A Call to Action to include health workforce in the HORIZON Europe Program 2021-2022 Health
Statement on behalf of the European Public Health Association (EUPHA)
section ‘Health Workforce Research’

Europe needs stronger health workforce research

The COVID-19 pandemic made the merit of the health workforce visible. Following WHO, “ability of health systems to perform well and respond appropriately to the new challenges they face is strongly influenced by the availability of health workers with relevant skills, in sufficient numbers, located where they are needed, and working in an environment that motivates and engages them” (https://www.euro.who.int/en/health-topics/Health-systems/health-workforce). COVID-19 has revealed huge problems in the health workforce, in particular in relation to nurses and public health workers. However, the problems are more general and stretch far beyond COVID-19. On top of this, health labour markets are shrinking due to demographic change. Educational systems are lagging behind in providing new competences. Occupational systems prioritise specialisation, while public health and generalist competences are lacking. These trends create a widening demand-and-supply gap and health systems that lack resilience, pandemic preparedness and responsiveness to global health needs. The problems are increasingly recognised and there is greater recognition of healthcare workers. However, data and research evidence on successful health workforce policies are lacking and COVID-19 is adding a number of new and urgent questions.

Europe should invest in a comprehensive research program to support health workforce innovation and resilience

There is an urgent need for a comprehensive research program, that is able to inform health workforce policy and governance on how to stimulate organisational innovation and improve recruitment, retention and new competences of the health workforce. As illustrated in the matrix below, such a program can make the connections across hierarchical levels of health workforce governance. It places organisational innovation at the meso-level of healthcare organisations and professional development at the micro-level, both within the wider context of health systems and transnational policy and governance, thus responding to COVID-19.

<table>
<thead>
<tr>
<th>Hierarchical levels of workforce governance</th>
<th>Substance of workforce governance</th>
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<tr>
<td></td>
<td>System integration</td>
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<tr>
<td><strong>Transnational</strong> (<strong>global/EU level</strong>)</td>
<td>Harmonisation of professional requirements</td>
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<tr>
<td><strong>Macro-level</strong> (<strong>state/regional</strong>)</td>
<td>Educational system; health labour market; general labour market</td>
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<tr>
<td><strong>Meso-level</strong> (<strong>organizations/professions</strong>)</td>
<td>Match of education, workforce &amp; population needs</td>
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<tr>
<td><strong>Micro-level</strong> (<strong>actors</strong>)</td>
<td>New competences for resilience and preparedness</td>
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Four substantive areas of health workforce research and innovation

The agenda to take this proposed research program forward should address four areas:

1. **System integration** – develop a system-based research approach that is capable to improve resilience, including pandemic preparedness, through integration of the educational, healthcare and labour market systems.
2. **Sector integration** – focus on a balanced development and integration of different healthcare sectors, as well as on the balance between generalism and specialism.
3. **Occupational integration** – move from a still dominant focus on physicians towards research into nurses and all healthcare professionals (from single professions to their interprofessional relations, skill-mix and team approaches and intersectoral tasks) and their relationships to informal carers and volunteers.
4. **Sociocultural integration and gender equality** – address power differences within the health workforce, especially gender-based social inequality (including the wage gap), the situation of minority groups and migrant healthcare workers, and the dominance of the medical profession. Consider also EU health workforce and carer mobility and the effects of COVID-19.

EU added value

We propose to develop a research-based vision on the health workforce that is:

- capable to improve health workforce resilience to effectively respond to the COVID-19 pandemic challenges and to ‘take care of the healthcare workers’ including reducing stress and burn-out,
- capable to balance the interests of different Member States as well as the principle of a common market and free movement with the European Union and the national/regional need of a sufficient density of health professionals to provide universal healthcare coverage for all citizens.

Improved data and an integrated theory-driven program on health workforce research as part of the European research agenda under Horizon Europe adds value especially in the following areas: health workforce resilience and pandemic preparedness, migration/ mobility and conditions for an open health labour market, the investment in Europe-wide availability of both quantitative and qualitative data, and the coordination of health human resources planning models based on population and health system needs.

The EUPHA Section on Health Workforce Research is a network connecting major stakeholders (e.g. WHO Regional Office for Europe, European Observatory on Health Systems and Policies, Association of Schools of Public Health in the European Region/ASPERHER) and individual researchers in the field of health workforce research. It aims to advance capacity building, knowledge exchange and networking to build health workforce research as an independent, interdisciplinary and multi-professional field;

[https://eupha.org/health-workforce-research](https://eupha.org/health-workforce-research).

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