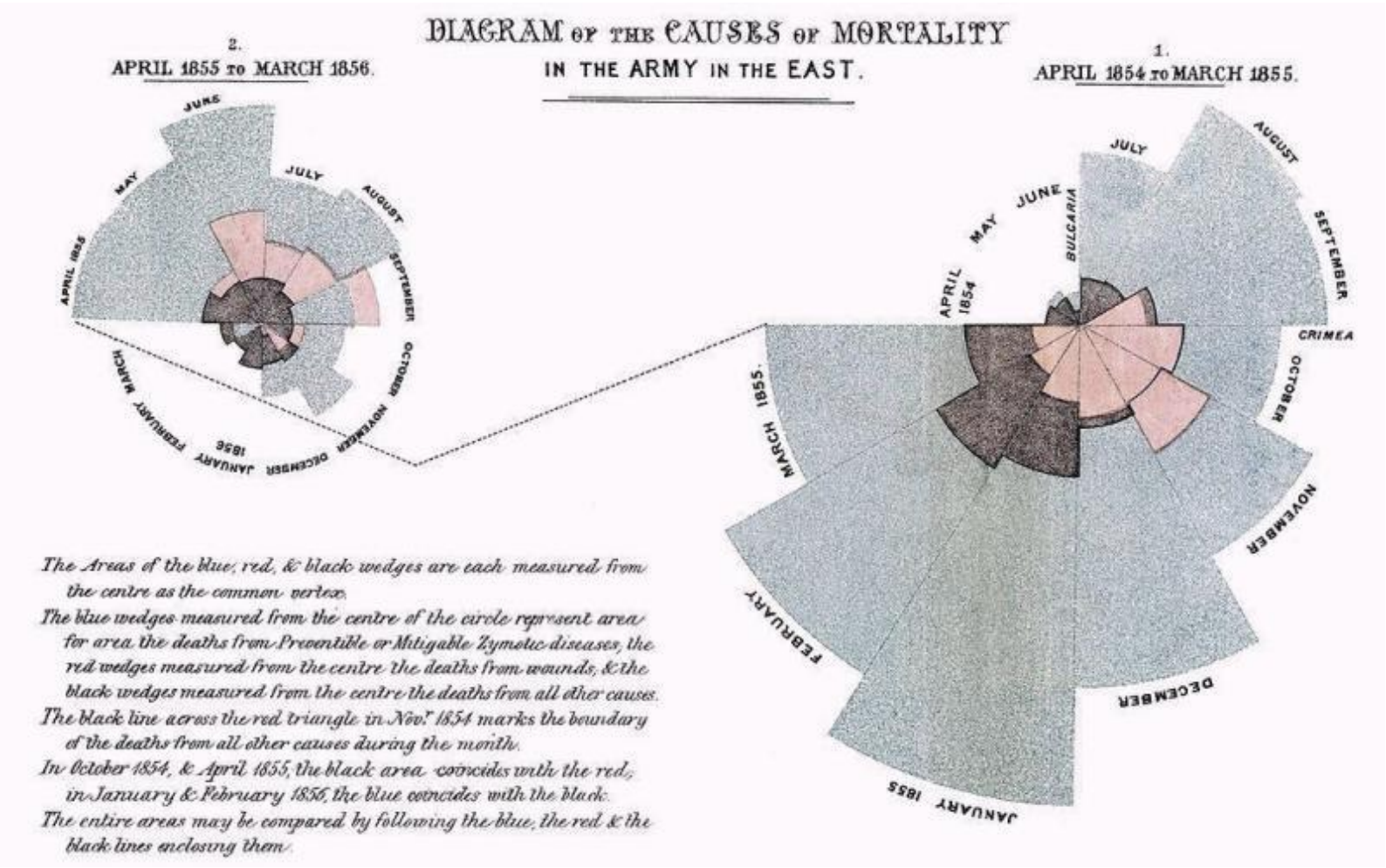


EFN Report on European Semester

Country Reports Analysis

2016-2017-2018-2019-2020-2022-2023

TABLE OF CONTENTS

INTRODUCTION

The European Semester is an important annual process undertaken by the European Commission that provides a framework for the coordination of national policies across the European Union. The process allows EU countries to discuss their plans and monitor progress at specific times throughout the year.

The first phase of the European Semester starts in **February** of each year, when the European Commission publishes the **Country Reports** - a detailed analysis of EU Member States' plans of budgetary, macroeconomic, and structural reforms. Based on these reports, the Commission proposes a number of recommendations to countries in order to help them prioritise the actions they need to take to achieve the EU's long-term strategy for jobs and growth, the Europe 2020 strategy[1]. Those **Country Specific Recommendations** (CSRs) are published in spring (**May**). The Commission proposals are then endorsed and formally adopted by the Council.

In recent years, the European Commission placed effort in better integrating the social dimension in the country analysis, with a stronger attention to the healthcare aspects. Looking at the country profiles, it is possible to identify key policy areas that are relevant across EU Member States. These can be summarised under the following topics:

- ✓ **Rise in chronic diseases**
- ✓ **Inadequacies in long-term care**
- ✓ **Inefficiencies in the hospital sector**
- ✓ **Fragmentation between primary and secondary care**
- ✓ **Sustainability of the health systems**
- ✓ **Workforce challenges, such as skills-mismatch, workforce planning and education of healthcare professionals.**

Taking into account the EFN Policy Statement[2] and Position Paper[3] on the European Semester, the EFN Brussels Office analysed the 2016, 2017, 2018, 2019, 2020, 2022 and 2023 Country reports and selected the relevant information for nursing and healthcare. As a note, there was no European Semester report in 2021 due to the COVID-19 pandemic.

For your information:

- » The full Country Reports for 2016 are available here[4].
- » The full Country Reports for 2017 are available here[5].
- » The full Country Reports for 2018 are available here[6].
- » The full Country Reports for 2019 are available here[7].
- » The Full Country Reports for 2020 are available here[8].
- » The Full Country Reports for 2022 are available here[9].
- » The Full Country Reports for 2023 are available here[10].

Please note that the following information does not reflect the EFN Members' views but summarise the Commission's Country Reports from a nursing perspective.

[1] https://ec.europa.eu/info/strategy/european-semester/framework/europe-2020-strategy_en
[2] http://www.efn.eu/wp-content/uploads/EFN-Policy-Statement-on-Nurses-Contribution-to-European-Semester-1.pdf
[3] http://www.efn.eu/wp-content/uploads/EFN-Position-Paper-on-Nurses-Contribution-to-European-Semester.pdf
[4] https://ec.europa.eu/info/publications/2016-european-semester-country-reports_en
[5] https://ec.europa.eu/info/publications/2017-european-semester-country-reports_en
[6] https://ec.europa.eu/info/publications/2018-european-semester-country-reports_en
[7] https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en
[8] https://ec.europa.eu/info/publications/2020-european-semester-country-reports_en
[9] https://ec.europa.eu/info/publications/2022-european-semester-country-reports_en
[10] https://economy-finance.ec.europa.eu/publications/2023-european-semester-country-reports_en

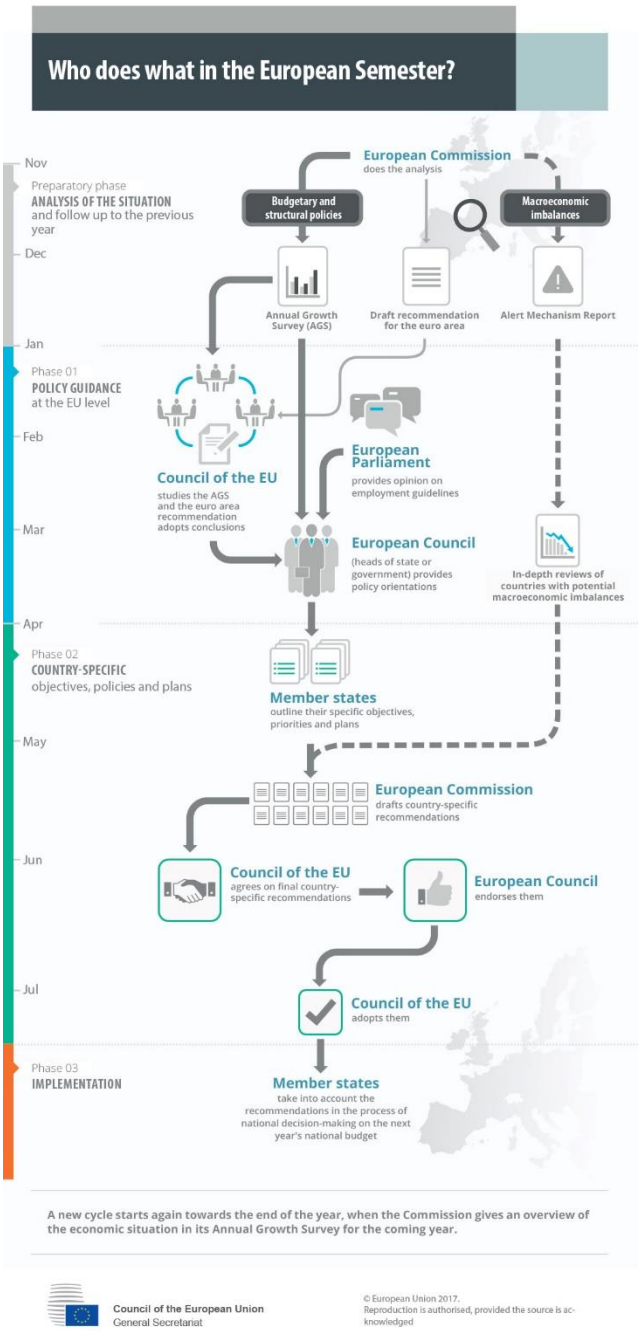
THE EUROPEAN SEMESTER PROCESS

The European Semester[11] is an annual process undertaken by the European Commission that aims to provide a framework for the coordination of national policies across the European Union. The process allows EU countries to discuss their plans and monitor progress at specific times throughout the year. For the European Commission, it represents a fundamental tool to boost cooperation and mutual learning among EU Member States.

This European Semester process starts with the Commission's publication of the Annual Growth Survey[12] which identifies economic priorities for Member States. Then, around April, the Member States submit their Stability Programme Update in which they outline their fiscal policies and their National Reform Programme to explain their structural reforms to the Commission. These programmes are examined by the European Commission which then presents its proposals for Country Specific Recommendations[13] (CSRs) in May/June.

The policy recommendations are discussed between Member States in the Council. Then, the EU leaders endorse them in June, before the Finance Ministers adopt them in the Council in July.

The CSRs cover a wide range of policy areas and provide specific, tailored guidance to each recipient Member State on how to achieve sound public finances and on what structural reforms should be implemented to achieve smart sustainable growth.



[11] https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester_en

[12] 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-explained_en

[13] https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline/eu-country-specific-recommendations_en

ANALYSIS OF COUNTRY REPORTS OF EU MEMBER STATES

Introduction

A compilation of all the European Commission's Country Reports entries related to nursing and/or healthcare, for each EU Member State, provides a unique insight in the capacity of the EU healthcare systems. The included period covers the reports from 2016 to 2022, excluding 2021 (COVID-19). The length of the period covered, as well as the number of Member States included (28), makes analysing these a daunting task.

The aims of the Country Reports include not only analysing the overall state of that country in several areas, including healthcare, but also seeing how it has been improving over time. Importantly, these reveal how, and which future steps are to be taken by national governments and stakeholders.

Measures taken by one country that were successful are likely to inform initiatives for improving the healthcare situation in another country too. Of course, this latter point should be understood only partially, taking into account that differences across healthcare systems exist and in some cases these are significant.

Reviewing all the Country Reports for this period of time, a series of points that are often stressed by the European Commission reports can be identified. For the EFN, some of these are of particular importance, and will be examined next one by one.

Strengthening healthcare systems in the EU

Healthcare is not a policy responsibility of the EU, meaning that it is up to each Member State how to organise its own healthcare system. However, Member States are invited to adhere to a series of overarching principles, such as equal access and democracy, which are compulsory for them to remain part of the EU.

Time after time, measurements of the public opinion have showed that health is very high on the EU citizens' agenda. This trend is somewhat consistent across all EU Member States, although deviations occur.

Now in times of the COVID-19 outbreak it has become more evident than ever before a need to have strong healthcare systems across the EU that can effectively meet the demands of a changing demographic. It goes without saying, most EU healthcare systems were already under heavy pressure regardless of the new coronavirus outbreak. The situation has only worsened some already existing structural weaknesses as outlined in the different Country Reports of the European Semester.

The EU's healthcare systems are already under pressure due to an ageing population and the overall rise in citizens' life expectancy. Despite these two being considered as good news, they also entail the growing burden of people living with co-morbidities and chronic diseases, as well as the need to fostering long-term care to extents never needed before.

Healthcare systems were already struggling to meet these demands due to several reasons: the quick pace at which population changes are occurring, the digitalisation of healthcare, the aftermath of the economic crisis of 2008, which negatively influenced health workforce-related policies and recruitment, and a chronic lack of economic resources across many EU Member States.

The COVID-19 outbreak has arrived very quickly and unexpectedly to a healthcare arena already in a difficult situation, due to the austerity measures taken by governments since 2009. Not all countries were struggling

at the same level, and hence, the COVID-19 outbreak is unevenly putting additional pressure on the different healthcare systems.

In this context, it is clear that the EU's healthcare systems need to be strengthened to, on the one hand, meet the demands and needs of the citizens; and on the other hand, they also need to be strengthened as to be prepared for future pandemics. As the EFN already mentioned in its seminal 2015 report on Ebola, "we are not prepared unless we are all prepared".

Finally, there is an underlying theme across all the analysed Country Reports which is the existing health divergences across countries, especially the quality of care, and treatment of certain diseases, greatly differing from one country to another. The main reason accounting for this is the little coordination among Member States on how to organise their healthcare systems. The EU is tackling this with great respect to the subsidiarity principle (i.e., that the EU cannot interfere on policies that remain at national level).

The EU is reducing these inequalities via the cohesion funds as well as through EU-funded projects aimed at those countries with the worse healthcare scores. Yet, all of this remains insufficient to effectively reduce health inequalities across countries.

Regarding the new COVID-19 outbreak, huge divergences are perceived as well. Citizens can see how mortality rates are much higher in some countries, as well as the velocity at which the disease spreads. Again, this has to do with the little convergence existing in healthcare at the EU level.

Moreover, the invasion of Ukraine by Russia has once again put a strain on the health systems of the member countries. In this context, frontline nurses and health professionals, in general, are facing a new health crisis by experiencing, once again, high levels of stress that damage their physical and mental health.

The inability to respond to sudden health crises stems from a significant shortage of health professionals, and in particular nurses, in all member states. This shortage results from inadequate working conditions and minimum wages that lead nurses to leave the profession massively.

In the following sections, we will examine the different points that are of utmost importance for the right functioning of healthcare systems and how, according to the European Commission's Country Reports, EU Member States can make progress.

Prevention

The logic behind prevention is simple – one does not have to treat/cure what can be prevented. Hence, prevention is the most cost-effective healthcare action one can advocate for. Throughout the Country Reports, the European Commission points towards prevention as the way forward together with fostering primary care. This is particularly applicable in the context of ageing populations. Moving towards healthier lifestyles with better ageing and home care settings could greatly reduce the burden posed to healthcare systems by the people living with chronic diseases and co-morbidities.

However, advocating for prevention requires a strong shift in the way healthcare is provided across many EU countries. It would require that healthcare budgets are shifted away from hospital care towards new models of care, and that the role of nurses is strengthened and empowered.

Prevention can really reduce the costs that various states have to face to ensure access to care for all citizens. However, even today, despite the Covid-19 pandemic which has shown all the weaknesses of European health systems, prevention is still a difficult concept to establish in many member states despite the efforts of the EU.

Primary care

Countries in which healthcare systems perform well are those with strong primary care systems. Primary care has many strengths as opposed to hospital/inpatient care. First and foremost, it can be provided at "simpler" and less demanding healthcare facilities that can be closer to citizens. This is particularly useful for those countries in which the population may be spread across large rural areas, and where regional differences between the largest populated cities and rural areas occur.

Primary care is cheaper and more effective. It brings healthcare professionals closer to the place where citizen's live and serves as an entry-point in the healthcare system for patients. As outlined in the Country Reports, its right implementation goes by shifting away from the traditional medical-oriented model of organising care, which is mainly based in diagnostic and cure, towards a more inclusive model that empowers all healthcare professions, and nurses in particular.

Because of these, strengthening and fostering primary care is, according to the Country Reports, the way forward for those countries that are currently experiencing healthcare pressures. In the context of the ongoing COVID-19 crisis, a strong primary care network could have been an alleviation for the hospital sector, which is struggling to deal with the thick of the outbreak.

Furthermore, in the light of the war in Ukraine, the concept of strengthening primary care became increasingly necessary in order to address present and future health crises by ensuring a strong and resilient healthcare system even in times of emergency. However, in many Member States, primary care is left behind and this only adds pressure and insecurity on the various healthcare systems.

Hospital/Inpatient Care

Hospital and inpatient care is inherently more expensive, requires more complex and expensive facilities, and can only be provided at hospital settings, which normally are present in big urban areas, or close to them, where the population rates are higher. Traditional models of healthcare have greatly focused on hospital care because they moved around cornerstones of diagnosis, cure and treatment. Altogether, these are more expensive and less efficient than proper prevention policies. The Country Reports demonstrate that the latter, prevention, is the way forward concerning healthcare.

All the countries that have hospital-centred healthcare systems are less efficient and show signals of giving unequal access to healthcare to their citizens. Moreover, in hospital-dominated systems, regional differences are also more acute. Another disadvantage is that hospital care is more expensive and poses additional pressure on public finances.

It goes without saying that hospitals should continue operating but only for those patients who really do need inpatient care. Hospitals should not be the entry point to the healthcare system for patients.

In the current COVID-19 outbreak, hospitals are the healthcare facilities dealing with most of the patients, including all of those who need intensive care. This is something that could not have been prevented. Nevertheless, the EU countries could have freed space in hospitals, maximising the number of beds available, by fostering other means of care such as primary care, home care and/or long-term care.

Long-term care

In the context of ageing populations, most EU Member States lack strong and well-functioning long-term care systems for those older people who need it. Despite progress done during the analysed period, as outlined by the Country Reports, most countries still have a long way to go in this regard. Long-term care systems are necessary for taking care of people who are now too old to be able to be self-sufficient, and to do so with the maximum human dignity possible.

Currently, most long-term care is provided at home care settings by family members (usually women). These family members provide care at their own expense, without proper expertise, and with no remuneration. However, as the population is ageing, EU Member States are starting to develop and implement long-term care systems to alleviate the situation. However, huge discrepancies exist still. While some Member States have already somehow operating structures, some others do not have long-term care systems at all.

A trend seen at those countries in which long-term care structures are the weakest is that long-term care duties are taken on by female family members without the proper training, safety devices, or remuneration. Deficiencies in long-term care systems have been exacerbated by the COVID-19 crisis. In Spain, for example, many older people have passed away at nursing care homes, and often alone.

In the context of long-term care, the European Commission launched a new initiative - the EU Care Strategy[14] - which aims to strengthen the long-term care and the early childhood education and care, as according to the European Pillar of social rights[15]. It will help strengthen gender equality and social fairness. Nurses play a fundamental and indispensable role in the provision of health and social care, in particular in prevention and long-term care[16]. As such, nurses will be key partners[17] in the implementation of this strategy.

Workforce

Sufficient and safe workforce staffing levels are key for the right functioning of healthcare systems. The Country Reports indicate that those countries scoring the worst health indicators are also those in which healthcare professionals' shortages persist. The only way to address this problem is by stimulating the hiring of healthcare professionals. Workforce shortages lead to many problems that can only be solved with healthcare professional hiring policies and the right workforce planning (Thistlethwaite et. al., 2008; Yee et. al, 2013; Christmas and Hart, 2007).

As outlined in the Country Reports, there are reasons accounting for workforce shortages. These could be due to insufficient wages (making healthcare professions unattractive), poor working conditions, wrong retention measures (as seen by the high number of nurses leaving the profession across many countries), or simply, insufficient hiring policies. In some cases, and whenever possible, there are countries in which healthcare professionals decide to emigrate and exercise their profession at EU countries other than their country of origin. Ultimately, this possesses great challenges to the national healthcare systems as well as well as to the quality of care given to citizens and patients.

[14] https://ec.europa.eu/social/BlobServlet?docId=26014&langId=en
[15] https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights_en
[16] http://www.efn.eu/wp-content/uploads/EFN-Report-on-Best-Nursing-Care-Practices-in-Long-Term-Care-with-Upscaling-Potential-Dec.2018-compressed.pdf
[17] http://www.efn.eu/wp-content/uploads/EFN-Recommendations-on-Addressing-the-Underfunding-of-Prevention-and-LTC.pdf

Moreover, when healthcare workforce shortages occur, these tend to be more acute in the nursing profession. This is motivated, probably, by the context in which medical professions are better regarded that nursing or other healthcare professions. This wrong view is shifting away across many EU countries as well as in the mindset of the EU institutions. This trend is seen across all the Country Reports, which are advocating for a more inclusive approach empowering all the healthcare professions including the nurses.

In the context of the ongoing COVID-19 crisis, workforce shortages have become more conditioning than ever before. As healthcare systems collapsed because of the coronavirus outbreak, several EU countries have introduced emergency measures such as hiring back retired healthcare professionals or recently graduated ones. In some cases, last-year students have been brought to the frontline too, including nurses. Of course, these measures are not taken without risk. In countries like Spain, the situation is even worser due to already existing acute shortages (particularly in the nursing profession). As consequence, the shortage of nurses[18] makes the healthcare system weak and vulnerable, unable to deal with health emergencies[19].

Moreover, the war in Ukraine has further accentuated the lack of frontline nurses and it is becoming, more and more, a critical point for the well-being and well-functioning of the healthcare sector. Improving the working conditions and the salary for nurses across the EU is essential to attract and retain young people to the nursing profession. The evidence clearly shows that nurse staffing positively affects patient outcomes. Health settings with high number of nurses are associated with a statistic significant decrease in length of stay at hospitals as well as mortality. Safe nurse staffing means high patient safety and patient satisfaction.

EFN PRIORITIES IN THE EUROPEAN COUNTRY REPORTS

For the EFN the most important is that the European Commission takes the Country Reports to advance the dissemination and adoption of the European Pillar of Social Rights[20] across all EU Member States. If implemented, this piece of "soft legislation" has the power to reduce social inequalities among EU citizens and to advance universal health coverage for all. In doing so, it can advance the profile of the nursing profession across EU countries. In addition to that, the European Country Reports are very informative for the EFN and its membership to examine the extent to which the EFN's Strategic and Operational Lobby Plan 2021-2027[21] (SOLP). The EFN lobby activities mainly focus towards:

1) *Ensure that patient safety, nurses and nursing are central to the development of Social and Health Policy and its implementation in the EU and Europe.*
2) *Support and facilitate a qualitative and equitable health service in the EU and Europe by a strategic contribution to the development of a sufficient, effective, competent and motivated workforce of nurses.*

Making sure that these are implemented nationally across all EU countries is a priority for the EU nursing community. Hence, by looking at the Country Reports and their evolution over time one can see the advancements (or the lack of them) done at the national level.

[18] http://www.efn.eu/wp-content/uploads/EFN-Policy-Statement-on-Consequences-Nurses-Shortages-in-Public-Health-Nov.2020.pdf
[19] http://www.efn.eu/wp-content/uploads/EFN-Recommendations-on-Addressing-the-Underfunding-of-Prevention-and-LTC.pdf
[20] https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en
[21] http://www.efn.eu/wp-content/uploads/EFN-SOLP-2021-2027-1.pdf

According to its Strategic and Lobby Operation Plan (SOLP), the EFN has a series of priorities that are worked on in a regular basis to achieve its main three overarching objectives. The last version of the SOLP includes the priorities for the period 2021-2027. Within the context of the European Semester, it is key to focus on:

- Growth of Health & Cohesion Policies
- The European Pillar of Social Rights
- The nursing workforce
- Strengthening primary and Long-Term care

When doing this comparison, the second category (i.e., the European Pillar of Social Rights) is only included when solid conclusions could be drawn or when it is explicitly mentioned. That is, this category has only been included for those countries in which it could be drawn whether if, with the available indicators, it is applied rightly or not. Countries in which it is explicitly mentioned include this category, too. However, in many other countries when the indicators are vague and/or do not point explicitly at the European Pillar of Social Rights, then, it is excluded.

This shows the importance of the EFN SOLP 2021-2027 in relation to the development of the European Semester process, and its indicators related to health and healthcare, next to its link to the development of the European Pillar of Social Rights, especially now Europe goes into recovery of the COVID-19 pandemic. The European Commission will measure this recovery through the European Semester.

COUNTRY REPORTS 2016-2023 - LINK EFN SOLP

In the following section, a comparative analysis of all the Country Reports is provided for all EU countries, covering the period from 2016 to 2023. For each country, the contact details of the European Semester National Reference Point(s) are provided to enable the EFN members starting a dialogue with the NCP.

AUSTRIA

European Semester National Reference Point(s):
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Report overview 2016: The Austrian public healthcare system is one of the most expensive in the EU. Austria needs to improve investment dynamics and preserve sound public finances therefore increasing efficiency of public expenditure and reducing public debts are recommended. Healthcare, an area where Austria spends higher than the average Member State, is identified as a challenge of the future for this context. Austria's ageing society is facing considerable future challenges caused by increasing pension and healthcare payments. To tackle the ageing population the government has reduced the recipients of long-term care resulting in a negative impact on female employment as many leave their job to provide (informal) family care. At the same time, Austria has started the Fit2Work programme which will increase the employment rate of employment of people aged between 55 and 64. It is endorsed by the EU as it supports health maintenance of employees and employers. The different levels of governance in the area of healthcare are seen as an economic and efficiency burden, which should be dealt with. Structural imbalances and oversized hospital sector along with an underdeveloped ambulatory care sector are identified as problematic. Increase of primary care rather hospital-based care is a potential solution.

Report overview 2017: According to the data collected for the 2017 Report, there was progress in ensuring the sustainability of the healthcare system. Still, public expenditure on healthcare in Austria poses a sustainability challenge, as it is expected to rise significantly in the medium and long term from already high levels. The fragmented organisational and financial structure of the healthcare sector does not encourage cost efficiency. It is characterised by a disproportionately large hospital sector with unexploited savings potential, for instance through better use of ambulatory care and improved public procurement. Additionally, the financial targets set by the 2013 healthcare reform and the 2017 financial equalisation law are not sufficient to ensure the sustainability of the healthcare system. However, the Austrian healthcare system did not seem to suffer from problems of accessibility, but evidence at the local level suggests some inefficiencies and long waiting times in specific sectors. It also emerged that Austria has an ageing society whose long-term care costs are expected to increase significantly.

Report overview 2018: The Country Report 2018 highlights that some progress was achieved in improving the sustainability of the healthcare sector, including by improving public procurement practices. The reform of primary healthcare services is progressing. The reform is expected to help shifting services away from the hospital sector, thus containing expenditure in the medium term. An over-sized hospital sectors still constitutes the main driver of the high expenditure, which is the result of a fragmented financial and organisational structure. To intervene, the different levels of government and the social security funds agreed to strengthen the provision of outpatient services, in order to shift services away from the hospital sector. To this end, 75 primary healthcare centres and networks will be created by 2021.

Report overview 2019: the country keeps making positive steps towards a more efficient healthcare sector. Public health expenditure (including long-term care) is increasing within the legislated ceilings. Public expenditure as a share of actual GDP is still on an upward trend. The coverage provided to citizens is the highest

in the EU. Together with the Netherlands, Austria has the lowest share of the population in the EU facing unmet needs for a medical examination or treatment.

Nevertheless, the system is facing challenges relating to its cost. Even though healthcare expending is comparable to the EU average, ageing-related cost pressures (including long-term care) threaten the country's long-term fiscal sustainability. Public health-care spending (excluding long-term care) in Austria is projected to increase, mainly due to demographic changes. Moreover, the announced reform of the social insurance organisation is likely to cause upfront costs. To face these challenges, the system 1) is being reformed to shift the weight from hospital care, and 2) is being modernised to increase efficiency.

Report overview 2020: the long-term care system relies comparatively heavy on informal care. Women make up 85.2% of formal long-term care staff and about two thirds of the employees who take leave to care for dependants are women. According to recent estimates, the nursing care staff requirement for the year 2030 (additional demand and replacement due to retirement) is approximately 76.000 persons.

Austria has taken positive steps to increase efficiency in the health care sector, but the savings potential is still unclear. Moreover, the overutilization of hospital and pharmaceutical care, the overlap of competencies in the health care sector, and the role of prevention remain to be addressed. At Member States' request, the Commission has provided tailor-made expertise via the structural reform support programme to help design and implement growth-enhancing reforms. Since 2018, it has supported 11 projects in Austria. In 2019, it helped the authorities inter alia to strengthen primary health care.

Report overview 2022: Life expectancy in Austria is above the EU average but declined in 2020 due to COVID-19. In 2022, Austria reported 1,82 cumulative COVID-19 deaths per 1.000 population and 462 confirmed cumulative Covid-19 cases per 1.000 population.

The Austrian health system has always guaranteed access to high quality care. After two years of COVID-19 pandemic, this system is facing some structural challenges such as the fragmentation of the healthcare service delivery model and a very hospital-focused health system.

Austria has a high expenditure on hospital care which exceeds the EU average. The result is reflected in the high number of hospital beds and in the number of doctors and nurses much higher than the EU average. However, among the challenges to be faced, the aging of the healthcare workforce remains. Overall, despite the recovery of the labour market, the potential labour market of women, low-skilled professionals and people with a migrant background remains underused.

The Recovery and Resilience Plan (RRP)[22] foresees investments in Austrian healthcare for € 254 million, which corresponds to 5.6% of the total expenditure dedicated for:

- Improving primary care;
- Supporting the development of an electronic mother-child-pass platform;
- Rolling out "early childhood intervention" for pregnant women, their young children and families in stressful life situations;
- Setting up community nurses' scheme;
- Creating an Institute for Precision Medicine;
- Promote the retraining and improvement of skills.

Report overview 2023: the life expectancy in Austria continues to be above the EU average as the health spending relative to GDP. Furthermore, the share of spending on disease prevention has increased considerably. In absolute terms, spending on prevention in Austria increased by 78% between 2019 and 2020: in particular, it increased for epidemiological surveillance and risk and disease control programmes.

In terms of healthcare professionals, Austria has more doctors and nurses than in the EU on average. The number of nurses per 1 000 population was 10.5 (2020), compared to an EU average of 8.3 (2020). Regarding the age profile of nursing professionals, it has to be noted that in 2016, 24% were over the age of 55. This raises some concerns in terms of the sustainability of current nursing workforce levels.

[22] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/austrias-recovery-and-resilience-plan_en

The Recovery and Resilience Plan (RRP)[23] foresees investments in Austrian healthcare for € 254 million in order to expand multi-professional primary healthcare units across the territory. Moreover, the RRP contains a reform to strengthen primary healthcare. The overall objective of the measure is to promote the attractiveness of working conditions for general practitioners and other health and social professions in primary health care.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has a high expenditure on public health that seems to have stabilised during the analysed period. The indicators do not seem to highlight a need of increasing expending in health policies.
The European Pillar of Social Rights	They are not explicitly mentioned in the Country Reports, but all indicators seem to indicate that the country is compliant with the 20 principles. However, the text to which these are applied in the nursing profession should had been examined.
The nursing workforce	Mentioned in the Country Report 2022.
Strengthening primary & LT care	In the analysed period, the country seems to have a well-performing primary care system.

BELGIUM

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Report overview 2016: Belgium has a significant increase in service jobs in non-market activities, such as the public sector, education and healthcare. Their share in total employment rose from 31 % in 2000 to 35 % in 2014, with these sectors representing almost 60 % of total job growth since 2000. Part of this strong employment growth is explained by population ageing and related healthcare needs. With its high public debt, Belgium finds itself in a more challenging starting position to cope with the expected budgetary impact of an ageing population. While most of the public debt is at federal level, this level also bears the bulk of age-related expenditure such as pensions and healthcare. Structural barriers, including in participation in access to quality education and healthcare, prevent further reduction of poverty or social exclusion.

Report overview 2017: in 2017 Report, health did not represent an extensive chapter of the Belgian analysis, but it emphasised that expenditure projections for long-term care contribute to sustainability challenges in the long run. Belgium nevertheless had the highest proportion of the population receiving long-term care. As a result, Belgium spent 2.1 % of GDP on long-term care in 2013, twice the EU average.

Report overview 2018: also, in the 2018 report, it is stressed that expenditure projections for health and long-term care are considered to contribute to the sustainability challenge in the long term. Moreover, the report acknowledges access to quality healthcare as an issue for vulnerable groups raising in the last years.

Report overview 2019: the country has a healthcare system that performs generally well. Nevertheless, there is room for improvement in primary care and prevention. There are disparities in unmet care needs by income groups, too. In spite of recent reforms, the medium-long term sustainability of the long-term care system remain a challenge. This is due to the expected rising costs of these due to population's ageing. Spending on long-term care is almost exclusively devoted to in-kind services.

Report overview 2020: rising age-related expenditure, among other due to long-term care and health expenditure, will further worsen the headline deficit. Health spending accounted for 10.3% of GDP in 2017, up from 8.9% in 2006, which is above the current EU average of 9.8%. The current governance model of devolving

[23] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/austrias-recovery-and-resilience-plan_en

long-term care competencies to the regions seem to guarantee spending oversight, but not to control it. According to the National Bank of Belgium, health is an area where the cost-efficiency ratio could be improved. Strengthened prevention and a more appropriate use of services and pharmaceuticals could improve overall efficiency and reduced inequalities. Moreover, shortages of healthcare professionals are observed.

Belgium is a good performer in health and well-being in line with the high standard of its health system, where all indicators, apart one, are above the EU average and in reduced inequalities thanks to its tax and benefit system. The health system performs well in providing acute care in hospitals, but other aspects of public health and prevention policies could be strengthened to improve health outcomes and reduce health inequalities.

In 2018, about 32.6% of total public expenditure was spent at regional and community level and 13.2% at local level with health care and social protection being the biggest items.

Report overview 2022: Life expectancy in Belgium is higher than the average for EU countries. However, in 2020, life expectancy dropped dramatically due to COVID-19. In 2022, Belgium recorded 2,71 cumulative COVID-19 deaths per 1.000 inhabitants and 347 cumulative confirmed cases of COVID-19 per 1.000 inhabitants. Before the pandemic, the most common causes of death were ischemic heart disease, stroke and major lung cancer.

The most of workforce shortage was for intensive care nurses. Furthermore, among the biggest challenges that Belgium is facing are: inadequate skills, inequalities in the level of education and poor learning with high gaps in the professional, technical and scientific fields. The problem appears to be the lack of qualified teachers that brings to the inequality level of education.

According to the Recovery and Resilience Plan[24], Belgium plans to invest € 83 million in health measures. The investment will focus on:

- Digital health services
- Improvement of the collection and availability of health data
- Improve the performance of the education system

In addition, the plan for recovery and resilience also includes investments in nuclear medicine for cancer treatment and in health research and innovation.

Report overview 2023: Life expectancy in Belgium continues to be higher than the average of EU countries. Despite the health spending relative to GDP in Belgium was slightly above the EU average, between 2019 and 2020, the spending on prevention in Belgium increased by 22%, compared to a 26% increase for the EU as a whole. However, in 2020, Belgium reported the highest proportional increase of all Member States in spending on information, education and counselling programmes related to disease prevention.

The healthcare professionals' shortage is a great issue in Belgium. The number of nurses has increased over the past years and reached 11.1 per 1 000 inhabitants in 2018, well above the EU average (8.3 in 2020). Despite this, the patient-to-nurse ratio in hospitals is high and there are difficulties in recruiting nurses. The government has taken measures to increase the attractiveness of the nursing profession and improve their working conditions. Since 2020, an investment of more than € 1 billion has been directed at increasing the remuneration of nurses, creating additional jobs, making the nursing profession more attractive for the young generation.

In its current Recovery and Resilience Plan[25], Belgium plans to invest € 83 million in the healthcare sector with the aim to improve digital health services and health data, nuclear medicine for cancer treatment, and health research and innovation.

[24] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/belgiums-recovery-and-resilience-plan_en
[25] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/belgiums-recovery-and-resilience-plan_en

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has sufficient expending in healthcare and seems to perform well.
The European Pillar of Social Rights	They are not explicitly mentioned in the Country Reports, but all indicators seem to indicate that the country is compliant with the 20 principles. However, the text to which these are applied in the nursing profession should had been examined.
The nursing workforce	In the analysed period, the country reports highlight the high number of people working in healthcare but does not give the numbers of nursing in particular.
Strengthening primary & LT care	The country has a well-functioning system of primary care. The country has a functioning system of long-term care, however, it should be strengthened in the upcoming years if it is going to address the burdens posed by its ageing population.

BULGARIA

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Report overview 2016: The Bulgarian healthcare system continues being affected by weak performance. Bulgaria ranks as the worst EU Member State in terms of child mortality (1-14 years), the second worst in perinatal mortality and the fourth worst in terms of amenable mortality. Life expectancy and mortality place Bulgaria at one of the lowest positions in the EU. Mortality from circulatory system diseases is the highest among all Member States. Poor health outcomes have a negative impact on the working age population. Mortality rates before the age of 65 are estimated to reduce the workforce in Bulgaria by 2.7% when compared with its potential estimated by using EU-average mortality rates (44). Problems of low effectiveness and efficiency of health service delivery are substantial. The Bulgarian health system is particularly hospital- centred and its hospital capacity widely exceeds the EU average.

Bulgaria faces important challenges in terms of the health workforce but lacks an overall strategy and policies to address this challenge. The economic crisis has extended these problems and the health system can soon be expected to face serious problems in terms of health workforce availability. Employers already identify a lack of available qualified workforce, including specialist doctors and nurses. Even though the number of medical doctors is slightly higher than in the EU on average, their mean age is 51. The number of nurses is the second lowest among Member States and their mean age is 49. Health professionals' emigration is driven mainly by higher remuneration in other Member States but also by the lack of appropriate opportunities for professional development in Bulgaria which is partially caused by low health funding.

Although some measures have been taken to improve the cost effectiveness of health care, including the preparation of a National Health Map, the Bulgarian healthcare system faces major challenges, including limited accessibility, low funding, and poor health outcomes. Public expenditure on healthcare was 4.52% of GDP in 2013 (well below the EU average). At the same time, it is estimated that 12 % of Bulgarians (who do not permanently live abroad) do not have health coverage. This lack of coverage is unevenly distributed across society. Income inequalities are reflected in access inequalities with the worst-off having the greatest problems in receiving services from the public system. In particular, the lack of health coverage is prominent among the Roma population. Other recent reforms in the healthcare system envisage splitting the current coverage package into three packages — basic, additional and emergency. The reform will officially establish waiting times and introduce the possibility for voluntary health insurance for those who do not want to wait for services under the additional package. It is of paramount importance that the design and introduction of this reform does not further increase the inequities in access to necessary healthcare among the population.

Report overview 2017: The 2017 report shows limited progress in improving the efficiency of the health system by improving access and funding, and health outcomes. Key challenges in the healthcare system include limited accessibility, low funding, professionals emigrating and weak health outcomes. Public health care spending is low compared to the EU average, access to healthcare is further impeded by out-of-pocket payments. Furthermore, the shortage of nurses compounds the human capital challenge.

Report overview 2018: In 2018, Limited progress was made Executive summary in increasing health insurance coverage, in reducing out-of-pocket payments, and in addressing shortages of healthcare professionals. Also, access to healthcare still represents an issue, limited by low and uneven distribution of resources.
Moreover, district-level differences in the distribution of doctors, and the low number of nurses, remain a problem.

Report overview 2019: the country´s healthcare system (including long-term care) is inefficient and hard to access. The implementation of the National Health Strategy action plan (aiming at reforming the system) is considerably delayed. Public expenditure on healthcare is very low (about 5% of the GDP). According to the authorities, at the end of 2017, the percentage of the population lacking health insurance is more than 10%. For those, hospital and emergency services are the usual entry point to the system, which hinders efficiency. In the case of Roma people, fewer than 50% are estimated to have a health insurance. The gap in unmet medical needs between those with the lowest and the highest income is very high. Formal and informal out-of-pocket payments cover almost half of healthcare costs.

There is a shortage of healthcare professionals. Within those, there is a huge shortage of nurses. The ratio of 440 nurses per 100 000 inhabitants is far lower than the EU average of 840. The National Health Map estimates that around 30 000 more nurses are needed to reach the EU level. On a positive note, in 2018 the number of study places for nurses at universities increased. Unlike in 2017 all of them were filled.

Report overview 2020: there are more specialist physicians in the country that in many other UE Member States, while the number of nurses remain the second lowest. The number of nurses per 1,000 inhabitants in Bulgaria is 4.4 (EU average 8.5). The profession remains unattractive due to low salaries, lack of recognition and heavy workload. This situation is expected to worsen as times goes by. The health workforce is unevenly distributed across the country.

About 14% of Bulgarians do not have a health insurance. Healthcare affordability is specially challenging to the poorest. The relatively low tax revenue limits the government's ability to fund basic public services such as healthcare. Public expenditure on health remains very low, and about half of the healthcare provision is covered by out-of-pocket payments (one of the highest in the EU). Little progress is done in this regard.

The healthcare system is very hospital centred. Despite an average length of hospital stay below the EU average the number of hospital discharges per 100,000 population is almost twice the EU average - suggesting that many patients are admitted to hospitals only for tests and check-ups that cannot be provided in outpatient care. The overall effectiveness of the healthcare system remains very low, particularly when compared with other EU Member States.

Report overview 2022: In 2020, life expectancy in Bulgaria was the lowest in the EU and the COVID-19 pandemic has widened this gap. In 2022, Bulgaria reported 5.29 cumulative COVID-19 deaths per 1 000 inhabitants and 165 confirmed cumulative cases of COVID-19 per 1 000 inhabitants. However, cardiovascular disease is a leading cause of death.

Healthcare spending in Bulgaria remains lower than the EU country average and the health system is characterized by high out-of-pocket payments and a hospital care model. The COVID-19 pandemic has highlighted even more the need for further investments in the health sector with the aim of addressing any future health challenges and crises. Among the investments needed in Bulgaria, there is the creation of a uniform information system to boost the use of e-health and improve the working conditions of health professionals. Indeed, the labour market is recovering, but overall outcomes remain below their pre-crisis period. However, the objective is to improve and requalify the access to the labour market.

High hospitalisation rates are caused by the underdevelopment of both preventive healthcare services and primary care. Furthermore, the capacity of the Bulgarian health system is undermined by the severe shortage of specialized nurses, as well as by the unequal distribution of medical personnel in the country.

Another serious concern in Bulgaria is the high consumption of antibiotics.

Bulgaria's Recovery and Resilience Plan[26] foresees an investment of € 372 million in health measures. The investment will focus on:

- modernise hospitals and healthcare facilities
- establish an air ambulance system
- construct outpatient care units in remote areas and under-served regions
- address shortages of healthcare professionals across the country

Report overview 2023: Life expectancy in Bulgaria continues to be lower that the EU average. Health spending relative to GDP in Bulgaria was 8.5%, well below the EU average of 10.9% (2020) and, also, it ranks amongst the countries with the lowest share of spending on outpatient care. Moreover, the spending on prevention in Bulgaria increased by 14% between 2019 and 2020 - compared to a 26% increase for the EU overall.

A great issue, in Bulgaria, is the staff shortage in the healthcare sector. The low number of nurses is also reflected in the lowest nurse-to-physician ratio in the EU: while the ratio of nurses to doctors in the EU was 2.2 (2020), it was only 1.0 (2020) in Bulgaria.

According to the Recovery and Resilience Plan, Bulgaria plans to invest € 372 million in the healthcare sector. This investment includes an update of the strategic framework for national cancer plan, the national paediatric strategy, national strategy on mental health for 2021-2030 and a related action plan, and for e-health.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country needs to invest more in its healthcare system, to ensure that all the population has access to healthcare and thus to reduce inequalities.
The European Pillar of Social Rights	The principles enshrined in the European Pillar of Social Rights are not expressed addressed, but all the indicators point towards the Pillar not being rightly nor fully implemented. A lot of progress needs to be done.
The nursing workforce	There are shortages of nurses in the country persisting year after year. Particularly, there is a persisting imbalance between the number of nurses when compared to the number of physicians. The country needs to greatly invest on its nursing workforce, raising the status of the profession, and increasing the overall number of nurses.
Strengthening primary & LT care	The country needs to further develop its primary care system to reduce health inequalities and to give better service. The country needs to move away from a hospital-driven system. The country's long-term care system is deficient and very little developed. More investment is needed.

CROATIA

Report overview 2016: There are indications that access to healthcare and long-term care is an issue. Spending on healthcare and disability benefits has been slightly increasing and accounted for 52 % of total social protection spending in 2013. However, the share spent on prevention is lower than the EU average. Access to healthcare could also be an issue as the share of the population reporting an unmet need for medical examination due to distance is one of the highest in the EU. The gap between the lower and higher income quintiles of the population in terms of unmet needs is also higher than the EU average. In addition, the continued spread of long-term care

[26] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-bulgaria_en

services between the healthcare and social welfare systems results in inefficiencies, including the coverage gaps mentioned earlier

Some saving measures in healthcare are being implemented but at a slow pace. It appears that while operating costs (intermediate consumption) and subsidies are the main factors behind the high costs of provision of general public services, the wage bill explains the excess spending in healthcare in comparison to EU peers. While higher spending levels could reflect higher quality of provided services, available evidence, in particular on the performance of the public administration does not corroborate this conclusion: it thus appears that there is scope for efficiency gains. Still, the healthcare sector tends to accumulate arrears with limited progress in comparison to last year. These necessitate periodic cash injections from the state budget and are a source of fiscal risk. Funding (through the Structural Funds) is planned for the strengthening of ICT applications for e-government, e-learning, e-inclusion, e-culture and eHealth. Healthcare competences are being transferred from the central to the local level.

Report overview 2017: In the analyses carried out for the 2017 Report, it emerged that the fiscal sustainability of the healthcare system appears to be at high risk in the medium term, but no action has been taken to promote a more sustainable and efficient financing of health care. Health sector arrears, mainly related to the hospital organisation structure, remain a source of concern. Health outcomes are below the EU average and point to a challenge in preventing non-communicable (chronic) diseases. Unmet needs for medical examination in Croatia remain below EU average, but rising inequalities in access to healthcare pose a challenge. Additionally, Croatia has not yet developed a comprehensive strategy on long-term care. While the planned reforms in healthcare are being reconsidered, no specific measures have been taken to address the accumulation of arrears in the health sector. In parallel, new qualifications for palliative care nurses were introduced.

Report overview 2018: The 2018 Report emphasised that Croatia has made limited progress in addressing the 2017 country-specific recommendations, with payment arrears in healthcare that keep on growing. However, the authorities have taken initial steps towards the long-planned functional integration of hospitals. Health outcomes continue to improve but remain below the EU average. Some measures aimed at rationalising the hospital system were initiated in 2017. Hospitals, however, remain inadequately financed and overburdened with arrears. Finally, it appears that Croatia has markedly lower numbers as regards the nursing staff.

Report overview 2019: the country keeps making positive steps towards a more efficient healthcare sector. Public health expenditure (including long-term care) is increasing within the legislated ceilings. Public expenditure as a share of actual GDP is still on an upward trend. The coverage provided to citizens is the highest in the EU. Together with the Netherlands, Austria has the lowest share of the population in the EU facing unmet needs for a medical examination or treatment.

Nevertheless, the system is facing challenges relating to its cost. Even though healthcare expending is comparable to the EU average, ageing-related cost pressures (including long-term care) threaten the country's long-term fiscal sustainability. Public health-care spending (excluding long-term care) in Croatia is projected to increase, mainly due to demographic changes. Moreover, the announced reform of the social insurance organisation is likely to cause upfront costs. To face these challenges, the system 1) is being reformed to shift the weight from hospital care, and 2) is being modernised to increase efficiency.

Report overview 2020: access to health care in Croatia is relatively good, with a low level of unmet needs for healthcare. However, vaccination rates are dropping.

Several initiatives were taken to improve the functioning of the health system, which remains focused on acute care. Reforms in the healthcare system are progressing but slowly. EU Cohesion Funds to support 1.436 primary health care providers will improve access to healthcare, especially in remote and deprived areas.

Air pollutions continues negatively impacting citizen's health.

Despite the strong increase in revenue from health contributions, the healthcare sector continues to accumulate arrears. Arrears are mostly generated in hospitals, particularly those owned by counties.

Report overview 2022: Life expectancy in Croatia is below the EU average and COVID-19 has increased this gap. In 2022, Croatia recorded 3,88 cumulative COVID-19 deaths per 1 000 inhabitants and 274 confirmed cumulative cases of COVID-19 per 1 000 inhabitants.

In 2019, healthcare expenditure relative to GDP was below the EU average, despite above-EU-average funding for dental and pharmaceutical care. Furthermore, a big issue for Croatia is also the low level of school education, which increases the gap both in gender and in rural areas.

Croatia Recovery and Resilience Plan foresees[27] an investment of € 353 million for:

- Diagnosis and treatment of cancer
- Hospital infrastructure
- Increase day care
- Improve the training of nurses
- Improve the use of digital tools in rural areas
- Improve education outcomes

Report overview 2023: Life expectancy in Croatia is still below the EU average. Between 2019 and 2020, the spending in prevention increased by 6% remaining much lower than then EU average of 26%.

In 2021, in Croatia, there were only 7 nurses (EU average: 8.3) and 3.6 doctors (EU average: 3.9) per 1,000 population. Despite, the ratios of both doctors and nurses to population increased between 2013 and 2021, it remains still below the EU average.

Croatia Recovery and Resilience Plan foresees[28] an investment of € 353 million in the healthcare sector which proposes 5 reforms related to:

1. Efficiency, quality and accessibility of the health system;
2. The care model for key health challenges;
3. Strategic management of human resources in health;
4. The financial sustainability of the health system;
5. e-Health.

Link EFN SOLP:

Growth of Health & Cohesion policies	The country continues investing in healthcare but at the expense of long-term sustainability. This imbalance should be fixed with the view to continue strengthening the healthcare system in the future. Cohesion funds are being used in the country to strengthen its primary care system. There is progress shown during the analysed period.
The European Pillar of Social Rights	Even though it is not specifically addressed, the analysis show that its core principles are fulfilled.
The nursing workforce	Not mentioned in the Country Reports.
Strengthening primary & LT care	The country has a good primary care system that is being strengthened using cohesion funds. This trend is expected to continue in the near future. During the analysed period, progress is made in long-term care and it seems that this will be the new trend. However, the imbalance caused by public finances may pose a risk for the future development of long-term care. This should be addressed.

[27] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/croatias-recovery-and-resilience-plan_en
[28] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/croatias-recovery-and-resilience-plan_en

Report overview 2016: The Cypriot health care sector is characterised by inefficiencies, which constrain access to adequate and effective care. The economic crisis led to an increase in demand for public health care services, exacerbating the problems of inadequate access to care and ineffective care delivery in the public health care sector, due to both low funding and inefficient use of resources. At the same time there is over-capacity on the side of private health care providers. Such outcomes contribute to allocative inefficiencies and have led to a relatively high share of private expenditures in total health expenditures, mostly directed towards largely unregulated private health care providers. More autonomy for public hospitals and the creation of a National Health System are among the measures that have been discussed by the authorities and stakeholders to improve the adequacy and cost-effectiveness of the Cypriot health sector, but which have not yet been adopted. The adoption of medical data exchange is also below average and weighs on the efficiency and diversity of services offered by health systems.

Cyprus lacks universal healthcare coverage, and presents challenges as regards high out-of-pocket payments and access to care. The health care system has long been criticized for failing to effectively cover the population, leading to significant unmet needs, while access to healthcare in inadequate and ineffective. There are long waiting lists for certain surgical operations and high-cost screening tests exacerbate inequalities in access to care. In addition, the provision and funding of healthcare is fragmented between public and largely unregulated private providers of healthcare services. The current system has led to inefficient use of resources and inequities in access to care. Prices, capacity, and care quality in the private sector are largely unregulated, and the costs and volumes of the services provided are inadequately monitored. Also, no coherent framework is being implemented to match up the public and private healthcare services that are provided separately. As a result, coverage is inadequate and ineffective. On the one hand, the increased demand for public healthcare services driven by the economic crisis has put further strain on the already over-burdened public healthcare sector. On the other, private healthcare providers' overcapacities are exacerbated. This leads to allocative inefficiencies.

The Cypriot authorities have delayed the implementation of the National Health System (NHS), aimed at addressing the challenges of the health care sector. This commitment was made in the context of the economic adjustment programme and its fulfilment is now envisaged for 2018 (against end-2015 envisaged at the on-set of the programme). The main goals of NHS are: (i) ensuring universal healthcare coverage; (ii) ensuring the long-term fiscal sustainability of the public health care expenditure; (iii) overcoming the fragmentation of uncoordinated provision of private and public care; (iv) improving the sector organisation and monitoring; and (v) producing better quality of care. The main challenges and implementation risks of the National Health System relate to preparing the legal framework, enabling effective competition between public and private health facilities and making public health facilities financially sustainable, as well as building up the necessary IT-infrastructure for monitoring the financing and provision of care.

Hospital autonomisation is a pre-condition for the implementation of the National Health System, with a view to securing the financial sustainability of the system. In 2015, the Cypriot authorities have started defining a new strategy for hospital autonomisation, and the related bill is being prepared. However, the envisaged timelines for implementing the strategy appear to leave very little room for preparing public hospitals for competition with private hospitals under of the National Health System.

Progress on healthcare reform under the economic adjustment programme has been generally weak, and challenges remain. Reforms in recent years focused on securing short-term viability, while failing to address the inherent challenges that the Cypriot healthcare system faces. The measures taken include stronger means-tested financing of public healthcare and introducing financial disincentives for unnecessary use of medical care. Progress towards implementing the National Health System has been weak, due to the fact that several reforms identified as important stepping stones (such as e.g. hospital autonomisation, primary healthcare reform and the finalisation of the tender for the necessary IT-infrastructure) have been constantly postponed. If there are any further delays, it is questionable whether the National Health System will be a reality by 2018, as planned.

Report overview 2017: The 2017 analysis shows that Cyprus has the lowest ratio of nurses to doctors in the EU. Health professionals belong to high-shortage occupations for Cyprus. There is no health workforce planning system aligning the provision of future health education graduates with public health needs. This prevents Cyprus from developing a balanced skill-mix in multidisciplinary teams that would strengthen the healthcare sector.

Cyprus has announced the implementation of a dual strategic healthcare reform programme. There is currently no universal healthcare coverage in Cyprus and healthcare is provided by two uncoordinated sub-systems leading to inefficiencies and increased spending. The proposed design of the NHS would entitle access to care for the whole population and significantly reduce current high out-of-pocket payments. Currently, there is no formal referral system from primary to specialist and hospital care. Increasing waiting times result in accessibility problems. Spending on prevention and public health policies is low in Cyprus and is a major source of inefficiency.

Cyprus healthcare sector is not making effective use of open and competitive public procurement. Stronger governance and coordination of the pharmaceutical market can improve efficiency. Moreover, despite reforms, Cyprus' long-term care system remains fragmented and characterised by a relatively low coverage and limited financing.

Report overview 2018: The new results from the 2018 indicate that the authorities have made efforts to improve the planning in the health sector and to ensure that current resources are adequately used. In 2015, the number of nurses per 1000 inhabitants (5.2) was well below the EU average and the ratio of 1.5 nurses for every doctor was among the lowest in the EU. Moreover, the 2018 report indicates that key steps to reform the healthcare sector have been taken and the focus is now on implementation. Legislation establishing the new National Health System, providing for universal health coverage, was adopted. The new system aims at improving access to care, reduce high levels of out-of-pocket payments and increase efficiency of care delivery in the public sector.

Report overview 2019: health status in Cyprus is overall good, even though some challenges remain. Cyprus lacks skilled health professionals. Particularly, there is a relatively low number of nurses compared to doctors. Health spending and investment are among the lowest in the EU (in 2017, 6.8% of GDP, of which only 42.6% comes from public sources). Total long-term care spending in Cyprus accounts for only 0.3 % of GDP (against an EU average of 1.6 %), and only 21 % of the dependent population receives long-term care services. Most of these benefits are in the form of cash, available only to recipients of guaranteed minimum income and individuals with a severe disability. The implementation of the universal national health insurance system is progressing. One of the key milestones is the successful rolling out of the information and technology system by June 2019. In the report, the Commission indicates that developing e-health could also lead to considerable efficiency gains.

Report overview 2020: overall, the country has a good health status, but it is lagging in what refers to disease prevention and health promotion in some key areas (e.g., smoking and childhood obesity). The new National Health Insurance System is expected to make the health sector more efficient and affordable, but some operational challenges remain. It provides a pivotal opportunity for targeted investments to improve public healthcare and develop e-health, among other things. Among others, this reform is expected to decrease the high out-of-pocket health expenditure. Before the new system becomes fully functional in 2020, it will require more investments. The reform needs to be carefully implemented to reduce the fiscal risks. Long-term care services are under-developed in Cyprus. This is particularly worrying because, as the population ages, the number of dependent people is projected to increase at a faster pace in the next decades than the EU average.

Report overview 2022: Life expectancy in Cyprus is higher than the EU average and increased in 2020 despite the COVID-19 pandemic. In 2022, there were 1,11 cumulative deaths from COVID-19 per 1 000 inhabitants and 523 confirmed cumulative COVID-19 cases per 1 000 inhabitants. Cyprus also has a low death rate from cancer. However, excessive consumption of antibiotics causes health problems related to antimicrobial resistance.

In 2019, healthcare expenditure relative to GDP was below the EU average, but a broad reform to introduce universal health coverage reduced the highest level of living expenditure in the EU by making health care more accessible.

However, the disparity between income groups and the long wait for certain services persist. Another problem for the Cyprus health system is the shortage of staff. The number of nurses is low and the number of graduates is falling. This shortage is present both in the healthcare sector and in the long-term care.

Moreover, another issue for Cyprus is the Education system. It is highly centralized, insufficiently monitored and evidence-based. Cyprus lags behind in basic skills and, also, in rankings on digital skills.

According to the Recovery and Resilience Plan[29], Cyprus plans to invest € 69.9 million to strengthen its health system by renovating facilities and upgrading equipment. Cyprus's goal is to strengthen the public healthcare system, in particular, through digitization and, also, the education system to improve skills, above all in the digital area, for facilitating the access to the labour market.

Report overview 2023: Despite a recent decline, life expectancy in Cyprus remains among the highest in the EU. The overall spending on prevention is below the EU average: In 2020, spending on prevention in Cyprus amounted to 1.7% of total spending on healthcare, compared to 3.4% for the EU overall.

A great issue in Cyprus, which undermine the health systems' long-term performance, it is the healthcare professionals' and bed shortage. The number of nurses is below the EU average and the number of nurses' students is falling. The Deputy Ministry of Social Welfare has started mapping needs, yet more concise and evidence-based mapping, also looking at specialised staff, is still needed.

The € 69.9 million provides in the Recovery and Resilience Plan[30] include the strengthening of the performance of the public health system, through digitalisation, to align the infrastructure with standards for exchanging data and to provide interoperable e-health services.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country needs to invest greatly in healthcare and in health policies for its population
The European Pillar of Social Rights	Not mentioned in the Country Reports. However, the indicators show that there is a lot of progress to be done in this regard.
The nursing workforce	There are shortages of nurses not being addressed, which impacts the whole of the healthcare system. Moreover, in the analysed period, there is an imbalance between the number of nurses and the number of doctors (favouring the latter) that needs to be tackled.
Strengthening primary & LT care	The country needs to invest further in primary care to strengthen its system. The current system relies heavily in hospital-centred care, which is not very efficient. However, during the analysed progress is done. This is one of the most challenging issues for the country. There is a long-term care system in place, but in is insufficient to tackle the demands of a rapidly ageing population. Not enough improvement is done during the analysed period. The country needs to greatly invest in long-term care.

CZECH REPUBLIC

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Report overview 2016: Some progress has also been made in improving the cost-effectiveness and governance of healthcare and in improving the availability of affordable childcare.

The projected increase in public expenditure on healthcare and pensions poses a challenge to the long-term sustainability of public finances. Furthermore, recent proposals to amend provisions of the pension system would, if implemented, lead to a deterioration of public finances in the long term. In healthcare, indicators of

[29] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/cyprus-recovery-and-resilience-plan_en
[30] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/cyprus-recovery-and-resilience-plan_en

inpatient and outpatient care utilisation point to unnecessary consumption of goods and services and inefficiencies in the allocation of resources in the hospital sector.

Trends in healthcare and pension expenditure represent risks for the long-term sustainability of public finances. Healthcare expenditure is projected to increase from 5.7 % of GDP in 2013 to 6.7 % in 2060 (Ageing Report 2015). The cost-effectiveness of the health sector remains a challenge although measures taken recently by the authorities go in the right direction. The healthcare sector performs well for accessibility of care. The risk related to pension expenditure is less pronounced, with public pension expenditure projected to increase from a level of 9 % in 2013 to 9.7 % of GDP in 2060. The adequacy of pensions is set to deteriorate somewhat, despite a revision of the pension indexation system to fully reflect the growth in prices and extraordinary increases in pensions in 2015 and 2016. Expenditure on long-term care is following a similar rising pattern as that of pensions, albeit from a comparatively low level

The Czech healthcare sector performs well in terms of accessibility of care. The general indicators of population's health have been improving. Between 2005 and 2013, healthy life years increased by more than 4 years and life expectancy by more than 2 years for both sexes. Still, lifestyle related factors are likely to be having considerable effects on health status. In comparison with other Member States, the Czech Republic ranks quite well for access to health care, especially for the relatively low unmet medical needs due to accessibility issues (i.e. cost, distance and time of access.)

The projected increase in long-term healthcare spending is a matter of concern. While public healthcare expenditure is comparatively low (5.7 % of GDP compared with the EU average of 6.9 % in 2013), it is projected to grow by 1 percentage point in the long-term. There also appears to be scope to improve health outcomes by raising the cost-effectiveness of healthcare expenditure

The Czech Republic faces challenges in improving the governance and cost-effectiveness of the healthcare system. Indicators point to inefficiencies for both inpatient and outpatient services. Although some progress has been observed in recent years, indicators of inpatient care utilisation point to a hospital-centred system, which is generally costlier than one based on outpatient services. Even if necessary, data are collected, they do not seem to be used effectively for the planning of inpatient care capacities and the rationalisation of acute care beds. As regards hospital financing, there is scope to upgrade the existing reimbursement system in hospitals in order to increase the efficiency of the hospital sector, since it currently suffers from a number of drawbacks. In order to provide for a more efficient allocation of resources, the 'diagnosis-related group' project formally commenced in January 2015. However, its outcomes will only be used for financing in 2018 at the earliest. As for outpatient care, the very high number of visits per capita per year (11.1 compared with the 6.9 on average in the EU in 2013) indicates a limited role of general practitioners as gatekeepers. Options to strengthen outpatient care coordination, improve the gate-keeping role of practitioners and to limit unnecessary consumption have not been sufficiently explored. Conversely, fees in the outpatient sector were eliminated in 2015, leading to an increase in the consumption of services.

A number of measures aimed at improving the cost-effectiveness and governance of the healthcare sector, based on the priorities in the Government´s manifesto and the National Strategy for Health 2020, are in various stages of implementation. The introduction of centralised public procurement for selected pharmaceuticals was launched in 2015 and the Commission for Accessing the Placement of Medical Devices also became operational. A complete and compulsory disclosure of contracts between health insurers and providers entered into force in 2016, which should increase the transparency of the Czech healthcare system and boost competition among healthcare providers. Additionally, selected public hospitals will be transformed into non-profit entities, with the aim of enhancing management of key hospitals in the country. There are also plans to replace the non-transparent process of determining the reimbursement of medical devices with a new system. Finally, the government also plans to change the system of allocation of health premiums among insurance funds, based on morbidity instead of gender and age characteristics.

Irregularities in managing EU funds are still common, such as in the areas of public procurement in health and IT. While some progress has been made in adopting measures contained in the national anti-corruption plan for 2015, several sector-specific measures included in the plan have not been followed with the deficiencies left unattended. On the other hand, the functioning of the audit authority is currently considered to be reliable, even if shortcomings still remain in controls performed by managing authorities. This is illustrated by implementation error rates above the acceptable rate of 2 % for half of the operational programmes.

Report overview 2017: The 2017 report stressed that Czech healthcare expenditure and health outcomes are lower than the EU average. The Czech Republic faces substantial challenges in improving the cost effectiveness of healthcare spending. Structural inefficiencies in the healthcare sector relate mainly to the over-use of hospital care, but also to potentially excessive use of resources in outpatient care. Ongoing reform efforts are headed in the right direction, but progress is rather slow.

In 2017, to counter possible shortages of medical staff, the Czech authorities approved a 10 % salary increase and a fixed salary increase for nurses. Work was also being carried out to improve health workforce planning and to counterbalance the ageing of health workers. The authorities also intended to make changes to the education system for healthcare professionals, e.g. by making it easier for medical school graduates to pursue further specialist training or by shortening the required education of nurses.

Report overview 2018: From the 2018 analysis, it emerged that the Czech Republic has made limited progress in improving the long-term sustainability of health and pension expenditure. A number of reforms are in the pipeline to improve the efficiency of healthcare spending, but the result is still to be seen. In addition, despite spending on healthcare below the EU average, the projected increase in age-related public expenditure on healthcare threatens long-term fiscal sustainability. Out-patient care receives a bigger share of financing in the Czech Republic than the EU average (32.7 % versus 29.8 %). This might be due to general overuse of resources, as suggested by the high number of out-patient visits.

In addition, the lack of healthcare staff in certain areas and the relatively high average age of healthcare professionals are starting to hinder the functioning of the healthcare system. There are shortages of certain specialists and staff in general in rural areas. For example, the proportion of health professionals per 1 000 inhabitants in Prague is more than twice as large as in rural areas. The number of health professionals in the Czech Republic is around the EU average but ageing of staff may lead to future shortages.

Report overview 2019: the country has around the same level of doctors and nurses per inhabitant as the EU average. However, there are disparities across regions and a large proportion of the health workforce is approaching retirement within the next decade. There are efforts being put in place to increase the number of medicine and nursing graduates, as well as to increase their wages. However, long-term spending on healthcare is a risk due to an ageing population.

The Ministry of Health has launched a pilot project on centralised procurement. It aims to combine the purchases of a range of medical devices and medicines for 14 large state hospitals. If the results show savings achieved through economies of scale and exchanging expertise, the scheme may be expanded.

When it comes to long-term care, patients have financial incentives to receive prolonged hospital treatments rather than being at long-term care facilities (which they would have to co-pay). Furthermore, long-term care mostly focuses on institutional care, which is always cost-efficient. The government has announced a new strategy on long-term care aiming to support home care and non-institutional care.

Report overview 2020: the European Commission points out there has been no progress in improving long-term fiscal sustainability of the health-care system. The health, social and long-term care services are also not fully prepared for an increasingly ageing population. The projected increase in age-related public expenditure on healthcare also puts pressure on long-term fiscal sustainability. Population ageing is projected to increase pressure on long-term care services. One of the biggest challenges for the provision of long-term care is the integration of health and social services.

There is insufficient integration of healthcare systems. The cost-effective use of medicines, medical devices and equipment in hospitals and outpatient care is less than optimal. The full introduction of e-Prescription in 2019 has the potential to improve the use of pharmaceuticals and their related expenditure. Further developing and implementing health technology assessments may generate savings to payers, while ensuring access to high-quality health products. Health status has improved but disparities remain. Life expectancy increased by 4 years between 2000 and 2017. However, Czechia still performs below the EU average in many areas related to health and healthcare. Treatable mortality is higher than the EU average and there are substantial regional differences in health access and status - socio-economic issues are the main contributing factors.

Report overview 2022: Life expectancy has improved in recent years but still remains below the EU average. In 2022, there were 3,74 cumulative deaths from COVID-19 per 1 000 inhabitants and 363 cumulative confirmed COVID-19 cases per 1 000 inhabitants.

In 2019, health expenditure relative to GDP was lower than the EU average, despite the percentage of funding being higher than the EU average.

Furthermore, the Czech Republic has a number of nurses above the EU average, but unevenly distributed among the regions. Therefore, among the fundamental strategic objectives there is the strengthening of primary care, integrated care and of prevention.

Moreover, a big issue in Czech Republic seems to be the inequalities in education and training system, a gap aggravated even more by the covid-19 pandemic.

According to the Recovery and Resilience Plan[31], the Czech Republic plans to invest € 1.1 billion to strengthen its health system, investing in cancer care, e-health, research and development.

Report overview 2023: Life expectancy is still below the EU average. Instead, the health spending substantially increased over the course of the pandemic, both in relation to GDP and in nominal terms. Furthermore, spending on preventive care increased by 53% from 2019 to 2020.

Regarding the healthcare professionals, the number of doctors and nurses is slightly above the EU average. Nevertheless, there is an issue of an uneven distribution of health workers, leading to concerns about equal accessibility.

However, according to the Recovery and Resilience Plan[32], Czech Republic provided to invest € 1.1 billion for strengthening the healthcare sector and, in particular, the oncological care, e-health, and research and development.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Even though expenditure on health is below the EU average and the country is yet to achieve a balance between public expenditure and the balance of their health system. Little progress is shown during the analysed period.
The European Pillar of Social Rights	Not mentioned in the Country Reports. However, the indicators show that there is a lot of progress to be done in this regard.
The nursing workforce	There are shortages of nurses, and their number is similar to that of doctors (hence, there is no balance). However, there are measures in place to increase the number of new nurse graduates as well as to increase their wages, but a positive effect cannot yet be seen.
Strengthening primary & LT care	The country is improving its primary care system but there is progress to still be done. The country still has problems with their long-term system, although some steps towards improving it are expected.

[31] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/czechias-recovery-and-resilience-plan_en

[32] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/czechias-recovery-and-resilience-plan_en

DENMARK

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Report overview 2016: There are challenges in preventing and tackling life-style and stress-related diseases. This is partly due to the lack of coordination between healthcare and employment services. Recently there has been a significant increase in the number of homeless people aged 25-29. This increase of 29% (2013-2015) is a further indication that some vulnerable young people are still not being reached by current social, healthcare, educational or active labour market policy measures.

Report overview 2017: In the 2017 analysis emerged that risks in the long term appear limited due to the favourable initial budgetary position and because increasing public spending on healthcare and long-term care are expected to be compensated almost fully by forecast falls in public spending related to pensions and other factors.

Report overview 2018: The 2018 report highlighted that Denmark has the highest number of nurses per capita in the EU, suggesting that more specialised work by nurses ('skills mix') could further improve efficiency across the system. Recent efforts on care integration, including 'Health Houses', are a step in the right direction, but greater coordination between primary care practitioners, social workers and community care practitioners may be beneficial. It also emerged that Denmark's healthcare spending equates to 10.3 % of GDP, the sixth highest in the EU, and the health system appears to allocate and use resources efficiently.

Moreover, Denmark has a strong ICT infrastructure for healthcare (e-health). For instance, it is in the top group of countries for general practitioners and in hospitals using electronic health records where it boasts the highest and fourth highest ranking respectively in Europe.

Report overview 2019: the country as a well-performing health system. The spending on Health is among the highest in the EU (10.2% of GDP). The same applies to long-term care (2.5% of GDP). The majority of medical cases are handled by general practitioners without referral to further examination. Spending on hospital healthcare is high (44% of total healthcare spending). Denmark is one of the front-runners in the deployment of e-Health. In January 2019, the government proposed a major structural health reform based on the principle of proximity. This reform aims at reducing the number of hospital consultations and admission. One of the challenges faced by the system is the ageing population. In this regard, nurses will need to take on more chronic disease management and health promotion activities. In January 2019, the government proposed a major structural health reform based on the principle of proximity. This reform aims at reducing the number of hospital consultations and admissions.

Report overview 2020: the ratio of nurses to doctors is relatively high and the Danish Health Strategy (2018) foresees a strengthening of the primary care sector, among others by expanding the scope of tasks performed by nurses. The government has earmarked a budget from 2021 and onwards, allowing the recruitment of 1,000 additional nurses in 2021. Denmark is among those Member States with one of the highest spending (10.1 % of GDP) on health. The population reports good health status and very low unmet needs for medical care (1.3 % in 2018), with a very small income gradient for services covered by public health insurance. In recent years, life expectancy at birth has gradually increased to 81.1 years in 2017. The budget is forecast to remain in surplus in 2020 and public expenditure on healthcare is set to increase. The primary care sector performs efficiently, and hospitalization rate is planned to further decrease. Denmark is among those Member States, with an advanced deployment of e-health.

Report overview 2022: Life expectancy rose rapidly and continued to rise despite the COVID-19 pandemic. In 2022, Denmark reported a total of 0,86 COVID-19 deaths per 1 000 inhabitants and 478 confirmed cumulative COVID-19 cases per 1 000 inhabitants. Furthermore, mortality rates from treatable causes are below the EU average, while the death rate from cancer remains high despite declining.

In 2019, health expenditure relative to GDP was similar to the EU average, despite slower average growth than the rest of the EU.

Moreover, Denmark's education and training system performs despite certain equity challenges that could worsen due to the pandemic.

According to the Recovery and Resilience Plan[33], Denmark plans to invest € 33 million to promote digitization in the healthcare sector with the aim of further implementing tele-medicine.

Report overview 2023: Life expectancy decreased slightly between 2020 and 2021, but it still remain higher than the EU average. The health spending relative to GDP in Denmark was 10.5%, slightly below the EU average of 10.9% (2020). Instead, the spending on prevention increased while remaining below the EU average. However, Denmark provides to increase the public spending on health by 2070 to be in line with the EU average.

Regarding the healthcare professionals, the number of nurses and doctors is higher than the EU average. However, the advanced age of nurses raises some concerns about the sustainability of workforce numbers. Furthermore, in 2023, the government announced an acute package to address challenges with increasing waiting lists and shortages of key staff.

According to the Recovery and Resilience Plan[34], Denmark provides to invest € 33 million for ensuring sufficient stocks of critical medicines and improving the emergency management and monitoring of these stocks. Furthermore, Denmark is working on strengthening digital solutions in the healthcare sector.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has a high expenditure on health policies during the analysed period.
The European Pillar of Social Rights	The indicators show that the different principles enshrined in the European Pillar of Social Rights are implemented rightly or being implemented.
The nursing workforce	One issue of particular concern is the shortage of health workers, and the lack of specialised doctors and nurses in e.g. intensive care (in particular nurse anaesthetists). However, the Government is putting measures in place to tackle this. Overall, the nursing workforce has good health in the country during the analysed period.
Strengthening primary & LT care	There is a well performing primary care system in the country, even though it is being strengthened. It performs well on the country, and the budget allocated to it is planned to increase.

ESTONIA

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Report overview 2016: Life expectancy and healthy life expectancy, along with cardiovascular disease and cancer mortality, are causes for concern. Estonia also has a significant problem with healthcare accessibility. According to the Estonian Health Insurance Fund this is not a matter of financing, but rather of organisation of the system and division of work between health professionals. The number of nurses per 100 000 inhabitants, at 648.4, is lower than the EU average of 850. The outflow of health professionals, coupled with the ageing of the health workforce, may even worsen future healthcare accessibility. In order to improve the access to health care, the Estonian authorities have adopted the following measures: for 2016, Estonia has increased the Health Insurance Fund budget by 6.4 % compared to 2015, and the budget for nursing services by 12 %. These changes cover wage

[33] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/denmarks-recovery-and-resilience-plan_en
[34] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/denmarks-recovery-and-resilience-plan_en

increases and an increase in the number of health professionals trained. Estonia plans to invest EUR 141 million of ERDF funding in 2014-2020 to extend and increase the share of primary healthcare services and deliver specialised medical care in a more efficient way and tackle alcohol abuse and addiction. Life expectancy and healthy life expectancy, along with cardiovascular disease and cancer mortality, are causes for concern.

The explained gender pay gap in Estonia is estimated at 10.2 % and is driven by gender segregation in the labour market (35). Women cluster in industries with comparative low salaries for a certain level of qualifications (especially education, health, social workers), while men are overrepresented in industries which offer high wages for a certain education level (mainly manufacturing, construction, transportation).

Report overview 2017: The Country report 2017 highlighted that access to long-term care is still weak in Estonia, more particularly due to a shortage of staff, especially nurses, in rural areas. This shortage of nurses can also pose risks to the success of plans for care integration and management of chronic diseases. Life expectancy, healthy life expectancy, preventable mortality and mortality from cardiovascular disease and cancer in Estonia are worse than the EU average. Estonia faces challenges in achieving care integration, coupled with a shortage of nurses. Unmet needs for medical examination due to waiting time continue to be the highest among all Member States. The health system is fiscally sustainable in the long run, but the adequacy of its financing is an issue of concern.

Report overview 2018: Looking at the 2018 analysis, it emerges that the shortage of nurses still risks jeopardising the success of plans for integrating care and for better management of chronic diseases. In addition, the increase of previously very low minimum hourly wages of nurses and carers by 5.4 % to 13.6 % is expected to further increase the financial burden on the provision of long-term care (people in care homes). Compared to 2017, the health status of Estonian people is improving but some challenges remain. Life expectancy in Estonia is increasing and child mortality is falling, rapidly closing the gap with the respective EU averages. However, healthy life expectancy, preventable mortality and mortality from cardiovascular disease and cancer in Estonia are worse than the EU average. Moreover, access to healthcare due to waiting times for specialised medical care remains a challenge. Measures are being taken and reforms are considered to improve the situation; however, their impact will require time to materialise.

Report overview 2019: the country´s health system has many deficiencies. Self-reported unmet needs for medical care is one of the highest in the EU, mostly due to long waiting times (39.6 % in 2016, mainly due to financial reasons). Access to primary and specialised care is an issue. Some groups are particularly vulnerable (unemployed, young people, women, and those in poorer health and/or who have a lower income). There are also regional disparities for accessing healthcare. It is difficult to access affordable and good quality services, including long-term care services, especially for older people. Public spending on long-term care was less than half (0.6 % of GDP to 1.6 % of GDP in 2016) of the EU average. There are serious challenges with Estonians' health status. Life expectancy is below the EU average due to unhealthy lifestyles and to long waiting times for medical care. Thus, the average of healthy life years is among the lowest in the EU.

Rural areas have a shortage of nurses. In Estonia, currently, there are 6.1 nurses per 1000 inhabitants compared to the 8.4 EU average. This could be linked to work-related migration. The country is making efforts in this area by offering an increase in the salaries of nurses, increasing the number of training places and organising return programmes.

Report overview 2020: shortages of health workers persist, in particular concerning nurses. These shortages are due to the insufficient number of graduates, but also lower remuneration and worse working conditions in the health sector, which makes it difficult to attract and retain young people. Ageing and the poor health of the population raise concerns about the adequacy of the pension and healthcare systems. Although life expectancy is increasing rapidly in Estonia, the number of healthy life years remains among the lowest in the EU and is decreasing, with large disparities by gender, region, education and income. Poor health outcomes can be linked to insufficient healthcare funding, shortages in healthcare staff and lifestyle-related risk factors. The level of self-reported unmet need for healthcare is among the highest in the EU. This is likely to impact poor health outcomes and thereby reduce labour productivity.

Estonia has improved access to integrated social and health services. However, a new framework for integrated provision of social and healthcare services has yet to be designed and implemented. As of now, the healthcare system does not cover the whole population. Overall public expenditure on healthcare has increased, but it continues being one of the lowest in the EU.

Report overview 2022: Over the last 10 years, life expectancy has increased, but due to COVID-19 it has decreased again. In 2022, there were 1.8 cumulative deaths from COVID-19 per confirmed 1 000 inhabitants and 416 cumulative COVID-19 cases per 1 000 inhabitants. However, the leading cause of death in Estonia is heart disease followed by cancer.

Health expenditure relative to GDP is among the lowest in the EU. 3/4 of health care spending is financed by the government and the rest through compulsory insurance. However, in 2019, 5% of the Estonian population did not have health insurance.

One of the problems of the Estonian health system is doctors and nurses' shortage which leads to long waiting times and a higher rate of unmet nursing care. Furthermore, the number of nurses' graduates has decreased in recent years.

According to the Recovery and Resilience Plan[35], € 326.3 million is expected to be invested to improve health infrastructure and enhance the capacity of healthcare services, thought multipurpose medical helicopters. The aim is to reorganize health care in Estonia, strengthening primary health care and updating the institutional framework for e-health.

Report overview 2023: Life expectancy is still one of the lowest in Europe. Also the health expenditure in Estonia is among the lowest in the EU: spending on inpatient care, pharmaceuticals and medical devices is below the EU average, while spending on outpatient care is above. Instead, the spending on prevention is higher than the EU average: between 2019 and 2020, it increased by 47%, compared to a 26% increase for the EU overall.

Moreover, Estonia faces a shortage and an uneven distribution of healthcare professionals, which plays a negative role in the long waiting times. The poor working conditions and the low salary contribute to make the nursing career less attractive, and the number of nursing students have fallen in recent years.

Through its Recovery and Resilience plan, Estonia plans to address health-related challenges.

Link EFN SOLP:

Growth of Health & Cohesion policies	During the analysed period, healthcare expenditure has increased, even though it continues being among the lowest in the EU. The latter, in turn, is having a negative effect on the overall health of the population.
The European Pillar of Social Rights	It is not mentioned explicitly in the reports but there are reasons to believe that the country needs to make progress in this regard.
The nursing workforce	During the analysed period there are nurse shortages, particularly in rural areas.
Strengthening primary & LT care	The country needs to strengthen primary care, as during the analysed period there are inequalities among different sectors of the population and these need to be addressed. Good quality long-term care remains expensive and difficult to access during the analysed period.

FINLAND

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Report overview 2016: The government has announced a plan to reform the healthcare and social services in order to bring their expenditure growth under control, which is essential for the long-term sustainability of public finances. The main outline of healthcare and social services reform has been agreed but specific measures have not yet been drawn up. The reform's main aims include improving access to healthcare and slowing cost increases

[35] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/estonias-recovery-and-resilience-plan_en

to address the need for fiscal sustainability. More details need to be worked out before the reform can be implemented from 2019 as planned. The government has decided that responsibility for providing of healthcare and social services will be given to larger areas so that the services could be planned and provided more efficiently. The government intends to make the provision of healthcare and social services more versatile and customers will receive freedom of choice. The agreement on the main outline of the social and healthcare services reform is major step forward. Despite significant public healthcare expenditure, access to services has been somewhat uneven. The medical care system is of good quality, but queues for services can sometimes be lengthy.

Report overview 2017: In 2017, the Finnish government has taken political decisions on the reform of the social and healthcare services, and public consultations have been carried out on major parts of the draft legislation. The reform of social and health services is expected to increase the sustainability of the health and social system.

Report overview 2018: The 2018 Report shows that Finnish healthcare and social care systems perform relatively well. Weaknesses stemming from decentralised primary healthcare service provision and uneven access to services are visible. It also emerged that the age-related healthcare and long-term care services expenditure are expected to expand with a knock-on effect on public finances. The challenges for Finland have been the sustainability of the pension system and increasing expenditure on long-term healthcare given the aging population, efforts to improve cost-efficiency of the provision of public healthcare services are still ongoing. A reform of the social and health care system is being prepared. This reform could have the potential to address the high self-declared unmet need for health care. It aims at increasing the role of the private sector in the provision of social and healthcare services. The reform has the potential to increase productivity of social and healthcare services and therefore lower the expenditure pressure.

Report overview 2019: healthcare in Finland is good. The population enjoys a good health status. Spending is close to the EU average while spending on long-term care is high and bound to increase. Finland expenditure on healthcare in 2017 was 9.2% of GDP. In long-term care, it was 2.2% of GDP (one of the highest in the EU). A reform of the regional government is expected to be adopted by the general elections in April 2019 (expected entry into force in early 2021). This reform aims to rationalise the organisation of public administration at the state, regional and municipal levels. Its impact on the health sector is twofold: 1) it transfers healthcare responsibilities from more than 300 municipalities to the counties, and 2) the health sector will open up to private service providers. The centralisation is expected to enable better management of the system and the opening to private providers should yield some efficiency gains thanks to increased competition. However, this recentralisation will also pose new challenges: there is a risk that patients with have most access problems (pensioners, the unemployed and rural citizens) will remain relatively expensive to treat. This could lead to cherry-picking of patients by the private providers, leaving the burden of the economically difficult patients to public healthcare.

Report overview 2020: the number of nurses per capita is one of the highest in the EU. The role of nurses is expanding in primary care and home care and this may help improve access, especially where shortages of doctors exist. The life expectancy of the Finnish population has increased since 2000, but mental disorders are a growing burden. The estimated prevalence of mental health disorders is one the highest in the EU, increasing the risk of early school leaving, unemployment, inactivity and social exclusion.

The health system is effective, but access is a concern, particularly for primary care and specialised services. The treatable mortality rate in Finland is significantly lower than the EU average, indicating that the health system is effective. The need for long-term care is projected to increase in the coming decades due to the ageing of the population. The Finnish social care system is among the most generous and comprehensive in the EU, both in terms of public expenditure and coverage of the population but it still faces challenges. Long-term care is provided at municipal level, which may lead to inequalities in the quality and accessibility of care across municipalities.

Report overview 2022: Life expectancy Finland is higher than the EU as a whole, despite the COVID-19 pandemic in disrupting this growth trend. In 2022, there were 0,64 cumulative COVID-19 deaths per 1 000 inhabitants and 172 confirmed cumulative cases of COVID-19 per 1 000 inhabitants. However, the death rate in Finland is low thanks to a very effective overall health system.

Health expenditure is slightly lower than that of the EU both per capita and relative to GDP. One of the problems of the Finnish health system is the long waiting times, linked to the uneven distribution of resources. In fact, the

health and social reform that has been adopted has the objective of reducing inequalities and promoting the quality of services.

According to the Recovery and Resilience Plan[36], Finland will invest € 409.8 million to promote the choice of access and increase the digitalisation of the health system.

Report overview 2023: Life expectancy continue to be higher than the EU average. The health expenditure in Finland is slightly lower than the EU average. Instead, between 2019 and 2020, the spending on prevention in Finland reached 5.6% of total spending on healthcare, compared to 3.4% for the EU overall.

However, Finland faces shortages and an uneven distribution of healthcare professionals. The shortage of nurses has particularly rapidly increased in recent years and the implementation of the care guarantee puts extra pressure on the shortage. Furthermore, the role of nurses has expanded and now include: patient consultations for acute and chronic health conditions; prescribing and care coordination in primary care; outpatient consultations; and advanced roles in operating theatres. However, the salary of nurses remained low. In this context, in October 2022, a long-term agreement on substantial raises of nurses' wages was reached.

Through the Recovery and Resilience plan (RRP), Finland plans to invest € 371.8 million to clear the backlog in social and health services due to COVID-19 and to foster equal access, strengthen primary healthcare, overhaul service delivery models and increase digitalisation of the health system.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Healthcare expenditure is under control, within the EU average, and growing where necessary.
The European Pillar of Social Rights	Despite not being explicitly mentioned in the Reports, the data available indicates that the country scores good in the implementation of the Country Reports.
The nursing workforce	Not mentioned in the Country Reports.
Strengthening primary & LT care	Primary care, during the analysed period, is good. However, access is sometimes a concern. The long-term care system is good and performs well, however, its access is municipal and that may hinder access for some. During the analysed period improvements are seen. Moreover, the country has one of the highest long-term care expenditures of the EU.

FRANCE

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Report overview 2016: The efficiency of public spending remains limited. Public expenditure in France is one of the highest in the euro area and has decreased more slowly since 2010. Spending is high as is the level of services provided, e.g. for pensions and health care. Nonetheless, other Member States achieve the same or better outcomes with fewer resources. Social protection and healthcare expenditure are the most important spending items in France. Social protection expenditure amounts to 24.5 % of GDP (Graph 2.6.2) and accounts for more than 40 % of total government spending, while health expenditure at 8.1 % of GDP is the second biggest expenditure item. French public expenditure on health is among the highest in the euro area.

The French population has generally good access to healthcare at a limited cost for patients. The health system performs well in a European comparison, but some countries achieve similar results while spending less. France is aiming to increase efficiency by improving outpatient services and access to health care. The healthcare law of 26 January 2016 aims to promote the settlement of general practitioners and of health centres according to local needs (territorial pact - *pacte territoire*). However, the increase in the number of general practitioners which

[36] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/finlands-recovery-and-resilience-plan_en

contributes to the development of outpatient services is not yet achieved as half of the medical students still opt to specialise. The second phase of health territorial pact (*'pacte territoire santé'*) seeks to address this issue with a targeted increase in the '*numerus clausus*' but no accompanying mechanism to ensure that future doctors will practice in areas where there is a scarcity of health professionals is planned.

Actions in the areas of public hospitals and prevention could have a leverage effect to the measures already taken to rein in public spending on health. In addition, access to professions and services in the healthcare sector has been somewhat eased. The healthcare law of 26 January 2016 provides for an extension of the remit of certain professions which are restricted by law (such as midwives and medical and dental assistants), pending the adoption of related decrees. There are no plans to address the restrictiveness of the framework for home-care services, the opening of which could provide thousands of jobs in an ageing society. Healthcare is another sector where bottlenecks limit the development of online services, but the healthcare law opens the access to specific health data.

Report overview 2017: The 2017 Country Report stressed that the French health system performs well in a European perspective. However, healthcare spending is relatively high in a European perspective. A range of reforms has been implemented in recent years to keep health care expenditure under control. Access to professions and services in the healthcare sector is not optimal. While the Healthcare Act of 26 January 2016 (*Loi Santé*) allowed inter alia for an extension of the remit of certain professions that are restricted by law (such as midwives, and medical and dental assistants), it created or extended reserved activities for others (such as orthoptists and opticians). The overall impact of the law on health professions is therefore to be seen. The regulatory framework for home-care services was also reformed through the law of 28 December 2015 on the ageing society. However, the role of local authorities will be crucial to ensuring full implementation of the new common regime in order to prevent any discrimination between existing and newly authorised providers. Meanwhile, the quota on medical students (the so-called *numerus clausus*) has been increased by 11 % for 2017, with 478 additional places, 131 of them targeting regions where there are fewer doctors.

Report overview 2018: In 2018, the analysis showed that France performs relatively well on the indicators of the Social Scoreboard supporting the European Pillar of Social Rights. Overall, the social protection system is effective and shows good results both in the fields of social protection and health. Following the recommendation addressed to France in 2017, a ceiling to the growth rate of spending on healthcare and on operational spending at local authorities' level was introduced. However, Sustainability risks remain high in the medium term. This increase in public debt stems from the projected high primary deficits aggravated by the increase in age-related expenditure, namely on pensions, health and long-term care. It also emerged that access to healthcare is good, although the distribution of healthcare professionals is uneven across regions.

Report overview 2019: expenditure on healthcare has been steadily increasing over time. In 2017, the total expenditure was estimated at 11.5 % of GDP. Healthcare expenditure financed by the government and compulsory schemes was estimated at 9.5 % of GDP in the same year. One of the reasons accounting for the high healthcare expenditure is the low use of generic medicines. The generic market shares are below the EU average. However, some progress has been made in this regard. Some categories of drugs have been opened to generic substitution and competition. A reform of the healthcare system (called "Ma santé 2022") was announced in autumn 2018. It aims to shift the traditionally hospital-centred healthcare systems towards strengthened primary care and also to increase the quality of services. It also aims at improving cooperation between health professions and coordination among primary, outpatient specialist, hospital care, and long-term care. It should facilitate access to care in underserved regions. It also takes into account an ageing population and a growing number of people living with chronic diseases. This reform does not include a revision of the growth norm for healthcare expenditure ("Objectif National de Dépenses d'Assurance Maladie").

Report overview 2020: the country has a lack of medical doctors in some areas that could be tackled by broadening the duties of nurses and community pharmacists. Access to healthcare is overall good – only the outermost regions experience some gaps. Expenditure on healthcare represented 14.5% of total public spending. Healthcare and long-term care spending are projected to rise only moderately. The healthcare reform (i.e., "Ma Santé 2022") is not projected to entail any material impact on overall fiscal sustainability. Traditional inefficiencies in the French health system, such as concentration on hospital care, have been improving in recent years, but still lags most Member States. The share of healthcare prevention expenditure has traditionally been among the lowest in the EU (1.86% in France in 2017 compared with 3.1% in the EU). The French population enjoys good health. Digital health public services are being rolled-out. France is experimenting new payment methods for more efficient and effective primary and hospital healthcare.

Report overview 2022: Life expectancy in France is higher than in the EU as a whole, but in 2020 it shrank by more than 8 months due to COVID-19. In 2022, 2,35 cumulative COVID-19 deaths per 1 000 inhabitants were recorded and 412 confirmed cumulative COVID-19 cases per 1 000 inhabitants.

French health expenditure relative to GDP is above the EU average. France guarantees good access to high quality care, but, in the last 10 years, it has registered a low presence of general practitioners in the most disadvantaged areas.

Moreover, the French education system faces persisting socioeconomic and territorial inequalities which affect the level of basic skills. Furthermore, the vocational training of teachers remains an issue.

According to the Recovery and Resilience Plan[37], France will invest € 4.5 billion to strengthen the system by building and renovating facilities and promoting the digitalisation of the health system.

Report overview 2023: Life expectancy continues to be higher than the EU average. Overall the health expenditure is above the EU average and also the spending on prevention is higher: between 2020 and 2019, it increased by 59%, compared to a 26% increase for the EU overall.

France registers a good number of nurses which is above the EU average. Nevertheless, the salary of hospital nurses is comparatively low and it is a great challenge in terms to retain nurses in the long term period.

Through the Recovery and resilience plan, France plans to invest € 4.5 billion to strengthen the health system. Two reforms included in the plan have been already implemented in 2021:

- ✓ A law reforming hospital governance, which will make the organisation of hospitals more flexible;
- ✓ A law on social debt and autonomy, which supports the independence of older people and people with disabilities.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Healthcare public expending in the analysed period is relatively high, although the country seems to have
The European Pillar of Social Rights	In 2018, the country performed relatively well on the indicators of the Social Scoreboard supporting the European Pillar of Social Rights. This seems to be trend during the analysed period.
The nursing workforce	There is a lack of medical doctors in some areas, which is being tackled by upscaling the profile of competencies and profile of nurses.
Strengthening primary & LT care	The country has a hospital-centred healthcare system although a shift towards primary care is observed. Home-care services were reformed during the analysed period. There is a trend of reinforcing long-term care.

GERMANY

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Report overview 2016: In 2016, the overall contribution rate for healthcare is expected to increase slightly as individual health insurers are expected to increase their extra premiums for employees, a development that appears likely to continue in the coming years to cover growing healthcare cost. Several laws on healthcare have been adopted in recent months, aimed at increasing cost efficiency, but also at expanding care services. The Act to strengthen the provision of healthcare (Versorgungsstärkungsgesetz) aims for example to provide incentives

[37] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/frances-recovery-and-resilience-plan_en

to attract doctors to undersupplied regions (notably rural areas), facilitate the start-up of new healthcare centres, and further develop the performance audit for pharmaceuticals. The Act on disease prevention and health promotion (Präventionsgesetz) aims to generate long-term gains in efficiency through 'returns on prevention'. The Act on hospital care (Krankenhausstrukturgesetz) provides for financial bonuses to hospitals delivering high-quality medical care and reduced cost reimbursements if care is of low quality. It also aims to encourage hospitals to specialise more and to further reduce the number of hospital beds. The law on improving palliative care (Hospiz- und Palliativgesetz) aims to make palliative care an explicit component of standard care in the statutory health insurance and to expand nationwide the provision of specialised palliative care, particularly in rural areas. Moreover, the second Act to consolidate long-term care (Pflegestärkungsgesetz) entered into force. It includes a new definition of care dependency (Pflegebedürftigkeitsbegriff) which expands long-term care services to mental health disorders, such as dementia.

Report overview 2017: The 2017 analysis showed an increase of employment in the health sector.

Report overview 2018: In 2018, the country report highlighted that the German health system is performing well, although it is costly and there is scope for efficiency gains. Health expenditure as a percentage of GDP, 11.3 % in 2016, is the highest in the EU. In addition, Access to health remains good and unmet medical needs for medical care are very low in Germany (0.5 % of the population). Healthcare efficiency could be improved by better integrating primary, ambulatory specialist and in-patient care and making better use of eHealth. Moreover, the density of physicians, nurses and hospitals in Germany is among the highest in the EU. However, Germany is among the four OECD countries with the largest regional differences in the number of hospital beds per 10 000 inhabitants (OECD, 2016d). National data show that some rural areas, particularly in the eastern Länder are short of doctors, while some regions in the west lack enough nurses. Despite the growing number of nursing graduates, national studies predict considerable future shortages in the profession, owing to demographic ageing.

Report overview 2019: total health expenditure per capita is among the highest in the EU, and expenditure as a share of GDP is also the second highest (11.3 % of GDP in 2017). Due to an ageing population, this expenditure is expected to grow. However, it almost does not pose fiscal sustainability risks. Germany´s legal framework for statutory health insurance and private health insurance creates inefficiencies and challenges the solidarity principle in healthcare. Although several reforms have improved the situation, the current legal framework creates inequalities in waiting times and the accessibility of medical services. It also incentivises the over-provision of health services to private health insurance patients.

Nevertheless, there is room for efficiency gains, in particular in hospital and pharmaceutical care. 93% of hospital expenditures go on in-patient care involving an overnight stay, while the shares of out-patient and day-care are very low. Cooperation between various healthcare services and the services providing social care and care for the elderly could improve efficiency.

Expenditure on pharmaceuticals is high and rising. Recent reforms have not succeeded to stop the increase. The main reason for the increase was newly licensed patent-protected pharmaceuticals. Germany also has unjustified restrictions of imports of prescription medicinal products from foreign online pharmacies. Germans spend the most per capita in the EU on retail pharmaceuticals. Due to the low deployment and use of eHealth services, Germany foregoes possible efficiency gains for its healthcare system. Investment is needed concerning digital infrastructure, data store and protection, and the training of health professionals in using eHealth tools.

Report overview 2020: staff shortages in the nursing professions are expected to impact on health and the long-term availability and quality of care in the future. Germany has more practicing nurses per 1,000 people (1.8, 2017 data) than many other EU Member States. However, already today there are five times more vacancies than available skilled workers in elderly care. The government has released funds for hiring 13,000 additional nurses as from 2019 and is promoting recruitment from non-EU countries. In addition, to improve the job attractiveness and career prospects of nurses, a reform and streamlining of their education and training is taking effect from 2020. Still, such measures are expected to alleviate the issue only mildly.

The German population access to healthcare is good overall and health coverage broad – but inefficiencies in healthcare persist. In 2017, Germany spent €4,300 per person on healthcare (11.2% of GDP), the highest in the EU (EU average €2,884). At the same time, avoidable deaths from preventable and treatable causes are close to the EU average and higher than in many other western European countries. Healthcare efficiency can be improved by consolidating the hospital sector, focusing more strongly on prevention and care integration,

providing the same price signal for the same treatment, and better use of eHealth. The quality of healthcare suffers from a highly fragmented system, with many services provided in small and often inadequately equipped hospitals. A stronger focus on prevention and care integration could bring efficiency gains. Inefficiencies in the healthcare system also arise from the legal framework, which allows people on higher incomes, civil servants and the self-employed to opt out of the solidarity-based statutory health insurance scheme. Germany is lagging behind in digital public services, including e-health. In 2018 only 7% of Germans used online health and care services (EU average: 18%), 19% of general practitioners used e-prescriptions (EU average: 50%) and 26% of them exchanged medical data (EU average: 40%).

Report overview 2022: Life expectancy in Germany was equal to the EU average but has suffered a reduction due to COVID-19. In 2022, there were 1,60 cumulative deaths from COVID-19 and 282 confirmed cumulative cases of COVID-19 per 1 000 inhabitants.

Health expenditure relative to GDP was the highest in the EU in 2019. Germany has the largest number of hospitals beds per population in the EU and the number of healthcare professionals is well above the EU average. Access to health services is very good and unmet needs for medical care are almost zero.

Moreover, the education system in Germany continues to face important challenges in terms of equity, which could get worse due to the COVID-19 pandemic.

According to the Recovery and Resilience Plan[38], Germany plans to invest € 4.4 billion for the digital transition of the healthcare system.

Report overview 2023: Life expectancy is still above the EU average, despite the decreased during the Covid-19 pandemic. Germany has the highest spending on healthcare in relation to GDP in the EU and the Public expenditure on health is projected to increase by 2070.

The number of nurses and doctors is above the EU average. However, workforce and skills shortages in combination with demographic change are a concern, also in terms of long-term accessibility of health services. A serious of reforms have been implemented to increase the number of nurses in hospitals and the attractiveness of the profession. This concerns for instance higher salary levels, improved working conditions and the planned implementation of a staffing measurement tool.

Link EFN SOLP:

Growth of Health & Cohesion policies	The country has a high expending on its healthcare system, and measures are being put in place to ensure its sustainability.
The European Pillar of Social Rights	Not explicitly mentioned in the Country Reports, although the indicators point that the European Pillar of Social Rights may be rightly implemented.
The nursing workforce	The density of nurses is among the highest in the EU – although by the end of the analysed period there are nursing shortages identified, but the Government is tackling it.
Strengthening primary & LT care	The country has a well performing and functioning primary care system. There is a well operating long-term care system, which is being reinforced to also cover mental health.

[38] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/germanys-recovery-and-resilience-plan_en

No Country Reports provided by the European Commission for the years 2016, 2017 and 2018 – Country under special regime (Stability support programme).

Report overview 2019: Greece scores well in all main health indicators. Life expectancy and healthy life are above the EU average. Total current healthcare spending in 2016 amounted to 8.5 % of GDP and public spending to 5.2 % of GDP. However, ageing is likely to pose a challenge to ensuring the medium and long-term fiscal sustainability of healthcare expenditure. The primary health sector is currently being reformed to foster efficiency. This reform introduces a new and improved system covering the whole population. The aim is for the whole population to eventually be registered with primary health care units ("TOMY") or family doctors. These are expected to become the first point of contact. However, the low number of general practitioners and nurses poses challenges to the reform. Moreover, the country still lacks good long-term care services. In 2016, the proportion of dependent people above 65 years old was among the highest in the EU. Yet, this policy area is underdeveloped.

Report overview 2020: The Greek healthcare system has persistent weaknesses leading to both inefficient spending and high-unmet healthcare needs. The increasingly ageing population will be an additional challenge to the medium and long-term sustainability of the healthcare system. To respond to this upcoming demographic challenge, and to ensure the viability of Greece's healthcare and long-term care systems, it will be essential to: 1) optimise healthcare spending by discouraging the overuse of products — especially pharmaceuticals, and services; 2) improve hospital management and public procurement procedures; and 3) improve governance. The recently initiated primary healthcare system reform should be completed in order to improve efficiency and ensure equitable access to healthcare.

Equal access to healthcare continues to be an issue. Despite the introduction of universal coverage in 2018, Greece still had one of the highest levels of self-reported unmet needs for healthcare in the EU, with a wide gap between the lowest and the highest income group as well as between employed and non-employed people. Moreover, households' out-of-pocket payments account for 35% of healthcare expenditure. Strong primary care is crucial for an efficient and accessible health system – the country needs to focus more on primary care, rather than on hospital and specialist care. A sustainable solution to control the health spending is yet to be devised. Nevertheless, there has been limited progress in investment in the health sector. In 2017, investment in the health sector was among the lowest in the euro area (0.1% of GDP as opposed to 0.2% of GDP in the euro area).

Report overview 2022: Life expectancy in Greece is higher than the EU average, despite declining in 2020. In 2022, there were 2,67 cumulative deaths from COVID-19 and 303 cumulative confirmed cases of COVID-19 per 1 000 inhabitants.

Health expenditure relative to GDP is lower than the EU average. However, Greece has the highest number of doctors per capita in the EU, but the lowest number of nurses. Furthermore, the presence of general practitioners is 7% shares of the total and, therefore, a major challenge for Greece is to strengthen primary care. Another problem is the high consumption of antibiotics, which worries public health about antimicrobial resistance.

According to the Recovery and Resilience Plan[39], Greece will invest € 1.48 billion to strengthen the system by focusing on: public hospitals, primary care, mental health and addiction, public health, pharmaceutical reimbursement and community care. In addition, a considerable share is destined for digital.

Report overview 2023: Life expectancy is still above the EU average. Overall, the health spending relative to GDP in Greece was below the EU average in 2020. Instead, the spending on preventive care, disease detection, surveillance and control programmes increased, but it remains below the EU average.

Regarding the healthcare professionals, Greece has the highest number of doctors and the lowest number of nurses per capita of all EU countries. Through the Recovery and Resilience plan, Greece plans to invest € 1 486 million on reforms on primary healthcare, pharmaceutical funding, public health, mental health, and the hospital remuneration scheme.

[39] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/greeces-recovery-and-resilience-plan_en

Link EFN SOLP:

Growth of Health & Cohesion Policies	Health expending during the analysed period decreased, and the country is in need of substantial reforms.
The European Pillar of Social Rights	Not mentioned in the Country Reports
The nursing workforce	Not mentioned in the Country Reports.
Strengthening primary & LT care	The level of self-reported unmet needs is very high, pointing to the need to strengthen primary care. The country needs to strengthen and extent its long-term care system to meet the demands of an ageing population.

HUNGARY

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Report overview 2016: The share of public expenditure on health is below the EU average and has dropped over the last decade. Despite substantial improvements during the last decade, poor health outcomes continue being a major challenge. The high mortality rates among the working-age population have a negative impact on the available workforce.

Health workforce shortages pose risks to the healthcare system. Hungary has fewer doctors, nurses and dentists than the EU average (3.21 per 1 000 inhabitants compared to 3.47). The share of general practitioners to specialists is very low (12 %). There has been a significant migration of health professionals in recent years. To reduce skills shortages, a comprehensive residency support programme was introduced in 2011 and was announced again for 2016. Beyond emigration, attrition puts further pressure on skills shortages. To address this challenge, wages of health professionals were increased substantially in 2012 and 2013. However, they remain low in a European perspective. Equity in access to healthcare also remains a challenge.

Equity of access is further hindered by the widespread use of informal payments: 10 % of the population who visited public medical facilities in the preceding year reported having to make an extra payment beyond the official fees or offer a gift or donation.

Report overview 2017: According to the 2017 analysis, public expenditure on health is low in Hungary, by EU standards. Hungary shows weak health outcomes and unequal access to healthcare, with negative implications for labour market participation. Another important issue highlighted in the report concerned the shortage of labour in the health sector, hampering accessibility. Despite a comprehensive human resource strategy, focusing on primary care staff and taking into account regional disparities, is not yet in place to ensure an adequate workforce. Moreover, it emerged that the share of out-of-pocket payments, which include the estimated amount of informal payment as well, has decreased but remains high by EU standard (26.5 % vs. 17.6 %).

Report overview 2018: The report 2018 showed that although recent salary increases have a mitigating effect, workforce shortages continue to hamper access to care. In particular, it emerged that Hungary has a somewhat lower number of doctors than the EU average (3.1 per 1000 population vs. 3.6) but shows a larger difference in the number of nurses (6.5 per 1000 population vs. 8.4). Moreover, the past decade saw a significant outflow of health professionals leaving to work abroad, restricting access to care, particularly in rural areas. In response, a number of staff retention measures were introduced over the past six years. In 2016, a multi-annual pay-raise programme was launched covering doctors, nurses and other health workers. At the same time, the age composition of health professionals continues to raise concerns about rising future replacement needs. The report also shows that the health system is faced with high risks from unhealthy lifestyles, uneven quality of care and disparities in access. While showing improvements, health outcomes lag behind most other EU countries

reflecting also the limited effectiveness of healthcare provision. Spending on healthcare is markedly lower than the EU average, which may add to the country's unfavourable health outcomes.

Report overview 2019: public spending on healthcare is below the EU average. The system relies more on end-user financing. High earners rely on out-of-pocket payment to access quality provision, which raises concerns about the equality of access. Rural and deprived areas have a significant shortage of health infrastructure and capacities. The system, which is strongly hospital-centred, show weaknesses in primary care and prevention of chronic diseases. The health status of Hungarians, although gradually improving, lags behind than most other Europeans and significant socio-economic health disparities persist. Hungarians lead an unhealthy lifestyle.

The number of nurses in the country is low (6.4 compared to 8.4 per 1000 people as the EU average). The government has prioritised staff retention in response to the mass emigration of health professionals and the expansion of the private sector. Salaries of doctors and nurses have been raised, and existing training and support programmes have been enhanced and extended. Despite the success of these measures, vacant posts remain hard to fill, especially for general practitioners and maternal child health nurses.

Report overview 2020: health workforce shortages are a problem in the country, and although authorities have started to address it, regional disparities remain an issue. Compared to the EU average, in 2017 Hungary had a lower number of nurses (6.5 vs 8.5 per 1,000 population) and of other healthcare professions. The growing demand for a highly skilled workforce is not met by a sufficient number of tertiary graduates.

The life expectancy of Hungarians lags behind that of most other Europeans and differs significantly by gender and level of education. High mortality rates from preventable causes reflect the high prevalence of risk factors and the limited effectiveness of public health measures. Public spending on health is low, and a high reliance on out-of-pocket payments constrains access for poorer households, exacerbating disparities in access to care. There is further scope for rationalising the use of resources and improving the quality of hospital care. Strengthening primary care remains a key condition for improving effectiveness and equity of access to care. Ongoing long-term care reforms support a shift towards community-based care, but the supply of services remains limited relative to needs.

Report overview 2022: Life expectancy in Hungary was already lower than average and COVID-19 aggravated the situation. In 2022, 4,58 cumulative deaths from COVID-19 per 1 000 inhabitants and 193 cumulative confirmed cases of COVID-19 per 1 000 inhabitants were recorded. Furthermore, before the pandemic, mortality rates from treatable causes were well above the EU average.

Health expenditure relative to GDP is well below the EU average. One of the biggest is the challenge of doctors and nurses, although the number of graduates has been increasing in recent years. However, the government has begun to implement policies that aim to improve wages, hiring and retention of health professionals. Another problem is the uneven on health care professionals who hinder the distribution of access to medical care in the poorest regions of Hungary.

On the other hand, the consumption of antimicrobials in Hungary is lower than that of the average EU.

Moreover, the Education system in Hungary is below the EU average. The biggest issue is quality and equity challenges that risk worsening due to the pandemic. Furthermore, Hungary registers low basic skills and early leavers from education and training and tertiary education attainment.

The Hungarian Recovery and Resilience Plan[40] is structured around key policy areas as green transition, healthcare, research, digital, and cohesion.

Report overview 2023: Life expectancy remains one of the lowest in the EU. The overall health expenditure increased, but it remains one of the lowest on EU average. However, between 2019 and 2020, spending on preventive care in Hungary rose by 26 % – an increase in line with the general trend observed in the EU.

Hungary suffers a great shortage of nurses and doctors and an unequal distribution across the regions. However, the increase in the number of medical and nursing graduates, low wages and precarious working conditions increase the shortage of personnel especially in economically disadvantaged regions.

[40] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-hungary_en

According to its Recovery and Resilience plan, Hungary is one of the country which provided more money to invest in the healthcare sector than other member states. € 1.3 billion will be invested to: modernise hospital infrastructure, strengthen primary care, improve efficiency of services and expand the use of digital health information systems in the Hungarian healthcare system between 2023 and the end of 2026.

Link EFN SOLP:

Growth of Health & Cohesion Policies	During the analysed period, health expenditure is below the EU average, and does not seem to increase.
The European Pillar of Social Rights	Not mentioned in the Country Reports.
The nursing workforce	During the analysed period there is a trend of mass migration of healthcare professionals.
Strengthening primary & LT care	There are many health disparities, unmet needs, and high mortality from preventable diseases. The primary care system is not operating well and needs to be strengthened to meet the population's demands. There are long-term care reforms, shifting it towards a sort of community-based care. However, a lot of progress is yet to be done.

IRELAND

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Report overview 2016: Cost-effectiveness, equal access and sustainability remain critical challenges to the healthcare system. Significant uncertainty surrounds the broad reform of the healthcare system as the universal health insurance model is in quandary. Specific strands of reforms are progressing, but financial management and information systems remain weak, unequal access endures as an issue and spending on pharmaceuticals continues to weigh on cost effectiveness.

Efforts have been made since 2010 to reduce healthcare expenditure, with some degree of success. However, cost-saving measures have been increasingly difficult to achieve over the past couple of years, and expenditure cuts have come partly at the expense of public investment in healthcare facilities, which was dropped from 0.32 % of gross national income on average in 2004-2008 to 0.16 % in 2011-2013. In addition, the public healthcare system has been unable to adhere to ex ante budget plans over the past few years, with overruns becoming systematic and increasingly large. This can be symptomatic of several issues: technical challenges in planning and budgeting; failure to implement expected cost-saving measures fully; expectations that budget constraints are to be eased during in-year execution; and over-ambitious cost reduction targets. Most or all of these factors appear to have been at play in Ireland in recent years. Cost-effectiveness is but one of the governments priorities in healthcare reforms.

The Programme for Government and Future Health set out the objective to transform the current two-tiered system that delivers unequal access into a single-tier system based on universal private health insurance partly supported by general taxation through subsidies for the less wealthy. Other key strands of reform include the implementation of an eHealth strategy and the introduction of activity-based funding in the health system, initially in the hospital sector. The universal health insurance model is in a quandary. Financial management and information systems remain weak but reforms are now resuming after having faced problems.

Activity-based funding is advancing gradually. The authorities adopted an action plan to implement activity-based funding in hospitals in May 2015. The actual transition from block-funding of hospital activities will be a gradual process that will extend over several years, starting with inpatient and day cases before widening to outpatient care. It could perhaps extend to emergency care and beyond hospitals to community and home care, but only in the long term. Activity-based funding is meant to improve quality, transparency, data collection and

a reallocation of resources across hospitals. Although not primarily aimed at cutting costs, it could support such an objective through improved efficiency and specialisation in hospitals. Implementation of the forthcoming stages could prove challenging in the absence of a complete system of patient identifiers and fully reformed financial management systems.

eHealth implementation is moving step by step. Though progress has been slower than initially set out, individual health identifiers (IHIs) – the cornerstone of eHealth development – are now finally reaching an operational stage. eHealth Ireland has now been established and is working on various strands of work. IHIs have been created for 95% of the population and will be piloted for 35 general practitioner practices in Q2-2016. By the end of 2016, all practices under the General Medical Services contract are expected to use IHIs as part of their referral systems and roughly half of acute hospitals are projected to use IHIs as their patient record numbers. By 2017, a maternity new-born system is to be rolled out, issuing an IHI to all new-borns automatically. Once IHIs are in place, further efficiency and patient safety reforms will be enabled, such as a system of electronic health records and e-prescriptions. Overall financial management reforms, activity-based funding and eHealth all offer the potential to improve the delivery of quality healthcare in a cost-effective manner, but their implementation will be a multi-year process that may not yield immediate results.

Unequal access remains an issue. Implementing primary care reform could be challenging unless barriers to entry for medical professionals are removed. Under Future Health, the government identified a strategy of reducing the strain on acute hospital services by moving the care setting into the community through an enhanced reliance on primary care centres. This goal will prove challenging given the shortage of full-time general practitioners and difficulties in training and qualification. In its 2010 report, the Competition Authority identified numerous barriers to entry in the medical labour market, almost none of which have been addressed so far. The cost of single supplier medicines represents a heavy burden on the health budget while an ageing population will put pressure on the healthcare system.

Report overview 2017: The 2017 report highlighted that there may be scope for better workload allocation between GPs, nurses and pharmacists for certain types of routine tasks in primary care settings. A significant block to Irish healthcare reform is the shortage of medical staff. The analysis also showed that cost-effectiveness and sustainability of the healthcare system continue to pose challenges. Making the health system more cost-effective is a priority, given Ireland's growing and ageing population. The pressure on public healthcare expenditure persists. Multi-year budgeting remains a challenge in planning and budgeting healthcare provision. Healthcare spending is projected to have a negative impact on fiscal sustainability. A major cost-saving deal was concluded with the pharmaceutical industry in 2016. ePrescribing can contribute to lowering the cost of pharmaceuticals for consumers. Key efficiency gains can still to be made in primary care. Steps towards a universal single-tier health service are fragmented and lack an overarching vision. Private insurance discourages recourse to the most cost-effective service.

Report overview 2018: Compared to the previous year, in 2018 it emerged that task shifting is progressing well, with a number of routine procedures being done by nurses (despite significant shortages) and pharmacists. Yet the number of healthcare professionals remains inadequate, constituting a major hurdle for reducing hospital waiting lists, making the shift towards primary care and tackling broader population ageing. A new national framework was launched in November 2017 to support the recruitment and retention of the right mix of staff across the healthcare system. In addition, the report shows that Ireland performs relatively well on most indicators of the Social Scoreboard supporting the European Pillar of Social Rights, while challenges remain. In particular, work-life balance measures are improving as take-up of childcare for children under three years has increased in recent years. However, healthcare shows significant room for improvement.

A comparatively costly healthcare system, compounded by an ageing population, represent important challenges for the healthcare system. Demographic changes are projected to affect Ireland in the coming years, in particular the fiscal sustainability of its healthcare system. Multi-year budgeting and better expenditure control would support the much-needed shift towards universal healthcare. Primary and community care services are not yet capable of alleviating the mounting pressure on capacity within hospital care. Measures have been taken to increase the cost-effectiveness of the healthcare system but many of them are still in their infancy. An ambitious reform agenda to address quality and access to healthcare has been put forward, and Primary and community care services are not yet capable of taking on some of the burden of hospital care.

Report overview 2019: the Irish healthcare system is facing a crisis of cost-effectiveness. Year after year significant overspends are recorded in healthcare, yet there is no improvement in performance. Despite having a relatively young population, Ireland is one of the highest per capita spenders on health in the EU. Budget management is weak across all levels of the health system. The area where the cost-effectiveness is most acute is constituted by public hospital. Expenditure increases while outputs remain flat and waiting times increased sharply. Ireland has the highest occupancy rate in the EU for one of the lowest numbers of hospital beds per 1000 population. Ireland's system of long-term care also faces challenges. Spending is projected to increase much faster than the EU average (mainly due to the ageing population). There is a ten-year plan in place for reforming healthcare (called "Sláintecare") aiming to improve the system by reducing its cost and increasing its efficiency.

Report overview 2020: The country has made limited progress addressing the expected increase in age-related expenditure, where the full implementation of some measures remains endangered by issues such as recurrent overspending in healthcare. Expenditures challenges also remain in long-term care. Ireland spends around one-fifth more on health per capita than the EU average. Long-term care is under-provided and under-regulated, with policies incentivizing the use of institutional care, which is more expensive than home care. Health status in Ireland has improved substantially since 2000, partly due to improvements in treatments. However, Ireland remains the only western European country without universal access to primary care, with more than 50% of the population paying the full costs out of pocket for a general practitioner visit. This can lead to delayed care and ultimately more expensive emergency and hospital treatment. Long waiting times for treatment remain a challenge for public hospitals despite recent positive developments. Universal coverage is a key element of making Ireland's health system accessible and cost-effective in the long-run, therefore clear milestones and deadlines are important to ensure its timely implementation. Expansion of primary care supply alone may not be enough to rebalance the system from hospital care to primary care if patients without a health card can by-pass paying a general practitioner by going to a hospital emergency department for free.

Report overview 2022: Life expectancy is higher than the EU average, despite having decreased in 2020 due to COVID-19. In 2022, 1,4 cumulative deaths from COVID-19 per 1 000 inhabitants and 303 cumulative confirmed cases of COVID-19 per 1 000 inhabitants were recorded.

In 2019, health expenditure relative to GDP was below the EU average. The public share of health care expenditure is low because the practice of health insurance is widespread. Despite having the highest number of graduates, the number of nurses is among the lowest in the EU.

According to the Recovery and Resilience Plan[41], Ireland will invest € 75 million to strengthen its digital health infrastructure and implement reforms for the Sláintecare program. Furthermore, the investments will focus on digital skills across education and training settings.

Report overview 2023: Life expectancy at birth in Ireland is among the highest in the EU. In 2020, the health spending relative to GDP in Ireland increased but remained below the EU average. Instead, the spending on preventing care increased between 2019 and 2020, reaching the 36% against the 26% of the EU average.

The government is taking actions to address the issues related to doctors' shortage. By contrast, it has a relatively high density of nurses.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has a high expenditure on health policy, but it is not very cost-effective.
The European Pillar of Social Rights	Most indicators of the Social Scoreboard supporting the European Pillar of Social Rights, while some challenges remain. This seems to be a trend during the analysed period of time.
The nursing workforce	During the analysed period, some task-shifting reforms took place with the view to increase the number of nurses' competencies. This was done to alleviate a shortage of medical staff.

[41] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/irelands-recovery-and-resilience-plan_en

Strengthening primary & LT care	The country is shifting from a hospital-based care system, predominantly of inpatient care, towards primary care. This is done also as to ensure the sustainability of the system in the long-term. There is an operating system of long-term care, but it cannot hold up to the challenged posed by the ageing population and needs to be strengthened.

ITALY

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Report overview 2016: The economic crisis and the stagnation of the Italian economy has put the Italian social welfare system under pressure and exposed its structural weaknesses. The legislative framework on social policies adopted in 2000 envisaged setting up a system of integrated social policies, including the introduction of a minimum income scheme with attention to those most in need.

The framework has never become fully operational. The social policies framework has remained fragmented (apart from healthcare), with limited redistributive capacity, low selectivity, low quality of service provision, limited enabling and activation measures and significant regional disparities. Past pension reforms support the long-term sustainability of Italy's public debt. The full implementation of the pension reforms adopted in the past together with a prudent fiscal stance would help to ensure the sustainability of Italy's high public debt in the long run. Despite an ageing population, which will imply a significant rise in the dependency ratio, pension expenditure is expected to decline slightly as a share of GDP in the long term thanks to major reforms in the past. These savings are set to broadly compensate for the increasing spending outlays on healthcare and long-term care. However, it must be borne in mind that these projections rely on the assumption of full implementation of recent pension reforms and positive developments in labour force participation and productivity.

Report overview 2017: From the 2017 country report emerged that health outcomes and quality of care are generally good. However, interregional inequities persist and income-related disparities in access to care seem to be rising. While the number of physicians per 100.000 inhabitants is above the EU average, the ratio of nurses to physicians is among the lowest in the EU. Disparities persist in the extent and quality of healthcare provision across regions.

Report overview 2018: The analysis of 2018 illustrates that Italy's health outcomes are generally above the EU average and the healthcare system appears cost-effective. In addition, eHealth systems and information systems in support of performance assessment are being implemented. However, unmet needs for medical care are high and increasing, mainly due to financial reasons. A parallel public/private system pushes patients to resort to private healthcare, partly because of long waiting times in the public system, especially in the southern regions. In addition, equal access to healthcare is compromised by regional differences in the quality and organisation of healthcare, including the level of co-payments for specialists. While the government has recently addressed the challenge of low vaccination coverage rates of children, few measures have been taken to effectively equalise access to healthcare for all. Regarding the nursing workforce, the report highlights that while Italy has a lower ratio of nurses per doctor compared to most EU countries (1.5 versus EU average of 2.3), in recent years a considerable number of nurses have been trained and paid carers are being regulated to address the needs of an ageing population.

Report overview 2019: the outcome of the health system is overall good. In 2017 Italy spent only 8.9% of GDP on overall health care. However, the nurse-to-doctor ratio remains below the EU average. The system is not optimal in some regards: spending is biased towards hospital spending at the expense of primary care. Out-of-pocket expenditure is above the EU average and increasing. The market share of generic medicines remains one of the lowest in the EU, with no effective policy action taken recently. There are large regional disparities affecting access, equity and efficiency. The number of individuals in the South declaring unmet healthcare needs is almost

twice as high as in the North. Over recent years, there has been a slight move away from institutional long-term care towards home care.

Report overview 2020: the number of nurses remains limited and the range of their professional tasks and responsibilities could be widened. The ageing health workforce may create skills shortages in the future. The access to and quality of health services is overall good, despite public spending on health being below the EU average (6.3% of GDP vs the EU average of 6.8%). Universal and largely free health coverage is contributing to good health outcomes. Cancer care following diagnosis is effective and timely for patients (survival rates above the EU average). Regional disparities in the access to heath remain significant – particularly between the South and the North-East. Moreover, potential challenges for public health include the impact of socioeconomic and educational disparities on health outcomes, rising obesity among children, and antimicrobial resistance.

Report overview 2022: Life expectancy is higher than in the EU as a whole, despite having decreased due to COVID-19. In 2022, there were 2,71 cumulative deaths from COVID-19 per 1 000 inhabitants and confirmed 263 cumulative cases of COVID19 per 1 000 inhabitants.

In 2019, health expenditure relative to GDP was below the EU average. Despite this, Italy provides good basic health care and invests heavily in prevention. At the regional level, Italy records inequalities in access and quality of care and this leads to inequality in average life expectancy.

Moreover, the education system in Italy is facing important challenges in terms of disparity and regional differences. Italy lags well behind the EU average and the EU-level targets in terms of early leavers from education and training, and tertiary educational attainment, resulting in low levels of human capital.

According to the Recovery and Resilience Plan[42], Italy will invest € 16 293 million to update the national healthcare service and strengthen the research sector to improve healthcare digitalisation. Furthermore, a significant portion is earmarked for investments to improve the skills of health personnel.

Report overview 2023: Life expectancy continues to be one of the highest in EU. Despite the increase of health expenditure in 2020, the level is still below the EU average. Nevertheless, based on the age profile of the Italian population, public expenditure on health is projected to increase by 1.2 percentage points of GDP by 2070.

In Italy, the number of doctors is above the EU average, but it is not well distributed among the different regions. On the other hand, the significant shortage of nurses - the provision level per 1 000 population is well below the EU average - underline challenges as regards staff availability in the longer term. In the long term, appropriate staffing policies can be expected to mitigate territorial health inequalities in access to care, and migration of patients across regions.

The Recovery and Resilience plan, in Italy, contains both healthcare reforms and healthcare investments. A regulatory framework was developed in order to identify structural, technological and organisational standards for specialised care structures.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Health expenditure is below the EU's average, but access to it is reasonable good – although many regional differences persist.
The European Pillar of Social Rights	The reforms that occurred after the 2008 crisis gravely hindered social rights in the country, and this seems to be a trend during the analysed period.
The nursing workforce	During the analysed period there are shortages of nurses, although it is being addressed. Their range of professional tasks could be widened.
Strengthening primary & LT care	There is a good primary care system, although public expending tends to benefit hospital-based care. There is an operating long-term care system, but it needs to be reformed to ensure its sustainability in the long run.

[42] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/italys-recovery-and-resilience-plan_en

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Report overview 2016: Major challenges relate to the demographic situation. The labour market is tightening due to net emigration and negative natural growth. Working age population could drop by 20 % by 2030. This puts a strain on the social and health systems, as age dependency increase, and can aggravate already high rates of poverty and social exclusion. Unequal access to healthcare is a challenge. Unmet needs for medical examination in Latvia are consistently higher among people in low-income groups compared with those in high income groups.

Latvia lags well behind other Member States in terms of general health of the population. Access to healthcare remains a major concern due to low public financing and high out-of-pocket payments. There are difficulties in filling vacancies in the healthcare and textile manufacturing are probably linked to relatively poor working conditions and low wages and employ an older workforce. A high proportion of the population reports unmet healthcare needs and access to healthcare has not improved in recent years. Some preparatory work has been done to improve the employability of social assistance clients, but implementation has not yet started.

Poor health outcomes lead to a loss of potential workforce but only a limited increase in public funding is currently planned. The allocation of resources between the different providers is improving with a shift from expensive hospital care to less costly ambulatory and primary care. However, hospitals are still being reimbursed regardless of the complexity of health services provided. The introduction of the diagnosis-related groups' payment system has been slowed down.

Incentives for quality and geographical coverage of health services are weak and the government is putting limited efforts into improving disease prevention and health promotion. The Health Workforce Strategy, in place since 2006, has only been implemented partly, due to the fiscal adjustment period. Availability and coverage of eHealth services remains below the EU average. As use of eHealth services is on voluntary basis, only 13 % of Latvian general practitioners exchanged medical data electronically in 2013, as compared to 36 % in the EU on average. Only 6 % of general practitioners have used ePrescriptions, while some Member States are 100% digital in this aspect. Medical institutions and pharmacies will be required to use two services – electronic sick-leave and electronic prescription, as from 1 December 2016. The availability of eHealth services will be expanded, and their use is expected to become mandatory from July 2017. Electronic health records are still at a development stage. A pilot phase was meant to be launched at the beginning of 2015. However, the system has not yet been launched. The aim of e Health and Health Information System is to create a single data centre, which will store medical records of each resident electronically and will also integrate all internal information systems of healthcare institutions. The National Health Service is the primary institution responsible for its development.

Report overview 2017: In the 2017 analysis was clear that decreasing working age population is a challenge for labour supply and for the social security and health systems. Health outcomes remain problematic due to low public funding and structural impediments. Demand for healthcare is likely to expand in the long run, putting additional pressure on public expenditure. Access to healthcare is severely limited by large out-of-pocket payments and inefficient allocation of services. Access constraints and non-transparent public financing of health services create corruption risks. The introduction of e-health is slow and poorly communicated. Another feature concerned the ageing health workforce, facing an unbalanced skill-mix and earning low wages. Low pay is one of the key reasons for shortages of some health professionals in Latvia. In particular, the number of nurses is very low. While the number of physicians is around the EU average, two thirds of general practitioners are aged 50 and over and are expected to retire in the coming years. Workforce plans, including for remuneration, were part of the broader strategy for the health sector expected in April 2017.

Report overview 2018: Likewise, also the 2018 analysis showed that Latvia faces labour shortages in the healthcare sector. This is reflected in a low number of doctors (3.2 per 1 000 population, compared to 3.6 for the EU average) and one of the lowest number of nurses among EU countries (4.7 per 1 000 population). It is difficult to recruit and retain a sufficient number of skilled health workers, mainly due to low salaries. The implementation of the workforce plans is still contingent on planning and operational decisions at all levels of the healthcare

system, as well as provision of the necessary financing both at central and local government level. The medium-term budgetary plans for 2018-2020 have not provided the healthcare financing to the level envisaged in the most recent healthcare reform plans presented in 2017.

Latvia has made some progress in addressing the 2017 country-specific recommendations, by increasing the provision of public healthcare services and by updating vocational education curriculum, however, it faces challenges with regard to a number of indicators of the Social Scoreboard supporting the European Pillar of Social Rights, as access to healthcare is limited. The country's poor health outcomes are linked to the low public financing of healthcare and lower efficiency than in other countries. Prioritising resources for health in 2018 and 2019 is expected to expand access to services. The healthcare sector has been prioritised in budget decisions, but supply of state-funded services still lags behind demand. However, public spending plans for 2020 remain well below the EU average. Looking at the results delivered through EU support to structural change in Latvia, the European Structural and Investment (ESI) Fund helped the healthcare sector to set up a national strategic policy framework and preparing a healthcare infrastructure mapping to increase the efficiency of healthcare investments.

Report overview 2019: the health system remains underfunded (3.4% of GDP in 2016). As state-paid health services are limited by a 'quota' system resulting in long waiting times, patients tend to pay out-of-pocket to private healthcare providers. Access to long-term care remains a challenge, particularly for rural regions. Unmet needs for home care services due to financial reasons was 37.9% of households in need in 2016 (EU average of 32.2%). For all these reasons, the government has put in place reforms to increase public spending on healthcare. In 2017 and 2018 generated positive results. Waiting times were reduced in some areas, and more health services and innovative medicines are now available. The number of Latvians who reported unmet needs, even though is still high, fell. There are plans to further develop an eHealth system. Despite these, the system also needs more financing.

The number of nurses in Latvia is among the lowest in the EU (4.6 per 1 000 population in 2016). The number of nursing graduates per 100 000 population is well below the EU average (in 2014, 27.9 compared to 39.1 respectively) and continues decreasing. Due to low wages in the health sector, most registered nurses prefer to work in other fields. The ratio of nurses' wages to the average national wage in Latvia is among the lowest in OECD countries. To tackle this, the government has planned to increase the wages of medical practitioners in 2018 and the additional 20% increase each year in 2019-2021. Nevertheless, a comprehensive strategy is not yet in place.

Report overview 2020: there are nursing shortages, especially in regions outside of Riga. These hunger access to health services and pose risks to the implementation of health reforms. The national health sector need, at least, 3.598 additional nurses. Low remuneration is a deterrent for young people to join the nursing profession. The Ministry of Health will adopt measure to include the creation of new educational programmes for nurses. Specifically, a concept for the nursing profession is being developed, which will propose wider competencies for nurses and the establishment of a new nursing role responsible for general care from 2022. In addition, the current two-tier system for education of nurses will be replaced by a new unified four-year university programme.

Efforts to improve accessibility, quality and cost-effectiveness of the health system continue. Access to affordable healthcare is a challenge and, although self-reported unmet needs for healthcare are decreasing, they remain high.

Low public spending for healthcare and unhealthy lifestyle choices constitute the main reasons for the population's poor health. Spending on health in Latvia remains among the lowest in the EU. Reforms to boost efficiency and quality in healthcare have been initiated but remain at early stages. A new health insurance system will replace the two-basket system, which posed risks for access to healthcare for part of the population. Access to long-term care provision is limited. Public expenditure on long-term care was 0.4% of GDP in 2016 — significantly lower than the EU average (1.6%).

Report overview 2022: Life expectancy is among the lowest in the EU. In 2022, there were 3.31 cumulative deaths from COVID-19 per 1 000 inhabitants and 426 confirmed cumulative cases of COVID-19 per 1 000 inhabitants. The main causes of death in Latvia are cardiovascular disease and cancer.

Health expenditure is among the lowest in the EU and a large part is financed by the people. A huge issue in the Latvian system is the lack and distribution of health workers with a consequent increase in waiting times and obstacles to accessing healthcare. Latvia ranks among the top in the EU for unmet medical needs.

According to the Recovery and Resilience Plan[43], € 181.5 million is expected to be invested in the healthcare sector for the improvement of infrastructure, university hospitals and clinics. The investment also includes the implementation of actions that aim to improve the skills of health personnel in order to make health services more efficient.

Report overview 2023: Life expectancy is still among the lowest in the EU. Also the health expenditure in Latvia is among the lowest in the EU. However, between 2019 and 2020, spending on prevention in Latvia increased by 31%, compared to a 26% increase for the EU overall.

Latvia faces a great issue related to the healthcare professionals' shortage. The number of practising nurses per 1 000 inhabitants (4.2 in 2020) is one of the lowest in the EU and it has even declined in the recent years. According to what defined by the Latvia's State Audit Office, the health sector requires at least 3 500 additional nurses. In this context, working conditions and low salary are 2 important issue, which become a deterrent to entering the profession, in particular for nurses.

Through the Recovery and Resilience plan, Latvia plans to invest EUR 181.5 million in healthcare sector for elaborating a set of reforms which aim to strengthen the resilience and accessibility of the health system.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Access to healthcare in the analysed period is limited due to low public expenditure on it, and out-of-pocket payments. The country's population has poor health outcomes.
The European Pillar of Social Rights	Not mentioned in the Country Reports.
The nursing workforce	The number of nurses is very low, emigration persists, and the workforce is ageing.
Strengthening primary & LT care	The primary care system is not performing rightly, as the population's health outcomes are poor, and healthcare is not always easy to access. The country needs to invest more in healthcare. Access to long-term care provision is limited, the country needs to reform it and to further fund it.

LITHUANIA

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Report overview 2016: The working age population is declining. A low fertility rate, ageing and relatively weak outcomes of the health care system and, in particular, the predicted high net emigration are set to result in a cumulative loss of 35 % of the working age population by 2030, the largest in the EU. While there are no fiscal sustainability problems in the Lithuanian health system in the medium or long-term, Lithuania could support sustainability going forward by linking expenditure increases to improvements in cost-effectiveness. Poor health outcomes in Lithuania continue to have a negative impact on the working age population. Lithuania's health outcomes are among the poorest in the EU, even when compared to some other countries with similarly low expenditure levels (such as Estonia, Romania and Poland). The high incidence of bribery and informal payments in the health sector in Lithuania suggests inequalities in access to healthcare. Lithuania is working to strengthen

[43] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/latvias-recovery-and-resilience-plan_en

long-term care with the help of EU funds. On 1 June 2015, the Lithuanian National Electronic Health System was launched. If it becomes fully operational, it may improve the efficiency and quality of healthcare, and make it easier for different institutions to exchange data.

Report overview 2017: According to 2017 analysis, health outcomes hamper the potential of the workforce and the competitiveness of the Lithuanian economy, they also exacerbate the problem of the declining working age population by further reducing the country's workforce. Financial barriers to health care access and corruption affect the equity of the health system. Health care remains among the sectors most vulnerable to corruption in Lithuania.

Report overview 2018: The report 2018 shows that there is a growing shortage of nurses, which needs to be addressed. Lithuania has taken some measures to address skills shortages, but progress in rewarding quality in teaching and higher education, as well as in improving the performance of the healthcare system, was limited. Some measures have been taken to improve the performance of the health sector but raising the efficiency and quality of both primary and hospital care remains a challenge. Health outcomes remain poor, partly due to low spending on healthcare. In particular, the financial and social cost of poor health remains high and is exacerbated by low investment in the health sector and the slow pace of reforms. A lack of a robust framework strengthening accountability, especially at municipal level, makes disease prevention and health promotion insufficient. The health system is too hospital-centric and measures to improve the quality of hospital and primary care are too scarce to tackle effectively and efficiently the health challenges. Finally, high out-of-pocket payments and regional disparities continue to hinder access to healthcare for society's most vulnerable groups.

Report overview 2019: spending on healthcare is low (6.3 % of GDP in 2017) and major challenges to the efficiency of spending and the quality of health services remain. Current public health policy measures are weak. Quality-assurance policies remain underdeveloped. Corruption in the system has been addressed, but irregularities still persist. Out-of-pocket payments represent a third of health spending in Lithuania and are heavily concentrated among older people (aged 60+) and households without children. The country's health outcomes remain among the worst in the EU. Life expectancy at birth is 6 years below the EU average and characterised by large gender regional gaps (i.e., mortality rates are higher in men, and in rural areas). Primary care is well organised, with modernised general practitioner and nursing services, but there is room to strengthen its role in managing patients' health (i.e., the responsibilities of general practitioners is unnecessarily limited). Moreover, the health workforce is territorially unbalanced. Nurses' training is not updated to the population´s current needs. Long-term care is predominantly provided by residential care institutions, but not all needs are met. In 2014, 47 % of elderly people in need of long-term care were on the waiting list. Due to a quickly ageing population, this presents a medium-term challenge.

Report overview 2020: regional disparities in access to healthcare and in health outcomes are exacerbated by the shortage of nurses. Thee healthcare system faces challenges due to lack of qualified staff, especially nurses. In 2017 there were 3.6 nurses per 1000 inhabitants, compared to 4.6 in the EU, and 2 nurses per doctor (OECD average: 3) with no improvement in sight. Nurses are discouraged from taking up jobs and new roles in outpatient facilities due to outdated work places, high workload and resistance to recognising their expanding roles. The Ministry of Health estimates that one third of all registered nurses have emigrated. There is a lack of continuous training offers for nurses to improve their communication and managerial skills. Primary care has been strengthened by enhancing the clinical competences of general practice nurses, nurse assistants and family doctors. But the growing needs for long-term care exceed the system's current capacities. Health system reform aims to develop the system of long-term nursing care services in order to enable 25,000 informal carers to stay in the labour market. The quality of healthcare is one of the lowest in the EU. The country fares poorly in most indicators. Lithuania has the one of the highest treatable and preventable mortality rate in the EU. Public spending in healthcare is one of the lowest in the EU. Substantial efficiency gains could be expected from reorganising and downsizing the hospital sector. In this context, primary care, prevention measures and long-term care need to be expanded and improved. E-health solutions are not yet fully exploited.

Report overview 2022: Before COVID-19, life expectancy was the third lowest in the EU. In 2022, there were 3.26 cumulative COVID-19 deaths per 1 000 inhabitants and 496 cumulative cases of COVID-19 per 1 000 inhabitants. The main causes of death in Lithuania are cardiovascular disease and cancer.

In 2019, health expenditure relative to GDP was well below the EU average. Among the main problems of the Lithuanian care system are: delay in the provision of primary care and preventive care and shortage and distribution of health workers.

According to the Recovery and Resilience Plan[44], Lithuania plans to invest € 257 million to improve the system in terms of digital development, medical therapies, and development of platforms for health professionals and to monitor the quality of medical care.

Report overview 2023: Life expectancy in Lithuania remains among the lowest in the EU. Also the health expenditure in Lithuania is among the lowest in the EU. However, between 2019 and 2020, spending on prevention in Lithuania increased by 56%, compared to a 26% increase for the EU overall.

An important challenge for Lithuania is the healthcare professionals' shortage and the uneven distribution of them. The number of nurses is below the EU average and, according to forecasts, the shortage of nurses could reach more than 3 000 in 2030. The difficult to recruit and retain nurses is related to the poor working conditions and the low salary which make the nursing professions less attractive than others.

Through the recovery and resilience plan (RRP), Lithuania plans to invest € 257 million in healthcare sector in order to strengthen emergency care, tackle infectious diseases, develop digital health infrastructure, build capacity for advanced medical therapies, create a competence platform for healthcare professionals, and set up a system to monitor quality of care. The implementation of the RRP is progressing, with several ongoing measures, such as the action plan for improved cooperation between healthcare institutions.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Lithuania's health outcomes are among the poorest in the EU. Financial barriers to health care access and corruption affect the equity of the health system.
The European Pillar of Social Rights	The country performs well in all health indicators.
The nursing workforce	During the analysed period there is a persistent shortage of nurses that needs to be addressed urgently.
Strengthening primary & LT care	The primary care system of the country performs well, but it is still damaged by low public healthcare expenditure

LUXEMBOURG

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Report overview 2016: The revised demographic assumptions point to an increased pressure on demand for infrastructures, including those related to transport, education and health care. Looking at the components of total age-related expenditure, the increase is mostly driven by pension spending, followed by long-term care and healthcare expenditure.

Report overview 2017: The 2017 report showed that 51 % of persons older than 65 consider their health to be very good or good compared to the EU average of 38 %. The challenges to sustainability included long-term care, in which expenditure is projected to steeply increase and more than double with respect to the current value measured as a share of GDP.

Report overview 2018: Also, the 2018 analysis emphasised that health care and long-term care expenditure (2.8 pps of GDP) constitute a big burden on fiscal sustainability. In addition, Luxembourg shows very good social outcomes, and people with modest incomes no longer have to pay healthcare expenses up-front. Concerning health-technologies, there are currently on-going several research investments, particularly in the domains of life-sciences and personalized medicine.

[44] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/lithuanias-recovery-and-resilience-plan_en

Report overview 2019: projected increases in health care expenditure threaten the long-term sustainability of the system. Luxembourg's per capita spending on healthcare is the highest in the EU. Total expenditure on health accounted for 6.1% of GDP in 2015 (nevertheless below the EU average of 10.2%). People with modest incomes no longer have to pay healthcare expenses up-front. Out-of-pocket payments are the lowest in the EU. The long-term care insurance system reform is expected to ensure the system's financial viability until 2030. A collective agreement with an important revalorisation of the career of nurses was negotiated in 2017. Due to this change, the hourly fees paid by long-term care insurances increased in 2018.

Report overview 2020: Luxembourg performs well in all health indicators. Projected increases in health care expenditure threaten the long-term sustainability of the system. Luxembourg's per capita spending on health care remains the highest in the EU, as total per capita expenditure accounted for 172 % of the EU average in 2016. However, total expenditure on health accounted for 5.5 % of GDP in 2016, below the EU average (9.9 %).

Report overview 2022: Life expectancy is above the EU average, despite declining in 2020 due to COVID-19. In 2022, 1.69 cumulative COVID-19 deaths per 1 000 inhabitants were reported and 382 confirmed cumulative cases of COVID-19 per 1 000 inhabitants.

Healthcare expenditure per person is above the EU average, despite the fact that in 2019, healthcare expenditure relative to GDP was lower than the EU average. One of the biggest issues of the healthcare system in Luxembourg is the country's great dependence on healthcare professionals from neighbouring countries: about 2/3 of nurses and 1/4 of doctors are from neighbouring countries. Furthermore, the country has the lowest ratio of doctors per 1 000 inhabitants in the EU.

According to the Recovery and Resilience Plan[45], Luxembourg will invest € 1.2 million in telemedicine and electronics and in better management of healthcare personnel. In addition, new academic programs for nurses will be launched in order to strengthen education and skills.

Report overview 2023: Life expectancy is still above the EU average. Despite the overall health spending relative to GDP in Luxembourg was below the EU average in 2020, between 2020 and 2019, the spending on prevention in Luxembourg increased by 135%, compared to a 26% increase for the EU overall.

Luxembourg suffers from a shortage of doctors which leads them to depend on staff from neighbouring countries, but not from a lack of nurses.

Through the Recovery and Resilience Plan, Luxembourg will invest € 1.2 million for improving telemedicine and will set up an electronic register of health professionals, but also to address staff shortages.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has a high expenditure on health, although it may need to be adjusted to ensure the long-term sustainability of the system.
The European Pillar of Social Rights	The country performs well in all health indicators.
The nursing workforce	Not mentioned in the Country Reports.
Strengthening primary & LT care	It has a good performing primary care system. A collective agreement with an important revalorisation of the career of nurses was negotiated in 2017. Due to this change, the hourly fees paid by long-term care insurances increased in 2018. Overall long-term care expenditure is high.

[45] https://commission.europa.eu/business-economy-euro/economic-recovery/recovery-and-resilience-facility/belgiums-recovery-and-resilience-plan_en

MALTA

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Report overview 2016: The efforts by the authorities in containing the long-term expenditure growth in the pension and healthcare systems so far do not appear sufficient to address this risk, but the fiscal impact of the healthcare policy initiatives is still uncertain. Health care expenditure is projected to increase significantly in the long-term reflecting demographic trends. The Maltese population enjoys one of the highest life expectancies in Europe, although there are areas where the health care services appear to underperform.

Report overview 2017: The 2017 report showed that the recent reforms implemented in Malta are contributing to an increasing effectiveness of the healthcare system. Private expenditure represents a relatively high share of total health expenditure. The Maltese long-term care system does not yet meet the growing demand, although numerous initiatives are being undertaken to cater for such a demand.

Report overview 2018: The country report 2018 highlighted that expenditure per capita is growing fast, especially for health and education. In the long run, these sectors will also face pressure from the ageing population, thus putting additional pressure on the expenditure dynamic. On the positive side, indicators on health outcomes have improved and waiting times are being reduced. The performance of the health system has improved, as evidenced by high life expectancy, amenable and preventable mortality rates below the EU average and generally low levels of unmet need. However, challenges remain in the redistribution of resources and activities from hospital to primary care, and in access to innovative medicines. The institutional setting of primary healthcare provision puts pressure on both hospital and emergency care, also making the management of care for patients with chronic conditions more complex. Hospital and primary care are not well coordinated, emergency care remains inefficiently used, thus not improving the efficiency of the health system nor reducing pressure on its long-term sustainability. Finally, due to the increasing demand for long-term care, the government is incentivising community-based and home care, which are considered cheaper than institutional or hospital care. Better coordination between the health sector and the social sector would also help the sustainability in the long-term.

Report overview 2019: healthcare services are widely accessible. Life expectancy is increasing, reflecting investments in care availability and quality. Investments in primary care infrastructure are progressing. Services from hospitals are being decentralised to primary care level continues. There is a new concept for primary care centres. The use of eHealth tool is being gradually expanded. Investments in primary care infrastructure are progressing. The decentralisation of services from hospitals to the primary care level continues, with a new concept for primary care centres and investments to gradually expand the use of eHealth. There is a relatively high share of voluntary out-of-pocket spending in care services provided by private sector physicians, but it does not seem to hinder access to care. Expenditure on long-term care (in 2016, 0.9 % of GDP) is concentrated on institutional care. Meeting the increasing demand for long-term care, new types of community-based and home care services were introduced in 2017-2018.

Report overview 2020: although the number nurses has increased in recent years and converged to EU averages, shortages persist in hospitals and long-term care. Public expenditure on healthcare is projected to increase considerably due to ageing. Malta spends 9.3% of GDP on health, only marginally below the EU average of 9.8% of GDP. However, out-of-pocket outlays of Maltese patients cover over a third of healthcare expenditure, more than double the amount of their average EU counterparts. Overall, the country scores well in health indicators. The health system appears to be effective and well accessible. Malta has one of the highest life expectancies (82.4 years) in the EU, and in recent years has recorded substantial falls in treatable and preventable mortality. Long-term care capacity has expanded in recent years.

Overuse of hospital emergency care persists, while long waiting times for specialists declined. The government has run an information campaign to encourage patients in such cases to revert to public primary health centres. However, these measures seem to be insufficient. The implementation of a broader national e-health system, which has the potential to improve the efficiency of the healthcare sector, is still ongoing.

Report overview 2022: Life expectancy in Malta is higher than in the EU as a whole, despite having shrank in 2020 due to COVID-19. In 2022, there were 1.23 cumulative deaths from COVID-19 per 1 000 inhabitants and 173 cumulative confirmed COVID-19 cases per 1 000 inhabitants.

Health expenditure relative to GDP remains below the EU average. Despite a similar number of doctors and nurses to the EU average, there are shortages in some specialties and hospitals in Malta are dependent on the recruitment of overseas trained staff. Another challenge for Malta is to ensure access to affordable medicines.

According to the Recovery and Resilience Plan[46], Malta will invest € 69.9 million in the digitization of the healthcare system.

Report overview 2023: Life expectancy in Malta is still higher than in the EU average. The health spending relative to GDP significantly increased from 2019 to 2020 and it is now near the EU average. However, in 2020, the spending on prevention in Malta was 1.5% of total spending on healthcare against the 3.4% for the EU overall.

In the last few years, the number of nurses and doctors increased and it is almost at the EU average. However, the lack of nurses is still high and Malta relies on foreign trained nurses, especially in hospitals.

Through the Recovery and Resilience plan (RRP), Malta plans to invest EUR 69.9 million in the healthcare for improving digitalisation, but also for developing measures to address some key challenges such as the workforce-related issues.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has increased its expenditure on healthcare, and in parallel, has also put in place reforms to foster the efficiency of healthcare delivery.
The European Pillar of Social Rights	It is not explicitly mentioned in the country reports, although the country probably meets the European Pillar of Social Rights, at least in those indicators that could relate to healthcare.
The nursing workforce	Although the number of nurses in the workforce has increased, shortages during the analysed period still persist in hospital and long-term care.
Strengthening primary & LT care	During the analysed period, both primary care and long-term care seem to have been strengthened, although more progress is still needed.

THE NETHERLANDS

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Report overview 2016: In the last three years the authorities have undertaken substantial structural reforms to address fiscal sustainability, in particular in the areas of pensions and healthcare. Policy reforms and cost-cutting in healthcare have improved the long-term sustainability of government finances. Nevertheless, despite these recent efforts, compared to other European countries the projected increase in long-term care expenditure is still high, particularly in comparison with other euro area Member States.

Report overview 2017: The report 2017 indicated that despite the recent long-term care reform, public expenditure in this sector is still expected to increase relatively fast compared to other EU member states,

[46] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/maltas-recovery-and-resilience-plan_en

indicating a possible challenge to fiscal sustainability. Large tasks have been shifted to municipalities and the role of individuals and family members in long-term care has been emphasized. Large parts of the non-residential long-term care sector have been shifted to municipalities in 2015, and more emphasis is being put on informal care, leading to greater responsibilities by individuals and family members. Nevertheless, expenditure in this sector is still projected to increase relatively fast compared to EU average.

Report overview 2018: The analysis 2018 shows that progress has been achieved on long-term care, however, expenditure in this sector is still projected to increase relatively fast compared to the EU average, among others due to the implementation of a framework to improve the quality of long-term care ('Kwaliteitskader Verpleeghuiszorg').

Report overview 2019: public spending on healthcare and long-term care stand out and is substantially growing. Labour shortages in the health sector are starting to emerge, particularly in some regions. The demand for skilled nurses (among other professions) is expected to grow substantially. Historically, part-time jobs have been very common in the Netherlands. A large proportion of Dutch women work in healthcare - a sector with mostly part-time jobs.

Report overview 2020: There is also a growing labour shortage in certain professions, such as nursing, albeit with considerable regional variation. There are mentions to "health" throughout the report, but only as a secondary topic. This country lacks an in-depth review of their healthcare systems, as opposed to the others.

Report overview 2022: Life expectancy is higher than in EU countries as a whole, despite the reduction suffered in 2020 due to COVID-19. In 2022, there were 1.27 cumulative COVID-19 deaths per 1 000 inhabitants and 461 cumulative confirmed cases of COVID-19 per 1 000 inhabitants.

In 2019, health expenditure relative to GDP and per capita was above the EU average. Furthermore, public sources cover a high level of health expenditure. Despite a strong primary care system, the Netherlands faces a shortage of some healthcare professional: nursing care in hospitals appears to be overloaded and outpatient waiting times are high. Furthermore, in the Country-Specific Recommendations of 2020 (CSRs)[47], the strengthening of e-health tools was foreseen.

According to the Recovery and Resilience Plan[48], Netherlands will use €49 million to strengthen the resilience of the health care system: support for the temporary recruitment and training of health and support staff during the COVID-19 crisis and the creation of a national health reserve of care professionals to be deployed in case of a future health crisis.

Report overview 2023: Despite Covid-19 pandemic, life expectancy is still above the EU average. The overall health spending increased in 2020 and it is still above the EU average. Also the spending for preventing care increased: + 49% against a + 26% of the EU average.

The shortage of the healthcare professionals is still an ongoing challenge. However, the number of nurses is higher than the EU average. They participate in task-shifting and advanced practices, creating a comparatively attractive job profile. Furthermore, the number of nursing graduates increased in the last few years, but nursing staff is overburdened in certain settings, above all in hospitals, and not all trained nurses work (full-time) in the profession.

In 2022, the Ministry of health published the programme to future-proof the healthcare labour market, which aims to look into new ways of organising care processes, retention of staff and space for learning and development.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Healthcare expenditure in the country has increased during the analysed period, albeit at the expense of the long-term fiscal sustainability of the healthcare ecosystem.
The nursing workforce	Shortages in the nursing profession are starting to occur, particularly in some regions. These will need to be tackled.

[47] https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1591720698631&uri=CELEX%3A52020DC0519
[48] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-netherlands_en

Strengthening primary & LT care	During the analysed period, little mention to those is made. However, the indicators point that the country probably has well-performing systems of primary and long-term care.

POLAND

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Report overview 2016: The Polish healthcare system faces challenges in terms of effectiveness and accessibility. Unmet needs for healthcare, especially due to long waiting lists, are reported to be high, and there is a low rate of physicians and nurses. Poland also faces the challenge of continuing the shift towards ambulatory and primary care and restructuring service provision to reduce waiting lists and improve the referral system. Poland is among the EU Member States with one of the most hospital-centred health-care systems, meaning that there is considerable potential to increase efficiency in the delivery of healthcare services by shifting care to ambulatory care settings.

Report overview 2017: In 2017, health outcomes stood below the EU average with a potential impact on labour market participation and poverty. Access to healthcare services remains an issue, but efforts are being made to tackle some existing challenges.

Report overview 2018: The report 2018 highlights that in 2017, some efforts were made to distribute healthcare resources more efficiently. In particular, the report stresses that an improved access to healthcare is particularly challenging given the low level of public funding and the low number of doctors and nurses, as Poland has amongst the lowest number of practising doctors and nurses relative to population size. It also emerges that high unmet needs in the healthcare system also are an important challenge and safeguarding the resources to support important social policy areas, such as health and long-term care, is likely to be challenging.

Report overview 2019: the country´s health system struggles due to low and mis-allocated resources. The system remains overly hospital based. Health outcomes are improving but are still below the EU average. The number of practising doctors and nurses relative to population size is among the lowest in EU. Health professionals are ageing fast and the scale of emigration remains significant. The authorities need to not only increase spending on healthcare but also to address inefficiencies on spending. Despite the Ministry of Health´s "Strategy for the Development of Nursing and Midwifery in Poland", there is no overall formal structure or strategy on health workforce planning and forecast. Long-term care is underdeveloped. It lacks standardised services and a coherent strategic approach. Most long-term care is still provided by informal carers, often family members without institutional support.

Report overview 2020: Poland faces a significant shortage of health staff. In order to reach the EU average almost 100.000 nurses more are needed (from the current level of approximately 225.000 nurses. Low pay may limit the attractiveness of practising health professions in Poland. The number of practising nurses relative to the population remains among the lowest in the EU. Public health expenditure has been among the lowest in the EU for many years. The nursing staff is ageing fast. Nurses aged 50 and older accounted for 60% of the overall number, including 27% who were 60+. Conversely, nurses aged up to 31 accounted for only 7%. The average age of nurses increased is approximately 52 years.

Poland performs relatively well in several areas covered by the European Pillar of Social Rights. However, challenges remain notably as regards access to healthcare (as highlighted for instance by data on self-reported unmet need for medical care). Health outcomes improved over the last 10 years, but areas for improvement exist. Life expectancy at birth remains 3.3 years below the EU average, with a gap between the highest and the lowest educated by 9.2 years and differences between regions reaching 3.5 years for men and 2.5 years for women. The health system is underfunded and lacks a long-term strategic framework. The lack of a long-term development vision adversely affects the labour market, education and social policies functioning of the system,

investment decisions and allocations of resources. Long-term care continues to be provided mostly by informal carers, often family members who lack adequate institutional support.

There is scope for more efficient use of resources in the hospital sector. In 2017, over one third (34%) of health expenditure was spent on inpatient care, representing one of the highest shares in the EU. Many medical procedures currently performed in hospitals could be done outside hospitals at lower costs.

Report overview 2022: Life expectancy in Poland is below the EU average and in 2020, due to COVID-19, a further reduction was recorded. In 2022, 3.06 cumulative deaths from COVID-19 per 1 000 inhabitants and 158 cumulative confirmed cases of COVID-19 per 1 000 inhabitants were recorded. However, over the past 10 years there have been improvements in the mortality rate thanks to increased investment in cardiology care.

In 2019, health expenditure relative to GDP was below the EU average. Furthermore, Poland is experiencing a lack and distribution of health throughout the territory with a consequent increase in waiting times for treatment: there are 2.4 doctors per 1 000 inhabitants and 5.1 nurses per 1 000 inhabitants.

The healthcare system must be adequately reviewed due to a lack of quality, safety and good management. Furthermore, the primary care system is underfunded and understaffed.

The Recovery and Resilience Plan[49] shows that Poland will use €4.4 billion to improve accessibility and quality of healthcare services: reform of the hospital sector and related investments, measures in the fields of e-health, medical studies and research, and long-term care.

Report overview 2023: Life expectancy in Poland is still among the lowest in the EU. Health spending relative to GDP is below the EU average and, between 2020 and 2019, the spending on prevention decreased.

Nurses and doctors' shortage is still a challenge in Poland: the lowest number of doctors and nurses in the EU (per 1 000 population), with an ever-increasing share of health staff in the higher age brackets.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The national healthcare system is underfunded, and its hospital-centredness hinders its efficiency. At the end of the analysed period, the country still lacked a long-term strategy.
The nursing workforce	There are nursing shortages during the analysed period, and these are projected to worsen due to the ageing workforce.
Strengthening primary & LT care	Primary care needs to be strengthened, Long-term care is underdeveloped and often provided by informal carers.

PORTUGAL

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Report overview 2016: Portugal has made efforts to ensure access to quality healthcare in a sustainable manner, but spending is projected to increase in the long term. Even though health indicators do currently not reveal any significant accessibility issues, there are indications that maintaining existing levels of access to healthcare is difficult. Implementation of the hospital reform and consolidating the international non-proprietary name prescription and the electronic prescription could be leveraged for cost-effectiveness. The country faces the double challenge of achieving long-term fiscal sustainability in the healthcare sector while at the same time maintaining the level of access to healthcare by improving efficiency in the system. The projected increase of public healthcare expenditure as a proportion of GDP by 2060 is the highest in the EU.

[49] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-poland_en

Report overview 2017: For the 2017 country report, overall, the health of the Portuguese population is good, yet some indicators point to potential inequalities in access. Portugal has made efforts to ensure access to quality healthcare. Weak accounting and managerial controls lie behind the rising stock of arrears in hospitals, which undermines the health sector's viability. In spite of short-term savings in the health care sector, Portugal lacks a comprehensive long-term strategy to addressing the health-related costs of ageing.

Report overview 2018: The short-term sustainability of the health system is not ensured. Hospital arrears continued to increase by EUR 293 million in 2017 in spite of an extraordinary release of around EUR 400 million for the clearance of arrears in December. Significant measures are continuously taken to improve cost-effectiveness in the National Health Service.

The value of goods and services purchased centrally in the health sector continued its increase in 2017, and is expected to grow further in 2018. Data for the first quarter of 2017 estimated EUR 35 million of savings due to the centralisation of NHS purchasing. Progress has also been made with digitisation, to strengthen the integration of the health system and to reduce redundancies, such as those associated with repeated medical exams. However, while measures are being implemented to try to contain hospital expenditure, their impact remains to be seen. Remaining key challenges are (i) ensuring health professionals are appropriately distributed across different geographical areas and (ii) providing incentives to retain and motivate staff with the required skills.

Report overview 2019: Healthcare expenditure in Portugal is below the EU average (5.9 % of GDP in 2016). However, its long-term increase is expected to be among the largest in the EU due to the ageing population and other non-demographic determinants. The health status of citizens is good, but inequalities in access to healthcare remain. A 2.3% share of the population report unmet needs due to cost, distance or waiting time (EU average 1.6%). The rate is higher for those with the lowest income. Out-of-pocket expenditure on healthcare is one of the highest in the EU (in 2016 27.8%). There are also significant differences in health indicators between the wider metropolitan areas of Lisbon and Oporto and the interior and rural regions. Registrations with family doctors have increased substantially in the past decade, but gaps still remain in healthcare provision between regions. This gap also exists for the provision of long-term care. The government is investing in regional facilities and giving incentives for health personnel to move to underserved areas in recent years seek to address these disparities.

Hospital arrears continue to pose a challenge. There is a new programme put in place to address these. It introduces a new governance model for public hospitals, coupled with a substantial increase in their annual budgets. This programme aims to help identify the specific causes of arrears by differentiating, at hospital level, between inadequate budgeting and hospital management practices.

Report overview 2020: Even though the number of nurses is below the EU average, the health workforce continues to increase. The financial sustainability of the health system remains a source of concern. The health system posted continued deficits throughout 2019. However, the cost-effectiveness has continued to be promoted in the health system. Portugal's health system appears to be relatively 'good value for money', producing good outcomes for the comparatively modest, albeit increasing, expenditure channelled into the system.

The health status of Portuguese citizens is good, but certain areas show room for improvement and health inequalities remain. There are major health differences between the wider metropolitan areas of Lisbon and Porto and the other regions. The difference in self- reported unmet needs for medical care between groups living in rural and in urban areas is higher than in many other Member States. Healthcare resources are unevenly distributed between and within regions and transport costs are often not reimbursed, but self-reported unmet needs due to distance remain low. The accessibility of care and financial protection are areas of concern, but the planned removal of primary care user charges is likely to alleviate them.

Report overview 2022: Life expectancy is slightly above the EU average, despite the reduction suffered in 2020 due to COVID-19. In 2022, there were 2.14 cumulative COVID-19 deaths per 1 000 inhabitants and 364 confirmed cumulative COVID-19 cases per 1 000 inhabitants.

Health expenditure relative to GDP has been consistently below the EU average. This translates into one of the highest proportions of direct payments for healthcare in the EU. The pandemic has further underlined the structural challenges of the Portuguese health system and the shortage of healthcare professionals is still the most difficult challenge. Despite the increase in the number of healthcare professionals over the past 10 years, the number of nurses is still below the EU average.

Portugal's Recovery and Resilience Plan[50] includes a series of health care reforms and investments, oriented towards the digitization of the National Health Service, with a total of € 300 million to be used for this. In addition, strengthening of primary, mental and long-term health care is expected.

Report overview 2023: Life expectancy is still slightly above the EU average. However, the overall health expenditure is slightly below the EU average and the spending on prevention, between 2019 and 2020, increased, but less than that of the EU as a whole.

Regarding the healthcare professionals, nurses' shortage and the unequal distribution are 2 ongoing challenges. The number of nurses is still below the EU average. Working conditions and low remuneration are 2 of the major reasons which make the nursing profession not attractive for the young generation and increase difficulties in recruiting and retaining new nurses.

Through its recovery and resilience plan (RRP), Portugal plans to invest EUR 1.383 billion in the healthcare sector for improving and strengthening the capacity of the National Health Service (NHS) in the fields of primary, mental and long-term healthcare.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country's healthcare expenditure is below the EU average, although it is expected to increase in the following years. Another problem that is currently being tackled are the health inequalities in the country, particularly between the wider metropolitan areas and the regional ones.
The nursing workforce	During the analysed period, shortages of nurses are identified, although the country seems to be tackling this issue.
Strengthening primary & LT care	At the end of the analysed period, there were plans to remove user charges in primary care.

ROMANIA

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Report overview 2016: Health outcomes in Romania are poor. Life expectancy at birth is well below the EU average both for men and women. Access to healthcare remains a major concern despite the mandatory health insurance system. To address the low funding and inefficient spending, the authorities made an effort to improve the fiscal sustainability and the efficiency and effectiveness of healthcare service delivery as part of the recent EU balance-of-payments assistance programme. These reforms included e.g. clearing arrears in the health sector, increasing the sustainability of pharmaceutical spending, implementing eHealth solutions, improving the funding of the health system and devising a strategy to shift resources from hospital-based care towards preventive and primary care. The reforms implemented through the balance-of-payments programmes have secured the short-term viability of the system, but key measures remain unfinished. Corruption remains a challenge in the health sector, despite some recent action to combat the problem and the country still lacks an integrated system of long-term care.

Report overview 2017: In 2017 report, healthcare system faces structural and financing challenges. Health outcomes are weak, negatively affecting workforce employability. Access to healthcare is limited and unequal. Access to good quality care is hindered by the low density of general practitioners, specialist physicians and nurses, while medical staff migration to EU countries has not abated. Low levels of public funding contribute to informal payments, which is one of the main financial barriers to accessing health care. As the sector remains underfunded, in 2014, 11 % of the population declared having offered money or gifts to doctors and 8 % to

[50] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/portugals-recovery-and-resilience-plan_en

nurses. New initiatives will improve the cost effectiveness of and access to healthcare, but the reform agenda is incomplete. Corruption in the healthcare system has been recognised as a particular problem. Strengthening integrity and reducing corruption risks became a priority in 2016.

Report overview 2018: The 2018 analysis reveals that the health status of the population has improved but remains below EU standards. Access to healthcare remains a key challenge, also in relation to equality of opportunities, with negative repercussions on child development, workforce employability and healthy ageing. Low funding and inefficient use of public resources limit the health systems effectiveness, against the background of a sizeable shortage of doctors and nurses. In particular, it is estimated that since early 2000 around 24 000 Romanian doctors and nurses have left the country (OECD, 2017). The government expects the salary increases in the health sector in 2017-2018 to slow the emigration of health professionals. The report highlights that the ongoing implementation of the national health strategy is marred by shifting priorities and poor investment planning. Despite recent progress in the preparation of EU-funded investments in healthcare, the preparation of projects is significantly delayed, especially for the shift towards outpatient care and community-based services. To respond to the recommendation concerning the shift to outpatient care, a network of Integrated Community Centres equipped with integrated teams will be developed, complemented with training for community nurses.

Health infrastructure and the prevalence of informal payments remain sources of concern. In addition, the gap in unmet healthcare needs between the richest and the poorest households (6.5 %) is one of the widest in Europe. The ESI Funds are pivotal in addressing key challenges to inclusive growth and convergence in Romania, notably by reforming the public procurement system, strengthening the quality and accessibility of primary and community healthcare.

Report overview 2019: The healthcare system faces many challenges. Spending on healthcare is comparatively low. Provision of key diagnostic and therapeutic medical equipment is very low, particularly in hospitals, despite a high supply of hospital beds. There is a shortage of health staff - including nurses. It is coupled with high workforce emigration on the sector, partially motivated due to low wages. Unmet needs for medical care remain high, especially for vulnerable groups. There are high disparities in the accessibility of healthcare between different groups (e.g., Roma people) as well as between urban and rural areas. There is a widespread practice of informal payment, which significantly impedes access to healthcare. Access to long-term care is poor. The sector is not ready to deal with a rapidly ageing population. There are very few at-home and day-care services. When they do exist they are normally close to areas with higher income. Altogether, there result in the health of the population remains below the EU average, despite improvements. The amenable mortality rate (i.e., deaths that could have been avoided through optimal quality healthcare) was two and a half times higher than the overall rate in the EU.

Report overview 2020: Health staff shortages remain considerable. The number of nurses is among the lowest in Europe. The country shows limited progress in improving access and cost-efficiency of healthcare. Nevertheless, the healthcare system is still not effective in improving neither accessibility nor the health of the population. Unmet medical needs have increased, with high urban-rural gaps and low coverage for low income groups and the elderly. Preventive, outpatient and community-based care remain under-financed and not covered by sufficiently targeted public policy measures. The health status of the population remains below the EU average. Total healthcare spending is low and focused on inpatient care. Population ageing and migration are putting increasing pressure on the sustainability of the healthcare system. Upon request from a Member State, the Commission can provide tailor-made expertise via the Structural Reform Support Programme to help design and implement growth- enhancing reforms. Since 2017, such support has been provided more than 46 projects.

Report overview 2022: Life expectancy shrank to the EU average and, due to COVID-19, shrank even more. In 2022, 3.17 cumulative deaths from COVID-19 per 1 000 inhabitants and 146 cumulative confirmed cases of COVID-19 per 1 000 inhabitants were recorded. The highest mortality rate is linked to cardiovascular disease, lung cancer and alcohol-related diseases.

Although health spending has increased over the last 10 years, it remains the second lowest in the EU. Among the major challenges for the Romanian healthcare system, there is: the access to quality care, obsolete infrastructure and insufficient care of the healthcare professionals. Furthermore, primary care and prevention are underdeveloped, and the number of nurses is well below the EU average. Unmet needs for health care are high and the huge antibiotic consumption increases health problems.

According to Recovery and Resilience Plan[51], Romania plans to invest € 2,85 billion to modernize healthcare infrastructure, improve healthcare professionals' management and digitize the entire healthcare system.

Report overview 2023: Life expectancy is still the second lowest in EU, with a significant gender gap. Despite the increase in the last 5 years, the total health spending in Romania remains above the EU average. Instead, between 2020 and 2019, the spending on prevention increased by 28% compared to 26% for the EU overall.

The staff shortage and the lagging accessibility of the healthcare represent two difficult challenges in Romania. The high number of medical graduates corresponds to a high number of workforce emigration. According to data, Romanian-trained doctors and nurses are estimated to make up 12% and 11%, respectively, of health workforce emigration to the EU.

Through the Recovery and Resilience Plan, Romania will invest € 2,85 billion to strengthen the physical and digital infrastructure and improve healthcare quality, accessibility and efficiency. Moreover, it has been established a framework for developing human resources in health and professionalising healthcare management to fill the gap in human resources in the healthcare sector.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has a systematic low expenditure in healthcare that persists over the whole analysed period.
The European Pillar of Social Rights	Even though it is not explicitly mentioned in the Country Reports, the indicators available point that the European Pillar of Social Rights is most likely not fully nor rightly implemented in the country.
The nursing workforce	During the analysed period there are persisting shortages of nurses not being tackled by the governments, with a high number of nurses emigrating abroad seeking better wages and working conditions.
Strengthening primary & LT care	The country needs to strengthen its primary care service, as there are many inequalities in the access to healthcare across the country. As for long-term care, access to it its poor, and the system fails to meet the demands of its ageing population.

SLOVAKIA

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Report overview 2016: After the 2105 recommendations measures aiming to improve cost-effectiveness in healthcare have been taken but have not led to tangible improvements. The healthcare sector continues to face long-term sustainability challenges. Healthcare expenditure is comparatively low, but will be the main driver of the projected increase in ageing-related costs. Although (non-binding) measures have been taken in the area of budgeting and process management, several public hospitals continue to be in poor financial shape, which may reflect continued weaknesses in healthcare procurement. Government efforts to better integrate healthcare services have continued, and forthcoming plans should be judged by their ability to safeguard accessibility and deliver efficiency gains. Progress on eHealth and the introduction of the diagnosis-related group (DRG) system of payments has been slow. While Slovakia has recorded a substantial improvement in health status indicators, it still ranks low compared to other EU countries.

Report overview 2017: According to 2017 analysis, cost-effectiveness of healthcare in Slovakia remains low. The health status of the population is improving slowly, and private healthcare expenditure is relatively high. The high level of hospital debt has not decreased. Some steps have been taken to rationalise hospital care. According

[51] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-romania_en

to professional associations, many more additional GPs and nurses are needed in the system, but the number of general practitioners (GPs) is low and increasing only gradually. The introduction of e-health systems has suffered successive delays. The introduction of the diagnosis-related groups (DRG) system for remunerating hospital activities, to allow more transparency of care supply and pricing, is being gradually implemented following preparatory activities in previous years. The implementation of an integrated care model has stalled.

Report overview 2018: The 2018 report stresses that healthcare staffing numbers are increasing only gradually. The very low number of new GPs raises concerns for the future GP supply given their current age composition. Moreover, the number of nurses is falling and is now one of the lowest in the EU. Slovakia has made some progress in addressing the 2017 country-specific recommendations, including on improving the cost-effectiveness of the healthcare system. However, the cost-effectiveness of the healthcare system is improving, but from a low level. A public e-health system has been introduced after long delays but limitations in terms of basic functionalities and user-friendliness may hinder its use. A pilot project for a diagnosis-linked funding system for healthcare providers was launched in 2017. While action to rationalise hospital care continues, plans to create streamlined, integrated care centres have not advanced.

Report overview 2019: The country has done some progress in increasing the cost-effectiveness of the healthcare sector and addressing staffing shortages, but challenges still remain. The country has one of the lowest shares of general practitioners in the EU. Only 9 % of medics decide to specialise in general practice. Significant differences in the geographical distribution of general practitioners are also observable. Public health is gradually improving but sizeable socio-economic health disparities exist. Differences based on socio-economic status are significant. While demand for long-term care is growing, service provision remains limited. Public expenditure on long-term care in 2016 was 0.9% of GDP (EU average of 1.6 %). Long-term care responsibility is shared between the social and healthcare systems, leading to different organisations and sources of funding, obstructing effective coordination.

Health workforce shortages, including nurses, disproportionately affect citizens in rural and disadvantaged areas. The number of nurses per capita is lower than the EU average (5.7 compared to 8.4 per 1000 population in 2016). It has decreased sharply in the past years due to the increasing number of nurses leaving to work abroad. Recent estimates by the Ministry of Health show that hospitals face a shortage of over a thousand nurses, and that only 44% of domestic nursing graduates actually take up nursing jobs. To improve recruitment and retention rates, the government plans to increase salaries for nurses, midwives and health care assistants by between 10-16 % in 2019, and to set up incentives for nursing graduates to start their career in Slovakia.

Report overview 2020: Current and expected health workforce shortages are significant, especially for nurses. Assuming no policy changes, Slovakia is projected to endure a shortfall of more than 9.900 nurses (33% of active nurses) by 2030. In addition to this, the number of nurses in Slovakia is significantly lower than the EU average (5.7 v 8.5 per 1,000 people). Several measures have improving the efficiency of the health care system. However, excessive reliance on hospital care hinders the efficiency of the health system. Despite continued efforts to move towards a leaner hospital sector, the number of acute care beds and hospital discharge rates in hospitals remain high. Together with one of the lowest bed occupancy rates in the EU reliance this shows an excessive reliance of the Slovak health system on hospital care, which hinders efficiency.

In addition to that, state-owned hospitals continue to accumulate debt despite recurring government bailouts. Despite government action, current weaknesses in primary care limit Slovakia's potential to improve health care quality and efficiency. Significant preventable mortality rates reflect the high prevalence of risk factors and low spending on prevention. Long-term care heavily relies on informal care by family members. Since July 2019, the nursing benefit to care for a family member increased to match the net minimum wage.

Report overview 2022: Life expectancy is low compared to the EU average and, due to COVID-19, has undergone a further reduction. In 2022, there were 3.55 cumulative COVID-19 deaths per 1 000 inhabitants and 414 confirmed cumulative COVID-19 cases per 1 000 inhabitants.

Health expenditure relative to GDP appears to be lower than the EU average. Despite this, Slovakia offers benefits for the entire population through an insurance system. In addition, Slovakia is implementing reforms to make up for the shortage of health professionals. The number of doctors and nurses appears to be below the EU average.

According to the Recovery and Resilience Plan[52], € 1.26 billion is expected to be invested to strengthen the physical and digital infrastructure of Slovak healthcare and mental care systems.

Report overview 2023: Life expectancy continues to be one of the lowest in EU and declined significantly in 2021. The total health spending remains lower than the EU average and, between 2019 and 2020, the spending on prevention increased from 0,8% to just 1% above, continuing to remain one of the lowest in the EU.

A great challenge in Slovakia is the nurses' shortage. Low salary, poor working conditions and limited career prospects are some of the reasons of this shortage. Also the number of nursing students continues to decline during the years. For facing this situation and improving retention, Slovakia has taken measures to reduce the salary gap with neighbouring countries for clinical staff working in hospitals, and has pledged to redesign certain aspects of medical training programmes to make these more attractive.

Through the Recovery and Resilience Plan, Slovakia allocated € 1.25 billion to strengthen the physical and digital infrastructure and improve the quality, accessibility and efficiency of the healthcare sector.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country had a lot of expenditures on healthcare during the analysed period, which little to no measures aiming at increasing it. On top of that, the long-term sustainability of the system is at risk due to the ageing population.
The European Pillar of Social Rights	Even though it is not explicitly mentioned in the Country Reports, the indicators available point that the European Pillar of Social Rights is most likely not fully nor rightly implemented in the country.
The nursing workforce	During the whole of the analysed period there are worsening nurses' shortages identified.
Strengthening primary & LT care	The country relies heavily in a inefficient hospital-centred system of healthcare, which hinders the efficiency of primary care. The latter needs to be strengthened. The same applies to long-term care, with the current system relying too heavily in patients' family members.

SLOVENIA

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Report overview 2016: Expenditure on health care is driven by a number of factors such as population size and structure, population health, the individual and national income, technological progress and institutional and organisational settings, but according to the projections, Slovenia will face a significant fiscal sustainability challenge in the area of health care. Nevertheless, population structure and ageing are projected to be one of the key drivers of increasing healthcare expenditure and is expected to pose risks to the sustainability of health care financing.

Slovenia has a rather mixed performance in terms of population health and is underperforming in four out of seven OECD quality of health indicators. The country has one of the lowest levels of unmet health care needs in Europe for all income groups. There is a significant scope for increasing the efficiency of the healthcare system like investment in eHealth; health technology assessment can help to contain expenditure growth while maintaining access to quality care. Some indicators suggest that the performance of public hospitals could be improved as governance of public hospitals appears weak and hospitals have limited autonomy and responsibility in strategic decisions.

[52] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/slovakias-recovery-and-resilience-plan_en

Report overview 2017: The 2017 report showed that authorities presented the proposals to reform the health care system while the reform of long-term care has been delayed. Age-related expenditure, namely on public pensions, healthcare and long-term care puts pressure on public finances in the long run. Long-term fiscal sustainability of the health care system remains a challenge. The 2016 Country Report suggested that there is scope to increase the efficiency of the healthcare system in Slovenia. The proposed draft Health Care and Health Insurance Act is an important step towards reforming the health care system. The authorities aim to increase incentives for hospital managers to improve cost-effectiveness and quality. Pharmaceutical expenditure is rising, due to higher consumption of medical products and new and very costly medicines. Waiting times for some outpatient specialist services have increased. Improved allocation of resources can contain long waiting times, which typically have a bigger impact on poorer households. A reform to create a sustainable, flexible, high quality and accessible long-term care (LTC) system has been under preparation since 2002. The pilot project will be used for preparing concrete measures to reform long-term care. The long-term care reform is in preparation; however, several important challenges remain unclear.

Report overview 2018: The 2018 analysis highlights that expenditure on public pensions, health care and long-term care still puts large pressure on the public finances in the long term. Slovenia has made some progress in addressing the 2017 country-specific recommendations. Some laws on reforms to the healthcare sector have been adopted while the key legislation (Health care and health insurance Act) has not been adopted yet. A proposal for reforming the long-term care has been publicly consulted but not yet put forward. It emerges that, the healthcare system provides good outcomes, but the ageing population is putting it and the long-term care system under strain. Therefore, increasing efficiency, including by aggregated procurement, is important to ensure the long-term sustainability of public finances and continue providing high-quality care. If adopted, the Healthcare and Health Insurance Act would help achieve this objective. Regarding the EU support, ESI Funds are pivotal in addressing key challenges to inclusive growth and convergence in Slovenia. Among other activities, they help improving the healthcare system and support low-skilled and long-term unemployed to improve their employment prospects.

Report overview 2019: in 2017, healthcare expenditure on healthcare was 8.0 % of GDP on (EU average of 9.6%). However, driven by demographic changes, a projected increase in spending threatens the long-term fiscal sustainability of the system. The authorities are preparing a policy reform to avoid further strain in the financing of the system, but no act has been adopted yet. The authorities also plan to reduce waiting times and to improve the efficiency and effectiveness of the public health network. However, the financing of these reforms remains unresolved. Moreover, public procurement aggregation in the health sector remains underdeveloped. Overall, the country lacks enough health staff. Attracting health staff to primary care remains is also difficult. The share of general practitioners is just 19% (EU average 23%). On top of that, the ageing population and the growing burden of chronic diseases are expected to boost demand for a more efficient mix of care models. Investment on long-term care is needed. The country still lacks an overarching law covering long-term care.

Report overview 2020: The average gross old-age pension is substantially higher, but it still does not cover the full costs of care in a public nursing home, only basic care in public nursing homes. The projected increase in healthcare spending due to ageing is weighing on the long-term fiscal sustainability of the system. Needs for long-term care are growing even faster than for regular healthcare, but under the current system, the integrated provision of long-term care community services is underdeveloped. Efforts to regulate long-term care as part of a unified system in Slovenia have been underway for over 15 years. This is due in particular to the complexity of the system, requiring the interconnection of activities under the purview of several ministries, and the unresolved issue of financing. The share of health spending financed by the general government has been increasing but remains below the EU average. The public share of total health spending has gradually grown since 2014 and reached 72.2% in 2017. This was still below the EU average of 79.4%.

Previous attempts to reform and broaden the funding sources for the health system have failed. The government relaunched the preparation of a new draft healthcare and health insurance act in autumn 2019. Slovenia has experienced an increase in life expectancy at birth in recent years. Life expectancy at birth was 81.2 years in 2017, up from 76.2 years in 2000. Regional disparities in the health of the population have somewhat decreased, but differences remain.

Report overview 2022: Life expectancy is slightly above the EU average, despite the reduction suffered due to COVID-19 in 2020. In 2022, 3.13 cumulative COVID-19 deaths per 1 000 inhabitants were recorded and 476 cumulative confirmed cases of COVID-19 per 1000 inhabitants. Prevention in Slovenia works well, but the cancer death rate is above the EU average.

In 2019, health expenditure relative to GDP was below the EU average as was that for prevention. Furthermore, long waiting time lead to high dissatisfaction with health needs. This is a consequence of the lack of healthcare professionals.

According to the Recovery and Resilience Plan[53], € 224.9 million is expected to be invested in the healthcare sector to improve hospitals, digital infrastructure and emergency healthcare services.

Report overview 2023: Life expectancy is still slightly above the EU average. The overall health expenditure increased during the years, it still remains below the EU average.

Low availability of resources, resulting in lagging accessibility, and weak care coordination pose a challenge to the health system. Moreover, the staff shortage represents a great issue. According to data, in 2025 some additional 2.000 nurses will needed. Another key challenge is to strengthen access to primary care and promote greater coordination and cooperation between primary care and secondary care providers.

Through the Recovery and Resilience Plan, Slovenia will address challenges in resilience, accessibility and quality of healthcare and integration across care levels.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country's expending in healthcare is just below the EU average. Moreover, its long-term sustainability is endangered due to the ageing population. Healthcare expending should increase.
The European Pillar of Social Rights	Even though it is not explicitly mentioned in the Country Reports, the indicators available point that the European Pillar of Social Rights is most likely not fully nor rightly implemented in the country.
The nursing workforce	Shortages of nurses, and more broadly healthcare professionals, are identified during the analysed period. These will need to be tackled.
Strengthening primary & LT care	Primary care needs to be strengthened. Some measures have been put in place, particularly with the view to decrease regional disparities accessing it, but these still persists. Long-term care services are underdeveloped, and will face difficulties meeting the needs of the ageing population.

SPAIN

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Report overview 2016: The Spanish healthcare system faces some sustainability challenges, but the system continues to achieve good results in both outcomes and accessibility, while maintaining a relatively low level of expenditure. A possible solution is to improve transparency of procurement of healthcare services at regional level, where there is often a lack of competition between tenderers.

Report overview 2017: In 2017, the country report showed that inequalities in access to healthcare have also risen significantly from low levels during the crisis. In addition, public expenditure on health care and long-term care was projected to increase slightly above the average increase for the EU. The report also indicated that the

[53] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/slovenias-recovery-and-resilience-plan_en

provision of long-term care services was improving, but with differences across regions and current needs are still not met.

Report overview 2018: The 2018 analysis shows that the provision of long-term care services keeps improving, but needs are unevenly met across regions. The number of people receiving long-term care services increases steadily, with 11.44 % more people receiving such care in 2017 than in 2016. In December 2017 the government increased its funding for the provision of long-term care by 5.3 %. It also emerged that untrained informal carers – mostly female relatives – still provide a substantial part of the care.

Moreover, inequalities in access to health care are low compared to the EU average, although they have slightly increased. Spain has one of the lowest rates of reported unmet needs for medical care in the EU.

Report overview 2019: inequality of access to medical care is low on average, with exceptions and some variation between regions. In 2017, self-reported unmet need for care was lower than in the EU and with little variation by income groups. However, the healthcare system is facing challenges mainly due to population ageing and growing long-standing disability and chronic conditions. Despite the demand for primary care increasing, public spending on hospitals represents an increasing share of total public spending to the expense of primary care. Moreover, the lack of interoperability of electronic systems hampers the efficient use of available e-health solutions.

There is an increasing shortage of nurses and general physicians in primary care and long-term care services. There are regional differences. The widespread use of part-time and temporary contracts, together with the decline in salaries, contributed to the outflow of doctors and nurses seeking employment abroad. These shortages are likely to increase further.

Coverage of long-term care services increased (0.8% of GDP) but still lags behind the EU average (1.8% of GDP). Since 2014 the number of formal long-term care workers has been increasing, but their share for population over 65 years old remains below the OECD average.

Report overview 2020: the number of nurses per 1,000 people is well below the EU average (5.7 in Spain vs. 8.5 in the EU) and the new advanced nurse practice is still not in place in all regions. Inefficiencies are also linked to the recruitment and working conditions of health workers. The persistent use of temporary contracts contributes to the large turnover of health workers. The authorisation to recruit 83,100 permanent workers nationwide in 2018-2019 aims to address this challenge, although the recruitment competitions are progressing at slow pace and the transition to permanent employment for healthcare professionals remains insufficient.

The primary care system performs well but needs further adaptation to cope with the demographic and epidemiological shifts. Population ageing creates new health care needs, as nearly 60% of Spaniards aged 65+ have at least one chronic disease, more than 20% have some limitations in daily activities and almost 40% have reported symptoms of depression.

In a context of rapid ageing of the population, growing needs for long-term care are likely to increase in the future. Spaniards report one of the lowest levels of unmet needs for medical care in the EU (0.2% in 2018). By contrast, the share of unmet needs for dental care is relatively high (4.6%, 1.7 points above the EU average), particularly among people in the lowest income quintile.

There are inefficiencies in the purchase and use of pharmacy-dispensed medicines. Regional variations in spending on pharmacy-dispensed medicines are not explained by healthcare needs. The review of healthcare spending in medication dispensed through prescriptions, excluding hospital spending, represented about 14% of public healthcare expenditure or 0.9% of GDP in 2017.

Report overview 2022: Life expectancy is above the EU average, despite the decline suffered due to the COVID-19 pandemic. In 2022, there were 2.19 cumulative COVID-19 deaths per 1 000 inhabitants and 248 confirmed cumulative cases of COVID-19 per 1 000 inhabitants.

Healthcare expenditure relative to GDP and per capita is lower than the EU average, while expenditure on outpatient drugs is above average. The Spanish healthcare system faces a shortage of healthcare professionals and an irregular distribution of them. The number of nurses is low, and it has a negative impact on the whole basic system. Furthermore, the pandemic has highlighted the problem of the scarcity of beds in Spanish hospitals.

According to the Recovery and Resilience Plan[54], Spain plans to invest € 1.7 billion in the healthcare sector with the aim of renovating hospital equipment, strengthening the digital infrastructure, improving public health and the crisis preparedness system, improving the skills of professionals' health, push prevention and pharmaceutical policies.

Report overview 2023: Life expectancy is still above the EU average. The overall Health spending relative to GDP in Spain was slightly below the EU average in 2020. However, between 2019 and 2020, the spending on prevention increased by around 56% against the 26% of the EU overall.

A great challenge in Spain is the staff shortage and the uneven distribution of the healthcare professionals. The number of nurses is low, and shortages have a negative impact on primary care. This shortage is connected to the poor working conditions which remains an important issue. Moreover, the percentage of the workforce aged over 55 is quite high in Spain: 32% of doctors and 21% of nurses, which may exacerbate shortages if the number of graduates, especially of doctors, does not increase.

Through the Recovery and Resilience Plan, Spain started to implement a set of measures related to innovation in the healthcare sector. Pending measures include reforms to expand health coverage, and reforms of the healthcare workforce, of the digital health infrastructure, and of pharmaceutical policies.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has good expending on healthcare, too focused on hospital-care, despite the growing need for primary care. There are small inequalities accessing healthcare identified, with regional differentiations.
The nursing workforce	There are shortages of all healthcare professionals identified, although these are particularly acute in the nursing profession. These seem to worsen during the analysed period and are even further deepened due to poor recruiting strategies.
Strengthening primary & LT care	The country has a good performing primary-care system, although it is expected that further pressure on it will grow as the population ages. Coverage of long-term care services increased but still lags behind the EU average. Further investment in long-term care is needed, particularly due to the quickly ageing population.

SWEDEN

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Report overview 2016: Health and long-term care can represent areas for policy reforms so as to improve the sustainability of public finance, while pension expenditure is projected to have a mitigating effect thanks to the pension reforms implemented in the past.

Report overview 2017: In 2017, the report indicated that in the medium-term the projected public expenditure on long-term care is set to increase significantly and there could be scope to improve efficiency. The share of the population that receives LTC benefits is relatively high by EU standards, whereas the underlying level of need suggested by indicators is broadly in line with the EU average. However, it emerged that resources are not always targeted at those that need care the most and can least afford to pay for it. Additionally, the proportion of recipients receiving care in an institutional setting (rather than at home) and the role of in-kind benefits (rather than cash) to support LTC recipients are relatively high and reduce the flexibility of the system.

[54] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/spains-recovery-and-resilience-plan_en

Report overview 2018: The 2018 report stresses that since 2015, the 'fast-track' integration programme aims at shortening the labour market integration process and has a focus on sectors with labour shortages. While it is too early to assess impact, the programme expanded in 2017 in terms of participants and professions covered (from 10 to 31), including teachers, doctors, nurses and electrical and mechanical engineers. Recent data shows that about 1 year after completing the programme, between 17 % and 50 % of the participants were employed, and after 1.5 year between 32% and 60% (Arbetsförmedlingen, 2017b). However, the shortage of medical staff, in particular in rural areas, prevents securing an optimal mix of doctors and nurses, impeding the system's efficiency. Public expenditure on long-term care is still projected to increase from 3.2 % of GDP in 2016 (among the highest in the EU), to 4.9 % of GDP in 2070 (European Commission, 2018). This corresponds to a 41 % increase, similar to the EU average. The share of the population that receives long-term care benefits is relatively high by EU standards, whereas the underlying level of need (14) is broadly in line with the EU average.

Report overview 2019: the country has a well-performing health system. It is one of Member States with the highest spending on health (approx. 10.9 % GDP). The share of public spending for health care is one of the highest in EU (with more than a quarter allocated to long-term care). More than 75 % of the population reports being in good health (EU average 67%). The long-term care sector offers good coverage but is not fully efficient. There is room to improve to better respond to people's expectations. Waiting times are an issue and regional differences exist, too. Waiting times vary, and there are reported unmet health needs in less densely populated or remote regions. Measures are being taken to tackle this. Despite a relatively high number of doctors and nurses, challenges also persist in finding the best mix of medical staff. To ensure an adequate level of nursing, both in terms of numbers and skills, the government invested in education and resources to expand the workforce.

Report overview 2020: reforms are planned for primary care. The reforms hope to attract and train advanced practice and specialist nurses and to reduce waiting times for elective surgery. Despite high numbers (above EU average) of nurses (whose tasks in primary care have gradually expanded to prescribing and care coordination), healthcare employers still report a need to increase their staff numbers. The availability of healthcare professionals varies across the country and access to care is still influenced by the cumbersome recruitment situation in a number of health professions.

In 2019, work started to improve the capacity of municipalities to assess the quality of healthcare at home and in nursing homes. The healthcare system is generally good. However, steps to address and improve access to care (better treatment guarantees in primary care) and 'patient contracts' (a coherent map of planned care) are being rolled-out. Nevertheless, waiting times for health services are still high and have significant regional differences. The situation in urban areas has slightly improved, but there are still areas where waiting times are much higher than the national average.

Report overview 2022: Life expectancy is higher than the EU as a whole, despite the reduction suffered as a result of COVID-19. In 2022, there were 1.81 cumulative COVID-19 deaths per 1 000 inhabitants and 242 confirmed cumulative cases of COVID-19 per 1 000 inhabitants.

Health expenditure relative to GDP was the third highest in the EU. In Sweden, waiting time for health services is still a problem, although unmet care needs are few. However, the pandemic highlighted the need for skilled nurses, in particular, in elederly care facilities. In addition, the government has identified cancer treatment as a priority for new investments between 2019 and 2022.

The Recovery and Resilience Plan[55] shows that Sweden will invest € 452 million in social and health care to improve elderly care by upskilling and training of staff working in centres; and € 308 million in research and higher education with the aim to scaling up the education at universities and other higher education institutions to tackle the challenges in the labour market.

Report overview 2023: Life expectancy is still higher than the EU average. In 2020, the overall health spending increased to 11.4% of GDP, more than the EU average level which was 10.9%. However, between 2020 and 2019, spending on prevention in Sweden increased by 11% against the 26% of the EU overall.

[55] https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-sweden_en

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has a high public expending on healthcare and performs well in all indicators.
The European Pillar of Social Rights	Even though it is not explicitly mentioned in the Country Reports, the indicators available point that the European Pillar of Social Rights is most likely fully implemented in the country – at least, in what refers to healthcare.
The nursing workforce	The country has sufficient workforce numbers, including nurses, although some measures have been put in place to recruit foreigner healthcare professionals (with the view to prevent shortages).
Strengthening primary & LT care	The country has good performing systems of primary and long-term care. In the latter, the number of beneficiaries is high.

UNITED KINGDOM

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Report overview 2016: no remarks connected to the healthcare system.

Report overview 2017: The report 2017 indicated that the healthcare system is currently under financial pressure and, in the medium to long term, faces high risks to sustainability. Various measures are being considered to achieve further efficiency gains and to mitigate the growth in demand for health services.

The rising demand for healthcare in the UK, combined with budget constraints and an ageing workforce, is causing healthcare staff shortages and unfilled vacancies. In recent years, the UK has had fewer doctors per 100.000 citizens compared to the EU average. Retention and recruitment of healthcare professionals is problematic, and there is considerable reliance on healthcare staff who qualified outside the UK. The administrations in the constituent nations of the UK have announced plans to increase the training places for nurses and doctors. Action is also being considered to improve staff retention and adjust the workforce skill mix, by introducing extended, advanced and new roles. The impact of most of these measures will be seen in the medium- to long-term. Until the impact of these measures materialises, the health services may need to continue recruiting doctors and nurses from outside the UK.

The funding model for long-term care in England is unsustainable and is also putting pressure on the NHS. Access to and quality of mental health services in England have raised concerns.

Report overview 2018: In the analysis 2018, it emerged that hospitals are working at near-full capacity with low bed numbers, high occupancy rates and short lengths of stay. There are also relatively few doctors and falling numbers of nurses. Together with the lack of integration of health and social care, these factors contribute to the long-standing challenges of waiting times for elective and emergency care.

It is also stressed that the healthcare system is still under financial pressure and projected health care spending challenges the long-term fiscal sustainability of the health care system, with healthcare expenditure is expected to increase by at least 1.4 pps of GDP between 2016 and 2070, due to the ageing population. Likewise, Long-term care is under severe financial pressure affecting access to, levels and quality of publicly funded care.

An important aspect concerns the impact of Brexit on the future of the NHS: it has been estimated that 12 % of NHS staff in England are non-British. About 10 % of doctors and 7 % of nurses working for the NHS are from other EU countries. Anticipated workforce shortages, restrictions on pay rises for NHS staff and questions about future staffing once the UK leaves the EU are sources of concern.

Report overview 2019: the rising demand for health services across the UK has outpaced resources in recent years, affecting the performance of the health system. All four nations of the UK aim to reform their health systems with more efficient models of care. Shortfalls in the provision of social care services are placing an increasing burden on the National Health Service (NHS) and on informal, family carers. Unmet need for social care services also affects hospital bed use, with a significant proportion of delayed patient discharges caused by the unavailability of social case services

The health sector also faces staff shortages. The UK has fewer doctors and nurses per person than the EU average. In 2017, around 45.000 clinical posts were published, including 36.000 nursing vacancies in NHS England were not filled. About 80 % of these vacancies are being covered by a combination of temporary staff. It is estimated that the NHS in England will probably require 171.000 more nurses over the next 15 years. However, there are problems with the supply, recruitment and retention of health staff. The number of nursing graduates per 100.000 population was well below the EU average and it has not increased since 2014. The government is taking actions to address these challenges. For example, it announced funding for 25 % more student nurse places from 2018. This could translate to an extra 26 000 trained nurses by 2027. Nevertheless, to fill the gaps in the coming years, the UK will have to continue recruiting doctors and nurses from abroad.

Report overview 2020: The situation in relation to the health workforce remains challenging. There are shortages of various staff groups including nurses. The number of vacancies is increasing, and the estimated shortfall is expected to grow further in the coming years. The announced increase in undergraduate places for nurses is insufficient to address the problem in the coming years. The NHS acknowledges that a rise in international recruitment of nurses in the short to medium term, together with improved retention of the existing workforce and support for nurses to return to the health sector, are essential measures in order to fill 40.000 nursing vacancies by 2024.

Limited financial and human resources affect the access, performance and sustainability of the health system. The health system in the UK is efficient but the growing demand outstrips available resources. As a result, waiting lists increase, performance targets are missed and health service providers experience budget deficits.

Social care lacks the resources to meet the levels of demand, adding pressure on the health system. In a move to ease the burden, the Queen's Speech in December 2019 allocated an extra £1 billion (€1.14 billion) for social care in England in every year of the current Parliament. It also allowed local authorities to potentially raise £500 million (€570 million) more for social care in 2020-2021 through council tax.

Report overview 2022: Not being a member of the EU anymore, no country report is provided for the UK.

Report overview 2023: Not being a member of the EU anymore, no country report is provided for the UK.

Link EFN SOLP:

Growth of Health Cohesion Policies	Expenditure on healthcare has risen during the analysed period, although it has done so insufficiently to tackle existing staff shortages and needed funds.
The nursing workforce	In the analysed period, there are persisting nurse shortages. Despite measures to tackle this problem, these are insufficient, and the problem is likely to continue in the near future.
Strengthening primary & LT care	Both primary care and long-term care are under excessive pressure, needed of additional funds and staff. The population's needs are not being met.

RECOMMENDATIONS LINKING THE COUNTRY REPORTS TO THE EFN'S SOLP

Recommendations to the European Commission

» National and European policymakers, drafting input to the European Commission, leading to Country Specific Recommendations, should acknowledge the importance of investing in health, with a more efficient health and social care funding allocation, better working conditions for the nursing workforce, especially frontline, building on existing integrated care ecosystems throughout the EU.

» Looking at workforce policies concretely, the European Commission should not only look at the staffing levels and the shortage of nurses across the analysed countries. It should propose a safe staffing level, as well as a rough outline on what reforms to do to get there.

» The European Commission should include clear indicators across the Country Reports on how the nursing workforce has been engaged in the co-design of healthcare policies by all the EU Member States. Then, clear indicators should reflect the contribution of nurses to each of the analysed policies. The possibility of looking for formulas to foster end-user co-design at the national level should be part of the process, to encourage and incentive EU countries to build the end-user engagement capacity. In these processes, the nursing workforce of the concerned country should be consulted to know first-hand and from the frontline what need to be done to strengthen the resilience of the EU Healthcare Ecosystems.

» The Country Reports are used by the European Commission as a tool to foster the implementation of the European Pillar of Social Rights across all EU countries. The reports would greatly benefit from including a reference to the 20 principles of the European Pillar of Social Rights, including a detailed focus on how the nursing profession contributed to the innovation and sustainability of each of the different principles as set out in the Pillar of Social Rights is applied.

  A mechanism for consultation with the nurses and health stakeholders should be proposed and fostered. The Country Reports would greatly benefit from including the information and best practices coming from the nursing profession.

Recommendations to the EFN Members

» Due to the growing complexity and length of the Country Reports, the EFN Members should analyse their respective country reports every year and forward their feedback to the EFN. In doing so, EFN Members should provide input to all entries in the reports linking to health/healthcare, long-term care, and nursing.

» The EFN Members should seek to actively engage with their respective European Semester National Contact Points. By doing this, they could lobby into which topics are including in upcoming editions of the country reports, and they could also get insights into where is the published information coming from. Moreover, EFN Members should seek to actively lobby for the inclusion of as many nurse-related indicators and information in the reports.

» In addition to the previous point, the EFN Members should share best-practices on how to improve healthcare systems and visualise the nursing profession contribution to the sustainability of the healthcare ecosystems. This discussion should take place in a coordinated way and as such communicate with the respective European Semester National Contact Points. By doing this, the European Commission could include nurses' contributions into the upcoming editions of the Country Reports, and thus lobby the EU Member States to invest more in health and in the nursing profession.

CONCLUSION

For the EFN, the European Semester represents an important tool to assess how the European Pillar of Social Rights Principles[56] can be implemented across the EU, as reflected in the EFN Policy Statement on the EU Semester[57].

The EFN Members have recognised that a united voice on nurses' input to the European Semester can influence national governments, and the European Commission policymaking and decision-making, ensuring national health and social care ecosystems take up frontline perspectives and innovations.

As such, the European Semester process is an important tool to visualise the nurses' contribution to the health and social ecosystem, nursing care becoming recognised in the European Semester Country Reports[58] and Recommendations[59].

As the EU Country Reports identify healthcare trends across Member States, it is key the nursing profession uses these trends to position itself for the implementation of the recommendations at national level.

However, the most acute of all, which is also the one being exacerbated by the COVID-19 crisis, is the persisting health inequalities across Member States. Within the COVID-19 emergency situation, the nursing profession needs to push the European Commission towards a 'bottom-up' approach, by which the nursing profession formulates the concrete action the Commission needs to undertake to make EU healthcare systems more prepared to respond to the needs of the people.

[56] https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en
[57] http://www.efnweb.be/wp-content/uploads/EFN-Position-Paper-on-Nurses-Contribution-to-European-Semester.pdf
[58] https://ec.europa.eu/info/publications/2018-european-semester-country-reports_en
[59] https://ec.europa.eu/info/publications/2018-european-semester-country-specific-recommendations-commission-recommendations_en

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The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 36 National Nurses Associations and its work has an effect on the daily work of 3 million nurses throughout the European Union and 6 million in Europe. The EFN is the independent voice of the nursing profession and its mission is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU and Europe.

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