Health Workforce Crisis everywhere: What can we do?

Dr Tomas Zapata
Unit Head, Health Workforce and Service Delivery
Division of Country Health Policies and Systems
WHO Europe

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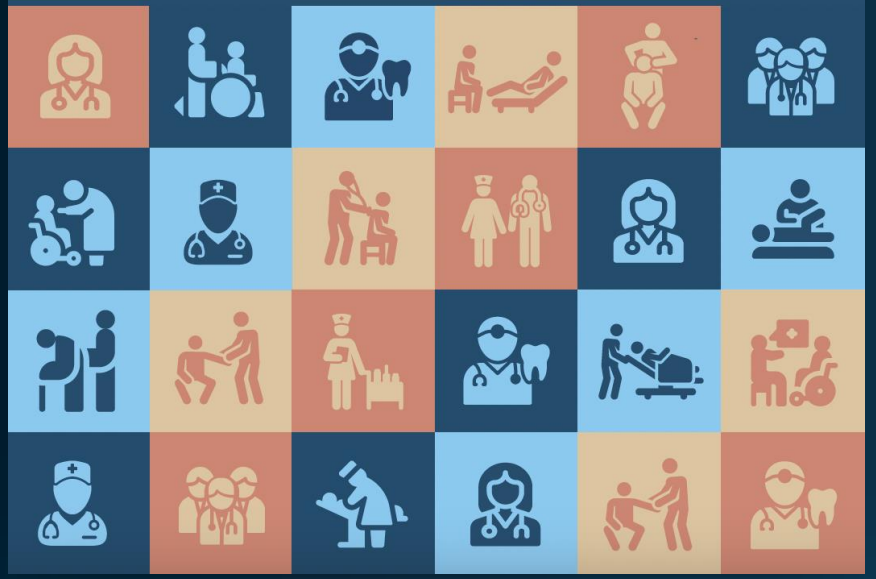
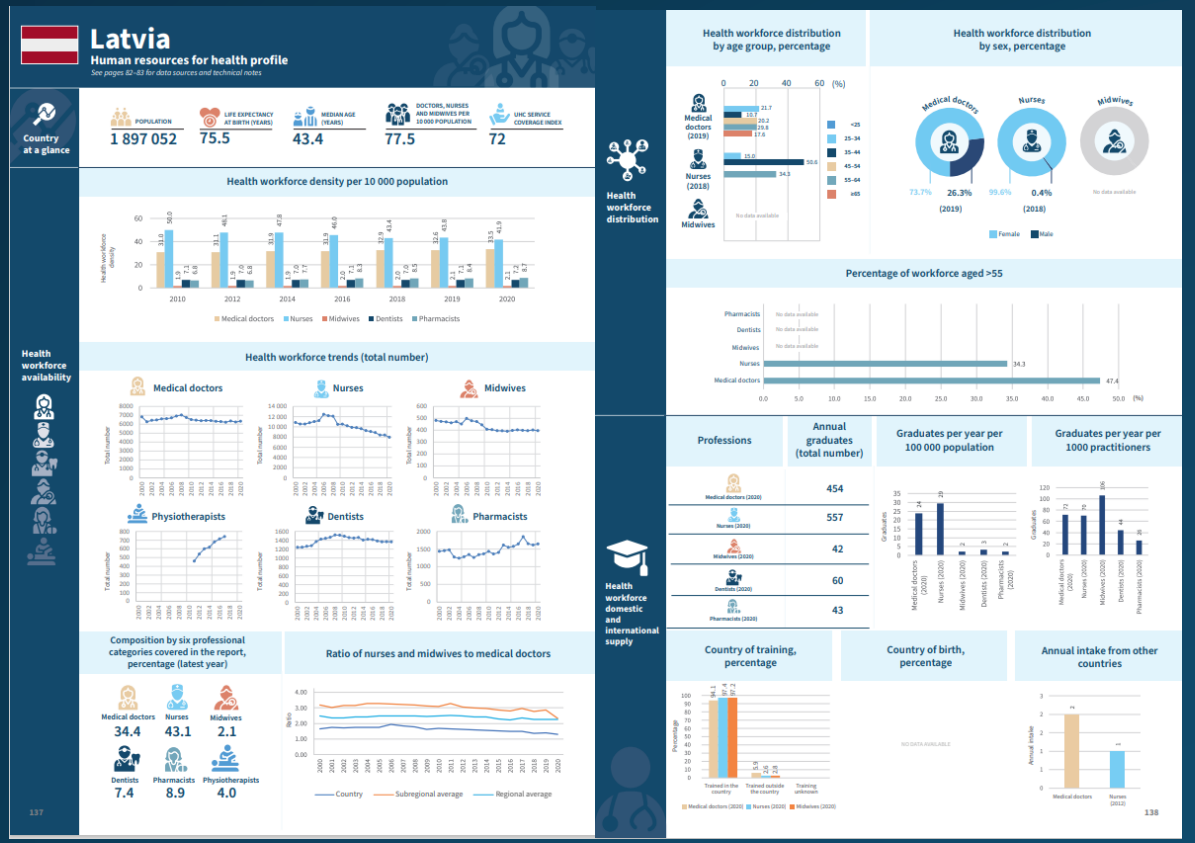
Tomas Zapata

World Health Organization
European Region

World Health Organization
European Region

Health and care workforce in Europe: time to act





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World Health Organization
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The report has made headlines…

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Czech EU presidency seeks way out of deadlock on European digital identity

October 12th
15:00 – 16:30 (C.E.T)
09:00 – 10:30 (E.T)

Driving the EU's Non-Comm
Sharing best practices and er
equal access to stroke prever

Home / News / Health / Ageing staff 'ticking time-bomb' for healthcare systems

Ageing staff 'ticking time-bomb' f

By Giedre Peseckyte | EURACTIV.com Sep 14, 2022 (updated: Sep 21, 2022)

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Health

'A ticking time bomb': healthcare under threat across western Europe

They're supposed to be among the world's best systems, but ageing populations, Covid and workforce issues are biting

Jon Henley, Kate Connolly in Berlin, Sam Jones in Madrid and Angela Giuffrida in Rome

Wed 14 Dec 2022 13.48 GMT

Health workers in Madrid demonstrating against privatisation, staffing shortages and difficult working conditions. Photograph: Anadolu Agency/Getty Images

For decades, western Europe's national healthcare systems have been widely

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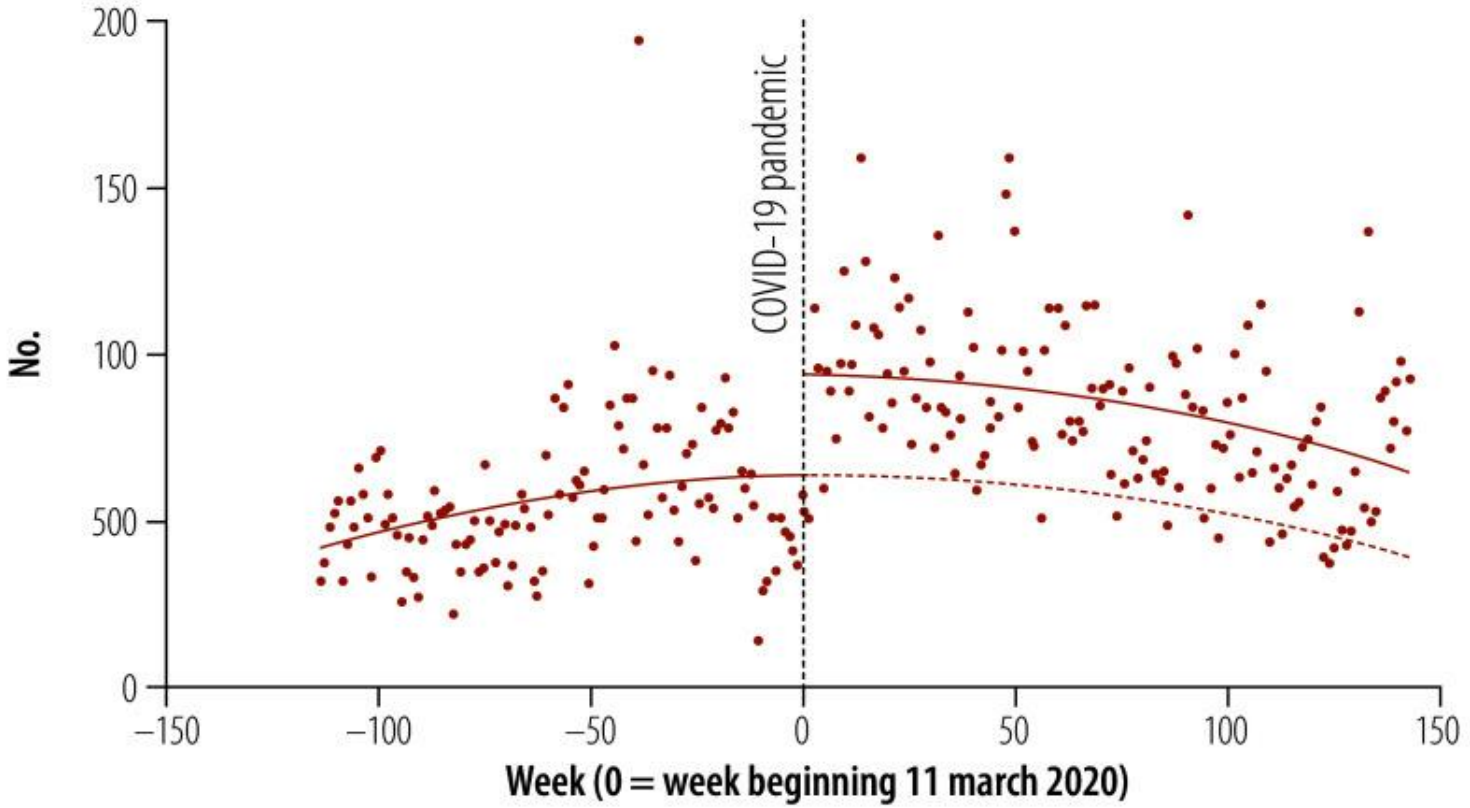
warns of ticking
in European health
care

hursday, 15 September 2022

24% Increase in the Total health worker protest activity globally, 2018–2022

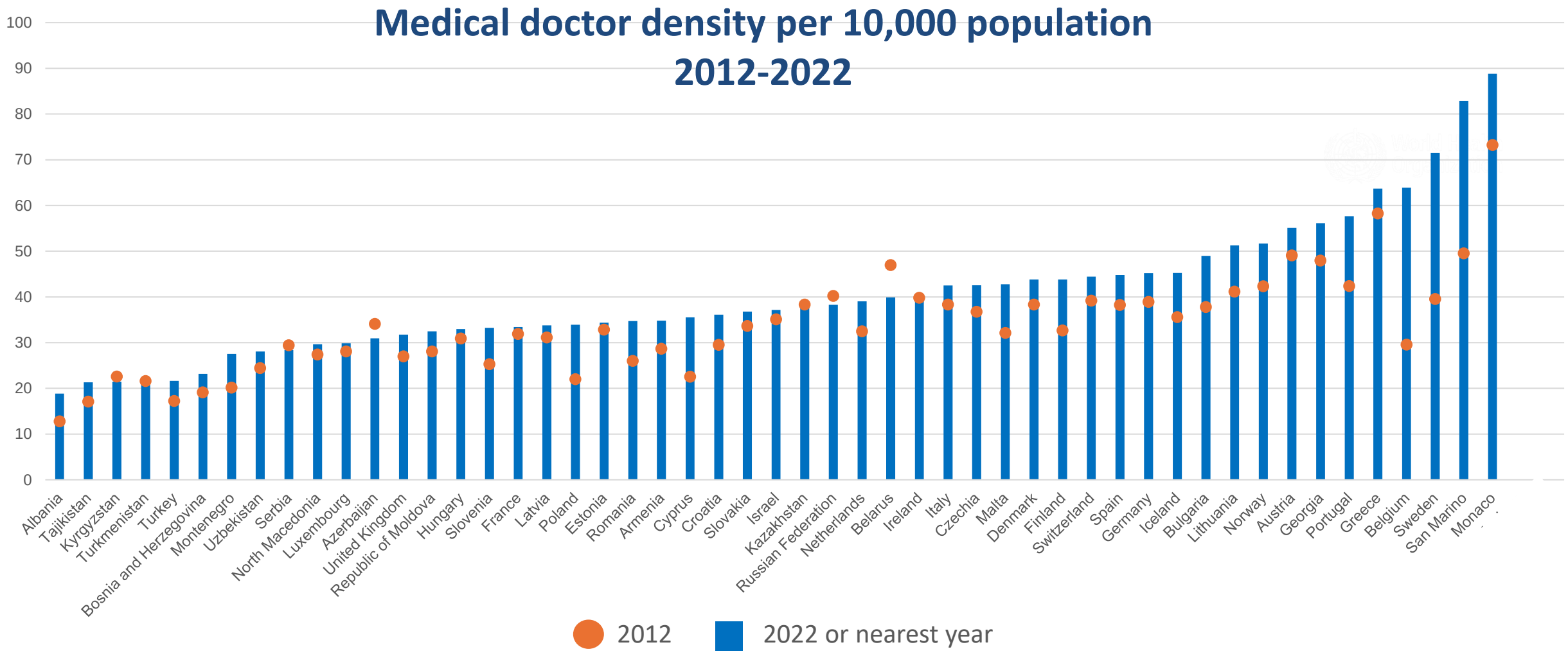


World Health Organization
European Region

Source: Sharma, Kartik, Brophy, Sorcha, Law, Michael & Sriram, Veena. (2024). Health worker protests and the COVID-19 pandemic: an interrupted time-series analysis. Bulletin of the World Health Organization, 102 (9), 650 - 656. World Health Organization. http://dx.doi.org/10.2471/BLT.23.290330

Increase of 20% of the density of doctors in the European Region

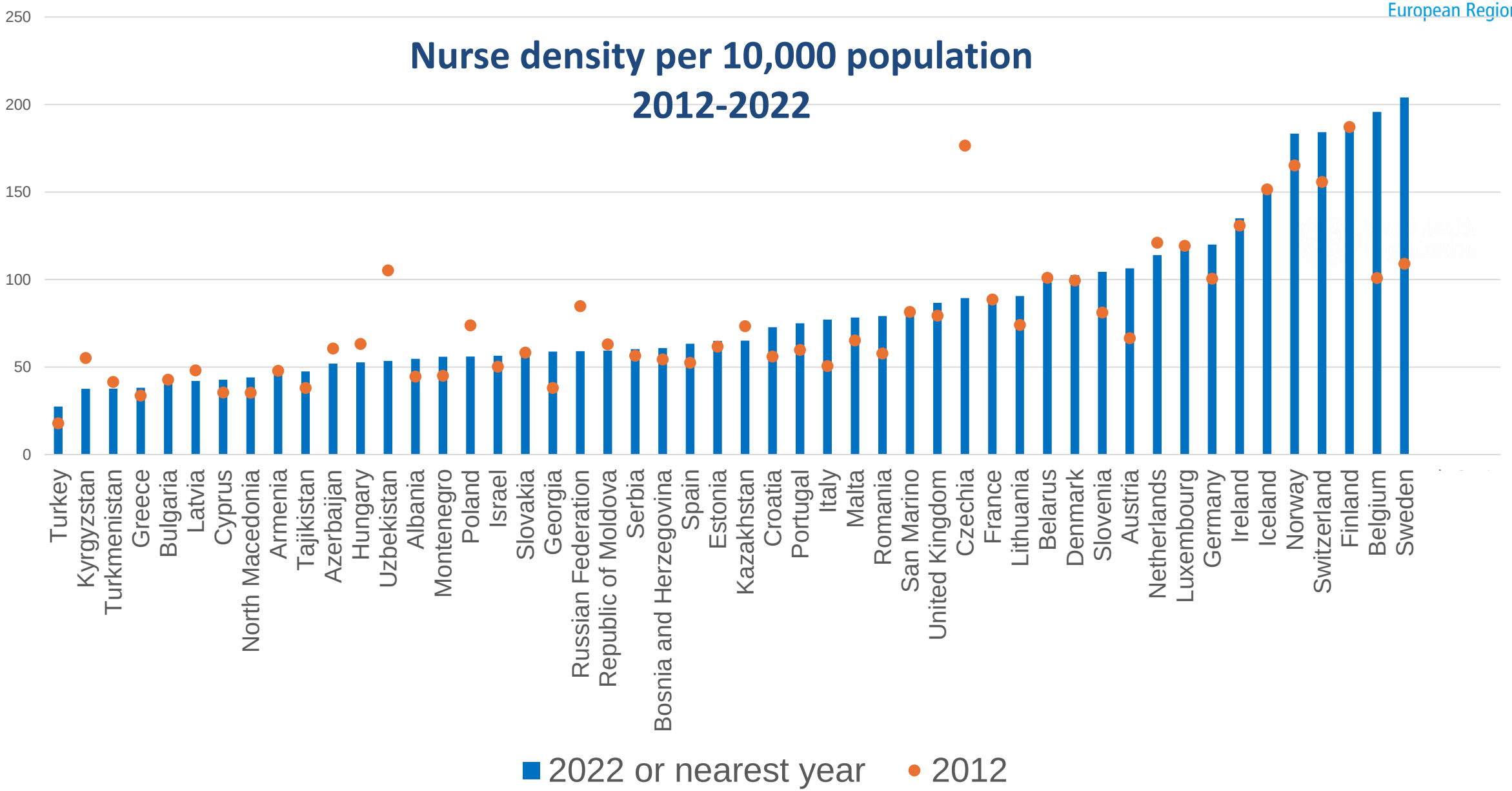
World Health Organization
REGIONAL OFFICE FOR Europe



Source: WHO National Health Workforce Accounts & Joint Data Collection Questionnaire

Increase of 8% of the density of nurses in the European Region

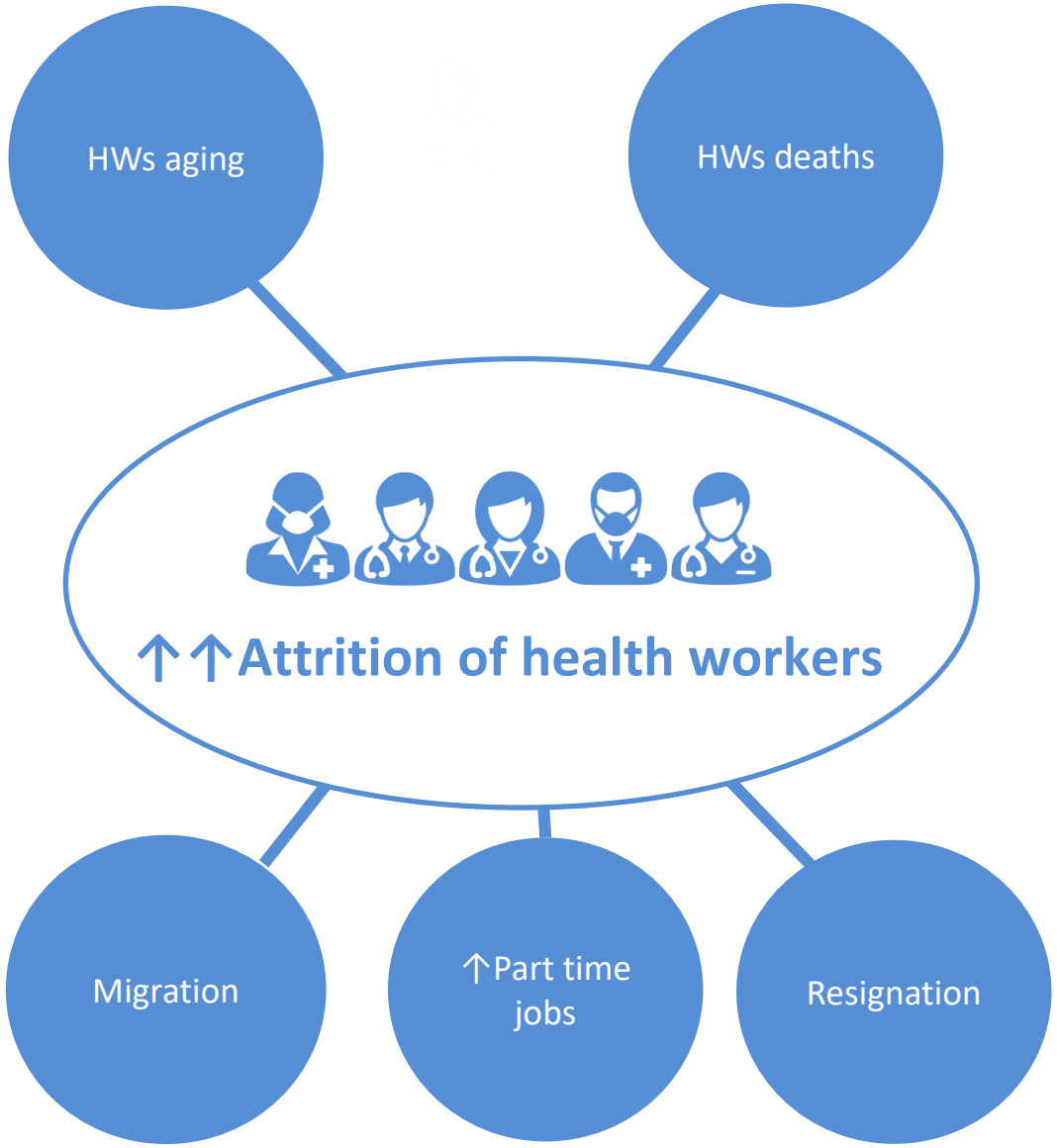
World Health Organization
European Region



Why are shortages of health workers worsening?

World Health Organization
European Region

Why are shortages of health workers worsening?



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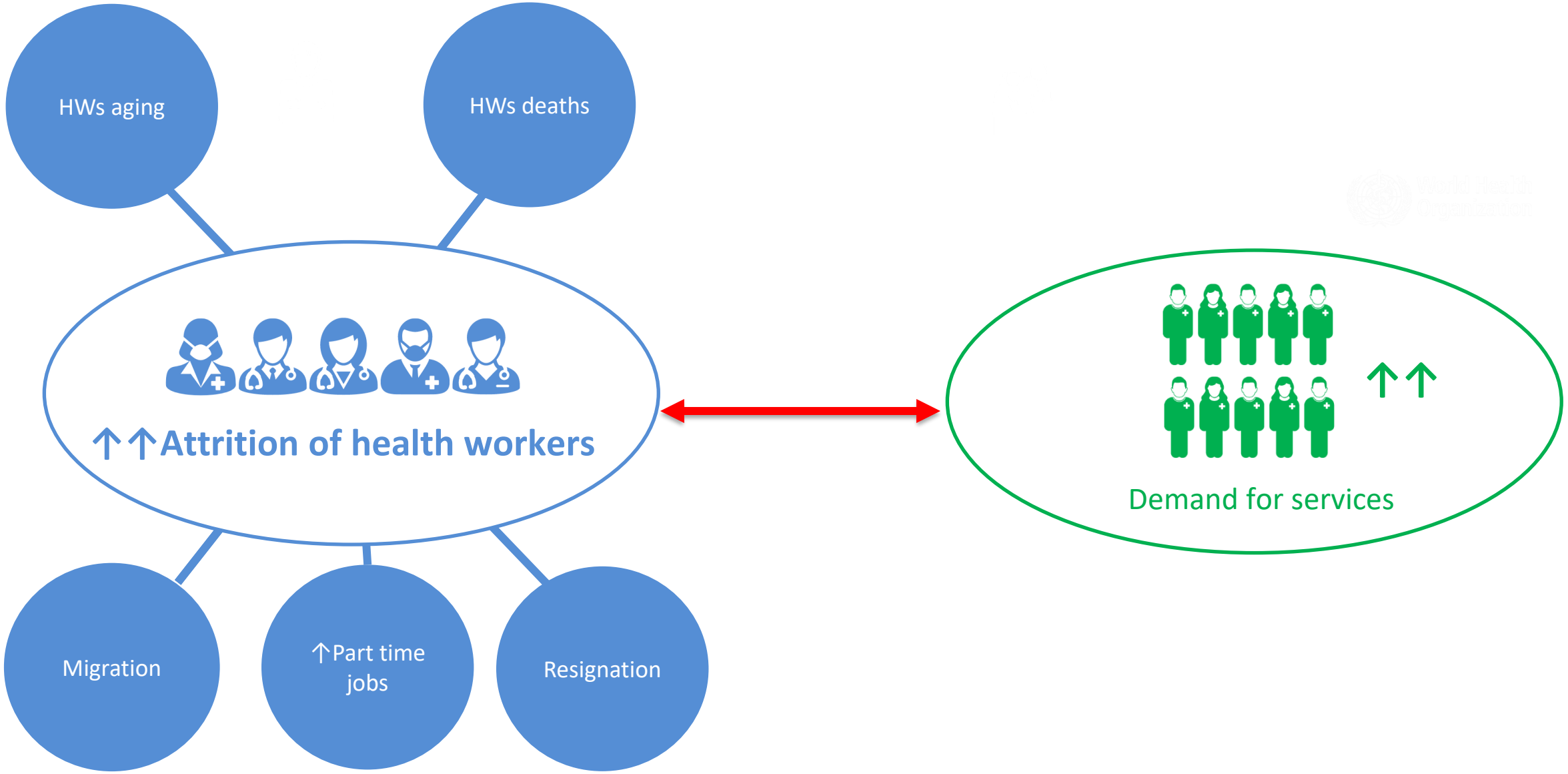

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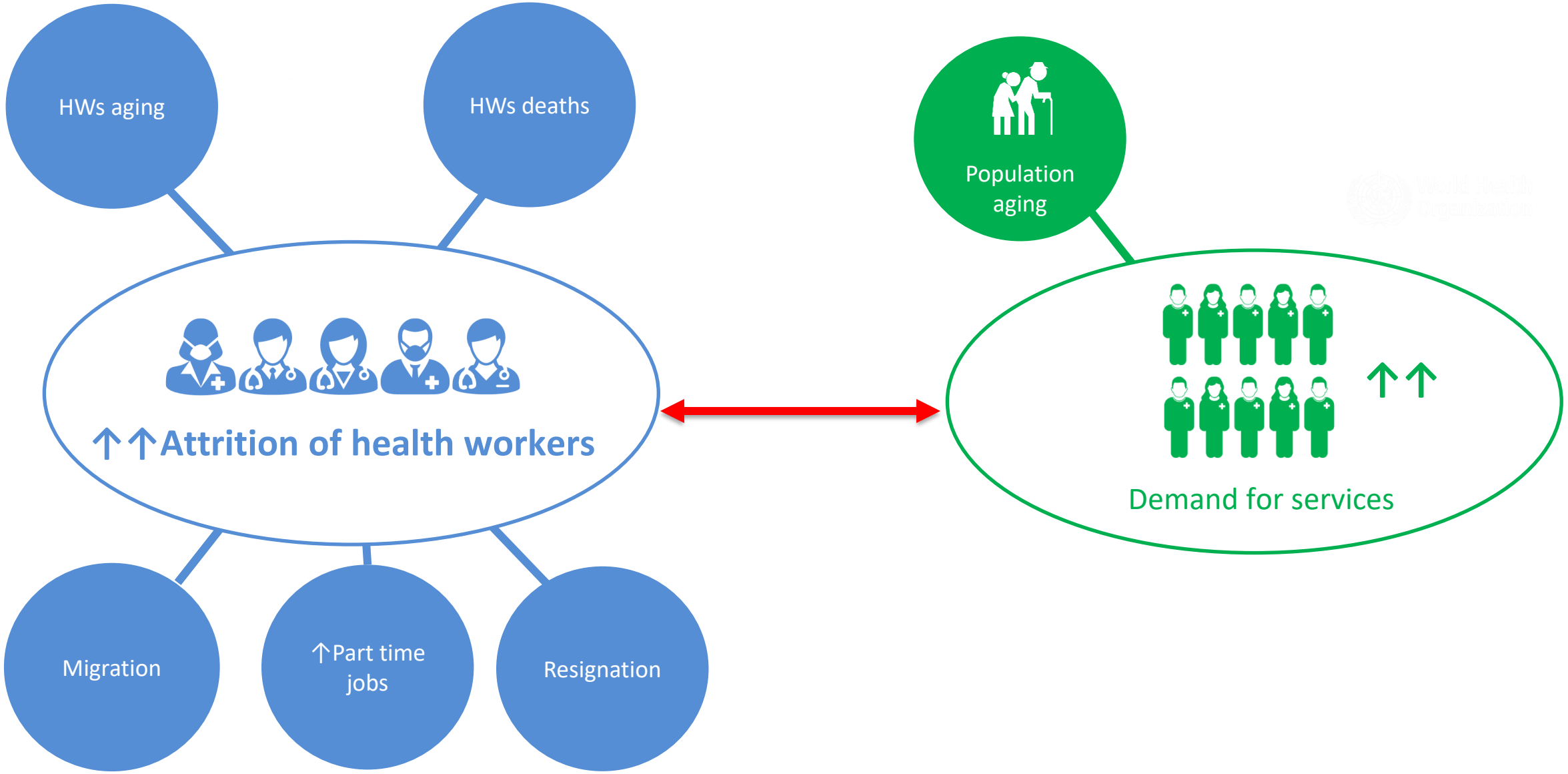
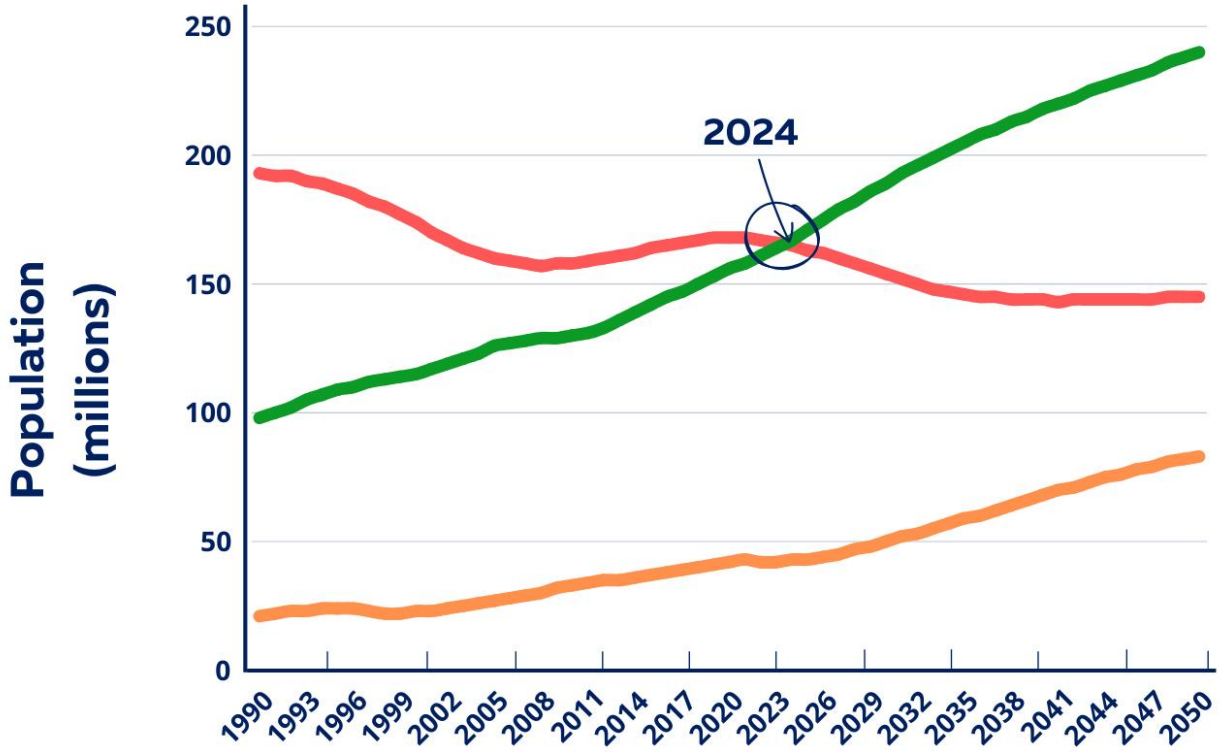


Population ageing has been accelerating in the WHO European Region, and fertility rates are going down….



Population by age groups from 1990 to 2050
Source: World Population Prospects 2022 (UN DESA (2022).

Population <15 years

Population 65+ years

Population 80+ years

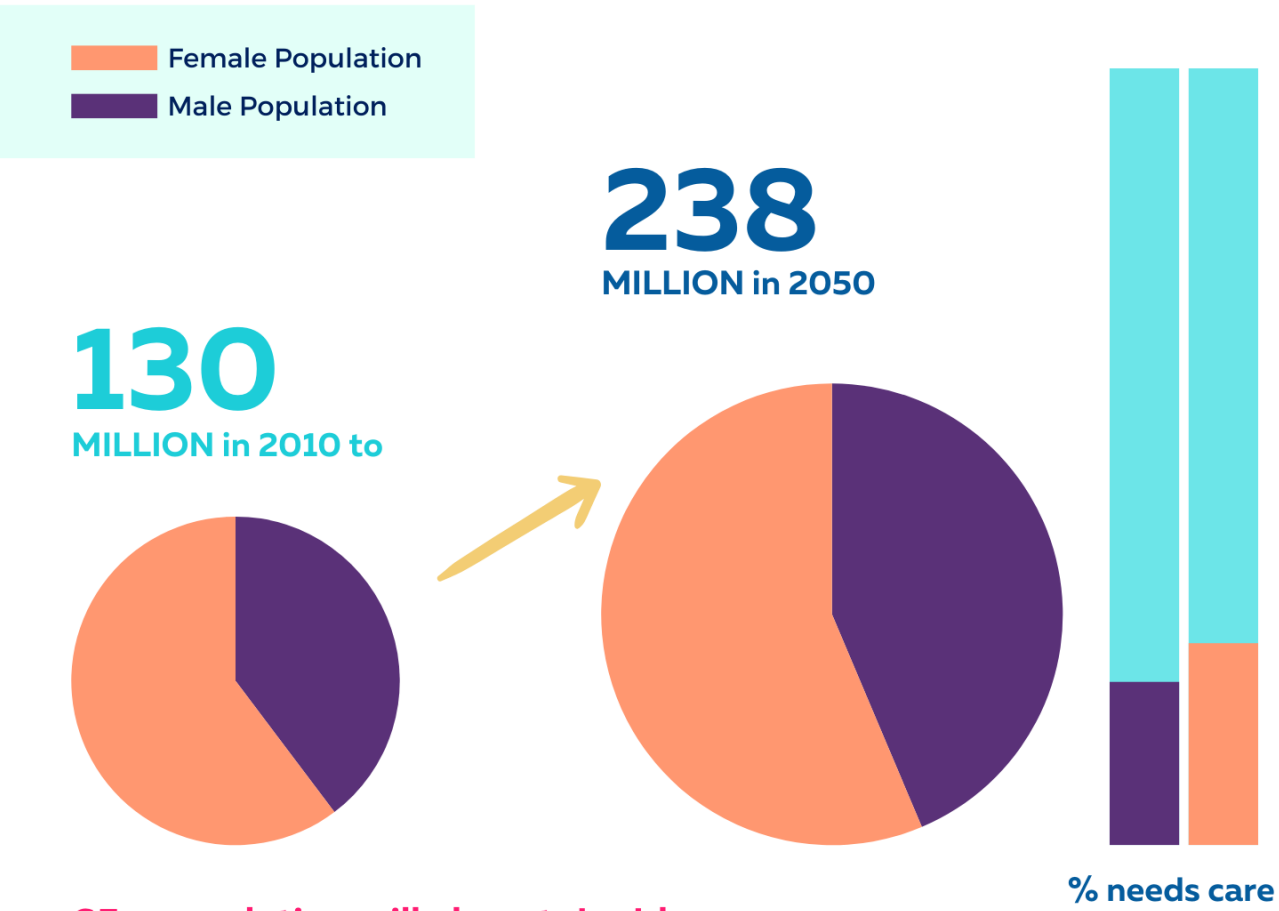
World Health Organization European Region

Decade of healthy ageing

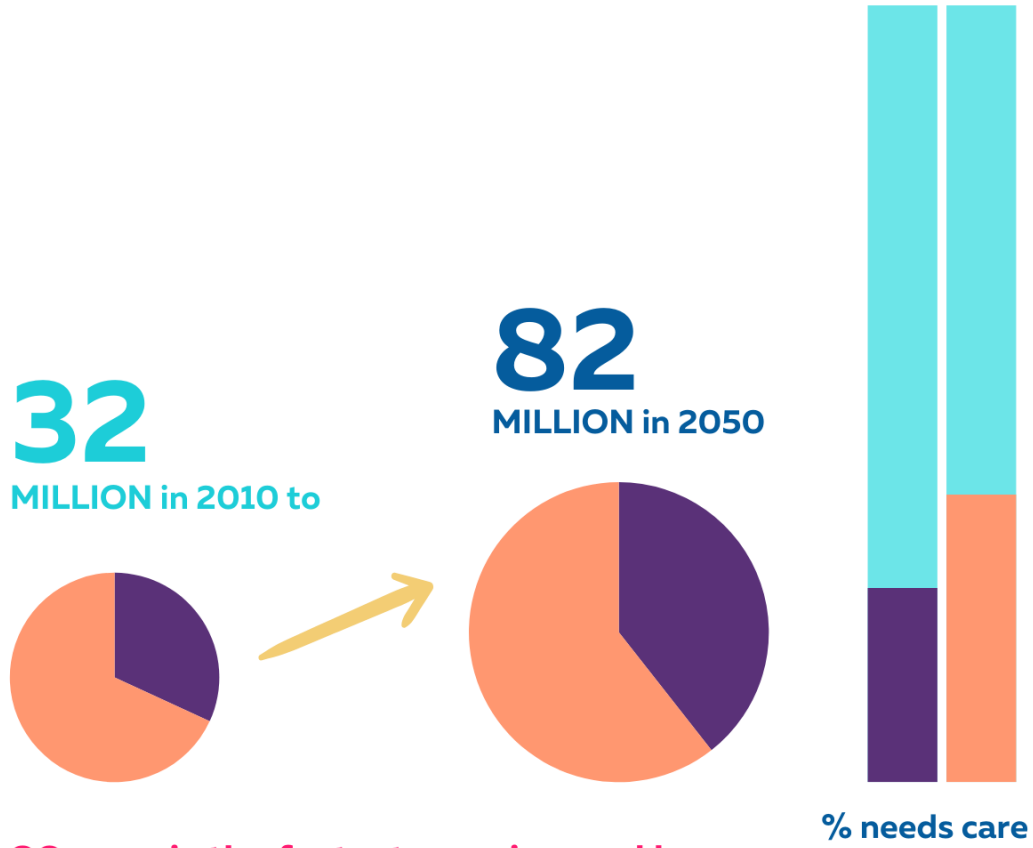
75 HEALTH FOR ALL

Projected Care Needs and Gender Disparities in 65+ and 80+ Populations:
The 80+ Age Group Has the Most Pronounced Care Needs

World Health Organization
European Region



65+ population will almost double



80+ age is the fastest growing and has most pronounced care needs

Global population projection by age groups 2010 to 2050.
Source: World Population Prospects 2024 (UN DESA (2024).

Share of EU28 by age group reporting a severe level of activity limitation
Source: EUROSTAT. EU statistics on income and living conditions (2019).

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World Health Organization
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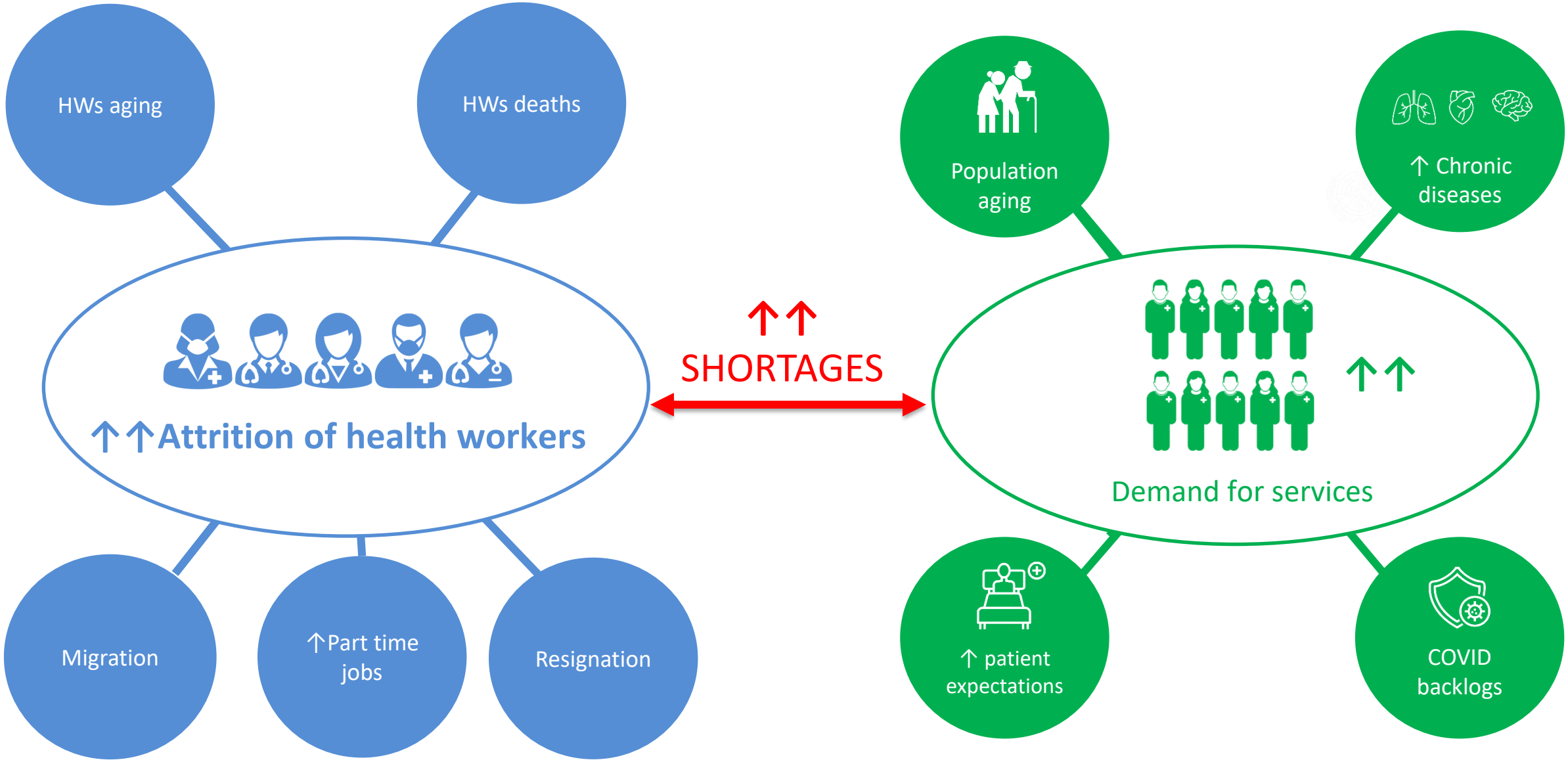

What can we do?

World Health Organization
European Region

MINISTRY OF HEALTH

World Health Organization
European Region

BUCHAREST DECLARATION ON THE HEALTH AND CARE WORKFORCE

High-level Regional Meeting
on Health and Care Workforce in Europe:
TIME TO ACT

22–23 March 2023, Bucharest, ROMANIA

World Health Organization
REGIONAL OFFICE FOR Europe

73
73rd session of the
WHO Regional Committee
for Europe

Tomas Zapata
WHO/EUROPE
Victor Olsavszky
WHO/EUROPE

73
73rd session of the
WHO Regional Committee
for Europe

Framework for action on the health and care workforce in the WHO European Region 2023–2030

World Health Organization
European Region

INVEST

- Increase public investment and optimise use of funds
- Make the economic and social case for investing in the health and care workforce

BUILD SUPPLY

- Modernise education and training
- Strengthen continuous professional development
- Build digital health competencies

RETAIN & RECRUIT

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- Strengthen HRH information systems

Adopted by 53 Member States at WHO Regional Committee for Europe 73, October 2023, Astana

Check for updates

Fixing the health workforce crisis in Europe: retention must be the priority

Tomas Zapata, [1] Natasha Azzopardi-Muscat, [2] Martin McKee, [3] Hans Kluge[4]

1 WHO Regional Office for Europe, Copenhagen, Denmark

2 WHO Regional Office for Europe, Copenhagen, Denmark

3 London School of Hygiene and Tropical Medicine

4 WHO Regional Office for Europe, Copenhagen, Denmark

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http://dx.doi.org/10.1136/bmj.p947
Published: 26 April 2023

Health and care workers in all parts of Europe are experiencing overwork, with high levels of burnout.[1] They describe feeling undervalued and disaffected and are losing trust in the systems in which they work.[2-6]

Strikes by health workers should be seen as red flags, pointing to serious underlying problems, but they are now taking place in several European countries.[7,8] Less visible is the steady loss of skilled workers, with many attracted by the improved work-life balance

assumes that those highly pressurized workers now in post have capacity to provide the clinical training required. A more immediate solution is to recruit from elsewhere, but this raises important ethical issues. The obvious conclusion is that policies should prioritise retention of existing staff, with increased training offering only a partial, and long term answer. But how?

Health professionals are highly educated people. They have other options if they feel undervalued,

BMJ: first published as 10.1136/bmj.p947 on 26 A

Aims of the Nursing Action

Nursing Action.

RETAIN NURSES.

Commit to and invest in our existing workforce to stem the number of nurses leaving the profession.

RECRUIT NURSES.

Focus policy and mobilize efforts to make nursing an attractive profession, ensuring a workforce that can meet future demands.

Funded by the European Union

World Health Organization
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Participating countries

Nursing Action.

Bulgaria
Cyprus
Estonia
Finland
France
Greece
Ireland
Italy
Latvia
Lithuania
Malta
Netherlands
Norway
Poland
Portugal
Romania
Slovenia
Spain
Sweden

Funded by
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Key partners

Nursing Action.

Funded by the European Union

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World Health Organization
European Region
Funded by the European Union
DOCTORS AND NURSES
Take 10 minutes to
let leaders know about your well-being

World Health Organization
European Region
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101,000 Responses
DOCTORS AND NURSES
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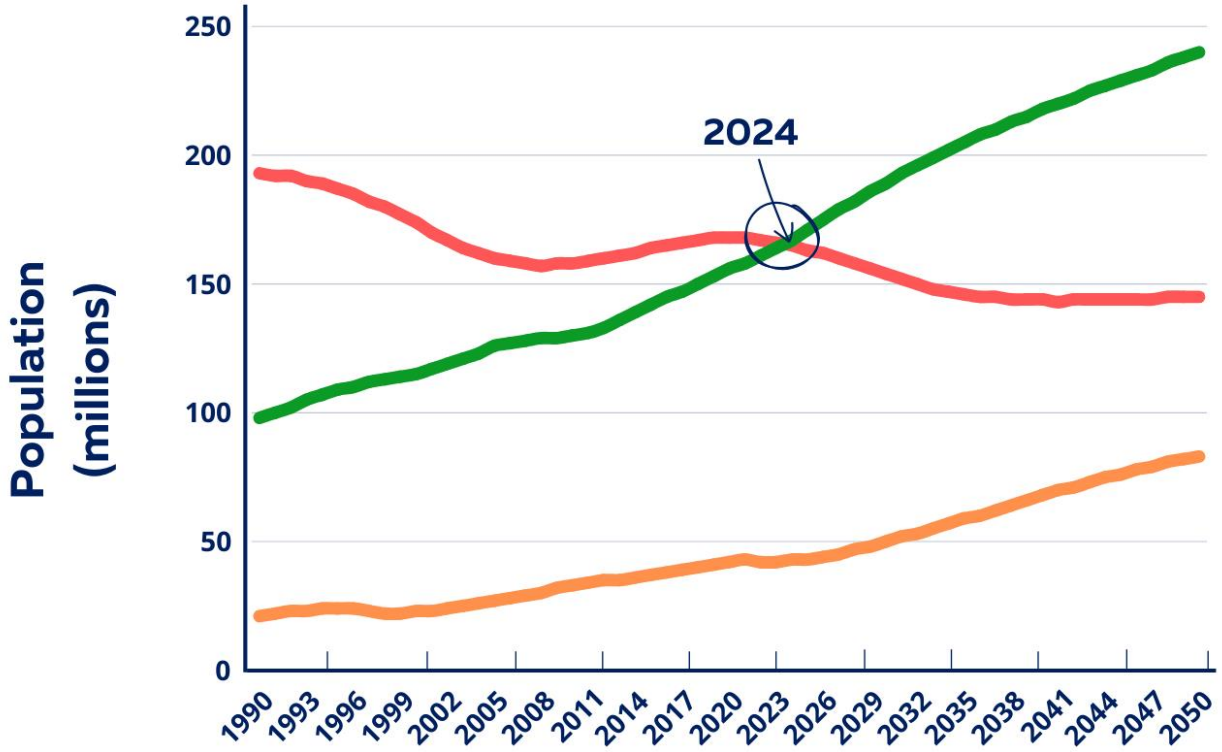
let leaders know about your well-being

Population ageing has been accelerating in the WHO European Region, and fertility rates are going down….



Population by age groups from 1990 to 2050
Source: World Population Prospects 2022 (UN DESA (2022).

Population <15 years

Population 65+ years

Population 80+ years

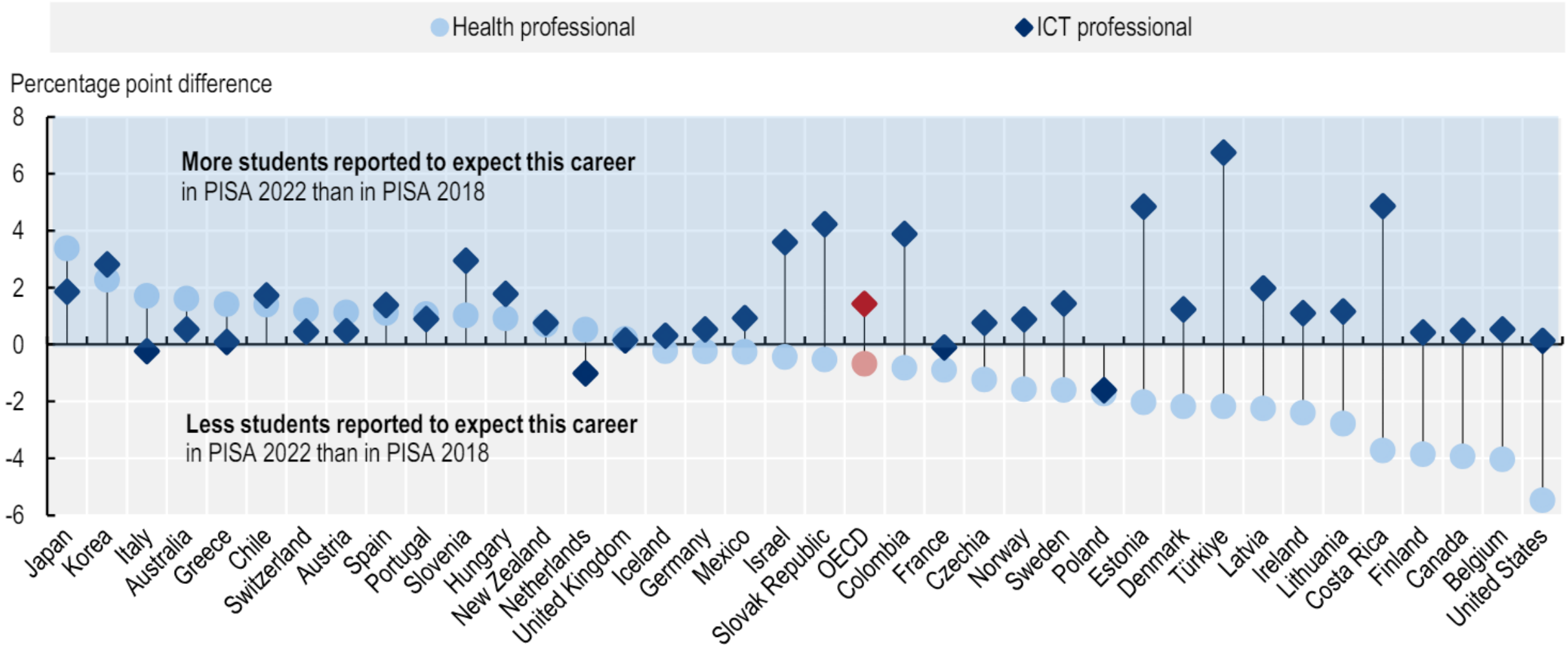
World Health Organization European Region

Decade of healthy ageing

75 HEALTH FOR ALL

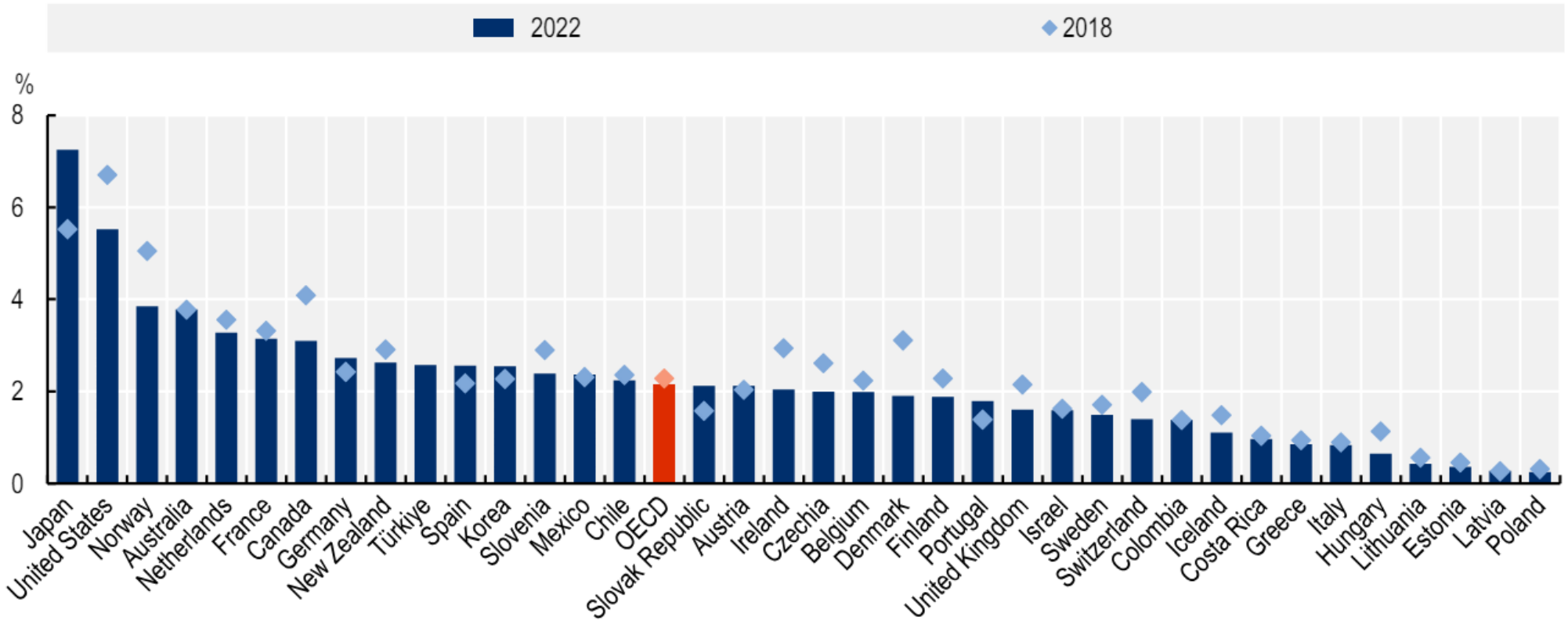
ICT professions are more attractive for 15 years old than health professions

Percentage-point change of students who expect to work as the following when they are about 30 years old



World Health Organization
European Region

Figure 1. Nursing interest among 15-year-olds fell in half of OECD countries between 2018 and 2022



Note: Luxembourg did not participate in PISA 2022. Data from Türkiye for PISA 2018 is not included due to low reliability.
Source: OECD, PISA 2018 and 2022 Database.

How to attract the new generations?

World Health Organization
European Region

- Sense of purpose, impact
- Make it stimulating, sttractive
- Innovation
- Carers of the planet
- Learning throughout the professional life
- Flexibility (work-life balance)
- Geographical mobility

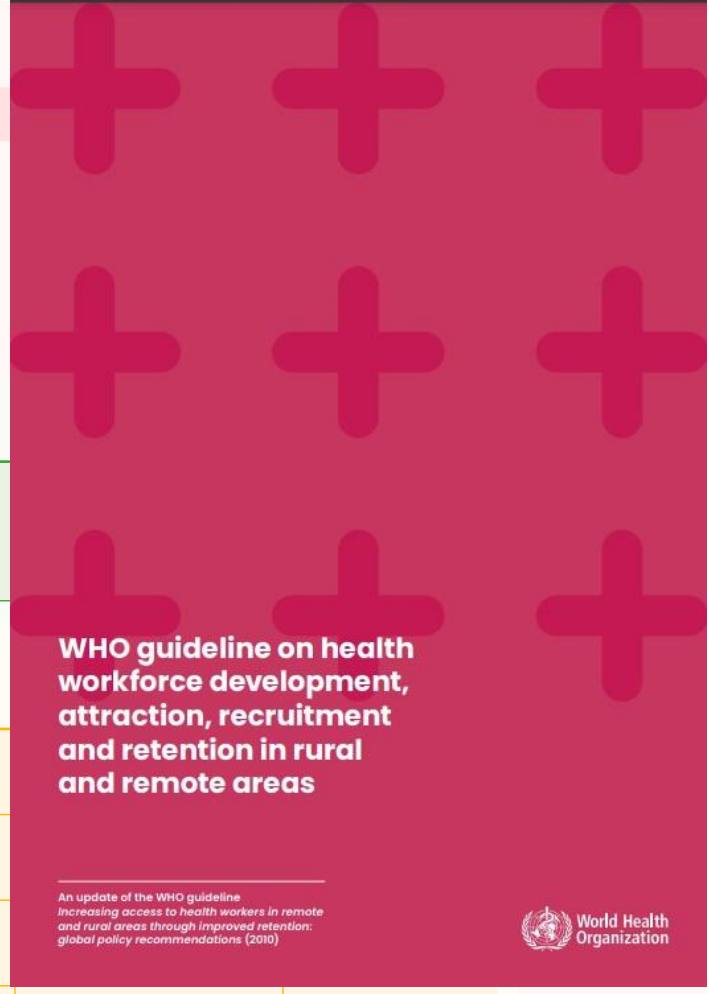
WHO Guidelines on health workforce retention

1. Education	Strength of recommendations	Certainty of evidence
1. Enrol students with a rural background in health worker education programmes	Strong ⊕⊕	Moderate ⊕⊕⊕◯
2. Locate health worker education facilities closer to rural areas	Conditional ⊕◯	Low ⊕⊕◯◯
3. Bring students in health worker education programmes to rural and remote communities	Strong ⊕⊕	Low ⊕⊕◯◯
4. Align health worker education with rural health needs	Strong ⊕⊕	Low ⊕⊕◯◯
5. Facilitate continuing education for rural and remote health workers	Strong ⊕⊕	Low ⊕⊕◯◯

2. Regulation	Strength of recommendations	Certainty of evidence
6. Enable rural health workers to enhance their scopes of practice to better meet the needs of their communities	Conditional ⊕◯	Low ⊕⊕◯◯
7. Expand range of health worker occupations to meet rural health needs	Conditional ⊕◯	Low ⊕⊕◯◯
8. Ensure that compulsory service agreements respect the rights of health workers and are accompanied with appropriate support and incentives	Conditional ⊕◯	Low ⊕⊕◯◯
9. Tie education subsidies for health workers to agreements for return of service in rural areas and remote areas	Conditional ⊕◯	Low ⊕⊕◯◯

3. Incentives		
10. Provide a package of attractive incentives to influence health workers' decisions to relocate to or remain in a remote or rural area		

4. Personal and professional support		
11. Improve living conditions in rural and remote areas		
12. Ensure workplace safety in rural and remote health facilities		
13. Ensure decent work for health workers in rural and remote areas		
14. Foster the creation of health workforce support networks	Conditional ⊕◯	Low ⊕⊕◯◯
15. Develop and strengthen career pathways for rural health workers	Strong ⊕⊕	Low ⊕⊕◯◯
16. Facilitate knowledge exchange between health workers	Conditional ⊕◯	Low ⊕⊕◯◯
17. Raise the profile of rural health workers	Strong ⊕⊕	Very low ⊕◯◯◯



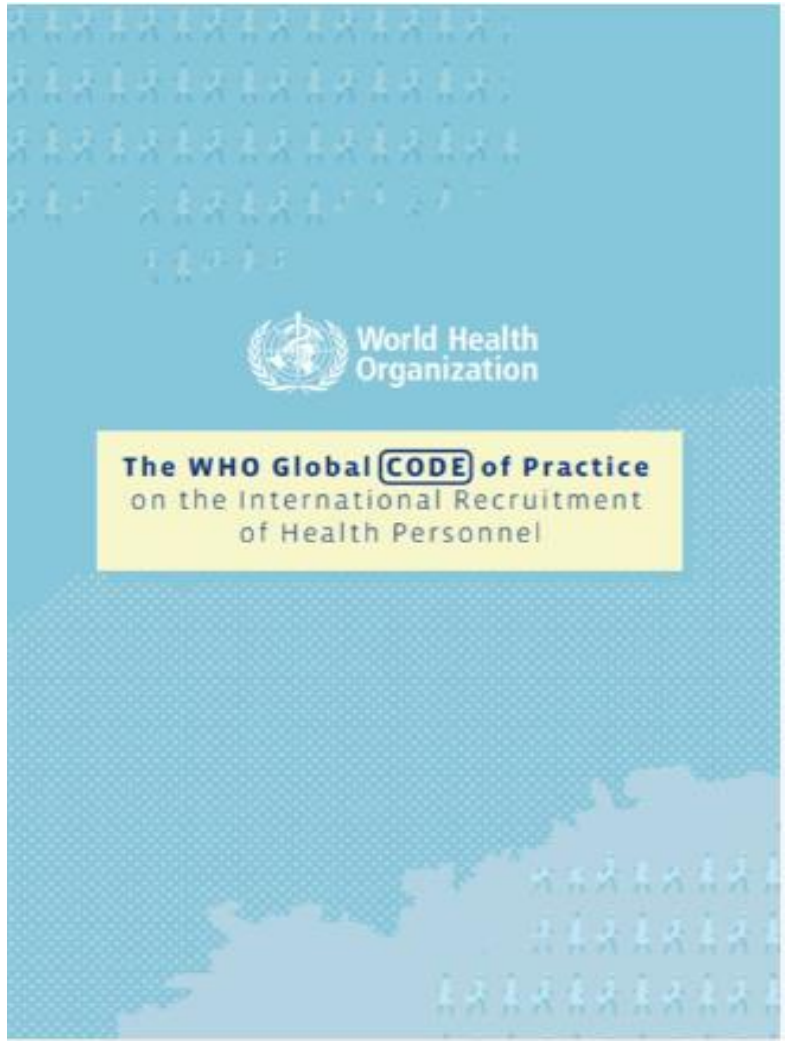
Addressing Migration & Mobility of Health Workers

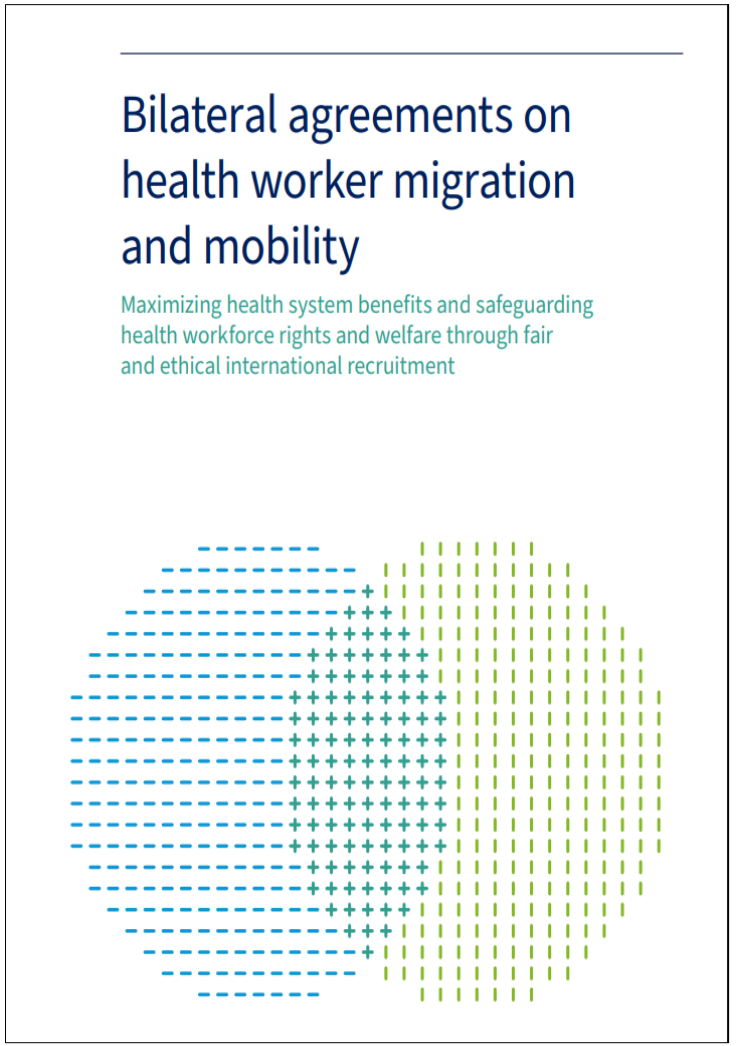
World Health Organization
REGIONAL OFFICE FOR Europe

WHO Europe Case Studies on Migration of Health Workers

(Norway, Ireland, Malta, Romania, Albania, Tajikistan)

June 2025





Framework for action on the health and care workforce in the WHO European Region 2023–2030

World Health Organization
European Region

INVEST

- Increase public investment and optimise use of funds
- Make the economic and social case for investing in the health and care workforce

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Adopted by 53 Member States at WHO Regional Committee for Europe 73, October 2023, Astana

World Health Organization
European Region

Why are shortages of health workers worsening?

World Health Organization
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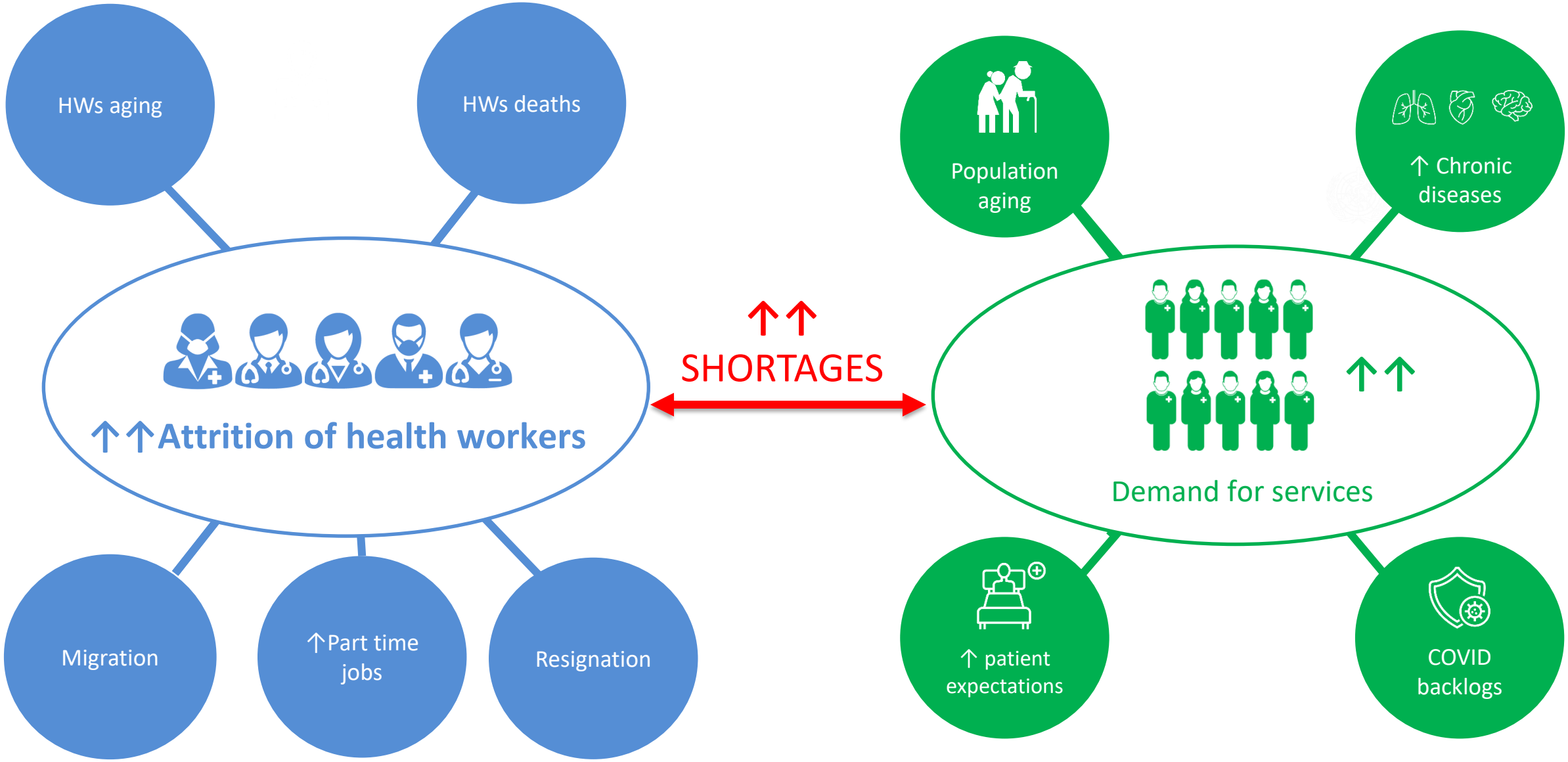
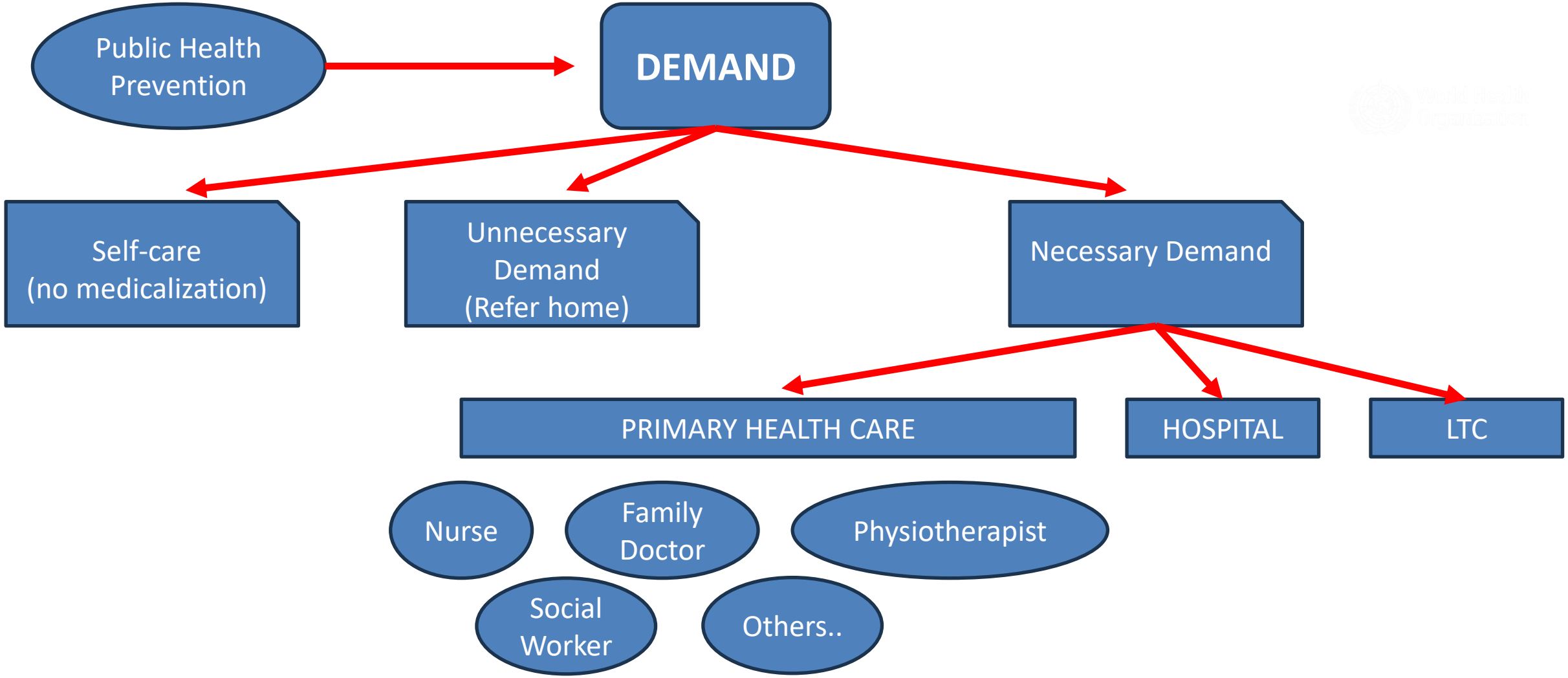
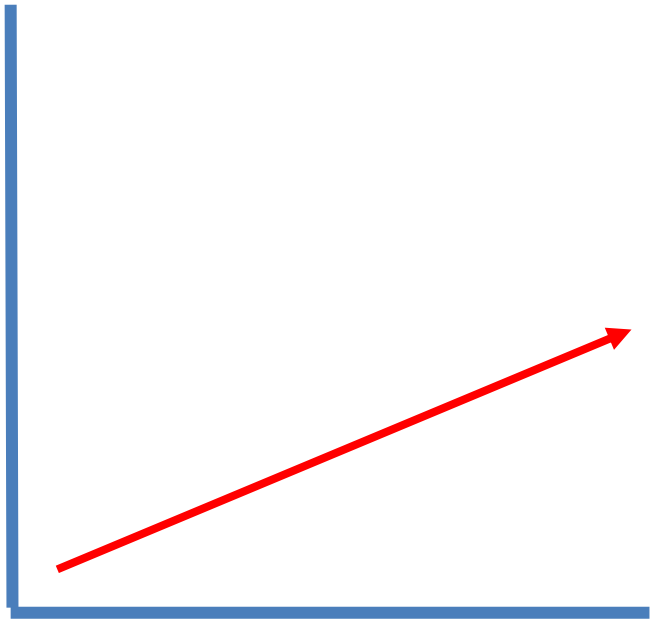


How to manage Demand?



How do we think about future health systems?

World Health Organization
European Region



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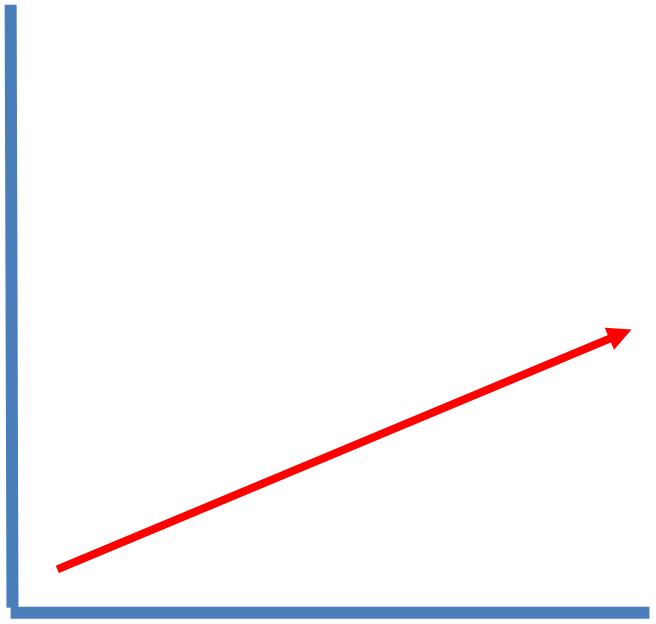

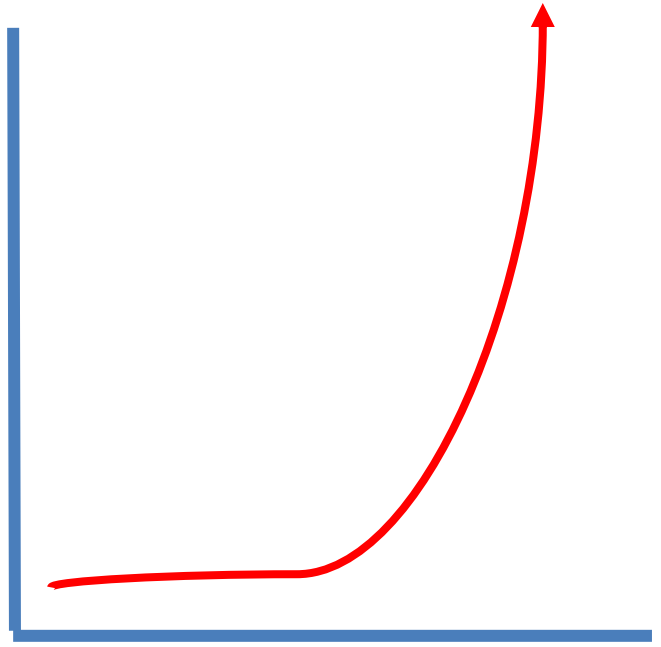

1-Redefine teams and skill mix

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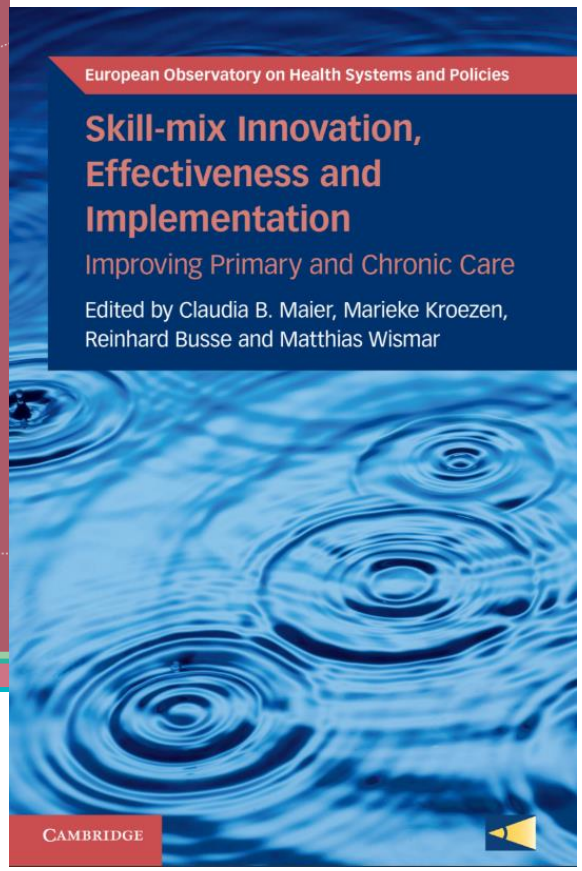
European Region

1. Task Sharing - This helps to fill gaps in health services, particularly in areas with staff shortages.

2. Enhancing the Role of nurses, pharmacists…

3. Promoting Multidisciplinary Teams & Collaborative practice.

4. Continuous Professional Development and Training.



2-Transform health services to become more effective and efficient

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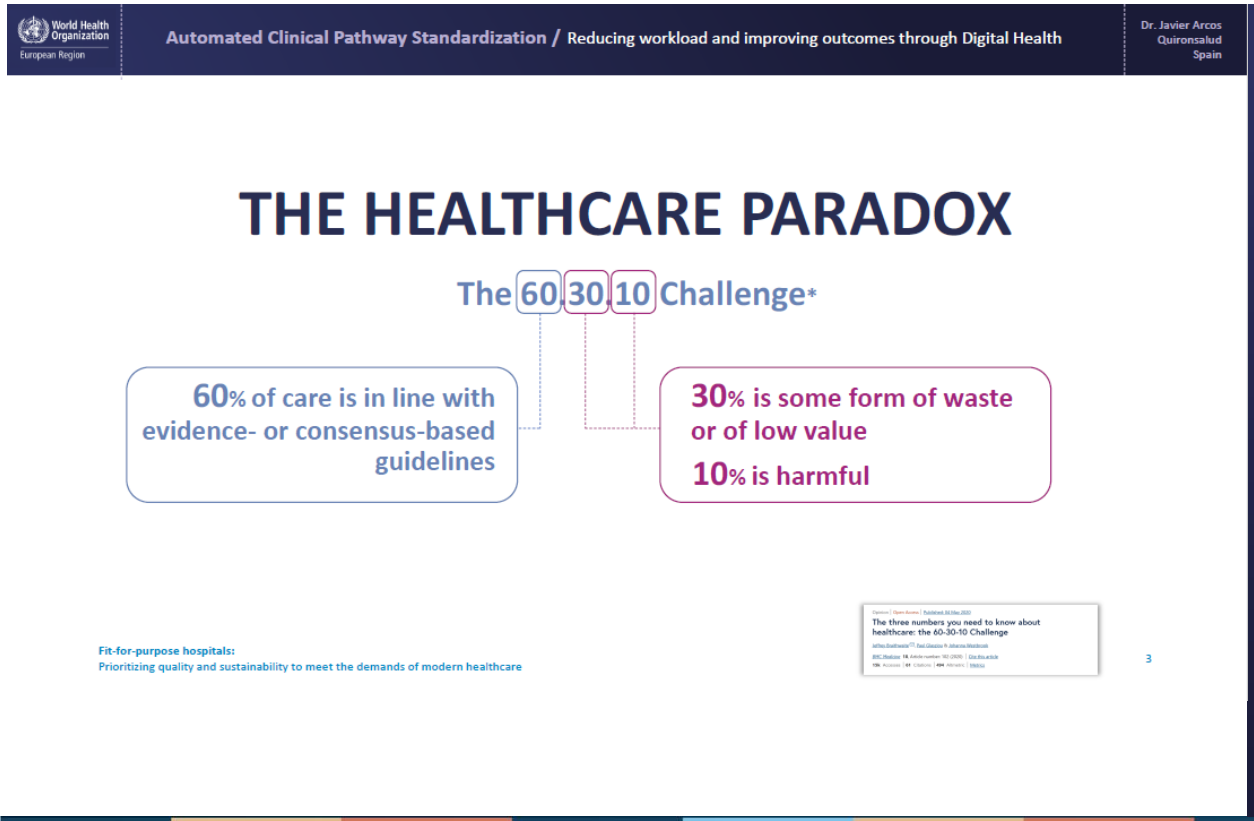
- From Hospitals to Primary Care & Community (LTC)
- From Treatment to Prevention
- From Analogical to Digital

Example from Madrid, Spain. Patient and service flow optimisation. Dr Javier Arcos



Responding to people's needs

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UNITED ACTION for BETTER HEALTH

3-Digital Health Technologies/AI

World Health Organization
European Region

1. **Respond** to patient and health systems needs
2. **Engage** patients and health workers in development
3. Simple to use
4. Means to an end
5. The "**High Touch**" of health workers should note be replaced by the "**High Tech**".
6. **Complementary not supplementary.**
7. **Train** health workers on DH/AI

Framework for action on the health and care workforce in the WHO European Region 2023–2030

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World Health Organization
European Region

Workshop on Unlocking the Power of Data and Human Resources for Health Information Systems to Support Health and Care Workforce Development in the WHO European Region

Summary Report

25 March 2025

World Health Organization
European Region

World Health Organization
European Region

Background

The 53 Member States of the WHO European Region have endorsed the EUR/RC73/8 framework for action on the health and care workforce in the WHO European Region 2023–2030. This framework recognizes the data challenges and aims to enhance human resources for health information systems (HRHIS) for supporting policy decision-making. WHO is assisting countries in evaluating their HRHIS and strengthening data collection, reporting and utilization.

HRH directors, GCNMOs and data focal points from 36 countries participated in this workshop to discuss improving the generation and use of HRH data as well as HRH information systems. The role of NHWA in improving HRH data and indicators to monitor the progress was part of this discussion.

Workshop objectives

1. Improve the quality and use of health workforce data through the National Health Workforce Accounts (NHWA) and WHO/Europe, OECD, and Eurostat joint questionnaire (JQ) non-monetary healthcare statistics
2. Share best practices and develop actionable improvement plans to strengthen HRHIS across the WHO European Region.
3. Foster dialogue and collaboration among health workforce focal points to support the implementation of the framework and enhance regional health workforce development

Overview of Programme

Panel Discussion:

- Discussed the future of data and human resources for health information systems with experts from Eurostat, OECD, and WHO.

Planning is like sailing….

World Health Organization
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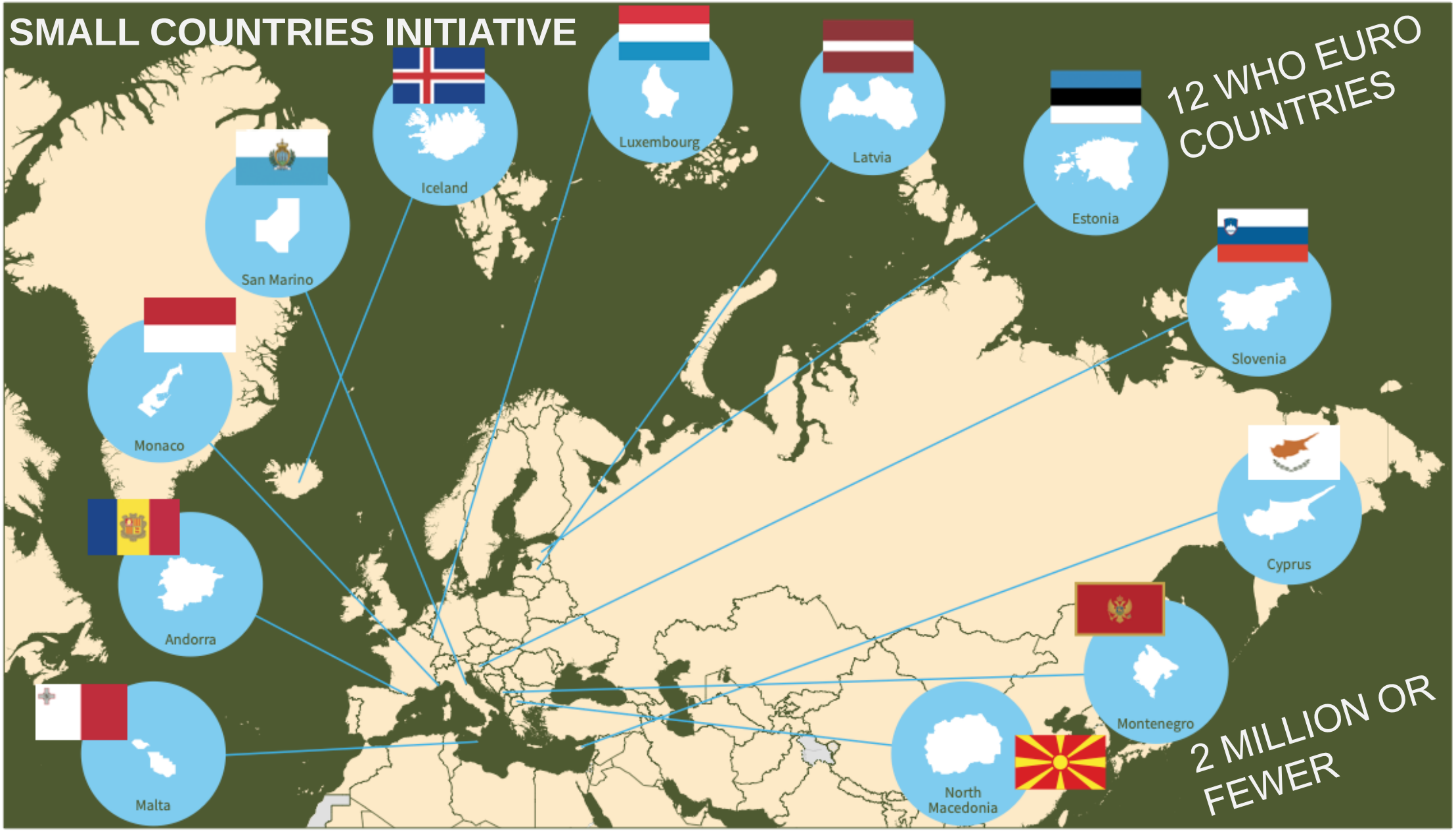
Plan long, Act short, Monitor frequently, Have the right people on board


SMALL COUNTRIES INITIATIVE
12 WHO EURO COUNTRIES
2 MILLION OR FEWER
Iceland
Luxembourg
Latvia
Estonia
San Marino
Slovenia
Monaco
Cyprus
Andorra
Montenegro
Malta
North Macedonia

We reaffirm the critical role our ***health and care workers*** *have played during the [coronavirus disease] COVID-19 pandemic and the importance of strengthening our workforces to build more resilient health systems.* ***We underscore the need to make health-workforce planning and supply capability a priority so that, by 2025, all small countries will have developed and implemented national strategies for human resources for health****. The SCI Working Group on Human Resources for Health in Small Countries in the European Region will continue to take this process forward and target country support and action across the SCI network.*

Small Countries Ministerial Statement, Montenegro, 2022

… Further action across the SCI countries will be on agreed priorities, development and implementation of national human resources for health strategies, ***organization of an executive course on human resources for health leadership and management, and technical support on retention and continuous professional development*** *This will be aligned with the Region-wide draft framework for action on the health and care workforce currently in development and the recently adopted Bucharest Declaration on the health and care workforce.*

Small Countries Ministerial Statement, Luxembourg, 2023

.. We ***are guided by the Framework for action on the health and care workforce in the WHO European Region 2023–2030****, the opportunity provided to us to build up HRH executive leadership in our countries and continued collaboration with the support of the SCI Working Group on HRH. … We thank the Ministry of Social Affairs of Estonia for hosting the meeting of the SCI Working Group on HRH: accelerating trust and transformation, in December 2023, where we stressed the importance of digital competence for our workforces and its integration into all training, regulations and service design.… .*

Small Countries Ministerial Statement, 2024

Health workforce strategy in Latvia

Final Report

Technical Support Instrument

Supporting reforms in 27 Member States

Funded by
the European Union

World Health Organization

European Region

Small Countries Working Group on Human Resources for Health

- ✓ **2 countries** (Latvia, Malta) have standalone HRH strategies/plans in place.
- ✓ **4 countries** (Estonia, Iceland, Monaco, San Marino) have integrated HRH strategies in place.
- ✓ **3 countries** (Andorra, Cyprus, Luxembourg) have integrated HRH strategies/plans under development.
- ✓ **2 countries** (Slovenia, Montenegro) have standalone HRH strategies under development.
- ✓ **4 countries** (Malta, Latvia, Andorra, Montenegro) are using or planning to use the HRH planning tool.

What is being done for each pillar?

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Retain and recruit

Cyprus
- Remuneration of community nurses and midwives
- Autonomous work outside of hospitals

Latvia
- **NEW!** Setting up information platform connecting new doctors with hospitals to get info for next placement

Luxembourg
- Funding student placements in nursing and medicine.

Malta and Montenegro
- Salary increases

Optimize performance

Cyprus
- **NEW!** HealthCare Provider (HCP) position to support and optimize nurse performance; more focus on direct patient care

Iceland
- **NEW!** telemedicine for dermatology. addresses specialist shortages.
- **NEW!** medication technicians in hospital wards prepare meds; saves time and money for hospitals

Malta
- Telemedicine in PHC

North Macedonia
- **NEW!** role of health promotion nurse in PHC

Build supply

Andorra
- **NEW!** professional nursing assistants degree

Luxembourg
- Bachelor's degree nursing sciences

San Marino
- University course in PHC for greater nurse autonomy

Slovenia
- Opening 3rd faculty of medicine and more study spots

What is being done for each pillar?

Plan

Andorra
- Work with professional associations to understand need for HCPs

Latvia
- **NEW!** Digitalization of planning process: Modernization of registry and elaboration of planning and forecasting model

Malta
- Implementation of HWF planning tool

North Macedonia
- Health labour market analysis supported by WHO, national workshops, data flow and information system

Invest

Latvia
- **NEW!** financial benefit passing practice to new doctors (e.g. 5439 Euro to 16317 Euro new doctors) = 48 new practices !

Malta
- Engaging stakeholders such as educational institutions
- training to increase supply and upskill HWF

Slovenia
- **NEW!** Scholarship funding for certain health professions

WHO Europe HWF planning tool

World Health Organization
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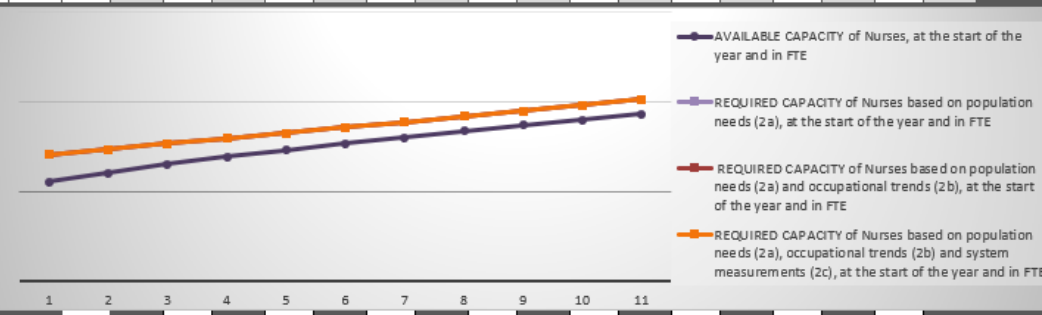
Enter the name of the (single) occupation below:

Nurse

		Historic values to define the base year values							BASE YEAR			2024 → 2025 → 2026 → 2027 → 2028 → 2029 → 2030 → 2031 → 2032 → 2033 → 2034
		2018	2019	2020	2021	2022	2023		1: Enter the 3 base year values in the yellow cells below	2: Enter the 12 base year values in the yellow cells below (will be varied to develop proposal	3: Hard copy the 12 base year values in column L	
1.0	Length of the (domestic) Nurse training in ROUNDED years							Median of	8			
1.1	Number of persons actively employed as Nurse at the start of the year							#NUM!	10000			
									Time to full impact (Max 8			
1.2	Average fulltime equivalent (FTE) that actively employed Nurses work (0-1)							#NUM!	1	0.67	0.71	0.71 → 0.67 → 0.67 → 0.67 → 0.67 → 0.67 → 0.67 → 0.67 → 0.67 → 0.67
1.3	Yearly percentage that drop out or migrate as actively employed Nurse							#NUM!	1	3.2%	3.2%	3% → 3% → 3% → 3% → 3% → 3% → 3% → 3% → 3% → 3%
1.4	Number of persons starting the (domestic) Nurse training during the year							#NUM!		500.0	5.0	5 → 5 → 5 → 5 → 5 → 5 → 5 → 5 → 5 → 500
1.5	Yearly percentage of Nurses in (domestic) training that drop out							#NUM!	1	1.0%	1.0%	1% → 1% → 1% → 1% → 1% → 1% → 1% → 1% → 1% → 1%
1.6	Yearly percentage of Nurses in (domestic) training that join the workforce							#NUM!	1	94.0%	94.0%	94% → 94% → 94% → 94% → 94% → 94% → 94% → 94% → 94% → 94%
1.7	Number of foreign trained Nurses that entered the workforce during the year							#NUM!	1	0	0	0 → - → - → - → - → - → - → - → - → -
	AVAILABLE CAPACITY of Nurses, at the start of the year and in FTE								7100			### → ### → ### → ### → ### → ### → ### → ### → ### → ### → ###
	2a: WORKFORCE DEMAND VARIABLES BASED ON POPULATION NEEDS											
2.1	Yearly change in the demand for Nurses, due to age related demographics							#NUM!	1	0.6%	0.6%	0.6% → 0.6% → 0.6% → 0.6% → 0.6% → 0.6% → 0.6% → 0.6% → 0.6% → 0.6%
2.2	Yearly change in the demand for Nurses, due to changes in disease prevelances							#NUM!	1	0.1%	0.1%	0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1%
2.3	Yearly change in the demand for Nurses, changes in clinical practice (referals or other factors)							#NUM!	1	0.1%	0.1%	0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1% → 0.1%
	REQUIRED CAPACITY of Nurses based on population needs (2a), at the start of the year and in FTE								7320			7379 → 7438 → 7497 → 7557 → 7618 → 7679 → 7740 → 7802 → 7864 → 7927
	2b: WORKFORCE DEMAND VARIABLES BASED ON OCCUPATIONAL TRENDS											
2.4	Yearly change in the demand for Nurses, due to new care or cure technology							#NUM!	1	0.0%	0.0%	0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0%
2.5	Yearly change in the demand for Nurses, due to task-shifting to/from other professions							#NUM!	1	0.0%	0.0%	0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0% → 0.0%



Symposium on Health Workforce Planning and Optmizing

28-30 April, Copenhagen

World Health Organization
REGIONAL OFFICE FOR Europe

Plan de acción sobre el personal sanitario y asistencial de la Región de Europa de la OMS (2023-2030)

World Health Organization
European Region

INVERTIR

- Aumentar la inversión pública y optimizar el empleo de los fondos
- Argumentar a favor de la inversión en personal sanitario y asistencial

FORMAR

- Modernizar la educación y la formación
- Potenciar el desarrollo profesional permanente
- Desarrollar las capacidades relacionadas con la salud digital

FIDELIZAR EL TALENTO

- Mejorar las condiciones de trabajo y garantizar una remuneración justa
- Proteger la salud y el bienestar
- Introducir políticas dirigidas a combatir las desigualdades de género y garantizar la tolerancia cero frente al maltrato y a la violencia
- Atraer a los estudiantes jóvenes
- Contratar y retener a trabajadores en zonas rurales y desfavorecidas
- Abordar el éxodo de personal y aplicar procedimientos éticos de contratación

OPTIMIZAR EL RENDIMIENTO

- Redefinir equipos y la combinación de capacidades
- Mejorar las interacciones con los pacientes
- Fomentar la aplicación adecuada de las tecnologías digitales
- Reorganizar los servicios para hacerlos más eficientes

PLANIFICAR

- Prever necesidades
- Aplicar un enfoque intersectorial
- Potenciar las capacidades de las unidades de recursos humanos para la salud
- Regular la educación, la prestación de servicios y las profesiones
- Reforzar los sistemas de información relativa a los recursos humanos para la salud

Aprobado por 53 Estados miembros del Comité Regional de la OMS para Europa en su sesión 73, celebrada en octubre de 2023 en Astaná

World Health Organization
European Region

XII Dolors Montserrat 4-11-2016

X Ana Mato 23-12-2011

IX Bernat Soria 14-04-2008

VIII Elena Salgado 20-04-2004

VII Celia Villalobos 28-04-2000

VI Romay Beccaria 7-05-1996

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COMMENT | VOLUME 35, 100765, DECEMBER 2023 Download Full Issue

Moving from health workforce crisis to health workforce success: the time to act is now

Natasha Azzopardi-Muscat • Tomas Zapata • Hans Kluge

Open Access • Published: October 26, 2023 • DOI: https://doi.org/10.1016/j.lanepe.2023.100765 •

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Contributors

Declaration of interests

Acknowledgements

References

Article info

Europe is in the middle of a health workforce crisis.[1] But this crisis is many crises at once: it is labour crisis, a mental health crisis, an education crisis, a gender equality crisis and a financial investment crisis.

First, it is a **labour crisis** because countries are finding it difficult to retain the existing health and care workers in the health system and recruit new to adequately respond to the increased demand for health services over the past few years.[2] There is an increased attrition of health workers that is due to: an aging workforce (in 13 countries in Europe more than 40% of the doctors are over 55 years of age)[1]; increased absenteeism and resignations (62% increase during the COVID-19 pandemic)[3]; increased number of deaths during the COVID-19 pandemic (50,000 health workers in Europe are estimated to have died)[4]; and increased migration of health and care workers in certain countries (27% and 79% increase in the global migration to OECD countries after the COVID-19 pandemic).[5]

Second, it is a **mental health crisis** because health and care workers are experiencing high burnout (52% of health workers report to have experienced burnout).[6] Health workers were exposed to high workloads and working times before the COVID pandemic and the situation has been exacerbated during and after the COVID pandemic. Stress, anxiety, depression have been common symptoms experienced by health and care workers and that are contributing to increase attrition, dissatisfaction, and reduced productivity.[3]

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- Create the **working conditions** so that Health and Care Workers can thrive, fully develop their passion and vocation and enjoy while caring for patients

- **Optimize the performance** of HWs, innovate, it is critical in the mid-long term

Gracias

For more information, please contact:

Health workforce and service delivery unit
Division of Country Health Policies and Systems
World Health Organization, regional office for Europe

zapatat@who.int

Relevant links:

1. The Resolution on Health and Care Workforce: https://iris.who.int/handle/10665/372656
2. The Framework for Action 2023-2030: https://iris.who.int/handle/10665/372563
3. The Bucharest Declaration: https://www.who.int/europe/publications/i/item/bucharest-declaration
4. Health and care workforce in Europe: time to act: https://www.who.int/europe/publications/i/item/9789289058339
5. The web story announcing the adoption: https://www.who.int/europe/news/item/26-10-2023-who-europe-53-member-states-adopt-historic-resolution-to-protect-and-support-health-and-care-workers-across-europe-and-central-asia
6. The Lancet article: https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(23)00184-9/fulltext
7. Video: Protecting our health and care workers: WHO Regional Office for Europe on LinkedIn: Let's tackle the #HealthWorkforce crisis!
8. A short video on the health workforce crisis: WHO Regional Office for Europe on LinkedIn: #TimeToAct2023

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