EuroHealthNet welcomes the proposal for the development of the Reform Support Programme (RSP) with its aim to enhance cohesion, competitiveness, productivity, growth, and employment by offering technical and financial support for national reforms that are closely linked with the European Semester.

Structural reforms at national levels can be mutually beneficial for both Member States (MS) and the EU. Upwards economic and social convergence through inclusive growth across the EU has a positive impact on citizens’ health and wellbeing. The wider social determinants of health – the conditions in which people are born, grow, work, live – play an immense role for people’s wellbeing, a Treaty objective. It is important to reduce unjust and avoidable health inequalities experienced both within and between EU MS. The Semester is an important mechanism to address the
commonly identified needs of MS. Crucially, it now better incorporates the new EU Pillar of Social Rights, which we strongly welcome. However, the European Semester has yet to be fully inclusive and equitable; it faces barriers including sustainable political and systematic ownership of reform planning and implementation, lack of administrative capacity and financial resources to achieve the country specific recommendations (CSRs).

EuroHealthNet believes that under the right conditions the RSP can help to achieve the objectives of the European Semester for the benefit of people. This success rests on important aspects that must be considered:

► Avoid silo-thinking: It is positive to see that RSP is intended to “address all the key economic and societal areas [including]... services and labour, education and training, sustainable development, public health and social welfare”. But such policies and programmes are closely interdependent. The RSP should stimulate and support reforms with an integrated approach. This not only refers to the integrated planning between policy sectors (e.g. social, health, economic and fiscal policies) but also refers to the added-value of a whole of government, whole of society approach.[1]

► Address health related implementation deficits: It is necessary to increase efforts to support implementation of CSRs. The EC 2018 Communication on the Country Specific Recommendations [2] demonstrated that: Long-term care and health recommendations were found to be the least implemented areas over the years of the European Semester.

► Few and consistent recommendations: EuroHealthNet’s recommendations from our European Semester Analysis 2016[3] and 2017[4] show why it is important to address targeted attention to fewer, more consistent structural challenges and recognise that sustainable implementation and evaluation is often a long-term process.

► Differences in MS capacity: The RSP should maximise effective impacts but minimise administrative burdens and obstacles. The capacity to cope with extra administration differs greatly across MS and should be considered in planning for levelling up and support.

► Use learning across the EU, but respect diversities: Our analyses of annual EU Semester processes and the design of the EPSR shows that, for public health and social equity, cooperation is valuable but diversities should be respected for effective implementation of structural reforms. The Convergence Facility has an important role to help level up and address structural challenges in MS within or committed to joining the Eurozone. But creating a cleavage between the Convergence Facility, the Reform Delivery Tool and Technical Support Instrument (which pertain to all EU MS) should be avoided.

► Use a diverse range of experts: to avoid silo thinking and make sure RSP uses the best of “the old” and the new innovative approaches, RSP should diversify the experts used across disciplines and implementation side, not only health care, but also public health and health promotion specialists.
Sources in attachment.

Feedback from: EuroHealthNet
(116.09 KB - PDF)

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