NEWS FROM BRUSSELS



Word from Senior Policy Advisor Dr. Theodoros Koutroubas

Dear Friends,

WHO is launching exciting new initiatives aiming at supporting nurses work and motivating nurses to remain in the profession.

Nicole Verbeeck proposes an interesting analysis of the European Parliament's vision on the shortage of health workers.

Finally, the EU Gastein Forum reflects on the meaning of "Health Sovereignty" in a fragmenting global order.

We hope you find this issue of "News from Brussels" interesting and as always we look forward to receiving your feedback.

Kind regards,
Theo

NEWSLETTER HIGHLIGHTS

How can Learning Labs support safe nurse staffing across the WHO European Region?

WHO launches new mentorship toolkit to support nurses entering the workforce

Europe is short of a million health workers. Parliament asks Brussels for money

Reclaiming 'Health Sovereignty': EU Gastein Forum Confronts a Fragmenting Global Order

How can Learning Labs support safe nurse staffing across the WHO European Region?

As part of the Nursing Action project, WHO/Europe is launching a series of Learning Labs to support shared learning, policy dialogue and collaboration on safe nurse staffing across participating countries.

The Learning Labs initiative kicked off on 23 September 2026 and will run until May 2027.

The Learning Labs build on findings from "Policies and approaches to promote safe nurse staffing: technical brief", which maps policies and approaches across the 21 countries participating in Nursing Action. Developed through consultation with national focal points and social partners, the series will provide a platform for countries to explore key dimensions of safe nurse staffing in greater depth and exchange experiences on practical solutions.

The Learning Labs will provide a platform for dialogue and knowledge exchange among:

- governments and policy-makers
- nurse leaders and nursing professionals
- professional associations and regulatory bodies
- employers and trade unions
- education institutions and researchers
- international experts and partner organizations.

Together, participants will explore topics affecting the recruitment, retention and working conditions of nurses across the Region.

Creating a shared understanding for action

The Learning Labs are designed to strengthen understanding of the core enablers and dimensions of safe nurse staffing and support collective action across participating countries. Through expert presentations, interactive discussions and country exchanges, participants will have an opportunity to explore different approaches, learn from emerging practices and reflect on how policies can be adapted to national contexts.

Across 8 sessions, the Learning Labs will address a range of priority topics for strengthening and supporting the nursing workforce:

- Learning Lab 1. Nursing leadership networks;
- Learning Lab 2. Advanced practice nursing (APN);
- Learning Lab 3. Psychosocial risk, mental health and occupational safety and health;
- Learning Lab 4. Improving collective bargaining for nursing;
- Learning Lab 5. Eliminating violence in the workplace;
- Learning Lab 6. Monitoring and evaluation for safe nurse staffing;
- Learning Lab 7. Financing for safe nurse staffing; and
- Learning Lab 8. Regulation for safe nurse staffing.

Strengthening collaboration through Nursing Action

A core objective of the Learning Labs is to foster collaboration between the many stakeholders involved in strengthening the nursing workforce. By creating a forum for dialogue between governments, professional bodies, employers, regulators, education institutions and international partners, the series aims to support the development of shared solutions to common workforce challenges.

The sessions will provide opportunities for participants to share experiences, discuss policy options and learn from experts and peers across Europe, helping to strengthen action on recruitment, retention and workforce sustainability.

About Nursing Action

Funded by the European Commission through the EU4Health programme, Nursing Action supports countries in developing evidence-based solutions to strengthen the nursing workforce. Through policy dialogue, peer learning and technical support, the project aims to improve recruitment and retention, strengthen working conditions and increase the attractiveness of the nursing profession across Europe.

Source : World Health Organization

For further information on this, kindly to contact our secretariat

WHO launches new mentorship toolkit to support nurses entering the workforce

WHO/Europe has launched a mentorship toolkit for nurses with 2 complementary courses – one for early-career nurses and one for their mentors. It is the first mentorship toolkit of its kind to provide parallel courses for both groups, and the first to be rolled out at this scale across Europe. Developed as part of the European Union-funded "Nursing Action" project, the toolkit is designed to provide support during one of the most important stages of nurses' careers: the transition from education into clinical practice.

Health systems across the WHO European Region are facing a challenge: as well as recruiting nurses, countries also need to create working environments in which newly qualified nurses can develop, feel supported and build sustainable careers.

"*We cannot address the nursing workforce challenge by focusing on recruitment alone,*" said *Dr Natasha Azzopardi-Muscat*, Director of the Division of Country Health Policies and Systems at WHO/Europe. "*We also need to make sure that when nurses enter the profession, they find workplaces that enable them to learn, grow and want to stay.*"

"Through the Nursing Action project, we are working with countries to turn retention into practical action. Mentorship is part of that: investing in nurses at the beginning of their careers, strengthening the environments in which they work and ultimately building a more resilient nursing workforce."

Encouraging a smooth transition

Starting clinical practice can be an exciting but demanding period for early-career nurses. They must translate what they have learned during their education into day-to-day clinical decisions while adapting to new responsibilities, new teams and new environments.

Effective mentorship can help make that transition safer and more supportive.

"*Early-career nurses are learning much more than clinical tasks. They are learning how to make decisions, communicate within multidisciplinary teams, manage responsibility and develop their own professional identity,*" said *Margrieta Langins*, Nursing and Midwifery Policy Adviser at WHO/Europe.

"*A good mentor provides the space to discuss difficult experiences, ask questions without fear of judgement and reflect on what went well and what could be done differently. That combination of practical guidance, reflection and psychological safety helps nurses develop confidence and autonomy while feeling that they belong in their team.*"

Across the Region, countries are looking for ways to strengthen the nursing pipeline – from attracting people into nursing education and supporting them through training to creating conditions that encourage nurses to remain in the profession.

Mentorship is increasingly recognized as an important part of that response. Well-designed transition support can contribute to professional confidence and development, mental health and well-being, workforce retention and patient safety.

Support, reflection, development and belonging

The new toolkit gives early-career nurses and their mentors practical tools to strengthen how they are supported and their professional development, as well as creating a sense of belonging during the transition into clinical practice.

The course for early-career nurses is designed to help participants navigate their transition into practice, reflect on their experiences, build professional confidence and autonomy, strengthen their sense of belonging within their teams, and make the most of their relationship with a mentor.

The course for mentors, which runs in parallel, helps them create supportive and psychologically safe learning environments, provide constructive feedback, guide reflection and professional development, support increasing clinical autonomy and help early-career nurses integrate into their teams.

Both courses include an introduction and 6 modules featuring short videos, practical guides and reflective exercises. The materials are organized around 4 pillars: support, reflection, development and belonging.

Importantly, the toolkit has been developed with the realities of nursing practice in mind.

The courses were piloted with mentors and mentees in 9 countries across the Region and in diverse health-care settings. Participants reported high levels of engagement, while the pilots provided WHO/Europe with important insights into how mentorship works in practice, including the influence of organizational culture, available time and resources, and what types of barriers nurses encounter when trying to access support tools.

These lessons have helped shape a toolkit intended not simply as a training resource, but as a practical instrument that countries and health-care organizations can adapt to their own workforce needs and contexts.

From recruiting nurses to helping them stay

The mentorship toolkit has been developed through Nursing Action, a multi-year project funded by the European Union through the European Commission's Directorate-General for Health and Food Safety (DG SANTE).

Through Nursing Action, WHO/Europe is working with 21 countries to strengthen the nursing workforce and translate evidence on recruitment, retention and professional development into practical policies and interventions.

The new mentorship toolkit adds another tool to that effort – helping health systems ensure that nurses entering the profession are not only prepared to work, but supported to develop, contribute and stay.

Source : World Health Organization

For any further information on the above, please feel free to contact our secretariat

Europe is short of a million health workers. Parliament asks Brussels for money

We would like to share with you an interesting article written by ***Nicole Verbeeck*** *and recently published on* ***EUPerspectives***

Europe applauded its nurses and doctors through the pandemic. Six years later it is short of a million of them. Three in ten of its doctors are over 55, and an ageing population needs more care, not less.

Parliament wants one million extra health workers by 2034, and it wants the EU's next budget to pay for them. MEPs adopted the report on 17 September by 514 votes to 61, with 33 abstentions. The text, "An EU health workforce crisis plan", asks the Commission for a strategy covering the next long-term budget, from 2028 to 2034.

"*Today, six years after COVID, we forgot the applause, their commitment and sacrifice,*" said *MEP Estelle Ceulemans* (S&D/BEL). "*But the situation in the healthcare sector is even more dire. It's affecting one million workers, and this is serious.*"

Older doctors, more patients

MEP Loucas Fourlas (EPP/CYP) steered the report through Parliament's Employment and Social Affairs Committee (EMPL). "Hospitals, primary care centres and long-term care services are under increasing pressure due to understaffing, burnout, ageing populations, and growing healthcare demands," he said. "We need concrete action, and we need to make real efforts to reduce the brain drain," he added.

MEP Ruggero Razza (ECR/IT) led the work in the Public Health Committee. "We are already in a crisis," he told the plenary.

Mr Razza put numbers on it. Three in ten European doctors and 18 per cent of nurses are over 55. In 12 of the 27 member states, four in ten doctors are already past that age. "*This means that over the next few years, a big chunk of the healthcare workforce will be retiring, while in parallel, an ageing population will require ever more care,*" he said.

The Italian conservative member said some regions already face what the report calls "medical deserts". "*Access to healthcare shouldn't depend on your postcode,*" he said.

What Parliament wants

To fill the gap, MEPs want to attract more young people into health professions. They propose funds for scholarships, cross-border cooperation, and targeted measures for fair pay and job stability.

They also want to keep the staff Europe already has. The report calls for fair pay, mental health support and job security. One in three doctors and nurses experience mental health challenges, MEPs say.

Parliament also asks for a binding framework that treats unsafe staffing levels as an occupational hazard. That framework would include workload controls and doctor-to-patient and nurse-to-patient ratios.

MEPs want more public money and a bigger share of dedicated EU funding for health. They also back digital tools such as telemedicine and AI-supported diagnostics, especially in rural areas, as long as face-to-face care stays central.

Health spending like defence spending

Mr Razza wants the EU to go further on money. "*When it comes to healthcare, we can't apply the same rules as those coming under the [Stability and] Growth Pact. Like defence spending, similar rules should be applied to healthcare*," he said. He also pointed to prevention. "*Every euro that we invest in prevention can generate up to 14 euros of savings, both by reducing expenditure and increasing productivity*," the MEP said.

"*Europe is facing a deficit of well over one million professionals. We can no longer afford to simply monitor these trends*," *Health Commissioner Olivér Várhelyi* told MEPs. But the EU's reach is limited. Organising health systems is a national job.

Brussels calls the response "*a joint endeavour with the member states*". The Commission says it is not starting from scratch. EU rules on health and safety at work already cover healthcare staff and all occupational risks. Doctors, nurses, midwives, dentists and pharmacists enjoy automatic recognition of their qualifications across the EU. A new Skills Portability Initiative should make recognition faster, simpler and more digital for other health professionals too. "*But I agree with you, rules are not enough*," *Mr Várhelyi* said.

A hospital without staff

Beyond the rules, the EU pays for practical help on the ground. HEROES, a joint action funded by the EU4Health programme, helps countries plan their workforce based on data. A separate nursing action, funded by the same programme, gives national authorities toolkits to recruit and keep nurses. The Recovery and Resilience Facility and the European Semester, the EU's yearly economic policy cycle, helped countries tackle shortages and modernise care.

The Commission also links shortages to prevention. Its Safe Hearts Plan aims to cut premature deaths from cardiovascular disease by 25% by 2035. Várhelyi added that digital tools and AI could free up time so staff can "focus more on what matters most".

MEP András Tivadar Kulja (EPP/HU), a doctor who negotiated the report for his group in the Public Health Committee, asked MEPs to picture a hospital full of modern machines. "*Now imagine that in this hospital, in this operating theatre, there is no one apart from the patients, no doctors, no nurses, no assistants, no staff at all,*" he said.

Staffing is a national competence, Mr *Kulja* said, yet the problems look the same everywhere. "*Healthcare professionals are overburdened and their numbers are decreasing.*" He wants the EU institutions to "*create safe working conditions for healthcare professionals*" and to "*make working in the health sector attractive for future generations*".

A ticking time bomb

Ms *Ceulemans* wants binding rules, not another strategy. If Europe does nothing, she said, it will not cope with a new pandemic or with an ageing population. "*The shortage of labour is a vicious circle that affects the wellbeing of staff as well as patients,*" she said.

She called the shortage "*a ticking time bomb*". She wants money, not austerity, and one specific law. "*And no, Commissioner, we need a specific directive for psychosocial support,*" the Belgian Socialist said.

The World Health Organization (WHO) counted a shortfall of 1.2 million health workers in 2022 in its European region. It expects a gap of almost one million by 2030, as populations age and long-term care needs grow.

Parliament warns that shortages put patient safety at risk and lead to crowded emergency departments, long waiting times and late diagnoses. The two parliamentary committees adopted the report in early June, as EU Perspectives reported.

What comes next

Parliament wants the one million target backed with money in the EU's 2028-2034 budget. But it is the Commission, not the Parliament, who gets to decide whether to write the strategy. And member states, not the Commission, decide how many nurses they hire.

Mr *Razza* calls for action. "*If we're in a crisis, we can't just stand back and analyse the situation. We need an effective response*," he said.

Reclaiming ‘Health Sovereignty’: EU Gastein Forum Confronts a Fragmenting Global Order

We would like to share with you an interesting article written by ***Felix Sassmannshausen*** *and recently published on* ***Health Policy Watch***

Global health has moved from an area of mutual cooperation to one dominated by “high politics” and division, observed Ilona Kickbusch at the European Health Forum Gastein (EHFG) last Friday (2 October).

Leading the closing panel, the founder of the Global Health Centre at the Graduate Institute in Geneva, highlighted how recent voting at the UN General Assembly demonstrates that nation-states increasingly split and vote instead of searching for consensus.

Gathering 420 health leaders, pharmaceutical executives, and multilateral diplomats in the alpine town of Bad Hofgastein, Austria, this year’s annual forum took place against the backdrop of this escalating historic shift in multilateral governance

Across its four-day agenda, the conference crossed critical policy domains – from climate change and vector-borne diseases to de-risking late-stage biotech innovation, tackling venture capital shortages, and addressing youth mental health.

Faced with new security threats and the geopolitical fallout of the war in Ukraine, panellists directly confronted persistent patient access divides, the upcoming EU budget trade-offs favouring military defence over health infrastructure, and friction surrounding health sovereignty.

While participants in the closing session unanimously agreed that the post-World War II status quo is collapsing and that “things must change,” the debate over what a future health architecture should look like remained fundamentally unresolved.

The struggle over 'health sovereignty'

Framing this year's conference around health as a strategic pillar of European unity, outgoing EHFG President Clemens Martin Auer issued a stark warning against the rise of far-right extremism and anti-EU rhetoric across the continent.

Auer cautioned that these political movements are co-opting the concept of "sovereignty" to promote short-term nationalism, isolationist agendas, and a retreat from European integration and multilateralism.

"*They have a different concept of sovereignty. They use it to go back to the old, good days – they think that they were wonderful days – of nation-states, of the sovereignty of nation-states*," *Auer* warned, calling on the health community to actively fight against that notion. "*It is of utmost importance that we do talk about sovereignty and reclaim this term*," he added.

In contrast to strict nation-state control, health leaders defined true health sovereignty as collective capability built on cross-border cooperation, pooled resources, and trust – arguing that no single nation can independently defend against pandemic threats, supply chain disruptions, or global health crises without European solidarity.

"*When we talk about health, no country, no matter how large or powerful or rich it is, can be absolutely sovereign if we take it from a power and control perspective*," underscored *Natasha Azzopardi Muscat*, director for health systems in the World Health Organization's (WHO) Europe Region, adding that "*interdependence, solidarity, and sharing is not charity, it's survival.*"

EU pragmatism: Mutual interest over philanthropy

Faced with a fundamentally changing geopolitical landscape and budget constraints, European Commission officials stressed that future international health engagement must be driven by mutual political interest rather than charity. This comes as the EU reframes its own strategic posture around competitiveness and strategic autonomy – key themes that dominated discussions throughout the Gastein forum.

Martin Seychell urges global health partnerships driven by mutual interest.

"*We are not a philanthropic organisation. We are a political organisation, and we gauge our success or failure politically,*" stated *Martin Seychell*, deputy director-general for international partnerships at the European Commission.

Seychell argued that health sovereignty must not be misunderstood as an inward-looking retreat or a denial of solidarity, but as a commitment to capacity building and resilience. He emphasised that fostering external dependency offers Europe no strategic advantage, as dependency reduces Europe's own political manoeuvrability and forces impossible moral choices when budgets shift.

To build local capability, he highlighted EU initiatives under the Global Gateway framework which have mobilised €2 billion to support local vaccine, medicine, and health technology biomanufacturing in South Africa, Rwanda, Ghana, and Senegal. However, he cautioned that international aid budgets alone cannot meet global health needs, urging a move from "addition to multiplication" by using public funds to de-risk private investment and support domestic resource mobilisation in partner countries.

Demands for a global power overhaul

While this call for cooperative sovereignty and pragmatic partnership found broad intra-European consensus, the concept implies something entirely different from a Global South perspective. The core problem lies in global power dynamics that have remained fundamentally unchanged since World War II, stressed *Magda Robalo*, president of the Institute for Global Health and Development and former health minister of Guinea-Bissau.

Referring to the "*Accra Reset*" initiative aimed at securing health sovereignty for African nations, *Robalo* rejected traditional donor-recipient paradigms. "*We are not going to continue begging*," she said. "*Solidarity and charity are not the same. And what the Accra Reset is saying is enough of charity. We want to work together on equal terms.*"

Addressing the frequently invoked concept of trust, Robalo pointed out that during COVID-19, countries like South Africa and Botswana were denied vaccine access despite having the money to purchase them. She stressed that genuine health sovereignty in developing nations cannot rely on trust alone without fundamentally revising international trade rules, post-WWII financial architecture, and intellectual property (IP) regimes – systemic boundaries that European funding initiatives and investment toolboxes continue to leave unaddressed.

Realpolitik and the rise of blunt transactionalism

Turning back inward into the logic of EU strategic posture, panellists framed global health policy as increasingly shaped by realpolitik and transactionalism.

Citing the shifting diplomatic tone at the UN General Assembly, Maltese Foreign Affairs Minister *Chris Fearne* pointed to US President *Donald Trump*'s assertion that "to the victor go the spoils" as emblematic of the current global order.

Citing the shifting diplomatic tone at the UN General Assembly, Maltese Foreign Affairs Minister *Chris Fearne* pointed to US President Donald Trump's assertion that "*to the victor go the spoils*" as emblematic of the current global order.

In this zero-sum environment, health is no longer insulated from geopolitical bargaining, forcing policymakers to navigate an arena where alliances are negotiated on transactional terms rather than shared humanitarian ideals.

Fearne raised this warning specifically to ensure that health policy remains a core pillar of EU strategy amidst competing political demands.

Pointing to upcoming negotiations on the EU's next long-term multi-annual financial framework (MFF) budget, he cautioned that health infrastructure budgets risk being severely reduced to fund military defence and industrial competitiveness.

He urged health advocates to break out of their policy bubble and take political initiative, stressing that "*your voice needs to come out beyond this beautiful village into the wider world.*"

One of the most urgent frontiers where health leadership is currently required is the governance of artificial intelligence. *Ricardo Baptista Leite*, director of Health AI, warned that governments selling citizen health data for short-term financial gain are "*betraying the trust and mandate given by the people*" and creating dangerous new forms of external dependency.

Cautioning that AI will either become the world's greatest equaliser or its greatest divider, *Baptista Leite* stressed that states and civil society must build sovereign capability to govern the technology locally rather than ceding control to tech corporations.

WHO dilemma in an unresolved global health architecture

Navigating this increasingly transactional and polarised landscape leaves international bodies in a precarious position. WHO's *Muscat* articulated the fundamental governance dilemma currently confronting the world's prime health organisation: "Do I dilute principles around human rights for the sake of consensus, or do I stick with them even if this means that consensus is not possible?"

Muscat pointed to a shifting climate where health negotiations – particularly around human rights, gender equality, and sexual and reproductive health – have become deeply politicised.

Synthesising this breakdown as the session drew to a close, chair *Kickbusch* observed that "*money doesn't solve the problem of power*," emphasising that neither increased financial aid nor recycled diplomatic formulas can resolve the structural crisis of global health governance.

As the Gastein forum came to an end, the closing debate exposed an objective structural contradiction between the Global South's demand for a fundamental redistribution of power and the EU's approach of managing international cooperation through existing instruments based on mutual interest while reorienting its internal policy toward industrial competitiveness and regional sovereignty.