



The European Semester 2019 from a health equity perspective



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Structure

This report has been written to support the work of national and European stakeholders on the European Semester. The highlights of our analysis can be found at the beginning of the document. The document is divided in 2 main parts. First, we provide an overview of the European Semester outcomes from a health equity perspective. Second, we assess 4 selected countries from different EU regions with comments from our members.

Our headline recommendations

Why change is needed: time for a new narrative and strategic shift towards social sustainability and wellbeing

- We recommend the EU Institutions develop the EU economic narrative sustainably towards 2030 by putting in place an **update of the “Stability, Coordination and Governance in the Economic and Monetary Union¹ Treaty”** which underpin the European Semester. The narrative should be cohesive and coherent, recognising the interconnected nature of fiscal and social progress.
- We support the stated intentions of the EC to (i) underpin the achievement of the **Sustainable Development Goals** (SDGs) by refocusing the European Semester and (ii) establish an Action Plan for the implementation of the **European Pillar of Social Rights** (EPSR) across all domains. A shift of narrative and approach with a reformed European Semester can make major contributions. To reap the most benefits, the approach must be **process-focused and holistic**. It should involve **all stakeholders** in co-creation and collaboration leading towards shared ownership and responsibilities. It should not be top-down or mechanical.
- The intentions and actions should be framed in the modern context of **Social Sustainability and Economies of Wellbeing**. At the expiration of the Europe 2020 Strategy, the next strategic period should develop the concept of a world class beyond-GDP approach and proposals for the EU Economy of Wellbeing.
- By including such perspective horizontally into the European Semester, system thinking and synergies between key sectors can be reinforced. Social and health systems should be seen as an investment, and not as a cost, they are **economic stabilisers** to protect resilience of people and states and not to be dismantled in period of crisis.
- The **Social Scoreboard** is valuable but can be strengthened with smarter indicators in line with the new narrative, particularly in relation to health equity for which new evidence and metrics are available.

What change is needed: health and health equity in the European Semester cycle

- Despite greater attention through growing numbers of **health-related CSRs** over the past years, health systems remain over-focused on medical and curative care. This is regardless of evidence of greater social and economic benefits in terms of improved health outcomes and efficiency from prioritising **disease prevention and health promotion** as part of sustainable transitions. This needs to be systematically rebalanced; **digital transformation** can support this shift as part of wider systems approach.
- The analysis of health, care and social systems (which are closely connected) needs to better reflect all the principles set out in the EPSR. This means that the “efficiency” narrative should be adjusted to better reflect **Principle 16 of the EPSR “Everyone has the right to timely access to affordable, preventive and curative health care of good quality.”** The SDGs are also relevant and should be better integrated into the Semester’s updated narrative as well.

- Health equity should be better mainstreamed throughout the Semester, including through systematic use of **health equity impact assessments and improved health equity metrics**, linked with the newly introduced investment prioritisation and funding analysis.
- More coherence between the **State of Health (SoH) in the EU** contents, the EU Steering Group on Promotion and Prevention and the European Semester is essential. In particular, the SoH findings on health inequalities should better inform the Semester in its analysis and recommendations.
- The Country Specific Recommendations and support services should improve guidance on effective investments to build capacities, including for professionals within and beyond public health systems such as on **actions throughout the life course, on gender equality and on key drivers of social and wider determinants of health; and for equitable health literacy, including for use and co-creation of digital innovations**.

How change can happen: a stronger focus on investment needs and links with EU instruments

- EuroHealthNet welcomes that investments in health and social measures have been potentially strengthened in programmes across the next EU long-term budget, with more direct links to the Semester's content. However, prioritisation for subsequent allocations remains unclear regarding health promotion and the **determinants of health equity, sustainability and wellbeing**. That should be clarified from 2020.
- To establish an EU Economy of Wellbeing and social sustainability, better communication of health and social benefits for other sectors is needed, particularly to establish multiple gains, including economic gain through returns on investments. **Cross-sectoral cooperation** can be much better fostered, enabled and supported to ensure meaningful health outcomes as well as to produce added value in and multiplier effect for other sectors. **All the SDGs are relevant for health and better health can help to achieve them all**.
- The **connected Semester and EU budget cycle** (annually and long-term) should ensure concrete and ambitious provisions for specific investments in health equity as well as health promotion and disease prevention measures. It should also seek synergies throughout all programmes and financial instruments in the next MFF cycle. Indeed, a balanced approach to investment priorities under direct and shared management of EU programmes is key to ensure that principles of inclusiveness and equity will be better addressed in the post-2020 implementation period.
- We strongly recommend **investments in tools for capacity building** including technical expertise, especially for the use of structural reforms which often take time and considerable care to implement effectively. This can be achieved through cooperation with the new DG for Structural Reform Support. We particularly commend the recently published [EuroHealthNet Guide: Financing Health Promoting Services](#) for up-to-date information and concrete examples on how this may be best achieved. The guide is relevant to health and care systems as well as other related sectors.
- We encourage health actors, subnational bodies, implementing authorities and civil society to be intrinsically **involved in the European Semester** to ensure investment needs related to health, health equity, wellbeing and sustainability will be addressed and decisions taken will be evidence-based.

Part 1 – Overview: European Semester 2019 cycle

Time for a new narrative

As EuroHealthNet noted in our **Statement on the 2019 Winter Package**², the 2019 cycle of the European Semester³ shows two diverging narratives of the situation regarding economic and social progress, and needs in the European Union (EU). This is incoherent and not sustainable.

On one hand it shows **positive macroeconomic trends**, the European economy is expanding for the seventh consecutive year and is set to continue expanding in 2020, with all Member States' economies growing despite less favourable conditions and global uncertainties. The number of people in employment is at a record high and unemployment at a record low – although this may mask the quality and sustainability of some work.

However – and *crucially for health equity, wellbeing, and sustainability* – at the same time, there are still **significant differences between countries, regions and population groups in who benefits from the growing economies**.⁴ The levels of **disparities and inequalities across Member States and between social groups**⁵ have negative impacts on the social determinants of health (living and working conditions, unequal access to social and health services) and leads to increasing health inequalities.

Some EU regions report high rates of youth unemployment. **In-work poverty** is particularly high and rising, especially for self-employed people, temporary and part-time workers as well as for workers born outside the EU. People in vulnerable groups face persistently higher risks of poverty and social exclusion.⁶

Long standing EuroHealthNet studies such as DRIVERS⁷ have consistently shown that while work substantially benefits health and wellbeing, it is the **quality of work that matters fundamentally**. To be sustainable, the benefits from economic growth need to be shared equitably across social gradients. Healthy workers improve productivity and contribute more to societal gains. **Therefore, the risks shown in the latest Semester statistics need to be addressed before any sustainable successes can be declared.**

The introduction of the universal UN Sustainable Development Goals, the European Pillar of Social Rights and its EU Social Scoreboard are **potential game changers** for such progress. It is time to ensure they are fundamentally embedded throughout the Semester process to establish a new measurable framework for common and universal goals, objectives and targets towards 2030. This would have useful connections with EU principles and values that will underpin democratic processes such as the next European Parliamentary elections and other EU Institutional changes due in 2024 and 2029.



THE EUROPEAN SEMESTER AND EUROPEAN PILLAR OF SOCIAL RIGHTS IN A NUTSHELL

The **European Semester** is a cycle of economic and social policy coordination within the EU. The process starts in November of each year with an assessment of the economic and social context of every Member State and concludes by July with the adoption by the Council of the EU of a set of country specific recommendations. This cycle can influence reforms and legislation at the national level in fields, such as, public expenditure, employment, education, social and healthcare.

However, the social dimension became an integral part of the European Semester cycle only after the adoption of the **European Pillar of Social Rights** in 2017, a (non-binding) commitment within Member States to address social challenges in their national systems. The Pillar consists of 20 principles, structured around three categories:

- equal opportunities and access to the labour market;
- fair working conditions;
- social protection and inclusion.

The progress in these issues is monitored through a set of indicators within a “Social Scoreboard”.

Most Member States face challenges on at least one headline indicator of the Social Scoreboardⁱ (Annex 2), with the exception of Germany, Finland, France, the Netherlands and Sweden; 13 Member States are still flagged as being in a “critical situation”.⁸

The Europe 2020 Strategy target of “lifting 20 million people out of poverty or social exclusion” compared to the year 2008 will not be met - only 8.2 million people were reportedly helped out of poverty by 2018, with 109 million people or 21.7% total population still in or at risk.⁹ With a gap of about 12 million people, the 2020 target remains at a distance.¹⁰ Homelessness has drastically increased since 2010 in many countries.¹¹

These discrepancies between social and economic outcomes in the EU reflect a clear **imbalance between “market” and “social” progress reported on** through the Semester processes.

The Semester was adopted alongside fiscal and budgetary instrumentsⁱⁱ as a mechanism to reinforce the previous tool for macroeconomic coordination, largely in order to address the global economic and financial crisis of 2007. In the same period, the Europe 2020 Strategy was introduced, aimed at fostering **smart, sustainable and inclusive growth**, to be monitored within the Semester.¹²

Today, however, circumstances globally have changed and the EU has moved on. There are new threats, risks, challenges, needs – and opportunities. **For the period 2020 to 2030 it is time for a new narrative.**

While social protection policies and public investments in social services have been slowly included in the Semester’s considerations, the social dimension has too often been treated as expendable in favour of fiscal consolidation and growth.¹³

ⁱ The Social Scoreboard is a set of 35 indicators to monitor 12 areas of principles associated with the European Pillar of Social Rights and provides an interactive tool to compare countries and time periods. <https://ec.europa.eu/eurostat/web/european-pillar-of-social-rights/indicators/social-scoreboard-indicators>

ⁱⁱ The so-called “Six-Pack” (2011), “Two-Pack”(2011) and “Fiscal Compact” (2012-2013).

In the Semester, traditionally, the economic and social dimension are perceived as two conflicting areas. Social protection is usually considered a cost or a financial loss, and not an investment or an asset into building up resilient people and cohesive and secure states. Instead of encouraging the reshape of the social protection system to function as an economic stabiliser¹⁴, the EU adopted and promoted policies aimed at the containment of deficit and debt. These actions led many **Member States to dismantle or significantly weaken mechanisms and resources aimed at reducing inequalities** and fostering equitable growth.¹⁵

The (WHO) European Observatory on Health Systems and Policies has shown that between 2007 and 2012 public spending on health fell or slowed in many countries with *“evidence of increases in unmet need for health care, in the incidence of catastrophic out-of-pocket spending and in mental health disorders”*. Ultimately, the impact of such containment policies would *“undermine fundamental societal goals, increase hardship among already vulnerable groups of people, weaken health system performance and add to fiscal pressure in the future”*¹⁶.

In 2017 the European Pillar of Social Rights (EPSR) was adopted to help improve the EU social approach.¹⁷

The European Commission (EC) has put forward initiatives to support this process, including integration with the European Semester. Despite its non-legally binding nature, the EPSR has started to lead to better integration of the social issuesⁱⁱⁱ in the EU and national debate. Notably, regional and local (city) policies and implementation efforts are reported to be supported by the EPSR and its principles. The new EC has already indicated an Action Plan for the implementation of the EPSR.

In 2019 nearly half of the Country Specific Recommendations (CSRs)^{iv} are related to social issues. However, the prioritisation of macroeconomic and social goals remains unbalanced. This is explicitly stated in the recital 19 of the Pillar *“[...] the establishment of the European Pillar of Social Rights [...] must not significantly affect the financial equilibrium thereof”*¹⁸.

The missed Europe 2020 strategic target on poverty or social exclusion and the other challenging issues described above show an intrinsic problem in the implementation of the EPSR, which essentially depends on well-designed and executed coordination between social, fiscal and economic policies.

This is a crucial moment to address this fundamental flaw. 2019 sees the start of new mandates for the European Commission (EC) and European Parliament (EP) with new leaderships, priorities and structures.

This is an opportunity to recognise that internal market, budgetary balance, social justice, wellbeing, health and environmental sustainability are interconnected issues on an equal level of importance. A systemic approach to this process is needed. The trade-offs and benefits of a holistic approach should be recognised. This is crucial to achieve multiple objectives in short, medium and long terms. Investments in tackling determinants of health equity, wellbeing and sustainability that are made now can show major societal and

ⁱⁱⁱ Even though it is not always properly streamlined, more consideration was given to healthcare, gender equality, education, childcare services, decent wages, provision of social or affordable housing, working conditions and social protection.

^{iv} In conclusion of the Semester cycle, every year the Commission presents each country with a set of country-specific recommendations (CSRs) as part of the so-called Spring Package, along with an overarching Communication. The recommendations focus on what Member States should improve over the next 12-18 months. The recommendations provide policy guidance tailored to each EU country.

monetised gains within planning cycles. This has been demonstrated in the EuroHealthNet co-ordinated and Horizon 2020 funded **INHERIT** outcomes.¹⁹

EuroHealthNet is encouraged that **political will exists to help shift that narrative**. In her keynote speech to the European Parliament, the newly nominated EC President Ursula van der Leyen stated *“Where investment and reforms are needed, we should make sure they can be done. We should make use of all the flexibility allowed in the rules..... But there is also a clear and simple logic. It's not people that serve the economy. It's the economy that serves our people. In our Social Market Economy, we must reconcile the market with the social. Therefore, I will refocus our European Semester to make sure we stay on track with our Sustainable Development Goals²⁰”*.

EuroHealthNet agrees that is a good explanation for *Why* change is needed. We continue to work with our partners in Member States, regions, centres of expertise and communities to develop solutions for *What* needs to change and *How* this change needs to happen, with urgency. The recommendations in this analysis are submitted on that constructive basis.

Therefore, we recommend:

- We recommend the EU Institutions develop the EU economic narrative sustainably towards 2030 by putting in place a clear update of the “Stability, Coordination and Governance in the Economic and Monetary Union Treaty” which underpin the European Semester. The narrative should be cohesive and coherent, recognising the interconnected nature of fiscal and social progress.
- We support the stated intentions of the EC to (i) underpin the achievement of the Sustainable Development Goals (SDGs) by refocusing the European Semester and (ii) establish an Action Plan for the implementation of the European Pillar of Social Rights (EPSR) across all domains. A shift of narrative and approach with a reformed European Semester can make major contributions. To reap the most benefits, the approach must be process-focused and holistic. It should involve all stakeholders in co-creation and collaboration leading towards shared ownership and responsibilities. It should not be top-down or mechanical.
- The intentions and actions should be framed in the modern context of Social Sustainability and Economies of Wellbeing. At the expiration of the Europe 2020 Strategy, the next strategic period should develop the concept of a world class beyond-GDP approach and proposals for the EU Economy of Wellbeing.
- By including such perspective horizontally into the European Semester, system thinking and synergies between key sectors can be reinforced. Social and health systems should be seen as an investment, and not as a cost, they are economic stabilisers to protect resilience of people and states and not to be dismantled in period of crisis.
- The Social Scoreboard is valuable but can be strengthened with smarter indicators in line with the new narrative, particularly in relation to health equity for which new evidence and metrics are available.


Health in the European Semester 2019 cycle

Although the EU has often stressed limited competences^v in the narrowly defined health and care sectors, **more consideration has been given to health and well-being over the past years.** This recognises the stresses placed on current systems, including consumer pressures, financial unsustainability of public systems, or demographic and technological changes resulting in political pressures as well as increasing incidence of chronic and non-communicable diseases (NCDs).

The number of Europeans aged 80+ is set to double over the next five decades; meanwhile the ratio between the number of people aged 65+ and those aged 15-64 is projected to increase (from 28.8 % in 2015 to 35.1 % in 2025 and to over 50 % in 2050). **These pressures on the financial sustainability, coverage and quality of European health and care systems have long been known.** It is a basic tenet of health promotion already set out in the global Ottawa Charter from 1986²¹ that “*re-orienting health care services toward prevention of illness and promotion of health*” is necessary (along with “*building healthy public policy, creating supportive environments, strengthening community action and developing personal skills*”, which we also commend in Semester Recommendations.)

In the Semester’s analyses in recent years the EC has increasingly required, encouraged and supported Member States to reform their national health systems, as narrowly defined. For example only in 2017, almost 30% of all the support to Member States from the EC’s Structural Reform Support Service concerned reforms in area of health and social services, education and labour market measures.²² **In 2019, health is the second most frequent Country Specific Recommendation (CSR) in the process.** The number of Member States receiving CSRs in health has increased from 10 in 2017 to 12 in 2018 to 16 in 2019 (*see Table 1*):

Year	AT	BE	BG	CY	CZ	DE	DK	EE	EL*	ES	FI	FR	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK
2019	■	■	■	■	■				■		■			■	■	■	■			■	■	■	■	■		■	■	
2018	■	■	■	■					N/A		■			■	■	■	■			■	■	■	■	■		■	■	

*Greece only started to be subject of the Semester Analysis in 2019
 only long-term care

So, we can see a clear trend. Even when health-related issues are not explicitly mentioned in the CSRs, such references can be found in their recitals (as seen for Italy) and/or in the Country Reports that precede the CSRs. **Thus, at various moments throughout the 2019 cycle of the European Semester, nearly every EU Member State received a remark on one or more issues related to their health and care systems.**

The European Semester 2019 cycle mostly advises health system reforms in terms of achieving better **effectiveness, accessibility or resilience.** Examples are offered by Austria, Bulgaria, Croatia, Estonia, France, Ireland, Latvia and Slovakia, which are improving the effectiveness of their health systems by strengthening the role of primary care, whilst improving the coordination across care settings. Cyprus, Estonia and

^v The European Union has narrow competences the area of health, requiring it to support, complement or supplement the actions of the Member States (Article 6 TFEU). However, common safety concerns in public health matters are an area where competence is shared between the European Union and the Member States (Article 4 TFEU). The dual nature of the competences in the area of public health is reflected in the different types of measures that the EU can take (Article 168 TFEU). However, this duty of public health protection crucially covers all EU policy areas- thus is relevant across the social and economic aspects of the Semester.

Lithuania have reduced their out-of-pocket expenditures, which is constantly identified as major factor jeopardizing health and social equity.

Nevertheless, major reforms are still needed. 11 EU Member States have received a CSR in health to improve the sustainability or cost-effectiveness of their healthcare system (see Table 2): Czech Republic, Ireland, Cyprus, Finland, Latvia, Malta, Austria, Portugal, Romania, Slovenia and Slovakia.

13 repeat (entirely or partially) the CSRs addressed in the 2018 cycle²³. However, Hungary, the Czech Republic and Greece received health CSRs for the first time.

Most Member States need more time to undertake reforms than the European Semester timeframe of just 12-18 months. Large scale changes such a short period would be unrealistic, challenging or even risky. Hasty or under-informed reforms risk harsh unintended consequences and health impacts from service or protection revision or removal. It is also important to underline that in some cases, CSRs in fiscal and health policies create competing priorities which can result in an inconsistent reform approach. On the one hand, many States are encouraged to cut public spending and prioritise fiscal consolidations, while on the other hand they are told to improve quality and/or expand access to health services (as seen in the case for Slovenia).

The focus used for the analysis of closely connected health, care and social systems (for example for older, disabled or disadvantaged people) needs to better reflect the principles set out in the EPSR. **This means that the “efficiency” narrative should be adjusted to better reflect Principle 16 of the EPSR “Everyone has the right to timely access to affordable, preventive and curative health care of good quality.”** Also, the SDGs are relevant in this context and health-related SDGs should be better integrated into the Semester’s “efficiency” narrative as well.

Disappointingly, similarly as for the 2018 cycle, “*health and long-term care*” priorities are mainly considered from a narrow curative care view in the CSRs, although theoretically the EPSR puts “*affordable, preventive and curative health care*” on the same level. **Hungary is the only Member State receiving a CSR that calls for fostering greater prevention efforts:** “(Hungary should) improve health outcomes by supporting preventive health measures and strengthening primary care” (See table 2). We would like to see most Member States receive this type of Recommendation, specified as appropriate and based on the evidence of the **State of Health in the EU**²⁴ publications, which should be key evidence for each annual Semester analysis. Year in, year out, investments in prevention and health promotion come as one of the most neglected issues recommended for higher political and health policy prioritisation.

The lack of focus on preventive measures shows a lack of consideration for evidence suggesting that prevention measures can be more cost-effective than treatments.²⁵ This is likely to be unnecessarily costly and unsustainable over time, with higher risk of increasing inequalities.²⁶ **It has been calculated that every 1€ invested in public health and prevention corresponds to a return of 14€ to the wider health and social care economy.**²⁷

TABLE 2 COUNTRY SPECIFIC RECOMMENDATION		THEME
Bulgaria	Improve access to health services, including by reducing out-of-pocket payments and addressing shortages of health professionals	Access, health professionals
Czech Republic	Improve long-term fiscal sustainability of the pension and health-care systems	Sustainability
Ireland	Address the expected increase in age-related expenditure by making the healthcare system more cost-effective	Cost-effectiveness
Greece	Focus investment-related economic policy on. ..., health, ... , taking into account regional disparities	Investments
Cyprus	Take measures to ensure that the National Health System becomes operational in 2020, as planned, while preserving its long-term sustainability	Sustainability
Finland	Improve the cost-effectiveness of and equal access to social and healthcare services	Cost-effectiveness, access
Latvia	Increase the accessibility, quality and cost-effectiveness of the healthcare system	Cost-effectiveness, quality, access
Lithuania	Increase the quality, affordability and efficiency of the healthcare system	Quality, affordability, efficiency
Hungary	Improve health outcomes by supporting preventive health measures and strengthening primary health care	Prevention, primary care
Malta	Ensure the fiscal sustainability of the healthcare and the pension systems	Sustainability
Austria	Ensure the sustainability of the health, long-term care, and pension systems, including by adjusting the statutory retirement age in view of expected gains in life expectancy	Sustainability
Poland	Focus investment-related economic policy on... , healthcare, ... taking into account regional	Investments
Portugal	Improve the quality of public finances by prioritising growth-enhancing spending while strengthening overall expenditure control, cost efficiency and adequate budgeting, with a focus in particular on a durable reduction of arrears in hospitals	Sustainability
Romania	Improve access to and cost-efficiency of healthcare, including through the shift to outpatient care	Access, cost-efficiency
Slovenia	Adopt and implement reforms in healthcare and long-term care that ensure quality, accessibility and long-term fiscal sustainability	Quality, access, sustainability
Slovakia	Safeguard the long-term sustainability of public finances, notably that of the healthcare and pension systems Focus investment-related economic policy on healthcare, ... taking into account regional disparities	Sustainability Investments

In the cases where prevention is addressed in the Semester, the dominant models are linked to an individual, lifestyle-oriented interventions instead of encouraging the development of systemic and cross-sectoral approaches addressing the social, economic, environmental, cultural and commercial determinants of health, equity and wellbeing, which are proven to be **crucial for a robust, effective and sustainable strategy** for prevention of chronic diseases.²⁸

The 2019 Semester perpetuates these shortcomings and show inconsistency with the issues reported in the *State of Health (SoH) in the EU* reports.²⁹ In fact, challenges highlighted in the Companion Report and Country Health Profiles with regard to risk factors (Physical activity, alcohol consumption and smoking) and health inequalities often receive little or no attention in the European Semester and in most cases are not mentioned in the Spring Package.

For example, the *SoH* shows excessive alcohol consumption among adolescents and adults is a serious public health issue in Denmark, especially for people in low-income groups. However, this was not mentioned in the Semester process for Denmark. The Czech Republic health report shows high and increasing obesity rates, posing a growing public health concern, but no mention of this is made in the Semester analysis. **Although the SoH and the Semester are two parallel processes, this lack of coordination between them on certain issues undermines the relevance of the recommendations and the overall analyses.**

The EU Steering Group on Disease Prevention, Health Promotion and Management of Non-Communicable Diseases³⁰ of Member States' Representatives could play a bridging role in linking the *SoH* evidence on health and health equity, with the European Semester Country Reports and related funding priorities. This could be done, for example, within the Social Protection Committee context.

The focus on use of **digital transformation** in the European Semester is welcome, in that a range of new tools and processes can be brought to bear to help make systems more effective, empower citizens to achieve societal objectives, in some cases faster and better. However, as we set out in our recent *Policy Precipis* on the subject³¹, the preparedness and ability of people to equitably adapt to and embrace positive developments is diverse, potentially creating new and expanded “digital divides” in health and social inequalities. EU and state policies are not yet addressing this sufficiently: a recent WHO Europe text suggests no more than 16 of 53 states in this region have strategic plans and policies for health literacy, with even fewer sufficient in digital literacy levels. We fear this will contribute to undermining reforms, economies and cohesion. We therefore recommend the steps for policies, practices, programmes, protections and professionals set out in our *Policy Precipis* are taken forward via the next Semester cycle.

All of the challenges mentioned lead us to the question of **capacities to act, reform and change**. As noted previously, the Semester has increasingly identified complex problems needing solutions in health and care systems, but which are proving slow and difficult to change compared to some other sectors. That is partly due to national and sub national competences, but also to lack of capacities to act on complex cross-sectoral problems.

This includes capacities of people, not only processes. In some EU Member States where our partners are active, funding from EU programmes has been used to invest in improving quantities and qualities of professionals within health workforces, for example by recruiting health promotion specialists; or by

training people in what is termed “*the wider public health workforce*” which may include people working for physical, mental, environmental and social wellbeing beyond direct health and care systems.

This is bringing innovative approaches to the new narrative on health for the Semester including to **primary care networks, to social prescribing, to integrated, people-centred care in communities and to address cultural, commercial, environmental and other determinants of health and wellbeing**. Examples of potential actions are contained within the models, databases and toolkits produced by the INHERIT consortium.³² This should be a key part of the change of the European Semester to social sustainability and economies of wellbeing, with more wide-ranging analysis, metrics and recommendations able to capture diversity and complexity, applied throughout the Semester.

Many of these innovative approaches are initiated at **sub national levels, in communities, municipalities, regions and cities**. Their scaling up needs to be culturally sensitive and appropriate but is vital to ensure prevention and reduction of inequalities. Much more can be done through use of EU instruments that can be applied locally and are linked with the European Semester, as demonstrated by the EU funded study on effectiveness of **ESI Funds for health**³³ to which EuroHealthNet contributed. Its conclusions should be incorporated in the Semester cycle as well as the next MFF 2021-27.

We note with concern the continued CSRs on the increase of statutory pension ages in line with life expectancy (which has been increasing *on average* at population level but not equally distributed across social gradients), which is indicative of the need to change the narrative in line with latest evidence and Economy of Wellbeing. Quality of life matters as well as length. **Smarter objectives around quality of life, of healthy life years and disability free years should be used instead**. The introduction of **health equity impact assessments**, supported by adequate and appropriate indicators including new wellbeing metrics, should be applied throughout the Semester.

Health inequalities are unjust, preventable and weigh heavily on health, social protection systems and societal wellbeing. Health inequalities represent a considerable cost to society. Just a 50% reduction in gaps in life expectancy between social groups would provide monetised benefits to EU states ranging from 0.3 – 4.3% of GDP.³⁴ As highlighted in our updated [factsheet](#), there are still large difference in self-perceived health status between socioeconomic groups in the EU, with only 61.2% of the lowest income quintile of the population perceiving their health as good or very good, compared to 80.4% of the highest quintile.³⁵

Health equity measurement frameworks need more **reliable metrics** for the period from 2020.³⁶ We are working with the EU Joint Action for Equity in Europe (**JAHEE**)³⁷ plus the Centre for Global Health Inequalities Research (**CHAIN**)³⁸ and commend their developing work for use by the European Semester analyses. We also draw attention to the recently published WHO Europe **Health Equity Status Report**³⁹ - which many EU States have welcomed and support - for latest evidence and guidance on key drivers for addressing health inequities.

The EC will also be aware of the wide range of indicators and targets within the SDG frameworks.⁴⁰ As part of the new EC approach to integrating the SDGs in all work, we recommend that **integration of the metrics across SDGs and in particular for SDG3^{vi}** is important to enable States and stakeholders to plan and act

^{vi} SDG3: Ensure healthy lives and promote wellbeing for all at all ages

coherently, transparently and measurably. They will help to ensure decisions taken do not inadvertently widen inequalities in health but support a coherent and comprehensive approach to building good health and wellbeing for all.

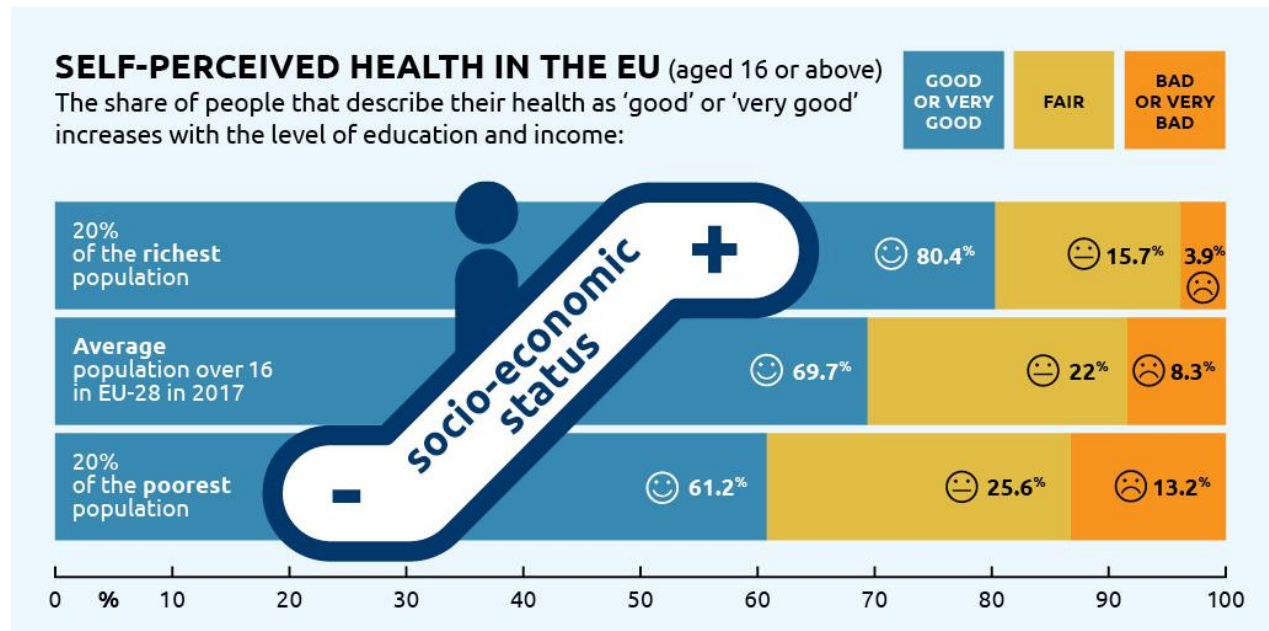


Figure 1. Difference in self-perceived health in the EU per income quintile. Figure taken from EuroHealthNet factsheet on health inequalities.

Therefore we recommend:

- Despite greater attention through growing numbers of health-related CSRs over the past years, health systems remain over-focused on medical and curative care. This is regardless of evidence of greater social and economic benefits in terms of improved health outcomes and efficiency from prioritising disease prevention and health promotion as part of sustainable transitions. This needs to be systematically rebalanced; digital transformation can support this shift as part of wider systems approach.
- The analysis of health, care and social systems (which are closely connected) needs to better reflect all the principles set out in the EPSR. This means that the “efficiency” narrative should be adjusted to better reflect Principle 16 of the EPSR “*Everyone has the right to timely access to affordable, preventive and curative health care of good quality.*” The SDGs are also relevant and should be better integrated into the Semester’s updated narrative as well.
- Health equity should be better mainstreamed throughout the Semester, including through systematic use of health equity impact assessments and improved health equity metrics, linked with the newly introduced investment prioritisation and funding analysis.
- More coherence between the State of Health (SoH) in the EU contents, the EU Steering Group on Promotion and Prevention and the European Semester is essential. In particular, the SoH findings on health inequalities should better inform the Semester in its analysis and recommendations.

- The Country Specific Recommendations and support services should improve guidance on effective investments to build capacities, including for professionals within and beyond public health systems such as on actions throughout the life course, on gender equality and on key drivers of social and wider determinants of health; and for equitable health literacy, including for use and co-creation of digital innovations.

A stronger focus on investment needs and the link with EU budget and programmes

A potentially significant new aspect of the 2019 cycle of the European Semester is the special attention given to the **analysis of investment needs and priorities** in each Member State.⁴¹ The aim of this new exercise is to ensure that budget allocation and reforms at European and national level are better aligned and provide a more coherent policy framework for public and private investments.

It consists of a more structured and homogeneous exercise that addresses a wide range of issues and it is tailored to national contexts. This new approach has been introduced in the context of the current negotiations on the upcoming **Multiannual Financial Framework (MFF)**, particularly the Cohesion Fund, but it is foreseen to become integral part of the Semester in future cycles.

The Semester would therefore feature a detailed guidance for investments to go alongside the economic and social analysis and recommendations, meaning that it is **likely become the main vehicle for the prioritisation of funding** at both European and national level. In other words, projects that are most likely to support implementation of EU strategic priorities and policies, of most EU added value, will be most likely to benefit from EU funding.

The Commission identifies priority areas for public and private investments in Member States. Similarly to previous years, needs are identified in the Country Reports (CRs)⁴² and further addressed in Country Specific Recommendations (CSRs).⁴³ Our analysis shows that **despite this stronger focus on investment needs, investments in health services are not the ones most recommended** through final CSRs (only Greece, Poland and Slovakia received CSRs calling explicitly for more investments in healthcare). However, in many other cases, investments in health services are recommended, directly or indirectly, in the recitals or in the CRs.

Moreover, each CR received a dedicated section, Annex D, presenting an extensive list of areas where, according to the Commission, the European Regional and Development Fund, the European Social Fund Plus and the Cohesion Fund should be allocated. Given the early stages of the negotiation process, the Annex D still lacks concrete targets for implementation and does not provide any indication on the amounts of funds dedicated to each area. Subject to the political negotiations still in process, this **can be better assessed with greater precision. However, it is promising that references to investing in measures that reduce health inequalities are made in many of the Member States.**

THE MULTIANNUAL FINANCIAL FRAMEWORK IN A NUTSHELL

The EU Multiannual Financial Framework (MFF) is a seven-year financial framework regulating how the EU annual budget is raised and spent and which multi-annual programmes it supports. The current MFF (2014-2020) is coming to an end; negotiations are ongoing between EU Institutions (as the Parliament has significant budgetary powers) for the next MFF 2021-2027.

The MFF offers pathways to health financing, mainly through the EU Health programme, the European Social Fund, Cohesion Funds or the Research and Innovation programme. However, new provisions under the 2021-2027 period potentially indicate further investments in health and its determinants through a variety of updated and new arrangements ([for more information, please see our analysis](#)).

The initiative of the European Commission to establish a stronger link between funds and the European Semester has the **potential to generate more coherence between CSRs and national priorities and promote better, more effective implementation of the resources**. At the same time, it demonstrates the need for health actors to increase their engagement in the European Semester to ensure that investment needs related to health, health equity, wellbeing and sustainability will be adequately prioritized, designed and ultimately met. Knowledge of how to use the funds when available is also crucial.

Each Annex D is structured in 5 policy objectives^{vii} (PO) that reflect Europe 2020 goals as well as various policy sectors. PO 4 “a more social Europe” is particularly interesting for our analysis as it **focuses on social policies, with several subcategories, including inclusion and health (see Annex 3)**. Among these, three subcategories result particularly relevant:

- High priority investment needs to ensure **equal access to health care** through developing infrastructure were identified in Bulgaria, Croatia, Cyprus, Estonia, France, Greece, Hungary, Italy, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia and Spain;
- Investment needs for enhancing the **equal and timely access to quality, sustainable and affordable services** were identified in Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, France, Greece, Hungary, Italy, Latvia, Malta, Poland, Portugal, Romania, Slovakia, Slovenia and Spain;
- Investment needs promoting **social integration of people at risk of poverty or social exclusion**, including the most deprived and children, are identified in Bulgaria, Czech Republic, Germany, Greece, Hungary, Ireland, Italy, Malta, Portugal, Romania, Slovakia, Slovenia and Spain.

Annex D also provides some details within the subcategories mentioned above. Health inequalities received a greater deal of attention in comparison with the rest of the reports (in any CR).

Investment in various measures are suggested in each country to tackle health inequalities, including in health promotion and disease prevention, primary care and integrated care (See Annex 4):

- **More investments in health promotion and prevention measures are recommended to support the reduction of health inequalities** (Bulgaria, Czech Republic, Lithuania, Poland, Romania and Slovakia), and of **weak health outcomes** (Croatia, Latvia and Lithuania);
- **Health inequalities and disparity in access to healthcare should be addressed with more investments in basic/primary social care facilities** (Belgium, Hungary, Poland, Romania and Slovakia), **integration of care** (Czech Republic, Italy and Portugal), and **community-based services** (Italy, Hungary, Poland and Portugal).

Evidence has long shown that **deeper and wider involvement of all key stakeholders in design and co-creation, as well as implementation through to evaluation, is essential for effective outcomes in these fields**. This means that sub national bodies, implementing authorities and civil society need to be **intrinsically involved in organic processes**.

^{vii} Policy Objective 1: A Smarter Europe – Innovative and smart industrial transformation; Policy Objective 2: A low-carbon and greener Europe – Clean and fair energy transition, Green and Blue investment, circular economy, climate adaptation and risk prevention; Policy Objective 3: A more connected Europe – Mobility and regional Information and Communications Technology connectivity; Policy Objective 4: A more social Europe – Implementing the European Pillar of Social Rights; Policy Objective 5 – A Europe closer to citizens by fostering the sustainable and integrated development of urban, rural and coastal areas and local initiatives

This also requires awareness raising and capacity building of health actors to understand and engage in Semester processes as well as make use of the Structural Reform Support Service⁴⁴ of the Commission. Capacity building is also crucial for appropriate use of European funds for health equity and wellbeing.

To set out a range of innovative funding and investment solutions to support investments in health promoting services, EuroHealthNet has been working with a wide coalition of partners and the WHO Europe to launch a new **Guide to finance on health promoting services**. This will soon be accompanied by online and interactive resources developed by EuroHealthNet for policymakers, practitioners and investment decision makers in public and private sectors. This includes preparations for the anticipated MFF 2021-27, new Programmes including InvestEU and ESF+, and new structures such as DG for Structural Reform Support. We strongly commend that this is used to support the transformation of health and care systems towards the principles of the EPSR and SDGs and to complement the Semester new narratives.

Therefore we recommend:

- EuroHealthNet welcomes that investments in health and social measures have been potentially strengthened in programmes across the next EU long-term budget, with more direct links to the Semester's provisions. However, prioritisation for subsequent allocations remains unclear regarding health promotion and the determinants of health equity, sustainability and wellbeing. That should be clarified from 2020.
- To establish an EU Economy of Wellbeing and social sustainability, better communication of health and social benefits for other sectors is needed, particularly to establish multiple gains, including economic gain through returns on investments. Cross-sectoral cooperation can be much better fostered, enabled and supported to ensure meaningful health outcomes as well as to produce added value in and multiplier effect for other sectors. All the SDGs are relevant for health and better health can help to achieve them all.
- The connected Semester and EU budget cycle (annually and long-term) should ensure concrete and ambitious provisions for specific investments in health equity as well as health promotion and disease prevention measures. It should also seek synergies throughout all programmes and financial instruments in the next MFF cycle. Indeed, a balanced approach to investment priorities under direct and shared management of EU programmes is key to ensure that principles of inclusiveness and equity will be better addressed in the post-2020 implementation period.
- We strongly recommend investments in tools for capacity building. This includes technical expertise, especially for structural reforms which often take time and considerable care to implement effectively. This can be achieved through cooperation with the new DG for Structural Reform Support. We particularly commend the recently published [EuroHealthNet Guide: Financing Health Promoting Services](#) for up-to-date information and examples on how this may be best achieved. It is relevant for health and care systems but has relevance across other related sectors.
- We encourage health actors, sub national bodies, implementing authorities and civil society to be intrinsically involved in the European Semester to ensure investment needs related to health, health equity, wellbeing and sustainability will be addressed and decisions taken will be evidence-based.

Part 2 – Selected Country Assessments

Bulgaria

CSR no3

Improve access to health services, including by reducing out-of-pocket payments and addressing shortages of health professionals.

Suggested edits to CSR no3 – in bold

*Improve access to **curative and preventive** health **care** services, including by **supporting health promotion**, reducing out-of-pocket payments and addressing shortages of health professionals.*



Comment from our experts

Although the elements described in the Spring and Winter packages roughly correspond to the situation on the ground, some other major issues are not adequately addressed. For example, the Semester does not report on the lack of attention given to public health and health promotion in comparison with hospitalised care. While the SoH Country Report for Bulgaria 2019⁴⁵ highlights that “*health promotion and preventive measures are insufficiently used to improve health outcomes*”, these issues are not further reported on in the Country Specific Recommendations for Bulgaria 2019.⁴⁶

The main barriers in fostering health promotion and disease prevention are related to the low funding dedicated to these areas. Bulgaria has already committed to more health promotion and preventive care in several strategies and programming papers (although not in a unified way), but most funding is still dedicated to cover high costs of hospital care and drug reimbursement. The total volume of public expenditure dedicated to healthcare does not constitute a problem. **The real issue – as reported by our experts – is that budget is not spent efficiently nor properly allocated.**

Finally, difficulties in access to health care can be explained mainly by socio-economic factors such as poverty rates, regional disparities, and health literacy of population groups.

Suggested edits to recitals – in bold

(21) Bulgaria is still facing high income inequality and risk of poverty or social exclusion. Though decreasing, the rate of poverty or social exclusion in 2018 was 32,8 %, still well above the Union average. [...] Social services are hampered by low quality and lack of an integrated approach towards active inclusion. Disparities in access to social services, healthcare and long-term care persist. This undermines their ability to provide comprehensive support for the most vulnerable **people such as those among low socio-economic groups**, Roma, children, the elderly, persons with disabilities and people living in rural areas. [...]

(22) The healthcare sector is still characterised by low public spending. People in Bulgaria face limited access to healthcare caused by an uneven distribution of limited resources and low health insurance coverage. Out-of-pocket payments are considerable, as they need to compensate for the low level of public expenditure. **Budget allocation favours hospitalised/in-patient care at the expense of public health, community-based and integrated care. The low/suboptimal funding dedicated to health promotion and preventive measures hampers their effectiveness.** The low availability of general practitioners is constraining the delivery of primary care. There is a significant shortage of nurses with the number per capita among the lowest in the Union. Swifter and more effective implementation of the national health strategy would help tackle these weaknesses.

Finland

CSR no1

[...] Improve the cost-effectiveness of and equal access to social and healthcare services.

Suggested edits to CSR no1

*[...] Improve the cost-effectiveness of ~~and~~, equal access to social and healthcare services, **and ensure quality of service systems is preserved**".*



Comment from our experts

The Commission has made similar recommendations to Finland for several years to support reforms of the health and social services. This takes time and political commitment. The new government is currently carrying out the preliminary work for the restructure of health and social services. This will take into account the work done by the previous government and guarantee that all relevant constitutional requirements are met. The restructuring will be carried out in a controlled manner and in stages. The focus of the healthcare and social welfare system will be shifted towards basic-level services and prevention.

Our experts recommend that *“the reform of social and health care must be implemented in such a way as to ensure equality of service systems, the realization of fundamental rights and access to quality services for all, by reducing health and well-being differences”*.

However, when the European Commission published the CSRs for Finland, poverty reduction was not taken into account. Following the adoption of the European Pillar of Social Rights, the Commission should take greater account of social impacts. In particular, special attention must be paid to child poverty in order to prevent an inter-generational disadvantage.

Suggested edits to recitals – in bold

(9) Due to the ageing population and declining workforce, spending on pensions, health and – especially – social care (long-term care) is projected to increase in the coming decades. According to the 2018 Fiscal Sustainability Report, the projected increase in ageing costs would require a fiscal consolidation amounting to 2 % of GDP to stabilise the debt-to-GDP ratio in the long term.

The reform of social and health care must be implemented in such a way as to ensure equality of service systems, the realisation of fundamental rights and access to quality services for all, by reducing health and well-being differences. The ratio of self-declared unmet medical needs in Finland remains above the EU average. This is particularly due to people outside the workforce experiencing difficulties getting the necessary medical care due to long waiting lists.

Latvia

CSR

Increase the accessibility, quality and cost-effectiveness of the healthcare system

Suggested edits to CSR no

Invest in and increase the equal access to accessibility, quality and cost-effectiveness of the healthcare system, including health promotion and disease prevention and taking into account disparities across socio-economic groups



Comments from our experts

The Semester analysis reflects well the challenges that the Latvian healthcare system is facing. Latvia healthcare systems is underfunded with very high out-of-pockets costs. This impacts equal access to healthcare. Although risk factors such as obesity, smoking and alcohol consumption are high and rising, the healthcare system has no effective disease prevention and health promotion policies to date. These issues impact on lower socioeconomic and vulnerable groups with profound inequalities that need to be addressed. The Semester highlights these aspects.

However, the *State of Health Country Profile of Latvia* identifies “*Addressing the persistent underfunding of the Latvian health system is a prerequisite for improving access to good quality care for all the population*”⁴⁷. Similarly, low public spending in healthcare is emphasised in the Country Report. But the CSRs seek more cost-effectiveness than investments in health. Similarly, equality is not mentioned in the CSR, although inequalities in access and health outcomes are reported to be very high. This has the potential for confusion in investment decision making, counter-productive for investments aimed at building equity in the national systems.

Suggested edits to recitals – in bold

(9) The tax revenue as a share of the gross domestic product of Latvia is low compared with the Union average and limits to some extent the delivery of public services, in particular healthcare, and social inclusion. [...]

(11) Latvia faces challenges on delivering on several of social protection and inclusion principles of the European Pillar of Social Rights. [...] The poverty risk among the elderly and people with disabilities is relatively high and increasing due to benefits not keeping pace with wage growth. **In-work poverty remains a challenge for persons with low education, poor health, persons of pre-retirement age, and those employed in non-standard work arrangements.** [...] Access to long-term care also remains weak. Investments are thus required to address social exclusion, including food and material aid for the most deprived. Moreover, investments, including infrastructure, are needed to improve access to childcare, long-term care, employment and other social services, and to enable **effective** integration of health and social services, including the transition from institutional to community-based care. **Investments in health promotion and disease prevention, taking into account disparities between socio-economic groups, should feature more centrally in reforms of healthcare and social protection system.** [...]

(15) Low public spending for healthcare and unhealthy lifestyle choices are the main reasons for the population’s poor health outcomes. The recently increased funding for healthcare addresses some of the access restrictions linked to the annual service limits and long waiting times. However, public financing for

healthcare remains well below the Union average. Timely and equal access to healthcare is limited. This leads to high self-reported unmet needs for **medical and dental** care due to high out-of-pocket payments, especially for **children, vulnerable and low-income** groups, as well as inequality of opportunities. Reforms to boost efficiency and quality in healthcare are progressing but are in an early phase and should be accelerated, including effective prevention measures, streamlining of the hospital sector, strengthening primary care (**including health promotion and disease prevention**) and targeting quality management. In addition, Latvia faces health workforce shortages, especially of nurses, which hamper the delivery of public healthcare and pose risks to the success of the health reforms. If the division of health services into two baskets ("full" and "minimum") comes into effect, it risks further limiting equitable access to healthcare and leading to adverse health outcomes. Matching investments in healthcare, including infrastructure, are needed to increase the accessibility, affordability and quality of healthcare in order to improve the population's health status **taking a life-course perspective**, and ensure healthier and longer working lives **across all population groups**.

(19) [...] Public administration, education, healthcare services require strategies to preserve access to quality services in scarcely populated and dwindling areas, while ensuring greater efficiency. A general administrative territorial reform to be implemented by December 2021 has been recently announced. [...]

Portugal

CSR No 1

[...] Improve the quality of public finances by prioritising growth-enhancing spending while strengthening overall expenditure control, cost efficiency and adequate budgeting, with a focus in particular on a durable reduction of arrears in hospitals. [...]

Suggested edits to CSR no1

[...] Improve the quality of public finances by prioritizing growth-enhancing spending while strengthening overall expenditure control, cost efficiency and adequate budgeting, with a focus in particular on a durable reduction of arrears in hospital. **Ensure the long-term sustainability of the health sector, without compromising equal access to quality healthcare and supporting preventive health measures.** [...]



Comments from our experts

The elements highlighted in the Winter⁴⁸ and Spring packages reflect significant problems affecting Portugal and its social and health systems. However for the most part the analysis focuses more on financial rather than social aspects. This is the case in particular for the Country Specific Recommendations for Portugal 2019⁴⁹, which are mostly dedicated to economic and employment policies, while social policy issues, like education or health, are related to economic growth rather than means to integration and well-being.

De facto, access to quality health care is still affected by considerable levels of inequalities: “barriers in access to health care remain relevant in Portugal and are characterised by socioeconomic factors. An income-related social gradient was observed for medical treatments in general and a high degree of unmet needs with a very marked socioeconomic gradient in oral health, mental health and medications”.

The recent 2018 Primary Health Care (PHC) reform improved the quality of health care provided, but to ensure the effectiveness of preventable hospitalisations, the reform should take more into account demographic and socioeconomic issues.⁵⁰

Our experts also note that health promotion and the need for more integrated policies should receive more attention in the analysis as well as being supported by more investments. Health should indeed be considered as both a product and a determinant of other societal issues, and challenges should be addressed with cross-sectoral actions.

The Semester should also further support the introduction of Health Impact Assessment (HIA) to develop technical skills, tools and methodologies to evaluate the impact of policies on the health of a population, and the distribution of its effects across the whole population. This is considered essential for governance in health and for equity and well-being, not only for other sectors to recognise their responsibility on health status, but also for the health sector to recognise the impact of its interventions for other sectors.

Little attention is given to problematics affecting children and their health. The main concern noted is the access of children to quality health care. The Portuguese National Health System, the *Serviço Nacional de Saúde (SNS)*, offers universal coverage, with exemptions on user charges for every child (until 18 years old). However, due to how it is structured, the NHS still suffers from long waiting times, especially in rural areas. This has particularly severe repercussions on the optimisation of child development when there is a need for early intervention. This also hampers the child's ability to follow a proper educational path, leading to the drop out from studies and compromising the effectiveness of early school leaving policies.

Suggested edits to recitals – in bold (new recital)

(11) Portugal's public finances are under continuous pressure from adverse demographic trends, notably the ageing population, with negative consequences, especially for the sustainability of the pension and health systems. While the past reforms improved the long-term sustainability of the pension system, ongoing special pension increases and early retirement reforms have entailed further increases in pension spending on top of the underlying upward trend driven by ageing. The overall sustainability of the pension system may be negatively affected if there are no adequate compensatory measures. In the health sector, cost-effectiveness continued to be promoted in 2018, including through an increased reliance on centralised purchasing and a greater use of generics and biosimilars. At the same time, persistently high hospital arrears result from inadequate budgetary planning and implementation and weaknesses in accounting control and managerial practices. Temporary decreases in hospital arrears in 2018 have essentially resulted from sizeable extraordinary clearance measures. A new programme for 2019 aims to structurally address hospital arrears by introducing a new governance model for public hospitals, in combination with a substantial increase in their annual budgets. This programme's ability to slow down the accumulation of hospital arrears in the short term and thereby lead to a structural reduction of their overall stock crucially hinges on its timely and effective implementation.

(12 new) The latest reforms of the Portuguese health system aim at improved fiscal sustainability primarily by focusing on efficiency and transparency. Portugal's health expenditure remains some 30% below the EU average. This equals 9% of GDP compared to the EU average of 9.9%. The need to reduce public sector in spending had severe effects on the health sector. Government expenditure on health fell more than in other public sectors. The share of out-of-pocket spending has increased over time, however, a range of co-payment exemptions ensures financial protection and the affordability of services for vulnerable groups, in theory. While measures were initially successful in reducing costs and increasing efficiency, several challenges remain, including the implementation of effective measures to ensure financial sustainability, while improving underserved fields such as dental care, mental health and palliative care. Long-term fiscal sustainability is challenged by the lack of a comprehensive strategy to address the health-related costs of ageing, especially chronic diseases. Unmet need for dental care remains one of highest in the EU. Portugal has a shortage of health promotion and disease prevention activities dealing with healthy lifestyles and disease screening, and health impact assessments have not been institutionalised.⁵¹

Conclusions

“It's not people that serve the economy. It's the economy that serves our people. In our Social Market Economy, we must reconcile the market with the social. Therefore, I will refocus our European Semester to make sure we stay on track with our Sustainable Development Goals.”

These are the words of new European Commission (EC) President Ursula Von der Leyden, in her first strategic speech to the European Parliament in 2019. The European Semester has been an important tool for monitoring the implementation of the EU 2020 strategy, but has predominantly focused on economic policy and fiscal sustainability even though the Semester started to integrate more social measures since the introduction of the European Pillar on Social Rights.

Now it is time for a new narrative. EuroHealthNet strongly supports having social sustainability, the Economy of Wellbeing and its multidimensionality at the core of the Semester cycle. A socially just transition to sustainable and equitable growth for all should be at the forefront of the Semester. It is a driver of further structural reforms and investment priorities in EU MS and will increasingly be linked with EU funding and finance programmes.

As one of our experts states: *“Although the elements described (... in the Semester cycle) roughly correspond to the real situation on the ground, some other major issues are not adequately addressed.”*

We have found this to be a common concern, along with lack of resources and time to build sustainable and effective changes in complex systems. The European Semester is still a high-level tool, not sufficiently implemented or used by wider stakeholders within states, or at subnational or local levels. We encourage the new approach to be more inclusive and embrace a whole-of-government approach.

This report contains our analysis of which factors and trends are most important for health and health equity in the contexts of overall wellbeing and sustainability. We have selected some States from north, south, east and west of the EU for our national Partners to comment from their perspectives. We have set out some headline recommendations, backed by more detailed suggestions in the text, for *Why* and *What* change is needed plus *How* it can be done.

We recommend above all a shift of narrative for 2020 – 2030 to be integrated within the EU strategic objectives including the European Semester. It is a new narrative for an economy of wellbeing, for social sustainability, for social rights, for public health and health equity. It is a narrative for new forms of investments, policies and practices.

EuroHealthNet has been working throughout 2019 with our Partnership across Europe to develop our contributions towards the new ambitions set out by the new European Commission and by Member States. This report is developed for use by all who have interests and responsibilities for making the European Semester and our economies work for people. By enabling a socially just transition to sustainable and wellbeing-oriented growth, the Semester can serve as a valuable vehicle to highlight needs and means for smart investments in people's living and working conditions, the causes of good health and social equity.

Annexes

Annex 1 – Joint Employment Report

Figure 1		
INDICATOR	2008	2018
EMPLOYMENT (20-64)	70.3%	73.2%
UNEMPLOYMENT (15-74)	7%	6.8%
GENDER EMPLOYMENT GAP (20-64)	15.1%	11.5%
GENDER PAY GAP	17.1%	16.2%
LONG-TERM UNEMPLOYMENT	2.6%	3%
EMPLOYMENT OLDER WORKERS (55-64)	45.5%	58.6%
NEET (% of total population aged 15-24) Young people not in employment, education or training	10.9%	10.9%
YOUTH UNEMPLOYMENT (15-24)	15.6%	14.9%
Figure 2		
INDICATOR	2010	2017
AT RISK OF POVERTY OR SOCIAL EXCLUSION (% of population)	23.8%	22.5%
IMPACT OF SOCIAL TRANSFERS ON POVERTY (Reduction of risk of poverty rate due to social transfers)	9.6%	8.1%
INCOME INEQUALITY (Ratio of incomes of richest 20% of households to poorest 20%)	4.9%	5.1%
HOUSEHOLD INCOME INDEX (2008=100)*	100%	103.4%
EARLY SCHOOL LEAVERS (18-24)	14.7%	10.6%
DIGITAL SKILLS** (% of individuals with basic or above basic overall digital skills)	55%	57%
UNMET MEDICAL NEEDS (% of population)	3.1%	1.6%
FORMAL CHILDCARE (% children <3)	28%	32.9

Annex 2 - Social Scoreboard 2019

Summary of headline indicators of the Social Scoreboard

	Equal opportunities and access to the labour market					Dynamic labour markets and fair working conditions				
	Early leavers from education and training	Gender employment gap	Income quintile ratio	At risk of poverty or social exclusion rate	Youth NEET rate	Employment rate	Unemployment rate	Long-term unemployment rate	GDHI per capita growth	Net earnings of a full-time single worker earning AW
Year	2017	2017	2017	2017	2017	2017	2017	2017	2017	2016
Best performers	HR, IE, PL, SI	FI, LT, SE	CZ, FI, SI, SK	CZ, FI	AT, CZ, DE, NL, SE, SI	CZ, DE, EE, NL, SE, UK	CZ		BG, LT, RO	UK, NL, LU, AT, DE
Better than average	AT, CZ, EL, LT, LV, NL	DK, EE, LU, PT, SI, SK	BE, CY, DK, HU, MT, NL, SE	CY, DE, FR, MT, PL, SE, SI, SK	IE	AT, BG, LT, PT, SI	AT, DE, HU, LU, MT, NL, PL, PT, RO, UK	AT, DE, CY, CZ, DK, EE, HR, HU, MT, NL, PL, PT, SE, UK	DK, EE, HU, SE	BE, FR, SE, DK, IE, FI
On average	BE, DE, EE, FI, FR, SE, UK	AT, BE, BG, CY, DE, ES, FR, IE, NL, UK	DE, EE, FR, HR, LU, PL	BE, EE, HU, IE, PT, UK	BE, FI, FR, HU, LT, LV, MT, PL, PT, SK, UK	CY, FI, FR, HU, IE, LU, LV, MT, PL, SK	BE, BG, DK, EE, FI, FR, IE, LT, LV, SE, SI, SK	BE, BG, FI, FR, IE, LT, LU, LV, RO, SI	CZ, DE, IE, FI, FR, LU, LV, NL, PT, SI, SK	MT, IT, EL, ES
Good but to monitor	LU	LV	AT	AT, DK, NL	DK, LU	DK				
Weak but improving	BG, MT, PT	MT	EL, IT, RO	RO	BG, RO	RO	CY, EL, ES, HR	EL, ES		LT, EE, RO, BG, LV
To watch	CY, DK, HU, SK	CZ, HR, HU, PL	IE, PT, UK	ES, HR, IT, LU, LV	EE, ES	BE	IT	SK	AT, BE, ES, UK	PT, PL, CZ, HR, SI
Critical situations	ES, IT, RO	EL, IT, RO	BG, ES, LT, LV	BG, EL, LT	CY, EL, HR, IT	EL, ES, HR, IT		IT	CY, EL, IT	HU, SK

	Public support / Social protection and inclusion			
	Impact of social transfers on poverty reduction	Children aged less than 3 years in formal childcare	Self-reported unmet need for medical care	Individuals' level of digital skills
Year	2017	2017	2017	2017
Best performers	DK, FI, HU, IE	BE, DK, LU, NL, SE		FI, LU, NL, SE
Better than average	CZ, FR, PL, SE, SI, UK	ES, FR, MT, SI	AT, CZ, DE, DK, ES, FR, HU, IT, LU, MT, NL, PL	AT, CZ, DE, MT, UK
On average	BE, CY, DE, MT, NL, SK	CY, FI, IE, LV, UK	BE, BG, CY, FI, HR, IE, LT, PT, SE, SK	BE, EE, ES, FR, LT, SI, SK
Good but to monitor	AT	PT		DK
Weak but improving		EL	EE, EL	CY
To watch	EE, ES, HR, LT, LU	AT, DE, EE, HR, IT, LT, RO	RO, SI, UK	EL, HU, IE, LV, PL, PT
Critical situations	BG, EL, IT, LV, PT, RO	BG, CZ, PL, SK	LV	BG, HR, RO

Note: update of 29 January 2019. GDHI per capita growth not available for HR, MT and PL; net earnings of a full-time single worker without children earning the average wage not available for CY; individuals' level of digital skills not available for IT; participation of children aged less than 3 years in childcare is considered unreliable for HU. Breaks in series and other statistical flags are reported in Annexes 1 and 2.

Annex 3 – Policy Objective 4

Investment needs identified for EU Member States	1 high priority investment needs													2 priority investment needs										3 investment needs									
	PL	CZ	SK	HU	HR	SI	RO	BG	IT	MT	PT	ES	EL	CY	EE	LT	LV	AT	DE	FR	FI	SE	DK	IE	BE	NL	LU						
4	a more social Europe ('PO 4')																																
ESF 4.1	1	1	1	2	1	1	1	1	1	1	3	2	1	1	1	2	2	1	1	1	2	1	2	1	1	1	3						
ESF 4.2	1	1	1	1	1	2	1	1	1	1	1	2	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1						
ESF 4.3	1	1	1	1	2	1	1	1	1	3	2	1	1	1	1	1	1	2	2	2	2	1	1	3	1	1	1						
4.1	1	1	1	1	1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
ESF 4.4	1	1	1	1	1	2	1	1	1	1	1	1	2	2	1	1	1	1	2	2	1	3	3	1	1	1	1						
ESF 4.5	1	1	1	1	1	2	1	1	1	1	1	1	2	1	1	1	1	2	1	1	1	3	1	1	1	1	1						
ESF 4.6	1	1	1	1	1	2	1	1	1	1	1	2	1	1	1	1	1	2	2	1	1	3	3	1	1	1	3						
4.2	1	1	1	1	1	2	1	1	1	1	1	1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1						
ESF 4.7	1	2	1	1	1	1	1	1	3	1	2	1	1	1	1	1	1	1	1	1	2	3	1	1	1	1	3						
ESF 4.8	2	2	2	1	1	1	1	1	1	3	1	1	1	3	1	1	1	1	2	2	1	3	1	1	1	1	3						
ESF 4.9	1	2	1	2	1	1	1	1	1	3	2	1	1	3	1	2	1	1	1	1	1	1	1	1	1	1	1						
ESF 4.10	2	2	2	1	1	2	1	1	1	3	2	1	1	1	1	1	1	2	2	1	1	1	3	1	1	1	1						
ESF 4.11	2	2	1	1	1	1	1	1	1	1	2	2	1	3	1	1	1	2	2	1	1	1	3	1	1	1	1						
4.3	1	2	2	1	1	2	1	1	1	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
4.4	1	2	1	1	1	1	1	1	1	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
	in green ESF specific objectives																																

Annex 4 – Health and inequalities in the Annex D as part of the Country Reports

Country	Annex D
<p>Belgium Inequalities of opportunities persist between different populations groups (including in access to healthcare). People with disabilities face particularly strong multi-faceted challenges.</p>	<p>High priority investment needs have been identified to foster active inclusion, enhance access to services, including health- and long-term care [...]. In particular to: support cross-border healthcare and community-based services including basic/primary social care facilities; support the transition from institutional care to independent living community-based services for dependent persons, in particular persons with disabilities; support the re-skilling and upskilling of the healthcare and long-term care workforce; [...]</p>
<p>Bulgaria High levels of poverty and inequalities remain serious challenges while active inclusion measures are limited. Disparities in access to social services, healthcare and long-term care persist.</p>	<p>High priority investment needs have been identified to foster active inclusion, promote socio-economic integration of vulnerable groups including Roma community, enhance access to quality services and address material deprivation, and in particular to: [...] develop social housing for people at risk of poverty or social exclusion; increase quality and availability of integrated social services through individual needs' assessment; [...] increase access to health services, in particular primary care, including through infrastructure and digital health solutions; develop health promotion and prevention measures for vulnerable groups; [...]</p>
<p>Croatia The share of the population at risk of poverty or social exclusion remains high.</p>	<p>High priority investment needs have been identified to foster active inclusion with a view to promoting equal opportunities and addressing material deprivation, and in particular to: improve social services and infrastructure of centres to support vulnerable groups and families; improve the transition from residential/institutional care to family and community-based care; reduce territorial disparities in social outcomes; address material deprivation through food and basic material assistance to the most deprived; promote social innovation.</p>
<p>Croatia Health outcomes remain weak and inefficiencies in the health care sector persist.</p>	<p>High priority investment needs have been identified to improve accessibility, effectiveness and resilience of healthcare and long-term care services, and in particular to: restructure inpatient care and strengthen outpatient services, particularly primary and long term care services, including infrastructure and equipment; tackle geographical obstacles in access to healthcare and address gaps in healthcare infrastructure and shortages in workforce, based on mapping of needs; support implementation of quality standards in healthcare; develop health promotion and disease prevention programmes; continue the rollout of e-health services and improve digital solutions as telemedicine</p>
<p>Czech Republic Social challenges at regional level are increasing.</p>	<p>Priority investment needs have been identified to promote the socio-economic integration of the most deprived, and to improve access to social, healthcare and long-term care services with a view to reducing health inequalities, including by developing infrastructure, and in particular to: support de-institutionalisation of care particularly for children under 3, people with disabilities, the</p>

	elderly and people with mental disabilities; cooperation between health and social services; strengthen and improve access to primary care particularly for vulnerable groups; integration of care and prevention.
<p>Estonia Despite improvements, poverty, social exclusion and income inequality are high in Estonia. The provision of good quality and affordable social services is low, health outcomes are weak and inefficiencies in the health care sector persist.</p>	High priority investment needs, including in infrastructure and modernisation, have been identified to: enhance the equal and timely access to services, improve the accessibility, effectiveness and resilience of healthcare and long-term care services; [...] and in particular to: improve equal access to affordable and good-quality social services, long-term care and healthcare; [...] complete the transition from institutional care to independent living and community-based services and strengthen cooperation between social, health and vocational support services; develop measures to increase healthy life years and improve primary and outpatient care, and secondary and tertiary healthcare; [...]
<p>France Social inclusion remains a challenge, notably in deprived areas and [...] access to healthcare is worsening in rural areas and in the outermost regions.</p>	High priority investments needs have been identified , to enhance the equal and timely access to quality, sustainable and affordable services, in particular to: [...] in the outermost regions, contribute to building new and improving existing health infrastructures, moving away from a hospital-centred model to more outpatient, primary and community-based care.
<p>Germany [...] Significant regional differences in the risk of poverty or social exclusion remain challenges.</p>	Priority investment needs have been identified [...] to promote the social integration of people at risk of poverty or social exclusion, including the most deprived and children and in particular to: improve access to employment through individualised support, guidance and access to vocational education and training and support a successful transition from school to employment; support social inclusion and social innovation promoting the social integration and health status of children at risk of poverty or social exclusion
<p>Greece Income inequality and risk of poverty or social exclusion are high and the effectiveness of social transfers' impact is poor, while unmet needs for medical care remain a challenge.</p>	High priority investment needs are identified to [...] promote socio-economic integration of people at risk of poverty or social exclusion, including the most deprived and children [...]; enhance access to affordable and effective services and social protection; improve effectiveness and resilience of healthcare systems and long-term care services, and in particular to: enhance access to, and inclusiveness of affordable, sustainable and high-quality social services; support the most deprived; promote the social integration of children at risk of poverty [...] ; develop measures tackling in-work poverty; [...] increase equal access to eHealth services to promote e-inclusion, notably for vulnerable groups; [...] invest in the primary health care systems (local primary health care units and similar), in information and communication technologies for health purposes that emerge from the business plan on health, tele-medicine, and interoperability of related systems; develop day-care centres for the people with disability (children, adults and the elderly).

<p>Hungary Material deprivation among certain groups and in certain regions remains high.</p>	<p>High priority investment needs are identified to promote the integration of marginalised communities and to address material deprivation, and in particular to: develop social and educational measures, including infrastructure, in disadvantaged districts; tackle housing exclusion and regenerate deprived urban and rural areas; [...]</p>
<p>Hungary The health status of the population shows high levels of inequalities.</p>	<p>Priority investment needs are identified to enhance access to services, including health- and long-term care, in particular to: foster access to affordable healthcare, reducing inequalities, especially in disadvantaged districts; provide infrastructure, including primary care facilities, and healthcare equipment; support the transition from institutional care to independent living community-based services.</p>
<p>Ireland [...] Although the poverty rate has slightly decreased in recent years, there is still a need for food aid to the most deprived.</p>	<p>Investment needs have been identified to promote the social integration of people at risk of poverty or social exclusion and [...], and in particular to: [...] promote the social integration of children at risk of poverty and social exclusion; [...]</p>
<p>Italy The rate of people at risk of poverty and social exclusion and income inequality remain among the highest in the EU.</p>	<p>High priority investment needs have been identified to [...] promote the socio-economic integration of people at risk of poverty or social exclusion, [...] improve accessibility, effectiveness and resilience of healthcare and long-term care with a view to reducing health inequalities, and in particular to: foster integrated and personalised active inclusion measures to outreach people at risk of poverty or social exclusion, including children and working poor; enhance high quality, accessible and affordable social services and their infrastructure, including housing, childcare, healthcare and long-term care, taking into account regional disparities and the rural/urban divide, also in access to innovative technologies and new care models; improve accessibility and adequacy of social protection systems as well as independent living [...] through the development of community-based services and the integration of health, social and long-term care services; [...]</p>
<p>Latvia Health outcomes are weak and timely access to affordable healthcare and long-term care is limited.</p>	<p>High priority investment needs have been identified to enhance equal and timely access to social, healthcare and long-term care services, including through infrastructure, and in particular to: ensure equal access to affordable, accessible and good quality social services and healthcare; [...] support the transition from institutional care to independent living and community-based care services with a focus on cooperation between health and social services; strengthen disease prevention and functioning of healthcare following a person-centred approach.</p>
<p>Lithuania Health outcomes are weak. Inefficiencies in the health care sector persist. Access to long-term care is low.</p>	<p>Priority investment needs, including in infrastructure, are identified to improve the affordability, quality, effectiveness and resilience of health care and long-term care services, with a view to reducing health inequalities, and in particular to: improve equal access to affordable and good quality healthcare and long term care; move</p>

	health services to the stronger primary care and more person-centred model; complete the transition from institutional care to independent living community-based services; [...] improve public health and prevention policies , targeting the main health risk factors and groups
Malta [...] There are gaps in the coverage of social security. Waiting times for outpatients from lower socio-economic groups are significant.	Investment needs are identified [...] to enhance access to quality services, including healthcare and long-term care, and to modernise social protection, targeting in particular disadvantaged groups such as people in poverty or extreme poverty [...] and in particular to: [...] enhance social inclusion [...] promote inclusion by ensuring that services such as childcare include a cultural, ethnic and socioeconomic mix; strengthen disease prevention through primary and community care services; [...]
Poland Long-term care for elderly, persons with disabilities and persons with chronic diseases is underdeveloped, and health outcomes are only slowly improving. Health system is too hospital-centred and lacks effective coordination.	High priority investment needs have been identified to promote active and healthy ageing, enhance the equal and timely access to quality, sustainable and affordable services and to improve accessibility, effectiveness and resilience of healthcare system and long-term care, and in particular to: support accessibility of products and services [...]; support transition from institutional care to affordable and quality home-care and community-based services and coordination of healthcare, social care and long-term care; foster equal access to affordable healthcare services, particularly for vulnerable groups, strengthening primary care, integration of care, health promotion, disease prevention and digital health; [...]
Portugal Inequalities, child poverty risks and in-work poverty risks persist, while access to services is in need of improvement.	Priority investment needs have been identified to [...] enhance equal and timely access to quality, sustainable and affordable services and modernise social protection systems, and in particular to: [...] promote the social integration of children at risk of poverty and social exclusion; tackle in-work poverty , promote inclusive working environments, [...]
Portugal Demographic ageing is a pressing challenge and inequalities in access to healthcare remain.	Priority investment needs have been identified to promote equal and timely access to quality, sustainable and affordable healthcare, including long-term care, and active and healthy ageing policies, and in particular to: [...] support the implementation of national active ageing strategies; undertake infrastructure investments in health, social and long-term care, including community-based services and medical equipment in the health sector, with a view to reducing health inequalities . Support strengthened provision of integrated care
Romania Poverty, social exclusion and inequalities remain among the highest in the EU, with significant regional and local disparities in quality and access to social and healthcare services	High priority investment needs are identified [...] to enhance access to quality services and address material deprivation, and invest in housing, health care and long-term care infrastructure and in particular to: develop and consolidate individualised integrated services, in particular in marginalised areas; initiate targeted measures to support children at risk of poverty and social exclusion; increase quality and availability of social services and develop

	tailored family-based approach; [...] develop social housing services and infrastructure for vulnerable groups, in a comprehensive way, to reduce spatial segregation, including by urban regeneration projects; [...] increase access to primary health services and prevention ; develop outpatient care and e-health solutions, in particular at community level and for vulnerable groups; support health infrastructure with emphasis on primary/ambulatory care and intermediate care facilities; [...] support effective national active ageing measures
<p>Slovakia Poverty and material deprivation continue to be high in a number of localities and the overall performance of social services and healthcare system are suboptimal.</p>	High priority investment needs are identified to enhance equal and timely access to quality, sustainable and affordable social and healthcare services, including through infrastructure, and in particular to: ensure access to healthcare systems across the country, particularly for vulnerable groups, notably in prevention and primary care , with a view to reducing health inequalities ; improve accessibility of long-term care services for the elderly and promote active and healthy ageing; [...] support the transition from institutional care to community- or family-based services for persons with disabilities, as well as for children in state institutional care; [...]
<p>Slovenia The share of people at risk of poverty and social exclusion has decreased, but remains high for the elderly and there are notable regional differences.</p>	Priority investment needs have been identified to promote the social integration of people at risk of poverty or social exclusion, and in particular to: foster active social inclusion and alleviate poverty, including by supporting transfer to community based care and home-care , with a focus on elderly, people with disabilities and mental conditions.
<p>Slovenia Population ageing calls for improvements in the effectiveness and resilience of healthcare and long-term care systems.</p>	High priority investment needs have been identified to enhance the equal and timely access to quality, sustainable and affordable services, and in particular to: support integration of healthcare (primary and hospital), long-term care and social care services including through investing in preventive and outpatient healthcare infrastructure , and equipment and digital tools; tackle geographical disparities in access to healthcare, with a focus on the socioeconomically deprived; invest in healthcare equipment in order to optimize the waiting times and improve transparency; prolong healthier lives by promoting healthy lifestyles and tackling health-damaging behaviour and health risks arising from pollution.
<p>Spain Poverty and in-work poverty remain high [...]. Coverage and adequacy of benefits [...] are limited and some groups face barriers to access services. Care delivery is not adapted to population ageing, disability and chronic conditions</p>	High priority investment needs are identified to [...], promote the social integration of people at risk of poverty or social exclusion, including children [...] enhance equal and timely access to quality services and social protection; and in particular to: promote social integration for people at risk of poverty and social exclusion, particularly children ; [...]

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