

Health in the European Semester 2022

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Contents

1. Introduction	3
1. What is the European Semester?	3
2. Overview of the 2022 Country Reports	5
1. The 2022 European Semester Spring Package	5
2. Country Reports	5
3. Health & Sustainable Development Goals-Related Analysis	6
5. Conclusions	15

Glossary of acronyms and abbreviations

CR(s)	Country Report(s)
CSRs	Country Specific Recommendation(s)
EPF	European Patients' Forum
EU	European Union
GPs	General Practitioners
RRF	Recovery and Resilience Facility
RRP(s)	Recovery and Resilience Plan(s)
SDG(s)	Sustainable Development Goals(s)
UN	United Nations

1. Introduction

The aim of the present report is to provide an overview of the health-related aspects of the European Commission's 2022 European Semester process and explain its major elements, timeline, and why it is of relevance to the patient community represented by the European Patients' Forum (EPF). For that reason, EPF encourages all of its Members to look at the documents available for their own country and use it in their national advocacy work. The present report is more of an overview of the situation across the EU.

As part of the European Semester process, the Commission issues a series of Country Reports (CRs) which a detailed analysis of the situation of each Member State regarding fiscal, economic and social policies. The present report will provide a summary of the CRs for each Member State, with a focus on health and the United Nations (UN) Sustainable Development Goals (SDGs).

1. WHAT IS THE EUROPEAN SEMESTER?

The European Semester cycle¹, coordinated by the European Commission, is an exercise of economic, fiscal, labour and social coordination among the Member States and it is a core element of the European Union's (EU) economic governance framework. It started in 2010 as an economic exercise, but then it evolved to integrate other relevant policy fields, such as healthcare. Over time, it became a well-established structure for addressing policy challenges of a social, fiscal economic and employment nature on yearly basis.

The European Semester process focuses on the first six months of each year – hence its name. During the European Semester, EU Member States align their budgetary and economic policies with those that had been agreed upon at the EU level.

In 2021, and because of the COVID-19 pandemic, the European Semester adapted to consider the creation of the Recovery and Resilience Facility (RRF)². The RRF was put in place by the European Commission as part of a wide-ranging response with the aim to mitigate the social and economic impact of the pandemic, all while making EU economies and societies more resilient and sustainable. It is a temporary recovery instrument that allows the European Commission to raise funds to help Member States implement reforms and investments aligned with challenges identified in Country-Specific Recommendations (CSRs) under the European Semester framework.

The redistribution of the RRF funds is done in parallel with the implementation of the Member States' Recovery and Resilience Plans (RRP), which drive their reform and investment agenda ahead. All 27 EU Member States have submitted an RRP.

As for the timeline of the European Semester, there are four key steps. The start of the annual policy cycle is in November when the European Commission sets the priorities for the following year. Then, the national governments submit their draft budgetary plans taking into account the EU

¹ The European Commission's most detailed explanation on the European Semester process is available here: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester_en

² The Recovery and Resilience Facility is making €723.8 billion available in loans and grants to support reforms and investments undertaken by EU Member States in the aftermath of the COVID-19 pandemic. More information is available here: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en

recommendations. Normally, the four steps of the European Semester cycle are the following (although in 2022 they were a bit different, as explained in the paragraph after the following figure):

1. Autumn Package

- November: The Commission presents the priorities and guidelines for the following year as part of the autumn package. This includes the Annual Growth Survey, which is a communication from the European Commission so all other EU institutions analyse the most recent trends in economic and social policies, as well as establish the general priorities for the year. It also provides the Member States with guidance for the upcoming year.³

2. Winter Package

- February: The Commission publishes reports for each EU country, assessing economic and social policies (these are the CRs⁴)

3. Spring Package

- May-July: each country receives tailored economic and budgetary policy analyses. These are the Country Specific recommendations (CSRs)⁵. The 2022 European Semester: CSRs are available for all 27 Member States⁶

4. Putting recommendations into practice

- August-October: National governments incorporate the recommendations into their reform plans and national budgets for the following year.⁷

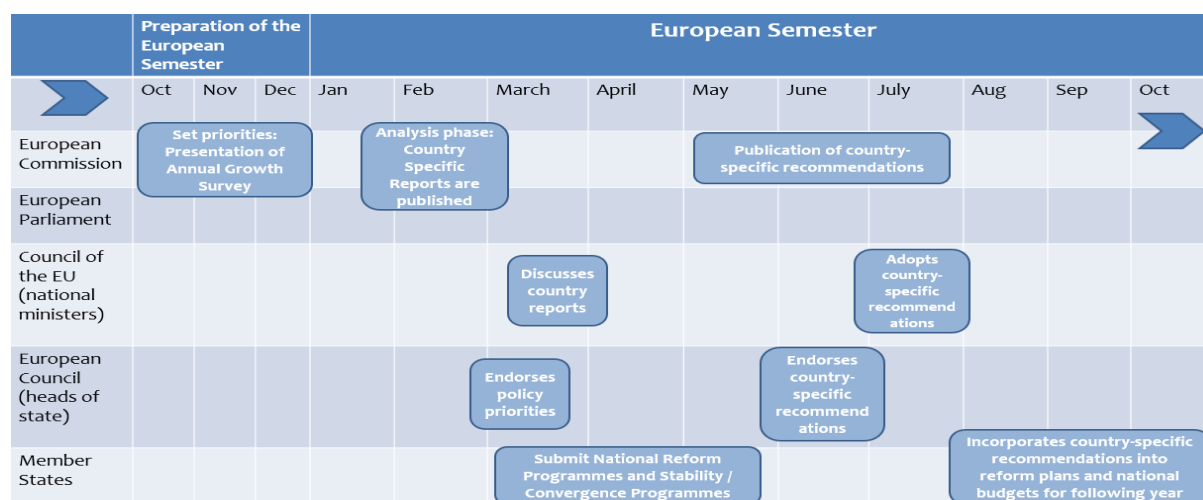


Figure: Indicative timeline of the European Semester process. Source: European Commission.

³ More info is available here: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline/autumn-package_en

⁴ More info is available here: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline/winter-package_en

⁵ More info is available here: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline/spring-package_en

⁶ More info is available here: https://ec.europa.eu/info/publications/2022-european-semester-country-specific-recommendations-commission-recommendations_en

⁷ More info is available here: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline/putting-recommendations-practice_en

Of the four packages above-mentioned, this report will focus on the 2022 Spring Package. Exceptionally, in May 2022, the European Commission published both the CRs and the CSRs (the latter include support and guidance two years on from the beginning of the COVID-19 pandemic and in light of the ongoing conflict between Russia and Ukraine). These CRs provide analysis and high-level guidance on which reforms the EU Member States should undergo to continue growing in 2022 and 2023, and what they need to do to foster and strengthen their overall resilience, including that of their healthcare systems.

For the 2022 European Semester cycle, the European Semester is preserving its purpose of coordinating economic and employment policies across the Member States. It does so in line with the implementation of the RRF. Furthermore, 2022 looks more like the “traditional” European Semester cycle pre-COVID-19-pandemic.

As a reminder and for comparison, the Spring Package of the 2021 European Semester, unlike the ones from 2020 and before, changed its focus to provide financial guidance to the Member States who were gradually reopening their economies. It was a cycle exceptionally focused on policy and economic coordination. The guidance it provided was adapted to coordinate with the RRF. In addition, the European Commission found an overlap between the “traditional” European Semester process and the early stages of the RRF. Thus, it temporarily adapted the 2021 cycle as explained.

Besides, the 2021 cycle only conducted an in-depth analysis for the 12 Member States for which the Autumn 2021 Alert Mechanism Report⁸ found economic imbalances (thus, all countries which were not looked at more closely, are supposed to be economically balanced). In contrast, 2022 provides a CSR report for all 27 Member States.

2. Overview of the 2022 Country Reports

1. THE 2022 EUROPEAN SEMESTER SPRING PACKAGE

In May 2022, the European Commission published the latest European Semester Spring Package, providing EU Member States with support and guidance (mostly in terms of fiscal policy, but not limited to it) taking into account both the ongoing impact of the COVID-19 pandemic and the ongoing war conflict between Ukraine and Russia.

This edition of the Spring Package projects continuing growth by the EU economy during both 2022 and 2023, which should in turn also speed the recovery of Europe’s healthcare systems after the hit suffered by the COVID-19 pandemic.

Also, as explained before, this edition of the European Semester is linked to the RRF and is expected to drive Member States’ reforms and investment agendas in the following years.

2. COUNTRY REPORTS

Within the European Semester, the CRs provide guidance to the Member States for them to adequately respond to persisting and new challenges. The major highlight of the 2022 CRs is that they

⁸ More information on this is available here: https://economy-finance.ec.europa.eu/publications/2021-european-semester-alert-mechanism-report_en

include an analysis of the major healthcare and SDG indicators for all of the EU Member States. SDG 3 relates to "Good Health and Well-being". It is the first time that an analysis of the status of healthcare and SDG 3 is present for all Member States.

In her political guidelines for the 2019-2024 European Commission term⁹, its current President Ms Ursula von der Leyen¹⁰ stated *"I will refocus the European Semester into an instrument that integrates the United Nations Sustainable Development Goals"* (page 9). Building on that latter point, the European Commission has expressed its continued commitment to integrating the UN's SDGs into the European Semester process. For that, each CSR includes a detailed annexe on the progress made by each Member State towards the implementation of the SDGs. These annexes are based on monitoring carried out by Eurostat¹¹. In parallel to the European Semester's Spring Package, Eurostat has published the report *"Sustainable development in the European Union - Monitoring report on progress towards the SDGs in an EU context - 2022 edition"*¹², which is based on the last five years of available data.

In addition, the CRs also reference the RRFs¹³ of the 24 Member States which have been adopted by the Council. These make reference to a significant number of reforms and investments that are planned by the Member States under the RRF (as explained in the previous section, an EU instrument which aims to mitigate the economic and social impact of the COVID-19 pandemic while making Europe more sustainable and resilient).

3. HEALTH & SUSTAINABLE DEVELOPMENT GOALS-RELATED ANALYSIS

The following section provides a summary of health-related provisions of streamlined CRs¹⁴ which identify the challenges that have not been sufficiently addressed by the RRFs of the Member States.

The summaries also include insights on the country's status and progress in UN's SDG 3 (Good Health and Wellbeing), according to the CRs. The countries' performances regarding SDG3 are based on indicators related to 1) healthy life years at birth, 2) share of people with good or very good perceived health, 3) smoking prevalence, 4) standardised death rate due to tuberculosis, 5) HIV and hepatitis by type of disease, 6) standardised preventable and treatable mortality, 7) self-reported unmet need for medical examination and care, 8) obesity rate by body mass index, 9) fatal accidents at work per 100 000 workers, 10) population living in households considering that they suffer from noise, 11) road traffic deaths, and 12) years of life lost due to air pollution exposure.

1. AUSTRIA

The report welcomes good access to high-quality care in the Austrian healthcare system and recognises its proven resilience during the pandemic. However, the report also notes that both

⁹ This document is available here: https://ec.europa.eu/info/sites/default/files/political-guidelines-next-commission_en_0.pdf

¹⁰ More info on her role and job is available here: https://ec.europa.eu/commission/commissioners/2019-2024/president_en

¹¹ Eurostat the (European Statistical Office) is a Directorate-General of the European Commission whose main responsibility is to provide statistical information to the EU institutions. Its website is the following: <https://ec.europa.eu/eurostat>

¹² This report is available here: <https://ec.europa.eu/eurostat/en/web/products-statistical-books/-/ks-09-22-019>

¹³ A list of the national Recovery and Resilience Plans of the 24 participating EU Member States is available here: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en#national-recovery-and-resilience-plans

¹⁴ The full Country Reports are available here: https://ec.europa.eu/info/publications/2022-european-semester-country-reports_en

preventive and primary healthcare needs to be further strengthened to minimise the negative impacts caused by a fragmented health-service delivery model, a very hospital-centric health system and an ageing healthcare workforce.

To address some of these challenges, the RRP foresees major investments in several sectors of Austrian healthcare, including primary care, reproductive care, and personalised medicine, including the creation of an Institute for Precision Medicine¹⁵. According to the report, efficiency gains and cost savings can be expected from the ongoing reform of primary health care.

With regards to SDGs, the report claims that Austria generally performs very well or is improving on several SDG indicators, including SDG 3 which aims to achieve universal health coverage.

2. BELGIUM

The report suggests that Belgium has made substantial progress in improving the overall resilience of the health system, ensuring the supply of critical medical products, and reinforcing primary healthcare, also thanks to support provided through funding instruments such as REACT-EU and the Coronavirus Response Investment Initiative, established by the European Commission to help Member States fund their coronavirus crisis response. However, challenges such as high long-term care spending and the growing shortages of medical staff persist.

The report predicts that long-term care spending is expected to increase further in the medium- and long-term periods and suggests that an update of the long-term care system is necessary.

Belgian RRP foresees heavy investments in digital health services, data collection, availability and sharing, health research and innovation, and cancer treatments.

Concerning SDGs, the report suggests that Belgium performs very well on indicators related to health.

3. BULGARIA

The report suggests that Bulgaria still has a poorly performing healthcare system characterised by limited access to healthcare, unequal regional distribution, and shortages within the health workforce, primarily caused by low public expenditure on healthcare and public health. Public expenditure covers only around 60.6 % of total healthcare costs, resulting in high out-of-pocket payments for patients. Although the RRP contains measures addressing some of the main structural challenges in the healthcare system, such as preventive care and access to healthcare across the country, it does not directly address the issue of high pocket payments, which remains highly problematic. The report, therefore, advises Bulgarian authorities to put the National Health Strategy and related action plan in place and implement the National Health Information System.

The report also suggests that additional investments are needed in digital health and preparedness for a future health system shock. Given the high percentage of the consumption of antibiotics across the country, the report also raises concerns about antimicrobial resistance.

¹⁵ More information on the Institute for Precision Medicine is available here: <https://www.meduniwien.ac.at/web/en/ueber-uns/news/news-im-april-2021/meduni-wien-erhaelt-institute-for-precision-medicine/>

With regards to health-related SDGs, the report claims that Bulgaria is progressing forward but remains fairly below the European average.

4. CYPRUS

The Commission welcomes the introduction of a new national health insurance system which according to the report has already had a positive impact on the resilience of the healthcare system and has made access to healthcare services more equitable. The report in particular mentions the intention to shift towards value-based reimbursement of healthcare expenditure for disease management by April 2023. In addition, Cyprus benefited from the Coronavirus Response Investment Initiative which allowed the government to reallocate resources needed to finance the reinforcement and resilience of the health sector.

RRP is expected to help consolidate these gains by improving digital health, acting against antimicrobial resistance, refurbishing facilities and upgrading medical equipment. The report also calls for action to prevent further shortages of medical professionals, especially nurses and suggests that a comprehensive framework for long-term care is needed.

With regard to SDG 3, the report states that Cyprus performs very well.

5. CZECHIA

The report suggests that Czechia performs below the EU average in many areas related to health status and healthcare outcomes, including a high pressure on long-term care due to population ageing and high rates of chronic diseases also linked to socio-economic conditions and unhealthy lifestyles. In this regard, the report claims that there is a need for a substantial increase in community and family-based care services and for strengthening primary and integrated care and prevention. The report, therefore, calls on Czechia to step up the implementation of the 'Health 2030' strategy which may help in strengthening the resilience of the health system. Other measures that are expected to have a positive impact on the healthcare system include reforms and investments taking place outside the RRP in cancer prevention and treatment and medical workforce education. Furthermore, the report welcomes the expanded functionality of the e-prescription system, as well as the foreseen investment in e-health through the RRP.

The report also suggests that inefficient use of outpatient care is still prevalent in the Czech healthcare system. Being the proportion of public funding for outpatient care high, avoidable hospital admissions are above the EU average, while the cost-effective use of medicines, medical devices and equipment in hospitals and outpatient care is less than optimal.

The report suggests that Czechia is improving on several SDG indicators, including SDG 3, although unevenly.

6. DENMARK

The key deliverables under the Danish RRP indicate the aim to make the healthcare sector more resilient by launching the National Digital Strategy, expanding the use of telemedicine services, enhancing a management system for stocks of critical medical supplies, and supporting COVID-related research. According to the report, areas that need more attention include the shortages of General

Practitioners (GPs), particularly in rural and remote areas, despite the number of medical professionals being above the EU average.

According to the report, Denmark performs very well with regard to indicators related to SDG 3.

7. GERMANY

The report suggests that Germany performs well on indicators linked to access to health services, but a “comparatively strong separation between ambulatory and hospital care and a lack of effective coordination between primary and specialist ambulatory care have led to problems with continuity and coordination.” The RRP will focus on investments in the digital transformation of the healthcare system, construction and refurbishment of buildings and enhancement of public health capacities.

The report also underlines the programmes and initiatives that supported Germany in the purchase of protective equipment and healthcare supplies, in the implementation of the national genome initiative (i.e., “genomDE”) and in supporting innovation in SMEs. These include REACT-EU, the Coronavirus Response Investment Initiative and Technical Support Instrument.

The report claims that Germany has made considerable progress on SDG 3.

8. ESTONIA

The report indicates that in Estonia self-reported unmet medical needs remain one of the highest in the EU, mainly due to long waiting times and gaps in access to healthcare services. 5% of the population in Estonia has no health insurance, while around 25% of spending on healthcare comes from out-of-pocket payments. Moreover, increasing shortages of healthcare professionals contribute to unequal access to and provision of healthcare.

The report, therefore, welcomes the RRP measures focusing on access to healthcare and the long-term care system, which is also under considerable pressure due to the inability to meet the growing demand caused by an ageing population. Targeted development programmes also focus on the resilience of the healthcare system, e-health and the development of an integrated hospital master plan. Concerning the key deliverables under the RRP in 2022-2023, the report highlights the commencement of the construction of the Northern Estonia Medical Campus.

Estonia has made progress in the performance concerning SDG 3 dealing with good health and well-being, which may be improved further through better access to healthcare.

9. IRELAND

The report focuses on Ireland’s comprehensive healthcare reform strategy (“Sláintecare”) which has experienced delays in the implementation process. However, once fully implemented, the strategy is expected to address challenges related to the cost-effectiveness of the healthcare system and its resilience, and to improve access to healthcare.

The RRP includes a set of actions that may implement key parts of the strategy, for example, those dealing with medical staff shortages and the digital transition, but it does not address universal coverage for primary care. The report also highlights the issue of increasing pressure on both healthcare and long-term care systems due to population ageing, which is expected to be addressed through the healthcare reform strategy.

Although life expectancy in Ireland is higher than in the EU, the incidence of cancer is estimated to be one of the highest in the EU. The healthcare reform strategy may lead patients to address their health issues earlier and more efficiently, and therefore improve prevention and early diagnosis.

The report claims that Ireland is performing above the EU average on health-related SDG indicators.

10. GREECE

The report states that while access to healthcare has been improving, the affordability of healthcare remains critical, with out-of-pocket payments accounting for 35% of total healthcare expenditure. The healthcare system is still hospital-centric and the spending on inpatient care is among the highest in the EU, while the spending on outpatient care is among the lowest. Greece has envisaged a broad range of reforms and investments aimed at strengthening the most critical parts of the health system including primary care, mental health and addictions, public health, reimbursement of pharmaceuticals, renovation of healthcare facilities, purchase of medical equipment, and the digital transformation of the health system. In particular, the RRP includes measures to improve the resilience and accessibility of the healthcare system. Moreover, the report welcomes the ongoing reform of primary healthcare and suggests that a well-functioning primary care system with the general practitioners playing a gatekeeping role could increase the efficiency of access to healthcare goods and services.

However, according to the report, some critical measures are missing from the RRP, including a stronger enforcement mechanism to monitor and sanction the prescription of unnecessary care and revision of incentives across the broader pharmaceutical supply chain.

With regard to health-related SDGs, despite some improvements, the report suggests that Greece performs well under the European average.

11. SPAIN

In the area of health, the RRP includes measures aimed at strengthening the public healthcare system's resilience, capacity, and digitalisation, also through the implementation of the Public Health Strategy. The investments may also address the existing shortcomings in long-term care which need to be strengthened and deinstitutionalized and promote innovative treatments. The report also highlights the issue of medical staff shortages which particularly affects primary care.

In response to the pandemic, REACT-EU and the Coronavirus Response Investment Initiative helped Spain purchase vaccines and personal protective equipment, reinforce the healthcare system, and reallocate resources for immediate public health needs.

According to the report, Spain has made progress toward the UN's SDGs in recent years, particularly on health-related indicators.

12. FRANCE

The report indicates that the digitalisation of healthcare remains a priority for France. Through the RRP, France plans to invest in interoperability, secure exchange of data, cybersecurity, digitalisation of medical records and training of health professionals in using digital health technology. The RRP also envisages reforms and investments in long-term care which is expected to improve the accessibility

to health services, reform hospital governance and law on social debt and autonomy aimed at supporting old people and people with disabilities.

The report also highlights that disparities between metropolitan France and outermost regions still persist in the area of health. In this regard, the report suggests that the creation of territorial communities of health professionals may improve access to care, “notably by fostering teamwork and task-shifting between doctors and other health professionals.”

With regard to UN SDGs, the report claims that France is improving its performance on indicators related to health.

13. CROATIA

Croatia's RRP envisages measures aimed at strengthening the quality, efficiency, accessibility, and financial sustainability of the healthcare system. This includes investments in digital health, cancer prevention, diagnosis and treatment, the infrastructure of hospitals and staff training. Among the key deliverables expected under the RRP in 2022, the report highlights the need to amend the HealthCare Act and Compulsory Health Insurance Act. These two acts are expected to make healthcare more accessible and lower the amount of reported unmet medical needs, especially in remote areas.

According to the report, Croatia performs well or is improving on most SDG indicators, but significant challenges remain in the area of health (i.e., SDG 3).

14. ITALY

The report suggests that the Italian RRP will focus on the reform of the organisation of healthcare to strengthen the territorial healthcare assistance network. This may help in lowering significant disparities that persist in the quality and access to healthcare services across regions and may boost the resilience of the health system. Other areas of focus include digital health, biomedical research, provision of equipment, and upskilling of medical staff.

Despite the public funding of healthcare being lower than the EU average, the report suggests that Italy ensures good universal primary care. On the contrary, Italy spends above the EU average on prevention, pharmaceuticals, and inpatients. Due to the ageing of the population, public spending on healthcare is expected to increase in the following decades.

Concerning SDGs, the report states that Italy's progress was most visible in SDG 3, and other indicators related to well-being.

15. FINLAND

The report suggests that the amount of self-reported unmet medical needs in Finland is higher than the EU average. This is primarily caused by financial reasons or long waiting times, especially for the elderly and the unemployed. Moreover, the uneven geographic distribution of healthcare staff persists both in remote areas and in the long-term care sector. These structural issues are expected to be addressed through the ongoing implementation of the reform of health and social care, which aims to improve the resilience of the healthcare system, ensure equal access to services across the country and enhance cost-efficiency. One deliverable of the reform is the 7-day care guarantee which aims at reducing the waiting times for the provision of both physical and mental health services. The

COVID-19 pandemic, however, has exacerbated waiting times for certain medical treatments. The report welcomes the measures already put in practice but suggests that more efforts are needed to address the shortage of health workers to effectively ensure access to primary care.

Finally, the report claims that Finland performs very well on SDG indicators related to health.

16. LATVIA

According to the report, in Latvia, low public spending on healthcare has resulted in medical staff shortages and uneven regional distribution, which further exacerbated the already limited access to quality and timely healthcare. These structural issues will be addressed through Latvia's RRP which planned investments into building improvements, health workforce management and training, and the development of more efficient health service models. This is expected to improve the resilience, accessibility and quality of healthcare. The report also welcomes the preparation of the digital health strategy that is expected to be adopted by the end of 2022.

The report suggests that Latvia lags behind the EU average on SDG health indicators which is closely linked to poor health outcomes and low public spending on healthcare.

17. LITHUANIA

The report indicates that the structural underfunding of and underinvestment in the health sector has led to a significant disparity in the quality of care and shortages of medical staff. The RRP includes measures aimed at improving the quality and accessibility of healthcare and addressing workforce shortages. However, the report calls on Lithuania to step up the efforts to strengthen primary care and prevention and to invest in the digitalisation and greening of health services.

The report suggests that Lithuania is improving on SDGs related to health but underperforms when compared to the European average.

18. LUXEMBOURG

The report suggests that the RRP addresses the major challenges in the health sector, including the shortages of health professionals while the demand for healthcare is increasing. An electronic register for staff management is expected to help in preventing shortages in the medical workforce by anticipating the needs. Moreover, the measures aim at improving the attractiveness of health professions and skilling, upskilling, and reskilling the healthcare workforce.

With regards to SDGs, the report claims that Luxembourg outperforms the EU average for most indicators related to good health and well-being.

19. HUNGARY

The report suggests the need to invest more in preventive care, with a focus on cancer, given that the mortality rates from preventable causes are among the highest in the EU. Moreover, access to quality and timely healthcare needs to be improved, and the medical shortages in poorer and more rural areas need to be addressed. The report also indicates the need to improve the cost-effectiveness of inpatient care services, including the hospital-payment system.

With regards to SDGs, the report claims that Hungary is improving on health indicators.

20. MALTA

Despite the public funding of healthcare being below the EU average, the report claims that Malta reports one of the lowest self-reported levels of unmet needs in the EU. However, income-based disparities in self-perceived health are among the largest in the EU, as well as private out-of-pocket payments.

Due to the ageing of the population, public spending on both health and long-term care is expected to increase. The shortages in the medical workforce also need to be addressed and the availability of affordable medicines ensured.

According to the report, overall, Malta is performing well on health-related SDGs.

21. THE NETHERLANDS

The report suggests that the main challenges for the Dutch primary care system are represented by a shortage of certain health workers, especially general practitioners. With regard to access to healthcare, patients have been experiencing excessive waiting times in some ambulatory care departments, such as mental healthcare for children. Another challenge concerns the deployment of digital health tools, which however spiked during the pandemic.

The report suggests that the public funding of healthcare is above the EU average, resulting in lower out-of-pocket payments, while voluntary health insurance covers additional services. Contrary to most European countries, public expenditure on health in the Netherlands is projected to be slightly below the EU average in the following decades.

The report states that the Netherlands performs very well on most SDG indicators, and outperforms the EU average in indicators of health.

22. POLAND

The report underlines the importance of shifting towards primary and ambulatory care as healthcare spending and public funding of health systems are expected to grow considerably in the following decades. Primary care needs to be better staffed also by making the working conditions in the healthcare sector more attractive. Moreover, the limited access to care is exacerbated by workforce shortages which contribute significantly to the long waiting times for health services. According to the report, this issue could be addressed also by improving access to e-health services.

The report suggests that Poland is improving its performance on health-related SDGs, but the progress remains slow, especially with regard to access to healthcare.

23. PORTUGAL

Portugal's RRP foresees a considerable number of reforms and investments in the area of health, including initiatives to strengthen the response capacity of the National Health Service in the fields of primary, mental and long-term health care. Other measures focus on improving the governance and cost-efficiency of the health system, and on enhancing its accessibility and quality. Investments are also foreseen for the digitalisation of the health system and enhancement of monitoring of public hospitals' performance. The issue of medical workforce shortages also needs to be addressed,

especially concerning nurses, whose number is still below the EU average despite a significant rise in the previous years.

The health system has been considerably challenged by the COVID-19 pandemic, which disrupted routine care and prevention services and increased the self-reported cases of unmet medical needs.

The report claims that Portugal continues to make visible progress towards health SDGs.

24. ROMANIA

According to the report, Romania's healthcare system is being challenged by outdated health infrastructure, underdeveloped primary care and shortages of healthcare personnel, resulting in limited access to healthcare. Reported unmet medical needs are above the EU average, also fuelled by substantial regional and economic disparities. The report also highlights the issue of high antibiotic consumption in the country, which raises public health concerns linked to antimicrobial resistance.

Although the public share of health spending is in line with the EU average, the report highlights the high levels of out-of-pocket payments, which is above the EU average. It is expected that public expenditure on healthcare will increase substantially in the following decades.

Lastly, the report claims that Romania is making progress on health-related SDGs.

25. SLOVAKIA

The report suggests that overall access to healthcare is good, as the population's reporting of unmet medical care falls within the EU average. However, mortality due to preventable causes continues to be one of the highest in the EU. At the same time, there is a shortage of healthcare professionals that disproportionately affects rural areas (although there are planned reforms to tackle this problem).

The RRP is underway, and it proposes a comprehensive response to ongoing healthcare challenges. For example, it envisages measures to improve the healthcare system's capacity and infrastructure, as well as for improving primary care provision in certain underserved areas. 1.26 billion EUR (19.3 % of the total RRP) are planned to be used to strengthen the physical and digital infrastructure of the Slovak healthcare and mental care systems and improve their cost-effectiveness, notably through modernising the national public hospitals' network (by improving its quality of care and its cost-efficiency). Investments and reforms are foreseen for long-term care.

The report states that recently adopted legislation on the hospital network has the potential to improve the quality of healthcare and cost-efficiency. In addition, there are also plans for reinforcing palliative care and addressing fragmented governance in home-based and community-based provision of long-term care.

The report suggests that the country is making progress on health-related SDG, although slowly.

26. SLOVENIA

There is an ongoing reform of the healthcare and long-term care systems that are expected to improve their transparency and adequacy. In the case of Slovenia, a coherent regulatory framework for long-term care has been a long-standing recommendation of the European Commission. As part of the RRP, the country adopted a framework law on long-term care in December 2021, however, the introduction

of compulsory long-term care insurance (which would cover a minimum of 30% of the costs) has been delayed until 2025. Investments in long-term care facilities are foreseen, too.

The healthcare sector is under pressure due to staff shortages (especially general practitioners, and nurses in some concrete areas). Primary care is especially affected, with the most acute shortages seen in family medicine and paediatrics, both of which hamper the system's capacity to act as an effective entry-point for patients, as well as its capacity for coordination across various levels of healthcare. The report suggests that the overall healthcare sector needs to be modernised, to make better use of staff's skills and to ensure its attractiveness to healthcare professionals.

The COVID-19 pandemic also exacerbated waiting times for certain medical treatments (for background, long waiting times for certain medical treatments are a long-standing problem in the country). For example, in 2019, 2.7% of the population reported unmet needs for medical care, which is above the EU's average, and about a quarter of the population also reported forgone care during the pandemic. This problem is particularly acute for publicly secondary-level specialist services.

When it comes to SDG 3, the report suggests that the country performs reasonably well, although it has regressed in recent years regarding access to medical care.

27. SWEDEN

The RRP foresees some measures for Sweden to increase the accessibility, capacity and resilience of its health and long-term care systems. In addition, the strengthening of healthcare resilience is something already embedded in a broad plan to update the country's healthcare system by training care providers for the elderly and introducing a protected title for assistant nurses, among others. If they perform well, these measures may address structural weaknesses highlighted by the COVID-19 pandemic (e.g., a long-standing shortage of healthcare workers).

Among the areas to be improved, Sweden should tackle patients' waiting times for health services, which are already a longstanding issue (although, on the other hand, reported unmet medical needs are low). The Government has committed to improving this situation, although for now the problem persists, and was further exacerbated by the COVID-19 pandemic.

Moreover, the country's efforts toward a more rational use of antibiotics have achieved a reduction in the use of antimicrobials and are now below the EU average.

Finally, the report suggests that the country has performed very well regarding SDG 3 and is one of the best-performing EU Member States in this regard.

5. Conclusions

EPF welcomes the greater focus that the CRs have given to health/healthcare and the SDGs in the 2022 edition of the European Semester's Spring Package. We consider that this is a move in the right direction, aligned with the agenda of the EU citizens, who would like the EU to do more in these areas. In this vein, EPF members should look at their CR(s) and CSRs, and if there are discrepancies with their assessment of their health system's performance, they should take it up with the responsible authorities they work with within their national governments, such as Ministries of Health.

EPF is supportive of the principles of smart and sustainable growth, especially when these are often perceived as a prerequisite for having strong healthcare systems. However, there are elements of the whole European Semester process that should be enhanced by being more transparent. While a lot of information is available on the overall functioning of the European Semester and its goals, there is no clarity on the actors involved in the drafting of the reports or its recommendation. It remains unclear how the analysis of the situation for each Member State is carried out and which health/healthcare variables are looked at and how they are measured.

For that reason, EPF recommends enhancing the transparency of the overall process and outlining all actors involved, including the possibility for patient organisations to get involved in the monitoring and implementation phases, as well as to comment on the health recommendations, as they are being drafted. Although this has happened sporadically at the national level, it has not yet become a trend. A more coordinated EU approach would be beneficial for the entire European Semester process.

While analysing the CRs, EPF has identified a series of trends that can be seen across most Member States. For example, Europe's population is ageing rapidly and, in parallel, so is its healthcare workforce. This latter phenomenon is largely contributing to staff shortages which are especially acute in long-term care and rural areas. Member States should put the appropriate measures to tackle this, including an increase in overall healthcare spending.

Despite progress made, inequalities in access to healthcare continue persisting within the EU, both between and within the Member States. These are often exacerbated by the unequal distribution of healthcare resources and staff between regions, as well as by the existence of unacceptably high out-of-pocket payments across several Member States.

We note that the European Commission recommends to the majority of the Member States either to invest more in digital health or, if investments are already in place, continue implementing their digital health strategies.

There is an increased focus on the need to put in place measures to prevent and fight antimicrobial resistance has been identified in the reports of several Member States. This corroborates the Commission's overall call for collective action against antimicrobial resistance.

Performance regarding SDG3 is looked at for all countries – with some of them performing relatively well. However, this analysis needs to take into account the fact that the indicators used to measure achievement of the SDG on health are limited when it comes to access to healthcare, for example.

For questions or further information on the topic of this report, or any other related matter, please send an e-mail to policy@eu-patient.eu with your query.