

## Europe's public health systems: death by a thousand cuts



(18 December 2019) The 2008 financial crash increased demand for public health systems across the EU, and at the same time reduced expenditure ([WHO 2014](#)). After a decade of austerity, public health systems are now at breaking point, and health professionals can no longer bear the brunt being often underpaid, understaffed and under-resourced.

Whilst the [OECD-European Commission State of Health in the EU 2019 report](#) published last month recognises that workforce shortages are a challenge in many countries, the gravity of the situation is more starkly reflected in the scale of health sector demonstrations which took place in the across the EU last month.

As the European voice of health and care professionals, the European Public Service Union (EPSU) calls upon the new Commission to address the public health crisis in its action plan to implement the Pillar of Social Rights.

### **A decade of austerity, liberalisation and cuts in public services**

The 2008 financial crisis led to reduced spending in public services. Healthcare systems in particular became a target for cuts due to their size and potential for improved cost-efficiency. As demonstrated by an [EPSU-ETUI-OSE report on healthcare reforms and the crisis](#), trends of the early 2000s which saw a steady rise in health expenditure across the EU were suddenly reversed. Growth in health spending fell in real terms in the vast majority of EU countries, and in others expenditure was slashed.

The salaries of health professionals were frozen, and even reduced in countries such as Cyprus, Greece, Ireland, Lithuania, Portugal and Romania. For nurses, the largest group of health workers, recruitment and retention rates were diminished and there was a reduction in nurses' posts across Europe ([EFN 2012](#)).

Increasing mobility of health professionals, encouraged also by EU's Single Market, has introduced a new dimension to national health systems by interfering in the capacity for Member States to plan their own systems.

Despite the laudable commitment of health professionals to maintaining a quality service, they are often understaffed, have a shortage of resources, and are being stretched to provide more with less.

Although the growth rate in per capita health spending has gone up in real terms in the majority of EU countries more recently, so too has the demand for health care. With the current levels of investment and funding, the capacity of public health systems cannot keep pace with population growth, ageing societies, changing disease patterns and new treatments.

### **Failing to act will be costly**

UK Prime Minister, Boris Johnson was recently criticised for pledging 50,000 NHS nurses by 2025 in his election campaign, after it was revealed that the figure included an estimated 18,500 existing nurses who would be encouraged to remain working for the UK National Health Service. Yet regardless of the manner in which it

was presented by the Conservative government, the breakdown of this figure points to one of the most critical challenges facing public health systems. Nurses, and indeed other health workers, are leaving the profession at an increasing rate because they simply cannot cope with the work load. The UK has among the highest levels of burnout for nurses.

Poor retention of health professionals is a colossal expense for employers and the public sector. In addition to the economic costs, the high turnover of staff has a negative impact on the quality of the services provided and the health outcomes. If public authorities do not invest now, burnout levels will only continue to rise.

Unrest is now spreading in a number of European countries. In the middle of a historic protest in France, [health chiefs explained](#) that the “[health] system is collapsing and we are no longer able to carry out our jobs in good conditions and to provide quality and safe care.” In Latvia, budget proposals for the medical sector prompted a nationwide protest of health professionals. In fact, in the last couple of months alone, tens of thousands of health and care workers have taken to the streets in nine EU countries. Their demands are strikingly similar: in order to continue delivering the vital services the population depends on, they need a significant increase in pay, staffing levels and resources.

### **Why health is an EU issue**

While the main responsibility for funding, organising and delivering healthcare rests with national authorities, a [2017 Eurobarometer survey](#) confirms that 70% of Europeans want more EU action on health. This gives a strong message to the von der Leyen Commission that EU action is needed.

The Commission’s action plan to implement the European Pillar of Social Rights provides a good framework to tackle this pan-European crisis in healthcare systems. Article 16 of the Pillar states that: “Everyone has the right to timely access to affordable, preventative and curative health care of good quality.” Commissioner for Health Stella Kyriakides, and Commissioner for Jobs and Social Rights Nicolas Schmit must recognise that sufficient levels of well-trained and well-paid health professionals are a prerequisite for delivering good quality healthcare for all. The EU and Member States have a joint responsibility to introduce concrete measures to achieve this.

As the European voice of health and care professionals, EPSU expects the Social

Pillar to underpin Europe's the shared values regarding access to quality healthcare for all and to provide a holistic response to the joint challenges we face.

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