

EUROPEAN HEALTH POLICY PLATFORM HEALTH AT A GLANCE: EUROPE 2024

18 November 2024, Online Webinar

The “*Health at a Glance: Europe 2024*” webinar, hosted by the European Health Policy Platform, provided a comprehensive overview of key health system challenges and trends across the EU. This collaborative effort by the OECD and the European Commission examined two central themes: addressing health workforce shortages and promoting healthy longevity. The report also highlighted disparities in health outcomes, expenditure and demographic shifts that are shaping the future of healthcare in Europe.

The “*Health at a Glance: Europe 2024*” report is available [here](#).

Session Summary

(Mark Pearson - Deputy Director for Employment, Labour, and Social Affairs – OECD)

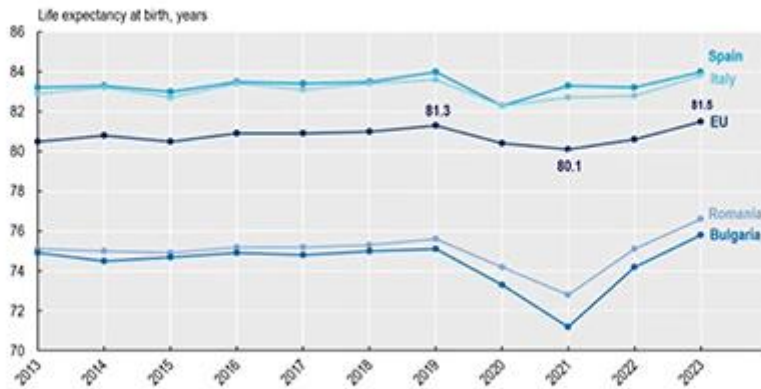
Pearson introduced the key findings of the “*Health at a Glance: Europe 2024*” report. This edition featured two very interconnected thematic chapters: addressing the health workforce shortage, focusing on strategies to train, retain, and optimize healthcare workers; promoting healthy longevity to reduce pressure on health and long-term care systems while improving the quality of life for older populations.

In addition to those topics, the report presented an overview of the latest data available on a very broad range of about 80 indicators covering key aspects of health systems across the EU countries: health status, risk factors, health expenditure, effectiveness, access, resilience.

Regarding the Life Expectancy Trends (fig. 1), Pearson highlighted three aspects:

- Recovery post-pandemic: life expectancy in the EU, which dipped by 1.2 years during the COVID-19 pandemic, has rebounded to exceed pre-pandemic levels, averaging 81.5 years in 2023
- Persistent disparities: an eight-year gap persists between countries with the highest (e.g., Spain) and lowest (e.g., Bulgaria) life expectancy, a disparity that has remained unchanged over the past decade
- Gender gap: women live, on average, five years longer than men, with the gap being most pronounced in countries with lower overall life expectancy

Life expectancy has rebounded post pandemic, but there remains an 8-year gap between countries with highest and lowest life expectancy

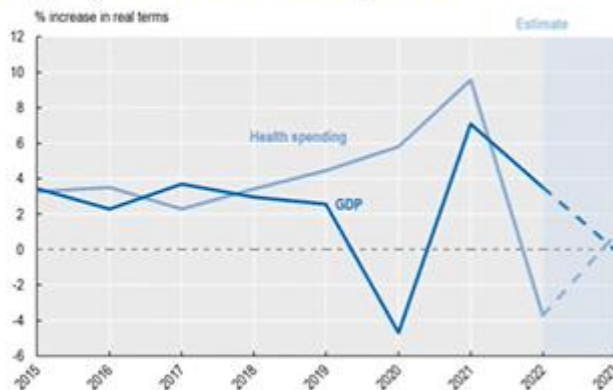


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Figure 1

Regarding trends in healthcare spending (fig. 2), as expected, there was a very strong growth in healthcare spending during the pandemic in pretty much all EU countries. About 10% growth on average in 2021, and there has been a decline since then. So, preliminary estimates for 2023 suggested that we will return to very moderate growth in spending in real terms, about 1% in real terms on average in the EU.

COVID-19 led to strong health spending growth in the EU in 2020 and 2021 before dropping in 2022 and stabilizing in 2023



- Health spending surged during 2020-2021 due to COVID-19
- 2022 saw a decline as pandemic-related expenses decreased
- 2023 shows modest real growth (~1%) across the EU

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Figure 2

Regarding the dates of healthcare spending (fig. 3), after adjusting for purchasing power parity across countries, it turns out that Germany is the country with the highest per capita spending in Europe, spending around €5,300 per person per year. This is three times more than the amount spent in Romania, Bulgaria and Croatia. So overall, Central and Eastern Europe may actually spend much less on health than the western parts of the continent. And this turns out to be an absolutely crucial context with respect to the availability of health workers and the potential fiscal space to address the shortage of workers.

Health expenditure per capita varies more than three-fold across EU countries

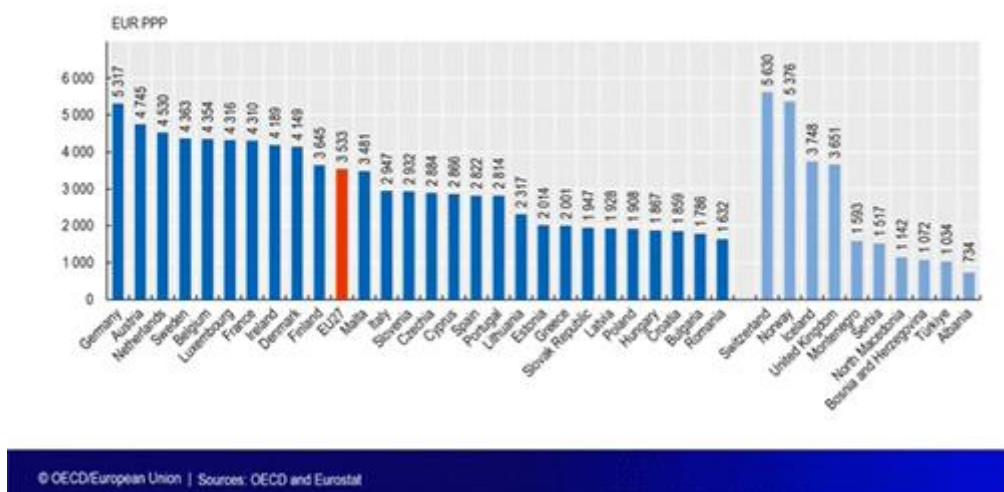


Figure 3

“Addressing Health Workforce challenges: training, retaining, innovating” is the first thematic chapter of the report and represents a key challenge.

The healthcare workforce reached record levels in 2022 on the continent: 4.2 doctors, 8.4 nurses per thousand inhabitants, but this growth has not yet kept pace with the pace of ageing on the continent, measured by the population aged 65 and over (fig. 4).

The total population of the EU grew by about 5% from 2000 to 2022, but the number of people aged 65 and over increased by 37%, from 68.5 million to over 94 million; the elderly population will exceed 130 million by 2050. And of course, this will lead to greater demand for healthcare.

At the same time as this growth in the older population, the active workforce aged 25 to 64 is projected to decline by about 10%, or about 26 million fewer people, between 2022 and 2050.

So, with population growth of about 37%, even if current rates of advancement in the health workforce were to remain constant, it would only increase by 22%. This creates a widening gap between healthcare demand and workforce supply over the next two decades.

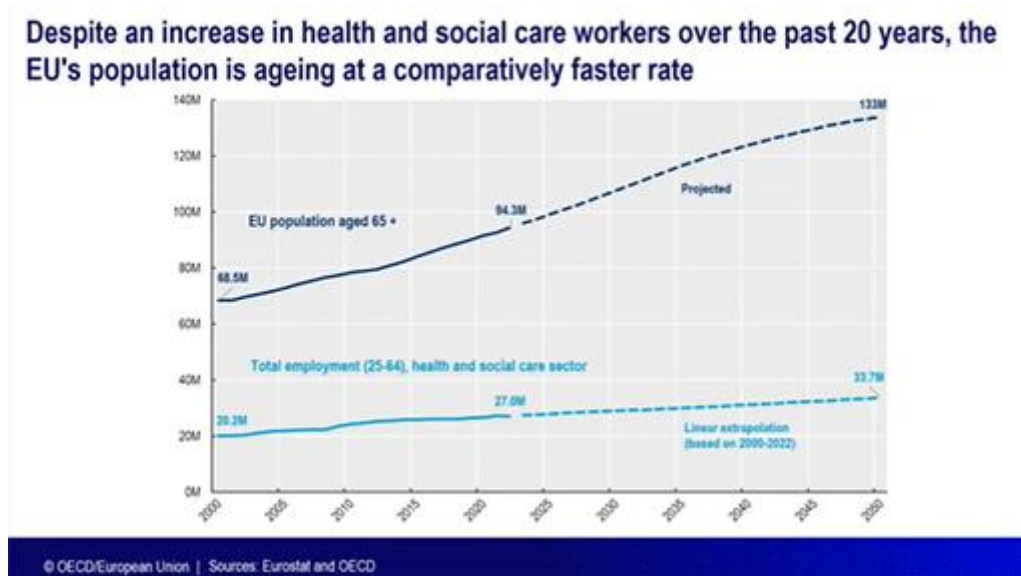


Figure 4

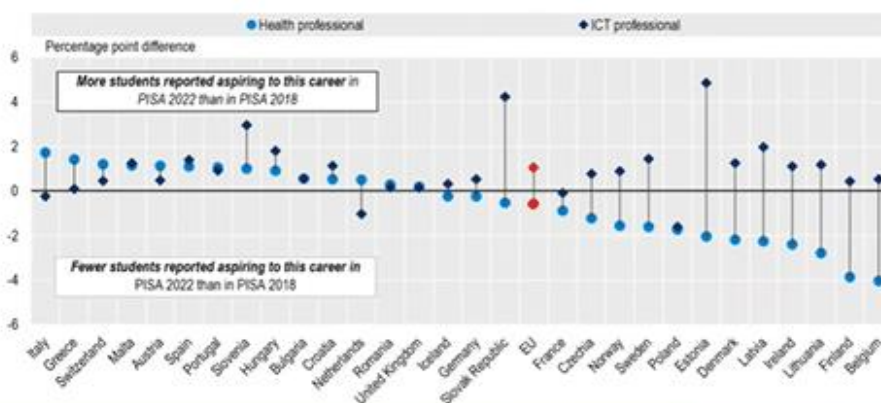
Furthermore, over a third of doctors are 55 or older, and will require replacement within the next decade as the medical workforce ages. In 2022, the EU average is that 35% of doctors were over 55. But, in Bulgaria and Italy, 54% of doctors are over 55.

This implies the need to train doctors just to replace the ones we will lose in the next decade. However, even though many countries understand this need, there is a decline in interest in health as a career (fig. 5).

The OECD's PISA survey, which measures educational achievement at age 15 in terms of literacy, numeracy etc., asked several questions, including what 15-year-olds would like to do in their careers. In just over half of the countries in the European Union, fewer and fewer 15-year-olds say they would like to work in health as part of their career.

It's not just about the salary, it's also about the working conditions, so it's no surprise that health is much less attractive than ICT-related professions.

Many countries have recognised the need to train more doctors and nurses, but interest in health careers has decreased in several countries






© OECD/European Union | Source: OECD PISA survey, 2018 and 2022

Figure 5

The proposed strategies (Fig. 6) include training more workers while increasing the attractiveness of the profession; this means committing money both to pay and to improve working conditions. Furthermore, in the long term, since EU countries cannot rely only on training more and more workers to meet the demand for health services, a way should be found to more effectively use the health workforce to the best of its ability. And this means making the most of new technologies, especially in the future.

Strategies to address health workforce shortages

- 1 Training more health workers, but need to increase attractiveness of health sector jobs 
- 2 Improving job quality to increase retention, but this will cost money 
- 3 Innovating to make more effective use of health workers and new tech 

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Figure 6

Moving on to the second thematic chapter, “Promoting healthy longevity in Europe”, Pearson focused his speech on the demand for health and long-term care services.

The increasing ageing of the population will lead to a real reshaping of health systems. So, the key question is whether people are living their additional years of life in good health or not. Using the latest WHO statistics (fig. 7), it emerged that about two-thirds of the increase in life expectancy between 2005 and 2022 were healthy years. The remaining third represented an increase in years spent with health-related disabilities. Less than half of the remaining life expectancy at age 65 is lived without disabilities. There is almost no gender gap in the number of healthy life years, while there is a rather large gender gap in the number of disabled life years: women live longer than men, but a larger proportion of their life after age 65 is lived with more health problems and disabilities than men.

While most gains in life expectancy over the past two decades have been in good health, more than half of years lived after age 65 are still with disability

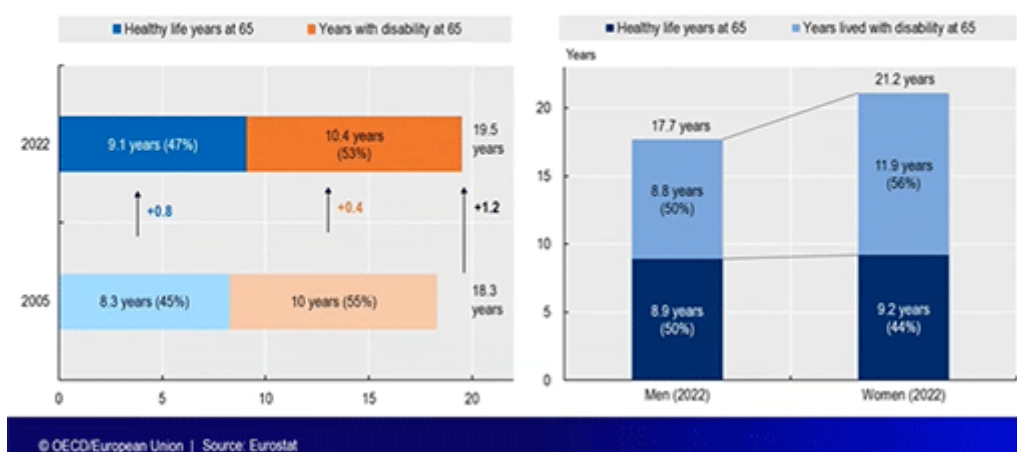


Figure 7

Health inequalities by socioeconomic status among the elderly population (fig. 8) have shown quite large differences in virtually all aspects of health: older people with lower levels of education consistently experience more difficulties than those with higher levels of education.

These inequalities arise from many different factors: greater exposure to risk factors, smoking, alcohol, which are also accompanied by lower access to healthcare in many countries.

Health inequalities among older people by education level are large in the EU

	Low education	High education
Indicators from EU-SILC (2023)		
Self-reported health (%in poor health)	23%	11%
Long-standing illness or health problem	64%	54%
Activity limitations due to health problem	59%	41%
Indicators from SHARE (2021-22)		
Depression symptoms	38%	23%
People with at least two chronic diseases	48%	38%
People bothered by falls (aged 75+)	16%	14%

© OECD/European Union | Sources: Eurostat (EU-SILC 2023) and SHARE (2021-22)

Figure 8

To promote healthy longevity, a focus on the risk factors that contribute most to the development of chronic disease and disability in old age (fig. 9) is needed: physical inactivity is increasing among older people; similarly, obesity rates are higher among people reaching age 65; exposure to air pollution and exposure to extreme temperatures is also increasing in old age.

Risk factors need to be addressed, for example through vaccinations, mental health support, and this applies to all ages, so as to empower people to manage their own health. In fact, 45% of dementia cases could be avoided by addressing modifiable risk factors throughout the life course.

Protection models suggest that, if a healthy aging scenario could be achieved, we could slow the growth of health spending as a share of GDP quite significantly. Health helps contain the costs of long-term care and the costs of health care, by reducing the demand for health and care workers.

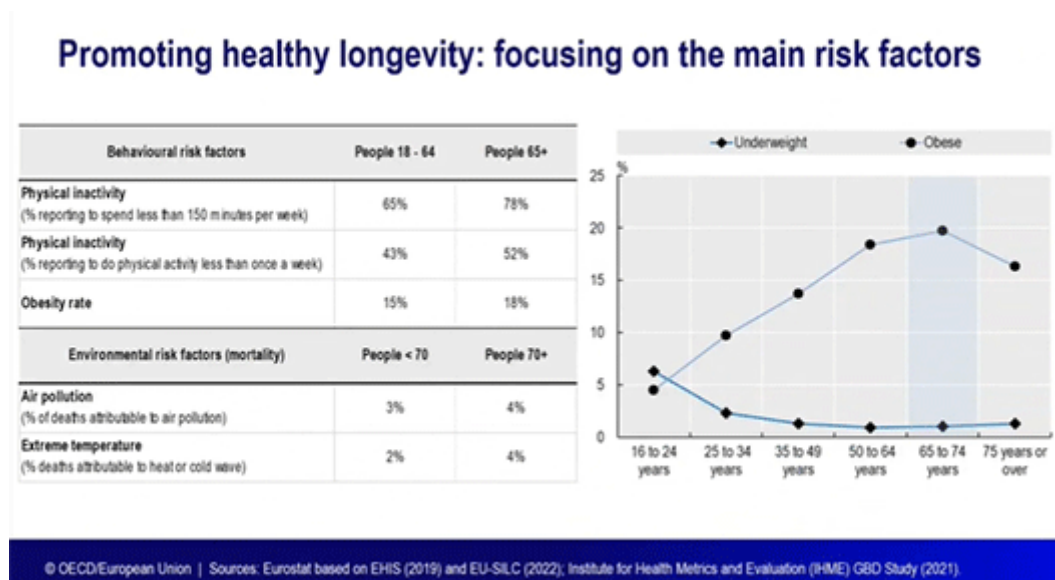


Figure 9

The speech of Mark Pearson was followed by a panel discussion.

(Marja Bulbaš – Secretary of State, Ministry of Health, Croatia)

Marja Bulbaš emphasized the concept of "workability," both for healthcare workers and the general population, connecting healthy longevity to economic competitiveness. Healthier individuals contribute more effectively to national and EU economies, particularly in countries advancing the "silver economy" like Denmark and the Netherlands.

From Croatia's perspective, the report provides a valuable framework for strengthening healthcare policies to meet current and future demands.

In this regard, Croatia's healthcare challenges and initiatives include:

- Demographic context: Croatia has a declining and aging population of 3.85 million, with 22% aged 65 or older and an average age of 44.3 years. This places significant pressure on healthcare services
- Workforce issues: the country faces shortages in healthcare workers, with only 4 doctors per 1,000 inhabitants and nurse ratios below the EU average. Aging healthcare staff (30% of doctors and 24% of nurses are 55+) compounds the challenge.

The proposed key initiatives were:

- Incentivizing GPs to serve in underserved areas
- Expanding telemedicine services to improve access
- Strengthening primary care through education and workforce planning
- Deploying mobile healthcare units to reach rural regions
- Establishing nursing counseling services to enhance home care
- Improving coordination across care levels
- Launching prevention programs for cancer and mental health

A notable effort is a nationwide preventive screening program targeting individuals aged 40+ who have not seen a doctor in two years. Results revealed a low response rate but identified undiagnosed conditions in 70% of participants, underscoring the need for enhanced preventive care.

Croatia's reforms aim to integrate care, redefine financing models, and optimize healthcare resources, including hospital categorization and part-time roles for hospital doctors in primary care. These measures address workforce shortages and improve accessibility, ensuring the system meets the needs of its aging population.

(Javier Padilla – Secretary of State, Ministry of Health, Spain)

Javier Padilla emphasized Spain's approach to addressing the health workforce crisis using the WHO Europe framework, aligned with the *“Health at a Glance: Europe 2024”* report. The strategy focuses on four key areas: workforce supply, retention policies, planning, and skill optimization, coupled with sustainable financing.

Padilla highlighted the paradox of having the highest number of healthcare workers while facing shortages. This is attributed to factors such as an aging workforce (one-third of physicians over 55), post-COVID quit rates, and decreased attractiveness of healthcare careers. Spain advocates for equitable recruitment and retention strategies to avoid internal EU disparities and reduce dependence on international migration.

On aging and healthy longevity, Padilla noted that life expectancy has recovered post-COVID, with two-thirds of recent gains representing healthy years. However, the population aged 65+ is set to grow significantly, requiring policies that extend quality of life. Many of these policies go beyond the healthcare system, focusing on reducing dementia risks, preventing falls, and addressing broader social determinants of health.

Key measures behind Spain's life expectancy success were presented:

- Universal health coverage: Spain's equitable and well-distributed healthcare system ensures minimal unmet medical needs, protecting older populations from catastrophic expenses
- Primary care excellence: robust primary care services provide early detection and chronic disease management
- Support for elderly independence: initiatives like strengthened nursing and home care services promote health and autonomy among older adults
- Financial stability for retirees: safeguarding incomes has enabled healthier lifestyles, positively influencing overall well-being

Padilla attributed Spain's success to a comprehensive healthcare framework, equitable access, and socioeconomic measures that foster health and longevity across the population.

(Stefan Eichwalder – Director, Health Systems Division, Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Austria)

Stefan Eichwalder outlined Austria's demographic and healthcare challenges, emphasizing the growing aging population and its implications for the health workforce and expenditure. Austria has proactively addressed these issues through primary care reforms, universal health coverage, and preventive strategies.

In particular, regarding the aging population, the proportion of Austrians aged 65+ is set to rise from 20% in 2023 to 28% by 2050, increasing demand on healthcare systems; 35% of Austrian doctors are over 55, highlighting the need for workforce planning and retention policies.

Regarding the health workforce challenges, only 10% of medical students in Austria become contracted GPs in the public sector, underscoring the importance of incentivizing careers in primary care; younger healthcare professionals prefer multi-professional teamwork and different work models, creating opportunities for innovation in workforce structures.

Regarding health expenditure, Austria spends €4,545 per capita on healthcare, with 25% of costs coming from private spending. Ensuring equitable access remains a priority to avoid financial hardship for patients.

Eichwalder highlighted that Austria began its primary care reforms in 2012, establishing the first primary healthcare unit in 2015. With funding support from the EU Recovery and Resilience Facility, Austria has since expanded its network to 25 units by 2023. These reforms aim to create a more efficient, accessible, and sustainable health system.

The key areas of focus in primary care were presented:

- Preventive care: vaccinations, screenings, and health education reduce chronic illnesses and promote healthy longevity
- Chronic disease management: early diagnosis and coordinated care improve quality of life for patients with conditions like diabetes and hypertension
- Social determinants of health: initiatives like social prescribing and community engagement address non-medical factors such as housing and nutrition
- Accessibility: universal health coverage ensures equitable access to care, minimizing health disparities across socioeconomic groups
- System resilience: strengthened primary care enhances health security and decentralizes responses to crises, ensuring long-term sustainability

Eichwalder concluded his speech by highlighting that the implementation of primary care reforms remains a challenge, requiring structural changes and increased trust in the system. In this sense, Austria intends to continue to address the gap between healthcare demand and workforce supply through collaborative efforts with the EU, OECD and other stakeholders, ensuring equitable access and sustainability for future generations.

(Ildikó Lelkes – Head of Department, Health Financing and Development, Ministry of Interior, Hungary)

Ildikó Lelkes began her speech by addressing the significant impact of an aging workforce and the emigration of healthcare professionals in recent years. To counter these issues, Hungary implemented a comprehensive strategy starting with dramatic wage increases to retain health workers. These efforts were complemented by initiatives such as scholarships to attract more students to medical and nursing careers, expanded residency opportunities, and large-scale housing programs designed to help healthcare professionals establish roots within the country.

In addition, Hungary reorganized healthcare delivery during the COVID-19 pandemic, striking a balance between decentralization and centralization. A key element of this reorganization involved designating large county hospitals as hubs for managing human resources and ensuring efficient allocation of healthcare professionals.

These measures have already yielded positive results, with a 60% reduction in the number of doctors seeking certification to work abroad over the past 13 years. While nurses also showed a decrease, the trend is less pronounced. Encouragingly, the popularity of medical and nursing professions is growing, which Hungary sees as a hopeful sign for the future, especially as the population's life expectancy continues to rise.

On the topic of healthy aging, Lelkes emphasized the importance of aligning Hungary's strategies with the WHO's Active Aging framework. She noted positive trends in the data, such as a decline in elderly individuals reporting severe activity limitations. However, she also acknowledged the complexity of achieving healthy longevity, particularly given the burden of dementia and falls among older adults. To address these issues, Hungary has developed a network of 150 health promotion offices that offer dementia screenings and post-diagnosis support. These efforts are further supported by community initiatives, such as dementia-friendly cities and training programs for families. A particularly touching example is a museum project designed for dementia patients, which recreates familiar environments from their youth to stimulate memory and emotional engagement.

Digitalization was another major focus of Lelkes' intervention. Hungary, she explained, has made significant strides in this area, particularly during and after the COVID-19 pandemic. The country's robust nationwide digital infrastructure includes electronic medical records, which are accessible across all public and private healthcare providers, as well as pharmacists. Hungary has continued to enhance this system with features such as e-referrals, e-prescriptions, telemedicine platforms, and e-booking systems. These tools have improved healthcare access, particularly for the elderly, who can now more easily retrieve medical documents and manage appointments.

Hungary has also integrated artificial intelligence into its healthcare system, implementing facial recognition technology to securely identify patients. Additionally, the Health Window mobile application allows citizens to access their medical records, schedule appointments, and even provide feedback on their healthcare experiences. Telemedicine, which became particularly popular during the pandemic, now accounts for 20% of primary care visits, while mobile health centers, housed in fully equipped vans, bring healthcare services to remote areas.

To further support the aging population, Hungary introduced the Caring Smartwatch Program, which provides seniors with smartwatches that allow them to signal emergencies with the press of a button. Calls are handled by a dispatch center, which coordinates the necessary response, from emergency services to contacting family members. This program has significantly improved safety and peace of mind for elderly citizens.

Looking ahead, Lelkes highlighted Hungary's plans to continue advancing digital health solutions and regulatory frameworks to enhance healthcare delivery. The country is committed to addressing the intertwined challenges of workforce shortages and an aging population while leveraging technology and community-based initiatives to build a more resilient and accessible healthcare system.

Take home messages

1. Workforce challenges in the health sector

- **Aging workforce:** over one-third of doctors in the EU are aged 55 or older, necessitating significant workforce replacement within the next decade
- **Declining interest:** the attractiveness of healthcare careers is diminishing, especially among the younger generation, despite increased numbers of medical and nursing students
- **Strategic approaches needed:** countries must prioritize workforce training, retention policies, and optimizing skill use through new technologies to address these shortages

2. Demographic pressures and longevity

- **Population aging:** the proportion of people aged 65+ is increasing significantly, with the elderly population in the EU expected to exceed 130 million by 2050
- **Healthy longevity:** about two-thirds of the recent life expectancy gains are spent in good health, but disparities persist, particularly for women and those from lower socioeconomic backgrounds

3. Health expenditure trends

- **Post-pandemic adjustments:** after a surge during COVID-19, healthcare spending has stabilized, but disparities in per capita spending highlight inequities between Western and Eastern Europe
- **Sustainable investment:** Efforts are needed to balance the financial burden of healthcare with the demand for high-quality services

4. Promoting healthy aging

- **Focus on prevention:** addressing modifiable risk factors, such as physical inactivity and obesity, can significantly reduce chronic diseases and disabilities in older populations
- **Innovative initiatives:** countries like Hungary and Spain have implemented successful models, such as dementia-friendly cities, telemedicine platforms, and preventive screenings, to enhance the quality of life for the elderly

5. Technology and Innovation in Healthcare

- **Digitalization as a priority:** nations like Hungary have leveraged robust digital health infrastructure to enhance accessibility, including e-prescriptions, telemedicine, and AI-based patient identification
- **Future goals:** expanding digital solutions and fostering intersectoral collaboration will be key to addressing health system challenges