European Health Futures Forum
The future of health and healthcare now

NORDIC WELLBEING ACADEMY

Report on

Future Health Workforce from Aalborg to the world



Executive Summary

Europe faces a sustained health workforce crisis: shortages, uneven distribution, and a mental-health emergency among professionals.

The workshop in Aalborg at the Together4Health conference as part of the Danish EU Presidency co-created priority actions that put people first, align education with future competencies, and demand evidence for digital investments.

Focus for the next 12 months: embed well-being KPIs, ensure we evaluate technology, elevate public health capacity, give young professionals real decision power, and build data/skills infrastructure that improves care while protecting the workforce.



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Foreword 1 – Dr Natasha Azzopardi-Muscat

Director of the Division of Country Health Polices and Systems at WHO Regional Office for Europe

Three years ago, the WHO Regional Office for Europe warned of a looming health workforce crisis. Today, despite new investments in training, salaries, and education, the crisis persists—and in many countries, it has deepened. Demand for care is rising faster than our ability to supply it, driven by an ageing population, the long shadow of the COVID-19 pandemic, and the growing burden of chronic disease and climate-related health emergencies.

At the heart of this challenge lies a simple truth: the resilience of any health system is only as strong as the resilience of the people who sustain it. Across Europe, doctors, nurses, and care professionals face burnout, violence, and mental strain. Migration flows and demographic shifts leave hospitals, clinics, and care homes understaffed. Many EU countries now rely heavily on recruitment from outside the region—a dependence that proved fragile during the pandemic, when movement was restricted.

Technology and innovation hold promise, but they are no substitute for human compassion. Artificial intelligence, robotics, and digital health tools must be designed to support—not replace—the health workforce, freeing time for the acts of care that only people can provide. At the same time, improving population health literacy and self-care is vital to reduce pressure on overstretched systems.

Europe is no longer an ageing society—it is an aged one. With more citizens living beyond 80, yet often spending the last decade of life in poor health, demand for care will continue to rise. Unless we act to improve working conditions, restore trust, and value those who care for us, many will simply choose to leave the profession. The debate in Aalborg was indeed a call to action: to protect, empower, and invest in the people at the centre of our health systems. Their well-being is the foundation of Europe's health and security.

Foreword 2 – Charlotte Marchandise

Executive Director, European Public Health Association (EUPHA)

Across Europe, discussions on the future of health too often centre on hospitals and clinical care, while the essential role of public health remains in the background. Yet public health is not a single profession—it is a vast, interconnected field encompassing twelve core functions defined by WHO, from crisis preparedness to community empowerment. Public health workers come from diverse backgrounds, working in prevention, promotion, data, education, environment, and social policy.

They are the invisible foundation upon which health systems stand. And yet, public health is not seen as an attractive career. For medical doctors, it remains one of the least chosen specialties in Europe. For young people, career pathways are unclear, fragmented, and often undervalued. Training opportunities exist, but accreditation, recognition, and lifelong learning structures are weak. We speak of "One Health," "Health in All Policies," and digital innovation—but without coherent, accredited, continuous training, these remain slogans rather than systems.

The COVID-19 pandemic made visible what happens when public health is under-resourced. After lockdowns lifted, accidents and risky behaviours surged, flooding already overstretched hospitals. But the responsibility for prevention does not lie in emergency rooms—it lies in public health.

Every gap in prevention, every failure to promote health, adds pressure to our healthcare services. Building an empowered public health workforce is not a luxury—it is a necessity for resilient societies. A well-trained, well-supported public health workforce can prepare for crises, support communities, promote health literacy, and help older and vulnerable people live independently and well. Investing in this workforce reduces the burden on hospitals, prevents crises, and costs far less than repairing the consequences of neglect.

Public health must become a field that attracts creativity, passion, and innovation. Not all progress depends on artificial intelligence or high technology; sustainable, low-tech, community-driven innovation can be just as transformative. To achieve "Public Health 2.0," we must form alliances across sectors, recognise the contribution of public health workers, and invest in lifelong, accredited learning that keeps pace with change. If we succeed, we will not only strengthen our health systems but also build healthier, fairer, and more resilient communities for all.

Foreword 3 – Stella Goeschl

Joint Action PreventNCD, Youth Advisory Group

Young people are both the future and the present of Europe's health workforce, yet their voices are too often absent from the conversations that shape health policy, workforce planning, and education. As members of the Youth Advisory Group for the EU co-funded Joint Action to Prevent Non-Communicable Diseases (NCDs), we aim to change that. Engaging young people is not just about inclusion—it is essential to ensure the health workforce is prepared, resilient, and motivated to meet the challenges ahead.

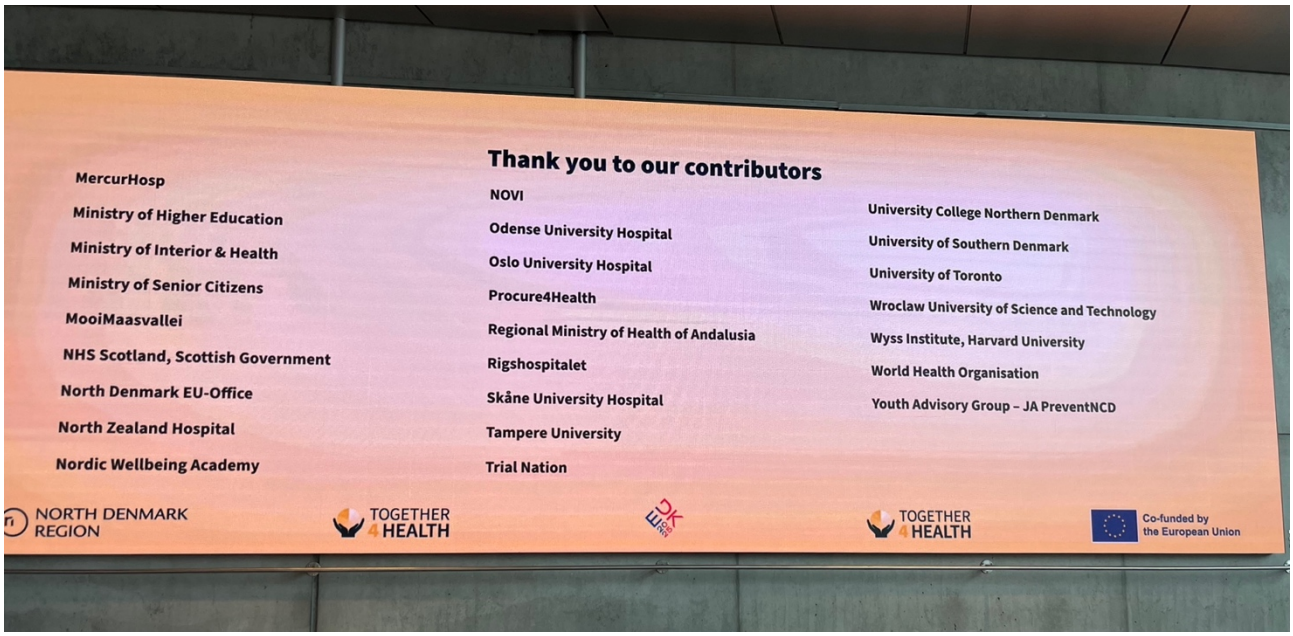
Our generation brings unique perspectives to the table. We experience first-hand the pressures, opportunities, and inequalities of today's health systems. We see what is working and what needs change. We understand the emerging challenges - from mental health burdens and burnout to digital health literacy and the demands of an ageing population. By involving young people in co-creating education, training, and policy, we can ensure that future professionals are equipped to address these realities effectively.

Interdisciplinary thinking, collaboration, and holistic perspectives are central to the approach young people naturally take. Rather than siloed expertise, we see the connections across health systems, communities, and society at large. Strengthening youth participation - from EU-level policy dialogues to national and local health initiatives - is a proven best practice that ensures policies are relevant, innovative, and responsive and one the Youth Advisory Group aims to set a standard for.

Investing in the young health workforce is not only a matter of fairness; it is a strategic imperative. If we listen to young people, empower them, and create attractive, supportive career pathways, we will foster a generation of health professionals ready to tackle Europe's greatest health challenges and contribute to resilient, sustainable health systems.

Structure and content of workshop

The workshop had a duration of 60 minutes on September 18, 2025 as part of the Danish EU Presidency conference Together4Health in Aalborg, Denmark. The conference gathered about 400 partipants in total from across a wide segment of European health organisations.



The workshop had three speakers and two facilitators:

- Natasha Azzopardi-Muscat, Director of the Division of Country Health Polices and Systems at WHO Regional Office for Europe.
- Charlotte Marchandise, Executive Director, European Public Health Association (EUPHA)
- Stella Goeschl, Member, Youth Advisory Group of the Joint Action PreventNCD

- Discussion facilitator: Lars Münter, International Director for the Nordic Wellbeing Academy and Development Director, European Health Futures Forum
- Process facilitator: Nina Sønderberg, National Director for the Nordic Wellbeing Academy, and Learning Experience Director, European Health Futures Forum

The workshop had the following structure:

Problem definition – 20 minutes

The three speakers shared perspectives with a five-minute introduction and short reflections between them. Key elements of this can be found below. The audience were tasked to listen to each and define either a Strength, Weakness, Opportunity or Threat – SWOT - that they observed in the messages and key points from the speakers.

Problem analysis – 20 minutes

The audience placed their post-its with their SWOT observations on four flip-over charts. The speakers were asked to comment and reflect on these observations, both the differences

between the speakers (balance eg between S and T in numbers or between speakers) and the overarching themes across the three introductions. Pictures of these results (and a transcript) can be found below and the full list of observations in an appendix spreadsheet.

Action and strategy resolution

The speakers were asked to each suggest four pathways for immediate action by stakeholders and experts in the EU Presidency that could take the issues forward based on their introductions and the analysis the audience had provided. These 12 suggestions were then voted on by the audience to select a list of 5 – the list and a suggested action plan is included below.

The audience were a mixed group of international health professionals, patient advocates, NGO, and other health and wellbeing stakeholders from the Together4Health conference. A total of about 50 participants contributed to the workshop.



Background for the workshop

There were several workstreams in the Nordic Wellbeing Academy and the European Health Futures Forum that led to this workshop and design.

1. Nordic Health 2030 Movement
   As part of this Movement NWA Lars Münter has since 2019 been exploring shifting roles and stressors that are both contributing too, exacerbating, and potentially adding positively to a shift in roles and skills for a future health workforce.
   See www.nordichealth2030.org

2. The EHFF Transformation Catalyst Group
   As a working group as part of EHFF, this group now led by Daniel Steenstra has with Lars Münter conducted an extensive analysis and research since 2020 into systems change for European health systems, including the health workforce. See www.ehff.eu

3. The Lighthouse Life Science Model
   Working with the Danish Life Science Cluster, NWA has since 2024 explored KPI models for inter-disciplinary collaboration and innovation to bring new skills, perspectives, and groups towards common goals and trust. And now part of a WHO Europe-DLSC MoU for advancing health innovation in the region. A report on this was launched September 17, read more.

4. The MentaStress project
   With a series of European partners, NWA Nina Sønderberg and Lars Münter have explored structured support for frontline responders across Southern Europe. The challenges found in this group have significant overlaps with the health workforce issues of burnout and mental health. See www.mentastressproject.eu

5. The WHO Strategic Partners Initiative for Data and Digital Health
   This initiative was launched in 2024. Contributing as part of WG4 of the WHO SPI-DDH, Lars Münter has explored how AI and new digital tools and methods can contribute to reduce burnout. The blueprint will be public end of 2025. Read more about the initiative.

6. The WHO Symposium for Modelling and Optimizing the Health and Care Workforce: Looking to the Future
   From EHFF both Lars Münter, Nina Sønderberg, and also Daniel Steenstra participated in this exploration and debate about planning and strategy for the future health workforce in April 2025. Lars Münter led a workshop on burnout for WHO SPI-DDH and presented the ideas behind Nordic Lighthouse, MentaStress and previous work. Read more.

These workstreams connect skills, burnout, AI, and trust with future, challenges, visions, and perspectives. This led to a hope to build a workshop that could combine insights from systems, public health, determinants, experience, data, and visions – and thus the three great speakers in a co-creative format to capture the energy and insights from the highly qualified participants also. The SWOT format has chosen (and expanded) to enable a simple yet insightful data capture.

Background for the Together4Health

Purpose & Scope
The conference was organized by the North Denmark Region and Aalborg University Hospital under the Danish EU Presidency. Its goal was to bring new perspectives for transforming and integrating healthcare systems and sectors. Innovation, cross-sector collaboration, sustainability, governance, and prevention were major focus points, but also the intent to co-create results for future use in policy and action.

Themes & Structure
A "holistic, 360-degree approach" considering multiple interconnected perspectives rather than silos was chosen.

With some key thematic topics included:

- New investment & funding instruments
- Competences (skills, workforce)
- Technologies
- Sustainability
- Low-value care (reducing practices or interventions of low benefit)
- Equality
- Transformation & innovation
- Procurement
- Prevention

The programme combined keynotes, panel debates, workshops / presentations, site events, networking sessions. There were multiple rounds of workshops/presentations each day.

Stakeholders & Participation
Broad stakeholder involvement: policy makers, government representatives, public health authorities, regulators, universities & research orgs, healthcare professionals, industry & investors, patient organisations, civil society. Speakers are drawn from a mix of academia, practice, policy, innovation leadership, patient advocacy, digital health, procurement with International as well as Danish contributors.

Format & Logistics
The conference took place over two main days - September 17-18, 2025 at Musikkens Hus preceded by a site event and welcome reception.

Read more

Outcome & Follow-Up
The outputs of the discussions will inform a White Paper that capturing recommendations and shaping policy / action beyond the conference.

Key results –Highlights & Themes, SWOT Analysis, Decisions



Key conclusions

Europe's Health Workforce need strengthening
Europe faces a deepening health workforce crisis. Despite investments in training, salaries, and new educational programs, demand for care continues to outpace supply, driven by ageing populations, COVID-19 aftermath, chronic disease, and climate-related health challenges. Health professionals across Europe face high rates of burnout, mental strain, and violence, while many countries rely on recruitment from outside the EU—a fragile strategy revealed during pandemic travel restrictions.

Technology and innovation hold promise, yet they cannot replace the human dimension of care. Artificial intelligence, robotics, and digital tools must support health workers, freeing time for tasks that require human empathy and judgment. Strengthening population health literacy and self-care is essential to reduce system pressures. Europe's ageing society, with more citizens living beyond 80 yet often in poor health, underscores the urgent need to improve working conditions, restore trust, and value health professionals as central to system resilience and public well-being.

We need more Public Health, Youth Engagement, and Workforce Innovation
A resilient health system relies not only on clinicians but also on a strong, empowered public health workforce. Public health roles—from prevention and health promotion to crisis preparedness and community support—remain undervalued and fragmented. Standardized, accredited, and continuous training is limited, and careers in public health are often unappealing to medical doctors and young professionals. Strengthening public health through alliances, lifelong learning, and community-driven, low-tech innovation is essential to prevent crises and reduce pressure on hospitals.

Young people, as both current and future health workers, bring crucial perspectives and interdisciplinary thinking to workforce planning and education. Yet they are often excluded from

decision-making. Engaging youth in co-creating education, training, and policy ensures the workforce is prepared for tomorrow's challenges, including burnout, digital health literacy, and the complexities of an ageing population. Systematic inclusion of young professionals, evidence-based policies, validated technology, and community engagement were identified as top priorities to build a resilient, sustainable, and responsive health workforce across Europe.

Key oral highlights from the session discussion and the workshop

Lars Münter, Nordic Wellbeing Academy

- Set the stage: co-creation of a strategy for a stronger, more resilient health workforce.
- Framed challenges:
  - Burnout and stress.
  - Migrant workforce reliance.
  - Adapting (or not) to AI.
  - Resource shortages, climate change, and new diseases.
- Introduced SWOT analysis exercise for participants.
- Emphasized the EU Presidency as a unique chance to influence policy.

Natasha Azzopardi, WHO Europe

- Key focus: Health workforce crisis in Europe
- Key points:
  - Despite new schools and better pay, the crisis continues.
  - COVID and climate emergencies highlight workforce fragility.
  - Workforce shortages → heavy recruitment outside EU.
  - Preview of a major survey (100,000+ doctors/nurses): high rates of **anxiety, depression, and violence**.
  - Politicians look to AI/tech, but tech alone won't solve shortages—human care is irreplaceable.
  - Europe is an **aged society**: last 10 years of life often spent in poor health, adding burden.
  - Need: digital health literacy, better working conditions, and systemic changes to keep staff.

Charlotte Marchandise, EUPHA

- Key focus: Public health and prevention
- Key points
  - Public health roles are broad but undervalued.
  - Low attractiveness of public health careers; need to make them appealing.
  - Training is inconsistent (e.g., One Health courses lacking quality/standards).
  - Stronger **alliances** needed across public health actors.
  - Importance of **lifelong learning** and recognition of diverse skills.
  - Public health workers prevent crises from overwhelming hospitals (e.g., floods, drunk driving, Ukraine war).

- Innovation should not only be high-tech/AI—**sustainable, low-tech solutions** are equally important.

Stella Goeschl, JA PreventNCD, Youth Advisory Group

- Key focus: Youth perspectives in healthcare and public health
- Key points:
  - Youth voices in advocay are crucial but often excluded from decision-making.
  - Young professionals (18–35) are both the **current and future workforce**.
- Problems:
  - Burnout starts in medical school.
  - Lack of space for recovery in training.
  - Education not aligned with future system needs.
- Advocates for:
  - Co-created education with young people.
  - Interdisciplinary, collaborative spirit.
  - More local involvement of youth in policymaking.
  - Digitalization training must include **critical thinking and data safety**.

Common Themes Across Speakers and Participants

Key themes from the speakers

- **Burnout & well-being**: urgent and systemic.
- **Technology**: potential but overhyped; must serve both patients and staff.
- **Data**: better workforce data is essential.
- **Inclusion**: young people, patients, and vulnerable groups must be part of decision-making.
- **Public health**: prevention and community-level work relieve pressure on hospitals.

Key themes from the participants

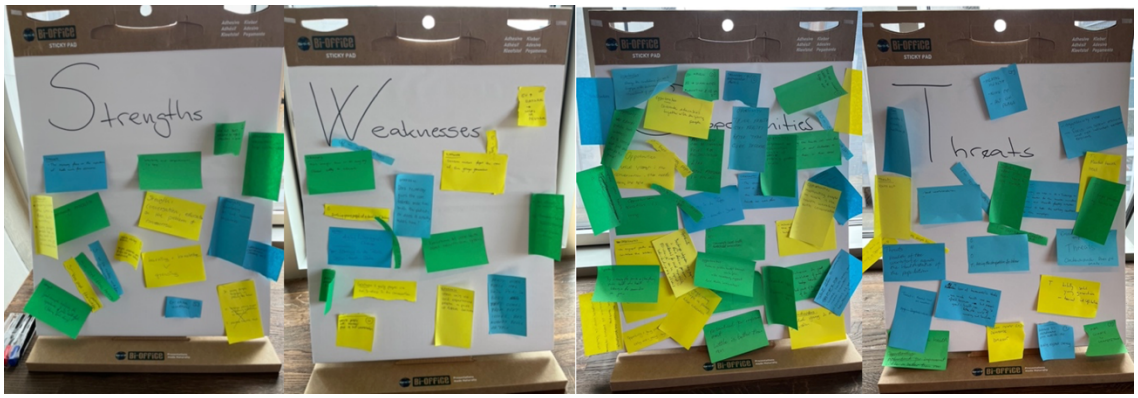
- People before pipelines: hard-wire KPIs for staff health & well-being into leadership accountability; measure and act routinely.
- From promise to proof: evaluate AI/digital using medicine-grade standards (safety, effectiveness, cost-effectiveness, impact on workload).
- Public Health 2.0: strengthen prevention, preparedness, and health literacy to reduce downstream clinical pressure.
- Youth inclusion as system renewal: formal seats and decision power for young professionals in policy, curricula, and service design.
- Future-ready competencies: inter-professional practice, prevention, digital/data literacy, ethics, climate & planetary health; embed lifelong learning.
- Data to steer, not just describe: a workforce data hub for real-time insight on distribution, age mix, specialties, migration and well-being.
- Digital health literacy for the public: scale inclusive programs (esp. older adults and rural areas) to support self-care and reduce avoidable load.

SWOT Analysis

As mentioned above, the participants created a SWOT analysis live based on the key themes. These were placed as seen on the image below. A live reflection by the speakers followed this placement. NWA has subsequently taken all the input that can be found in the appendix spreadsheet and summarised these into the quadrant analysis.

The breakdown of the SWOT analysis shows a high correlation of input from the speakers and the analysis by the audience. The emergence of similar signals, but by multiple sources indicates a high correlation among both speakers and audience. The signals that are from a single source indicates an impactful novelty, which is then both particularly interesting to see in the opportunities where the audience seems to have found some very interesting, but divergent input from the speakers.

The potential and challenge from the lack of youth involvement was a significant factor also.



Together4Health – SWOT Matrix

Strengths

Inclusion and participation (Multiple)
Knowledge and experience (Multiple)
Innovation mindset (Multiple)
Youth have a holistic view of health (Stella)

Weaknesses

Fragmentation (Multiple)
Slow adaptation (Multiple)
Limited communication (Multiple)
Lack of youth engagement (Stella)

Opportunities

Digital transformation (Natasha)
New motivation models (Stella
Cross-sector collaboration (Natasha)
Public engagement (Charlotte)

Threats

Burnout (Multiple)
Workforce shortage (Multiple)
Resistance to change (Multiple)
Inequality and imbalance (Multiple)

Decisions

Based on the discussion and the input, the speakers suggested the following list of 12 action points that they would recommend the audience and other stakeholders involved in the Danish EU Presidency to consider as concrete action to improve on the elements found in the SWOT analysis.

These were:

Natasha Azzopardi

- Improve measurement - KPIs for Wellbeing
- Ensure technology that has validation for healthcare outcome
- Create a health data hub about the healthcare workforce
    - Where are they? / Who are they?
- Health literacy rolled out in every region
    - Ensure skills to engage with the system

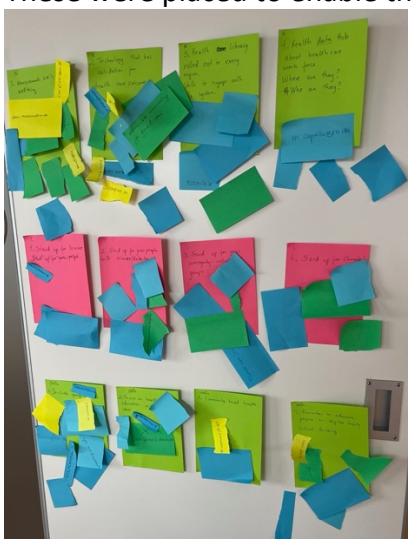
Charlotte Marchandise

- Stand up for your community - include all groups
- Stand up for climate
- Stand up for science
- Stand up for public health with science-based data

Stella Goeschl

- Work for Community based health
- Focus on healthcare education - with a farsighted idea
- Include young people
- Remember to educate people on digital safety and critical thinking

These were placed to enable the audience to vote on the ones they felt to be most actionable:



Top 5 Action Points (as voted by the audience)

1. **KPI for workforce well-being**
   – measure and hold leaders accountable

2. **Technology validation**
   – ensure an evaluation of AI/innovation (safety, impact, cost-effectiveness)

3. **Stand up for people with science**
   – evidence-based policies, not quick fixes

4. **Inclusion of young people**
   – systematically in panels, education, and policy

5. **Stand up for communities**
   – ensure public health and local engagement

From Action Points to Action Plan

Based on these action points, the Nordic Wellbeing Academy and the European Health Futures Forum have created an action plan for inspiration and further discussion at upcoming meetings during the Danish EU Presidency, but also at other events about the future of the European health workforce.

We are aware that feasibility of this plan hinges on a solid willingness by Member States and EU Presidencies to pursue this agenda. But we will stress, that the plan does not hinge on development of new technologies, new methodologies, or impossible improvement in budgets. As a European society we have both the capacity, the workforce, and the ability to deliver on these actions. Our future workforce – and our future societies depend upon our willingness to act upon this potential.

12-Month Action Plan (Five Priority Actions)

1. 1 Embed Well-Being KPIs
   Define a core KPI set (burnout, sickness absence, violence reporting, recovery time); include in manager scorecards; set quarterly review cadence; publish dashboards.
2. Ensure an evaluation Digital Like Medicines
   Adopt the rapid HTA-style checklist for AI/digital (safety, efficacy, cost, workforce impact); require pilots with measured time-to-care benefits before scaling.
3. Public Health Capacity Boost and Campaign
   Commission community-based teams (prevention, preparedness, health literacy); accredit training; link hospital pressure metrics to local PH performance.
4. Youth Inclusion with Decision Rights
   Reserve seats for youth on boards/steering groups at national level; fund participation; co-create curricula and recruitment campaigns; track youth retention/advancement.
5. Workforce Data & Skills Infrastructure
   Stand up a workforce data hub; map distribution/gaps; launch digital-health-literacy programs for citizens; expand lifelong learning for the workforce.

Quarter-by-Quarter Milestones

Q1

Agree KPI set; launch pilot well-being dashboards in 3 sites. Approve digital evaluation checklist; select 2–3 AI/digital pilots. Form youth board seats; issue call for public-health team pilots. Scope data hub & governance.

Q2

Roll out staff well-being reviews; first mitigation actions. Begin AI/digital pilots with time-to-care metrics. Start 2–3 public-health teams. Youth co-design of curricula & recruitment. Build data hub MVP; start data ingestion.

Q3

Publish first workforce well-being report; adjust staffing/rostering. Independent evaluation of AI/digital pilots; decide scale/stop. Expand PH teams and literacy drives. Launch citizen digital-health-literacy programs. Data hub dashboards live.

Q4

Embed well-being KPIs into budgeting/leadership appraisals. Scale proven digital tools. Extend PH accreditation. Youth retention metrics reported. EU-level brief on workforce distribution and outcomes; plan Year-2 scale-up.

Implementation Essentials

- Governance: establish a cross-Presidency taskforce linking ministries, WHO/Europe, professional bodies, academia, and patient/community orgs.
- Funding & incentives: tie budget lines and leadership appraisals to well-being KPIs and prevention deliverables.
- Workforce distribution: introduce incentives for rural/municipal placements (training rotations, housing, wage uplifts, career fast-tracks).
- Training & accreditation: accredit public-health and digital-health training; require inter-professional modules and simulation-based learning.
- Communication: targeted youth campaigns; public storytelling on prevention and community impact; transparent reporting on staff well-being.

Measuring Success (12 months)

- ≥80% of institutions adopt the agreed well-being KPI set and quarterly reviews; first EU-level snapshot published.
- At least 3 additional countries to ensure digital tools will be evaluated and integrated; ≥2 demonstrate reduced time-to-care or lower admin burden.
- 5–10 community public-health teams launched and accredited; local hospital pressure metrics show early relief signals.
- Youth representation with decision rights in ≥10 national/European boards/steering groups; recruitment and retention trends improve for <35s.
- EU workforce data hub MVP live with dashboards on distribution, age mix, specialties, migration, and well-being indicators.