

NEWS FROM BRUSSELS



Word from Senior Policy Advisor Dr. Theodoros Koutroubas

Dear Friends,

Eurostat has published VERY interesting data on Nursing, the European Committee of the Regions has addressed the shortage of Healthcare Professionals, and the effort on accessing medicines at the EU-level is ongoing.

Many good wishes to the outgoing President of ONI. ENC looks forward to continued fruitful work with her successors.

As always, do come back with feedback.

Kind regard,
Theo

NEWSLETTER HIGHLIGHTS

Europe's New Health Assessment System Could Be a Game-Changer

European Committee of the Regions: Healthcare Shortages Are 'Threat' to EU's Social Resilience

Which EU Countries Have The Most Healthcare Workers Amid Shortages?

Sylvaine Mazière-Tauran, President of the National Order of Nurses of France, Has Decided to End Her Term

Europe's New Health Assessment System Could Be a Game-Changer

It's extremely complex and challenging – but the EU's new drug assessment system could help fix one of healthcare's biggest bottlenecks.

EU countries have begun jointly assessing new medicines under a landmark EU regulation aimed at speeding access to treatments and strengthening cross-border health cooperation.

To see the new approach – in effect since January – in action, look no further than a modest but revealing spreadsheet on the European Commission's webpage. It lists **the joint clinical assessments** (JCAs) now underway. Currently, three new cancer drugs are being evaluated by national health authorities, with their assessments soon to be shared across all EU countries.

At present, each EU member state maintains its own evaluation committees and criteria. For smaller or less affluent countries, it remains a resource-heavy challenge to assess how a new product performs compared to existing alternatives – and whether it justifies the potential cost.

A conference organised by the Commission's health department marked the implementation of the Health Technology Assessment Regulation (HTA) – which governs this approach – as the start of 'a new era of collaboration.' HTA typically begins after a medicine or device has been approved and provides national decision-makers with evidence on whether – and how – to offer it to their populations.

While the regulation stops short of harmonising the full HTA process, it introduces a major innovation: joint clinical assessments. These evaluations review existing research on a product's clinical effectiveness, Roisin Adams, Chair of the Member State

Coordination Group on HTA, underscored their importance in helping countries rein in spiralling healthcare costs.

‘Many countries are still recovering from global events, not least the pandemic. We need to make smart decisions – and for that, we need solid information,’ she said.

In this initial phase, only new cancer drugs and advanced therapy medicinal products will trigger a joint assessment, coordinated by the Member State Coordination Group and supported by HTA experts at the European Commission. According to Adams, around 25 medicines are expected to undergo assessment in 2025. High-risk medical devices, such as implantable cardiac defibrillators, will be added in 2026, orphan drugs in 2028, and by 2030, all new medicinal products will be covered by the regulation.

Hope for cancer patients

Patient organisations are hopeful the new approach will deliver.

‘It’s meant to accelerate access and increase transparency,’ said Antonella Cardone of Cancer Patients Europe. Once a joint assessment is published, patient advocates hope to put more pressure on national systems that are slow to make new treatments available.

For now, though, the regulation is creating additional work for national HTA bodies.

Pedro Facon, General Manager of Belgium’s National Health Institute and head of the EU-wide consortium streamlining HTA procedures, likened the situation to parenting a toddler: ‘As a national HTA institution, we’re faced with new, complex procedures – all while continuing our regular work.’ He also noted that agencies leading assessments are only reimbursed two years later – a practical hurdle for already stretched institutions.

Still, many experts say the long-term gains outweigh the short-term strain.

Sabine Vogler, Head of Pharmacoeconomics at Austria's National Public Health Institute, acknowledged the difficulty of aligning diverse systems, but called the initiative 'an important step forward,' especially for smaller and less resourced countries.

'Ultimately, this should save time, since countries can adapt joint assessments to fit their national context,' she said.

Maya Matthews, Deputy Director and Head of HTA at the European Commission's DG SANTE, highlighted the broader potential. Her team, she stressed, is doing far more than 'niche work.' HTA could be 'the key to some of the big discussions we're having – about access, unmet needs, and reducing complexity.'

One thing is certain: the future of EU health cooperation may well be built, at least in part, on carefully crafted Excel sheets.

European Committee of the Regions: Healthcare Shortages Are ‘Threat’ to EU’s Social Resilience



In an opinion authored by Birgitta Sacrédeus EU cities and regions unanimously underlined that a well-functioning health system is a key pillar of the EU's social resilience.



The opinion, adopted just before the summer at a plenary session of the European Committee of the Regions, stresses that labour shortages in the health sector require a range of tailored solutions, as their root causes vary from region to region.

Regions and cities warn that areas without good medical care typically lag behind economically, which poses a risk to stability and strain emergency services. They note the importance of promoting healthy workplaces and protecting job satisfaction as means to attract and retain employees and identify effective leadership as a key contributing factor. Local and regional leaders also stress the need for continued efforts to eliminate threatening and violent situations in healthcare.

In 19 of the 27 Member States, health systems are to some degree decentralised. Regions typically manage hospitals and are major employers in the health sector. As local and regional authorities are often responsible for healthcare, social care and other social services, the opinion argues that they should be actively involved in developing and implementing all EU workforce strategies and plans in these areas .

The World Health Organization (WHO) projects a shortage of 4.1 million healthcare workers in the EU by 2030, despite the sector employing more health and care professionals than ever. This deficit stems from a variety of factors, including the COVID-19 pandemic, a mismatch between supply and demand, and inadequate planning and forecasting. Low salaries, a ‘brain drain’ and poor working conditions are also frequently cited as factors.

While not all regions experience them to the same degree, many territories — especially rural and remote areas — face significant staffing challenges. **The opinion therefore calls on Member States to use available data to identify medical deserts, invest and improve access to healthcare in under-served areas. At the same time, it stresses the need to attract, train, and retain health professionals, calling for improved training and career development and supporting recruitment from non-EU countries. It therefore welcomes the EU's proposal to create a talent-matching tool: an IT platform that would facilitate the matching of EU employers with workers from non-EU countries.**

Which EU Countries Have The Most Healthcare Workers Amid Shortages?



A new Eurostat study shows Ireland has the highest nurse-to-patient ratio in the EU. Most of these healthcare workers are women.

The World Health Organization (WHO) projects that the European Union will face a shortage of 4.1 million healthcare workers by 2030. Factors such as low salaries and poor working conditions are often cited as reasons for the mismatch between the supply and demand.

Health and social care is one of the EU sectors with the most evident structural labour shortages, according to a Eurofound study. **In 2023, there were approximately 3.7 million practising nurses and 172,000 practising midwives in the EU, the latest Eurostat figures showed.**

Among EU countries, Germany recorded the highest absolute number of nurses and midwives employed in hospitals (559,000). France (386,163) and Italy (286,051) were the only other EU countries to record more than 200,000 nurses and midwives in hospitals in 2023.

However, Ireland had the highest number of nurses per capita in the EU, with 1,366 practising nurses per 100,000 inhabitants.

This was followed by Finland, with 1,267 nurses per 100,000 inhabitants, and Germany, with 1,225 nurses per 100,000 inhabitants.

In contrast, Romania recorded the lowest ratio, with only 100 nurses per 100,000 inhabitants. This was followed by Croatia, with 252 nurses per 100,000 inhabitants, and Greece, with 219 nurses per 100,000 inhabitants.

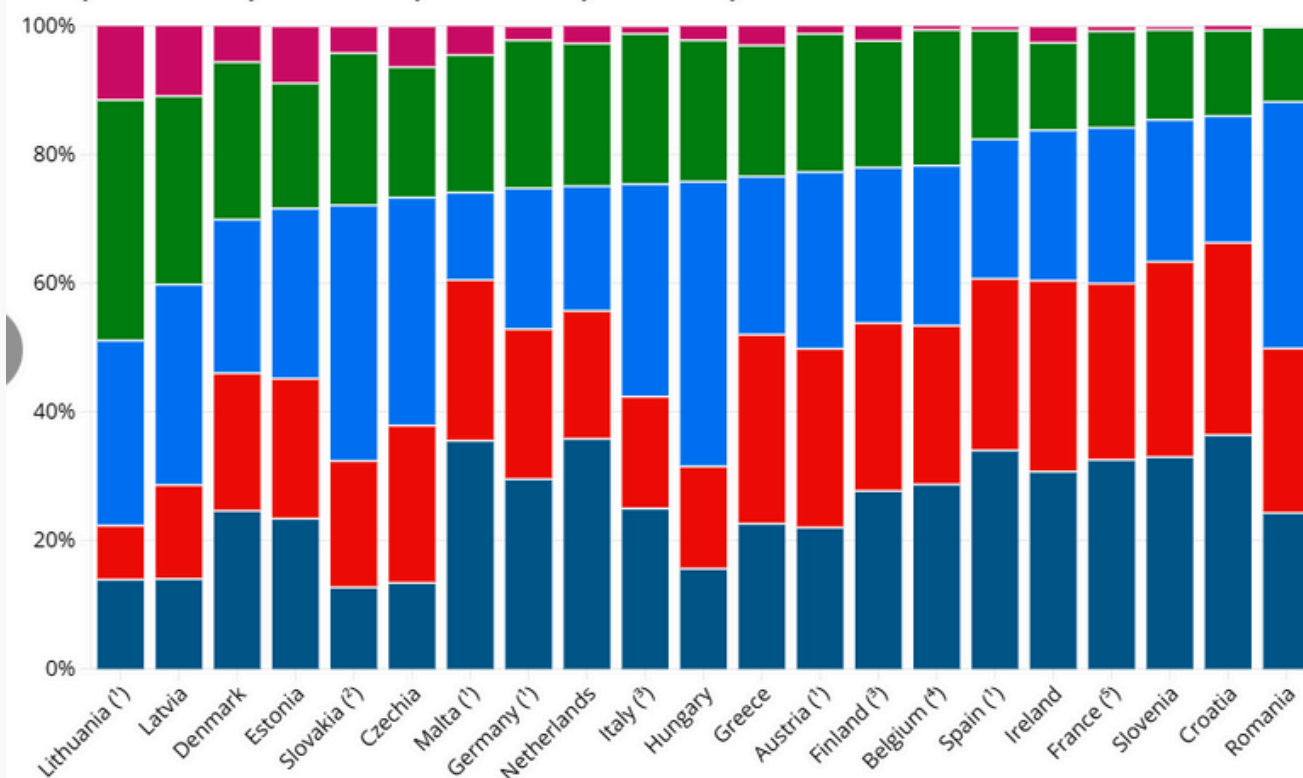
How old is the healthcare workforce?

Lithuania and Latvia were the only EU countries where the share of nurses aged 55 years or over was above 40%.

Additionally, in 15 out of 24 EU countries, over 30% of practising doctors are also 55 years or older. In six EU countries, the percentage of older nurses is below 20%, with Romania having the lowest share at 11.8%.

Practising nurses, by age, 2023

■ < 35 years ■ 35–44 years ■ 45–54 years ■ 55–64 years ■ ≥ 65 years



Source: Eurostat • Bulgaria, Cyprus, Luxembourg, Poland, Portugal and Sweden, not available. The figure is ranked on the share of nurses aged 55 years or over in the total number of nurses. (*) Estimates. (**) Professionally active. (†) Provisional. (*) 2022. (†) 2021.



On the other hand, the highest shares of younger nurses under 35 were recorded in Croatia (36.4%), the Netherlands (35.8%), Malta (35.5%), and Spain (34.0%).

Across all EU countries, over 70% of nurses are women, with nine out of 21 member states reporting that more than 90% of their nurses are female. Latvia has the highest percentage: here, 99.5% of nurses are female. The highest shares of male nurses are found in Malta and Italy, at 28.2% and 23.8%, respectively.

Sylvaine Mazière-Tauran, President of the National Order of Nurses of France, Has Decided to End Her Term



Sylvaine Mazière-Tauran, President of the National Order of Nurses of France (ONI), has decided to end her term.

In accordance with the Order's Internal Regulations, the Presidency will be held in interim by **Sarah Bonenfant, Vice-President**, who will be able to rely on a fully committed National Board to ensure the continuity of its missions in the service of the profession and of the patients.

In the following weeks, the National Council shall meet to elect a new President.

The outgoing President remains an elected member of the National Council, the Auvergne Rhône Alpes Regional Council, and the Rhône Departmental Council, where she will continue to contribute her experience and expertise.