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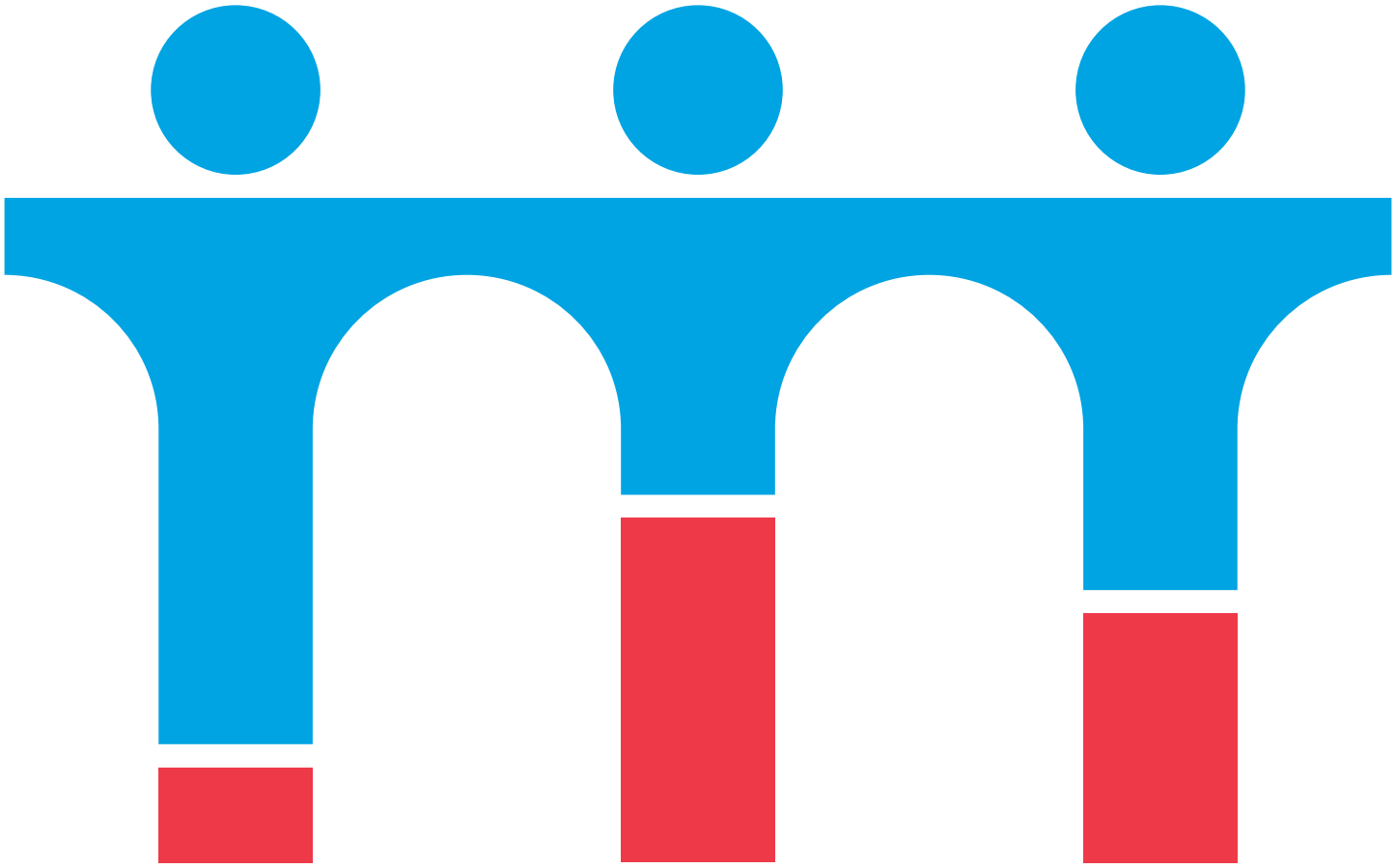
World Health Organization
European Region

Human resources for health in countries participating in the WHO Small Countries Initiative

A report on progress to date



Human resources for health in countries participating in the WHO Small Countries Initiative (SCI)

A report on progress to date

Abstract

This progress report was developed specifically for reporting on the status of the eleven countries participating in the Small Countries Initiative (SCI) (Andorra, Cyprus, Estonia, Iceland, Latvia, Luxembourg, Malta, Monaco, Montenegro, San Marino and Slovenia) regarding the development of national strategies for human resource for health (HRH) at the Ninth High-level Meeting of the Small Countries Initiative, Luxembourg, 10–12 May 2023. After a brief overview of the HRH-related situations in each of the countries, the report describes the status of national HRH-strategy development and actions currently underway to strengthen the health and care workforce in light of those proposed in the WHO publication, Health and care workforce in Europe: time to act (2022). The report concludes in identifying the current and most pressing HRH needs of the countries, using the SCI HRH Working Group as a key convening mechanism.

Keywords

AGEING, HEALTH CARE PLANNING, HEALTH CARE PROFESSIONALS, HUMAN RESOURCES FOR HEALTH, HEALTH WORKFORCE, NURSING.

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Contents

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Abbreviations

EU - European Union

HRH - Human resources for health

NHWA - National Health Workforce Accounts

OECD - Organisation for Economic Co-operation and Development

SCI - Small Countries Initiative

UN - United Nations

WHO - World Health Organization

Background

The Small Countries Initiative (SCI) Human Resources for Health (HRH) Working Group (hereafter, the SCI HRH Working Group) was established in 2019 at the Sixth High-level Meeting of SCI, creating a modality for cross-country collaboration on strengthening HRH in small countries. The eleven countries with populations of two million and less that participate in SCI (hereafter the SCI countries) *(1)*[1] are represented in the SCI HRH Working Group. Each SCI country has a nominated SCI HRH focal point, which acts as the liaison between the ministry of health and the SCI Secretariat at the WHO European Office for Investment for Health and Development (Venice, Italy). Since its inception, the SCI HRH Working Group has held three meetings (in December 2019, January 2021 (online) and April 2022), producing subsequent reports and publications to support and advance networking and action.

The adoption of the Montenegro Statement at the Eighth High-level Meeting of the Small Countries Initiative (June 2022) was a defining moment for the SCI countries *(2)*. On this occasion, they **committed to developing, by 2025, a fully resourced national HRH strategy** shaped by and reflecting the particularities of their national HRH profiles, labour markets and planning capacities. To better understand the current situation in each of the countries, the SCI HRH Working Group convened informally in Bucharest, Romania, on 22 March 2023 within the context of the High-level regional meeting on health and care workforce in Europe, to take stock of progress in the development of national HRH strategies, the type of action most often taken in this area, and next steps.

This progress report draws on the meeting of the SCI HRH Working Group in March 2023 and ongoing work within the SCI HRH Working Group. It provides a summary overview of health-workforce density and the ageing health workforce in the SCI countries and describes the status of development of national HRH strategies as well as gives examples of some of the priority actions in national strategies.

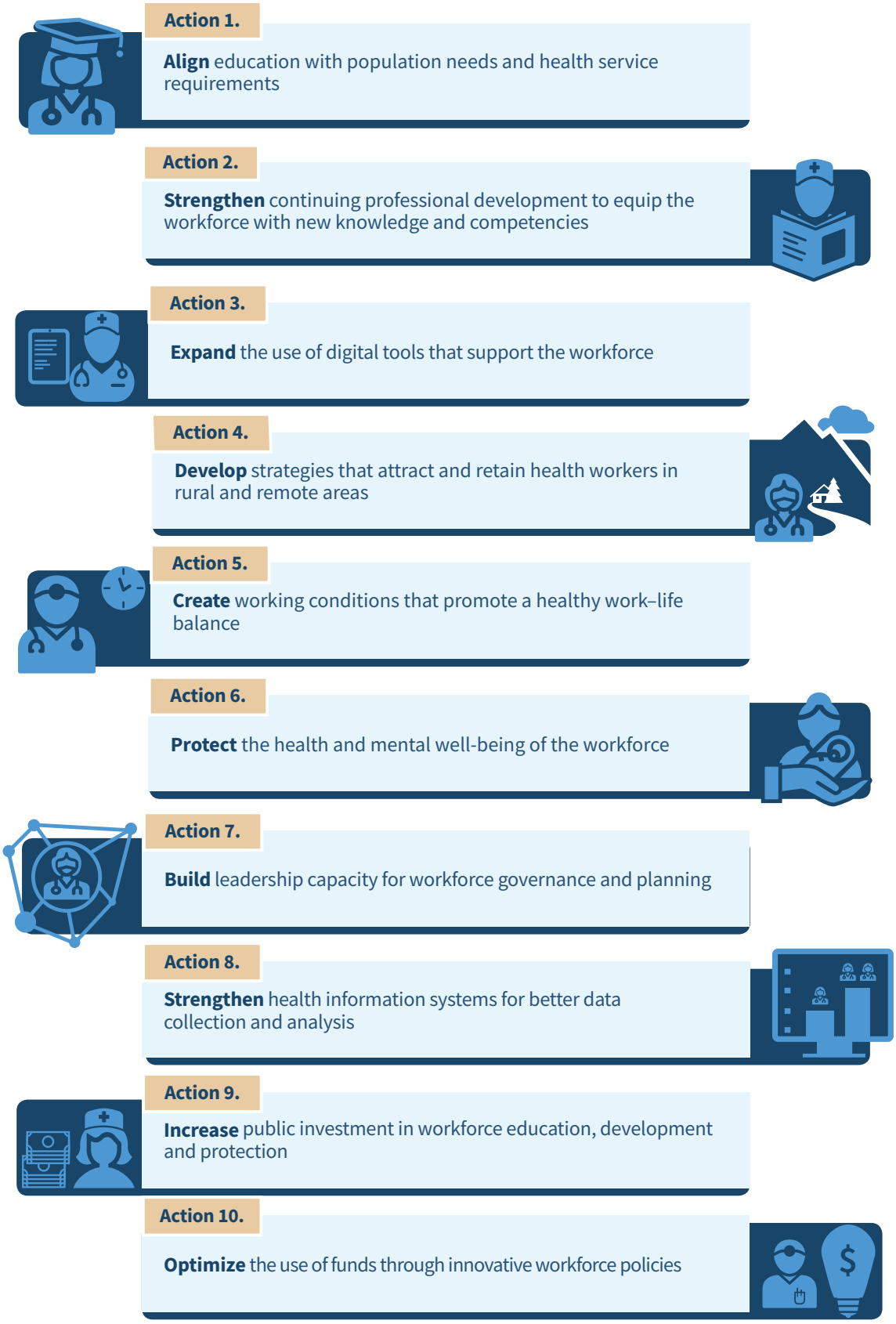
Methods

This report draws on several sources of information, both qualitative and quantitative. A snapshot of the overall HRH situation in the 11 SCI countries is provided, using data from the National Health Workforce Accounts (NHWA) Data Portal *(3)*, the WHO/Organisation for Economic Co-operation and Development (OECD)/EUROSTAT Joint Data collection (JDC) *(4)* and the United Nations (UN) World Population Prospects, 2022 update *(5)*, with a focus on health-workforce trends and ageing of the health workforce in small countries.[2] Interviews were conducted with 10 of 11 of the SCI HRH focal points, with a focus on the status of development of HRH strategy, governance and planning. The focal points were also asked which of the ten actions to strengthen health and care workforce listed in the WHO publication, *Health and care workforce in Europe: time to act* they were implementing (Fig. 1) *(6)* were included.

[1] Small countries in the WHO European Region participating in SCI: Andorra, Cyprus, Estonia, Iceland, Latvia, Luxembourg, Malta, Monaco, Montenegro, San Marino and Slovenia. These can be grouped into three categories: islands, city states and continental countries.

[2] The data source for all graphs (apart from Malta) is the WHO NHWA Data Portal, December 2022 update *(3)*. The countries provided these data to NHWA and validated them. Health-workforce density for medical doctors in Malta (2010, 2015 and 2020) was calculated based on the JDC data provided and validated by the country *(4)*, and those in the UN World Population Prospects, 2022 update *(5)*.

Fig. 1. Ten actions to strengthen the health and care workforce



Source: *Health and care workforce in Europe: time to act (6)*.

It should be noted that the HRH situation in small countries is dynamic and can change quickly. At the time of the interviews (March 2023), several of the countries reported that their HRH strategies were "under development" or "under discussion", a situation that would probably change in the coming months.

Overview of the health workforce in the SCI countries

This section briefly describes health-workforce density and the ageing health workforce in the SCI countries. Fig. 2–4 reflect data available in the WHO National Health Workforce Accounts (NHWA) Data Portal *(3)*, the JDC *(4)* and the World Population Prospects – 2022 *(5)*.

Health-workforce density

Ratios of health-workforce densities to population in SCI countries often differ to those in larger countries owing to factors, such as:

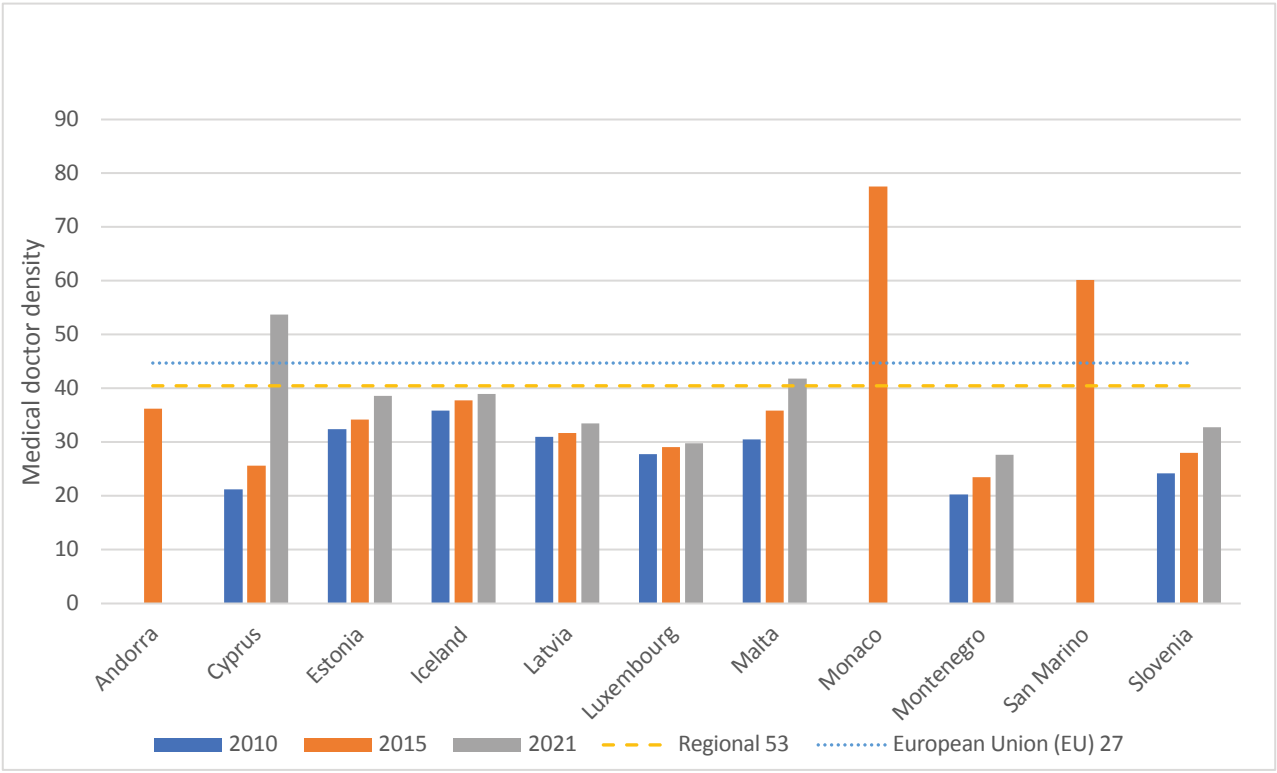
(a) the numbers of health workers needed to maintain services in hospitals or other centres (e.g., for obstetrics and gynaecology);

(b) a commuting workforce and the registration (or not) of health workers; and

(c) the possibility that workforce density can appear higher in small countries because of their relatively small populations, combined with a minimal workforce requirement.

As shown in Fig. 2, the density of medical doctors has remained constant over the last decade in some SCI countries. Others, such as Cyprus, Malta, Montenegro and Slovenia had more marked increases. Overall, the increased density of medical doctors in these countries could be attributed to policies to this end, or to the country's response to the COVID-19 pandemic response or other health-system changes.

Fig. 2. Medical doctor density, 2010–2021 or closest year (per 10 000 population)



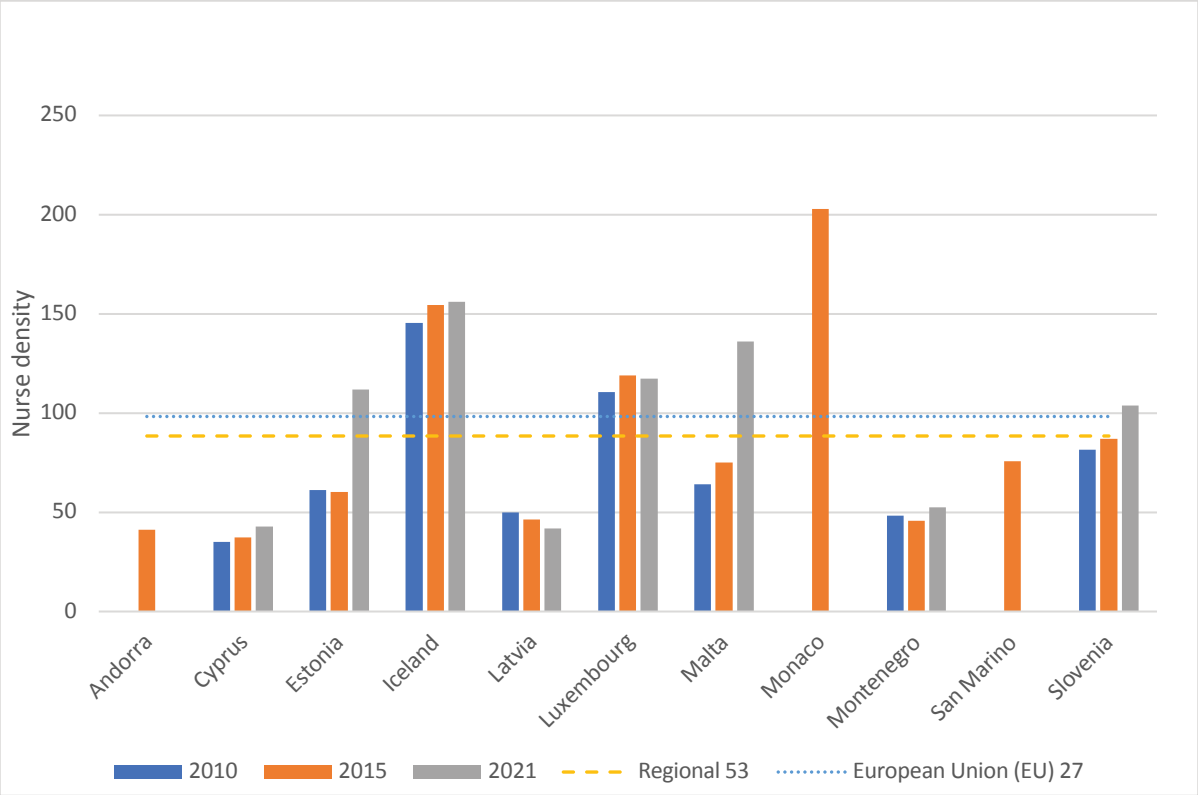
Source: WHO NHWA Data Portal – December 2022 update *(3)*. Data on medical doctors in Malta only is from the Organisation for Economic Co-operation and Development (OECD)/Eurostat/WHO Joint Questionnaire (non-monetary health care statistics), provided by the country, and the UN World Population Prospects, 2022 update *(5)*.

In the smallest SCI countries (Monaco and San Marino), the density of medical doctors is higher than in the other nine, especially when compared to the 53 countries of the WHO European Region (Regional 53) and EU 27 averages. This is probably because a specific number of staff is required to keep services running.

As seen in Fig. 3, the density of nurses varies among the countries. In some, it is high when compared to the Regional 53 and EU 27 averages (Iceland, Luxembourg, Monaco). It has consistently remained high in Iceland and Luxembourg. Sharp increases are evident in Estonia and Malta in the most recent years though it is not clear why this is the case.

In some countries, nurse density falls below both the Regional 53 and EU 27 averages (Andorra, Cyprus, Latvia, and Montenegro). Nurse density is closest to both the Regional 53 and EU 27 averages in Slovenia.

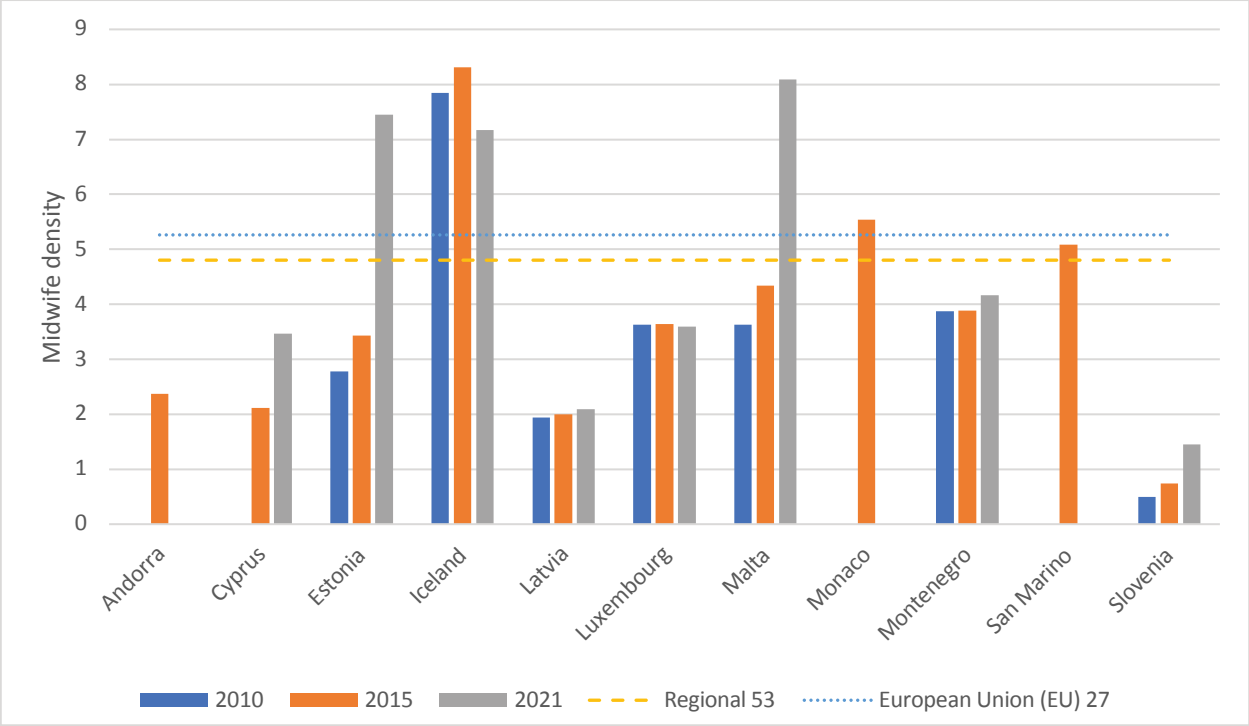
Fig. 3. Nurse density 2010–2021 or closest year (per 10 000 population)



Source: WHO NHWA Data Portal – December 2022 update *(3)*.

For midwives, the differences among countries are more evident (Fig. 4). In some countries, such as Iceland, Monaco and San Marino, the density of midwives is like the Regional 53 and EU 27 averages. Estonia and Malta have seen sharp increases in the density of midwives, while in Andorra, Cyprus, Latvia, Luxembourg and Montenegro, it is below the Regional 53 and EU 27 averages.

Fig. 4. Midwife density 2010–2021 or closest year (per 10 000 population)



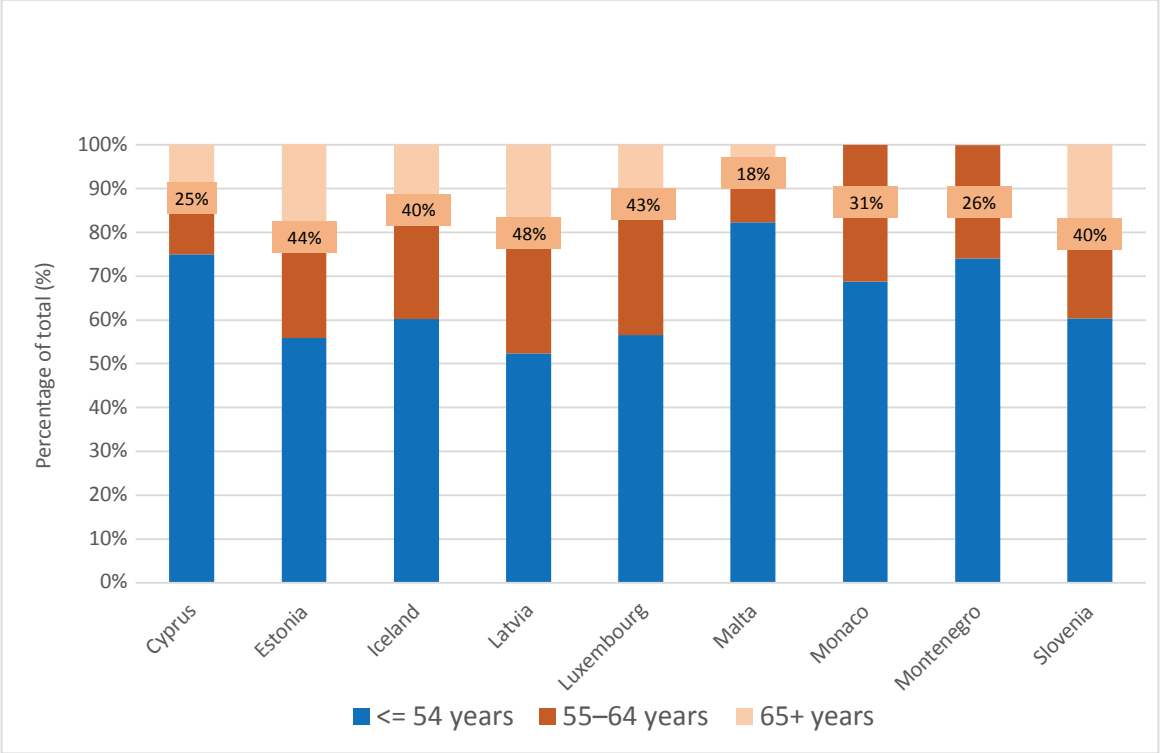
Source: WHO NHWA Data Portal – December 2022 update *(3)*.

An ageing health workforce

While it is a concern for all countries in the WHO European Region, **ageing of the health workforce** may be more pronounced in small countries where the pool from which to replenish their supply may be limited. In addition, retirement age, which varies from country to country, may play a role.

As can be seen in Fig. 5, over 40% of the medical-doctor workforce in some SCI countries (Estonia, Iceland, Latvia, Luxembourg and San Marino) are in the 55–64 and >65 age groups. Furthermore, in three of these countries (Estonia, Iceland and Latvia), over 15–20% of medical doctors are over 65 years of age. In the interviews conducted, some countries reported that to ensure the availability of sufficient numbers of medical doctors they would need to increase the normal retirement age from 60 to 65 years, and even to 72 years for some management positions. This points to the importance of planning or having a "strategy" for replacing medical doctors when they retire. This can become critical in some small countries, such as, Estonia, where approximately 900 doctors will retire over the next 10 years. Estonia produces 138 medical graduates each year who could potentially replenish the retiring workforce. However, if these medical students opt not to practice, the country could face a potential shortage. Another example is Latvia where approximately 1100 doctors will soon retire. However, Latvia produces around 454 medical graduates each year, which could ward off potential shortages even if some opt not to practice, or to practice outside the country. Fig. 5 also shows the situation at the other end of the spectrum where medical doctors in some SCI countries, such as Cyprus and Malta, are relatively younger.

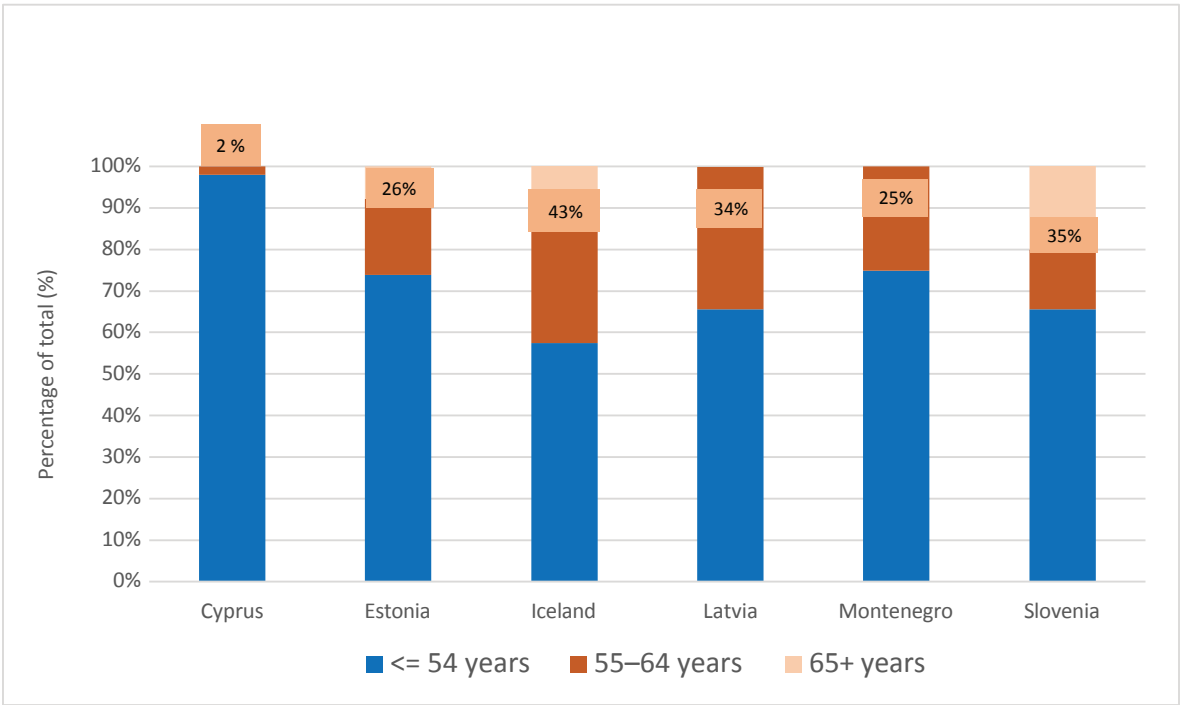
Fig. 5. Age of medical doctors as percentage of total, SCI countries, latest year available (n = 9)



Source: WHO NHWA Data Portal, December 2022 update *(3)*.

Fig. 6 shows that, among the countries examined, Cyprus appears to have the youngest nursing workforce. The situation is the opposite in Iceland and Latvia where the nursing workforce is older (over 40% and 34% of total nurses are 55 years or more, respectively). It is interesting to note that, in Iceland, approximately 14% of the nursing workforce is over 65. This means that out of 6000 nurses, around 840 will soon reach retirement age. With 117 graduates annually in Iceland, the risk of a nursing shortage is very real.

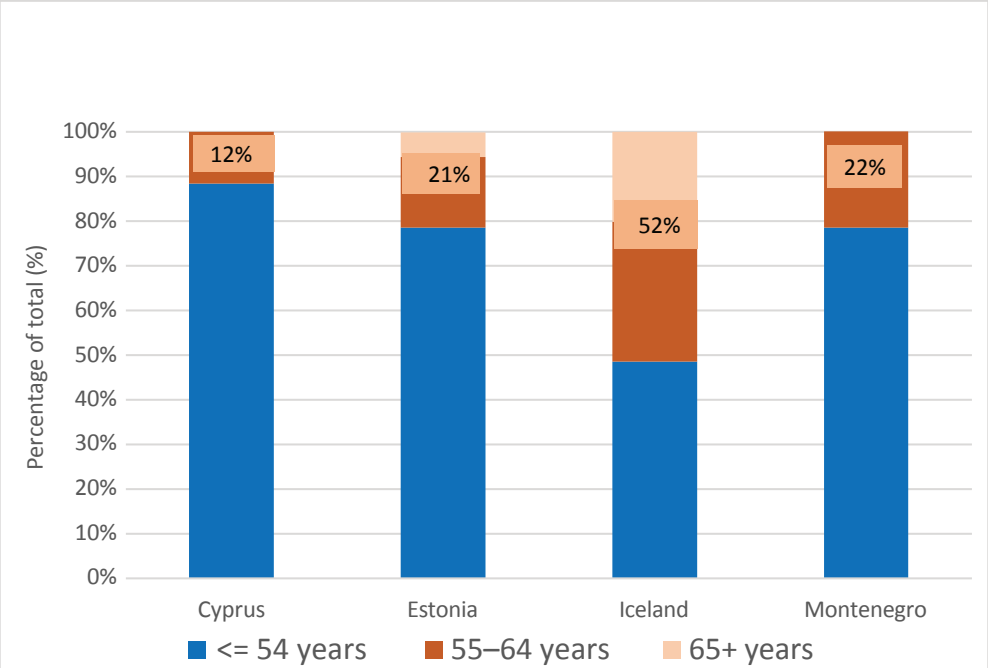
Fig. 6. Age of nurses, as a percentage of the total number, SCI countries, latest year available (n = 6)



Source: WHO NHWA Data Portal, December 2022 update *(3)*.

As regards data on the age of midwives, these were available from only four SCI countries (Fig. 7) with trends like those seen for nurses and medical doctors.

Fig. 7. Age of midwives, as percentage of total, SCI countries, latest year available (n = 4)



Source: WHO NHWA Data Portal, December 2022 update *(3)*.

The SCI countries are already considering how to address the retirement of their health workforces and boost the recruitment of young people to fill the gap. Box 1 provides approaches taken in some small countries, based on the interviews held with the SCI HRH focal points.

Box 1. Approaches taken in small countries to address retirement from and recruitment to the health workforce

Some small countries have had to increase retirement age to meet workforce demand.

To smoothen the transition for those entering and retiring from the workforce, some countries pair experienced doctors with young doctors. (This may help the transition for new – not "young" – doctors, but the impact on those near retirement is not clear.)

Some countries use financial remuneration or prestige to motivate doctors to work in rural areas or bring the needed workforce to the smallest countries.

Incentives such as higher pay, prestige and better positions upon returning to the home country, have been put in place to encourage people to come and work in some small countries.

Some countries set up special arrangements to recruit health workers from other countries (not necessarily neighbouring countries).

Development of national HRH strategies

Progress in the development of national HRH strategies

During the HRH survey, the SCI HRH focal points were asked to report on progress made in developing national HRH strategies and actions taken to support the HRH workforce. Over half the SCI countries reported having an HRH strategy in place, or that HRH was either included in other action plans or under development (Table 1). Some countries reported that a HRH plan was "under discussion", meaning that negotiations were underway. The countries that reported having no plan often did not have the necessary mechanisms for developing a stand-alone plan.

Table 1. Progress in developing national HRH strategies in SCI countries

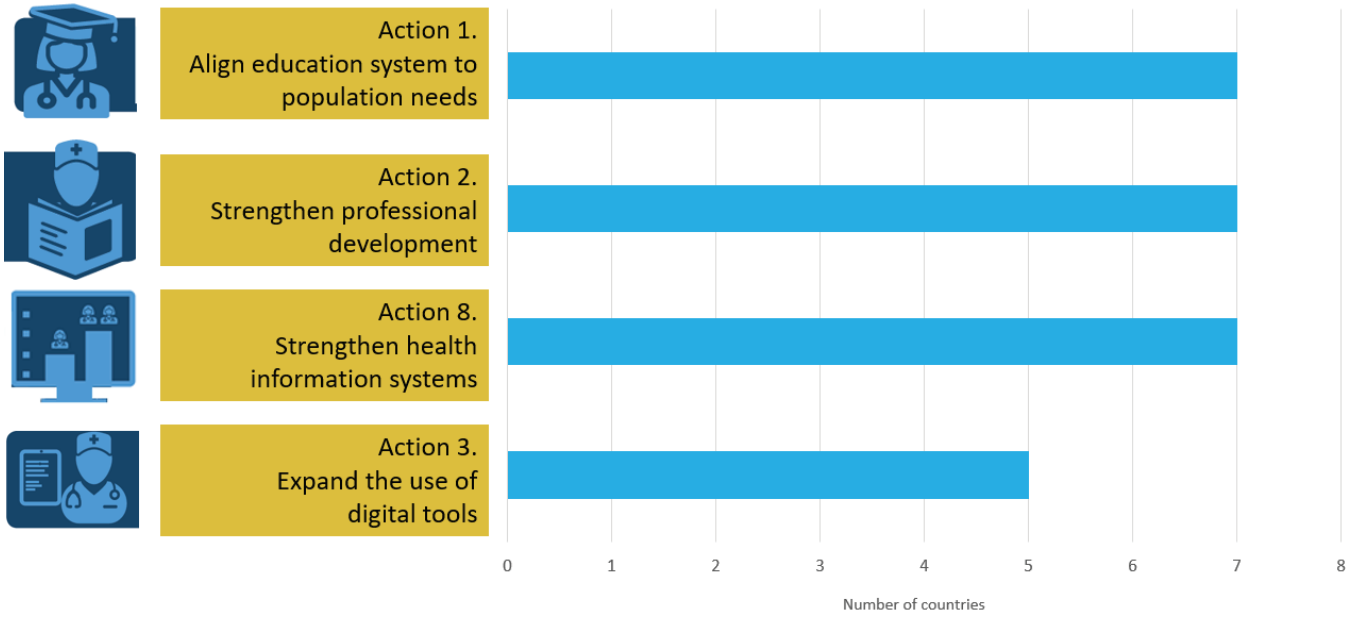
Country	National HRH strategy developed
Andorra	No
Cyprus	No
Estonia	Component of another plan
Iceland	Component of another plan
Latvia	Yes
Luxembourg	Under development
Malta	Yes
Monaco	Component of another plan
Montenegro	Under discussion
San Marino	Component of another plan
Slovenia	Under discussion

Source: Interviews conducted with SCI HRH Focal Points

Main actions taken by SCI countries

During the interviews, the SCI HRH focal points were also asked about specific actions being taken to support the health workforce, based on the "Ten actions to strengthen the health and care workforce" listed in the WHO publication, Health and care workforce in Europe: time to act (2022) *(6)*. In the SCI countries the focus appears to be on Actions 1, 2, 8 and 3 (listed according to the actions most reported) (Fig. 8). For Action 1, "Align the education system to population needs", examples ranged from action to understand and map population-health needs according to available medical specialties to investing in the education of the population to improve their health-seeking behaviour. Some countries reported on the effectiveness of exchanging needed specialty staff with neighbouring countries.

Fig. 8. Main actions taken by SCI countries to strengthen the health and care workforce



With regard to **Action 2** (strengthen professional development), the countries reported the existence of periodic lifelong learning requirements. Professional associations took the lead in developing their respective health workforces. Some countries were analyzing their continuous-professional-development systems with the aim of improving them. Several countries reported having, or being in the process of setting up, master's-level courses for nurses.

Action 8 (strengthen health-information systems) had been initiated in many of the SCI countries. Some already had an information system in place that would be enhanced through the establishment of an epidemiology observatory with an official mandate to work towards strengthening health-information systems.

Regarding **Action 3** (expand the use of digital tools), the countries reported on their use of electronic patient registries. In this regard, there were challenges in relation to: collecting specific types of data; setting up a strategy for digital transformation; the need to fine tune the use of telemedicine to manage post-pandemic care; and the use of social media to promote health messages to the general population.

The SCI countries were innovative in finding ways to address some of their health-workforce-related challenges (Box 2).

Box 2. Solutions to some health-workforce challenges in small countries

Problem: Nurses are administratively overloaded. There is a desire to give nurses and nurse assistants more responsibility (Luxembourg, San Marino).

Solution: Create nursing specializations, nursing master's degrees (some small countries (e.g., Estonia) are already giving nurses, midwives and nursing assistants more responsibility).

Problem: HRH gaps in rural areas (Iceland and Latvia) can give small countries the feeling of being small rural areas (San Marino).

Solution: Set up activities to attract and retain health workers in rural areas (and other areas in need); introduce financial incentives for medical doctors if they stay in rural areas for 5 years.

Problem: In some rural areas, doctors need to work much beyond pension age. It is a problem for some of the younger doctors that they cannot work where they want to.

Solution: Set up an education system whereby the older doctors transfer knowledge to the younger ones and find ways to enable families to move to rural areas where there is a good educational system for the children.

Problem: Data availability and sharing issues.

Solution: Consider launching epidemiological observatories (as reported by Luxembourg, San Marino).

Problem: Insufficient numbers of specialized doctors and nurses.

Solutions: Create incentives for exchange (Andorra, San Marino) to attract specialized health workers, and allow national health workers in one country to train those in other countries. Recruit heath workers from non-neighbouring countries (Andorra, San Marino).

Next steps

In the coming year (2023–2024), further action towards strengthening HRH across the 11 SCI countries will be based on agreed priorities. These will depend on the countries' stages of developing (or integrating) an HRH component and implementing national HRH strategies. When the SCI HRH focal points were asked to list the areas in which they most needed support through the SCI HRH Working Group, a blend of activities was proposed, focusing on training and skills development (e.g., workshops, experience sharing, research) and advocacy. WHO suggested conducting an executive course on HRH leadership and management, as well as providing technical support related to retention and continuous professional development. WHO support in the area of HRH will be aligned with the recently adopted *Bucharest Declaration on health and care workforce (7)* and with the draft Framework for Action on Health and Care Workforce that will be submitted to the Seventy Third session of the WHO Regional Committee for Europe in September 2023, together with a draft resolution on health and care workforce.

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[3] Unless otherwise indicated, all references were accessed 22 April 2023.

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