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## Volume 13, Issue 4/2011 - EU Affairs

### Priorities

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**Hungary and Poland wasted no time in using their stint at the helm of the EU this year to stamp their mark on Europe's public health agenda. Both have used the six-month rotating EU presidency to raise issues of concern to their own health services. The former drew attention to the consequences of the exodus of health professionals from eastern to western Europe as doctors and nurses move to earn salaries that are up to six times higher than they receive at home. Poland has selected a similarly broad-ranging theme and is mobilising efforts to close the health gap between different European countries.**

While healthcare remains a responsibility for national authorities, the Hungarian government believes that the scale of the problem is so great that some form of coordinated action by EU member states is necessary. It has suggested that initiatives be taken to help countries retain their medical staff and proposed a European agreement on ethical exchange programmes.

It also emphasised that the health sector can make an important contribution towards Europe's wider economic goals. At an informal health ministers meeting in April, Miklós Réthelyi, the Minister for National Resources, told his colleagues: "Europe cannot be strong and competitive without healthy people and labour force."

Hungary's decision to give a higher political profile to the phenomenon coincided with publication of a study – Health Professional Mobility and Health Systems Evidence from 17 European countries – funded by the European Union's PROMeTHEUS research project. Compiled by the European Observatory on Health Systems and Policies and the WHO Regional Office for Europe, it examines 17 country case studies.

It pointed out that the scale of mobility is significant for a number of European countries in terms of their reliance on foreign health professionals and in proportion to new entrants to the health workforce. Figures from 2008 show that foreign health professionals make up over 10% of doctors in Belgium, Portugal, Spain, Austria, Norway, Sweden, Switzerland, Slovenia, Ireland and the United Kingdom. Reliance on foreign nurses is over 10% in Italy, the UK, Austria and Ireland.

The study also identified the proportion of foreigners within all new health workforce entrants in 2008. This was particularly high for doctors in the UK (42.6%), Belgium (25.3%) and Austria (13.5%) and for nurses in Italy (28%), the UK (14.7%) and Belgium (13.5%). In contrast, reliance on foreign doctors is at zero in Turkey, Lithuania, Serbia and Romania and around 5% or less in Germany, France, Italy, Hungary, Poland and Slovakia.

Money emerges as the main driver for the westward migration. An Estonian doctor can earn six times more in Finland and a Romanian general practitioner ten times more in France. However, the authors note that recent salary increases in countries such as Lithuania, Poland and Slovenia have tended to reduce the outflow and even encouraged some health professionals to return home. Other factors, notably working conditions, career prospects, training opportunities and social recognition can also be decisive.

The authors conclude that health professional mobility should be tackled in the first place within individual countries. They recommend improvements in data; focus on general workforce strategies including good quality education and retention measures; further development of workforce forecasting and planning; and international frameworks to manage the mobility that takes place.

Poland, like Hungary, is drawing attention to the economic consequences of its particular priority of reducing health inequalities between EU countries. It considers this to be a strong feature of the Union's overall economic, environmental and social 2020 Strategy. The Health Minister Ewa Kopacz has also emphasised the importance of early action and health promotion in today's world. "From an economic point of view, it has been conclusively proven that any expenditure allocated for programmes of early medical intervention for hearing, sight and speech, is much lower than the outlay on special care in pre-school and school period or on the provision of special jobs for these children when they reach adulthood," she said recently.

Poland's determination to tackle health inequalities is taking three forms: Action on health determinants; prevention and control of respiratory diseases in children; and treatment of communication disorders among children. It will investigate the contributions e-health, which will be the theme of an expert meeting in Warsaw in early October, can make, while a two-day conference in Poznan on 7- 8 November will be devoted to closing the health gap. Warsaw is also giving priority to prevention of brain and neurodegenerative diseases, including Alzheimer's.

Published on : Mon, 12 Dec 2011