholder network? How can motivation be increased and strengthened?

3. Stakeholder expertise: complementarities, previous work/materials/mission in harmony, any positive experience.

Questions to be answered: What previous experience in this field does the stakeholder possess?

4. Stakeholder power: Force Field Analysis (by Lewin)

Questions to be answered: What helping/driving forces and hindering/restraining forces exist? What drives or blocks the process? Do you assess these forces as weak or strong?

5. Stakeholder capacity: does the organisation have the resources (financial, HR, technology, competences/abilities/expertise) staff roles and balancing responsibilities that are necessary within the stakeholder organisation?

Questions to be answered: What capacity is currently available? What capacity would be necessary to achieve the desired improvements? How to move forward? What are the critical steps? How to avoid or mitigate risks? How to allocate work?

https://hwftoolkit.semmelweis.hu/index.php/en/toolkit/toolkit-5-3/

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Set up of PD

- Consider the total **≈12 months' timeframe**
- Preparation officially kicked-off in **November 2024 at the Budapest Interim Meeting** and delivering the National Policy Action Plan is due to **February 2026**
- Decide about the session(s) and insert info to Sharepoint in **January 2025**
  - Initial goal for the number of PD sessions – iteration might occur during the progress
  - Online/offline environment supports better the specific goals
  - Consider the target group and Explore the possibilities of combining your PD activities with Task 3 trainings
  - Think about national level initiatives or events that could be linked to HEROES PD
  - Start communicating about the HEROES project and the PDs → inform the WP2 Editorial Committee Journal about your PD sessions

MINIMUM 3 PD sessions recommended

1st – **Introductory session**: HEROES mission and the specific goal of the PDs, scheduling PDs with your stakeholders, establishing the collaboration scheme, start brainstorming together

Discussing the Preparatory Action Plan (PAP) and resources needed for designing the National Policy Action Plan

2nd… – **Deep-dive sessions**: Well-prepared discussions of the PD topics (with the support of Policy Briefs), identifying next steps of collaboration, set working methods

Final PD – **Consensus session**: Consensus building & agreement on the National Policy Action Plan

Preparatory Action Plan (PAP)

- Formulate, draft a Preparatory Action Plan **BEFORE** the first session or after the first Introductory PD session
- Have something tangible to discuss with your stakeholders → the PAP turns to the National Policy Action Plan at the end of the activity
- Providing a check on the quality and contents of the HWF strategy or any collected information for the PAP
- Introducing relevant evidence not incorporated in PAP
- Clarifying elements in the PAP
- Helping to ensure that the PAP takes latest evidence into account and used in the development of a policy
- PAP can and will change during the PD timeline, as it is an iterative progress

Link to PAP Template and PD Checklist for each phase

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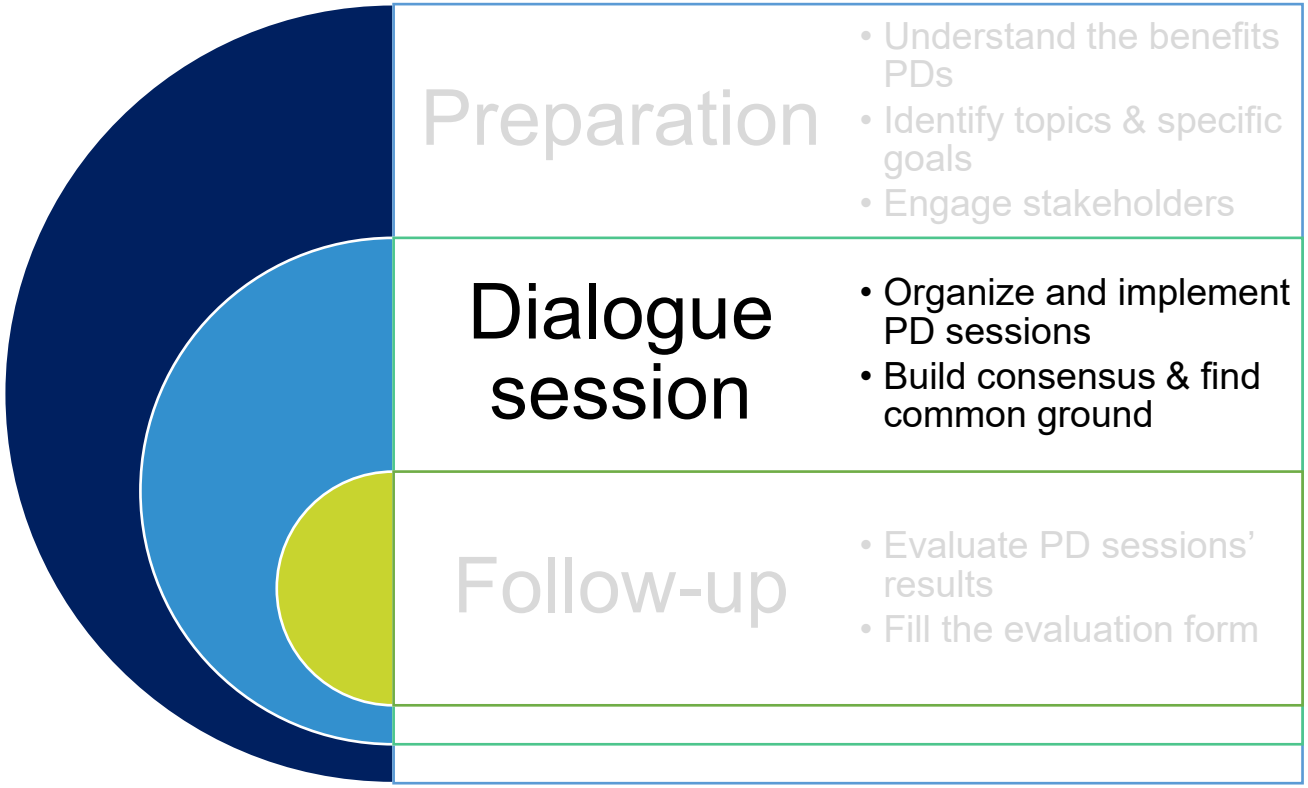
PD organisation



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Dialogue: organizing and facilitating the PD sessions

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Conceptual design of PD sessions

- What to consider:
  - set the specific **goal** of each PD session - with measurable markers of success for each objective
  - formulate an **appealing title**,
  - write a 1-page **concept note**,
  - have the **Preparatory Action Plan** ready for discussion,
  - draft and pre-circulate evidence and attach essential **materials** – in time, and not in an overwhelming way
  - Decide about inviting DG Santé, HaDEA, AGENAS and WP/Task leaders for a **welcome speech**,
  - select an **ideal size** - maybe distinguish between participant & observers, decide which PD sessions to go with or without the decision-making authority

Conceptual design of PD sessions 2.

- What to consider:
  - select the **format** of the PD session: committee session, multi-stakeholder dialogue, roundtable discussion, policy workshop, policy advisory group meeting, policy conference
  - select **methods** to be used at the PD session (e.g. nominal group technique, idea collection, prioritisation, etc.),
  - recommended **rule**: Chatham House Rule („*is an agreement between meeting participants that allows people to use the information from a discussion, but they can't say who the speaker was, or what organization they're from.*")
  - identify **expected outcomes** and to what extent is feasible and desirable to achieve the consensus

Technical design of PD sessions

- What to consider:
  - have the final selected **list of stakeholders and the experts** covering different types of expertise – avoid biased selection and aim for fair representation, invite groups affected by the policy,
  - follow the **national tradition and culture** „who will be invited to meetings to discuss policy issues and to how many people will participate”,
  - agree on the **convenient date** of the PD session to enable all to attend, set it well in advance,
  - use **formal & informal channels** for invitations,
  - Pick a **location** (online/offline with a convenient venue),
  - Inform the participants about **practical arrangements,** including rules of PD,
  - confirm the skilled, knowledgeable, and neutral **chair/facilitator/moderator**, assign rapporteurs to parallel sessions,
  - ensure **time** for sharing various perspectives and allow each stakeholder to contribute.

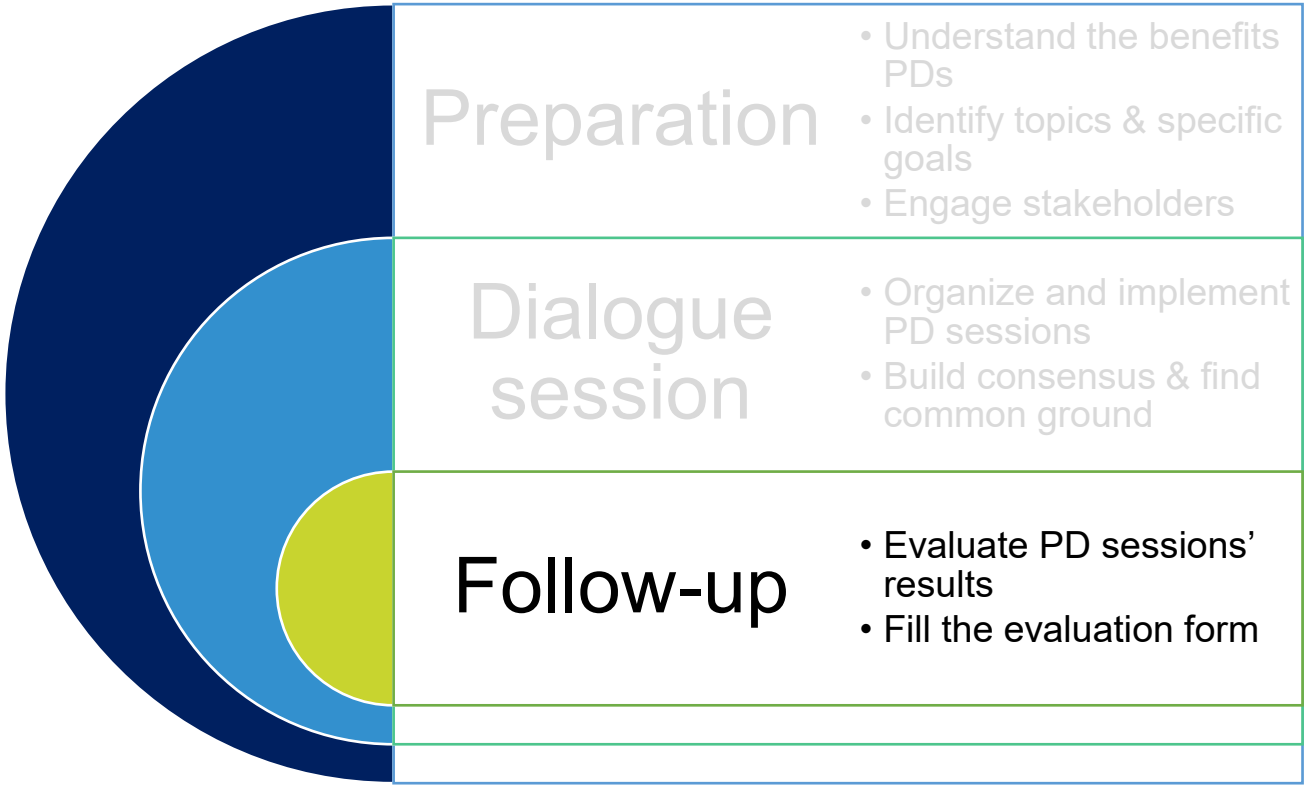
Facilitating the PD sessions

- Make sure to run **preparatory meetings** with the facilitator/moderator
- **Structure** the PD sessions in advance while maximising the contributions of all participants and the interactions between them
- Estimate the likely **impact** of various policy options & collect expected barriers and facilitators for different implementation strategies
- **Activate** the stakeholders on-site, gather missing information & new perspectives
- Use the **methods** best fitting to your specific goals, use interactive tools and pre-arranged groups if needed
- Organize **open and respectful discussions**; be open to generating new ideas and innovative solutions to reach common ground & consensus
- Be **prepared** for resistance to change, for experiencing different priorities of various stakeholders and for adapting to unexpected challenges
- Evaluate and follow up each session – **iteration** supports you in tailoring the subsequent PD sessions and maximising the impact of each session

Facilitating the PD sessions 2.

- Make sure all essential stakeholders **can have a say**
  - Have **time** to articulate their thoughts – appropriate timeframe for discussion
  - Have the clarity on the **goals** – do not let the discussion get out of your control, try to keep it on the track based on your specific goals
  - Have space for all stakeholders – even with small group discussions or use of digital tools that enable to capture everybody's opinion
- Make sure all essential stakeholders **can have a say**
  - Provide the possibility for written feedback on PD session results and key takeaways
  - exposing, clarifying, or resolving disagreements
  - ensure transparency and accountability
- The **success** of the session depends on the quality of the facilitation, the engagement of stakeholders and the consensus orientation of the participants.

PD organisation



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Follow-up: evaluating the PD sessions

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Write a summary for each PD session

- Wrap up the results of each session, summarize the achievements and write it down!
- Ask yourself: Have you reached the specific goal of the PD session? Have you reached the shared understanding and the agreement?
- Measure your success by numbers: level of consensus in % or number of concrete next steps
- Tailor the next sessions while considering the new perspectives & approaches, adapt to unexpected challenges
- Revise the stakeholder pool and engagement regularly, and increase it by capacity building meetings or incentives
- Use the time well between PD sessions – get more reflections, consultation or spontaneous meetings prior to the next dialogue, implement small actions steps
- Provide possibility for written feedback of PD participants on PD session results and key takeaways

Sustainability

- Dedicate one PD or incorporate sustainability aspects to the last Consensus session
- Use the 7 domains of the HWF Intelligence Framework (Task 4.4)

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Link to templates of
Evaluation sheet & survey and
Brief Wrap up Report

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- SEPEN Health Workforce Planning and Policy Repository (2022) https://archive.healthworkforce.eu/findings/#repository
- The SURE Guides for Preparing and Using Evidence-Based Policy Briefs (2011) https://epoc.cochrane.org/sites/epoc.cochrane.org/files/uploads/SURE-Guides-v2.1/Collectedfiles/sure_guides.html
- JA EUHWF Toolkit on HWF Planning (2016) https://hwftoolkit.semmelweis.hu/index.php/en/toolkit/toolkit-5-3/

Keep the spirit & engagement alive!
Thank you!

„Making health policy decisions typically requires both formal discussions and careful consideration.” (SURE Guides 2011)

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Preparatory Action Plan template

January 2025

POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	
Do you have a national HWF strategy or any previous policy plan you could rely on?	
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	
What priority can you identify for them?	
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	
Who are the supporters to assist the responsible person/unit?	
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	
How do you foresee the completion of the actions and the policy implementation by date?	
NECESSARY RESOURCES What costs are you anticipating?	
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	
What is the HR/personnel needed for the policy implementation?	

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STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	
What is the expected resistance to change? Ways to mitigate it?	
STATUS – TRACK THE PROGRESS What progress has been made?	
Set the mode how to monitor the progress? (KPIs)	
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	
How can you define the success of the action?	
What impact do you anticipate on future actions and policies?	

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Policy Dialogue Session Evaluation sheet & survey

January 2025

Title of the PD session	
Time and date of the PD session	
PD organized by …	
Number of registrations	
Number of attendees	
Evaluation sent out on …	
Reminder sent out on …	
Evaluation survey completed by … attendees	

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EVALUATION SURVEY

Section 1. Expectations

1) What were your expectations before the meeting?
   ……
2) On a scale from 1 (= not at all) to 5 (= completely): to what extent were your expectations met?

Section 2. Overall evaluation - On a scale from 1 (=not at all) to 5 (=very much)

1) How would you rate the meeting overall? How satisfied are you?
2) How would you rate the atmosphere of the meeting?
3) To what extent do you believe that the meeting helped you in moving forward with the work you are doing relating to health workforce planning?
4) In case of hosting a follow-up session to this specific meeting, would you be interested in learning more on a specific issue related to health workforce planning?
5) How likely would you to participate in future policy dialogue sessions on this topic supporting the HEROES Joint Action?
6) Please provide the top 3 of things/aspects of the meeting that you enjoyed (i.e., things that we should keep doing) and the top 3 of things/aspects that you did not enjoy (i.e., things that we should stop doing/need to change when organising future meetings:

Top 3 things you liked:
……
……

Top 3 things we should change:

……
……

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Statement	Evaluation (on a scale of 1-5)
The content was well-organised and easy to follow.	
The materials pre-circulated were useful.	
The materials presented/distributed at the meeting were useful.	
The duration of the meeting was adequate.	
The online platform/venue was appropriate and worked well.	
The overview of the strategic and operational objectives of the policy dialogue session was clear and informative.	
The group work and initial discussions effectively created a platform for policy dialogue.	
Active participation of participants and interaction were encouraged.	
The interactions at the session showed a great quality.	
The policy dialogue session encouraged collaboration and commitment among the participants.	
The engagement of all stakeholders was excellent.	
I feel enthusiastic and engaged with this issue.	
I think the results of the session have a great impact on HWF policy.	

Any additional comments or suggestions for future sessions?

……

……

Thank you for taking the time to provide your feedback. Your input is valuable in improving future policy dialogue sessions.

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Policy Dialogue Session
1 page wrap up report

January 2025

Time and date of the PD session	
Setup of the PD session	ONLINE/OFFLINE
Goal of the PD session	
Stakeholders participated in the PD session	
Key discussion points	
Outcomes and achievements of the PD session	
Key messages	
Have you reached the specific goal of the PD session?	YES/NO
Measurement of the success	LEVEL OF CONSENSUS REACHED IN % NUMBER OF CONCRETE NEXT STEPS
Which sustainability domains did you touch in the PD session?*	
Next steps	

* See the 7 domains of the HWF Intelligence Framework (WP4 Task 4.4)

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Policy Dialogue Checklist

January 2025

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Preparation phase	Tick yes if you have achieved it (✓)
1. Did you collect the existing materials, e.g. national HWF strategy, SEPEN country fiche, HEROES reports? 2. Did you provide a clear definition of Policy Dialogue to your team? 3. Did you provide a clear definition of Policy Dialogue to your stakeholders? 4. Did you define your specific goals of PD sessions besides general objectives? 5. Did you decide about the sessions' set-up? 6. Did you decide on the date of the Introductory session? 7. Did you decide about the deep-dive sessions' number? 8. Did you revise your stakeholder matrix? 9. Did you decide whom to invite to the first PD session from your stakeholder matrix? 10. Do you see any risks? Can you identify mitigation strategies in advance? 11. Did you start engaging your PD community? 12. Have you communicated about HEROES project at national level and about the PDs? 13. Did you find synergies with Task 1-2-3 actions? 14. Could you translate the technical plans to policy plans? 15. Did you start drafting the Preparatory Action Plan?	

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## Dialogue	
1. Did you pick an appealing title for the PD session? 2. Did you pick the venue (online/offline)? 3. Did you decide to invite DG Santé/HaDEA/AGENAS/WP/Task leaders for a welcome speech? 4. Did you pick the PD roles: chair/facilitator/moderator/targeted commentary/case presenter? 5. Did you organise a preparatory meeting with the people who have an essential role in the PD session? 6. Did you prepare a one-pager concept note for the invitation? 7. Did you prepare the background materials for the session? 8. Did you decide what pre-reading to send to the participants? 9. Did you identify the proper format & method for this PD session to maximise the stakeholder contribution? 10. Have you confirmed the technological readiness, including platform functionality, backup systems, and participant accessibility, for online or hybrid sessions? 11. Did you identify the expected outcomes of the PD session? 12. Did you decide how to measure the success of the session? 13. Did you prepare the evaluation for the participants? 14. Did you set up an evaluation meeting with your team to write the PD session results in a brief report format? 15. Did you decide how to use the time between the deep-dive sessions? 16. Have you established a timeline for completing each task to ensure smooth planning and execution of the PD session?	

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17. Have you implemented mechanisms to collect stakeholder feedback to refine future PD sessions and address areas for improvement?	
Follow-up	
1. Did you organise the wrap-up to evaluate the PD session? 2. Are you satisfied with the PD session approach as a whole? 3. Based on the evaluation survey, are the participants satisfied with the PD session? 4. Did the PD session create an environment where marginalized or less vocal groups were adequately heard and engaged in the discussion? 5. Are you satisfied with the participants' fair representation? 6. Are you satisfied with PD roles: chair/facilitator/moderator/targeted commentary/case presenter? 7. Did you pick the proper format & method for this PD session to maximise the stakeholder contribution? 8. Were logistical aspects, such as time management and technological reliability (especially for hybrid or online sessions), sufficient and effective during the PD session? 9. Was the pre-circulated material appropriate, sufficient, too little, too much? 10. Did you conclude the results of the PD session? 11. Did you reach the expected outcomes of the PD session? 12. Did you reach the specific goals of the session? 13. Were the outcomes of the PD session aligned with the broader strategic goals and objectives of the initiative? 14. Did you manage to measure the success of the session? 15. What features would you retain for the future PD?	

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16. What features should be changed for the future?	

Annex 2

Summary table on the strength of links between PD - PAP

Country	Link between national Policy Dialogue(s) and national Policy Action Plan
Belgium	Partial overlap: the Policy Dialogue had a broader scope than the PAP. The Belgian PDs covered digital transformation, skills needs, task shifting and sharing, and long-term health workforce sustainability. The PAP translates selected elements into more focused actions on coordination, health workforce wellbeing and retention, and integrated care.
Croatia	Full or substantial overlap. The PD process was closely linked to the development of the Action Plan for Human Resources Planning in Health 2026 - 2030. The PAP reflects the main dialogue themes, including institutionalisation, data improvement, projection models and sub - national health workforce planning.
Czechia	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The PDs mainly served to open the topic of HWF planning, mobilise stakeholders and identify the need for a coordinated planning structure. The PAP translates this into a broader package including a dedicated HWF planning unit, a national strategy under Health 2035, and specific staffing standards.
Estonia	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The dialogue - related activities supported stakeholder validation and planning discussions, while the PAP is broader, focusing on forecasting models, the HRH team, sustainability of planning capacity and embedding HWF planning into national governance.
Greece	Full or substantial overlap. The PAP was strongly based on the national PDs. The main dialogue themes, including data integration, minimum dataset, HRH indicators, governance, forecasting and capacity building, are directly reflected in the PAP.

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Hungary	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The PDs focused strongly on nursing health workforce challenges, including recruitment, retention, education, burnout, migration and working conditions. The PAP embeds these issues in a broader system - development agenda, including scenario - based modelling, data quality improvement, annual policy dialogues and interministerial coordination.
Ireland	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The PAP includes actions arising from the policy dialogue on medical health workforce strategy, but its overall scope is broader, covering a Technical Group, Advanced Minimum Dataset, modelling capacity and approach to medical workforce strategy development.
Italy	Partial overlap: the PAP had a broader scope than the Policy Dialogue. HEROES - related PDs and stakeholder sessions informed the reform process, but the PAP is broader, linking HEROES outputs to the TSI Health Hub and wider health workforce reform, including forecasting and staffing methodologies.
Lithuania	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The PAP includes a strategic policy dialogue on governance and technical oversight, but its overall scope is wider, covering legal amendments, a Model Governance Group, integration with the State Data Agency, the Competence Platform, and demand/workload modelling.
Malta	Full or substantial overlap. The PAP closely reflects the national HEROES dialogue on data, tools and skills. It includes aligned actions on data governance, planning tools, skills development, stakeholder coordination and institutionalisation of HWF planning.
Netherlands	Full or substantial overlap. The PAP builds directly on the HEROES - supported expert collaboration and dialogue process. Its main focus is the institutionalisation of cooperation through a National Expert Group and

	the strengthening of links between modelling expertise, stakeholder engagement and policy advice.
Norway	Limited overlap or loosely connected activities. The PAP is mainly oriented towards the development of a national Health workforce Plan to 2040, led by the Ministry of Health and Care Services. HEROES contributed through analytical refinement, "Helsemod" - related input and stakeholder/municipal competence planning, but the direct PD - PAP link is less explicit.
Poland	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The PAP focuses primarily on priorities linked to the National Transformation Plan, including specialist health workforce allocation, residency planning and the development of nurses' and midwives' competencies. As part of the policy dialogue, they presented the results of their analyses on and facilitated discussion about the allocation of residency training positions among stakeholders.
Portugal	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The PDs supported alignment around evidence use, governance and coordination, while the PAP is anchored in broader national strategic and legal frameworks, including the Health Human Resources Plan 2030 and related policy instruments.
Slovakia	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The PD - related process contributed to stakeholder consultation and validation, but the PAP is broader, covering the National Strategy up to 2040, data authority, repatriation schemes, education reform and long-term health workforce stabilisation.
Slovenia	Partial overlap: the Policy Dialogue had a broader scope than the PAP. The PDs and consultations addressed broader HWF strategy issues, while the PAP focuses more narrowly on the implementation of the Nursing and

	Midwifery Act and nursing specialisations, supported by data, forecasting and education planning elements.
Spain	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The PAP builds on HEROES data and co-design work, but structures this into a broader national planning cycle, including Minimum Data Set implementation, forecasting model institutionalisation and primary care organisational prototypes.
Sweden	Partial overlap: the PAP had a broader scope than the Policy Dialogue. The PDs addressed concrete health workforce challenges, pilots, backcasting and learning - system approaches. The PAP embeds these elements into existing government assignments and decentralised planning structures.

Methodological note: The classification is based on the thematic and functional relationship observed between Policy Dialogue discussions and Policy Action Plan priorities as reported by participating countries. It does not assess implementation success, governance maturity, forecasting capacity, or overall performance of national health workforce planning systems.

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Annex 3

HEROES National Policy Action Plans

Policy Action Plan Belgium

2026

POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	We can identify **three main objectives** that are directly or indirectly linked to actions at the policy level: **A:** Enhanced **collaboration** between different planning commissions of the different federated entities - *Move away from fragmented forecasts and transition to a more integrated, coordinated forecast that takes into account elements at every level* **B:** More resilient healthcare system through better mental **wellbeing** in the health workforce and increased **retention** - *Build a formal policy framework with clear actions, timelines and responsibilities to preserve mental wellbeing and make careers in healthcare more sustainable.* **C:** Restructuring healthcare model towards more **integrated care** - *Translate strategic commitments into workable programs and governance structures that truly integrate care provision across professionals, sites and sectors.*
Do you have a national HWF strategy or any previous policy plan you could rely on?	**A — Collaboration:** Joint policy frameworks (*inter-federal cooperation that brings together the different planning commissions*) **B — Wellbeing & retention:** National monitoring initiative on work-related well-being - Be.well.pro

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	(*monitoring and evidence-building, not itself a completed policy prescribing workforce wellbeing interventions. But such data is typically used by policymakers to inform strategies on retention, support and workplace mental health*). **C — Integrated care:** Belgium has an Interfederal Plan for Integrated Care, approved in November 2023 by the competent ministers (*federal government and regions*).
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	**A — Collaboration:** Establish formal governance platforms *(regular joint meetings & embed these in legal or institutional frameworks to ensure continuity)*, standardize planning models and data definitions, integrated digital infrastructure, and joint reporting and evaluation **B — Wellbeing & retention:** Use existing evidence to set priorities *(analyze Be.well.pro data and other studies)*, develop a national mental wellbeing strategy for healthcare workers, embed wellbeing and retention goals in workforce strategy, enhance workplace regulations and supports, and retention incentives *(explore targeted career development, mentorship, flexible hours, and financial incentives to keep experienced staff in service, particularly in high-stress roles)* **C — Integrated care:** Belgium's Interfederal Plan for Integrated Care provides a strategic policy framework but its success depends on translating high-level commitments into concrete actions: operationalize the Interfederal Plan Agreements, build and scale meso-level care networks (*strengthen local multidisciplinary organisations & fund and support population-health initiatives)*, extend pilot programs and best practices, align financing models, and promote digital tools and population management
What priority can you identify for them?	**Highest Priority: C** — Restructuring healthcare model towards more integrated care

	Medium Priority: B — More resilient healthcare system via mental wellbeing and retention **Lower Priority (but still essential): A** — Enhanced collaboration between planning commissions Modeling is the backbone to implement all three policies: it supports integrated care by forecasting real staffing needs, informs wellbeing/retention policies by quantifying impact on workforce availability, and enables collaboration across communities by standardizing projections: **A — Collaboration:** Standardize and share models across all federated entities *(Examples - harmonized assumptions, joint scenario modeling, central database)* **B — Wellbeing & retention:** Include burnout/turnover risk in workforce models *(Examples - retention simulations, stress-scenario planning)* **C — Integrated care:** Update the planningmodel with shift planning of profession into integrated care/sectorial planning *(Examples - multi-professional scenarios, hospital care scenarios, community care projections)*
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	In Belgium, responsibility for implementing these three policies is distributed across multiple layers of government because of the country's federal structure, which divides competencies between the federal government, communities, and regions. **A — Collaboration:** FPS Public Health, Regional Health Authorities, Interfederal Health Committee – members of the different Planning Commissions **B — Wellbeing & retention:** FPS Public Health, Sciensano, Employers, Professional Associations, Regional Authorities **C — Integrated care:** FPS Public Health, Regional/Community Authorities, CIS

Who are the supporters to assist the responsible person/unit?	A central role is envisaged for the **inter-federal association**, which is tasked with promoting cooperation among the various **planning commissions**. These commissions, in turn, support the responsible authorities in ensuring the successful implementation of the three policy action plans mentioned. The planning commissions bring together representatives from, among others, ministries, communities, universities, sickness funds, professional organizations and the National Institute for Health and Disability Insurance (NIHDI).
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	**<u>Year 0–1:</u>** **A — Collaboration:** Formalize governance agreements across federal and regional commissions. standardize definitions, data reporting, and workforce categories, establish joint meeting schedule and reporting formats. **B — Wellbeing & retention:** Complete Be.well.pro survey and data analysis (baseline mental wellbeing), identify high-risk workforce groups and urgent interventions (initiate follow-up project to the Be.well.pro monitor by the end of 2026) **C — Integrated care:** Operationalize the Interfederal Plan for Integrated Care governance structures, identify pilot regions and networks for early implementation, align financing and digital tools to support pilots. **<u>Year 1–5:</u>** **A — Collaboration:** Develop shared digital planning platforms and dashboards, conduct joint scenario modeling for workforce projections, align training quotas and national/regional forecasts. **B — Wellbeing & retention:** Develop and implement national workforce wellbeing strategy, pilot retention interventions: flexible hours, mental health support,

	mentorship programs; integrate wellbeing monitoring into institutional HR systems. **C — Integrated care:** Scale integrated care networks across regions, standardize protocols and multi-disciplinary team workflows, monitor key metrics: patient outcomes, care continuity, workforce requirements. **<u>Year 5–10:</u>** **A — Collaboration:** Full integration of regional and federal planning models, regular joint reporting and evaluation, continuous updating of models using real-world service and workforce data. **B — Wellbeing & retention:** Expand successful interventions nationwide, embed wellbeing indicators into workforce planning models, review and adjust policies based on updated Be.well.pro surveys and retention data. **C — Integrated care:** Fully integrate care across federal and regional levels, adjust workforce planning based on integrated care needs, continuous evaluation and policy refinement.
How do you foresee the completion of the actions and the policy implementation by date?	Based on Belgium's current initiatives, legal frameworks, and typical timelines for health system reforms, we can reasonably forecast the completion of the actions and full policy implementation for the three areas. **C (Integrated Care)** should be prioritized first, as it structures services and defines workforce needs. **B (Workforce Wellbeing & Retention)** runs in parallel with C, because integrated care changes workloads and stress levels. **A (Collaboration)** supports long-term sustainability of workforce planning and can be operational once pilots and governance agreements are in place.

	Overall forecast: 2031-2036 is a realistic target for full policy implementation across all three areas, with significant milestones reached progressively from 2025 onward.
NECESSARY RESOURCES What costs are you anticipating?	Estimating costs for these three policy areas in Belgium involves considering staff, infrastructure, IT systems, training, monitoring, and evaluation, rather than a single budget line. **A — Collaboration:** €1.5 – €2.5 million (Governance, digital platforms, methodology alignment) **B — Wellbeing & retention:** €20 – €30 million (Mental health programs, retention incentives, nationwide scale-up) **C — Integrated care:** €50 – €70 million (Pilots, scaling networks, digital infrastructure, training)
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	To successfully implement the three policy areas in Belgium, several **technical conditions** must be met: • **Data availability and access**: Data from the national health insurance practice registry should be accessible to accurately map the current organization of healthcare. In 2026, procedures for data access will be explored. • **System integration and interoperability**: Current differences and incompatibilities between IT systems hinder effective communication and collaboration among healthcare professionals. Improving integration and interoperability is essential to ensure efficient coordination and high-quality care. • **Supporting infrastructure**: Adequate data systems, software, equipment, communication tools, and digital platforms are needed to enable workforce planning, monitoring, wellbeing support, and integrated care delivery.

What is the HR/personnel needed for the policy implementation?	For the three policy areas in Belgium, human resources/personnel needs are substantial because successful implementation requires dedicated staff at federal, regional, and institutional levels, as well as experts supporting planning, wellbeing, and integrated care. **A — Collaboration:** Project managers, data analysts, IT staff (10–20 FTEs (federal level) **B — Wellbeing & retention:** Psychologists, HR managers, data analysts (50–100 FTEs (institutional), 10–15 FTEs (central)) **C — Integrated care:** Network managers, multidisciplinary teams, trainers (100–150 FTEs (regional), 15–20 FTEs (central))
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	For the three policy areas in Belgium, the stakeholder pool is broad, spanning government bodies, healthcare providers, professional associations, patients, and research institutions. **A — Collaboration:** Federal & regional authorities, Planning Commission, CIS, Sciensano, universities, professional colleges, training institutions (Alignment of workforce planning, shared data & forecasting) **B — Wellbeing & retention:** Healthcare workforce, hospitals, unions, occupational health services, patients (Improved mental wellbeing, retention, staff satisfaction, continuity of care) **C — Integrated care:** Providers, regional networks, patients, government, IT platforms (Better care coordination, integrated services, workforce adjustments)
What is the expected resistance to change? Ways to mitigate it?	Implementing these three policy areas in Belgium will likely face resistance from multiple stakeholders due to cultural, structural, and operational factors. Here's a

structured analysis of expected resistance and ways to mitigate it:

A — Collaboration:

Expected Resistance:

- Difficulty gathering representatives across all levels (federal, regional, community) and sectors. Coordinating schedules and aligning priorities can be challenging.
- Data sharing reluctance: Fear of losing control over institutional or regional workforce data.
- Methodology differences: Resistance to standardizing planning approaches across regions.

Mitigation Strategies:

- Coordinated platform: Establish a central forum or digital platform for discussions, data sharing, and scenario modeling.
- Transparent governance and rules: Clear agreements on data access, ownership, and confidentiality.
- Incremental standardization: Pilot joint planning exercises before full-scale integration.
- Continued knowledge sharing: Facilitate regular workshops and expert exchanges to tackle emerging issues (e.g., mental health, private equity impacts).

B — Wellbeing & retention:

Expected Resistance:

- Employer concerns: Programs perceived as additional costs or workload.
- Staff skepticism: Fear that monitoring or reporting of wellbeing may be punitive.
- Union concerns: Question whether interventions are adequate, enforceable, or equitably applied.

Mitigation Strategies:

- Co-design interventions: Involve staff, unions, and management in program development.
- Communicate benefits: Highlight links between wellbeing, retention, and improved work conditions.
- Pilot programs: Demonstrate effectiveness before scaling nationwide.
- Incentivize engagement: Recognition, career development, and flexible working arrangements.

C — Integrated care:

Expected Resistance:

- Task shifting concerns: Senior or experienced staff may resist delegating tasks, fearing loss of control or responsibility for patient outcomes.
- Professional silos: Multi-disciplinary collaboration can be challenging for staff accustomed to working independently.
- Workload & administrative burden: Coordinating integrated care requires additional tasks.
- Digital adoption: Staff may resist new IT systems for records and communication.
- Patient adaptation: Patients may resist changes in care pathways or providers.

Mitigation Strategies:

- Clear role definitions and protocols: Define responsibilities and accountability for each team member in integrated care settings.
- Training and capacity building: Equip staff to work in multi-disciplinary teams and adopt new workflows.
- Phased implementation: Start with pilot networks to demonstrate feasibility and benefits.
- IT support: Provide helpdesks and training for digital platforms.
- Patient engagement: Inform patients about benefits of integrated care to improve acceptance.

STATUS – TRACK THE PROGRESS What progress has been made?	• **Foundational groundwork is in place** (protocol agreements, national survey, continuing planning cycle) • **Evidence bases are being assembled** to inform next policy steps (Be.well.pro data; pilot learnings) • **Implementation is transitioning from strategy to action**, particularly for integrated care programs
Set the mode how to monitor the progress? (KPIs)	To monitor progress of the three policy areas in Belgium effectively, clear KPIs (Key Performance Indicators) and monitoring methods are essential. **A — Collaboration:** <u>KPIs:</u> • Number of joint meetings held between federal, regional, and community planning commissions (target: quarterly meetings). • Timeliness of data sharing between commissions (e.g., % of required datasets delivered on schedule). • Coverage of workforce planning forecasts (e.g., % of regulated professions with updated forecasts). • Number of harmonized methodologies implemented (e.g., unified modeling assumptions across regions). <u>Monitoring Mode:</u> • Track through secretariat reports and commission minutes. • Use shared dashboards to measure real-time data availability and forecast updates. **B — Wellbeing & retention:** <u>KPIs:</u> • Employee wellbeing scores from Be.well.pro surveys (stress levels, burnout indicators, job satisfaction). • Staff turnover / retention rates per sector or institution.

	• Participation rate in wellbeing programs (% of staff engaged in interventions). • Number of reported incidents related to work stress or absenteeism. Monitoring Mode: • Annual or bi-annual surveys (Be.well.pro and internal HR surveys). • HR dashboards tracking turnover, absenteeism, and engagement in programs. • Regular reporting by occupational health services. **C — Integrated care:** KPIs: • Number of integrated care networks operational. • Patient outcomes (hospital readmission rates, chronic disease management indicators). • Care coordination metrics (e.g., % of patients with shared care plans, multidisciplinary team meetings held). • Healthcare professional satisfaction with integrated care model. • Digital platform adoption rate (% of institutions using interoperable IT systems). Monitoring Mode: • Routine data collection from electronic health records (EHRs) and integrated care dashboards. • Periodic evaluation reports by Sciensano and regional health authorities. • Pilot program reports for phased implementation feedback.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	**A — Collaboration:** Potential Risks & Challenges • Data access and quality issues: delays or incomplete national registry data could undermine workforce planning.

- Inter-jurisdictional conflicts: differences in priorities or autonomy between federal, regional, and community authorities may slow decision-making.
- Resistance to harmonized methodologies: stakeholders may be reluctant to adopt standardized workforce modeling.
- Resource limitations: insufficient staff or IT infrastructure may hinder joint planning efforts.

B — Wellbeing & retention:

Potential Risks & Challenges:

- High workload: healthcare professionals have limited time and capacity to engage in wellbeing programs or policy initiatives.
- Low participation or engagement: staff may not perceive value in wellbeing interventions or may be skeptical.
- Financial constraints: budget limitations may prevent scaling of mental health and retention initiatives.
- Sustainability concerns: wellbeing programs may not be maintained without long-term institutional support.
- Union or staff opposition: perceived inequities or insufficient support could generate pushback.

C — Integrated care:

Potential Risks & Challenges:

- Task shifting resistance: senior or experienced staff may resist delegation, seeing it as a loss of control or responsibility.
- High workload and limited capacity: integrated care implementation may be perceived as additional burden rather than improvement.
- Resistance to change: professionals accustomed to established workflows may be reluctant to adopt new care models.
- Professional silos: collaboration between disciplines may be difficult to achieve.

	• Digital adoption issues: inadequate training or support could hinder the use of interoperable IT systems. • Fragmented care pathways: lack of coordination across sectors could reduce effectiveness of integrated care. • Patient adaptation challenges: patients may resist changes in care pathways or providers.
How can you define the success of the action?	**A — Collaboration:** Success Criteria: • Joint planning structures fully operational: Federal, regional, and community commissions meet regularly and share data effectively. • Integrated workforce forecasts available: Forecasts for regulated healthcare professions are harmonized across regions and used for training quota decisions. • Stakeholder engagement maintained: All relevant ministries, professional colleges, and universities actively contribute to discussions and planning processes. • Data-driven decision-making: Shared dashboards and analytics tools are used to inform policy and workforce planning. **B — Wellbeing & retention:** Success Criteria: • Improved staff wellbeing metrics: Survey results show measurable reductions in burnout, stress, and emotional exhaustion. • Retention rates increase: Turnover in key healthcare professions stabilizes or decreases. • High engagement in wellbeing programs: A significant proportion of staff participates in mental health and support initiatives. • Organizational culture supports wellbeing: Evidence of leadership buy-in, integration into HR policies, and sustainable support structures.

	C — Integrated care: Success Criteria: • Operational integrated care networks: Multidisciplinary teams collaborate effectively across primary, secondary, and social care. • Improved patient outcomes: Metrics such as hospital readmissions, chronic disease management, and patient satisfaction improve. • Adoption of interoperable IT systems: Digital platforms for care coordination are widely used and effectively support communication between providers. • Staff adoption and satisfaction: Healthcare professionals accept task shifting, report manageable workload, and participate actively in integrated care models. • Positive patient feedback: Patients experience more coordinated care, reduced fragmentation, and easier access to services.
What impact do you anticipate on future actions and policies?	• **Evidence-based decision-making:** Harmonized workforce forecasts, wellbeing surveys, and integrated care data provide a strong foundation for future policy development and planning. • **Improved system resilience:** Policies that enhance workforce wellbeing, retention, and integrated care make the healthcare system more adaptable to crises, demographic changes, or pandemics. • **Enhanced inter-federation coordination:** Mechanisms for collaboration between federal, regional, and community levels strengthen trust and create templates for future joint initiatives. • **Sustainable workforce and care models:** Retention initiatives and integrated care networks stabilize staffing, improve continuity of care, and influence future healthcare delivery models. • **Cultural and organizational change:** A shift toward patient-centered care, multidisciplinary

	collaboration, and wellbeing-oriented workplace culture can influence norms in HR, service delivery, and policy design. • **Digital and infrastructure advancement:** Adoption of interoperable IT systems and shared dashboards supports future eHealth initiatives and data-driven governance. • **Foundation for scaling reforms:** Pilot projects in integrated care and workforce wellbeing create lessons learned and evidence that guide larger-scale national policy reforms.

Policy Action Plan

Croatia

January 2025

POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	Human resource planning improvement in healthcare in the Republic of Croatia - with the aim of improving the coverage, quality and usage of data and defining and implementing transparent and inclusive planning process.
Do you have a national HWF strategy or any previous policy plan you could rely on?	No. Last implemented health workforce strategic plan was for the period 2015 – 2020.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	Main actions are institutionalization, introduction of planning models and sub-national planning.
What priority can you identify for them?	Regarding institutionalization, the most important priority is to define and implement the responsible bodies for human resource planning in health care system that will have the competences, resources, responsibility and continuity in working on health care planning. Also, one priority is to describe and implement transparent strategic planning processes that will include all relevant stakeholders. And adequate data on human resources in healthcare are recognized as necessary in the planning process. Introduction and constant improvement of simulation model and planning tools and their implementation at

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	the system level is one of the milestones in the planning process improvement and policy implementation. Currently the development of a national model for health workforce projections is going on and the model is continuously improving. But it is also important to use the model for strategic planning and assessment of the impact of policies on projections and that process is defined. Model will be used for planning at national level and include all health professions and also for selected health professions in the beginning with a tendency to develop for other health professions, levels of education, levels of care and other priorities defined. Planning at the sub-national level is important part in the planning development that will recognize the specificities of health planning regions.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	Ministry of Health.
Who are the supporters to assist the responsible person/unit?	Main supporter is Croatian Institute of Public Health and National Register of Health Care Providers and planning unit. Other supporters are national stakeholders for health professions and employment of health workers: Ministry of Science, Education and Youth, Croatian Employment Service, Croatian Pension Insurance Institute, Croatian Health Insurance Fund and chambers in health care.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	The defined period of Action plan is 2026 – 2030.
How do you foresee the completion of the actions and the policy implementation by date?	First, we anticipate for Action plan to be implemented by the Ministry of Health during the 2026 and after that the activities in the Action plan and implementation of all priorities within the planning system will be in place until the end of 2030. Also, it is anticipated that during

	that period Strategic plan based on the Action plan is going to be in the process of making or implemented.
NECESSARY RESOURCES What costs are you anticipating?	Funds are going to be insured in the State Budget, mainly for the activities of Ministry of Health and Croatian Institute of Public Health.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	Currently, regarding the data quality in the register, further exchange of data with other institutions is planned in the upcoming period. And for the connected system with pension fund, improvement of data exchange is also planned. Regarding the planning model, after the period of action plan, we will have more technical improvement requests.
What is the HR/personnel needed for the policy implementation?	In the Ministry of Health there is defined Department for controlling and human resources and the Ministry of Health is responsible for the number of personnel. In Croatian institute of public health there is defined Department for National Register of Health Care Providers and health workforce planning and at least three experts should have the knowledge and work on the projection model. Besides the defined experts, it is important that other stakeholders have information on planning process and models and have their designated representatives in the planning activities and meeting.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	Mostly Ministry of Health and Croatian Institute of Public Health that will have new processes and activities regarding health workforce planning. Other stakeholder that are going to be included and have new responsibilities and in the future new activities in the planning process are Ministry of Science, Education

	and Youth, Croatian Employment Service, Croatian Pension Insurance Institute, Croatian Health Insurance Fund and chambers in health care.
What is the expected resistance to change? Ways to mitigate it?	There was no declared resistance and after the discussions with stakeholders, we don't expect any resistance.
STATUS – TRACK THE PROGRESS What progress has been made?	Regarding institutionalization, responsible bodies are already defined and implemented in the health system (during the policy dialogues on Action plan). In the Ministry of Health, the Sector for controlling and human resources in healthcare is established and they participated in the policy dialogues and action plan creation. In the Croatian Institute of Public Health Department for National Register of Health Care Providers and health workforce planning is established the and experts from the Croatian institute of Public health had the education of planning model development and actively work on it.
Set the mode how to monitor the progress? (KPIs)	We defined the KPIs as every priority of policy action. For the Institutionalization and responsible bodies: defined expended activities and Ministry of Health committee for health workforce planning that includes representatives of all defined stakeholders; for improved process of health workforce planning: regular committee meetings (at least 2 annually), and regarding the data improvement: full integration of all necessary data from the Croatian Pension Insurance Institute data base and regular data exchange after the completed connection and plan for and integration of at least one professional chamber in healthcare until 2030. For the planning model implementation and improvement: continuously available model in electronic form and at least three experts from the Croatian Institute of Public Health trained to apply the model and prepare the results; for planning model use by the Ministry of Health: at least once a year in usage in policy

	documents and projections at the national level for 6 defined health professions prepared and submitted to the Ministry of Health and based on the request from Ministry of Health, models prepared for additional health professions and/or for individual professions - specialization, level of education and other required parameters. For the sub national planning it is defined that document on defined health planning regions is needed.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	Risks are defined based on priorities. For institutionalization and responsible bodies, the main risks are that they are not established or that they are established but they have no authority and do not carry out activities. Also, regarding the inclusion of stakeholders in planning process, the main risk is that the planning committee is not established or does not have appointed representatives of all relevant stakeholders. Regarding data exchange, the main risk is that the functionalities of the registry will not be further developed and that there will be significant delays in the planned data exchange with other databases as well as incomplete integration into the registry database. As for the planning model development, the main risks are the human resources and lack of experts working dedicated to the model development and failure to use model results by the Ministry of Health in strategic planning. Regarding the sub-national planning there is a risk that there will be lack of support for defining the health regions for planning by other stakeholders (representatives of local government - counties and municipalities).
How can you define the success of the action?	After the implementation of Action plan, the defined activities are expected to be implemented in the development of the health workforce strategic plan. That plan should be based on quality data analysis and projection model, in transparent and inclusive process with participation of all relevant stakeholders from the early stages of plan development.

What impact do you anticipate on future actions and policies?	Implementation of upcoming strategic health workforce plan should ensure the sustainability of health system and tackle the current priority challenges regarding health workforce current situation. Most important defined challenges are: lack of certain health professions in some parts of Croatia, different challenges on different levels of care and lack of certain specialties. There are also some challenges regarding the levels of education (nurses, midwives and physiotherapists) and competences definition in the health care provision. Achieving better coverage and quality of data on healthcare workers provides a sense of reliability and strengthens the argument for using the Excel planning model. The obtained projections for individual professions are the basis for a discussion not only on the state, geographical distribution, but also on the enrollment policy of healthcare studies. This is also the basis for cooperation with the Croatian Employment Service and the need for better and continuous analysis of the healthcare labor market.

Policy Action Plan
Czech Republic
2026

POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	1) Establish a permanent HWF planning unit within the Ministry of Health following the WHO Europe recommendation from 2025. 2) Finalize the Human Resources Strategy as part of the long-term Health 2035 strategy. 3) Develop a proposal for the legislative anchoring of staffing standards in psychiatric care and child and adolescent psychiatric care.
Do you have a national HWF strategy or any previous policy plan you could rely on?	The Strategic Framework for the Development of Health Care in the Czech Republic until 2035 (Strategic Framework for the Development of Health Care in the Czech Republic until 2035 – Ministry of Health) defines, as one of its specific objectives (2.2), the personnel stabilization of the healthcare sector. It is further divided into sub-objectives 2.2.1 Creating a long-term strategy for the stabilization and development of human resources in healthcare until 2035, 2.2.2 Establishing a process and institutional structure for the strategic management and planning of workforce capacities, and 2.2.6 Building a national information base for monitoring current and planning

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	future workforce capacities in healthcare at the national, regional, and local levels.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	**Ad1) Establish a permanent HWF planning unit within the structure of the Ministry of Health following the WHO Europe recommendation from 2025** Identification and securing a long-term sustainable source of funding for the HRH unit at the Ministry of Health. Based on the proposed staffing structure of the HRH unit, annual salary costs can be expected to amount to approximately CZK 5.5 million. Options: a) Negotiation with the Ministry of Finance for an increase in the budget for salary expenditures (unlikely). b) Securing project-based funding (likely from 2028, but not sustainable in the long term). c) Securing funding from health insurance funds for DRG-related and other analytical activities of the Institute of Health Information and Statistics (ÚZIS), with the unit becoming part of the ÚZIS. The issue of establishing the HRH unit will be revisited during the preparation of the state budget. The Ministry of Health will prepare a project for ESIF funding, within which the HRH unit would be created and financed at least during its first years. The option of financing the HRH unit from health insurance funds is the least suitable, but it is necessary to keep it alive as a feasible alternative. **Ad2) Finalization of the Human Resources Strategy as of one of the goals of the long-term**

	strategy Health 2035 and a strategic foundation for further activities in the area of human resources planning. The Strategy for the Stabilization and Development of Human Resources in Healthcare will be developed as part of the implementation of the Strategic Framework Health 2035 and, as such, will be adopted and approved by the Government of the Czech Republic. **Ad3) Drafting a proposal for the legislative anchoring of staffing standards in psychiatric care and in child and adolescent psychiatric care** During the amending/drafting of Decree No. 99/2012 Coll., on the requirements for minimum staffing of healthcare services, the outputs of JA HEROES should be used to define legislative requirements for staffing in the psychiatric care according to the complexity of the specific services provided in psychiatry (rather than according to the form of care) and based on historical data on service consumption in defined periods. The outcome will be a draft of a decree agreed upon by the professional community and submitted to the legislative process. During consultations on the wording of the decree with the professional community, the process (or parts of it) of workforce planning developed within JA HEROES will also be piloted. Procedure: a) Defining the services and interventions provided to psychiatric patients. b) Defining the qualitative standard of these services and their staffing requirements. c) Based on historical data on service consumption, the future demand for psychiatric care will be estimated.

	d) Using the JA HEROES model, the staffing needs required to ensure the defined standard of care will be estimated. e) In cooperation with the professional community, the identified demand will be compared with the estimated availability of human resources (supply) in the relevant period. f) An achievable and long-term sustainable standard (range) for staffing the given type of care will be defined and established in the form of a decree.
What priority can you identify for them?	From a strategic standpoint, the main priority should be the development of the Strategy for the Stabilization and Development of Human Resources in Healthcare, on which the establishment of the HRH unit would be also based, its role (the HRH unit's) would include the draft of the decree on staffing standards in psychiatric care. However, considering the feasibility of the activities and the necessity to amend the Decree No. 99/2012 Coll., the primary priority will be to draft a proposal for the legislative anchoring of staffing standards in psychiatric care and in child and adolescent psychiatric care. If the outputs of JA HEROES, which are to be applied in this activity, prove beneficial, they may support the advocacy for establishing the HRH unit and resolving its financing.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The Deputy Minister responsible for personnel stabilization and for fulfilling specific objective 2.2 of the Health 2035 strategy. • The Director-General of the Healthcare Services Section, responsible for legislation related to the quality and staffing of healthcare services. • The State Secretary at the Ministry of Health and the Director of the Human Resources Department, responsible for the ministry's internal systemization

	and the staffing of agendas carried out by the ministry.
Who are the supporters to assist the responsible person/unit?	Employees of the Ministry of Health involved in JA HEROES. • Employees of the Ministry of Health who may use the outputs of JA HEROES and the potential HRH unit in their work — for example, staff of the Department of Healthcare Services responsible for drafting the decree on staffing requirements in psychiatric care, and staff of the Pricing and Reimbursement Department, who focus on the sustainability of public health insurance financing. • Members of the JA HEROES team outside the Ministry of Health, particularly representatives of the Department of Demography and Geodemography at the Faculty of Science, Charles University, and staff of the Institute of Health Information and Statistics (ÚZIS). • The Deputy Minister responsible for the sustainability of public health insurance financing. • WHO Country Office in the Czech Republic.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	**February 2026** Ad 3) Meeting on the possible use of JA HEROES outputs for developing the legislative anchoring of staffing standards in care. Completed. **March 2026** Ad 3) Defining the parameters necessary for creating a dataset on the utilization of psychiatric care in defined periods. **April 2026**

	Ad 1) Submission of the request to the Ministry of Finance for securing funding for the HRH unit from the state budget. **May 2026** Ad 3) Prediction of the staffing needs required to provide the defined psychiatric care. **June 2026** Ad 3) Comparison of the predicted demand with the predicted supply (actual/real workforce capacity). Implementation of a workshop moderated by WHO experts in Brno (the date will be specified later). The healthcare workforce planning model will be tested using the example of child psychiatry. **September 2026** Ad 3) Defining the staffing standard for psychiatric care **December 2026** Ad 2) Approval of the Strategy for the Stabilization and Development of Human Resources in Healthcare by the senior management of the Ministry of Health. Ad 3) Finalization of the draft decree (including the completion of the consultation procedure).
How do you foresee the completion of the actions and the policy implementation by date?	The activities are planned in such a way that they can realistically be carried out in 2026. The nature of further activities will depend on the possibilities of their financing as well as on the success of the activities implemented in 2026; therefore, no specific activities are defined for 2027 and beyond.

NECESSARY RESOURCES What costs are you anticipating?	The planned activities are intended as tasks that can be, and already are, carried out as part of the Ministry of Health's routine agenda, and therefore they do not generate any additional personnel costs. The operating costs of the HRH unit at the Ministry of Health can be estimated at approximately CZK 5.5 million per year.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	The planned activities do not create any new requirements for material or technological resources. It is expected that new communication platforms will need to be created for storing and exchanging information among the involved staff; however, this will be done using the Ministry of Health's existing technical infrastructure (MZ NET).
What is the HRH/personnel needed for the policy implementation?	There is no dedicated team assigned to these activities and given the current staffing limitations of the Ministry of Health; this will not be possible. However, as stated above, these tasks are expected to be carried out as part of the Ministry's routine agenda, so no additional personnel resources are required. On the Ministry's side, the planned activities will be carried out by approximately 10 employees across the organizational structure, with varying levels of involvement (which will change depending on the progress of the work).
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	Ad 2) All stakeholders identified within the JA HEROES initiative will be involved in the development of the Strategy for the Stabilization and Development of Human Resources in Healthcare, particularly in the commenting and consultation process. Ad 3) In the case of developing the decree on staffing requirements for psychiatric care, the strongest

	group of stakeholders will be the relevant professional society (the Psychiatric Society of the Czech Medical Association of J. E. Purkyně and its Section of Child and Adolescent Psychiatry), which will participate in defining the services provided in this area and the quality standards of such care. When drafting the decree, it will also be necessary to take into account the positions of health insurance funds as payers of care, as well as healthcare providers and, where applicable, their founders. Representatives of patient organisations must also be strongly represented. Additional stakeholders that will need to be involved in the activities include the Czech Medical Chamber and the professional associations of non-medical healthcare workers active in the field of psychiatry.
What is the expected resistance to change? Ways to mitigate it?	**Expected resistance to change:** Ad 1) The strongest resistance to the establishment of a separate unit (the HRH unit) will come from the Ministry of Finance, as it would mean additional personnel costs for the state budget and an increase in the number of established civil service positions within the sector. To support the creation of the unit and secure its funding, we can argue with the overall benefits of workforce planning for the sustainability and cost-effectiveness of the healthcare system. Ad 2) The development of the Strategy for the Stabilization and Development of Human Resources in Healthcare is a long-term objective of the Ministry of Health and is highly anticipated. However, its content—particularly those parts that will include the prioritization of goals or the proposed measures—may generate disagreement among some stakeholders, as their individual interests and demands may differ from the strategy. During the

	consultation process, it will therefore be necessary to discuss these contested areas and find compromise solutions. Ad 3) The decree on staffing requirements for psychiatric care naturally carries a much greater potential for conflict. When defining a staffing standard based on patient needs, the expectations of the patient, the physician, and the payer will logically differ. If the standard is set too low, patients and professional societies will oppose it; if it is set too high, healthcare providers and payers will not agree with the proposal. It will therefore be necessary to make maximum use of the datasets and models developed within JA HEROES and to support discussions with evidence derived from a data-driven policy-making approach. For this reason, discussions with professional societies were already initiated in 2025.
STATUS – TRACK THE PROGRESS What progress has been made?	Ad 1) There is a document defining the proposed unit (the HRH unit), including its staffing structure, qualification requirements for the personnel, the agendas it would be responsible for, its competencies, and related aspects. Ad 3) The datasets necessary for predicting future workforce capacities in the field of psychiatric care are being developed within the JA HEROES initiative. A model predicting workforce capacities in a specific segment of care has been developed within JA HEROES. In February 2026, a discussion was initiated on the possibility of modelling future demand for care based on the volume of care requested and provided in the

	past, as well as on the use of JA HEROES datasets and models for this approach.
Set the mode how to monitor the progress? (KPIs)	Ad 1) The process of establishing the unit (the HRH unit) and, in particular, securing its funding can be monitored through the approved state budget proposals — specifically, whether the Ministry of Finance has accepted or rejected the Ministry of Health's request. This will become clear in September 2026. Ad 2) As an output indicator for the development of the Strategy for the Stabilization and Development of Human Resources in Healthcare, the individual versions (drafts) circulated for the consultation process can be used. If the strategy is to be approved by the senior management of the Ministry of Health by the end of 2026, at least two versions of the strategy will need to be produced by then: a version for the internal consultation process within the Ministry of Health, and a version for the external consultation process involving all relevant stakeholders. Ad 3) In the case of the Decree on Staffing Requirements for Psychiatric Care, a similar approach can be used as in the development of the strategy, meaning that progress can be monitored through the different versions of the draft decree circulated for the consultation process.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	Ad 1) Establishing the HRH unit is a prerequisite for establishing the agenda of workforce planning in the healthcare sector and for ensuring the sustainability of the entire system. If such a unit is created, there is a risk that it will not be adequately staffed — meaning

	that the Ministry of Health may not be able to find suitable employees to carry out its agenda. Ad 2) In the case of the Strategy for the Stabilization and Development of Human Resources in Healthcare, a potential risk is that although the document may be created, it will not be actively used and will exist only formally. Ad 3) In the case of the decree on staffing requirements for psychiatric care, a potential risk is the inability to reach an agreement on the form of the staffing standard. It may also happen that the proposed staffing requirements will not function effectively in practice.
How can you define the success of the action?	• Ad 1) The existence of a specialised unit whose task is to carry out or coordinate workforce planning in the healthcare sector — provided that the full cycle of the proposed process is successfully implemented, i.e., from data collection and dataset creation to the evaluation of implemented measures. Ad 2) The Strategy for the Stabilization and Development of Human Resources in Healthcare has been acknowledged/approved by the Government and is an active document — meaning that the changes proposed through its goals and measures are being implemented, and quantitative as well as qualitative surveys among healthcare workers indicate their (increasing) satisfaction, reduced attrition from the system

	(particularly among non-medical staff), greater interest in pursuing healthcare professions, etc. Ad3) The decree on staffing requirements for psychiatric care passes through the legislative process without substantial amendments and proves to be appropriate in practice, meaning that care is provided at the quality standard that has been set and in the required volume.
What impact do you anticipate on future actions and policies?	The implementation of the planned activities may demonstrate the benefits of data-driven policymaking and active stakeholder engagement, leading to a greater willingness to undertake reform steps in the healthcare sector, as these steps will be supported by evidence. The establishment of a unit for workforce planning will enable a more systematic and conceptual approach to this issue, preventing it from being addressed on an ad hoc basis without consultation with the relevant stakeholders. It can also be expected to create better conditions for planning the cost structure of healthcare and for ensuring financial sustainability.

Policy Action Plan

Estonia

December 2025

Introduction

The Estonian healthcare system faces a deepening workforce crisis, amplified by an ageing population, a shortage of skilled workers, and growing demand for healthcare services. The Healthcare Workforce Action Plan is part of Estonia's broader strategic framework and supports the following documents:

- *Estonia 2035 Strategy*
- *National Health Development Plan 2020-2030*
- *Person-Centered Healthcare Program 2026-2029*

The three main domains of the Action Plan are:

1. **Needs-based and data-driven healthcare workforce planning**
2. **Training, recruitment, and retention of healthcare workers**
3. **Continuing education, retraining, and lifelong competency growth.**

These three domains create a comprehensive system in which workforce planning, employee wellbeing, and their professional development are interconnected, ensuring the quality and accessibility of healthcare services in Estonia.

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1. Needs-Based and Data-Driven Healthcare Workforce Planning

> **Objective:** Ensure that Estonia's healthcare system has a workforce with sufficient competencies and skills at the right time and in the right place.

Activity	Description	Expected Outcome	Timeline	KPIs	Responsible Parties (incl. stakeholders)
Implementation and improvement of data-driven HWF forecasting model	HEROES forecasting model is implemented and developed, integrating demographic data and service demand forecasts. The model data is used to plan training quotas and prioritize residency specialties in cooperation with the University of Tartu, Tallinn and Tartu Health	The foundation for data-driven workforce policy decisions in healthcare has been established. Training and retraining quotas respond more quickly to	Ongoing	HEROES model is used in healthcare workforce planning: YES/NO	TBD

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Activity	Description	Expected Outcome	Timeline	KPIs	Responsible Parties (incl. stakeholders)
	Colleges, and the Ministry of Education and Research.	labor market changes.			
Establish and coordinate the work of HWF training committee	The training committee is formed with representatives from the Ministry of Social Affairs, Ministry of Education and Research, universities, vocational schools, and professional associations. The committee meets twice a year (February and October) to discuss training and service demand forecasts and provides input for both training and retraining.	A functioning training committee. The committee works systematically and provides input for shaping training policy.	Committee established by Q2 2026; statutes confirmed by Q2 2026	Training committee has met twice a year (February and October): YES/NO Heroes model used in decision-making: YES/NO	TBD
Coordination of residency training committee	The residency training committee is an expert committee operating under the Ministry of Social Affairs. It brings together key stakeholders: Ministry of Social Affairs, Ministry of Education and Research, University of Tartu and professional associations. Its task is to plan and evaluate specialist physician training quotas.	Data-driven decisions on the number and distribution of residency quotas.	Q1 2026	Residency committee has confirmed next year's residency training quotas: YES/NO Heroes model used in decision-making: YES/NO	TBD
Defining the role of general practitioners in the legal framework and developing a proactive GP recruitment strategy	TBD	TBD	TBD	TBD	TBD
Conduct an analysis to map staffing challenges in emergency departments (EDs) and develop proposals and an action plan to systematically address workforce needs	TBD	TBD	TBD	TBD	TBD
Develop a strategy for ensuring	TBD	TBD	TBD	TBD	TBD

Activity	Description	Expected Outcome	Timeline	KPIs	Responsible Parties (incl. stakeholders)
adequate staffing of primary care services in at-risk regions					

2. Training, Recruitment and Retention of Healthcare Workers, Including Improving Workplace Wellbeing

Objective: Ensure that healthcare workers have a safe, supportive, and motivating work environment that promotes retention, reduces burnout, and supports the delivery of high-quality healthcare.

Activity	Description	Expected Outcome	Timeline	KPIs	Responsible Parties (Names)
Development and launch of a work wellbeing and patient safety survey and monitoring program	The National Institute for Health Development (TAI) develops and pilots a standardized employee wellbeing and patient safety questionnaire. A national wellbeing and patient safety monitoring program is created and conducted every two years. Monitoring results are published and used to shape healthcare quality and work wellbeing policies. COPSOQ III, HSOPSC 2.0, MOSOPS or NHSOPS 2.0 utilized as a basis.	Data-driven policy development through regular work wellbeing and patient safety monitoring. A systematic mechanism for assessing work wellbeing and patient safety in healthcare institutions has been established.	H1 2026	Work wellbeing and patient safety survey developed and piloted: YES/NO	TBD
Supporting healthcare employers and employees in improving work wellbeing	Measures are developed to help improve work wellbeing.	Functioning support measures. Implemented programs that support management, reduce burnout, and improve employee satisfaction.	Q4 2026 - Q4 2028	Work well-being support measures developed and implemented: YES/NO	TBD
Retention and motivation programs for healthcare specialists	Workforce retention activities are designed.	Improved retention of healthcare specialists. Employee satisfaction and	Q4 2026 - Q4 2028	Turnover rate of healthcare specialists was reduced by 10%:	TBD

Activity	Description	Expected Outcome	Timeline	KPIs	Responsible Parties (Names)
		commitment in the healthcare sector increases and turnover rate decreases.		YES/NO	
Strengthening employer brand and public image	Led by the Communications Department, nationwide awareness campaigns are organized that highlight the role and value of healthcare workers.	Positive healthcare image.	Q2 2026 - Q4 2028	Positive trend in healthcare image (public opinion survey) +10%	TBD

3. Continuing Education, Retraining, and Lifelong Competency Growth

Objective: Design a systematic and sustainable lifelong learning framework that ensures the skills, digital competencies, and professional development of healthcare workers throughout their careers, supporting innovation and high-quality service delivery.

Activity	Description	Expected Outcome	Timeline	KPIs	Responsible Parties (Names)
Creating a national retraining framework	A national retraining framework is created in cooperation with the training committee, healthcare institutions, and education institutions. Priority training topics are defined based on workforce needs and competency analysis.	Comprehensive lifelong learning system has been created for healthcare specialists.	Q2 2026 - Q4 2028	Share of healthcare specialists participating in retraining (% per year): ≥ 60%	TBD
Development and systematic implementation of a competency system and development plans for healthcare specialists	It is encouraged that all healthcare institutions prepare their own competency development plans, linked to the organization's strategy and the results of work wellbeing and patient safety monitoring.	Competency development plans are systematically embedded.	Q1 2027 - Q4 2028	Share of healthcare institutions with a formal competency development plan: ≥ 80%	TBD

Policy Action Plan

Greece

POLICY ACTION PLAN TITLE	**Policy Action Plan for Strengthening Health Workforce Planning and Governance in Greece**
POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	The proposed policy to be promoted with the Joint Action HEROES in Greece is the implementation of a more systematic, coordinated and evidence-informed approach to health workforce planning and governance. The effort mainly aims to establish the necessary basis for systematic workforce intelligence by mapping and integrating existing fragmented health workforce data sources, proposing a minimum dataset, increasing data validity and interoperability among relevant information systems, and deriving a national set of HWF indicators. These activities are taking place within a broader window of opportunity created by the parallel implementation of the HEALTH-IQ and HEROES initiatives, which help create digital infrastructure, institute data governance mechanisms and build analytical capacity for health workforce monitoring and planning. Through this process, Greece has started to foster a culture of policy dialogue and stakeholder engagement – mobilising national authorities, regional bodies, professional organisations and academic institutions around the same goals for better coordinated decision-making. The proposed policy responds to several structural challenges in the Greek health system such as fragmented governance structures, uneven geographical distribution of health professionals, shortages in certain professional groups, and persistent imbalances in skill mix. While Greece has a relatively high number of physicians overall, the proportion of general practitioners is comparatively low and the supply of nurses remains limited. Health workforce data are currently scattered in different systems/institutions, preventing a comprehensive workforce analysis and planning.

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	This is hence more than just a technical exercise. It's about planting the seeds for a systematic approach that brings together relevant workforce data, HWF indicators, governance structures, analytical tools and mechanisms for policy dialogue. By working to strengthen the availability, quality and interoperability of workforce data and supporting the systematic use of indicators and forecasting tools, the HEROES project can facilitate Greece moving from intuitive decisions towards more coordinated evidence-based approaches to workforce planning and governance. This policy will be implemented through joint procedures established by the Ministry of Health, Regional Health Authorities, ODIPY/AQAH, academic institutions and other relevant stakeholders responsible for workforce data, service planning and quality improvement. ODIPY/AQAH is already an important actor behind quality governance through development of standards, indicators, training activities and mechanisms for evaluation across the health system. Greece intends to facilitate the next steps: • More effective mapping, validation and integration of HWF data from different national databases • Ensuring the development and operationalization of a minimum national HWF dataset and infrastructure for interoperability between relevant information systems • Working with HWF indicators to enable evidence-based planning, monitoring and policy decision-making • Modelling of population health needs and demand scenarios to improve analytical and forecasting capabilities for workforce planning • Established mechanisms to strengthen the policy dialogue and engagement with stakeholders for HWF governance • Supporting the capacity building and upskilling of HWF planners and policymakers, including targeted training programmes for ministry of health and regional health authorities • Ensuring better coordination and cooperation between national institutions that work on HWF data, planning and governance
Do you have a national HWF strategy, or any previous policy plan you could rely on?	Greece does not currently have a single national strategy dedicated specifically to health workforce planning. However, there is a number of current reforms and policy initiatives which provide an appropriate policy context for developing such an approach, considering in particular the ongoing reform of primary health care, including the introduction of the personal doctor model that provides a unique opportunity to improve the

	organisation of services and strengthen human resources planning at all levels of care. Furthermore, the National Strategy for Quality of Care and Patient Safety 2025–2030 outlines a broader vision for HWF governance, indicator use, training and evaluation mechanisms throughout the health system. In addition, financing under the RRF supports investments in the modernisation of hospitals and the provision of secondary/tertiary care, mental health services reforms, prevention and management of chronic conditions programmes and the digitalisation of the healthcare system. Enhancing the electronic patient record, electronic prescriptions and developing national digital health platforms and registries are among key digital initiatives. These digital resources might produce valuable data assets on service use, population health needs and healthcare delivery, alongside indirect information that can aid efforts to monitor and assess the health workforce. In this context, the HEROES Joint Action will provide complementary initiatives to these reforms in particular focusing on the integration, validation and analytical use of data generated through existing national systems. By connecting HWF intelligence systems, indicators, and data integration mechanisms to the wider digital infrastructure that is being supported through the RRF (eg e-prescription systems, electronic health records, and national data platforms), HEROES builds on the capacity of the Greek health system to optimally use its available data as it relates to evidence-informed HWF planning, monitoring and policy dialogue. All these initiatives put the country on a favourable path towards gradually developing a more systematic and coordinated approach to HWF planning and governance in Greece.
MANAGEABLE ACTIONS What are the actions that must be completed for implementing the policy?	Main actions that must be completed for implementing the policy refer to the following: • Establish a formal coordination mechanism within the Ministry of Health to be responsible and accountable for health workforce planning. • Operationalize a HWF module in the HEALTH-IQ platform, ensuring interoperability between national databases • Validate a national set of HRH indicators and monitoring framework, i.e. adopt the CORE and LATER STAGE HRH indicators, and incorporate them as part of the national monitoring system to facilitate routine reporting and policy decision support. • Enhance tools for health workforce planning developed in HEROES, including population health needs and demand scenarios as well as regional workforce data.

	• Enhance collaboration between national and regional institutions, i.e. create formalized data-sharing and coordination processes between the Ministry of Health, Regional Health Authorities and ODIPY/AQAH. • Inform staffing policies, training priorities, recruitment strategies and improvements in skill-mix using workforce intelligence, especially in underserved primary health care or remote areas. • Develop national training and capacity-building programmes in workforce planning, i.e. conduct workshops, technical advice and prepare capacity building materials for workforce planners, policymakers, analysts and health managers. • Reporting regularly on workforce intelligence and policy dialogue should be institutionalized to promote continuous learning for policies and systems improvement.
What priority can you identify for them?	High priority actions (up to end of 2026) include the establishment of the national coordination body within the Ministry of Health, the operationalisation of the HEALTH-IQ HWF module and HRIS integration, the finalisation of the HRH indicators and monitoring framework and strengthening interoperability between national data systems. Medium priority actions (short-term: 2026–2027) include the development and implementation of workforce forecasting tools, strengthening coordination with Regional Health Authorities and the launch of national workforce planning training programmes. Long-term priority actions (2027 onward) include the institutionalisation of routine workforce monitoring and reporting, the expansion of forecasting models to additional professions and demand scenarios and the integration of workforce intelligence into long-term national health workforce strategy development.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The Ministry of Health (MoH) will have the overall responsibility for the implementation of the policy action plan. Within the Ministry of Health, the main coordinating responsibility will be assigned to ODIPY/AQAH (Agency for Quality Assurance in Health), acting as the technical and operational coordinator, responsible for coordinating the implementation of the HEROES outputs, supporting the development of the HRH indicator framework, facilitating workforce data integration and quality monitoring, organising training activities and policy dialogue processes, and supporting the operationalisation of the HEALTH-IQ workforce module. The HEALTH-IQ, developed by the World Health Organization and implemented nationally by the Ministry of Health, Greece,

	should operate in close integration with the broader strategic planning model for the health workforce. This integration ensures that the data, indicators, and analytical tools provided by HEALTH-IQ can be effectively used to inform workforce planning and policy decisions. In this context, the Hellenic Agency for Quality Assurance in Health (ODIPY/AQAH) may play a key role, acting as the technical and operational coordinator. Strategic oversight will be ensured through collaboration between the relevant MoH units (General Directorate of Health Services, Directorate of Doctors, Other Scientists and Health Professionals, Directorate of Nursing, Department of Health Data Management -Autonomous Directorate of Electronic Government).
Who are the supporters to assist the responsible person/unit?	Support will be provided by a network of national and institutional stakeholders, including: • ELSTAT (Hellenic Statistical Authority) for the provision of demographic and labour statistics • Regional Health Authorities (YPEs) – for the provision of workforce data, implementation of policies at regional level, and monitoring of staffing indicators. • Ministry of Education, Religious Affairs and Sports, which plays an important role in the planning of health professional education and training capacity, including medical, nursing and other health-related study programmes. • Ministry of Interior (Apografi.gr – Human Resources Registry of the Greek Public Sector) for providing administrative data related to the public sector workforce, including staffing information relevant to the health system. • IDIKA S.A. (ΗΔΙΚΑ – e-Government Centre for Social Security Services) for the management and development of key digital health systems, including electronic prescription infrastructure and health-related registries that generate valuable data for workforce monitoring and planning. • Pan-Hellenic Medical Association, Athens Medical Society and the Hellenic Nurses Association (ENE) to support workforce data provision, professional regulation, training and feedback on workforce policies. • EOPYY (National Organization for the Provision of Health Services) for service utilisation data and workforce contracting data • EODY (National Public Health Organization) for public health surveillance and population health data

	• Universities and research centres that may contribute to methodological development, workforce forecasting models, training programmes and evaluation activities. • Hospitals and primary healthcare centres that may support workforce data reporting, implementation of staffing policies and monitoring of service delivery indicators. • The Greek Patients' Association that may support policy dialogue, patient-centred evaluation and feedback mechanisms (PREMs/PROMs).
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	1. Enabling steps already completed during HEROES: baseline assessment and stakeholder alignment in 2023; indicator and AMDS development in 2024 in alignment with THE HEALTH-IQ project; exploratory forecasting work in 2024-2025; structured policy dialogues in late 2024 and during 2025; and the national training workshop held on 17-18 February 2026. 2. By the end of 2026: set up the official coordination body within the Ministry of Health, strengthen linkage between HEALTH-IQ/HRIS and Regional Health Authorities and define the national workforce planning training roadmap. 3. From 2026 onward: continue operational rollout of the HWF module, expand interoperability, hold annual technical workshops, and progressively broaden forecasting exercises to additional professions and richer demand scenarios.
How do you foresee the completion of the actions and the policy implementation by date?	Completion should be managed in three steps. 1. Phase 1, during the first half of 2026, should consolidate the training rollout, data standards, and governance design. 2. Phase 2, during the second half of 2026, should put the coordination arrangements in place, connect the HWF module more firmly with Regional Health Authorities, and finalise the legislation or regulatory proposal foreseen for December 2026. 3. Phase 3, from 2027 onward, should focus on routinisation: regular reporting, repeated policy dialogues, model refinement, expansion to additional professions, and stable use of workforce intelligence in Ministry and regional decision cycles.
NECESSARY RESOURCES What costs are you anticipating?	The anticipated costs relate primarily to the continued development and operationalization of the technical and institutional components supporting health workforce planning. These include investments in the HEALTH-IQ digital platform (HEALTH-IQ/HRIS system), which will require resources for system development, data integration, interoperability with other national databases, and ongoing maintenance of digital infrastructure.

	Additional costs are expected for the development and maintenance of HRH indicators, monitoring frameworks, and data governance mechanisms, as well as for ensuring continuous data collection and reporting from national and regional institutions. Further financial resources will also be required to support capacity-building activities, including national training programmes, workshops for workforce planners and policymakers, and the development of training materials. Costs may also arise from policy dialogue processes, stakeholder coordination activities, supporting workforce forecasting and planning methodologies.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	The implementation of the policy requires a set of technical conditions that support data collection, analysis, and workforce planning processes. A key requirement is the operationalization of the Health Workforce (HWF) module within the national HEALTH-IQ platform, which will function as the central digital infrastructure for managing health workforce data. This system will include the HRIS component and a national health workforce registry, enabling standardized data collection, storage, and reporting across institutions. In addition, the integration of HRH indicators and workforce planning tools, including forecasting methodologies, is necessary to support monitoring of workforce supply and demand. Technical conditions also include the development of interoperability between HRIS and other national data systems, ensuring continuous and reliable data flows from national and regional levels. Finally, the availability of analytical tools, digital dashboards, and training materials for workforce planners is required to enable systematic monitoring, forecasting, and evidence-based decision-making in health workforce planning.
What is the HR/personnel needed for the policy implementation?	The implementation of this policy framework requires the involvement of adequate and skilful human resources with active participation from different national authorities and institutions. The Ministry of Health leads the process, coordinated by ODIPY/AQAH ensuring overall policy oversight. Technical expertise will be provided by units responsible for health data management and digital governance, supporting the collection, integration and analysis of health workforce data. Additional contributions will come from health system organisations, regional health authorities, hospitals and professional bodies, which will provide operational insights and workforce data. Academic institutions will support methodological development and training activities related to workforce planning.

	Overall, the policy requires policy coordinators, health workforce planning experts, statisticians, data analysts, IT specialists and public health professionals working within a coordinated governance framework. The implementation also requires planners and analysts with skills in workforce forecasting, data analytics, health policy development, and governance coordination, supported by ongoing training and capacity-building initiatives to strengthen national planning capabilities.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	Based on the results of the two policy dialogues held in Greece in May 2025 (Rhodes) and in December 2025 (Athens), a realistic Policy Action Plan (PAP) was developed. This PAP identifies and describes the involved Coordinating Bodies and key- Institutions, and its roles and responsibilities, where relevant: **1. ODIPY / AQAH (Agency for Quality Assurance in Health)** ODIPY/AQAH supports the Ministry of Health in improving governance, quality monitoring and performance evaluation across the health system. Within the context of the PAP and the HEROES Joint Action, ODIPY/AQAH contributes to the development of indicators, workforce intelligence tools, policy dialogue processes and capacity-building activities that support evidence-based workforce planning. **2. Ministry of Health** a. General Directorate of Health Services b. Directorate of Doctors, Other Scientists and Health Professionals c. Directorate of Nursing d. Department of Health Data Management, Autonomous Directorate of Electronic Government e. Directorate of Scientific Documentation, Administrative and Secretarial Support of the Central Health Council (KESY) f. National Board of Nursing Development - Advisory body on matters of Nursing (ESAN) The Ministry of Health, alongside its operating departments and services supervises, the planning and implementation of public health policies. They join their forces to ensure that all citizens have equal access to high-quality healthcare services via the National Health System. The specific Directories and Departments as identified above are cooperating with ODIPY/AQAH for the integration of related actions and tasks.

3. **ELSTAT (Hellenic Statistical Authority)**

ELSTAT is an independent Statistical Authority, that produce useful and relevant statistics for public policy, economy, population and social conditions. Statistical data from ELSTAT are useful for implementing successfully the PAP.

4. **Ministry of Education, Religious Affairs and Sports**

The Ministry of Education plays a key role in the planning and regulation of higher education programmes related to health professions, including medical, nursing and other health-related disciplines. Cooperation with the Ministry of Education supports alignment between health workforce planning needs and education and training capacity.

5. **4. Ministry of Interior – Public Sector Human Resources Registry (Apografi.gr)**

The Ministry of Interior manages the Human Resources Registry of the Greek public sector through the Apografi platform. This system provides important administrative data related to public sector employment, including staffing information for health services, which can support workforce monitoring and planning activities.

6. **7. IDIKA S.A. (ΗΔΙΚΑ – e-Government Centre for Social Security Services)**

IDIKA is responsible for the development and operation of key national digital health infrastructure, including the electronic prescription system and other health-related digital registries. The data generated through these systems constitute an important resource for health system monitoring and can support workforce intelligence and planning activities.

7. **Social Insurance Fund / Company**

   a. EOPYY (National Organization for the Provision of Health Services) - Statistics / Research Institute

EOPYY is the single purchaser of publicly funded health services in Greece, providing medical and pharmaceutical care, diagnostic tests, hospitalisation and medication. EOPYY contracts also with private providers to cover the healthcare needs of the insured citizens through a network of doctors, clinics and pharmacies. EOPYY provides useful data in terms of electronic prescription, contracted doctors, test referrals etc.

8. **Governmental Agency/Public Health Institute**

   a. EODY (National Public Health Organization)

The National Public Health Organization of Greece (EODY) is a Legal Entity under Private Law, established in 2019 and subject to the supervision of the Minister of Health. EODY supports health protection and improvement of the Greek population by strengthening the capacity of the National Health System, to effectively address threats to human health from communicable diseases through the early detection, monitoring and assessment of risks, reporting and submission of scientifically documented proposals and intervention measures. EODY further supports implementation of PAP, acting as a central hub for collecting and analysing data for tracking success of a quality policy.

9. Local / Regional Authorities

a. Regional Health Authorities

The seven Regional Health Authorities in Greece are responsible for planning, coordinating, supervising, and controlling all public health service providers (hospitals, health centres, mental health units and other healthcare facilities) within their respective geographical areas. Cooperation with Regional Health Authorities provides useful support for implementing PAP activities, by adapting national policies to regional level, building networks between different levels of care, tracking KPIs and implementing corrective actions.

10. Health Professional Bodies

a. Pan-Hellenic Medical Association

b. Athens Medical Society

c. ENE (Hellenic Regulatory Body of Nurses)

Close cooperation with the Health Professional Bodies of medical Doctors and Nurses has been achieved, supporting the PAP in several, critical aspects such as translating policy to clinical standards (standardisation of care), upskilling HWF (CPD), providing feedback, monitoring, audit and licensing.

11. Academia

a. Universities and related educational institutions

Cooperation with Universities and other relevant educational institutions focuses on expert consultancy and advisory roles that helping in reviewing and refining certain tasks and activities. Furthermore, Universities are responsible for CPD programmes for HWF as well as for prioritising and embedding concepts of quality care and patient safety into their curricula.

12. Health Care Organisations

a. Hospitals

b. Healthcare Centres

	Hospitals and healthcare centres are key-entities for successfully implementing PAP tasks and activities. Translating policies into daily workflows, establishing quality and safety strategies, collecting ground – level data, focusing on patient experience, patient-centred care and feedback, alongside with on site- staff training and are some of their main responsibilities. **13. Societies** a. Patient Association The Greek Patients' Association (GPA) is a tertiary non-profit organization representing patient associations across Greece, encompassing the full spectrum of therapeutic categories. Today GPA represents 80-member associations from all therapeutic areas. GPA established in 2019, and its primary goal is the defence of patients' rights and their active participation in shaping and evaluating health policies that concern them, promoting a sustainable and equitable healthcare system. Collecting patient data (PROMs and PREMs) through surveys and community feedback and actively participating in the co-designing of health and safety policies, as a dialogue partner of the State on issues related to health policies are some of the GPA's actions.
What is the expected resistance to change? Ways to mitigate it?	Implementing a Policy Action Plan (PAP) is an inherently challenging process as it often faces significant resistance from both organizations and individuals. At an organisational level, the process of change may be hindered by staff shortages, limited resources, restrictive frameworks related to data-sharing, lack of appropriate information and time-consuming bureaucratic procedures. At an individual level, resistance may result from reluctance to modify established behaviours and procedures, uncertainty and anxiety over unknown procedures and fear of losing current competence and status. Employees strive to maintain automated work behaviours that provide a sense of security, balance and stability. To mitigate these forms of resistance ODIPY/AQAH has established a robust support network with involved organizations and key stakeholders to actively engage all involved parties (management and staff) in planning, introducing and applying the process of change. Involving the stakeholders in decision-making and policy design ensures individual and organisational commitment. Continuous feedback, maintaining open communication channels, providing education and information, flexibility and empathy are some additional measures that we use to limit resistance.
STATUS – TRACK THE PROGRESS	Significant preparatory work has already been completed through the Joint Action HEROES and national stakeholder engagement processes. Key progress achieved so far includes:

What progress has been made?	• Completion of a baseline assessment of health workforce data and governance structures (2023) • Development of HRH indicators, via the HEALTH-IQ WHO project, and the AMDS framework (2024) • Initial health workforce forecasting exercises (2024–2025) • Organisation of two national policy dialogues with stakeholders (May 2025 in Rhodes and December 2025 in Athens) • Strengthening collaboration between the Ministry of Health, ODIPY/AQAH and national stakeholders • Delivery of a national training workshop on workforce planning (February 2026) • Initial development work for the Health Workforce module within the HEALTH-IQ platform These steps provide the institutional, technical and stakeholder foundation required for the next phase of policy implementation.
Set the mode how to monitor the progress? (KPIs)	Monitoring will be conducted through annual technical reporting coordinated by ODIPY/AQAH, with periodic review meetings involving the Ministry of Health, Regional Health Authorities and other stakeholders to assess progress and identify corrective actions. Core KPIs include: • Implementation and Governance KPIs, such as establishment of the national health workforce coordination body (Yes/No), number of participating institutions sharing workforce data, number of policy dialogue meetings and technical workshops conducted annually, and number of professionals trained in workforce planning methodologies • Data and System Development KPIs, such as operational status of the HEALTH-IQ HWF module, number of data systems interoperable with the HRIS platform, percentage of workforce data fields regularly updated in the national workforce registry, and number of HRH indicators regularly reported at national level • Workforce Planning KPIs, such as number of professions included in workforce forecasting exercises, frequency of workforce planning reports produced (annual/biannual), number of policy decisions informed by workforce analytics • Health Workforce Outcome Indicators (for longer-term monitoring), such as distribution of health professionals across regions, ratio of general practitioners to total physicians, nurse-to-population ratio, staffing levels in

	primary health care facilities, and workforce vacancy rates in underserved areas.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	The implementation of the policy may be affected by several risks and challenges, including: • Human and financial resource limitations, which could affect the ability to complete the planned activities within the established timelines; • Lack of coordination among different stakeholders, which may affect the timely exchange of information, alignment of priorities, and effective implementation of the planned actions. • Restrictions on data sharing arising from institutional mandates, data ownership concerns, or GDPR compliance interpretations; • Interoperability or data collection issues between various databases and information systems containing health workforce data (IDIKA, EOPYY, Regional Health Authorities), which may slow down the consolidation and analysis required for effective workforce forecasting and planning. • Difficulties in collecting data from Health Professional Bodies, such as the Panhellenic Medical Association and the Hellenic Nurses Association. Coupled with the current lack of systematic data regarding professionals' educational qualifications, this could restrict the ability to conduct comprehensive skill-mix analyses • Ongoing upgrading and restructuring of the personnel inventory platform of the Ministry of Interior, which may lead to temporary delays in data availability, system integration, and operational deployment. • Efforts to analyse data may face temporary delays due to the restructuring of the Ministry of Interior's Human Resources Registry and the transition to the new Human Resources Management System (HRMS) (https://hrms.gov.gr), which began migrating data on November 10, 2025. Similarly, the ongoing upgrade of the Ministry of Health's Business Intelligence platform could temporarily disrupt reporting and monitoring processes To actively counter these risks, the plan incorporates continuous stakeholder engagement and targeted training. By clearly communicating policy benefits and maintaining structured coordination between the Ministry of Health, the Ministry of Interior, professional Bodies and other stakeholders, the initiative

	aims to ensure operational continuity and successful implementation
How can you define the success of the action?	The success of the action can be defined by: • Establishment of a functional framework for health workforce data integration, analysis, and planning. • Improvement in the availability, quality, and interoperability of health workforce data across relevant systems. • Effective coordination among key stakeholders involved in workforce planning, the operational use of data analytics and forecasting tools, and the gradual integration of workforce intelligence into policy decision-making processes. • Enhanced capacity of the Ministry of Health and relevant stakeholders to systematically use workforce data to support evidence-based planning, improve staffing policies, and address challenges related to skill mix, workforce distribution, and service needs across the health system.
What impact do you anticipate on future actions and policies?	This plan will create a strong base for managing and planning Greece's future healthcare workforce. It is anticipated that: • The insights and lessons learned through this action plan are expected to strengthen coordination among the MoH and key stakeholders to a more integrated and sustainable approach to human resources management • In the long term, this initiative will lay the essential basis for a single national health workforce strategy, elevating forecasting capabilities and guiding future education and staffing investments. • The experience gained through HEROES will encourage stakeholders to establish a common understanding of human resource management and planning, driving the adoption of new practices and long-term policies for future health workforce governance in Greece.

Policy Action Plan Hungary

January 2025

POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	Strengthening the institutionalization of a sustainable, data-driven health workforce (HWF) planning and forecasting system to meet population health needs.
Do you have a national HWF strategy or any previous policy plan you could rely on?	The national strategy framework is within the "Healthy Hungary 2021–2027"[1] serves a main health sector strategy and overarching framework, where workforce development is a core pillar. In this strategy workforce-related goals are expressed such as: • strengthening health workforce capacity • improving system sustainability and resilience • modernising service delivery and infrastructure. Hungary addresses workforce issues through specific policy instruments, the central pillar is retention and anti-migration policies due to health worker emigration[2], for example the scholarship programmes for resident doctors. In addition to targeted retention policies and workforce planning initiatives, service delivery reforms such in primary care are also aiming at ensuring a sufficient, sustainable, and well-distributed health workforce. Section 114 of Act CLIV of 1997 on Health has required the operation of a uniform sectoral human resources monitoring system (hereinafter: HMR) since 2009. The primary objective of the system is to monitor health professionals working within the health sector, thereby supporting the evidence base for strategic health workforce planning. To achieve this, the HMR compiles and processes data relating to individuals holding health qualifications, drawing on information stored across a range of separate specialised administrative data systems.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	Main Actions planned: 1. Further exploration and broader dissemination of the Dutch scenario-based planning model. 2. The adaptation and application of the Dutch scenario-masked model for nursing workforce data. Building on the pilot scenarios, this action will use the model to forecast specific nursing needs across various care settings (e.g., acute,

[1] Ministry of Human Resources, Healthy Hungary 2021-2027 Health Care Sectoral Strategy dc5e0cad5e44450024c624018aa351dfc0946e40.pdf

[2] Addressing health workforce outflow in Hungary through a scholarship programme. In Enhancing the health workforce, EuroHealth – Vol 22, No.2. 2016.

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	chronic, and home care) as requested during the 2nd Policy Dialogue. 3. High-level integration of data from national HWF information systems, further improving data quality and expanding domains for physicians and nurses (e.g., mobility, training capacity). 4. Organizing at least one national-level HWF policy dialogue per year from 2027 onwards to serve as a platform for stakeholders. 5. Starting an interministerial working group involving Health, Finance, Interior, and Education sectors.
What priority can you identify for them?	High priority is placed on the institutionalization of working with the planning model by strengthening technical working group capacity, and the improvement of granular data quality, pilot expansion via applying the Dutch model to nursing, in order to support evidence-based policymaking.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	Responsible Unit: The Human Resources Monitoring (HRM) Department within the National Directorate General for Hospitals (OKFŐ).
Who are the supporters to assist the responsible person/unit?	Strategic authority is shared with the Ministry of Interior and the secretariate of Health. Technical support is provided by the National Center for Public Health and Pharmacy and the National Office of Vocational Education and Training and Adult Learning.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	Ensuring the operation of a technical expert group for the Dutch planning model in order to keep institutional learning into national processes are envisaged in 2026–2027. Regular annual policy dialogues and the formal interministerial working group are envisaged to begin in 2027.
How do you foresee the completion of the actions and the policy implementation by date?	The completion of the actions outlined in this plan is envisioned through a phased and iterative approach, ensuring that the momentum generated by the two successful national policy dialogues is effectively translated into institutional practice. While the core implementation phase of the HEROES project concludes in 2026, the full integration of the Dutch scenario-based planning model—also tailored to the nursing workforce—is envisaged short-term, especially to keep institutional memory. Sufficient time allows for the necessary refinement of data quality within the pertaining registries, the human resource monitoring systems, and population health data which is a prerequisite for high-fidelity forecasting. Although this process remains subject to the stability of available specialized personnel and the pace of institutional alignments, there is a strong sense of optimism among stakeholders. The collaborative spirit evidenced during the March 2026 dialogue on nursing suggests a high level of readiness to strengthen these evidence-based tools.
NECESSARY RESOURCES	Funding for the sustained operation of the HWF Planning Taskforce and possibly administrative support for the Interministerial Working Group.

What costs are you anticipating?	
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	Continued technical application of the Dutch forecasting model, specifically calibrated for health workforce scenarios. Enhanced Data Systems: Further technical refinement and expansion of the HWF registries to ensure high-quality, granular data. Support for digitalization and automation within healthcare institutions to streamline workforce management and data reporting.
What is the HR/personnel needed for the policy implementation?	Maintain the operation of a small internal "HWF Planning Taskforce" within the OKFŐ to ensure continuity and establishment of an interministerial working group. Staff of the technical working group require training in data literacy, modelling logic, availability of relevant health and social data for strategic modelling and evidence-to-policy translation.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	HWF data owners, public officials, data analysts, HWF organizations, higher education/vocational training institutions, and healthcare providers across all sectors (public and private).
What is the expected resistence to change? Ways to mitigate it?	Capacity Shortages in Planning: There is a recognized risk of potential capacity shortages specifically within HWF planning personnel and a lack of specialized "HWF Planning Taskforce" stability during institutional rearrangements. Institutional inertia and lack of strategic planning mindset: At the provider level, strategic HR perspective may be under-supported. Possible ways of mitigation: Institutionalizing Stakeholder Engagement: The commitment to organizing annual National HWF Policy Dialogues ensures that decision-makers, nursing directors, and educators have a continuous platform to voice concerns and co-create solutions, fostering a sense of ownership. Capacity Building and Training: To counter planning capacity risks, the plan includes specialized training for staff in data literacy and evidence-to-policy translation, ensuring the technical team is resilient to institutional changes.
STATUS – TRACK THE PROGRESS What progress has been made?	The first steps of an internal HWF Planning Taskforce within the National Directorate General for Hospitals has been established. Two national-level health workforce policy dialogue has been held under HEROES, the second in person and with a wider range of stakeholders in March 2026. The ESZENY system has undergone a full data revision; the ESZENY registry (Egészségügyi Szolgáltatások Elektronikus Nyilvántartása, or

	Electronic Registry of Healthcare Services), which includes the HENYIR (Hatósági Egészségügyi Nyilvántartási Rendszer, or Official Healthcare Registration System) human resources component, is an electronic system introduced in Hungary by the National Center for Public Health and Pharmacy (NNGYK) in 2023. National Directorate General for Hospitals (OKFO) – The Health Care Human Resourse Monitoring Unit: has started to operate within OKFO with the aim to operate the unified sectoral human resource monitoring system (hereinafter: HMR). Section 114 of Act CLIV of 1997 on Health (hereinafter: Eütv.) has required the operation of a unified sectoral human resource monitoring system since 2009. The primary objective of the system is to track professionals working in the healthcare sector, thereby supporting the foundation of strategic human resource planning in healthcare. To achieve this, the HMR collects and processes data related to individuals with healthcare qualifications that are stored in various specialized subsystems. The first national Policy Dialogue was successfully held on September 25, 2025. The second national policy dialogue with a wider stakeholder involvement took place March 30, 2026, with a focus on the nursing health force. The policy dialogue pulled together more than 50 representatives of stakeholders from health care providers, professional organizations, educational organizations, the Ministry of Interior, the National Directorate General for Hospitals. The Heroes project and its achievements, the HMR system, the potentials of the staffing table, and the application of the Dutch scenario model had been presented. The 2nd policy dialogue took the form of a workshop where small groups of mixed stakeholders identified challenges and made recommendations in three thematic areas addressing issues of recruitment, retention, and planning at individual, educational organizations, healthcare providers and systemic-level. In the policy dialogue, it was recognized that the nursing workforce situation is a complex challenge shaped by closely interrelated factors. Main challenges identified: In the policy dialogue, it was recognized that the nursing workforce situation is a complex challenge shaped by closely interrelated factors, including: - **Workforce shortages** driven by aging staff and insufficient recruitment pool - **Inequality in distribution**, not fully responding to population health care needs - **Education and training gaps** limiting the supply of qualified nurses - **Generational challenges**, new methos for education and work - **High turnover and burnout** due to workload, stress, and working conditions - **Migration and retention issues**, with professionals leaving for better opportunities abroad or in the private sector - **Workplace conditions**, including staffing levels, pay, and job satisfaction

	- **Changing healthcare demands**, such as aging populations and increasing complexity of care In the policy dialogue, it was recognized that addressing the nursing workforce situation requires coordinated action, including: • **Strengthening recruitment efforts** to attract new entrants into the profession • **Improving retention strategies** by addressing burnout, workload, and job satisfaction • **Enhancing education and training capacity** to ensure a steady supply of qualified nurses for complex health challenges of the ageing population • **Promoting competitive compensation and benefits** to retain staff and reduce outmigration • **Improving working conditions** through safe staffing levels and supportive work environments • **Supporting career development opportunities** to increase motivation and long-term commitment • **Implementing workforce planning and data systems** to better anticipate and respond to future needs • **Better integration** of health and social care to respond to complex population health needs • **More predictable regulatory environment**
Set the model how to monitor the progress? (KPIs)	- Tracking the regularity and quality of data uploads - Technical group – full models prepared, discussed and shared - the formalization of the interministerial group - annual policy dialogues, - the number of stakeholders engaged in dialogues, and - numbers of scientific publications and/or citation based on analysis using the HMR data and/or the Dutch forecasting model
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	Institutional and Administrative Risks: The primary risks to the planning process itself include institutional rearrangements and potential capacity shortages in specialized health workforce planning personnel. Without a stable "HWF Planning Taskforce," the institutionalization of the Dutch model may be compromised.
How can you define the success of the action?	The success of this policy action plan may be defined by the following outcomes: • Institutionalization: Actions and planning models (specifically the Dutch scenario-based model) are sustained and institutionalized even during periods of institutional rearrangements. • Consistency in KPIs: Success is measured by the consistent achievement of annual key performance indicators, such as the formalization of the interministerial working group and the regularity of national policy dialogues.

	• Data Excellence: A core indicator of success is the improvement of data quality within the HMR and other data repositories such as the ESZENY/HENYIR systems, allowing for evidence-based decisions rather than reactive policymaking. • Long-Term Impact: Ultimately, success will be reflected in a more systematic approach to HWF planning leading to a well-trained, sufficient nursing workforce and a significant increase in the social prestige and professional predictability of the nursing career.
What impact do you anticipate on future actions and policies?	The planned activities may foster a more systematic approach to healthcare workforce planning. Widening awareness about data-driven, health needs-based policymaking and forward - looking planning and the planning activities will enhance stakeholder engagement in the uptake of evidence in policymaking. Overall, the experience gained in HEROES joint action and the model adaption will encourage the adoption of new practices and long-term policies, increasing efficiency, attractiveness, and sustainable health workforce. Drawing on the HEROES experience, Hungary may align its national health workforce system with WHO Workforce 2030, ensuring a fit-for-purpose, equitably distributed, and sustainably financed workforce, thereby ensuring a sustainable, long-term impact.

Policy Action Plan

Ireland

March 2026

POLICY – ACHIEVABLE GOAL

What policy do you intend to implement?

The policy goal is to improve data and modelling capability to inform and support the policy position to increase Ireland's domestic supply of health and social workers.

This aligns with broader health and government policies including:

- Future Health Workforce Paper
  - *"Plan: Using evidence and long-term modelling projections to meet our future workforce needs"*
  - *"Build: Building our future workforce supply through expansion of student places and matching investment in workforce with the needs of the population."*
- Department of Health Statement of Strategy
  - *Utilise evidence, including outputs from the Workforce Planning Projection Model to inform workforce planning activities, including expanding the scope and capacity of the Workforce Model.*
- SláinteCare 2025+
  - "*Long term strategic health and social care workforce planning, supported by evidence–based tools, to improve the availability of health professionals and reform their training to support integrated care across the health service."*
  - "*Increasing future supply of healthcare workers by working with the education sector, regulators, and professional bodies to increase the availability of healthcare professionals to meet demand for health and social care services*."
- Programme for Government
  - *"This Government is committed to ensuring adequate and safe staffing across our health service, ensuring that the workforce keeps pace with population and demographic changes."*
  - *"Increase the number of healthcare college places in nursing, medicine, dentistry, pharmacy and health and social care professions (including physiotherapy, occupational therapy, and speech and language therapy)."*
  - *"Double the number of places in high demand healthcare professions, such as speech and language therapists, occupational therapists and physiotherapists."*
- WHO Global Code of Practice on the International Recruitment of Health Personnel
  - Countries should implement effective health workforce planning, education, training and retention strategies to sustain a health workforce that is appropriate for the specific conditions of each country and to reduce the need to recruit migrant health personnel.

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Do you have a national HWF strategy or any previous policy plan you could rely on?	The Minister for Health published a paper on "Ireland's Future Health and Social Care Workforce" in December 2025. The timing of the publication aligns with Ireland's participation in the HEROES project. This paper sets out an evidence-based strategic direction for the health and social care workforce for the next 15 years. The paper details the need to ensure that at a minimum, we are supplying enough health and social care graduates to replace the existing workforce. This is a long-term undertaking, and this paper outlines the case for change and how this will be achieved. The Department of Health is now working to progress the actions detailed in this paper
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	**Action 1: Establish Technical Group** The Department of Health seeks to ensure that relevant stakeholders feed into the planning process and that policy development is characterised by cross-sectoral collaboration and engagement. To support this, the Department of Health plans to establish a Health and Social Care Workforce Planning Technical Group to oversee and coordinate data gathering and other workforce planning model inputs. This group will facilitate collaboration and coordination between the different sectoral groups and provide visibility of planning outputs across the health and social care system. The purpose of this group is to provide expert input and insights, and to facilitate communication and coordination across the sector. This will support the Department of Health in its goal to use data and modelling to inform and support the policy position to increase our domestic supply of health and social workers. This Technical Group will focus on quantitative and qualitative evidence to support workforce planning activities, with consideration of data, research and modelling. A key focus of this group will be Ireland's current data landscape and the department's workforce planning projection model. **Action 2: Develop an Advanced Minimum Dataset** The Department of Health is working on the development of Ireland's Advanced Minimum Dataset guided by Task 1 of the HEROES Project which will enable improved demand and supply projections. Many EU countries can forecast, and plan based on the quantitative data. For Ireland, there has been significant improvement in data coverage and quality that has been achieved over recent years through work with the regulators and HSE (Health Service Executive, the body providing public health services in Ireland). The availability of quantitative variables for Medical Doctors, Nurses and Midwives and Pharmacists is generally good though some quality issues exist. There are some challenges regarding data quality and coverage for HSCPs (Health and Social Care Professionals, also known as Allied Healthcare Professionals), particularly those working the community and primary care. Data issues that create challenges remain; however, these challenges will form part of the work with the Technical Group and will include a component on qualitative information. **Action 3: Develop a Medical Workforce Strategy** A policy dialogue with the HSE's National Doctors Training and Planning (NDTP) and a training session focused on the NDTP's medical workforce modelling capability as part of HEROES Task 3, reinforced the need for a sustainable medical workforce strategy. The NDTP and the Department of Health have agreed to progress work that will provide a long-term, evidence-informed framework for planning medical workforce supply, training and retention. Development of this approach has been supported through policy dialogues held as part of the HEROES project with the aim of improving medical workforce planning and the domestic supply of doctors. **Action 4: Increasing Technical Modelling Capacity** Ireland is broadening the coverage of its demand and supply models to include regulated HSCPs. Work will also aim to align medical workforce planning model outputs from the Department of Health and Health Service Executive for the

	medical workforce across the full training pipeline from medical students through to postgraduate specialist training places and into the workforce. This aligns with the work under Task 2 of the HEROES project and ties into Action 3 above. Further timely review of the model outputs will provide the basis for base year updates to workforce planning models and the incorporation of new policy scenarios necessary to navigate increasing health system demand in a sustainable way.
What priority can you identify for them?	The overall priority is to improve the quality of data that feeds into the workforce planning projection model held by the Department of Health. Improving the quality of data will support in efforts to expand the number of professions for which we can model and strengthen confidence in the model's outputs. The workforce planning projection model has the capacity to produce a variety of projections, with the ability to look at separate professions under different healthcare policy and reform scenarios, and varying levels of domestic education places and foreign educated healthcare workers. Improving the quality of outputs and expanding the number of professions will support and inform areas of priority for expanding student places to increase our domestic supply of health and social care workers. This priority will be supported by collaboration and engagement, which will be strengthened through the establishment of the Technical Group.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The Strategic Workforce Planning Unit within the Department of Health will hold overall responsibly for the policy work. The Strategic Workforce Planning Unit will lead on the establishment of the Technical Group (action 1) and will collaborate the HSE NDTP regarding the development of the medical workforce strategy (action 3). Our colleagues in the Strategic Research and Evaluation Unit will hold responsibility for leading the progression of the advanced minimum dataset and increasing technical modelling capacity (actions 2 and 4 above).

Who are the supporters to assist the responsible person/unit?	To support the progression of the actions to advance the policy goal will require support from:
	- Within the Department of Health, including input from
	  ○ policy areas such as the Chief Nursing Office, Oral Health Unit etc.,
	  ○ complementary workforce areas such as the Workforce Reform Unit and Professional Regulation Unit, National Human Resources Unit,
	  ○ data experts such as Statistics and Analytics Service Unit,
	  ○ modelling experts such as Strategic Research and Evaluation Unit.
	- The HSE including input from
	  ○ NDTP (National Doctors Training and Planning),
	  ○ Strategic Workforce Planning & Intelligence,
	  ○ Office of the Nursing and Midwifery Services Director,
	  ○ National Health & Social Care Professions Office.
	- Across Government, including engagement with Department of Further and Higher Education, Research, Innovation and Science, Department of Children, Disability and Equality and the Department of Education.
	- The professional regulators for example, CORU, Medical Council, Dental Council, Nursing and Midwifery Board of Ireland and the Pharmaceutical Society of Ireland.
	- International network including peers working on the HEROES project to share knowledge and experience.
	- Other knowledge experts in the system e.g. professional bodies and Higher Education Authority (HEA).
	- Forum of Irish Postgraduate Medical Training Bodies.

TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	Action 1: Establish Technical Group ○ The Technical Group will be established in 2026. Action 2: Develop an Advanced Minimum Dataset ○ The following will be completed by Q3 2026: ○ Meet with the regulators. ○ Identify tasks necessary to improve alignment between registry data and data requirements for models. ○ Work with regulators to progress through tasks identified. Action 3: Develop a Medical Workforce Strategy ○ The following will be progressed in 2026: ○ Actions arising from the Policy Dialogue with NDTP to develop a strategy for medical workforce planning that supports the progression of national and regional priorities. ○ Determine how overall medical workforce requirements and vision can be defined at national level to inform regional allocation and distribution of medical education and training posts. ○ Review medical workforce annual targets, consultant/population ratios, specialty requirements, and domestic training pipelines to plan for appropriate increases in doctor training places as required. ○ Act on the NCHD Taskforce recommendation for establishment of a National Committee for Strategic Planning of Medical Education and Training. ○ Act on the NCHD Taskforce recommendation for establishment of a multi-stakeholder policy group to define benchmarking for medical safe staffing Action 4: Increasing Technical Modelling Capacity ○ The following will be completed by Q4 2026 ○ Collect and quality check new data that is due to become available. ○ Evaluate data quality and identify parameters requiring stakeholder input. ○ Communicate progress with stakeholders to generate feedback and additional data requirements or expert input.
How do you foresee the completion of the actions and the policy implementation by date?	The owner for each action will be responsible for the planning and delivery of their action within the deadline set out. Weekly team meetings within Strategic Workforce Planning Unit will monitor the overall timeline. Fortnightly meetings with the Strategic Research and Evaluation Unit will assist tracking their timelines. Implementation timeline will align with preparations for future budget/estimates processes using the improved data and modelling to support planning for increases in health-related student places.
NECESSARY RESOURCES What costs are you anticipating?	Resources (people) will be sourced from within current allocations. Costs associated with developing the Advanced Minimum Dataset or increasing technical modelling capacity, will be assessed and if required, sourced from within Departmental budgets. Costs associated with increasing student places are outside the scope of this PAP. Funding any expansion will be considered across Government Departments (in particular Department of Health, Department of Further & Higher Education, Innovation and Science and Department of Children, Disability and Equality and the Department of Education) in the context of existing resources and resources sought for prioritisation through future annual Budget/Estimates processes.

What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	To enable the implementation of the planned policies, appropriate technical tools and software will be required such as; • Further development and enhancements of our workforce modelling tools. • Investment in new software by stakeholders to enhance data collection practices. • Continuous technical and methodological support from stakeholders within the Department of Health and across the Irish health system along with HEROES colleagues and international partners such as WHO Europe.
What is the HR/personnel needed for the policy implementation?	Resources (people) will be sourced from within current allocations for the policy implementation.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	The policy will impact a wide range of stakeholders, including: ○ Government departments (Department Further and Higher Education Research, Innovation and Science, Department of Children Disability and Equality, Department Education and Youth and the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation): the impact of this work may provide evidence to increase the number of student places which will have an impact on the Government budget, and impact other Government departments which have complementary work and would support increases in student places. ○ The HSE: will be involved in this work and will be impacted by the policy outcome. ○ Professional regulators (including CORU, Nursing and Midwifery Board of Ireland, Medical Council of Ireland, Dental Council of Ireland, Pharmaceutical Society of Ireland): will contribute to this work by improving data collected to inform modelling, the outputs from this work would also be of value to them. ○ Higher education sector including the Higher Education Authority: this policy will impact the work of the higher education sector. ○ Students and those wishing to start a career in healthcare: this work may increase the number of student places open to those wishing to advance a career in healthcare. ○ Health and social care system: The wider system would benefit from increases in professions which have been identified as greatest need identified from the modelling. ○ Health and social care service users in Ireland. ○ Forum of Irish Postgraduate Medical Training Bodies Many of these stakeholders have already been engaged in JA HEROES through Ireland's policy dialogues, Communities of Practice and workshops on data and modelling.
What is the expected resistance to change? Ways to mitigate it?	Some resistance to change is expected, particularly in relation to data sharing and accepting new analytical approaches. Concerns may arise around data governance or reporting burden. Building on experience from HEROES policy dialogues, resistance will be mitigated through early engagement, transparency and continued collaboration via the Technical Group and Communities of Practice.

STATUS – TRACK THE PROGRESS What progress has been made?	Action 1: Establish Technical Group ○ A scoping document is in draft. ○ Membership identification is in progress. Action 2: Develop an Advanced Minimum Dataset ○ Engagement with stakeholders and regulators has initiated and discussions have progressed to improve data collection. Action 3: Develop a Medical Workforce Strategy ○ Engagement with HSE NDTP is ongoing and actions arising from the Policy Dialogue are being progressed. ○ Significant expansion of doctors in training to support agreed medical workforce targets have been delivered in recent years. ○ NDTP has carried out in-depth reviews of each of the medical specialties and associated training programmes to inform the Higher Specialist Training (HST) intake for the coming years and to assist with identifying projected demand for consultants at a national and regional level. ○ DoH is exploring Medical Workforce Staffing Framework research proposals. Action 4: Increasing Technical Modelling Capacity ○ Work is underway with the HSE to expand information flows and the datasets received by the Department. ○ Incorporating data available to DoH workforce planning models.
Set the mode how to monitor the progress? (KPIs)	Action 1: Establish Technical Group ○ KPI: Invitations circulated Q4 2026 ○ KPI: Terms of Reference drafted Q4 2026 Action 2: Develop an Advanced Minimum Dataset ○ KPI: Engagement with each of the regulators complete Q3 2026 ○ KPI: Agreed Advanced Minimum Dataset Q3 2026 Action 3: Develop a Medical Workforce Strategy ○ KPI: Engagement with HSE NDTP will include regular progress update reviews. Action 4: Increasing Technical Modelling Capacity ○ KPI: Additional resources with technical modelling capacity. ○ KPI: Available data incorporated into models and stakeholder engagement to discuss results of this analysis.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	**Risk:** ○ Reprioritisation within the Department of Health due to external, uncontrollable events. ○ Competing priorities resulting in difficulty progressing actions. ○ Lack of appetite from members to participate in Technical Group. ○ Delays obtaining data due to data sharing challenges. ○ Low confidence in results from stakeholders and senior leadership. ○ Legislative or technical limitations on regulators capturing relevant data. ○ Availability of staffing resources ○ Lack of stakeholder buy in to evidence outputs slowing progress **Challenges:** ○ Limited number of people on the team with the ability to interrogate the data and technical ability to improve the model. ○ Competing priorities and addressing other urgent work alongside strategic planning.

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How can you define the success of the action?	Success will look like: ○ A Technical Group established in 2026 that supports and enhances modelling efforts in the Department of Health and validates outputs. ○ The refinement of Ireland's Advanced Minimum Dataset in 2026 to strengthen the outputs of the planning projection model. ○ Progress on actions arising from the Policy Dialogue with NDTP to develop a strategy for medical workforce planning that supports the progression of national and regional priorities. ○ Increased modelling capacity demonstrated by additional users of the model and an increased number of professions modelled. ○ Using the outputs of the model, Technical Group and Medical Workforce Strategy to inform student expansion planning and funding decision in future Budget/Estimates processes.
What impact do you anticipate on future actions and policies?	The impact of delivering these actions will impact positively in the years ahead and will continue to strengthen the evidence base that informs our understanding of future healthcare worker supply and demand, and the impact of this on required student training places enabling Ireland to increase its domestic supply of healthcare workers and reduce reliance on foreign educated workers.

Policy Action Plan

Italy

POLICY ACTION PLAN TITLE	Preparation of a national Health Workforce reform decision brief feeding into the TSI Health Hub - Workforce Reform
POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	The policies to be implemented through the Joint Action HEROES aim to structurally strengthen the capacity of the Italian health system to plan, develop, and retain the health workforce, in line with national and European priorities on health workforce planning. In particular, the primary objective is to consolidate an evidence-based and multi-level approach to health workforce planning and governance, by leveraging analytical tools, innovative organisational models, and mechanisms for interinstitutional coordination. The results, evidence, and operational recommendations generated within HEROES for the Italian context will constitute a strategic and operational contribution to the TSI “Health Hub - Workforce Reform”, organized under the coordination of Ministry of Health, feeding into its design and supporting the definition of structural reforms related to the health workforce as also stated in the Delegation Law on the reorganisation of health professions, approved on 4 September 2025. From this perspective, HEROES represents a preparatory and enabling phase, aimed at transferring knowledge, models, and tools that can be scaled up and institutionalised through the TSI, thus ensuring continuity, sustainability, and impact of the reform actions. The TSI Health Hub - Workforce Reform project is an initiative supported by the European Commission through the Technical Support Instrument (TSI) programme and implemented with technical

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assistance from the World Health Organisation - European Office, under the coordination of the Ministry of Health and with the support of the Conference of Regions, the International Health Programme (ProMIS) and the technical contribution of AGENAS, the National Institute of Health and the Department of European Affairs.

The aim is to build a national hub that makes investment in healthcare and social care staff more effective and sustainable, promoting structural reforms, organisational innovation and strategic management of European funds. The TSI Health Hub is a platform for cooperation and learning between national institutions, regions and european partners, designed to tackle the healthcare workforce crisis in a coordinated manner and ensure the resilience of the National Health Service.

Strategic areas of intervention:

- Reorganisation of healthcare professional profiles
- Digital transformation and integration of artificial intelligence
- Recruitment of professionals trained abroad
- Attractiveness of healthcare professions
- Retention and working conditions in the National Health Service
- Certification of skills

The expected outcomes by 2027 are:

- A national framework for healthcare workforce reform, built through “learning cycles” and pilot actions.
- Creation and operational testing of the Italian Investment Hub.
- Implementation of the enabling law on healthcare professions, including through national guidelines and recommendations for each area of reform.
- Community of practice open to experiences underway in other EU countries to promote mutual learning and exchange of experiences.

This initiative is not only a technical project but also a strategic reform that focuses on the people who provide care and assistance. Strengthening the healthcare workforce means ensuring a more equitable, sustainable and innovative National Health System, capable of addressing the demographic, technological and social challenges of the coming decades.

Do you have a national HWF strategy, or any previous policy plan you could rely on?	Italy does not currently have a single, formally adopted national Health Workforce (HWF) strategy; however, the country relies on a structured set of regulatory frameworks, planning instruments, and technical methodologies that provide a basis for action. In particular, health workforce needs planning is supported by methodologies developed and regularly updated by the Ministry of Healthcare and AGENAS, which are used at both national and regional levels to inform workforce needs assessment and education and employment planning for health professions. Further key references are Ministerial Decrees 70/2015 and 77/2022, which define models and standards respectively for hospital care and for the development of community-based care within the Italian National Health Service. They have significant implications for workforce organisation, skill mix, and staffing needs. These policy directions are reinforced by the reforms and investments included in the National Recovery and Resilience Plan (PNRR), in particular under Mission 6 - Health, which promotes the evolution of care models and the strengthening of health system capacity. Additional national and regional policy documents and initiatives addressing workforce development, attractiveness, and retention also contribute to this framework. Within this context, the Joint Action HEROES acts as an integrating and reinforcing initiative, aiming to capitalise on existing instruments, enhance their coherence, and contribute to laying the foundations for a future national Health Workforce strategy aligned with European priorities and capable of effectively interfacing with support mechanisms such as the TSI “Health Hub - Workforce Reform”.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	The main actions required to implement the policy include, first, the systematisation and validation of the outputs, evidence, and recommendations developed within the Joint Action HEROES for the Italian context. These outputs will be formally presented and discussed within the activities of the TSI “Health Hub - Workforce Reform”, in order to ensure their integration into the reform processes and workstreams foreseen under the TSI.

	Building on the analyses, evidence and recommendations developed within HEROES, a structured policy decision brief (maximum 10 pages) will be prepared for the Ministry of Health. The document will synthesise key findings relevant for the Italian context and present different models and policy options related to health workforce planning, governance and retention, explicitly linked to the ongoing TSI “Health Hub – Workforce Reform”. In particular, the results of HEROES will be presented to the different working groups and key institutional stakeholders involved in the TSI, with the aim of ensuring their ownership, uptake, and operational use in the subsequent phases of analysis, design, and implementation of reform actions. This process will ensure continuity between the two initiatives, supporting strategic alignment and the effective transfer of knowledge, tools, and models. The TSI Health Hub envisages an integrated and participatory approach. To ensure effective and shared implementation, the project involves the establishment of Technical Working Groups involving national and regional institutions and authorities, representatives of professional associations, trade unions and experts from the world of healthcare professions and workers in the health and social care sector. These groups operate at national and regional level to co-design solutions, promote pilot projects and disseminate good practices. At the same time, the Investment Hub will be set up, a real coordination centre for investments in healthcare, with the task of mapping and integrating European and national funds (PNRR, ESF+, React-EU, InvestEU) earmarked for the development of the healthcare workforce.
What priority can you identify for them?	The identified priority is to ensure the timely and effective uptake of the results generated by the Joint Action HEROES within the TSI “Health Hub - Workforce Reform”, by positioning them as a key input for the design and implementation of health workforce reforms. Priority should be given to actions that support evidence-based decision-making, strengthen coordination among institutional stakeholders, and facilitate the translation of analytical outputs into concrete policy and organisational measures. Ensuring continuity and coherence between HEROES and the TSI will be essential to maximise impact, avoid

	duplication, and support sustainable reform of the health workforce system.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The responsibility for the implementation of the policy is assigned to the Directorate responsible for Health Workforce policies at the Ministry of Health (MoH), in close coordination with AGENAS and the HEROES team, in line with their respective institutional mandates. The Ministry of Health will ensure overall policy leadership, strategic alignment, and coordination with national and European initiatives, while AGENAS will provide technical and methodological support, including analytical inputs, evidence generation, and operational guidance for health workforce planning and reform processes.
Who are the supporters to assist the responsible person/unit?	The responsible units, namely the Ministry of Health (MoH) and AGENAS, will be supported by all other relevant stakeholders, including regional health authorities, professional associations, academic institutions, and other national bodies involved in health workforce planning and development (e.g., ISTAT, ProMIS). These actors will contribute through technical expertise, data provision, feedback on outputs, and participation in consultations and working groups, ensuring broad engagement, ownership, and effective implementation of the policy.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	The timeline for implementing the policy will be aligned with the milestones and phases established by the Delegation Law on the reorganisation of health professions, approved on 4 September 2025. In particular, the main actions include: • the submission of the results and outputs produced within the Joint Action HEROES to the TSI working group: January-March 2026; • the integration of these results into the activities and working groups of the TSI “Health Hub – Workforce Reform”: March-May 2026; • finalisation and submission of the brief to MoH leadership: by July 2026, • coordination with the legislative and regulatory deadlines established by the Delegation Law, including the issuance of implementing decrees and the updating of organisational and professional models foreseen by the reform.

	This approach will ensure coherence with national reform priorities, continuity between initiatives, and compliance with the timelines set out in the legislation.
How do you foresee the completion of the actions and the policy implementation by date?	The completion of the actions and the implementation of the policy will be coordinated to meet the deadlines established by the Delegation Law on the reorganisation of health professions, approved on 4 September 2025, with particular reference to 31 December 2026, by which the Government is delegated to adopt measures to increase healthcare personnel, strengthen specialist healthcare training programmes, and enhance the professionalism and skills of healthcare professionals. Within this framework, the Joint Action HEROES will contribute with outputs, evidence, and operational recommendations that will be presented and discussed in the working groups of the TSI "Health Hub - Workforce Reform", ensuring their integration and operational use. The combination of legislative deadlines, coordination between the MoH and AGENAS, and the support of various stakeholders will ensure the completion of actions and the full implementation of the policy by the scheduled dates.
NECESSARY RESOURCES What costs are you anticipating?	TBD The anticipated costs for implementing the policy mainly concern the coordination, analysis, and validation of the outputs produced within the Joint Action HEROES, as well as their integration into the activities of the TSI "Health Hub - Workforce Reform". Specifically, these include: • human resources dedicated to coordination between the Ministry of Health, AGENAS, and national and regional stakeholders; • technical and methodological support for the development of analyses, workforce needs assessments, and operational recommendations; • organization of workshops, meetings, and working groups for sharing results and ensuring their operational transfer; • any digital tools and platforms needed for data collection, management, and dissemination of the produced materials.

	These costs are covered by resources already allocated to the Joint Action HEROES and the TSI activities and the participating stakeholders.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	TBD To enable the implementation of the policy, appropriate technical and infrastructural conditions must be ensured. In particular, these include: • technical materials and documentation for sharing results, guidelines, and operational recommendations; • infrastructure for organizing workshops, meetings, and working groups, including in digital formats; • continuous technical and methodological support from AGENAS and the HEROES team to ensure the correct use of tools and the integration of outputs into the TSI “Health Hub - Workforce Reform”. These conditions will ensure that actions are effectively completed and that the produced results can be operationally used by the institutions and stakeholders involved.
What is the HR/personnel needed for the policy implementation?	The implementation of the policy requires mobilising personnel with multidisciplinary and complementary skills. In particular, the following resources are needed: • coordination and oversight by the Ministry of Health; • technical, methodological, and analytical support from AGENAS, including the HEROES team; • personnel dedicated to organizing workshops, working groups, and communication and dissemination activities of the results; • national and regional stakeholders, professional associations, and academic institutions involved in the process to ensure engagement, feedback, and operational transfer of evidence. This combination of human resources ensures the full completion of actions and the achievement of the policy objectives.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	The main stakeholders impacted by the policy include: • the Ministry of Health (MoH), responsible for governance and national coordination;

	• the Ministry of Economy and Finance (MEF), involved in decisions regarding the allocation of financial resources; • AGENAS, responsible for technical, methodological, and analytical support; • the Regions, participating in policy implementation and local health workforce planning; • Professional federations and associations, involved in defining professional standards, training, and skills development. These stakeholders will play a key role in decision-making, action implementation, and the operational transfer of outputs produced by the Joint Action HEROES and integrated into the TSI "Health Hub – Workforce Reform".
What is the expected resistance to change? Ways to mitigate it?	The implementation of the policy may encounter certain forms of resistance to change, including: • reluctance from individual professionals or organisations to modify established organisational models; • difficulties for the Regions in adapting local human resources and processes to the new national guidelines; • possible resistance from professional federations or associations concerning changes in skills, roles, or training pathways. To mitigate these resistances, specific strategies are foreseen, including: • active and continuous involvement of all stakeholders from the early stages through consultations, workshops, and working groups; • clear and transparent communication on the policy objectives, expected benefits, and impacts on different actors; • training and technical support to facilitate the adoption of new tools, methodologies, and organisational models; • use of outputs and evidence from the Joint Action HEROES to demonstrate the effectiveness and utility of the proposed changes, thereby encouraging adherence from Regions and professionals.

	These actions aim to reduce resistance, ensure stakeholder participation and ownership, and facilitate the effective implementation of the policy.
STATUS – TRACK THE PROGRESS What progress has been made?	In Italy, the Joint Action HEROES has already achieved significant results in data collection, analysis of healthcare workforce needs, and the development of operational recommendations for workforce governance. Analytical studies have been completed, and methodological tools have been developed for regional and national health workforce planning. In particular, during the HEROES policy dialogues, AGENAS and the Ministry of Healthcare have established a forum for discussion with professional representation bodies (both related to healthcare professions and medical specializations). HEROES guided general meetings, inviting all organizations, and focused sessions for instance on cardiology, neurology, and internal medicine. The results have provided a clearer understanding of the current challenges and perspectives of these stakeholders on HWF planning and other relevant topics and have been channelled into TSI discussions by AGENAS. These outputs have been shared with key stakeholders, including the Ministry of Health, AGENAS, the Regions, and professional federations, and provide a solid foundation for integration into the TSI “Health Hub - Workforce Reform”. Active participation of the working groups has facilitated the validation of outputs and ensured their operational relevance, laying the groundwork for the next phases of policy implementation.

Set the mode how to monitor the progress? (KPIs)	Progress will be monitored through specific key performance indicators (KPIs) capable of measuring both the advancement of activities and the impact of the policy. The main KPIs include:
	
	• the degree of integration of results into the working groups and activities of the TSI “Health Hub - Workforce Reform”. In particular, based on the brief the MoH might alternatively decide whether to
	  ○ integrate the proposed options into the TSI reform roadmap,
	  ○ initiate legal or regulatory drafting, or
	  ○ launch pilot implementation under the Health Hub framework.

	• the level of engagement and participation of key stakeholders (MoH, AGENAS, Regions, professional federations); • KPIs will be periodically monitored by the MoH and AGENAS, with intermediate and final reports shared with all stakeholders to ensure transparency, accountability, and timely corrective action if necessary.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	The implementation of the policy may be affected by several risks and challenges, including: • Resistance to change from professionals, healthcare organizations, or professional federations regarding new organisational models, training pathways, or professional roles; • Regional differences in the organisation of the healthcare system and resource availability, which may slow down the uniform adoption of recommendations; • Human and financial resource limitations, which could affect the ability to complete the planned activities within the established timelines; • Data integration issues or difficulties in using digital systems for the collection, analysis, and monitoring of healthcare workforce needs; • Lack of coordination among different stakeholders, which may lead to duplication or inefficiencies. To mitigate these risks, specific actions are planned: active and continuous stakeholder engagement, training and technical support, clear communication of the policy benefits, ongoing monitoring through KPIs, and structured coordination between the MoH, AGENAS, Regions, and professional federations. These strategies aim to reduce the impact of risks, ensure continuity of activities, and increase the likelihood of the Action Plan's successful implementation.
How can you define the success of the action?	The success of the Policy Action Plan can be defined through the achievement of tangible and measurable results in several areas: • Integration of HEROES outputs into the TSI "Health Hub - Workforce Reform", with tools, methodologies, and operational recommendations effectively adopted by the working groups;

	• Improvement in health workforce planning and management, with data and analyses used by national and regional institutions for evidence-based decision-making; • Engagement and ownership of key stakeholders (MoH, AGENAS, Regions, professional federations), measured through active participation and adoption of recommendations; • Achievement of legislative and operational deadlines established by the Delegation Law on the reorganisation of health professions (approved on 4 September 2025) and by the TSI, including the adoption of measures by 31 December 2026; • Positive assessment of the policy's impact, including greater consistency in workforce management, improvement of specialist training, and development of professional skills. Success will therefore be measured not only by the completion of planned activities, but also by the effectiveness of the adoption of recommendations and the tangible impact on governance and the healthcare system's capacity to manage its workforce.
What impact do you anticipate on future actions and policies?	The results of the Joint Action HEROES, integrated into the TSI "Health Hub - Workforce Reform", are expected to have a significant impact on future healthcare workforce actions and policies. In particular, it is anticipated that: • the evidence and methodological tools developed will facilitate the design of workforce planning policies that are more data-driven and evidence-based; • operational recommendations and organisational models will help align national and regional strategies for healthcare workforce development; • strengthened coordination among the MoH, AGENAS, Regions, and professional stakeholders will foster a more integrated and sustainable approach to human resources management; • the experience gained through HEROES and the testing of innovative tools will encourage the adoption of new practices and long-term policies, increasing efficiency, attractiveness, and retention of healthcare personnel; • future national Health Workforce strategies can be aligned with European priorities and support initiatives such as the TSI, ensuring continuity and lasting impact.

	In summary, the outputs produced will provide a concrete basis for guiding future reforms and actions, consolidating an evidence-based and participatory approach to healthcare workforce management.

Policy Action Plan Lithuania

January 2026

POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	1) legal acts regulating Healthcare Workforce planning, clarifying institutional roles and responsibilities (revision of the existing legal act: https://www.e-tar.lt/portal/lt/legalAct/122f52100cf611e9a5eaf2cd290f1944/asr). 2) Establish a Model Governance Working Group with key public institutions (New legal act).
Do you have a national HWF strategy or any previous policy plan you could rely on?	Yes, we intend to revise the existing legal act. https://www.e-tar.lt/portal/lt/legalAct/122f52100cf611e9a5eaf2cd290f1944/asr
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	1. Organize a strategic policy dialogue on governance and technical oversight of the Healthcare Workforce Planning Model. Result – will ensure a clear and balanced distribution of roles, active involvement of all stakeholders; draft legal acts prepared and coordinated with social partners. 2. Review and update legal acts regulating Healthcare Workforce planning, clarifying institutional roles and responsibilities. Result – will ensure a clear allocation of responsibilities and roles, continuous updating of the Model and reflection of policy and system

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	developments; a legal act prepared and formally adopted. 3. Establish a Model Governance Working Group with key public institutions. Result – will ensure a clear distribution of responsibilities, continuous updating of the Model and reflection of policy and system developments; a legal act prepared and formally adopted. 4. Integrate the Model into the national statistical database to ensure stable, secure, and sustainable data management. Result – will ensure stable, secure, and sustainable data management; Model forecasts will be continuously updated, eliminating the need for separate forecasting exercises; a report prepared outlining how the integration was carried out and defining next steps for the continuous improvement of the Model, acknowledging that the inclusion of services will require a phased approach to integration as well as further iterative improvements. 5. Broaden the scope of the Competence Platform by expanding data coverage and integrating verified employment datasets. Result – the Model will be linked to relevant and reliable employment data, further improving Model quality; continuous communication with healthcare institutions on data quality will be required and reflected in the aforementioned draft legal acts. 6. Enhance the forecasting and analysis of service demand and professional workload distribution to support evidence-based planning and resource allocation. Result – forecasts will become more robust and better reflect service delivery trends; this will be reflected in the aforementioned draft legal acts and in a report outlining further steps, as service inclusion requires continuous, phased Model

	updates and analysis across different services as well as further iterative improvements. 7. Strengthen analytical competencies of Model maintainers. Result – will ensure a high level of Model quality; dedicated training activities planned. Funding for all actions listed above will be provided through the HEROES JA and a follow-up project financed under the 2021–2027 European Union Funds Investment Programme.
What priority can you identify for them?	1) Continuous operation of the Model within the State Data Agency environment 2) Legislative updates and formal Governance Group to anchor HWF planning. 3) Secure data integration and expansion of the Competence Platform. 4) Capacity building for planners and model maintainers.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	Diana Smaliukaite, Head of the Health Workforce Policy Division, Ministry of Health of the Republic of Lithuania.
Who are the supporters to assist the responsible person/unit?	HEROES LT team: 1) Jurgita Silinaite-Sermuksniene, Head of the Budget Division, State Health Insurance Fund under the Ministry of Health; 2) Tadas Zentelis, Director of the State Accreditation Service for Health Care Activities under the Ministry of Health; 3) Egle Savuliene, Head of the Specialist Activities Division, The State Accreditation Service for Health Care Activities under the Ministry of Health; 4) Zivile Lauciene, Chief Specialist at the Financial Management and Control Division, Ministry of Health of the Republic of Lithuania;

	5) Rita Gaidelyte, Adviser at the Health Workforce Policy Division, Ministry of Health of the Republic of Lithuania; 6) Antane Posiene, Adviser at the Health Workforce Policy Division, Ministry of Health of the Republic of Lithuania; 7) Evita Svegzdaite, Chief Specialist at the Health Workforce Policy Division, Ministry of Health of the Republic of Lithuania; 8) Virgilijus Siaudikis, Adviser at the Pricing Division, State Health Insurance Fund under the Ministry of Health.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	December 2025 — Agreement with the State Data Agency signed; consultations with NIVEL and Semmelweis University completed. March 2026 — Model integrated into national statistical database (stable, secure, sustainable data management). April 2026 — Strategic policy dialogue on governance and technical oversight held. July 2026 — Legal acts updated; Model Governance Group established. July 2027 — Competence Platform scope expanded with verified employment datasets. June 2028 — Planner training programme completed.
How do you foresee the completion of the actions and the policy implementation by date?	Actions are phased to enable step-by-step and secure implementation of the Model and its governance structures until 2028.
NECESSARY RESOURCES What costs are you anticipating?	Anticipated costs include funding for data management services provided by the State Data Agency, specifically for data integration into forecasting models, visualization within internal and public VDV IS dashboards, and systematic data processing. To ensure project continuity, funds are also allocated for staff salaries to support ongoing maintenance of the forecasting models, data validity

	control, and data interpretation for decision-making purposes
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	**Data Infrastructure**: Access to the State Data Governance IS (VDV IS) and its Data Lake environment. **Data Integration:** Established secure data exchange channels from various administrative sources and registers. **Analytical Software:** The VDA-provided 'Sandbox' tool will be used for data preparation, quality assessment, and predictive modelling. **Access & Security:** Authorized user permissions and secure environments for processing and grouping data protected in accordance with data protection requirements.
What is the HR/personnel needed for the policy implementation?	The requested information is provided in the list under the question “Who are the supporters to assist the responsible person/unit?”.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	The policy will directly impact institutions involved in the new health workforce planning model and their interinstitutional collaboration, including the Hygiene Institute, the State Data Agency, the National Health Insurance Fund, and the Accreditation Authority, as well as professionals responsible for data provision, management, and analysis. The policy is also critical for ensuring the continuity of the planning model and the reliability of its outputs. These outputs will inform and shape cooperation with key external stakeholders, including educational institutions (universities), health care providers, professional associations, and other organisations involved in health workforce planning and implementation. Key public institutions engaged in Model Governance.

	State Data Agency. Workforce planners and analysts.
What is the expected resistance to change? Ways to mitigate it?	**Expected resistance to change:** Resistance may arise from institutions and professionals due to changes in established roles, workflows, and responsibilities, increased data reporting and standardisation requirements, concerns about data quality, data governance, and accountability, as well as uncertainty regarding the long-term sustainability of the new planning model and the use of its results in decision-making. **Ways to mitigate it:** Resistance can be mitigated through early and continuous stakeholder engagement, clear definition of roles and responsibilities, transparent data governance arrangements, capacity building and technical support for data providers and analysts, and strong political commitment to ensure the continuity, credibility, and practical use of the model's outputs in policy and planning processes.
STATUS – TRACK THE PROGRESS What progress has been made?	Key accomplishments as part of the HEROES project: Ensuring the availability and continuous improvement of high-quality data. Ensuring the continuous and reliable functionality of the Model, accompanied by the regular and systematic integration of data from the national statistical database into the Model.
Set the mode how to monitor the progress? (KPIs)	• Institutionalized processes for regular evaluation of data completeness and quality. • Improved analytical skills and sustainable capacity among workforce planners.
EVALUATE RISKS & SUCCESS	**The potential risks listed below have been identified by the team as a preventive measure to mitigate their occurrence and do not imply that**

What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	**these risks are currently present or will necessarily materialise.** 1. Planning Risks: • Unclear objectives or broad scope, • Lack of evidence-based planning, • Key stakeholders not involved, • Unrealistic timelines. 2. Implementation Risks: • Insufficient human or institutional capacity, • Weak inter-agency coordination, • No effective monitoring and evaluation, • Overreliance on external Partners. 3. Financial Risks • Insecure or insufficient funding, • Cost overruns, • Poor resource allocation. 4. Political and Legal Risks • Shifting political priorities or interference, • Legal or regulatory barriers, • Public or stakeholder opposition. 5. Human Factors • Resistance to change, • Lack of training or awareness, • Risk of social exclusion or inequity. 6. External Factors • Unexpected crises (e.g. pandemics, disasters), • Technology failures, • International or global disruption.
How can you define the success of the action?	• Healthcare Workforce planning integrated into national strategies and legislation. • Continuous operation of the Model ensured. • Broader, higher-quality datasets systematically integrated into the Model.

	• The above-mentioned legal acts have been duly prepared and formally adopted.
What impact do you anticipate on future actions and policies?	Enhanced forecasting and scenario modelling across outpatient and inpatient services; improved evidence base for resource allocation and policy. Starting in July, we will launch a continuous project funded by the 2021–2027 European Union Funds Investment Programme, which will help improve healthcare workforce forecasting and planning. The funding was approved in January 2026. **Evidence-Based Policy Making:** By utilizing systematically processed data and forecasts generated within the VDA Sandbox, future policy decisions will be driven by accurate projections rather than assumptions. This will optimize resource allocation and budget planning. **Public Sector Transparency:** Visualization of data through VDV IS dashboards will enhance public trust and ensure the long-term continuity of policy monitoring. **Operational Efficiency:** Automated data preparation and quality assessment will reduce the administrative burden, allowing staff to focus on strategic data interpretation and decision-making instead of manual processing. **Standardization:** The established infrastructure will serve as a foundation for future data integrations, setting a unified standard for data management policies across institutions. The mandatory collection of employment-related data through the Competence Platform will guide future actions towards improving data completeness and quality, including measures to support and motivate healthcare institutions to fully report required information. Over time, this will strengthen

	evidence-based workforce planning and policy development. Strengthened capacity for forecasting and scenario modelling across both outpatient and inpatient services. Advanced forecasting algorithms and analytical dashboards developed to support improved decision-making.

F

Policy Action Plan

Malta

POLICY ACTION PLAN TITLE	Strengthening Strategic, Evidence-Based Health Workforce Planning in Malta
POLICY OBJECTIVES	The HEROES policy framework for Malta aims to institutionalise Evidence-Based health workforce planning as a strategic national function, addressing long-standing weaknesses in governance, data integration, analytical capacity, and sustainability. It responds to systemic challenges arising from a fragmented planning environment, labour market vulnerabilities, and demographic pressures, while aligning directly with the National Health Systems Strategy 2023–2030. Through strengthened governance, improved data systems, and enhanced planning capacity, the policy supports national reform objectives focused on administrative efficiency, strategic foresight, and long-term health system resilience.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	Concrete National Policy Actions (arising from policy dialogue on data, tools and skills) 1. **Data:** Harmonisation of HR data across public health entities; structured engagement with Jobsplus and education institutions to capture workforce inflows; development of interim databases and progression towards a central health workforce data repository integrating supply, demand, education and migration data.

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	2. **Tools:** Adoption and national roll-out of the NIVEL Health Workforce Planning and Forecasting Tool, adapted to the Maltese context; use of stock-and-flow modelling and scenario analysis to support policy decisions, task-shifting discussions and service redesign. 3. **Skills:** Targeted capacity-building through national seminars and hands-on workshops on workforce modelling, forecasting, and scenario analysis; strengthened transversal skills in policy dialogue, health economics, change management and Evidence-Based decision-making; embedding HWF planning competencies within the People Management Division to ensure sustainability.
Tangible Outcomes	1. **Governance Structure** Formal establishment of Health Workforce Planning as a strategic function within the People Management Division of the Ministry for Health and Active Ageing. Reconstitution of the HEROES Project Implementation Team into a permanent Health Workforce Planning Team, ensuring continuity beyond the Joint Action. Clearer role definition and accountability arrangements across ministries, public health entities, education providers, regulators, and employment agencies. Inclusion of Health Workforce Planning in the Job description of Director within the People Management Division. 2. **Formalised Coordination Mechanisms** Agreement on regular bi-annual multi-stakeholder meetings involving education institutions, Jobsplus, Identity Malta, regulatory bodies, and service providers.

Creation of a multi-stakeholder think-tank, led by the Director General for People Management, to support strategic workforce discussions and prevent siloed decision-making.

3. Policy and Strategic Instruments

Maintain the alignment with the National Health Systems Strategy 2023–2030, providing a formal strategic mandate for workforce planning.

Operationalisation of these strategies through HEROES, translating high-level commitments into tools, governance arrangements, and institutional practices.

4. Planning Tools and Technical Outputs

Adoption and national roll-out of the NIVEL Health Workforce Planning and Forecasting Tool, formally used by the Ministry for Health and Active Ageing. This includes the application of stock-and-flow modelling and scenario analysis to inform recruitment, training, retention, task-shifting, and service redesign discussions.

Development of standardised planning templates and modelling assumptions, used consistently across professions and services.

5. Data and Information Systems

Harmonisation of HR data across public health entities, improving consistency and comparability.

Development of interim workforce databases, capturing education inflows and workforce characteristics.

	Concrete progress towards a centralised health workforce data repository, integrating HR, education, labour market, and (prospectively) regulatory data. Structured data-sharing engagement with Jobsplus and education institutions, with ongoing work to address GDPR-compliant access to regulatory data. **6. Skills and Capacity-Building Outputs** Delivery of training seminars and hands-on workshops on workforce modelling, forecasting, and scenario analysis. Strengthened analytical and policy-translation capacity among HR managers, service heads, clinicians, and planners. Embedding of workforce planning competencies within the People Management Division's routine functions. Planned extension of training into change management and health economics, reinforcing sustainability.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	People Management Division Ministry for Health and Active Ageing
Who are the supporters to assist the responsible person/unit?	These include the following: 1. Two main Educational Institutions in Malta, University of Malta and Malta College of Arts, Science and Technology 2. National Employment Agency, Jobsplus 3. National Agency for citizenship and residency, Identita' 4. Regulatory Bodies that issue registration to Health Care Professionals

	5. Information Management Unit responsible for Health & Active Ageing 6. Heads of Clinical Services, these include Chief Executive Officers of our Health Care Entities, Heads of Professions including Nursing & Midwifery, Allied Health and Medical Practitioners, Clinical Chairpersons of each Specialty and HR Managers.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	**Data:** The consolidation of relevant data into a centralized data repository is expected to be partially completed by Q4 2026. This timeline reflects the progressive integration of datasets from multiple stakeholders involved in health workforce planning. While significant progress is anticipated within this period, full completion may extend beyond this timeframe due to potential organizational and operational constraints faced by certain stakeholders, which may affect their ability to provide the required data within the initial implementation phase. The approach therefore allows for a phased integration process, ensuring that available data sources are incorporated as they become accessible, while maintaining ongoing engagement with stakeholders to facilitate the gradual inclusion of additional datasets. This staged approach is intended to support the development of a comprehensive and sustainable data infrastructure while accommodating varying levels of readiness across contributing entities. **Tools:** This is an ongoing action since the PMD are carrying out yearly meetings with Heads of services so that the tool is used for such forecasting **Skills:** April 2026
How do you foresee the completion of the actions and the policy implementation by date?	The completion of the actions and overall implementation of the policy will be achieved through a phased approach aligned with the timelines established for the key components of the framework. Regarding data, the consolidation of relevant datasets into a centralised data repository is expected to be partially completed by Q4 2026 through the progressive integration of data from multiple stakeholders involved in health workforce planning.

	While substantial progress is anticipated within this period, the full consolidation of all datasets may extend beyond this timeframe due to potential organisational and operational constraints affecting some stakeholders' capacity to provide data during the initial implementation phase. In relation to tools, this action constitutes an ongoing process. The People Management Division will continue to conduct annual meetings with Heads of Services to support the consistent use of the workforce planning tool and to facilitate forecasting and planning activities. These regular engagements ensure that the tool remains embedded within routine planning processes and that workforce projections are regularly reviewed and updated. With respect to skills component, the training is expected to be completed by April 2026, strengthening the analytical and planning capabilities required to support Evidence-Based health workforce planning. Taken together, these actions will support the gradual operationalisation of the policy framework, ensuring that the necessary data infrastructure, planning tools, and organisational capacity are in place to enable effective and sustainable implementation.
NECESSARY RESOURCES What costs are you anticipating?	At this time, no additional costs are anticipated. The implementation and ongoing management will be carried out within the scope of our existing operational structure and resources, and therefore will be absorbed as part of our regular operational activities.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	At this stage, no specific additional materials or equipment are anticipated to be required for the implementation of the policy. The necessary technical conditions are largely already in place within the existing operational framework. In particular, a software-based workforce planning tool is already being utilised to support forecasting and planning activities.

	Where additional technical support may be required, any complementary necessary tools will be developed in-house, drawing on existing institutional capacities and resources. This approach ensures that the technical requirements for policy implementation can be met within the current infrastructure while allowing for flexibility to develop and adapt supporting tools as needed.
What is the HR/personnel needed for the policy implementation?	No additional human resources are expected to be required for the implementation of this policy. The responsibility for this policy action is already incorporated within the functions of the People Management Division and will therefore be addressed within the Division's existing roles, responsibilities, and operational capacity.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	• Ministry for Health and Active Ageing (MHA) – provides strategic leadership and policy direction. • People Management Division within the Ministry for Health and Active Ageing – responsible for operational workforce planning, coordination of workforce data, and implementation of planning tools. • Office of the Prime Minister / People and Standards Division – oversees public service workforce policies, recruitment frameworks, and alignment with central government priorities. • Public healthcare service providers (e.g., hospitals, primary care entities and service departments) – provide workforce demand data and service delivery insights. • Educational institutions including the University of Malta, MCAST and other training providers – responsible for educating and supplying the future health workforce. • Regulatory councils for healthcare professions – maintain registers of licensed professionals and regulate professional standards and scope of practice. • Jobsplus and Identita – provide labour market data and information on workforce employment patterns.

	• Professional associations and trade unions – represent workforce interests and contribute to policy discussions affecting professional practice and working conditions. • International partners, particularly the Nivel Institute Netherlands, the WHO Regional Office and the HEROES Joint Action consortium – provide technical support, policy guidance and shared learning.
What is the expected resistance to change? Ways to mitigate it?	**Potential risk: Resistance to change** Some stakeholders may be hesitant to adopt new workforce planning approaches, tools, or data-sharing practices, particularly where these represent a shift from traditional or established processes. **Mitigation approach:** This risk can be mitigated through early and continuous stakeholder engagement, clear communication of the benefits of Evidence-Based workforce planning, targeted and continuous training and capacity-building activities, and involving key stakeholders to strengthen ownership and acceptance.
STATUS – TRACK THE PROGRESS What progress has been made?	1.Since the implementation of the HEROES Joint Action, Malta has made substantial progress in strengthening its health workforce planning (HWF) framework. Health workforce planning has been formally embedded within the National Health Systems Strategy 2023–2030, signalling a shift from reactive workforce management towards a more strategic and Evidence-Based approach. 2. Another key development is the strengthened collaboration between stakeholders such as educational institutions, regulatory bodies, employment agencies, and healthcare service providers. Policy dialogues held between 2023 and 2025 significantly improved stakeholder engagement and fostered a movement towards shared ownership of workforce planning processes.

	3. Progress has also been achieved in improving data awareness and governance. HR data across public health entities have begun to be harmonised, interim databases capturing education inflows have been created, and collaboration with employment authorities has improved workforce coding. These developments support the long-term objective of establishing a centralised health workforce data repository. 4. Introduction of a workforce planning and forecasting tool (with the support of Nivel Institute, the Netherlands and WHO) to support Evidence-Based workforce projections and scenario planning. 5. Capacity-building and training initiatives implemented to strengthen analytical skills, support evidence-informed workforce planning, and ensure the long-term sustainability of workforce planning capacity and expertise.
Set the mode how to monitor the progress? (KPIs)	Implement and measure progress by measuring: 1. Frequency of stakeholder meetings and policy dialogues conducted to support coordinated health workforce planning across relevant institutions. 2. Level of institutional collaboration established between health authorities, education providers, Jobsplus and regulatory bodies, including the development of formal cooperation mechanisms. 3. Progress in the development of a centralised health workforce data repository integrating workforce, education, and labour market data sources. 4. Number of personnel trained in health workforce planning and forecasting methodologies, contributing to strengthened analytical and planning capacity. 5. Extent of institutional adoption and use of the health workforce planning and forecasting tool in workforce planning processes and decision-making.

EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	**Fragmented data systems**: Health workforce data remain distributed across multiple institutions, including regulatory bodies, education providers, and employment agencies. Limited data sharing arrangements, particularly with regulatory councils and private sector providers, which may restrict comprehensive workforce analysis. **Limited analytical capacity:** Although training has improved awareness and skills, the availability of specialised workforce analytics expertise remains limited. Without sustained capacity building, the use of advanced forecasting tools may remain underutilised. **Stakeholder coordination challenges:** Effective workforce planning requires continuous collaboration across ministries, healthcare entities, education providers, and regulatory bodies. Differing institutional priorities or limited engagement from certain stakeholders could slow progress. **Labour market constraints and workforce mobility**: Labour market pressures, including international mobility of healthcare professionals and reliance on foreign-trained personnel. **Dependence on internal and political commitment and resources:** Dependence on continued internal and political commitment and resource allocation to sustain workforce planning structures and activities.
How can you define the success of the action?	Success will be defined by the institutionalisation of health workforce planning as a routine strategic function, regular use of Evidence-Based projections in decision-making, improved data quality and availability, and strengthened inter-institutional collaboration. Ultimately, success will be reflected in the health system's increased ability to anticipate workforce needs, respond to demographic and epidemiological changes, and maintain a sustainable and resilient healthcare workforce.

What impact do you anticipate on future actions and policies?	The actions undertaken during the HEROES initiative are expected to have an impact on future health workforce planning in Malta. By strengthening governance structures, improving data systems, and enhancing analytical capacity, the country will be better positioned to undertake long-term Evidence-Based workforce planning and anticipate future healthcare needs. Improved evidence and forecasting capacity will support the integration of workforce planning into broader national policy areas, including health service planning, education and training strategies. In the long term, the institutionalisation of health workforce planning is expected to contribute to a more resilient health system capable of adapting to demographic changes, emerging health challenges, and evolving service delivery models. The lessons learned from HEROES will therefore inform future national strategies and strengthen Malta's capacity for sustainable health system planning.

Policy Action Plan
The Netherlands

POLICY ACTION PLAN TITLE	Establishing a National Expert Group on Health Workforce Policy, Planning and Forecasting
POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	Since the start of the Joint Action (JA) HEROES, Nivel (the Netherlands Institute for Health Services Research) together with the National Institute for Public Health and the Environment (RIVM), initiated a number of meetings to bring stakeholder organizations together that are involved in health workforce planning and forecasting from a policy, research, professional, national or regional perspective. Until then, each stakeholder organizations acted separately within its role and responsibility, missing the opportunity to join forces and expertise. In addition, the need was emerging to look across health care sectors, regions and professions, to enable *integrative* health workforce planning and forecasting – including all its opportunities and challenges. The meetings organized were successful in the (voluntary, non-funded) participation of 20-30 experts from an equal number of organizations. Most of the experts contributed by presenting, as attendee and/or discussant on the several occasions that were subsequently organized in an emerging, participatory and bottum-up manner. Approaching the end of the JA HEROES, the policy goal is to permanently involve these stakeholder organizations and their representatives and govern this into a 'National Expert Group on Health Workforce Policy, Planning and Forecasting'. The aim is that this National Expert Group will be permanently working on the following goals: ➢ Exchange data, model, tools and techniques for HWF planning and forecasting, and develop innovations between its members; ➢ Exchange good practices and projects at the regional, sectoral and organisational level of HWF planning and forecasting between its members; ➢ Give tailored advice and/or training to regional organisations, health sector and professional associations, and health care providers on how to design and implement HWF planning and forecasting;

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	➢ Give tailored advice and/or training to international organisations or policy/research organisations in other countries on how to design and implement HWF planning and forecasting; ➢ Yearly organize two invitational conferences on HWF planning and forecasting for a larger national and international audience.
Do you have a national HWF strategy, or any previous policy plan you could rely on?	This Policy Action Plan builds upon four meetings and an informal expert network that has been formed during the last four years by Nivel and RIVM. The aim of the National Expert Group on Health Workforce Policy, Planning and Forecasting is to align with the strategies of the Dutch Ministry of Health, Ministry of Social Affairs and Ministry of Education, Culture and Science to achieve and maintain a sustainable health workforce by all measures for recruitment, retention and employability. It also aligns with the policy strategy to implement HWF planning and forecasting at all regional and sectoral levels, as well as to integrate knowledge, research, policy, and practices.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	To establish the intended National Expert Group on Health Workforce Policy, Planning and Forecasting, an organizational structure and legal basis must be developed and designed that fits the goals and activities of the National Expert Group. This includes the formation of a board, membership policy, strategic agenda, budget recruitment and allocation, as well as setting up specific working groups or expert sub-groups.
What priority can you identify for them?	Priority is in the foundation of the National Expert Group on Health Workforce Policy, Planning and Forecasting, i.e. resources and availability of the initiating experts from Nivel, as well as the members of the informal expert network.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The establishment and foundation of the National Expert Group on Health Workforce Policy, Planning and Forecasting is a joint responsibility of all stakeholder organizations. As of now, the main option is that the experts from Nivel will take the lead in initiating and implementing the National Expert Group. Nivel is positioned with the required experience, expertise and overview of the Dutch stakeholder landscape to fulfill this responsibility.
Who are the supporters to assist the responsible person/unit?	Nivel will seek support from organizations such as RIVM (co-founder of the current informal expert network, see above), MoH and the Advisory Committee on Health Workforce Planning (ACHWFP), benefiting from existing collaborations with them.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	The foundation meeting for the National Expert Group on Health Workforce Policy, Planning and Forecasting is planned at the end of 2026 (i.e. October of November). Before this period, an extensive period of preparation is needed to design the actions as specified above (i.e. the formation of a board, membership policy, strategic agenda, budget recruitment and allocation, as well as setting-up specific working groups or expert sub-groups). After the foundation meeting, the next deadlines will consist of the internal and external National Expert Group meetings in 2027 and beyond. For 2027, about 4 or 5 internal meetings (of the National Expert Group) and two external meetings (with and for a larger audience, see above) will be planned.
How do you foresee the completion of the actions	All the current members of the informal network have been very supportive, willing to collaborate and invest time. This provides a solid basis for the foundation and implementation of the national Expert Network as described above. Still, a number of barriers and challenges need to be met (see below).

and the policy implementation by date?	
NECESSARY RESOURCES What costs are you anticipating?	Personnel budget is required to compensate for the time needed to realize the start-up phase of the National Expert Group on Health Workforce Policy, Planning and Forecasting. Given a small initiating team of experts from Nivel and several members from the supporting organizations (see above), the estimated budget for 2026 would be around €16,000. For 2027 and beyond, given that the National Expert Group is implemented and executing its tasks, about €25,000 per year would be an estimation of the required budget for its staffing. It is aimed that the National Expert Group will gradually secure its own budget for training, advice, and the organization of events.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	The office location of the National Expert Group on Health Workforce Policy, Planning and Forecasting can be integrated at the current Nivel office, including administrative and financial support. External locations for external meetings of the board on National Expert Group are planned preferably in Utrecht (where Nivel is based as well), being the center of the country. Costs will depend on the type of training, advice or conference event.
What is the HR/personnel needed for the policy implementation?	See above, a small initiating team of experts from Nivel, a number of members from the supporting organizations, as well as a small administrative staff.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	Stakeholders are, first of all, members of the intended National Expert Group on Health Workforce Policy, Planning, and Forecasting. They are the main asset of the National Expert Group, while their work and impact will be a result of the synergy from their collaboration and joint added value. As mentioned before, a wide range of organizations involved in health workforce planning and forecasting are currently part of the informal expert network. The broader stakeholder pool that is aimed as a recipient of the National Expert Group activities are regional organizations, health sector and professional associations, and health care providers in the Netherlands. In addition, it is aimed at reaching stakeholders from other countries with advice, training, and tools/models as well.
What is the expected resistance to change? Ways to mitigate it?	These are expected to be absent or minimal, given that the National Expert Group on Health Workforce Policy, Planning and Forecasting will build upon existing collaborations; and will bring together different interests of different organizations. To the best of our knowledge, this policy action plan is not in competition with any other initiative currently pending in the Netherlands.
STATUS – TRACK THE PROGRESS What progress has been made?	As mentioned before, several meetings with an informal expert network organized by Nivel and RIVM in the last three years provide the base for the establishment and foundation of the National Expert Group on Health Workforce Policy, Planning and Forecasting. The ending of JA HEROES will be the starting point for the preparation and development of the national Expert Group at the end of 2026, and its further implementation in 2027 and beyond.
Set the mode how to monitor the progress? (KPIs)	The document in which the foundation of the National Expert Group on Health Workforce Policy, Planning and Forecasting is described, the public presentation of this document, as well as its announcement on social media and websites of Nivel and its Group members, can all be considered as a concrete KPIs for the start-up phase. This includes the minutes and reportage of the foundation meeting planned end of 2026. Next, KPIs will be derived from the strategic and working plan for the National Expert Group, for 2027 and beyond. As described above,

	about 4 or 5 internal meetings (of the National Expert Group) and two external meetings (with and for a larger audience, see above) will be planned. The announcement, organization and reports of these events can be used as KPIs as well. In a more summative and formative manner, it can be counted how many meetings with external stakeholders for (intended) advise, training and presentation will have taken place. Also, the interest, satisfaction and perceived added value of these services can be monitored and eventually the revenues from this.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	Failing to recruit the (relatively small) budget for the foundation of the National Expert Group on Health Workforce Policy, Planning and Forecasting is a potential risk of this policy action plan. Another risk would be the drop-out of member of the National Expert Group (internally), and externally a lagging interest of regional, sectoral and professional health organizations in the Netherlands, and/or from other countries internationally.
How can you define the success of the action?	See the KPIs above: a first success would be the realisation of a joint meeting by which the National Expert Group on Health Workforce Policy, Planning and Forecasting is established at the end of 2026. Next, a success would be (1) a growing National Expert Group with a growing exchange and development of new data, models, tools and best practices in health workforce planning and forecasting, and (2) a growing interest from regional, sectoral and professional health organisations that are served by the National Expert Network by tailored advice, training and support in health workforce planning and forecasting. A sustainable Network that creates added value and has budget security, can also defined as a success factor/indicator.
What impact do you anticipate on future actions and policies?	The National Expert Group on Health Workforce Policy, Planning and Forecasting can have a wide future impact in bringing together planning and forecasting expertise from a policy, research, professional, national or regional perspective. It provides the next opportunity within the Netherlands to monitor, plan and forecast across health care sectors, regions and professions, thereby supporting integrative health workforce polices.

Policy Action Plan Norway

January 2025

POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	In the 2026 national budget, the Norwegian Government through the Ministry of Health and Care Services (MoH), announced that a long-term Health Workforce Plan extending to 2040 will be presented during 2026. The plan aims to strengthen recruitment and retention of professional competence across the health and care services, while also ensuring that the perspectives and roles of family caregivers are properly addressed. Relevant stakeholders will be involved throughout the process. The plan will include measures within several key priority areas: i) working environment and employment conditions, ii) division of responsibilities, task-sharing, and effective organization of work processes, iii) technology and equipment, and iv) recruitment to the health and care sector.
Do you have a national HWF strategy or any previous policy plan you could rely on?	Norway does not currently have a dedicated Health Workforce (HWF) strategy. However, the field has been the subject of long-term policy efforts (and included as elements in white papers) over several years, including through the government's strategic initiative *Kompetanseløft*, aimed at strengthening competence in the municipal health and care services.

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	The most significant work on the HWF area in recent years has been the Health Personnel Commission (*Helsepersonellkommisjonen*), established by the Norwegian Government in order to write an independent official public report. The Commission provided a comprehensive assessment of long-term health workforce challenges and concluded that Norway faces a difficult and unsustainable HWF situation unless substantial measures are taken. Its analysis emphasized demographic pressures, limited labour supply, and the need for new ways of organizing, prioritizing, and delivering services. The Commission's findings were followed up in the government white paper *National Health and Collaboration Plan* (*Nasjonal helse- og samhandlingsplan*), which emphasized the same problem analysis and highlighted the need for structural, organizational, and competence-related reforms. This shared understanding of the challenges identified by the Health Personnel Commission forms the foundation for the new Health Workforce Plan currently under development. Many of the Commission's recommended measures remain relevant and will continue to guide the ongoing work.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	The Ministry of Health and Care Services owns the process of developing the new Health Workforce Plan and has full authority to determine which actions will be prioritised, how they will be implemented, and what is required to ensure effective policy execution. As the plan and its associated decisions are currently exempt from public disclosure, there is unfortunately very limited information we can share at this stage.
What priority can you identify for them?	See the last answer.

RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The Ministry of Health and Care Services is responsible for developing and leading the work on the plan.
Who are the supporters to assist the responsible person/unit?	The Norwegian Directorate of Health and Statistics Norway have been closely involved in the development of the Health Workforce Plan through a series of targeted assignments from the Ministry of Health and Care Services. These assignments have required the Directorate to provide knowledge, analyses, and clarifications on key aspects of the health workforce situation, and Statistics Norway to provide e.g. recoded data and HWF forecasting. A central element of this work has been the use of Statistics Norway's *Helsemod* projection model, which has served as an essential part of the evidence base. New analyses were produced specifically for this effort, often under very tight deadlines. Statistics Norway has emphasized that the rapid and high-quality analytical work would not have been possible without the methodological and collaborative improvements achieved during the JA Heroes period. Cooperation between the Directorate and Statistics Norway has also strengthened significantly. The organisations have worked closely together through frequent meetings, technical discussions, and joint reviews of data structures and model assumptions. Several meetings have also been held between MoH, the Directorate, and Statistics Norway to discuss *Helsemod* and the findings emerging from the new analyses. The process improvements generated through the Policy Dialogues in the JA Heroes project have strengthened collaboration and fostered a shared understanding among stakeholders. The ongoing work continues to follow the same approach in practice, even though it is no longer formally defined as a Policy Dialogue. Across all parties, the dialogue has been open, constructive, and

	solution-oriented, enabling faster progress and higher-quality outputs.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	The Ministry has stated that the plan will be presented during 2026. The Directorate of Health has received several assignments from MoH to contribute to parts of the plan during the first quarter of 2026. Many of these assignments have been accompanied by short deadlines.
How do you foresee the completion of the actions and the policy implementation by date?	See the answer above.
NECESSARY RESOURCES What costs are you anticipating?	There is limited information we can provide regarding the resources required for this work, as this is fully managed by the Ministry of Health and Care Services. However, on a general basis, it is reasonable to anticipate that additional resources will need to be allocated to support the further development and implementation of the Health Workforce Plan beyond what is already in place
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	The final resource requirements will also depend on which measures and priority areas the Ministry of Health and Care Services ultimately chooses to pursue. However, much of the necessary foundation for this work already appears to be in place. It is possible that municipalities may need further strengthening in order to enhance their capacity for strategic competence planning, as this is an area where capabilities vary and future demands may increase. When it comes to equipment and similar supporting tools, most of what is needed is likely already established.
What is the HR/personnel needed for the policy implementation?	Ultimately, this will depend on the choices the Ministry of Health and Care Services makes regarding priorities and measures. However, it does not appear necessary to increase staffing within MoH, the Directorate of Health, or Statistics Norway in order to enable implementation of the Health Workforce Plan. That said, there will certainly be tasks and responsibilities that require contributions from multiple employees across these institutions.

STAKEHOLDERS IMPACTED

What is the stakeholder pool that will be impacted by the policy?

The new Health Workforce Plan will affect a wide range of stakeholders across the health and care sector. Several key institutions will play important roles in both the development and the eventual implementation of the plan. Below are the primary stakeholders expected to be impacted:

- **Ministry of Health and Care Services**
- **Norwegian Directorate of Health**
- **Statistics Norway (SSB)**
- **Regional Health Authorities (RHF)**
- **KS (the Norwegian Association of Local and Regional Authorities)**
- **Municipalities**
- **Trade unions and professional associations**

Several of these stakeholders—particularly the Regional Health Authorities, KS, and the trade unions and professional associations, have already been involved in the ongoing work with the plan. Their contributions have included providing responses to questions directly from MoH, supplying relevant knowledge and background information, and participating in meetings with both the Directorate of Health and Statistics Norway as part of the analytical and preparatory processes.

It is a clear advantage that a broad range of stakeholders is engaged in the process, to varying degrees. This inclusive approach helps ensure that the plan is grounded in practical realities, informed by diverse perspectives, and better positioned for effective implementation.

What is the expected resistance to change? Ways to mitigate it?	This question is difficult to answer, as it is not yet known which specific measures the Ministry of Health and Care Services will choose to include in the Health Workforce Plan. However, it is likely that some degree of resistance will arise to certain proposed changes or solutions. Much of this can be mitigated through openness, transparency, and active dialogue with stakeholders. At the same time, there is strong evidence that continuing with current approaches will not be sufficient to address the health workforce challenges Norway is expected to face toward 2040. New and alternative measures will therefore be necessary.
STATUS – TRACK THE PROGRESS What progress has been made?	The Ministry of Health and Care Services is currently leading the development of the Health Workforce Plan, and both the Norwegian Directorate of Health and Statistics Norway (SSB) contribute continuously whenever requested. The improvements made to SSB's *Helsemod* model during the JA Heroes project are being used on an ongoing basis to deliver the analyses needed to support MoH's work. The overall goal remains that the plan will be presented in 2026.
Set the mode how to monitor the progress? (KPIs)	The Ministry of Health and Care Services will determine how the results and impacts of the new Health Workforce Plan are assessed and monitored. This is typically done through qualitative evaluations provided by the actors responsible for implementing the measures, as well as through follow-up evaluations or research conducted by external organisations when relevant.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	The extent to which risks or challenges may arise will ultimately depend on the specific measures the Ministry of Health and Care Services decides to include in the new Health Workforce Plan. Nevertheless, several factors could influence the overall success of the plan. These include resistance to change from professionals, RHFs, municipalities and/or professional associations—particularly when new organisational models, training pathways, or professional roles are introduced. In

	addition, insufficient coordination between key stakeholders could lead to duplication of effort or organisational inefficiencies, potentially reducing the impact of the plan.
How can you define the success of the action?	The plan can be considered a success if the health and care services become better at recruiting and retaining professional competence. Strengthening the ability to attract qualified personnel and ensuring that skilled staff remain in the sector over time are central indicators of whether the plan achieves its intended impact.
What impact do you anticipate on future actions and policies?	It is difficult to predict at this stage, but it is expected that the plan will be continuously updated and refined to ensure that it remains relevant and aligned with evolving needs. In this way, it is likely to shape and guide how health workforce challenges are addressed in the period leading up to 2040.

Policy Action Plan Poland

January 2026

POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	**Specialist Physicians** Plans are in place to streamline the process of allocating residency positions, with the aim of filling shortages in specialties where there are projected difficulties in ensuring generational succession, with particular emphasis on underserved regions. **Nurses and midwives** There are also plans to clarify the competencies of nurses and midwives, with the aim of further strengthening the role of these professions in the healthcare system and improving the accessibility and quality of medical services.
Do you have a national HWF strategy or any previous policy plan you could rely on?	In terms of strategy, the National Transformation Plan (NTP) for 2027–2031[1] has been developed. The NTP is an implementation document that outlines specific actions (including the responsible entity, expected outcomes, and performance indicators) that must be taken to ensure access to high-quality healthcare services. These actions stem from recommendations derived from the health needs

[1] https://dziennikmz.mz.gov.pl/DUM_MZ/2025/106/akt.pdf (access: 03-16-2026)

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map and other strategic documents in the health sector.

Actions related to medical personnel include, among others:

Action	Expected outcome
Improving the quality of medical staff training (particularly for physicians and dentists)	• improving the quality of health services provided by medical personnel, • reducing disparities in the distribution of medical specialists, • ensuring high-quality education in medical and dental programs.
Improving the quality of specialized training for nurses and midwives	• enhancing the quality of education, • standardizing procedures related to the development of postgraduate education programs.
Development and support of postgraduate education for nurses and midwives	• enhancing the professional qualifications of nurses and midwives, • improving the quality of nursing and midwifery services nationwide.

	Optimizing the potential of the healthcare workforce	• better utilization of the healthcare workforce's potential and increased access to healthcare services.
	Supporting the development of the healthcare workforce	• increasing the number of healthcare professionals in the healthcare system.

MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	Implementing the planned measures would, in particular, require the preparation and enactment of appropriate legislative changes.
What priority can you identify for them?	Possible priorities include evaluating the process of allocating residency positions for physicians, supporting the quality of education, and strengthening the role and utilization of the competencies of nurses and midwives within the healthcare system
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	According to the provisions of the National Transformation Plan, with regard to the vast majority of initiatives concerning medical personnel, the Ministry of Health is the primary entity responsible for implementing the policy
Who are the supporters to assist the responsible person/unit?	Regional offices, institutions responsible for postgraduate training, healthcare providers, national and provincial consultants, and healthcare experts.

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TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	At this stage, it is not possible to specify precise timelines for the implementation of individual measures. The “National Transformation Plan” covers the period from 2027 to 2031.
How do you foresee the completion of the actions and the policy implementation by date?	As above
NECESSARY RESOURCES What costs are you anticipating?	With regard to the measures specified in the NTP, it should be noted that, in the vast majority of cases, these costs will also be determined during the drafting of detailed regulations and the assessment of their impact.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	At this stage, it is not anticipated that the implementation of the proposed solutions will be contingent upon the fulfillment of specific technical conditions.
What is the HR/personnel needed for the policy implementation?	At this stage, the organizational units of the Ministry of Health play a key role in the implementation of policies.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	1. Representatives of key medical professions, including doctors, nurses, and midwives; 2. Healthcare providers and recipients; 3. Regional Offices.
What is the expected resistance to change? Ways to mitigate it?	At this stage, resistance to the changes can be expected from members of the medical profession, including young doctors facing the choice of a specialty, as well as nurses and midwives. One way to mitigate this resistance would be for the Minister of Health to communicate the changes transparently. Additionally, an important element is conducting a consultation process with stakeholders and the medical community.

STATUS – TRACK THE PROGRESS What progress has been made?	As part of the HEROES project, the Department of Analysis and Strategy at the Ministry of Health conducted an analysis of the process for allocating residency positions. With regard to nurses and midwives, an extensive literature review was carried out, covering the professional competencies of nurses and midwives in an international context.
Set the mode how to monitor the progress? (KPIs)	At this stage, it is not possible to implement full KPI monitoring due to the ongoing internal consultation process.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	It is crucial that the plan be approved by both the Ministry of Health and other stakeholders. Potential risks and challenges may arise during the legislative process and during consultations with the medical community at the approval stage.
How can you define the success of the action?	The success of the initiative is defined as the effective implementation of legislative changes within the scope of the action plan. In the long term, it is expected to improve access to physicians in underserved specialties and regions, as well as to enhance the utilization of the expertise of medical professionals
What impact do you anticipate on future actions and policies?	The implementation of the planned legislative changes would serve as a starting point for further initiatives in this area. Success at this stage would pave the way for further action.

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Policy Action Plan Portugal

POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	Portugal's Policy Action Plan under the Joint Action HEROES is anchored in a long-standing national commitment to strengthening health workforce planning as a core pillar of health system sustainability. Although Portugal does not yet have a fully institutionalized and systematic national health workforce planning strategy, several policy instruments, reforms and analytical exercises have progressively highlighted the central role of strategic planning and management of human resources for health (HRH). In this context, HEROES represents a critical opportunity to consolidate existing efforts, address structural gaps, and embed health workforce planning as a permanent governance function within the Portuguese health system. This Policy Action Plan builds directly on the strategic orientation set out in the *Health Human Resources Plan 2030 (PRHS 2030)*, coordinated by ACSS, which identifies "Improving strategic human resources planning" as its first strategic axis. HEROES contributes to this objective by reinforcing analytical capacity, strengthening data use — including mapping demand-side indicators and identifying evidence gaps—to support evidence-based health workforce policy development— and promoting structured policy dialogue as a mechanism to align evidence, policy priorities and institutional responsibilities, facilitate stakeholder engagement, and strengthen evidence-informed policy development Health workforce planning in Portugal is grounded in the constitutional right to health, as enshrined in Article 64 of the Portuguese Constitution, which establishes the State's obligation to guarantee the right to health protection through a universal and general National Health Service (SNS). This constitutional mandate provides the foundational legitimacy for public policies aimed at ensuring the availability, accessibility and quality of health professionals across the country. This principle is further operationalized by the Health Basic Law (Law No. 95/2019 of 4 September), which sets out the core foundations of health policy and the Portuguese health system. Implicitly, the Health Basic Law recognizes State's responsibility to ensure adequate, integrated and forward-looking planning of human resources for health, linking workforce planning to education and training policies, professional qualification pathways, territorial distribution, career structures and working conditions. Under this legal framework, strategic health workforce planning is not merely a technical exercise, but a public policy obligation directly connected to the sustainability, equity and quality of the SNS. The Policy Action Plan developed within HEROES aligns with these constitutional and legal principles, aiming to strengthen governance arrangements, improve coordination across institutions and sectors, and support evidence-based decision-making that ensures the long-term resilience of Portugal's health system. These efforts also contribute to the United Nations Sustainable Development Goals, particularly SDG 3 on Good Health and Well-Being, by promoting equitable access to quality health services and a sustainable health workforce.

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Do you have a national HWF strategy, or any previous policy plan you could rely on?	Portugal does not currently have a single, standalone, fully implemented national health workforce (HWF) strategy, nor a fully systematized and continuous set of HWF planning processes. Instead, workforce planning relies on a combination of fragmented instruments, sectoral reforms, and ad hoc or case-by-case planning exercises. These initiatives, while relevant, have historically lacked a unified strategic framework, formal governance arrangements, and continuity over time. In Portugal, HWF planning is currently guided by a set of formal and informal instruments rather than by a single, fully integrated national strategy. These include staff establishment plans, Activity and Budget Plans, and other administrative and managerial tools used across central, regional and local levels of the NHS. While these mechanisms support short- to medium-term workforce management and budgetary alignment, they are often fragmented, reactive and limited in their capacity to support long-term, strategic and prospective planning of health human resources. At the strategic level, the National Health Plan provides an important policy reference for health workforce planning, although it does not establish a dedicated operational framework for this purpose. Within its strategic priorities, this plan explicitly highlights the need to "re-adjust the skills and size of the health workforce", recognising workforce planning as a critical enabler of health system resilience and performance. The Plan stresses that health human resources must be planned in a timely and adequate manner, based on forward-looking analyses and in response to evolving health needs, demographic and epidemiological trends, changes in the determinants of health, and the increasing role of new technologies in care delivery. Together, these instruments demonstrate that, while Portugal has acknowledged the strategic importance of health workforce planning, existing approaches remain dispersed and insufficiently systematised. Previous attempts to formalize HWF planning at national level, including ministerial orders aimed at strengthening coordination and planning functions, illustrate recognition of the issue but have not yet resulted in a fully institutionalized and operational framework. Within this context, HEROES builds on existing foundations by strengthening analytical capacity, improving the systematic use of data, and embedding structured policy dialogue as a permanent governance tool. The Joint Action supports a shift from isolated planning exercises towards a more strategic, coordinated, and sustainable approach to HWF planning. The objectives of HEROES and the proposed Policy Action Plan are aligned with several key national strategic frameworks: ○ **Portugal 2030 Strategy**, approved by Council of Ministers Resolution No. 98/2020, establishes the overarching framework for structural public policies promoting economic and social development over the next decade. It identifies *health system resilience* as a strategic priority under the thematic agenda "People First", with a focus on disease prevention, healthy lifestyles, universal access, and the quality and resilience of health services - objectives that are intrinsically dependent on a sustainable health workforce. ○ **Recovery and Resilience Plan (PRR)**, with implementation running until 2026, aims to restore sustained economic growth following the COVID-19 pandemic and accelerate convergence with the EU. Anchored in resilience, climate transition, and digital transition, the PRR includes a dedicated health component focused on strengthening the NHS's capacity to respond to demographic and epidemiological change, therapeutic and technological innovation, rising health costs, and growing societal expectations. The PRR acts as an accelerator for health workforce policies, including milestones related to primary care reform, mental health reform, and the governance model of public hospitals. ○ **Major Planning Options Law 2023–2026 (Law No. 38/2023)** defines the government's economic, social, and territorial priorities, identifying demographic change and inequalities as major strategic challenges. It explicitly recognizes the NHS as a priority area for public policy intervention, given the pressure that demographic ageing places on health services and workforce sustainability.

	○ **Stability Program 2023–2027 and National Reform Program 2023**, which function as cross-cutting national planning instruments, provide the macro-fiscal and reform context within which health workforce planning must be embedded to ensure financial sustainability and policy coherence. By aligning with these strategic documents and addressing existing gaps, HEROES contributes to moving from fragmented and reactive planning towards a coherent national approach, strengthening governance, coordination, and stakeholder engagement, and ensuring that future HWF strategies are evidence-based, aligned with EU priorities, and embedded within national policy and budgetary cycles. This positioning increases the likelihood that HWF planning in Portugal will evolve into a permanent, sustainable, institutionalized function of health system governance.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	These are the main actions required for policy implementation ○ **Establishment of formal inter- and intra-ministerial coordination structures** A core action is the creation and formalization of permanent coordination mechanisms at both intra-ministerial (within the Ministry of Health) and inter-ministerial levels. This includes defining a clear governance architecture specifying mandates, roles and responsibilities, decision-making processes, reporting lines, and mechanisms within the Ministry of Health and across sectors (health, finance, education, public administration and national statistics). These structures should be legally framed and embedded in existing governance arrangements to ensure political ownership, continuity beyond electoral cycles, and effective alignment of health workforce planning with broader public policy objectives. The committee should assume an advisory role, issuing recommendations and technical advisory involving several stakeholders to support Government decision-making. In this framework, ACSS should take on the central role of coordinating inter-ministerial and intra-ministerial structures, supported by a diversified technical composition. ○ **Capacity-building through dedicated multidisciplinary teams at central, regional and local level** The policy requires the establishment of dedicated multidisciplinary health workforce planning teams at central and sub-national levels, integrated within formal institutional structures. These teams should have a clear legal mandate, stable financing, and defined responsibilities for analysis, planning, coordination and monitoring. Strengthening institutional capacity at regional and local levels is essential to ensure that national planning frameworks can be adapted to territorial realities and service delivery needs. ○ **Implementation of continuous training and professional development programs** A structured and continuous training program must be implemented to strengthen skills in strategic health workforce planning, including data analysis, forecasting, scenario modelling, monitoring and evaluation, policy translation, and strategic governance and planning. These. These programs should target technical staff, managers and decision-makers across institutions, and be embedded as a regular component of professional development rather than ad hoc initiatives. Continuous capacity-building is essential to sustain the planning function over time and to reduce dependency on external expertise. ○ **Strengthening data systems and prospective workforce models** The policy requires the consolidation of reliable, interoperable and up-to-date data systems, alongside the development and regular use of prospective workforce models. This includes improving data quality and coverage, integrating supply and demand indicators, and ensuring that models can support scenario analysis and medium- to long-term forecasting. These tools should be routinely used to inform policy decisions, budgetary planning and regulatory measures, reinforcing evidence-based governance. Together, these actions form the operational backbone of the policy, ensuring that health workforce planning is institutionalized, technically robust, and sustainably integrated into the health system governance framework.

What priority can you identify for them?	The main priority should be the establishment of a formal network of structures, with a clear definition of roles, responsibilities, and levels of coordination among the different institutions of the Ministry of Health at central, regional, and local levels. This network should ensure functional articulation, reduce fragmentation, and promote consistency in decision-making and implementation across the health system. Building on this foundation, there is a need to move towards a genuinely multisectoral governance structure, involving key actors beyond the health sector. This includes education and higher education authorities, the Ministry of Finance, national statistical bodies, professional councils, and civil society organisations. Such a framework would support a whole-of-government and whole-of-society approach, enabling better alignment between workforce supply, training capacity, budgetary planning, labour market dynamics, and population health needs, while enhancing transparency, shared ownership, and long-term sustainability.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The Ministry of Health, in its role as overall coordinator and political authority, together with ACSS, which assumes the central role of the commissions as the body responsible for technical coordination and monitoring, supported by the Executive Directorate of the National Health Service (DE-SNS), which holds responsibilities for regional health workforce planning.
Who are the supporters to assist the responsible person/unit?	Order No. 4757/2025, of April 22, establishes formal cooperation mechanisms between the government area of health (e.g. ACSS, DE-SNS, SPMS, DGS) and PlanAPP – Center of Competence for Planning, Policies and Foresight of Public Administration, reinforcing the quality and predictability of strategic planning for human resources in healthcare.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	○ Establishment of the governance framework for the Intra-Ministerial Committee: end of 2026. ○ Implementation and rollout of the Intra-Ministerial Committee – end of Q1 2027. ○ Establishment of the governance framework for the Interministerial Committee – end of Q2 2027. ○ Implementation and rollout of the Inter-ministerial Committee – end of 2027.
How do you foresee the completion of the actions and the policy implementation by date?	The actions are structured sequentially to ensure the effective institutionalization of HWF planning through these new governance structures. However, given that the first phase of the Ministerial restructuring is scheduled for the end of the first half of 2026, within the framework of the State reform, the creation of the intra-ministerial committee´s governance model may require adaptation depending on the changes to be defined.
NECESSARY RESOURCES What costs are you anticipating?	All associated costs will be covered by resources already allocated to the institutions of the Ministry of Health. This includes: ○ Human resources dedicated to coordination activities between the Ministry of Health, ACSS, and national and regional stakeholders, ensuring alignment, information flow, and effective governance. ○ Human resources allocated to the implementation of actions, including the definition of governance structures, clarification of roles and responsibilities, and operationalization of planning processes. ○ Technical and methodological support for the development of analyses, health workforce needs assessments, forecasting exercises, and the formulation of operational recommendations.

	○ Organization of workshops, meetings, and working groups to support stakeholder engagement, facilitate the sharing of results, and ensure the effective operational transfer of knowledge and tools. ○ Use of existing digital tools and platforms, and, where necessary, minor adaptations or enhancements to support data collection, monitoring and evaluation, management, and dissemination of the materials produced.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	○ Technical materials and documentation for the sharing of results, guidance and operational recommendations. ○ Infrastructure for the organisation of workshops, meetings and working groups, including in digital formats. ○ Ongoing technical and methodological support from ACSS and/or external consultancy.
What is the HR/personnel needed for the policy implementation?	The implementation of the policy requires the mobilization of human resources with multidisciplinary and complementary competencies, ensuring both strategic oversight and operational capacity. In particular, the following human resources are required: ○ Strategic coordination and oversight by the Ministry of Health, ensuring political leadership, alignment with national health priorities, and integration of health workforce planning into broader governance, policy, and budgetary processes. ○ Technical, methodological, and analytical support from ACSS, including the dedicated HEROES team, particularly in the technical coordination of implementation activities. ○ Dedicated staff for stakeholder engagement and knowledge exchange, including the organization of workshops, policy dialogues, working groups, and activities related to communication, dissemination (including visibility actions), and reporting of results. ○ Active involvement of national and regional stakeholders, including health authorities, Local Health Units, professional orders and associations, and academic institutions, to ensure meaningful participation, systematic collection of inputs, validation of evidence, and effective operational transfer of the knowledge and tools developed. This combination of strategic, technical, and operational human resources is essential to ensure the effective implementation of planned actions, facilitate stakeholder ownership, and support the achievement of the policy's objectives in a sustainable and coordinated manner.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	The inter-ministerial commission is to be composed of key entities including ACSS (as the lead coordinator), the NHS Executive Board, the Directorate-General for Health, professional orders (starting with physicians and nurses), the Health Regulatory Authority, PlanAPP, and further health sector stakeholders. At a subsequent stage, additional professional orders (e.g., pharmacists and other regulated health professions) and other governmental departments - such as finance, education, higher education, economy, and labor - should also be integrated.
What is the expected resistance to change? Ways to mitigate it?	The risk of resistance to change is assessed as high, mainly due to the coexistence of major structural reforms currently underway in both public administration and the health sector.

	At the level of public administration, the ongoing Administrative Reform foresees significant changes to ministerial structures, including service reorganization, mergers, structural rationalization, and the centralization of functions. These reforms also affect the Ministry of Health and may generate institutional uncertainty, transitional instability, and competing priorities that can delay or weaken the institutionalization of health workforce planning. Within the National Health Service (SNS), resistance may arise in connection with the reform integrating primary and hospital care and the abolition of the Regional Health Administrations, which previously held relevant responsibilities for health workforce planning. The redistribution of competences to new organizational entities may create ambiguity regarding roles, accountability, and planning responsibilities, particularly at regional and local levels. Additionally, central and local entities may resist a shift in planning paradigm - especially the move towards a more formalized, data-driven and institutionalized approach - due to limited financial, technical, and human resources required for implementation. Potential resistance may also emerge from professional federations and associations, particularly if proposed changes may eventually impact professional bodies competencies. Finally, the shortage of qualified and available human resources with expertise in health workforce planning represents a structural constraint that may hinder implementation capacity and increase resistance to additional responsibilities. To address and mitigate these risks, a set of targeted strategies is foreseen: ○ **Early and continuous stakeholder engagement:** Active involvement of all relevant actors from the outset through structured consultations, workshops, and thematic working groups, ensuring that concerns are identified early and addressed collaboratively. ○ **Clear and transparent communication:** Consistent communication on policy objectives, expected benefits, implementation timelines, and anticipated impacts for different stakeholders, helping to reduce uncertainty and build trust. ○ **Evidence-based persuasion and alignment:** Systematic use of tools, analyses, and evidence generated under the Joint Action HEROES to demonstrate the effectiveness, feasibility, and added value of the proposed changes, particularly for regions and professional groups. ○ **Capacity-building and support:** Progressive strengthening of technical and institutional capacity through training, knowledge transfer, and peer learning, reducing perceived burden and increasing ownership. These mitigation actions aim to reduce resistance to change, promote stakeholder buy-in, support shared ownership of reforms, and facilitate the effective and sustainable implementation of health workforce planning policies.
STATUS – TRACK THE PROGRESS What progress has been made?	Within the framework of the HEROES Policy Dialogues, ACSS organized a series of structured sessions bringing together representative bodies from the Ministry of Health, the Ministry of Education, Statistics Portugal, and professional groups, namely physicians and nurses. These sessions gathered institutional stakeholders with relevant mandates and expertise in health policy, workforce planning, education and training, regulation, and governance. The Policy Dialogues provided a valuable platform to capture stakeholders' perspectives and to develop a shared understanding of current challenges, systemic constraints, and strategic priorities related to health workforce planning and broader health system governance.

	Priority Messages Emerging from the Policy Dialogues ○ **Macro-level planning with multi-level adaptability** Health workforce planning should be grounded in a macro-level analytical framework, while remaining sufficiently flexible to be adapted to regional, local, and institutional contexts. This approach should allow for the integration of demographic, organizational, and territorial variables. ○ **Structural workforce shortages** There is a recognized shortage of health professionals, particularly physicians and nurses, coupled with limitations in both training capacity and contractual mechanisms to address foreseeable workforce needs in a timely manner. ○ **Retention and attractiveness of careers** Improving the attractiveness of health careers and strengthening retention capacity are as critical as increasing training places. Workforce sustainability depends not only on inflows but also on working conditions, career development, and professional motivation. ○ **Beyond ratio-based planning models** Health workforce planning models should incorporate service production data, unmet needs, and accessibility factors, moving beyond a narrow reliance on population or professional ratios. ○ **Governance and political commitment for sustainability** A robust sustainability plan requires strong interministerial engagement, including the Ministry of Finance, sustained political commitment, and a multi-level governance model that ensures coordination across central, regional, and local levels. ○ **Public health emergencies and preparedness** The committee must be prepared to issue recommendations on HWF planning in the context of public health emergencies, with DGS playing a relevant role in this area. ○ **Integration of health workforce planning** HWF planning must be incorporated into several management and evaluation instruments, including for example in Organizational Development Plans, staffing maps, contracting frameworks.
Set the mode how to monitor the progress? (KPIs)	This section summarises the main Key Performance Indicators related to governance and coordination mechanisms for health workforce planning. **I. Governance Architecture of the Intra-Ministerial Committee** ○ Indicator: Development and formal aproval of the governance architecture of the Intra-Ministerial Committee, including defined membership, roles and responsibilities, decision-making processes, reporting mechanisms, and organisational structure. ○ Responsible entities: Ministry of Health; ACSS, with technical support from the Executive Directorate of the NHS (DE-SNS). ○ Target date: November 2026 (estimated date) **II. Operationalisation of the Intra-Ministerial Committee** ○ Indicator: Full implementation of the Intra-Ministerial Committee, including formal appointment of members, approval of internal rules of procedure, establishment of a regular meeting schedule, and introduction of monitoring and follow-up mechanisms. ○ Responsible entities: Ministry of Health; ACSS, with technical support from the Executive Directorate of the NHS (DE). ○ Target date: March 2027 (estimated date)

	III. Governance Architecture of the Inter-Ministerial Committee ○ Indicator: Design and formal approval of the governance architecture of the Inter-Ministerial Committee, clearly defining participating sectors, roles and responsibilities, coordination mechanisms, information flows, and articulation with the Intra-Ministerial Committee. ○ Responsible entities: Ministry of Health; ACSS, with support from the Executive Directorate of the NHS (DE) and the Intra-Ministerial Committee. ○ Target date: June 2027 (estimated date) **IV. Operationalisation of the Inter-Ministerial Committee** ○ Indicator: Implementation of the Inter-Ministerial Committee, including nomination of representatives from each participating entity, approval of internal rules of procedure, and definition of a structured calendar of activities. ○ Responsible entities: Ministry of Health; ACSS, with support from the Executive Directorate of the NHS (DE) and the Intra-Ministerial Committee. ○ Target date: November 2027 (estimated date)
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	Several risks and challenges may affect the development and implementation of the policy. First, limited political support and government instability may compromise policy continuity and reduce its prioritisation over time, particularly in a context of competing political and fiscal pressures. Second, the ongoing Public Administration Reform, which foresees profound changes in the structure of ministries - including organisational restructuring, service mergers, rationalisation of entities, and the centralisation of functions - may have a significant impact on the Ministry of Health, potentially disrupting established processes and delaying implementation. In addition, resistance to a paradigm shift may emerge at both central and local levels, particularly regarding the institutionalisation of planning processes, a challenge that may be exacerbated by limited resources to support effective implementation. Professional associations and professional councils may also express resistance to new approaches to health workforce planning. Furthermore, the shortage of qualified and available human resources may hinder the execution of planned activities and the achievement of policy objectives. Finally, coordination challenges may arise from insufficient clarity regarding roles, responsibilities, and lines of articulation between different entities and governance levels, particularly at the regional level. To mitigate these risks, a set of targeted actions is envisaged. These include the organisation of regular meetings, workshops, and information sessions to strengthen stakeholder engagement, foster shared understanding, and build ownership of the proposed actions. A structured coordination mechanism will be established between the Ministry of Health, ACSS, the NHS Executive Board, with the support of other key stakeholders, such as DGS and PlanAPP, to ensure alignment and coherence in implementation. Continuous monitoring of key indicators will support early identification of bottlenecks and enable timely corrective action. Finally, the designation of two regional representatives per region - particularly from the Local Health Units (ULS) - will help strengthen regional involvement, improve vertical coordination, and ensure that planning processes are informed by operational realities at local level.
How can you define the success of the action?	○ **Improved health workforce planning and management**, supported by evidence-based measures that draw on robust data, analytical tools, best practices and knowledge generated through the Joint Action HEROES. This includes the systematic use of quantitative and qualitative evidence to inform decisions on workforce supply, demand, distribution and skill mix, moving planning beyond ad hoc or reactive approaches

	○ Creation of an intra and interministerial structure will be essential to effectively stablish an institutionalized approach to HWF strategic planning ○ **Definition and consolidation of methodologies**, ensuring the adoption of clear, transparent and replicable planning and forecasting methods across institutions and governance levels. These methodologies aim to promote consistency, comparability and long-term sustainability in health workforce planning processes. ○ **Stakeholder engagement**, measured through the active participation of a wide range of stakeholders in formal committees, working groups and governance structures. This engagement supports shared ownership of planning processes, facilitates consensus-building, and enhances the legitimacy and uptake of policy decisions. ○ **Policy impact**, reflected in the strengthening of planning capacity at central, regional and local levels. By reinforcing technical skills, coordination mechanisms and governance arrangements, the policy contributes to more coherent, responsive and resilient health workforce planning, better aligned with population needs and health system priorities.
What impact do you anticipate on future actions and policies?	○ **Definition of a national health workforce planning strategy** The establishment of a national health workforce planning strategy, developed with the active participation of multiple stakeholders, is envisaged as a key reference framework for shaping future policies, reforms and strategic initiatives. This strategy should provide a shared vision, clear objectives and guiding principles to ensure coherence across governance levels and policy domains. ○ **Use of evidence and methodological tools to inform policy design** The evidence base and methodological instruments developed are expected to support the design of health workforce planning policies that are more data-driven, analytically robust and firmly grounded in evidence. This will enable policymakers to move towards more anticipatory, transparent and consistent decision-making processes, reducing reliance on short-term or ad hoc measures. ○ **Creation of a continuous health workforce planning process** Rather than a one-off exercise, health workforce planning is expected to evolve into a continuous and institutionalised process, integrating regular data collection, monitoring, forecasting and policy review. This approach will support adaptability to demographic, epidemiological and labour market changes over time. ○ **Strengthening coordination among key institutions and stakeholders** Enhanced coordination between the Ministry of Health, ACSS, the Executive Directorate of the NHS, and other relevant stakeholders will be essential to ensure alignment of roles, responsibilities and decision-making processes. Improved coordination mechanisms are expected to reduce fragmentation, increase efficiency and support integrated workforce governance. ○ **Alignment with European priorities and initiatives** Future national strategies for the health workforce may be increasingly aligned with European priorities and frameworks, drawing on evidence and lessons generated by HEROES and other EU-level initiatives. This alignment can facilitate benchmarking, mutual learning and coherence with broader European health and labour market policies, strengthening Portugal's strategic positioning within the EU context.

Policy Action Plan Slovakia

POLICY – ACHIEVABLE GOAL

What policy do you intend to implement?

The policies which are to be implemented are contained the National Strategy for Stabilization and Management of Human Resources in Healthcare up to 2040. This strategy serves as a comprehensive framework to structurally transform the Slovak healthcare system from a reactive management style to an evidence-based and innovation-oriented governance model.

To ensure the effective execution of this strategy, the Ministry of Health intends to develop a detailed Action Plan (Implementation Roadmap) that operationalizes a suite of approximately 60 strategic measures.

The specific policy goals to be achieved through these measures include:

- **Evidence-Based Governance (Data Integration):** Establishing a centralized Data Authority at the Ministry of Health to consolidate fragmented data sources and implement a tracking system for graduates and professionals to monitor migration and labor market entry.
- **Stabilization and Brain Drain Reduction:** Implementing targeted repatriation packages (financial, professional, and social support) to attract back the doctors currently living abroad and reducing the annual loss of medical students to foreign universities.
- **Modernization of Education:** Increasing the capacity of healthcare schools, innovating curriculum content for key professions (Nurses, Doctors, Pharmacists).

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	• **Enhancing Professional Prestige:** Improving working conditions through transparent career paths, mental health support programs (prevention of burnout), and competitive remuneration systems to increase the social recognition of healthcare occupations **Implementation Timeline:** The implementation of these measures is structured into three distinct phases to ensure continuous progress monitoring and adaptability as a "living document": 1. **Short-term Measures (2026 – 2028):** Focused on immediate stabilization, legislative changes (Data Authority), and the launch of pilot repatriation programs. 2. **Medium-term Measures (2029 – 2034):** Focused on systemic development, modernization of educational infrastructure, and full integration of tracking systems. 3. **Long-term Measures (2035 – 2040):** Focused on ensuring long-term sustainability, completing generational renewal, and maintaining international standards of care accessibility. The ultimate success of this policy will be defined by achieving geographic and professional accessibility of healthcare across all regions of Slovakia, ensuring the system is resilient enough to face the challenges of an aging population
Do you have a national HWF strategy, or any previous policy plan you could rely on?	Yes, we have the National Strategy for Stabilization and Management of Human Resources in Healthcare up to 2040. Legislatívny proces - LP/2025/677
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	The implementation process of the National Strategy for Stabilization and Management of Human Resources in Healthcare up to 2040 follows a structured sequence of administrative approval and subsequent operationalization. The main actions required include: • **Completion of the Inter-departmental Review Process:** Finalizing the formal legislative review to ensure cross-sectoral

	alignment and resolution of all technical remarks from collaborating ministries and authorities.
	
	• **Formal Government Approval:** Submission of the finalized Strategy to the Government of the Slovak Republic for official approval, which is scheduled for April 2026. This approval constitutes the political mandate for the execution of the reform.
	
	• **Development of the Detailed Action Plans (Implementation Roadmap):** Immediately following government approval, the Ministry of Health will lead the development of a comprehensive Action Plan. This phase will utilize a participatory and integrated approach, involving a wide pool of stakeholders to ensure ownership and operational feasibility. Key participants include:
	
	  ○ Ministry of Labour, Social Affairs and Family
	
	  ○ Ministry of Education, Research, Development and Youth
	
	  ○ Professional Chambers and Associations (e.g., Chambers of Nurses, Doctors, and Pharmacists)
	
	  ○ Healthcare Trade Unions and Sectoral Associations
	
	  ○ Self-governing Regions and healthcare providers
	
	• **Financial Quantification and Legislative Drafting:** For each of the proposed strategic measures, a detailed quantification of financial impacts must be conducted. In parallel, the Ministry will prepare legislative proposals and specific implementation methodologies where structural or legal changes are required to enable the measures.
	
	• **Final Approval of Concrete Measures:** The specific forms, technical designs, and finalized financial impacts of individual measures will be submitted for subsequent approval to secure budgetary allocations and launch implementation phases

What priority can you identify for them?	The immediate priority is securing Government approval in April 2026 to provide the necessary legal and political framework for the Strategy. Subsequent priority is assigned to the participatory development of the

	Action Plan, as the involvement of the Ministry of Education and Ministry of Labour is critical for measures concerning school capacities and labor market reintegration. Finally, the quantification of financial impacts is a high-priority technical requirement for ensuring the long-term sustainability and funding of the stabilization efforts.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The primary responsibility for the implementation of the National Strategy for Stabilization and Management of Human Resources in Healthcare up to 2040 is assigned to the Ministry of Health of the Slovak Republic (MoH SR). The Ministry provides overall policy leadership, strategic alignment, and coordination with other national authorities to ensure the transformation of the healthcare workforce system. Within the Ministry, the execution of specific strategic areas is delegated to specialized units in accordance with their institutional mandates: • **The Institute for Health Analyses:** Responsible for data integration, legislative definition of the Data Authority, and the development of analytical socio-economic models for workforce planning. • **The Department of Healthcare Education:** Responsible for the modernization of the education system, innovation of state educational programs, and the implementation of simulation medicine and residency programs. • **The Section of Health:** Responsible for systemic nursing reforms, increasing professional competencies, and establishing transparent career paths. • **The Office of the Secretary General:** Responsible for managing the internal personnel capacities of the Ministry required to fulfill the strategy's goals and strengthening control mechanisms Recognizing the complexity of long-term workforce management, the strategy identifies the need to strengthen internal personnel capacities. In the future, it is planned to establish a dedicated Department for Healthcare Human Resources Management within the Ministry of Health. This specialized unit will centralize functions currently distributed across multiple departments, serving as the permanent institutional anchor for HHR planning.

Who are the supporters to assist the responsible person/unit?	The implementation involves a wide range of institutional and social partners: • **Governmental Partners:** The Ministry of Education, Research, Development and Youth (funding of school capacities); the Ministry of Labour, Social Affairs and Family (labor market data and reintegration); and the Ministry of Finance (budgetary allocations and financial quantification). • **Professional and Sectoral Stakeholders:** Professional chambers (Doctors, Nurses, Pharmacists, other professions), trade unions, and higher education institutions who provide technical expertise and feedback on implementation methodologies. • **Regional Authorities:** Self-governing Regions, which play a key role in regional workforce planning and management of secondary healthcare schools
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	The implementation timeline for the National Strategy for Stabilization and Management of Human Resources in Healthcare up to 2040 is structured into distinct phases, beginning with the formalization of the political mandate and followed by phased execution cycles: • Completion of Inter-departmental Review: Q1 2026. • Formal Government Approval: April 2026. • Preparation of the Detailed Action Plan: Q2 – Q4 2026. • Launch of Priority Legislative Changes (Data Authority & Personnel Norms): 2026. • Finalization of Pilot Repatriation Packages: 2027. • Completion of Short-term Stabilization Measures: 2026 – 2028. • Completion of Medium-term Development Measures: 2029 – 2034 • Completion of Long-term Stabilization Measures: 2035 – 2040.

How do you foresee the completion of the actions and the policy implementation by date?	Strategic actions are phased to enable a step-by-step and secure implementation of the new governance model and its structures until 2028. This initial phase focuses on the immediate stabilization of the healthcare system by establishing a centralized Data Authority, finalizing priority legislative reforms, and launching pilot programs for workforce retention. As the strategy is defined as a "living document," this phased approach ensures continuous change management and adaptability to the evolving needs of the Slovak healthcare sector through 2040.
NECESSARY RESOURCES What costs are you anticipating?	The financial impacts of the National Strategy for Stabilization and Management of Human Resources in Healthcare up to 2040 are currently in the proposal phase. The strategy explicitly states that detailed financial quantifications for the approximately 60 strategic measures will be calculated and specified in the subsequent Action Plan and follow-up implementation documents.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	**Analytical Modeling:** • Regular maintenance and updates of analytical models to forecast workforce needs up to 2040. • Development of models for "graduate tracking" and migration monitoring to identify labor market entry points and "brain drain" trends
What is the HR/personnel needed for the policy implementation?	The implementation requires a significant strengthening of the internal staff at the Ministry of Health of the Slovak Republic (MoH SR) to manage the approximately 60 strategic measures. • Expansion of Key Units: There is an immediate requirement to examine and increase the number of employees within the Institute for Health Analyses, the Department of Healthcare Education, and the Section of Health to ensure the effective fulfillment of strategy tasks. • Dedicated HR Department: As identified in the strategy's vision, a dedicated Department for Healthcare Human Resources Management is planned to be established within the Ministry to centralize planning, data authority, and coordination of recruitment and repatriation programs.

	• Strengthening Control Capacities: The policy anticipates the creation or expansion of an Inspection and Supervision Unit (Department of Control, Supervision, and Complaints) with specialized "operations inspectors" to oversee compliance with personnel standards and regulations
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	• **National Authorities:** The Ministry of Health (MoH SR) serves as the main coordinator and "Data Authority". It is supported by the Ministry of Education, Research, Development and Youth (funding and school capacities), the Ministry of Labour, Social Affairs and Family (labor market integration and data sharing), and the Ministry of Finance (fiscal sustainability and financial quantification). Technical agencies such as National Centre for Healthcare Information, Healthcare Surveillance Authority, and the Social Insurance Agency are critical for data integration and monitoring. • **Regional Authorities:** Self-governing Regions, which are responsible for regional workforce planning and management of secondary healthcare schools. • **Healthcare Providers:** Public and private inpatient facilities (hospitals) and outpatient clinics, which will implement strategic measures such as improved working conditions, new personnel norms, and systematic onboarding programs. • **Professional and Social Partners:** Chambers of Doctors, Nurses, and Pharmacists, professional societies, and healthcare trade unions who are involved in defining competencies, career paths, and negotiating working conditions. • **Educational Institutions:** Secondary healthcare schools and universities (medical and healthcare faculties) impacted by curriculum modernization, the introduction of simulation medicine, and increased funding for pedagogical staff. • **Healthcare Workforce and Students:** Current professionals (stabilization and remuneration), students and graduates

	(scholarships and mentoring), and Slovak healthcare professionals living abroad (targeted repatriation packages)
What is the expected resistance to change? Ways to mitigate it?	The implementation of such a broad reform may encounter several forms of resistance: • **Organizational and Cultural Inertia:** Individual healthcare professionals or organizations may be reluctant to modify established management models, particularly the shift from reactive to evidence-based governance. • **Professional and Jurisdictional Friction:** Possible resistance from professional chambers or associations regarding proposed changes in professional competencies, roles, or training pathways (e.g., expanding the prescriptive powers of nurses). • **Regional Implementation Gaps:** Difficulties for specific Self-governing Regions (VÚC) or local healthcare providers in adapting their human resources and processes to new national guidelines • **Political and Administrative Instability:** Historically, the Slovak health sector has suffered from a lack of continuity due to frequent political changes and personnel swaps at the management level, which may lead to skepticism regarding the long-term viability of the strategy • **Financial Constraints and Underfunding Risk**: A critical challenge for the implementation is the long-term underfunding of the Slovak healthcare system, which is identified as one of the fundamental causes of its current alarming state. The cumulative debt in the system is a visible result of insufficient efficiency in the allocation of financial resources, which complicates the funding of new innovation-oriented measures. Consequently, there is a high probability that national budgetary allocations will be insufficient to cover the full scope of the 60 strategic measures, necessitating a heavy reliance on EU funds and rigorous financial prioritization in follow-up implementation documents • **Scarcity of Resources:** General limitations in human, financial, and material-technical resources pose a major risk to the

	uniform adoption of the strategy's recommendations across all regions To address these challenges, the strategy employs a participatory and data-driven approach: • **Active Stakeholder Engagement:** Establishing a continuous dialogue from the early stages through Technical Working Groups, consultations, and workshops involving the Ministry of Education, Ministry of Labor, professional chambers, and trade unions. • **Evidence-Based Communication:** Utilizing robust data and advanced socio-economic analytical models from the central Data Authority to demonstrate the objective necessity and effectiveness of the proposed changes. • **Strategic "Living Document" Framework:** Conceiving the strategy as a living document that allows for regular annual updates and adjustments based on real-world feedback and changing environmental conditions. • **Systemic and Financial Support:** Providing legislative certainty and clear financial quantification for all measures, while simultaneously modernizing material-technical equipment and clinical training infrastructure (e.g., simulation medicine) to improve the daily working environment. • **National Marketing Strategy:** Implementing a national communication campaign to build public trust, increase the social prestige of healthcare professions, and foster a sense of professional identity among the workforce. • **Strategic Negotiation with the Ministry of Finance:** A key mitigation action involves intense inter-departmental negotiations to secure sustainable funding for structural reforms, such as the expansion of residency programs and the replenishment of stabilization loan capacities
STATUS – TRACK THE PROGRESS	Significant progress has been made in the preparatory and analytical phases of the National Strategy for Stabilization and Management of

What progress has been made?	Human Resources in Healthcare up to 2040. Key milestones achieved to date include: • **Comprehensive Data Analysis:** A detailed "Diagnosis of the Current State" has been completed, identifying critical gaps in the workforce, specifically the low number of healthcare workers per 1,000 inhabitants (22.16) and the alarming aging of medical staff. • **Development of Forecasting Models:** Advanced analytical models have been successfully developed to forecast long-term labor market needs up to 2040. These models integrate factors such as demographics, morbidity, hospitalization rates, and system efficiency. • **Identification of Strategic Measures:** A suite of approximately 60 concrete strategic measures has been drafted, categorized into short-term (stabilization), medium-term (transformation), and long-term (sustainability) cycles. • **Stakeholder Consultation (Internal):** The preparation of the strategic document involved active participation from specialized departments within the Ministry of Health. Framework dialogues have also been initiated to acquaint professional and vocational organizations with the strategic intent. • **Baseline for Implementation:** The strategy has successfully mapped the regional disparities in workforce distribution and the "brain drain" trends, providing a solid evidence base for the upcoming Action Plan
Set the mode how to monitor the progress? (KPIs)	Progress will be monitored through a set of specific Key Performance Indicators (KPIs) and a systematic "living document" framework: • **Degree of Action Plan Implementation:** Tracking the percentage of the 60 strategic measures that have moved from the proposal phase to active execution.

	• **Workforce Stabilization Metrics:** Monitoring the number of healthcare professionals, the reduction in the annual loss of medical students and professionals to foreign markets, etc.. • **Annual Strategy Updates:** The strategy mandates an annual update process in coordination with professional chambers and social partners to evaluate the fulfilment of tasks and adjust the models based on new data
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	• **Chronic Underfunding and Resource Scarcity:** The Slovak healthcare and education systems are significantly financially undervalued. There is a high risk that national budgetary allocations will be insufficient to fund all 60 measures, especially since existing tools like stabilization loans have already reached their maximum financial capacity • **Political and Administrative Instability:** Historically, the Slovak health sector has suffered from a lack of continuity in strategic management due to frequent political changes and personnel swaps in leadership positions. This often leads to the formal adoption of documents without consistent follow-through or rigorous monitoring of progress • **Organizational and Cultural Resistance:** There is a risk of resistance from established organizational models within healthcare facilities or from professional associations regarding changes in competencies and professional roles
How can you define the success of the action?	• **Formalization of the Political and Legal Mandate:** Successful completion of the inter-departmental review and official Government approval in April 2026, providing a clear political mandate and legal certainty for the subsequent execution of the approximately 60 strategic measures • **Transition to Evidence-Based Governance:** The successful establishment and full operationalization of the Data Authority at the Ministry of Health, resulting in integrated data sources, a functional tracking system for graduates and professionals, and high-quality forecasting • **Measurable Workforce Stabilization:** Achieving tangible progress toward bridging the projected workforce gap

	• **Stakeholder Ownership and Governance Sustainability:** Successful implementation of the participatory governance model, evidenced by active engagement from professional chambers, trade unions, and regions in annual strategy updates and technical working groups • **Phase Completion and Deadlines:** The timely execution of strategic actions according to the phased roadmap (Stabilization by 2028, Transformation by 2034, and Sustainability by 2040), ensuring the strategy remains a responsive "living document"
What impact do you anticipate on future actions and policies?	• **Evidence-Based Policy Design:** The establishment of the Data Authority and the integration of fragmented data sources will enable future policies to be entirely data-driven. Methodological tools and socio-economic forecasting models will facilitate the precise identification of regional and professional gaps, ensuring that future interventions are targeted and effective • **Modernization and Alignment of Education:** The strategy will guide the structural reform of the healthcare education system. Future policies will focus on aligning state educational programs with clinical practice, scaling up simulation medicine, and expanding school capacities to meet the projected need for professionals • **Enhanced Professional Prestige and Retention:** Through a long-term national marketing strategy and pilot repatriation packages, future policies will actively focus on increasing the social prestige of healthcare professions

Policy Action Plan Slovenia

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POLICY ACTION PLAN TITLE	Strengthening HWF Planning through the Implementation of Nursing Specializations in Slovenia
POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	The policy actions implemented in Slovenia within the framework of the Joint Action HEROES aim to strengthen the foundations for more strategic and evidence-informed HWF planning. These actions are closely linked to the Act on Nursing and Midwifery, which enters into force in March 2026 and represents the first comprehensive legislative act regulating the field of nursing and midwifery in Slovenia. The Act establishes an important framework for the organization, competencies, and professional development of the nursing and midwifery workforce and introduces specialization pathways for registered nurses. Initially, four specializations are foreseen: wound care; stoma and continence care; emergency situations in healthcare; mental health and psychiatric nursing; and integrated primary care nursing for adults. These specializations aim to strengthen advanced competencies, support professional development, and better respond to the evolving needs of the health system. Within this context, the activities carried out through JA HEROES aim to support the implementation of this legislative framework by strengthening the use of HWF data, improving analytical capacities, and fostering dialogue among key stakeholders involved in workforce planning, education, and policy-making.

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	Key Policy Goals The policy aims to support national HWF planning in Slovenia in connection with the Act on Nursing and Midwifery, which enters into force in March 2026 and represents the first fundamental legislative framework regulating nursing and midwifery. The policy provides a supportive and analytical role, contributing data, analyses, and technical expertise to inform decision-making, while not being responsible for developing the national strategy itself.It will strengthen HWF data and intelligence by improving the availability, quality, and integration of workforce data through enhanced collection, analysis, and the development of integrated databases. The policy also seeks to enhance HWF forecasting capacities to assess current and future workforce needs across the health sector and support evidence-informed education and training planning, guiding decisions on training capacity and specialization in collaboration with educational institutions, the Chamber of Nursing and Midwifery, healthcare providers, and the MoH
Do you have a national HWF strategy or any previous policy plan you could rely on?	Slovenia is currently in the process of developing a National Health Workforce Strategy, which aims to establish a more coordinated and strategic approach to HWF planning. The development of the strategy involves consultations with key stakeholders across the health sector, including health authorities, professional organizations, educational institutions, and other relevant actors involved in HWF planning and management. As part of this process, several policy discussions and consultations have been organized to address key challenges related to the availability, distribution, and sustainability of the health HWF. In particular, two policy dialogues were conducted in collaboration with the MoH, alongside a broader national consultation on the health HWF strategy. These discussions have provided an opportunity to exchange evidence, identify priority areas for action, and strengthen coordination among stakeholders involved in HWF planning. The ongoing preparation of the national strategy provides an important policy framework for strengthening evidence-informed HWF planning in Slovenia. It also creates an opportunity to further develop analytical capacities, improve the use of HWF data and forecasting tools, and support more strategic decision-making related to education, training capacity, and long-term HWF sustainability. Activities implemented within the JA HEROES project can

	therefore contribute to and support the objectives of the emerging national HWF strategy.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	The main actions for implementing the policy include supporting the operationalization of the Act on Nursing and Midwifery, ensuring that the new legislative framework is applied effectively across the health system. This involves strengthening HWF data collection, integration, and analysis, as well as enhancing forecasting capacities to assess current and future workforce needs. A central part of implementation is supporting the organization and delivery of nursing specialization programs, including coordinating with healthcare institutions to identify workforce needs, collaborating with educational institutions to ensure sufficient training capacity, and facilitating the allocation of resources through the MoH. Additional actions include promoting evidence-informed education and training planning, facilitating structured stakeholder engagement and policy dialogue, and monitoring and evaluating the implementation of HWF policies and specialization programs to ensure progress, identify gaps, and inform adjustments as needed.
What priority can you identify for them?	The highest priority is given to supporting the operational implementation of the Act on Nursing and Midwifery, as it provides the legislative foundation for all subsequent HWF planning and specialization activities. Closely following this is the implementation of nursing specialization programs, ensuring that training capacities and workforce needs are aligned and that the first cohort of specialists can enter the workforce on schedule. Other high-priority actions include strengthening HWF data collection and integration and enhancing forecasting capacities, as reliable data and evidence are essential for informed decision-making. Supporting education and training planning, facilitating stakeholder engagement, and establishing monitoring and evaluation mechanisms are considered medium-term priorities, as they depend on the initial operational steps but are crucial for ensuring the effectiveness and sustainability of the policy over time.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The implementation of the policy in Slovenia requires coordinated action among multiple key stakeholders, with the Ministry of Health (MoH) explicitly highlighted as the central responsible authority. The MoH holds the primary responsibility for setting strategic priorities, coordinating national HWF policies, and ensuring alignment with broader health system objectives.

Who are the supporters to assist the responsible person/unit?	The implementation of the policy can be supported by several institutions and stakeholders that contribute expertise, data, and operational perspectives. Public health and statistical institutions can support the process by providing data, analytical insights, and technical expertise related to health HWF trends and projections. Health insurance authorities and regulatory bodies can contribute information on service provision, HWF utilization, and financing aspects relevant to HWF planning. Professional chambers and professional associations can support the process by providing insights into HWF conditions, professional standards, and future HWF needs within specific health professions. Healthcare providers, including hospitals and primary care organizations, can contribute operational knowledge regarding staffing needs, HWF distribution, and service delivery challenges. Additionally, universities and educational institutions play an important supporting role by providing information on training capacities, educational programmes, and future graduate supply. Overall, effective policy implementation relies on collaboration among health authorities, analytical institutions, professional organizations, healthcare providers, and educational institutions, ensuring that HWF planning is supported by a broad range of expertise and perspectives.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	The implementation of the policy follows the **entry into force of the Act on Nursing and Midwifery in March 2026.** As part of its implementation, the **first call for applications for nursing specializations was published in March 2026** through on the website of the MoH. The call covers four specialization fields in nursing, with 22 training places available for each specialization. **The specialization programs are expected to last two years, meaning that the first specialists are expected to complete their training and join the workforce in 2028**. The specializations are implemented through close cooperation between healthcare institutions, the Chamber of Nursing and Midwifery – Nurses and Midwives Association of Slovenia, educational institutions, and the MoH.
How do you foresee the completion of the actions and the policy implementation by date?	The implementation of the policy and related actions is phased and aligned with the entry into force of the Act on Nursing and Midwifery in March 2026. The first call for applications for nursing specializations was published in March 2026, with the deadline for submitting applications set for April 2026. The specialization programs are planned to last two years, meaning that the first cohort of 89 specialized nurses is expected to complete their training and

	join the workforce in 2028. Initial actions, such as supporting the operationalization of the Act, establishing data collection and analytical mechanisms, and coordinating the specialization programs, are expected to be completed alongside the application and admission process. Subsequent actions, including ongoing monitoring, stakeholder engagement, and evaluation of HWF policies, will continue in parallel with the rollout of the specialization programs, ensuring coordinated and evidence-informed implementation throughout the period.
NECESSARY RESOURCES What costs are you anticipating?	The implementation of the policy in connection with nursing specializations and the national HWF strategy will require financial resources to support the specialization programs, including training materials, clinical placements, and payment for mentors and supervisors. Additional resources are needed to coordinate the programs with healthcare institutions, educational providers, and the MoH, ensuring alignment with workforce needs and strategic priorities. Costs will also be incurred for supporting HWF planning activities, such as data collection, analysis, and monitoring of workforce trends, as well as for facilitating stakeholder engagement and evidence-based policy dialogue. These resources are essential to ensure that the specialization programs are successfully implemented, that the first cohort of specialists can join the workforce on schedule, and that the broader HWF planning and national strategy are supported in a coordinated and sustainable manner.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	To enable the successful implementation of the policy, several technical conditions must be in place. For the nursing specialization programs, this includes access to clinical training facilities, simulation labs, and teaching materials, as well as tools and resources for mentorship and supervision. Educational institutions must be equipped with digital platforms and software for learning management, tracking trainee progress, and coordinating with healthcare institutions. For broader HWF planning activities, technical conditions include integrated databases, analytical software, and forecasting tools to collect, manage, and analyse workforce data. Reliable IT infrastructure is needed to support data sharing, reporting, and communication among stakeholders, including healthcare providers, educational institutions, professional organizations, and the MoH. Ensuring these technical conditions are met is essential for coordinated, evidence-informed implementation of specialization programs and HWF planning activities

What is the HR/personnel needed for the policy implementation?	The successful implementation of the policy will require a multidisciplinary team of personnel across several levels. For the nursing specialization programs, this includes clinical mentors, supervisors, and trainers who guide and assess the trainees, as well as administrative staff to manage applications, placements, and coordination with healthcare institutions and educational providers. For the broader HWF planning and policy support, personnel are needed to collect, manage, and analyse workforce data, operate forecasting models, and prepare reports for decision-making. Additionally, policy coordinators and project managers are required to facilitate stakeholder engagement, oversee program implementation, and ensure alignment with the national HWF strategy. Close collaboration among these personnel, the MoH, healthcare institutions, and professional organizations is essential to ensure effective, evidence-informed, and coordinated implementation.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	The policy will impact a broad range of stakeholders involved in both nursing specialization programs and the national HWF strategy. This includes healthcare institutions, which will benefit from specialized nursing staff and adapt workforce planning in line with strategic priorities; educational institutions, responsible for delivering and coordinating specialization programs; and clinical mentors and supervisors, directly supporting trainee development. Professional organizations, such as the Chamber of Nursing and Midwifery, will contribute to coordination, standard-setting, and alignment with professional and strategic standards. The MoH plays a central role in allocating resources, overseeing implementation, and ensuring consistency with the broader HWF strategy. Trainees are key stakeholders, as their professional development depends on the successful implementation of the specialization programs. Indirectly, patients and the broader population will benefit from a more competent and strategically planned nursing workforce, supporting the objectives of the national HWF strategy.
What is the expected resistance to change? Ways to mitigate it?	The implementation of the policy, particularly regarding nursing specializations and alignment with the national HWF strategy, may face several forms of resistance. Healthcare institutions and staff may be hesitant to adopt new workforce structures or integrate specialized nurses into existing teams. Educational institutions may experience challenges adapting curricula and coordinating with clinical sites. Resistance could also arise from resource

	constraints, perceived additional workload for mentors and supervisors, or skepticism about the impact of specialization programs on workforce outcomes. To mitigate these challenges, it is essential to ensure clear communication and transparency about the goals, benefits, and timelines of the specialization programs. Stakeholder engagement and consultation at all levels—healthcare institutions, educational providers, professional organizations, and trainees—will foster ownership and buy-in. Providing training, support, and guidance for mentors and administrative staff can reduce operational resistance.
STATUS – TRACK THE PROGRESS What progress has been made?	Significant progress has already been achieved in preparing for the implementation of the policy. The Act on Nursing and Midwifery has entered into force in March 2026, establishing the first comprehensive legislative framework for nursing and midwifery in Slovenia. The first call for applications for nursing specialization programs was published in March 2026, with the deadline for submissions set in April 2026, marking the official launch of the specialization pathway. In addition, two major policy dialogues were conducted in collaboration with JA HEROES, involving over 100 invited participants, to discuss and refine the national HWF strategy, which is currently in the adoption phase. Preparatory work has also been completed to coordinate the specialization programs with healthcare institutions, educational providers, and the MoH, ensuring alignment with workforce needs and strategic priorities. Data collection and planning mechanisms have been strengthened to support monitoring, forecasting, and evidence-informed decision-making, laying the groundwork for successful implementation of both the specialization programs and broader HWF planning objectives.
Set the mode how to monitor the progress? (KPIs)	Progress will be monitored through a combination of quantitative and qualitative indicators that track the implementation of the policy and specialization programs. Key measures include: • Number of specialization applications submitted and admitted candidates to ensure uptake matches workforce planning needs. • Completion rates of specialization programs, including the first cohort of 89 specialists expected in 2028. • Stakeholder engagement metrics, such as participation in policy dialogues, workshops, and coordination meetings with healthcare institutions, educational providers, and professional organizations.

	• Data quality and integration indicators, tracking improvements in HWF databases, reporting, and analytical outputs. • Alignment with the national HWF strategy, measured by how well training capacities, workforce deployment, and planning activities reflect strategic priorities.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	Several potential risks and challenges related to the implementation of nursing specializations and the broader HWF strategy may affect the successful completion of the policy action plan. One of the key challenges is ensuring that the number and structure of specialization training places correspond to the actual needs of healthcare institutions, as mismatches could limit the effective strengthening of specialized competencies within the HWF. Another risk relates to the capacity of educational institutions and clinical training environments to deliver high-quality specialization programmes, particularly during the initial phase of implementation. In addition, the long-term sustainability of financing for specialization programmes may represent a challenge, as continuous support from the MoH will be necessary to ensure the regular implementation of training cycles. The successful implementation of the broader HWF strategy may also depend on effective coordination among stakeholders, including healthcare institutions, professional organizations, educational institutions, and policy-makers. Finally, challenges may arise in ensuring that newly trained specialists are effectively integrated into the health system and appropriately utilized within healthcare teams, which will be important for achieving the intended improvements in quality of care and workforce development.
How can you define the success of the action?	The success of the policy implementation can be defined through several measurable and qualitative outcomes. Key indicators of success include: • Effective operationalization of the Act on Nursing and Midwifery, ensuring that legislative requirements are applied across the health system. • Successful launch and completion of nursing specialization programs, with the first cohort of 89 specialists completing their training on schedule in 2028. • Improved alignment of HWF planning with the national strategy, reflected in better forecasting, workforce deployment, and training capacity decisions.

	• High stakeholder engagement and collaboration, demonstrated by active participation from healthcare institutions, educational providers, professional organizations, and the MoH. • Enhanced availability and quality of HWF data, supporting evidence-informed decision-making, monitoring, and policy evaluation. Overall, success is achieved when the specialization programs are fully implemented, workforce planning is evidence-based and coordinated, and the health system is better equipped to meet current and future nursing workforce needs.
What impact do you anticipate on future actions and policies?	The implementation of the policy is expected to have a positive and lasting impact on future HWF actions and policies. By establishing structured nursing specialization programs and strengthening data-driven workforce planning, the policy will provide a foundation for more strategic and evidence-informed decision-making across the health sector. It will enhance coordination among healthcare institutions, educational providers, professional organizations, and the MoH, setting a precedent for collaborative approaches in workforce development. Lessons learned from the implementation of specialization programs and monitoring mechanisms will inform future revisions of the national HWF strategy, support the expansion of training and specialization pathways, and guide policy adjustments to address emerging health system needs. Ultimately, the policy will contribute to a more resilient, skilled, and strategically planned nursing workforce, strengthening the capacity of the health system to meet evolving population health demands.

Policy Action Plan

Spain

POLICY ACTION PLAN TITLE	From Shared Data and Co-Design to Practice: Institutionalising Spain's Health Workforce Planning (HWP) Standards, Models and Primary Care Prototypes (2026–2028)
POLICY objetive What policy issue is addressed and what change is being prepared?	Spain aims to move from fragmented and reactive health workforce management towards a **coherent, competency-oriented and forward-looking national Health Workforce Planning (HWP) cycle**, fully compatible with the country's decentralised governance structure. The Policy Action Plan (PAP) proposes the consolidation of a **national HWP framework built on three mutually reinforcing pillars**: 1. **Shared Data Infrastructure** – a nationally agreed Minimum Data Set (MDS) enabling comparable workforce intelligence across Autonomous Communities (ACs). 2. **Institutionalised Forecasting Models** – transparent and regularly updated national workforce projections supporting policy decisions. 3. **Service Innovation Linked to Workforce Competencies** – testing and scaling organisational models in primary care that align workforce planning with service delivery. Together, these pillars create a continuous **policy cycle linking data collection, workforce modelling, and health system innovation**, allowing workforce planning to directly inform training capacity, service organisation, and long-term sustainability. This Policy Action Plan builds on results achieved through the **HEROES Joint Action**, including:

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	• national consensus on a Minimum Data Set for workforce planning, • strengthened collaboration with central professional registries, • improved workforce modelling capacity, and • co-designed organisational innovation prototypes developed during the **Granada Hackathon (2025)**. By institutionalising these achievements, Spain seeks to embed workforce intelligence as a routine component of health system governance.
From Dialogue to Action. Strategic actions	**Action A — National MDS Implementation and Data Governance** **Objective** Establish a common national data infrastructure enabling consistent monitoring and planning of the health workforce across Spain's Autonomous Communities. **Key Measures** • Adoption of a **Ministerial Resolution or Instruction** formally establishing the HEROES Minimum Data Set as the national reference for HWP. • Definition of common data standards, update frequency and quality control procedures. • Development of technical specifications for automated data flows between Autonomous Communities and the national register of health professionals. • Publication of a **national MDS data dictionary** and submission calendar. **Expected Outputs** • Ministerial Resolution adopting the national MDS. • Technical guidance and national MDS data dictionary. • Automated data submission and validation mechanisms. • Annual **National Health Workforce Statistical Report**. **Policy Contribution** A shared data infrastructure will ensure **comparability, transparency and timeliness** of workforce information, enabling evidence-based decision-making across regional and national levels. **Action B — Institutionalisation of Workforce Forecasting Models** **Objective**

Integrate workforce forecasting into routine health system governance through transparent, regularly updated modelling.

Key Measures

- Adoption of a **national forecasting protocol** defining methodological standards, governance arrangements and update cycles.
- Institutionalisation of **annual national workforce projections**, initially covering physicians and nurses and progressively extending to additional professions.
- Documentation and publication of modelling assumptions, uncertainty ranges and policy scenarios.

Examples of policy scenarios include:

- training capacity adjustments (e.g., MIR intake),
- retirement trends,
- professional mobility,
- task-shifting or skill-mix scenarios.

Expected Outputs

- National forecasting protocol and modelling handbook.
- Annual workforce projections at national level and, where feasible, by specialty.
- Public **Assumptions and Scenario Annex** accompanying each projection cycle.

Policy Contribution

Regular forecasting will shift Spain's workforce governance from ad hoc analyses toward a **transparent and institutionalised decision-support system**, informing training policy and medium-term workforce sustainability.

Action C — Primary Care Organisational Prototypes: Piloting and Guidance

Objective

Translate co-designed innovation concepts into tested organisational models that strengthen primary care and align workforce competencies with service delivery.

Key Measures

Launch three structured pilot programs inspired by the outcomes of the Granada Hackathon:

1. **Community-centred Family and Community Care Units** Integrated multidisciplinary teams focusing on population health and community engagement.
2. **Longitudinal Competence Assessment Pathways** Continuous competency evaluation spanning undergraduate education, residency training and continuing professional development.

3. **Self-Managed Primary Care Mini-Teams**
   Small multidisciplinary teams with enhanced autonomy and incentives to strengthen continuity of care.

All pilots will use a **common evaluation framework**, assessing indicators such as:

- continuity of care,
- accessibility,
- teamwork and skill-mix,
- competency development,
- equity and population health impact.

Expected Outputs

- Pilot protocols and participating sites.
- Monitoring dashboards and evaluation reports.
- National guidance on **team-based primary care models and competency pathways**.
- Recommendations for aligning training and continuing professional development.

Policy Contribution

The pilots will generate practical evidence on organisational innovation, allowing workforce planning to inform **service redesign and competency development in primary care**.

Action D — Capacity Building and Community of Practice

Objective

Strengthen institutional capacity for workforce planning and ensure sustainability beyond project cycles.

Key Measures

- Establish an **annual national training program** on workforce planning involving the Ministry of Health, Autonomous Communities and academic partners.
- Create a national **Community of Practice (CoP)** for workforce planning professionals, meeting quarterly.
- Develop onboarding modules to support staff turnover in planning units.
- Maintain a shared repository of methodological resources and case studies.

Expected Outputs

- Training curriculum and online learning modules.
- Community of Practice charter and annual calendar.
- Knowledge repository including methodological notes and FAQs.

Policy Contribution

	These activities will consolidate technical expertise and create a **shared professional culture of workforce planning across Spain's health system**.
Governance and Institutional Responsibilities	**Lead Authority** The **Ministry of Health (MoH)** will coordinate the implementation of the Policy Action Plan, including: • stewardship of national workforce data and registries, • publication of national reports and forecasts, • coordination of pilots and national guidance. **Co-owners** The **Autonomous Communities (ACs)** will play a central role in: • operational workforce planning, • data provision and validation, • implementation and adaptation of pilot initiatives, • integration of results into regional workforce strategies. **Technical Partners** Academic institutions and expert groups will support: • workforce modelling, • pilot evaluation methodologies, • training and capacity-building activities. Professional organisations, scientific societies and statistical institutions will also contribute to the development of competencies, data standards and workforce projections. The **Interterritorial Council of the National Health System** will serve as the political forum for discussing key outputs, including national forecasts and guidance for workforce policy.
Timeline and Milestones	**2026** • Draft Ministerial Resolution adopting the national MDS. • Circulation of the MDS data dictionary to Autonomous Communities for technical consultation. **Early 2027** • Formal adoption of the MDS framework. • Launch of automated data flows with the first wave of Autonomous Communities. • Publication of the national forecasting protocol and assumptions framework. • Selection of pilot sites. **Late 2027**

	• Publication of the **National Health Workforce Statistical Report (2026)**. • Release of the first annual national workforce forecasts. • Launch of the three primary care pilot initiatives. **2027–2028** • Quarterly Community of Practice meetings. • Implementation of training and onboarding modules. • Mid-term evaluations of pilot projects. • Expansion of MDS implementation to additional Autonomous Communities. **End of 2028** • Publication of national guidance on **team-based primary care and competency pathways**. • Release of updated workforce forecasts and statistical reports. • Presentation of scaling options to the Interterritorial Council.
Resources and Capacity Requirements	Implementation will rely primarily on capacities already strengthened during the HEROES Joint Action. Key components include: **Human Resources** • Ministry of Health workforce planning coordination unit. • Workforce and HR planning teams in Autonomous Communities. • Academic partners supporting modelling and evaluation. **Information Systems** • Upgraded national professional registries. • Automated data pipelines between regional and national systems. • Shared repositories for data standards, scripts and modelling documentation. **Training and Knowledge Exchange** • Annual national training program. • Regional workshops and online learning modules. • Quarterly Community of Practice meetings.
Risks and Mitigation Strategies	**Heterogeneity in regional information systems** Mitigation: phased implementation, technical support and clear data standards. **Scepticism regarding workforce modelling**

	Mitigation: transparent publication of assumptions, scenario ranges and methodological documentation. **Implementation fatigue and staff turnover** Mitigation: institutionalised training programs and structured onboarding modules. **Professional concerns regarding skill-mix changes** Mitigation: co-design approaches within pilot initiatives and involvement of professional organisations in guidance development. **Limited availability of private sector workforce data** Mitigation: progressive inclusion of a minimal private-sector dataset within the MDS.
Definition of Success	By 2028, Spain will have established a **structured national health workforce planning cycle** based on shared data, transparent forecasting and tested organisational innovation. Success will be reflected in: • implementation of a national Minimum Data Set with regular statistical reporting, • annual publication of workforce forecasts informing training and workforce policies, • completion and evaluation of three primary care organisational pilots, • publication of national guidance supporting regional adoption and scaling, • establishment of a permanent Community of Practice and national training program for workforce planning. Through these measures, Spain will move from fragmented workforce intelligence toward **a coordinated, evidence-informed workforce governance system aligned with emerging European standards in health workforce planning**.
Monitoring & KPIs	**MDS Coverage KPI:** % ACs delivering complete MDS submissions on time; # automated data quality flags resolved per cycle. **Forecasting KPI:** Annual publication by Q4; # policy uses (e.g., training intake memos referencing forecasts); # specialties with scenario analysis. **Pilot KPI:** Pilots launched (3/3); mid-term and final evaluation delivered; improvement targets on continuity / access / teamwork / competence attainment; publication of **national guidance** by Q4 2028.

	Capacity KPI: # staff trained; CoP sessions held (≥4/yr); onboarding completion rates for new planners.
Status (Where We Start From)	• **Shared baseline** and **national MDS consensus** (via Delphi), enhanced collaboration on central registries, upgraded modelling capacity, and targeted training—**already delivered within HEROES**. • **Co-designed primary-care prototypes** and strategic lines developed at the **Granada Hackathon (Nov 2025)** using design thinking; consensus on the need for competency pathways, team-based models, and tech-enabled equity

Policy Action Plan Sweden

POLICY ACTION PLAN TITLE	Strengthening governance and decision-making for health workforce planning in Sweden through operationalisation of a government assignment.
POLICY – ACHIEVABLE GOAL What policy do you intend to implement?	The policy to be implemented through the Joint Action HEROES does not consist of a single new legislative reform. Instead, it aims to support and operationalise ongoing government assignments to the National Board of Health and Welfare (Socialstyrelsen) to strengthen health workforce planning and competence supply in Sweden. This includes, for example, government assignments related to strengthening competence supply in healthcare through targeted funding and coordination mechanisms, as well as broader mandates concerning workforce data, analysis, and planning capacity. Within this framework, the Joint Action contributes to improving how workforce planning is conducted by strengthening: • the use of workforce data in decision-making, • coordination across governance levels, • and capacity for workforce planning. Through HEROES, Sweden has developed several key components that directly support these government assignments, including: • improved workforce data and analytical studies in collaboration with Statistics Sweden (SCB) and the Swedish Higher Education Authority (UKÄ),

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- national policy dialogues connecting stakeholders and evidence,
- pilot activities testing new approaches to workforce planning,
- and capacity-building initiatives targeting strategic actors

At the same time, structural challenges remain:

- workforce data is often collected for reporting rather than actively used in decision-making,
- governance is fragmented across national, regional and local levels,
- and there is a lack of institutionalised structures for coordination, learning and ownership

The policy focus is therefore not on introducing new structures, but on ensuring that the approaches developed through HEROES are:

- integrated into existing government assignments and mandates,
- sustained beyond the duration of the project,
- and used to strengthen evidence-informed decision-making.

This represents a shift towards a more coordinated, institutionalised and data-informed approach to health workforce planning in Sweden, aligned with ongoing government priorities.

Do you have a national HWF strategy, or any previous policy plan you could rely on?	Sweden does not have a single unified national HWF strategy, but instead operates within a **decentralised governance system**, where responsibilities are distributed across national authorities, regions and municipalities Key elements supporting workforce planning include: • national workforce data systems and registers (SCB, Socialstyrelsen, UKÄ), • the development of the Capability Framework for workforce planning, • the National Health Competence Council, • and ongoing government assignments related to workforce supply and planning.

	Within this context, the Joint Action HEROES acts as an enabling and integrating initiative, strengthening existing structures rather than creating new ones.
MANAGEABLE ACTIONS What are the main actions that must be completed for implementing the policy?	The implementation of the policy focuses on operationalising the ongoing government assignments by integrating the approaches and outputs developed within the Joint Action HEROES into existing governance and planning structures. A first key area of action concerns strengthening the use of workforce data in decision-making. This includes continued collaboration between Socialstyrelsen, Statistics Sweden (SCB) and the Swedish Higher Education Authority (UKÄ), as well as ensuring that workforce data and analytical studies are systematically used in planning processes and policy dialogue. The ongoing development and application of the Capability Framework will further support the translation of data into workforce planning needs. This is expected to result in the integration of workforce data and analytical models into national planning support structures. A second area of action relates to the institutionalisation of policy dialogue as a governance mechanism. Building on the experience from HEROES, national policy dialogues will be established as a recurring component of workforce planning processes. The continued use of the backcasting model and the integration of results from studies and pilot activities will support more structured and evidence-informed decision-making. This is expected to contribute to a more formalised and recurring use of policy dialogue within workforce planning processes. A third area focuses on strengthening coordination across governance levels. In a decentralised system such as Sweden's, improved alignment between national, regional and local actors is essential. This will be achieved by integrating HEROES approaches into existing national planning support structures and strengthening coordination mechanisms between key stakeholders. This is expected to contribute to improved coordination between national authorities and regional actors within existing structures. Finally, actions will focus on strengthening capacity for workforce planning. This includes integrating training, mentoring and learning

	activities into regular functions and targeting key actors across governance levels. Continued collaboration with professional organisations and other stakeholders will support long-term capability development and shared understanding. This will contribute to strengthening capacity for workforce planning within existing institutional structures.
What priority can you identify for them?	The main priority is to ensure that the approaches and outputs developed within the Joint Action HEROES are effectively embedded into existing government assignments and governance structures. This requires a particular focus on strengthening institutional ownership and ensuring that responsibility for workforce planning is clearly anchored within existing mandates, especially at the National Board of Health and Welfare. At the same time, priority should be given to improving coordination across governance levels in Sweden's decentralised system, as well as strengthening the systematic use of data in decision-making processes. Together, these elements are essential to ensuring that workforce planning becomes a continuous and integrated function rather than a project-based activity.
RESPONSIBILITY ASSIGNED TO A SPECIFIC PERSON/UNIT Who is responsible for such policy implementation?	The responsibility for the implementation of the policy lies with the National Board of Health and Welfare (Socialstyrelsen), in line with its government assignments related to competence supply and workforce planning. Socialstyrelsen will ensure overall coordination of the work, including the integration of approaches developed within the Joint Action HEROES into national planning structures and processes. This includes aligning activities with existing mandates and ensuring continuity beyond the duration of the project. The work will be carried out in close coordination with Statistics Sweden (SCB), the Swedish Higher Education Authority (UKÄ), and regional authorities, reflecting the shared responsibility for workforce planning across different levels of governance in Sweden.
Who are the supporters to assist the responsible person/unit?	The implementation of the policy will be supported by a broad range of stakeholders involved in health workforce planning and development. These include regions and municipalities, which play a central role in

	the organisation and delivery of healthcare, as well as the Swedish Association of Local Authorities and Regions (SKR). Professional organisations, trade unions, higher education institutions and research organisations will also play an important role by contributing expertise, participating in policy dialogues and supporting the development and implementation of workforce planning approaches. The involvement of these stakeholders is essential to ensure ownership, facilitate coordination across levels, and support the effective translation of evidence into practice.
TIMELINE – CLEAR SCHEDULE What deadlines can you anticipate?	The implementation of the policy will follow a phased approach aligned with the timeline of the Joint Action HEROES and ongoing government assignments. During 2025 and early 2026, activities will focus on continuing pilot initiatives, analytical studies and policy dialogues. A national forum planned for spring 2026 will provide an opportunity to present and validate results with key stakeholders. From 2026 onwards, the focus will shift towards integrating the approaches and outputs developed within HEROES into existing government assignments and planning structures. This will be followed by continued implementation and scaling during 2026–2027, ensuring that the work is sustained within existing mandates.
How do you foresee the completion of the actions and the policy implementation by date?	The completion of the actions and the implementation of the policy will be ensured through their gradual integration into ongoing government assignments to the National Board of Health and Welfare (Socialstyrelsen), as well as existing governance and planning structures. During the remaining period of the Joint Action HEROES (2025–early 2026), the focus will be on finalising ongoing activities, including analytical studies, pilot initiatives and policy dialogues. These will provide the evidence base and tested approaches required for implementation. A key milestone will be the national forum planned for spring 2026, where results and proposed approaches will be presented, discussed

	and validated with relevant stakeholders. This step is expected to support ownership and facilitate their uptake within existing structures. From 2026 onwards, the implementation will take place through the integration of these approaches into ongoing government assignments related to competence supply and workforce planning. This includes embedding methods for data use, policy dialogue and coordination into regular planning processes at national and regional levels. The completion of the policy implementation is therefore not defined as a single endpoint, but as the successful transition from project-based activities to sustained use within existing mandates and structures. By 2027, the actions are expected to be fully incorporated into routine governance and planning processes, ensuring continuity beyond the Joint Action.
NECESSARY RESOURCES What costs are you anticipating?	The implementation of the policy primarily relies on existing institutional capacity within the National Board of Health and Welfare, as well as continued collaboration with Statistics Sweden (SCB) and the Swedish Higher Education Authority (UKÄ). Resources are required for coordination, analytical work, training activities and the organisation of policy dialogues. In addition, digital infrastructure supporting data collection, analysis and knowledge sharing will be essential. These resource needs are largely aligned with existing government assignments and ongoing activities, meaning that the implementation does not require the establishment of entirely new structures but rather the strengthening and coordination of existing ones.
What technical conditions must be given to enable the policy implementation? (e.g. materials, equipment, software etc.)	The implementation requires access to high-quality workforce data and established data-sharing mechanisms between Socialstyrelsen, Statistics Sweden (SCB) and the Swedish Higher Education Authority (UKÄ). It also requires analytical tools, such as the Capability Framework, to translate data into workforce planning, as well as existing digital infrastructure to support coordination and policy dialogue across national and regional levels.

What is the HR/personnel needed for the policy implementation?	The implementation requires personnel within the National Board of Health and Welfare (Socialstyrelsen) responsible for coordination, analysis and workforce planning. It also involves analytical and statistical expertise from Statistics Sweden (SCB) and the Swedish Higher Education Authority (UKÄ), as well as staff at regional level responsible for workforce planning and implementation. In addition, participation from stakeholders such as professional organisations and education providers is needed to support policy dialogue and implementation.
STAKEHOLDERS IMPACTED What is the stakeholder pool that will be impacted by the policy?	The policy impacts national authorities involved in workforce planning, particularly the National Board of Health and Welfare (Socialstyrelsen), Statistics Sweden (SCB) and the Swedish Higher Education Authority (UKÄ), as well as the Government Offices of Sweden, which provide the policy framework and assignments. It also affects regional and municipal actors responsible for healthcare provision and workforce planning, as well as the Swedish Association of Local Authorities and Regions (SKR). In addition, professional organisations, trade unions and education providers are impacted through their roles in training, workforce development and participation in policy dialogue.
What is the expected resistance to change? Ways to mitigate it?	The implementation may face resistance due to Sweden's decentralised system, where regions have strong autonomy, as well as limited time and capacity to adopt new approaches. There may also be reluctance to change established ways of working or to use data more actively in decision-making. To mitigate this, a bottom-up approach is essential, with early and continuous involvement of regional and local stakeholders through policy dialogues, ensuring shared understanding and ownership. In addition, integrating new approaches into existing structures and government assignments reduces the need for major organisational changes and facilitates uptake.

STATUS – TRACK THE PROGRESS What progress has been made?	Sweden has made significant progress through the Joint Action HEROES, including the development of improved workforce data and analytical studies in collaboration with national authorities. Policy dialogues have been implemented to engage stakeholders and support a bottom-up approach, and pilot activities have tested new approaches to workforce planning. In addition, capacity-building activities, including training and mentoring, have been initiated. These activities provide a strong foundation for integrating the results into ongoing government assignments and existing planning structures.
Set the mode how to monitor the progress? (KPIs)	Progress will be monitored through indicators reflecting the integration of HEROES approaches into existing structures and processes. This includes the extent to which workforce data is used in planning and decision-making, the continuation and use of policy dialogues, and the level of stakeholder engagement across governance levels. In addition, progress can be followed through the integration of methods and approaches into ongoing government assignments and national planning support, including the extent to which these are formally embedded in routine processes.
EVALUATE RISKS & SUCCESS What potential risks and challenges can be identified that can impact the successful completion of the policy action plan?	The implementation may be affected by challenges related to Sweden's decentralised governance structure, which can make coordination and alignment across national and regional levels difficult. There is also a risk that data and analytical outputs are not fully translated into decision-making processes, as well as limited time and capacity among stakeholders to adopt new approaches. In addition, the integration of project-based results into long-term structures may be challenging if clear ownership and mandate are not maintained within existing government assignments.
How can you define the success of the action?	Success can be defined by the extent to which the approaches and results developed within the Joint Action HEROES are integrated into ongoing government assignments and existing planning structures.

	This includes the regular use of workforce data in decision-making, the continued use of policy dialogue as part of governance processes, and improved coordination across national and regional levels. Success is therefore reflected not only in completed activities, but in the establishment and sustained use of these approaches as part of routine governance and workforce planning structures.
What impact do you anticipate on future actions and policies?	The implementation is expected to strengthen the role of data and analysis in workforce planning, leading to more evidence-informed decision-making in future policies. It will also support improved coordination across national and regional levels, contributing to a more coherent approach to workforce planning in Sweden. In the longer term, this may provide a stronger foundation for the continued development of national approaches and policies related to competence supply and health workforce planning.

Deliverable 4.1 - HEROES Policy Action Plans

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