

# The European Semester and its health and social dimensions



Euro  
Health  
Net 

**Insights for EU governance in  
times of competitiveness**

EuroHealthNet's assessment of the 2025 Semester  
through a health equity and wellbeing lens

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Publishing team: Vania Putatti, Silvia Ganzerla, Ingrid Stegeman, and Caroline Costongs

Layout design: Ruth Thomas

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# Introduction

For over a decade, the European Semester (Figure 1) has been the EU's main instrument for aligning economic and social priorities. Initially created in 2010 to reinforce fiscal discipline through annual cycles, it has progressively evolved into something broader and more ambitious—a framework through which Europe seeks to reconcile stability with fairness, and growth with wellbeing. The introduction of the European Pillar of Social Rights in 2017, the integration of the Sustainable Development Goals, and the unprecedented introduction of and link to the Recovery and Resilience Facility during the COVID-19 crisis have each marked steps towards a more balanced vision of progress.

EuroHealthNet has followed the European Semester closely throughout its evolution, engaging year after year to highlight the need for stronger coherence between economic governance and social and health priorities.<sup>1</sup> Over the years, our assessment has often taken a critical stance on how the Semester addresses social and public health priorities. Nevertheless, we observed a gradual, though uneven, shift in the Semester scope.

The Semester has evolved from treating social policy as a tool for economic adjustment to recognising it as a foundation of resilience and shared prosperity. What began as an annual mechanism designed for fiscal discipline, the European Semester has become an instrument that aims to promote an economy that works for people and the planet.

The 2025 Semester cycle now stands at a crossroads. It opens a new institutional chapter, characterised by changes in the governance frameworks introduced over the past years: the reformed economic governance framework and the full rollout of the Social Convergence Framework. At its core lies a renewed narrative: competitiveness. Promising innovation, decarbonisation, and security, this new focus seeks to revitalise Europe's economic engine.

Yet it also invites reflection on what kind of competitiveness the EU envisions—one driven solely by productivity, or one grounded in people's health, equity, and trust and with respect to planetary health as well. In this context, and with mounting evidence that levels of health in many countries across the EU are stagnating or declining while health inequalities persist or deepen—as highlighted in EuroHealthNet's report *Social Inequalities in Health in the EU*<sup>2</sup>—**the question of how competitiveness aligns with wellbeing becomes increasingly critical.**

This paper reflects on these shifts, exploring how the EU's new emphasis on competitiveness' is affecting the European Semester process, and how this in turn is (re) shaping the balance between economic and social objectives. This paper first looks at the Competitiveness Compass and the broader narrative it sets for the 2025 European Semester cycle, then reviews key elements of the 2025 Spring Package to see how these priorities are put into practice.

Finally, it reflects on the new economic governance and Social Convergence Frameworks and how it may affect social and public health issues.

This paper provides an overview of the European Semester process and its relevance to health and social objectives. Its intended audience are national and regional health and social authorities across the EU, as well as officials and experts working with EU Institutions Our purpose is two-fold:

- 1. To inform, encourage and mobilise health and social policy actors to engage in this process.**
- 2. To foster a shift in EU governance frameworks towards more health and social objectives.**

The paper draws on a review of the Competitiveness Compass, the 2025 Spring Package Communication, the Joint Employment Report, and the health-related Country-Specific Recommendations (CSRs), enriched by insights daily work vis-à-vis the EU institutions.

Feedback was also received from MEP Maravillas Abadía Jover, European Parliament Rapporteur for the Report on the European Semester for economic policy coordination: employment and social priorities for 2025.

In addition, contributions were provided by members of the European Social Platform and the European Social Observatory, as well as EuroHealthNet members, including the Finnish Federation for Social Affairs (SOSTE; Otto Kyyrönen), and the University of Edinburgh (Dr Eleanor Brooks).

Feedback on the concept of competitiveness was also gathered from local Italian health and social policy actors during a EuroHealthNet workshop.

### **Figure 1: The European Semester**

The European Semester<sup>3</sup> is the EU's annual cycle of economic and social policy coordination. Each year, beginning in November, the European Commission outlines its priorities for economic, social, and fiscal policies in the Autumn Package, which includes the Annual Sustainable Growth Survey.

These priorities are reiterated in the Spring Package, which includes Country-Specific Recommendations (CSRs) adopted by the Council in July. The process concludes in October with the presentation of national medium-term fiscal-structural plans. This cycle guides policy alignment across EU Member States throughout the year.

Initially established in 2010 to tackle fiscal and budgetary issues, the scope of the European Semester has gradually 'broadened and softened' to incorporate the EU's environmental and social priorities. Since the start of the Von der Leyen Commission in 2019, the scope of the European Semester has been expanded to better integrate the European Pillar of Social Rights and to encourage Member States to make progress on the United Nations Sustainable Development Goals. Despite these efforts, fiscal/economic considerations remain predominant in the Semester process.

In 2020, in response to the COVID-19 crisis, the European Semester was aligned with the implementation of a large financing mechanism, the Resilience and Recovery Facility. In 2024, EU Member States agreed to introduce a new tool for social monitoring, the Social Convergence Framework, as well as new rules for fiscal governance.

# Part 1:

## A new EU narrative: the Competitiveness Compass



The 2025 European Semester is the first policy coordination cycle carried out under the new European Union leadership, which took office following the EU elections in June 2024.<sup>4</sup> It begins in a complex context: as the EU moves beyond the pandemic period, it faces “heightened global uncertainty, with volatile trade and security conditions”<sup>5</sup> that have pushed leaders to prioritise Europe’s economic conditions. Amid these pressures, a single word has taken centre stage in the EU’s narrative: competitiveness.

### The Competitiveness Compass

In January 2025, the European Commission unveiled the Competitiveness Compass,<sup>6</sup> a roadmap to “restore Europe’s dynamism and boost our economic growth.”<sup>i</sup>

The Compass translates these insights into three necessities for a more competitive EU (Figure 2):

- **Closing the innovation gap** by simplifying regulatory frameworks, supporting the uptake of advanced technologies, and improving conditions for businesses.
- **Decarbonising the economy** through initiatives such as the Clean Industrial Deal<sup>7</sup> and the Action Plan for Affordable Energy.<sup>8</sup>
- **Reducing dependencies and enhancing security** by diversifying supply chains, adapting public procurement, and strengthening the defence sector.

These pillars are reinforced by five horizontal enablers, essential for an all sectors competitiveness push:

- **Cutting red tape:** simplify sustainability reporting and ease the business environment through the omnibus proposals.<sup>9</sup>
- **Removing barriers in the Single Market.**<sup>10</sup>
- **Enabling more efficient financing:** create a Savings and Investments Union.<sup>11</sup>

<sup>i</sup> The Compass builds directly on two earlier documents: the Letta report on the future of the Single Market (April 2024) and the [Draghi report](#) on EU competitiveness (September 2024). Both stressed that Europe’s growth model must adapt to global fragmentation, rising dependencies, and rapid technological change.

- **Promoting skills and quality jobs:** launch a Union of Skills<sup>12</sup> to boost education, training, and lifelong learning.
- **Improving EU–national coordination:** roll out a Competitiveness Coordination Tool and propose a Competitiveness Fund<sup>13</sup> in the next Multiannual Financial Framework.

### Insights: Health and Social Policies in the Competitiveness Agenda

The EU Competitiveness Compass is being understood in a broad and integrated manner, extending beyond productivity and innovation to encompass skills development, social resilience, and the performance of health systems. Secure employment, a skilled workforce, and robust social and health systems constitute key foundations for sustainable competitiveness.

In this context, labour shortages in health and care sectors are increasingly seen as both a social and an economic concern. Insufficient availability of doctors, nurses, and care professionals not only affects access to care, but can also reduce labour market participation more broadly, for example, when informal care responsibilities fall on families. Conversely, sustained investment in the training, recruitment, and retention of health and care professionals supports labour supply, strengthens social resilience, and contributes to the EU’s long-term growth potential.

At the same time, EU economic governance frameworks emphasise the **importance of fiscal sustainability** (i.e. limiting public expenditures to reduce state debts), particularly in those Member States that are facing higher pressures from health expenditure. This perspective is however, not framed as an argument for cost containment, but rather for more effective and strategic use of public resources. Prioritising investment in strong primary care, prevention and health promotion, as opposed to an overreliance on hospital-based care, is increasingly highlighted as a smart way to improve efficiency, reduce avoidable hospitalisations, and support productivity gains, when embedded within sound fiscal governance.

From our discussions with stakeholders from the European Parliament, MEP Maravillas Abadía Jover,<sup>14</sup> emphasised that competitiveness should not come at the expense of wellbeing and equity but rather be seen as an opportunity to strengthen them. She underlined that “investing in social and health policies yields both economic and social returns,” and called for a strategic and holistic approach that combines competitiveness, resilience, and social investment. Abadía Jover also highlighted the need to reinforce EU instruments such as the Recovery and Resilience Facility and the European Social Fund Plus, to support universal access to healthcare, fair wages, quality jobs, and inclusive education and training through the emerging Union of Skills.

Civil Society Organisations (CSO), as well as Dr Brooks, EU policy expert at the University of Edinburgh, observed that health and social policies are often presented not as stand-alone objectives, but primarily in terms of their contribution to productivity, resilience, and labour market integration. They noted that social aspects tend to be framed mainly around skills and employment, with fairness mentioned only in this context, while concepts such as inclusion, social equity, or inequalities receive little attention. CSOs expressed concerns that this approach may risk sidelining broader social priorities. This perspective was echoed in our exchange with the European Social Platform, which underlined that the Commission’s emphasis appears to be shifting back towards “traditional GDP and competitiveness metrics,” with less prominence given to the Green Deal and the European social agenda.

The current **simplification narrative** also raised concerns. An excessive focus on cutting red tape could risk weakening social and environmental standards and shifting the balance of EU action away from social protection towards purely economic efficiency. Dr Brooks also noted that although prevention

Figure 2: The Competitiveness Compass

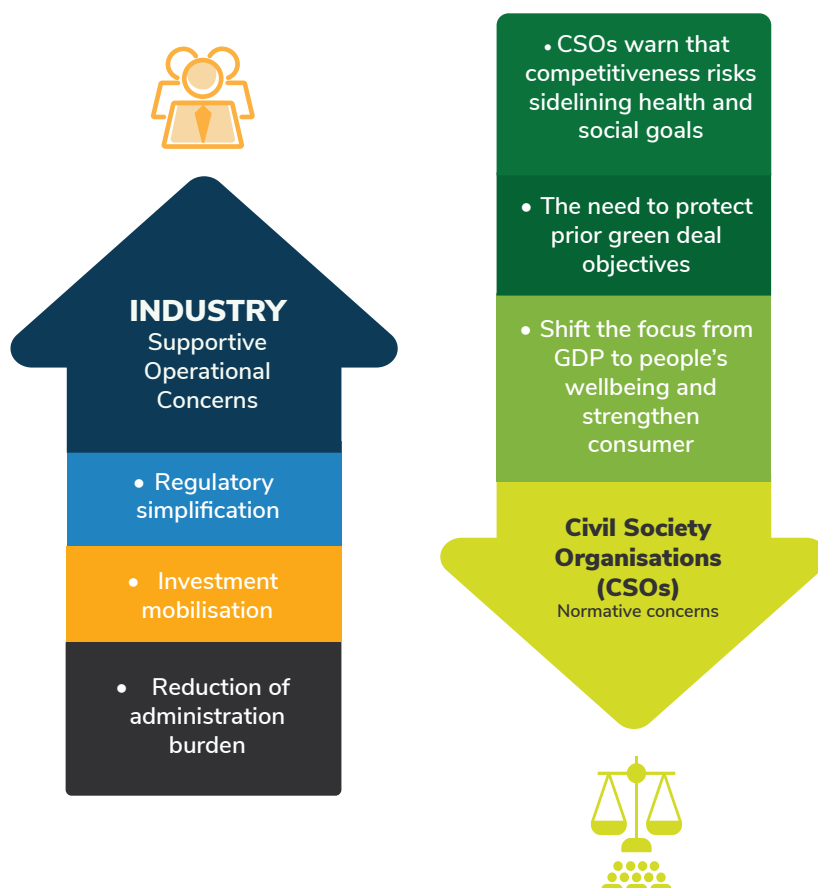


Source: A Competitiveness Compass for the EU, 2025, European Commission

has gained greater traction in recent EU health policy developments, it could lose momentum if simplification limits the scope for measures in areas such as alcohol, tobacco, or unhealthy food.

Taken together, the concerns around the new Competitiveness focus highlight how the current agenda places strong emphasis on economic priorities and industrial sectors, while giving comparatively less visibility to the social dimension. Our desk review of **CSO and industry reactions to the Competitiveness Compass** shows that industry groups generally welcomed the agenda, underlining the importance of regulatory simplification, investment mobilisation, and stronger support for industry. Civil society organisations, on the other hand, cautioned that an exclusively competitiveness-driven approach risks overshadowing social and environmental priorities, lowering standards, and diverting resources from health and social objectives (see Figure 3).

Figure 3: Reactions to the EU Competitiveness Compass (2025)



Source: Own source

### In a nutshell

The Competitiveness Compass recognises that sustainable growth depends on skills, innovation, and decarbonisation, which can all contribute to advancing collective health and social objectives across the EU. However, the centrality of the Competitive Compass in the EU policy landscape and the European Semester process risks prioritising economic objectives over health and social objectives to an even greater extent than is currently the case. There is a risk that health and social issues will only be valued based on the extent to which they can contribute to productivity, rather than in and of themselves, as essential components of wellbeing.

Discussions with institutional and civil society stakeholders highlighted that the meaning of competitiveness remains under interpretation. Within the EU narrative, this can be interpreted broadly, linking competitiveness to social resilience and human capital. Meanwhile, many civil society representatives and other actors express concern that this framing downplays the importance of social and health investments or is seen as a potential constraint on them.

**If competitiveness is to serve as a unifying rather than divisive principle, it will need to encompass the full range of factors that sustain Europe's vitality—trust, social equity, and health as much as innovation and security.** The Compass provides a valuable structure; the extent to which it can help deliver on all the EU's values and priorities across sectors will depend on how the concept of competitiveness is understood, interpreted, and applied.



# Part 2:

**Health and social aspects  
in the 2025 European  
Semester cycle**

The Competitiveness Compass has assumed a central role in shaping the 2025 European Semester — all the more so as no Annual Sustainable Growth Survey, which traditionally sets the strategic direction at the start of the process,<sup>15</sup> was published.

The Semester directly reflects the structure of the Compass (see part 1), intending to provide “a framework to boost competitiveness by closing the innovation gap, decarbonising our economy, reducing excessive dependencies and increasing security, including by building up defence capabilities. This should boost the EU’s growth potential across all Member

States and regions, while supporting the EU’s progress towards the implementation of the European Pillar of Social Rights and the UN’s Sustainable Development Goals (SDGs)”<sup>16</sup>

To understand how health, social, and equity dimensions are reflected within the European Semester Process, we conducted a desk review of two Semester core documents (see Figure 4) the Spring Package Communication<sup>17</sup> and the Joint Employment Report 2025. We also take a brief look at the Country-Specific Recommendations on health.

<b>Figure 4: Spring Package and JER</b>	
<b>Spring Package Communication</b>	<b>Joint Employment Report</b>
<p>The Spring Package Communication is the central document of the final stage of the Semester cycle, alongside country reports, Country-Specific Recommendations (CSRs), and other key outputs. It highlights the main developments of the cycle and outlines the overall outcomes and challenges for the year ahead, which EU Member States need to address.</p>	<p>The Joint Employment Report (JER) reviews employment and social developments across the EU. It monitors data and progress towards common employment and social objectives, reviews the implementation of the Employment Guidelines, and draws in particular on two tools: the Social Scoreboard and the Social Convergence Framework. It feeds directly into the European Semester, informing the Spring Package, the country reports and the Country-Specific Recommendations (CSRs), by identifying priority employment and social challenges and guiding policy coordination at EU and national level.</p>

### Health Priorities in the 2025 Semester

In the Spring Package Communication, health aspects are touched upon mainly under the topics of “Promoting skills and quality jobs while ensuring social fairness” and “A joint roadmap for decarbonisation, competitiveness and security” (Spring Package, p. 1).

“**Labour shortages** have slightly eased in the past year but remain above pre pandemic levels...persistent in construction, **health and long term care**, technology, engineering, ICT and transport, weighing on competitiveness and growth.” (p. 14). Moreover, “faced with increasing health and long term care demand,

**Member States also need to build resilient health and long term care systems, including by shifting towards a preventive and primary healthcare model.”** (p. 15). On resilience and security, the Spring Package Communication calls for reducing dependencies in “critical medicines, biotechnologies and health technologies” (pp. 10–11).

The **Joint Employment Report (JER) 2025** expands on these issues, articulating specific calls for action for Member States:

- “Invest in the capacity of the healthcare system, including as regards prevention and primary care services, as well as

public health capacity, coordination of care, healthcare staff and use of eHealth and AI; reduce out-of-pocket payments where relevant; improve healthcare coverage; and promote better working conditions as well as upskilling and reskilling of health workers.” (JER 2025, p. 18)

- “Provide all children at risk of poverty or social exclusion with free and effective access to healthcare [...] as well as effective access to healthy nutrition and adequate housing.” (p. 17)

Moreover, JER draws attention to ongoing access challenges with regard to unmet needs for medical care and labour shortages in the health sector. The JER also addresses health aspects in a few annexes and highlights the need to “ensure healthy, safe and well-adapted working environments” in key messages and throughout the report. While this aspect is not assessed in detail here, it is worth noting.

Although the European Semester identifies some health-related issues, its analysis remains largely confined to narrow health system performance indicators and fails to fully reflect the prominent burden of non-communicable diseases (NCDs), the drivers and distribution of behavioural and environmental risk factors, or the social determinants that shape health outcomes across the EU.

The 2025 State of Health in the EU synthesis report and country profiles show that NCDs remain the leading cause of preventable mortality and morbidity across Member States, that risk factors such as obesity and physical inactivity are increasing — especially among younger populations — and that primary care systems are under strain in responding to these trends. Yet these broader determinants of health, and inequalities in health outcomes, are rarely translated into EU-level Semester indicators or policy guidance, which remain predominantly focused on health service delivery, access and digital or pharmaceutical reforms.

## The Social Priorities in the 2025 Semester

In the **Spring Package Communication**,<sup>18</sup> social aspects are addressed mainly under Promoting skills and quality jobs while ensuring social fairness (Spring Package, p.1).

- It calls for “more effective active labour market policies and well-designed tax and benefit systems with the right incentives to work, in addition to upskilling and reskilling efforts” (p. 14).
- It stresses the need to support under-represented groups by “promoting access to high-quality and affordable **early childhood education** and care services, as well as social and long-term care, providing adequate adaptations for persons with disabilities, and improving working conditions” (p. 15).
- It recalls the headline target of the **European Pillar of Social Rights** to “reduce poverty or social exclusion by at least 15 million people by 2030, including **at least 5 million children**” (p. 15), and announces that the Commission “will put forward a new action plan on the implementation of the European Pillar of Social Rights, complemented by an EU Anti-Poverty Strategy” (p. 15).
- Moreover, in a dedicated box, it highlights that “**housing affordability** has become a growing concern across the EU, with rising costs affecting households’ disposable income and social inclusion” and that “limited housing supply and inadequate investment in social and affordable housing exacerbate inequalities, constrain labour mobility and weigh on competitiveness” (pp. 16–17).

The **Joint Employment Report (JER) 2025** echoes this view, in particular when reviewing the Employment Guidelines on equal opportunities, social inclusion, and poverty reduction. The key social issues highlighted that we identified are:

- **Social protection and inclusion:** The JER highlights that poverty and social exclusion remain pressing issues, with

the EU still far from its 2030 targets. It stresses the need for adequate and sustainable social protection, particularly for groups in non-standard employment, platform workers, and the self-employed. Gender equality is described as a persistent challenge, with gaps in pay, career progression, and participation in the labour market. Housing is also recognised as a rising concern, with affordability and supply shortages reducing disposable incomes and exacerbating inequalities.

- **Children and youth:** The report describes child poverty as broadly stable but still higher than for the overall population, with 24.8% of children at risk of poverty or social exclusion in 2023. In addition to health related issues mentioned above, challenges are outlined in children’s effective access to education, childcare and adequate housing.
- **Long-term care:** The report stresses the growing demand due to ageing, workforce shortages, and the high out-of-pocket costs that weigh on households. Support for informal carers is mentioned as an area requiring more attention.
- **Employment and labour markets:** The JER highlights that labour shortages remain persistent across key sectors such as construction, health and long-term care, technology, engineering, ICT, and transport. It notes ongoing pressure to improve working conditions, including occupational health and safety, while also pointing to the role of active labour market policies in supporting people through economic transitions. Fair wage developments are described as essential for sustaining social cohesion and productivity.
- **Skills and education:** Skills development is presented as a central driver of competitiveness and social resilience. The JER stresses the importance of upskilling and reskilling to enable green and digital transitions, while also underlining long-standing challenges such as weak basic skills and inequities in education systems. Teacher shortages and the

need to increase the attractiveness of the profession are also recognised as structural barriers.

### Country-Specific Recommendations in health

Table 1 provides a comprehensive overview of **2025 Country-Specific Recommendations in health**. Thirteen countries received health CSRs, more than double the number in 2024. Most large Member States, including France, Germany, Italy, Spain, and Poland, did not receive a health CSR.

Sustainability and fiscal management of healthcare systems remain the dominant themes. The recommendations can generally be grouped into three categories: addressing sustainability (calling for better control or reduction of spending), maintaining sustainability (noting that the situation is currently stable but requires attention when pursuing other priorities), and increasing funding (applied only to Lithuania). Lithuania stands out as the only country explicitly urged to increase healthcare funding, continuing a trend seen over several consecutive cycles. Health Promotion and disease prevention—often referred to as “preventive care”—is mentioned in two countries, Lithuania and Slovakia. While Lithuania has consistently received this CSR over the years, for Slovakia it appears for the first time. In both cases, prevention is linked to strengthening primary care.

The health workforce received notable attention in 2025, marking a new development compared to previous cycles. CSRs address issues such as staff shortages, uneven distribution, upskilling, working conditions, and retention. Access-related CSRs remain frequent, focusing on affordability (notably by reducing out-of-pocket payments) and improving the quality of health systems.

While we acknowledge that the Semester includes references to critical issues such as chronic diseases, mental health and health inequalities, these are fragmented and dispersed across different outputs.

Furthermore, in the CSRs these major health challenges are rarely addressed in a direct or explicit way, despite their recognised

importance. More consistent and clearer references to these challenges within the CSRs are therefore recommended.

<b>Table 1</b>	<b>Health Country Specific Recommendations (CSR) in the 2025 European Semester</b>
<b>Topic</b>	<b>CSR References</b>
<b>Health system sustainability and fiscal management</b>	<ul style="list-style-type: none"> <li>• <b>Austria:</b> Improve fiscal sustainability of the healthcare system by streamlining hospital infrastructure and improving cost-effectiveness.</li> <li>• <b>Estonia:</b> Ensure sustainable financing for healthcare to improve accessibility and affordability.</li> <li>• <b>Finland:</b> Ensure that the reform of social and healthcare services: i) improves the delivery and cost-effectiveness of and access to social and healthcare services, including long-term care, and ii) addresses inefficiencies.</li> <li>• <b>Ireland:</b> Make the healthcare system more cost-effective to address age-related spending</li> <li>• <b>Latvia:</b> Make public finances fit to cope with rising structural spending needs including for ... healthcare</li> <li>• <b>Lithuania: Provide adequate financing for healthcare.</b></li> <li>• <b>Portugal:</b> Ensure equal access to quality health and long-term care, while preserving the sustainability of the National Health Service</li> <li>• <b>Romania:</b> Reduce poverty and social exclusion ... focusing on integrated social, health, ... services... while maintaining fiscal sustainability.</li> <li>• <b>Slovakia:</b> Strengthen the resilience of the health system ... while ensuring the fiscal sustainability of the healthcare system</li> </ul>
<b>Primary care and prevention</b>	<ul style="list-style-type: none"> <li>• <b>Lithuania:</b> Strengthen access to primary and preventive care.</li> <li>• <b>Slovakia:</b> Improve primary care provision and expand preventive healthcare measures.</li> </ul>
<b>Health workforce</b>	<ul style="list-style-type: none"> <li>• <b>Bulgaria:</b> Tackle shortages and uneven distribution of health professionals.</li> <li>• <b>Croatia:</b> Promote balanced geographical distribution of health workers.</li> <li>• <b>Latvia:</b> Address... shortages... in the social and healthcare sectors... through targeted upskilling... and improved working conditions.</li> <li>• <b>Lithuania:</b> Increase the availability of health workers.</li> <li>• <b>Luxembourg:</b> Ensure appropriate availability of health workers.</li> <li>• <b>Slovakia:</b> Retain and attract skilled healthcare workers.</li> <li>• <b>Slovenia:</b> Improve working conditions in the healthcare sector.</li> </ul>
<b>Access to health services</b>	<ul style="list-style-type: none"> <li>• <b>Bulgaria:</b> "Improve access to health services, including by... reducing out-of-pocket payments."</li> <li>• <b>Estonia:</b> Ensure sustainable financing for... healthcare... to improve accessibility and affordability</li> <li>• <b>Finland:</b> Ensure that the reform of social and healthcare services: i) improves the delivery and cost-effectiveness of and access to social and healthcare services</li> <li>• <b>Latvia:</b> Strengthen the... accessibility of the health system to improve health outcomes</li> <li>• <b>Lithuania:</b> Strengthen access to primary and preventive care</li> <li>• <b>Portugal:</b> Ensure equal access to quality healthcare</li> <li>• <b>Romania:</b> Improve... access to... essential and enabling services, focusing on integrated... health... services</li> </ul>
<b>E-health</b>	<ul style="list-style-type: none"> <li>• <b>Croatia:</b> Promote... investments in e-health.</li> </ul>
<b>No health-related CSRs</b>	<ul style="list-style-type: none"> <li>• <b>Belgium, Germany, Poland and Sweden</b> no mention in the recitals</li> </ul>

## **In a nutshell**

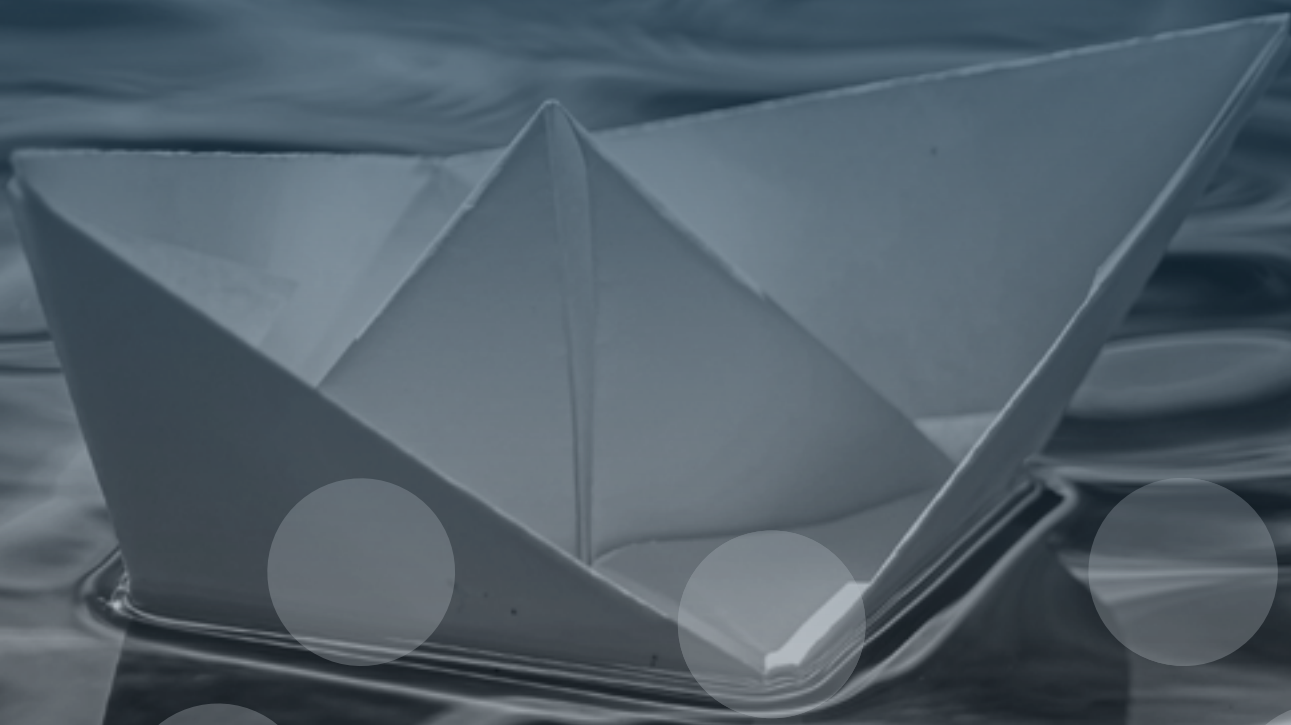
The Spring Package and the Joint Employment Report highlight several key social priorities, reflecting important social determinants of health: improving access to early childhood education and care, strengthening long-term care, supporting better working conditions, and tackling labour and skills shortages — especially in health and social care. They also draw attention to persistent poverty and the need to reinforce social protection systems, while noting growing housing affordability concerns. These elements reflect a continued focus on enabling labour market participation and ensuring that social fairness remains linked to Europe's competitiveness and resilience. Nonetheless, these aspects are mainly presented through an economic-growth-oriented lens rather than as standalone policy objectives.

This year's Country-Specific Recommendations (CSRs) contain an increase in references to health compared with the 2024 cycle. Issues such as workforce availability, access to affordable services, and system sustainability are receiving greater attention. References to social inequalities in health, the growing burden of chronic diseases and mental health issues are, however, not discussed explicitly / not included. Prevention, remains only marginally addressed. Despite the Spring Package highlighting preventative and primary care as important for resilience and efficiency, and as smart investments for fiscal sustainability, this is only translated into two CSRs, the others remain vague.

# **Part 3:**

**Governance**

**mechanisms within the  
European Semester**



The final part of this paper turns to two new mechanisms that have been introduced in the process to improve alignment across EU and EU Member State policies, to achieve common policy priorities. These new mechanisms are the new economic governance framework (NEGF) and the Social Convergence Framework (SCF) — which are now central to how the European Semester operates.

We asked stakeholders how these new mechanisms are understood in practice, and how they may shape the space for health and social investment. We wanted to explore whether the NEGF provides more predictability or instead constrains public spending, and whether the SCF can strengthen the social dimension of the Semester or risks remaining a technical exercise.

**Figure 5: The New Economic Governance Framework (NEGF)**



Source: [https://economy-finance.ec.europa.eu/economic-governance-framework/what-economic-governance-framework/evolution-eu-economic-governance/new-economic-governance-framework\\_en](https://economy-finance.ec.europa.eu/economic-governance-framework/what-economic-governance-framework/evolution-eu-economic-governance/new-economic-governance-framework_en)

## The New Economic Governance Framework

Since its inception, one of the European Semester’s core functions has been to monitor how Member States manage their public finances and to steer them towards sound fiscal discipline. In April 2024, this function has been exercised through the **new economic governance framework**<sup>19</sup> (NEGF- Figure 5), a process designed to provide clearer guidance and greater flexibility in applying the fiscal rules set out in the EU Treaties. For those working in health and social policy, this reform is highly relevant, as it directly influences the fiscal space available for health systems, social protection, and other public investments that support wellbeing.

The NEGF regulation was designed to be “more tailored to each country’s realities rather than applying a one-size-fits-all approach”,<sup>20</sup> thereby creating greater flexibility.

A particularly relevant change concerns how reforms and investments are planned over multiple years through the new national **medium-term fiscal-structural plans**. Features such as the multiannual approach and the tracking of expenditures through a single indicator (the “net expenditure path”) represent significant innovations designed to make the NEGF more flexible compared to the previous process (for a more detailed explanation see annex 2).<sup>21</sup> They are also designed to achieve a more streamlined and transparent process<sup>22</sup> although not exempt from critics.<sup>23</sup> The NEGF is relevant to investments in health promotion and disease prevention, as health outcomes often emerge over multiple years and in the long term.

In Figure 6, we present a case study from Finland highlighting some practical challenges related to the NEGF and the regulation on the net expenditure path.

In terms of scope, the regulation foresees that the national medium-term fiscal-structural plans must not only provide sound and transparent evidence on how fiscal aspects will be addressed, but also **explain how**

## Member States will contribute to Country-Specific Recommendations and to the Union's main challenges:

1. A fair green and digital transition, including climate objectives;
2. Social and economic resilience, including the European Pillar of Social Rights;
3. Energy security; and
4. Where necessary, the build-up of defence capabilities.

Investments in these areas can also help justify extending the national Plan by up to three years (to a maximum of seven).

### Figure 6: Technical Spotlight on fiscal guidance in Finland

Otto Kyyrönen, Chief Economist at SOSTE, provided a detailed perspective on the potential impact of the NEGF in Finland.<sup>24</sup> He noted that the European Commission's recommendation for reducing the budget deficit and slowing down the growth of public debt (fiscal consolidation) corresponded to a 0.76 % of GDP annual adjustment between 2025 and 2031 – roughly **€15 billion** over the period. Following negotiations, the government set a lower target of approximately 0.43 % of GDP per year, equivalent to about **€9 billion**.

According to SOSTE's analysis, most of the measures identified to meet this target involve reductions in social security benefits and tightening access to health and social services. These measures are estimated to increase the number of people at risk of poverty by around **100,000**, effectively reversing Finland's EU commitment to lift the same number out of poverty by 2030.

Kyyrönen also highlighted the pressure placed on Finland's regional wellbeing services counties, which are responsible for health, social, and emergency services. They are tasked with eliminating deficits while implementing further cuts, which could lead to closures of local health centres, increased user fees, and reduced access to specialised care.

A further technical observation concerned the European Commission's Debt Sustainability Analysis (DSA) model, where SOSTE argued that some key assumptions – such as the fiscal multiplier – may underestimate the negative impact of fiscal consolidation on growth, potentially leading to overly strict recommendations.

Overall, this example from Finland stresses the need for a European economic framework that recognises health and social investment as productive spending. Without such recognition, consolidation risks could undermine social objectives despite the NEGF's greater flexibility.

## Stakeholder insights:

The new economic governance Framework introduces greater predictability through a strengthened medium-term planning approach by Member States, supporting a more balanced relationship between fiscal responsibility and investment. Several principles, now formalised within the framework, had already been applied in practice in recent years, which helps explain why health and social policies are not expected to undergo abrupt changes in how they are addressed. The overall policy orientation, therefore, remains broadly consistent. The clearer rules and longer planning horizons may, however, enable more strategic resource allocation and improved investment planning in health and social policy areas. A review of early national medium-term fiscal plans suggests that some countries already include reforms affecting health systems, indicating that the framework can accommodate investments supporting health promotion and disease prevention, system resilience and longer-term priorities, provided these are embedded within credible fiscal trajectories.

From the stakeholder's insights, the **European Social Platform (ESP)** noted that the option for longer adjustment paths when reforms support social rights or the green transition

is a positive feature. At this stage, however, it is not clear to what extent this option will be used for social and health sectors, as there are no obligations for Member States to do so. They observed that once the temporary Recovery and Resilience Facility (RRF) support comes to an end, Member States may face renewed fiscal pressure, which could limit resources for social programmes unless these are clearly prioritised. ESP also commented on the **flexibility granted for defence spending under the escape clause (see Figure 7)**. This shows that exceptions can be made but does not necessarily mean that similar treatment will be extended to health and social areas. At present, these sectors do not appear to be politically prioritised to the same extent. Finally, the ESP underlined the importance of presenting expenditure on **health, education, and social inclusion as strategic investments** that contribute to competitiveness and long-term resilience, supporting their relevance within fiscal planning.

The **European Social Observatory** added that there is a continuing challenge in reconciling the ambition to invest and reform health systems with the need to consolidate public finances, noting that health spending still risks being regarded mainly as a cost rather than an investment in future productivity and equity.

### Figure 7: The Escape Clause

The escape clause allows the EU to temporarily relax fiscal rules in exceptional circumstances. It includes a general clause, applied EU wide during severe economic downturns, and a national clause, used by individual countries facing extraordinary shocks.

In 2025, political decisions about EU priorities were in favour of higher defence spending. The Commission therefore advised Member States to use the escape clause in a coordinated way.<sup>25</sup> The Council approved this approach for sixteen countries: Belgium, Bulgaria, Czechia, Denmark, Germany, Estonia, Greece, Croatia, Latvia, Lithuania, Hungary, Poland, Portugal, Slovenia, Slovakia, and Finland.<sup>26</sup>

## In a nutshell

Stakeholders acknowledged that the new EU economic governance framework (NEGF) offers clearer rules and more predictable planning, which could support reforms and investments linked to resilience, including in health and social policy. While its objective is to balance fiscal responsibility with longer-term policy priorities, civil society emphasised the importance of ensuring this flexibility is actively used to protect and strengthen social and health investments, particularly as competing pressures — such as defence spending — shape budget choices.

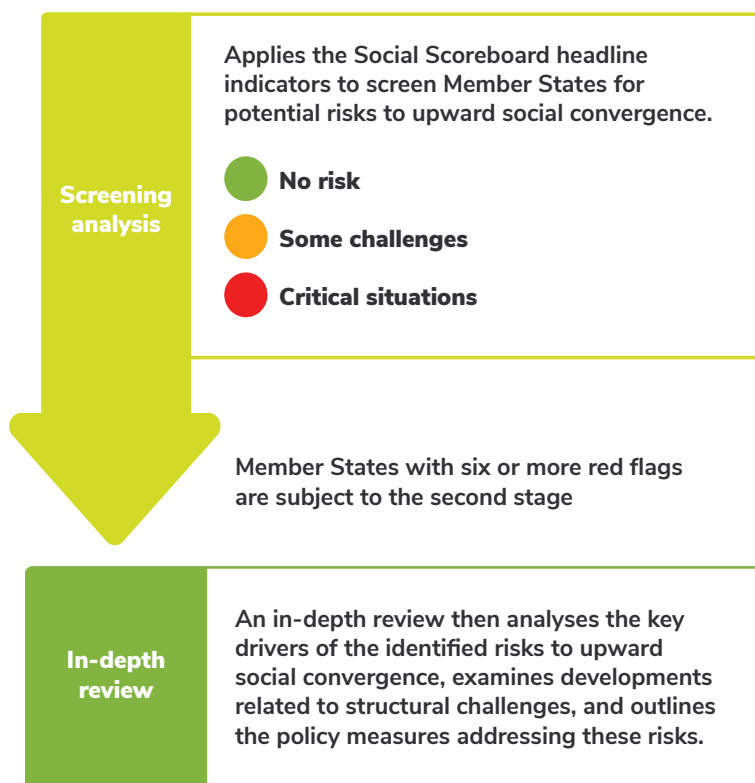
### The Social Convergence Framework

**How it works.** The Social Convergence Framework (SCF) was established by the 2022 revision of the European Semester “to monitor progress towards upward social convergence” and “identify at an early stage potential employment and social challenges which could hamper upward convergence.” After its pilot phase in 2022–2023, the SCF became a standing feature of the Semester in 2024 and is fully implemented in the 2025 cycle.

The SCF is organised as a two stage process: first stage screening analysis per Member State presented in the Joint Employment Report and second stage In depth review per member state of country at risk of social convergence presented in a dedicated Staff Working Document<sup>27</sup> (see figure 8).

The SCF provides the analytical basis for targeted recommendations, technical support, and prioritisation of EU funds such as ESF+ and RRF investments.

Figure 8: Social Convergence framework



Source: Social Convergence Framework, European Commission, 2025, [https://employment-social-affairs.ec.europa.eu/news/commission-analysis-social-convergence-10-eu-countries-2025-04-11\\_en](https://employment-social-affairs.ec.europa.eu/news/commission-analysis-social-convergence-10-eu-countries-2025-04-11_en)

## Stakeholder Insights:

Within the current EU policy narrative, the Social Convergence Framework (SCF) is increasingly positioned as a key analytical tool for strengthening the social and health dimension of the European Semester. It provides a more systematic and structured approach to monitoring developments related to employment, skills, health, and poverty, thereby supporting more evidence-informed policy dialogue with Member States.

At present, SCF findings contribute to the analytical basis of the Semester process but do not automatically translate into Country-Specific Recommendations (CSRs). As defining CSRs reflects a joint approach that emphasises Member State ownership and proportionality in the use of social indicators. As the framework continues to evolve, its influence is expected to grow, particularly as its methodology is further refined and its results become more consistently embedded in Semester analysis and discussions.

From a stakeholder's perspective, **MEP Maravillas Abadía Jover** stressed that the Social Convergence Framework could become a strong driver for the European Pillar of Social Rights by ensuring that social cohesion and wellbeing remain central in the European Semester. She highlighted priorities such as universal access to healthcare — including mental health — fair wages, decent working conditions, lifelong learning, and support for a just green and digital transition. She also called for more effective use of EU instruments, including the Recovery and Resilience Facility and ESF+, to translate SCF findings into action. To strengthen its impact, she emphasised **the need to improve the Social Scoreboard (figure 9)— particularly by including indicators on mental health**

**and job quality — so that progress can be adequately monitored and used to guide policy responses.**

The **European Social Platform (ESP)**, while generally supportive of the SCF concept, has noted areas where the framework could be strengthened. It welcomed the SCF as a positive step towards improved social monitoring and upward convergence but observed that its potential has not yet been fully realised. The ESP highlights the need for a stronger connection between SCF findings and policy action, noting that Member States preferred not to establish a direct link between SCF results and Country-Specific Recommendations (CSRs). This, according to ESP, limits the framework's influence at this stage.

The ESP also points out that the **current indicators and methodology could be further developed**. The first stage of the SCF relies mainly on the headline Social Scoreboard, which lacks disaggregated data. Additional indicators and national targets are included only in the second stage, which currently includes a smaller number of countries. As a result, the ESP suggests that **some social vulnerabilities may remain insufficiently captured, underscoring the value of continuing to refine the SCF's analytical tools**.

More specifically on the indicators, the **European Social Observatory**, noted that those currently used in the Social Scoreboard have significant limitations, notably in capturing access to healthcare. In particular, the reliance on self-reported unmet medical needs provides only a partial and potentially misleading picture, as it is influenced by individual expectations, awareness of entitlements, and cultural factors. This

### Figure 9: The Social Scoreboard

The Social Scoreboard is a monitoring tool accompanying the European Pillar of Social Rights. It includes 14 primary indicators and 31 secondary indicators that cover different aspects, to measure EU Member States' progress towards principles in the European Pillar of Social Rights.

approach risks underestimating access barriers faced by disadvantaged groups, who may normalise unmet needs or refrain from seeking care altogether. Moreover, it does not capture the financial hardship caused by out-of-pocket payments. More comprehensive measurement frameworks, combining affordability, availability, accessibility, and acceptability of services, would allow for a more accurate assessment of access to healthcare and its contribution to upward social convergence.<sup>28</sup>

This aligns with EuroHealthNet’s analysis of the Social Scoreboard.<sup>29</sup> Most data in the Social Scoreboard is not disaggregated by social group. Differentiated outcomes are only available for a few indicators, such as the employment gender gap, severe housing deprivation by tenure, and healthy life years at 65 by sex. For most indicators, disaggregation is limited by national data availability, sample size, or harmonisation issues. This prevents a nuanced understanding of socio-economic differences and weakens efforts to reduce social and health inequalities. Reliance on national averages can mask vulnerable groups, even in countries that appear to perform well, including those not flagged as at risk under the SCF.

From a national perspective, **SOSTE** observed that wellbeing and social indicators introduced via the Social Scoreboard and SCF “remain secondary signals” in practice. From Finland’s vantage point, EU guidance is still one-dimensional: fiscal and competitiveness concerns are binding, while social and wellbeing objectives are only advisory. This hierarchy means that even when the SCF flags a serious social problem, it may not change the government’s course if budget rules dominate the agenda.

**Dr Eleanor Brooks** shared the assessment of the limitations of the current SCF but also recognised the potential for its gradual evolution. She noted that, although the SCF currently seems rather disconnected from the European Semester and constrained by the use of limited indicators, this pattern is not unusual for such initiatives. Over time, as shortcomings in the indicators become apparent, they are likely to be refined and expanded, improving the framework’s analytical quality. Once tools like the SCF are established, their eventual influence often depends less on their original design and more on how proactively individuals and institutions within the Commission or Member States use them. In her view, countries such as Belgium and Spain—early proponents of the framework—might play a key role in ensuring its future uptake and institutionalisation.

### **In a nutshell**

The EC presents the Social Convergence Framework (SCF) as a helpful tool for bringing more social evidence into the European Semester discussions and expects its role to increase as the framework evolves. Civil society and experts agree it has potential but note that its practical influence is still limited, as follow-up is not automatic and social priorities can remain secondary when fiscal pressures dominate. Ensuring that SCF findings translate into concrete guidance and action will be key to its future impact.

# Discussions and Conclusions



For ten years in a row, EuroHealthNet has closely monitored health and social equity developments within the European Semester, consistently calling for stronger alignment between the Semester's economic governance and the EU's social priorities in our annual analyses. In addition to identifying remaining gaps and calling for more ambitious policies, we have nevertheless observed a gradual and consistent increase in attention to health and social issues over the years.

The introduction of the European Pillar of Social Rights in 2017 marked a significant step forward, establishing a stronger foundation for integrating social priorities into the European Semester. This direction was further reinforced during the first mandate of the von der Leyen Commission (2019-2024), where the Semester increasingly aligned its objectives with broader social and environmental goals, reflecting a more coherent approach to strengthening wellbeing—not just the economy.

This alignment became more evident, especially as the overarching narrative of the European Semester evolved around the vision of an **economy that works for people** and for the planet. However, long-standing advocates for social and health equity are concerned that this progress towards wellbeing-oriented policies will not be sustained and further advanced during the second mandate of the von der Leyen Commission (2024-2029).

The 2025 European Semester opens a new institutional cycle with the **Competitiveness Compass** placed firmly at its centre. It promises to restore economic dynamism through innovation, decarbonisation, and security, underpinned by skills, simpler rules, deeper single-market integration, and better financing. Yet competitiveness is not only a function of technology and capital—it **rests on people's health, cohesion, and trust**.

[EuroHealthNet's recent Social Inequalities in Health report](#) confirms that overall levels of health are stagnating and even declining in some EU Member States while health inequalities remain persistent or are widening in many countries. This reinforces the urgency of embedding social equity firmly within

Semester priorities and implementation. **If the EU's economic engine is to run smoothly, its social and health systems must provide the traction.**

In these analyses of the 2025 cycle of the European Semester, we focused on competitiveness and its influence on health and social issues within the process, drawing on insights from key stakeholders and analysis of core Semester documents, as well as the impact of new governance frameworks on national reforms.

**Within the prevailing EU policy narrative**, skills development, social resilience, and strong health systems are increasingly recognised as key foundations of competitiveness. This narrative places particular emphasis on workforce capacity, skills development, and social inclusion, alongside a focus on the efficient and effective use of public resources, especially in Member States where long-term fiscal sustainability may be under pressure due to health expenditure.

At the same time, perspectives outside EU institutions point to a perceived imbalance in how this narrative is applied in practice. Social and health priorities are often framed primarily as instrumental to economic objectives—valued for their contribution to productivity growth or labour market participation. Much evidence on health and social issues is not covered such as data on mental health, chronic diseases, social inequalities etc. Civil society actors have expressed concerns that **ongoing simplification and reprioritisation efforts could weaken health and social protections**, and that resources may gradually shift away from cohesion-oriented objectives towards industrial and competitiveness-driven goals.

The desk review of the **Spring package Communication, Joint Employment Report** and Country-Specific Recommendations (CSRs) in health demonstrates why health and social policy matters. Unmet medical needs remain unequally distributed. Out-of-pocket burdens can be prohibitive, especially in long-term care. Poverty, and especially child poverty is persevering. Healthy life

years barely shift. Health and care workforce shortages constrain both service access and labour-market participation. Regional gaps in infrastructure and capacity persist.

**Prevention** is increasingly recognised, signalling growing awareness of its importance for resilient and inclusive health systems. To translate this commitment into measurable progress, structural interventions and dedicated, long-term funding are needed and could be secured. After all, the coordinated use of the escape clause for defence spending shows that flexibility can be applied when priorities are clearly recognised.

The **New Economic Governance Framework** offers a route to reconcile fiscal discipline with social investment. Multi-year national plans can bring predictability and protect productive spending—if Member States choose to use the flexibility to strengthen prevention, primary care, mental health, and long-term care. Likewise, the **Social Convergence Framework** can evolve from an early-warning system into a driver of policy if its findings reliably inform Country-Specific Recommendations, technical support, and EU funding priorities. Equity-ready indicators—disaggregated, timely, and closer to access and quality—would make that link more compelling and harder to ignore.

The European Semester can be the place where the balance between economic, health and social considerations is struck. It already brings together fiscal guidance, structural reform, and EU instruments. The task for this 2024-2029 EU institutional mandate is to ensure that competitiveness and cohesion reinforce each other: policies that raise growth should narrow gaps, and measures that advance equity should lift Europe's productive potential.

**That is the path to a resilient and competitive European Union—where the benefits of transformation are broadly shared, and where people's wellbeing is recognised not just as an outcome, but as a precondition for Europe's long-term success.**

# Recommendations



This paper provides an overview of the European Semester process and its relevance to health and social objectives. Its intended audience are national and regional health and social authorities across the EU, as well as officials and experts working with EU Institutions. Our purpose is two-fold (1) to inform, encourage and mobilise health and social policy actors to engage in this process and (2) to realise a shift in EU governance frameworks towards more health and social objective. The European Semester, as an implementation tool of a competitiveness agenda, should:



**Treat social and health spending that expands people's capabilities as an investment, not a cost** — recognising that less people with chronic diseases, fewer avoidable hospitalisations, better access to mental health services, and strong primary care are productivity-enhancing policies.



**Ensure that social inequality data is visible and actionable** — by measuring who misses out, where, and why, and by ensuring systematic follow-up from diagnosis to Country-Specific Recommendations, financing, and reform support.



**Protect standards that safeguard public health and social inclusion**, ensuring that regulatory simplification does not weaken the rules and keep people's wellbeing and quality of life.



**Address poverty and social exclusion decisively**, placing particular emphasis on ending child poverty and strengthening income and social protection measures to ensure no one is left behind.



**Turn the growing recognition of prevention into concrete action**, through structural measures and dedicated, long-term funding to build more resilient and inclusive health systems.



**Use the new economic governance framework to balance fiscal discipline with social investment**, leveraging multi-year planning and the single net-expenditure path to protect productive spending in health promotion and disease prevention, primary care, mental health, and long-term care.



**Strengthen the Social Convergence Framework (SCF)** so it evolves from an early-warning tool into a driver of policy, with equity-ready indicators that are disaggregated, timely, and focused on access and quality — ensuring its findings effectively inform Country-Specific Recommendations, technical support, and EU funding priorities.



# **Annexes and References**

## Annex 1 – Glossary

### Annual Sustainable Growth Strategy/ Survey (ASGS):

The ASGS sets out EU-level economic, employment and social policy priorities for the European Semester. Since 2024 it is no longer published as a stand-alone document and has been partly replaced by other strategic documents, such as the Competitiveness Compass.

Autumn Package: The Autumn Package launches the European Semester cycle and sets out EU-level economic, fiscal, employment and social priorities. It is normally published in November.

Country Reports: Country Reports provide an in-depth analysis of economic, employment and social developments in each Member State. They are normally published in June–July, together with the Country-Specific Recommendations.

Country-Specific Recommendations (CSRs): CSRs are policy recommendations addressed to each Member State based on the European Semester analysis. They are normally proposed and adopted in June–July as part of the Spring Package.

Employment Guidelines: The Employment Guidelines set common EU priorities for national employment and social policies and are monitored through the European Semester.

European Pillar of Social Rights (EPSR): The European Pillar of Social Rights is a framework of 20 principles supporting fair working conditions, social protection and social inclusion across the EU.

**Fiscal consolidation:** Fiscal consolidation refers to the process of reducing government deficits and public debt through fiscal policy measures.

Joint Employment Report (JER): The Joint Employment Report reviews employment and social developments in the EU and monitors the implementation of the Employment Guidelines. It is published in draft form as part of the Autumn Package and adopted later in the Semester cycle.

Net Expenditure Path: The net expenditure path is a country-specific indicator setting a multi-year limit for the growth of public net expenditure under the EU economic governance framework.

New Economic Governance Framework: The new economic governance framework sets the rules for fiscal and economic policy coordination in the EU, including medium-term fiscal-structural plans and net expenditure paths.

Social Convergence Framework (SCF): The Social Convergence Framework is used to assess risks to upward social convergence across Member States, mainly based on Social Scoreboard indicators.

Social Scoreboard: The Social Scoreboard is a set of headline indicators used to monitor social and employment performance and progress towards the European Pillar of Social Rights.

Spring Package: The Spring Package brings together country analysis and policy proposals, including Country Reports and CSRs. It is normally published in June–July.

Sustainable Development Goals (SDGs): The Sustainable Development Goals are the 17 United Nations goals for sustainable development covering social, economic and environmental objectives.

## Annex 2 – How does the new economic governance (NEGF) framework work?

The NEGF is linked to the **Stability and Growth Pact**,<sup>30</sup> which sets limits on national deficits and debt in the EU Treaties. According to these rules, Member States must keep their budget deficits below 3% of GDP and public debt under 60% of GDP. The purpose of the NEGF is to ensure that Member States reduce debt and deficits along a sustainable downward trajectory and keep them within these thresholds.

In practice, the system works through a structured cycle (figure 3). Between 2024 and 2025 all Member States were required to prepare a **medium-term fiscal-structural plan**.<sup>ii</sup> These plans cover four to five years, or up to seven years if extended, and commit governments to a multi year net expenditure path alongside detailing planned reforms and investments. The **net expenditure path**<sup>31</sup> is a “single operational indicator anchored in debt sustainability” and sets the ceiling for how fast nationally financed spending can grow. Once endorsed by the European Council, this path is binding for the duration of the plan, though it can be revised if a new national government takes office.

Monitoring takes place through **Annual Progress Reports**,<sup>32</sup> yearly documents in which Member States explain how they are implementing their medium term plans and demonstrate whether spending remains in line with the agreed path. These reports must be submitted by 30 April each year. To track compliance, the Commission sets up a control account to keep track of deviations from the agreed path. Each autumn (by mid October), governments must also submit **draft budgetary plans**,<sup>33</sup> which are assessed against the net expenditure path. A “significant deviation from the net expenditure path” can trigger corrective steps under the **Excessive Deficit Procedure**.<sup>34</sup>

It is important to note that the European Commission provides guidance throughout the process, assessing each plan and issuing a **reference trajectory** for public expenditure where relevant. This applies in particular to countries with debt above 60% of GDP or deficits above 3%, which receive more detailed guidance on how fast their spending can grow in order to keep debt on a sustainable downward path.

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