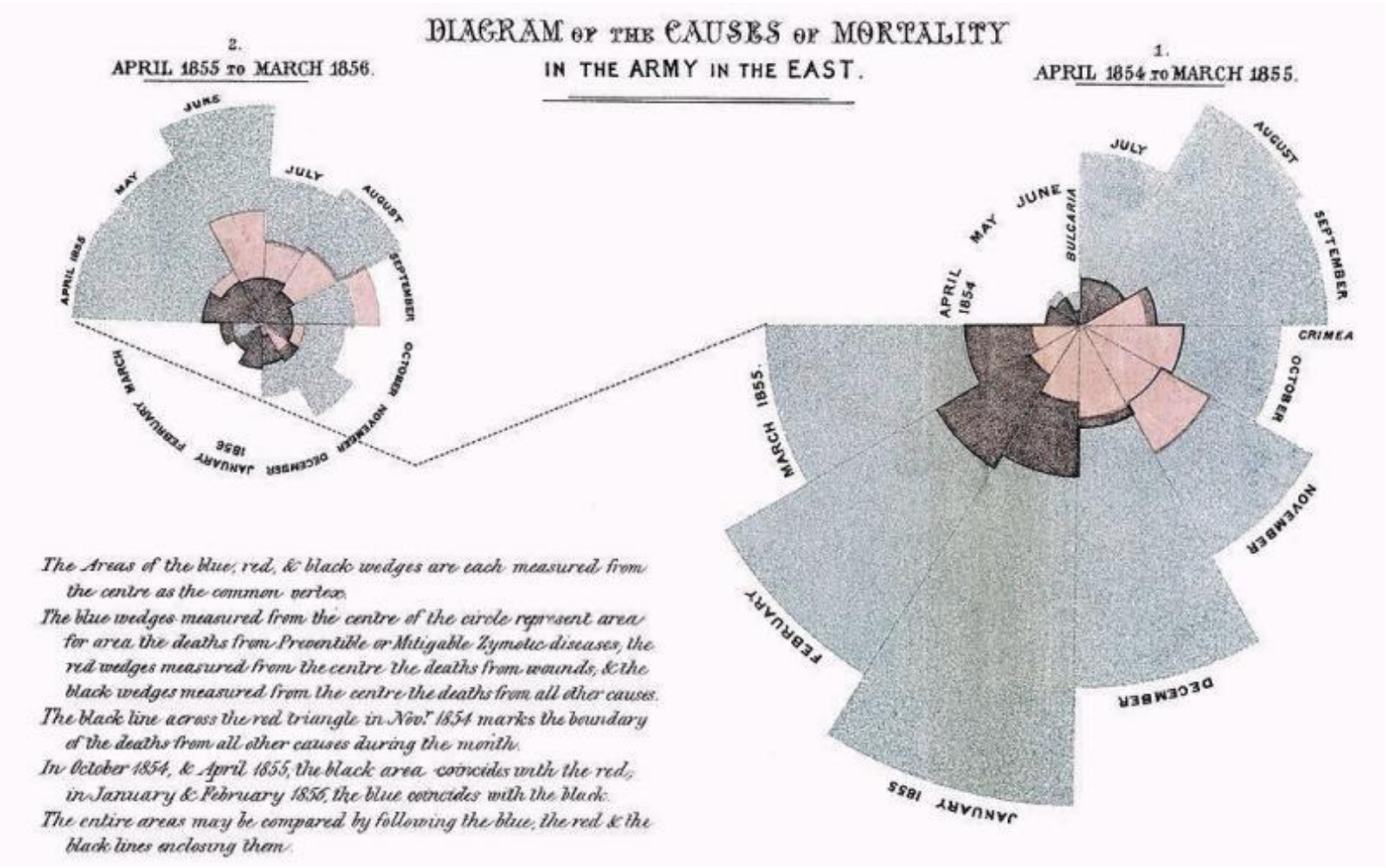

EFN Report on European Semester

Country Reports Analysis

2016-2026

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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, 2023, 2024, 2025, and 2026 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].

[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 Full Country Reports for 2024 are available here[11].

» The Full Country Reports for 2025 are available here[12].

» The Full Country Reports for 2026 are available here[13].

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

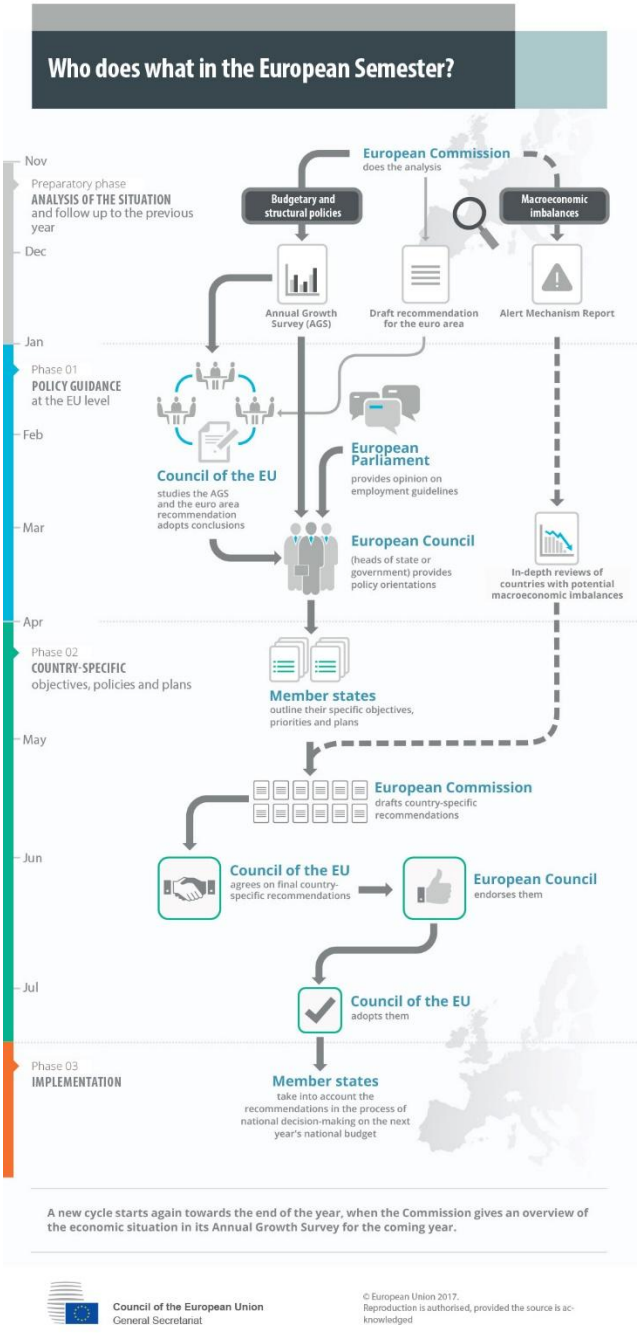
THE EUROPEAN SEMESTER PROCESS

The European Semester[14] 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[15] 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[16] (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://economy-finance.ec.europa.eu/publications/2024-european-semester-country-reports_en
[12] https://economy-finance.ec.europa.eu/publications/2025-european-semester-country-reports_en
[13] https://economy-finance.ec.europa.eu/economic-surveillance-eu-member-states/country-pages_en
[14] https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester_en
[15] 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
[16] 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 2026, excluding 2021 (COVID-19). The length of the period covered, as well as the number of Member States included (27), 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.

After 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 were 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 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 has unevenly put 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: existing health divergences across countries, especially the quality of care, and treatment of certain diseases, greatly differ 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 the Recovery and Resilience Plans (RRP) and 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.

With the COVID-19 pandemic, we also perceived huge differences. Citizens could see how mortality rates were much higher in some countries, as well as the velocity at which the disease spread. Again, this has to do with the little convergence existing in healthcare at the EU level.

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 COVID-19 crisis, a strong primary care network would have been an alleviation for the hospital sector, which was struggling to deal with the thick of the outbreak.

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 COVID-19 outbreak, hospitals were the healthcare facilities dealing with most of the patients, including all of those who needed 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 were 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 in 2022 the EU Care Strategy[17] - which aims to strengthen the long-term care and the early childhood education and care, as according to the European Pillar of social rights[18], 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[19]. As such, nurses are key partners[20] 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.

Moreover, when healthcare workforce shortages occur, these tend to be more acute in the nursing profession. This is motivated, probably, by the fact that medical professions are often better regarded than 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 to empower all the healthcare professions including the nurses.

During the COVID-19 crisis, workforce shortages had become more conditioning than ever before. As healthcare systems collapsed because of the coronavirus outbreak, several EU countries had introduced emergency measures such as hiring back retired healthcare professionals or recently graduated ones. In some cases, last-year students were brought to the frontline too, including nurses. Of course, these

[17] https://ec.europa.eu/social/BlobServlet?docId=26014&langId=en
[18] https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights_en
[19] 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
[20] http://www.efn.eu/wp-content/uploads/EFN-Recommendations-on-Addressing-the-Underfunding-of-Prevention-and-LTC.pdf

measures were not taken without risk. In countries like Spain, the situation was even worser due to already existing acute shortages (particularly in the nursing profession). As consequence, the shortage of nurses[21] makes the healthcare system weak and vulnerable, unable to deal with health emergencies[22].

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 statistically 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 thing is that the European Commission takes the Country Reports to advance the dissemination and adoption of the European Pillar of Social Rights[23] 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 (UHC). 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 to which extent the Member States' health and social policies are line with the EFN's Strategic and Operational Lobby Plan 2021-2027[24] (SOLP) (Updated in Nov. 2024). The EFN lobby activities mainly focus towards:

1) *Ensuring 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) *Supporting and facilitating a qualitative and equitable health service in the EU and Europe by contributing strategically to the development of a sufficient, effective, competent and motivated nursing workforce.*

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.

According to its Strategic and Lobby Operation Plan (SOLP), the EFN has a series of priorities 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 are also included this category. However,

[21] http://www.efn.eu/wp-content/uploads/EFN-Policy-Statement-on-Consequences-Nurses-Shortages-in-Public-Health-Nov.2020.pdf
[22] http://www.efn.eu/wp-content/uploads/EFN-Recommendations-on-Addressing-the-Underfunding-of-Prevention-and-LTC.pdf
[23] https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en
[24] https://efn.eu/wp-content/uploads/2024/11/EFN-SOLP-2021-2027-Updated-Nov.2024-.pdf

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 that Europe has begun to recover from the COVID-19 pandemic. The European Commission will measure this recovery through the European Semester.

COUNTRY REPORTS 2016-2026 - 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 2026. 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 them.

AUSTRIA

European Semester National Reference Point(s):
Marc Fähndrich
Tel: +43 (1) 516 18 334 - **Mobile:** +43 676 702 6740 - Email: marc.faehndrich@ec.europa.eu

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)[25] 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: 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.

[25] 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)[26] 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.

Report Overview 2024: Life expectancy in Austria remains above the EU average (2022), while spending in healthcare as a share of GDP (12.1%) (2021) continues to also be above the EU average (10.9%). Despite this, the largest share (30%) of healthcare spending goes to hospital care, posing fiscal sustainability challenges, which are aggravated by the ageing population and health workforce. Austria continues spend more on prevention than the EU average, as a share of the health budget (10.6% compared to 6%) (2021), particularly in early detection measures. Furthermore, Antimicrobials consumption levels remain considerably below the EU average (2022).

With regard to the density of the health workforce, the number of nurses per 1 000 population was 10.6 (2021), compared to an EU average of 7.9 (2021). Regarding the age profile of nursing professionals, in 2016 around a quarter of nurses were aged 55 or above.

In November 2023, the Austrian government presented a healthcare reform package for 2024-2028. The reform package aims to:

- expand and strengthen digital health services (may help Austria overcome its low uptake of digital health solutions);
- strengthen outpatient care;
- pursue structural reforms in the hospital sector;
- improve medicine supply and vaccination programmes;
- strengthen nursing and long-term care;
- strengthen health promotion and prevention.

Through the recovery and resilience plan (RRP), Austria will invest EUR 254 million in healthcare (6.4% of the total). The objective is to expand multi-professional primary healthcare units , while also promoting the attractiveness of working conditions for general practitioners and other health and social professions in primary healthcare and investing in community nursing.

Report Overview 2025: Life expectancy in 2023 in Austria remained above the EU average, but below pre-COVID-19 levels. Despite significant investments in prevention (7.4% of total health expenditure in 2022), additional years of life gained are often not spent in good health. Austria's healthcare system is very hospital-centred and this poses a risk, also in terms of accessibility - In 2022, health spending per inhabitant in Austria was among the highest in the EU, with the largest share (higher than the EU average) going towards inpatient care. Staff shortages affect service availability in both the healthcare and long-term care sectors. Shortages of healthcare workforce are a cause for concern, as it could limit the availability of healthcare, even if the density of doctors and nurses is above the EU average – the number of nurses per 1 000 population was 10.6 in 2022, compared to an EU average of 7.6 (2022). The health reform package for 2024-2028 is aiming to strengthen primary care by setting up 133 primary healthcare units by 2025. The roll-out of multi-professional primary healthcare units/teams across the country, and investment in community nurses, is supported by Austria's recovery and resilience plan (RRP), which also includes measures to make primary healthcare more attractive to health and social care professionals.

Furthermore, the 2024-2028 healthcare reform package aims to boost the digital transformation of the health sector in Austria by: (i) establishing a primary entry point into the health system via expanded digital services (for example, teleconsultations); (ii) making it obligatory for all ambulatory care providers to use electronic health records; and (iii) setting up a platform for the secondary use of health data. Austria benefits from direct grants under EU4Health, which aim to improve the semantic interoperability of health data and facilitate the implementation of the European Health Data Space. Despite the technical deployment of electronic health records in Austria, their use by the public is comparatively low. The share of people using online health services (excluding phone) instead of in-person consultations is among the lowest in the EU, even though the country scored 88 out of 100 in e-health system maturity in 2023, well above the EU average of 79. Nationwide access to

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

e-health services is ensured, with 80% to 100% of the population technically able to access online health records using an e-ID compliant with the eIDAS Regulation.

Report Overview 2026: Life expectancy in 2024 in Austria remained above the EU average. The share of spending on prevention stood at 4.3% of Austria's total health expenditure in 2023, above the EU average of 3.7%. Despite this, in 2023, health spending per inhabitant in Austria was among the highest in the EU, with the largest share (higher than the EU average) going towards inpatient hospital care – which is the least efficient. Furthermore, in 2023 the share of households' out-of-pocket payments for healthcare was higher than the EU average, with long-term taking up an important share.

The density of nurses per 1000 population in Austria in 2023 was 10.3, compared to an EU average of 7.6. However, the government estimates that around 51 000 new nursing staff will be needed by 2030 compared to 2023 due to population ageing and increased demand. Improving working conditions and training opportunities for health professionals are among Austria's health reform priorities, supported by the Recovery and Resilience Plan (RRP). In this regard, Austria implemented measures to make primary healthcare more attractive healthcare professionals, and posted 150 community nurses nationwide. Additional measures to make nursing more attractive include training allowances and scholarships to attract new entrants and people wanting to change careers to the nursing profession, as well as measures to accelerate the recognition of foreign qualifications. A monitoring tool is being developed to better identify health workforce shortages and improve workforce planning.

The 2024-2028 health reform package aims to boost the digital transformation of the health sector, earmarking EUR 51 million annually to implement a range of measures including (i) offering appointment-booking services via the national health hotline 1450; (ii) establishing digital services (for example, video consultations) as first line of patient contact with the health system; (iii) making it obligatory for all outpatient healthcare providers, to use the national electronic health record system (ELGA) from 2026 onwards; and (iv) setting up a platform for the secondary use of health data. In addition, Austria's RRP includes investments to develop an 'electronic parent child pass platform', which consists of electronic documentation and a communication platform for simplified access to test results for healthcare practitioners and parents, in particular from socially disadvantaged families. Moreover, Austria benefits from direct grants under EU4Health, which aim to improve the semantic interoperability of health data and facilitate the implementation of the European Health Data Space.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The 2024-2028 healthcare reform aimed to strengthen primary care, health promotion and disease prevention, to expand digital health services, and to pursue structural reforms in the hospital sector.
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 have been examined.
The nursing workforce	Mentioned in the Country Report 2026 (nurses).
Strengthening primary & LT care	The recovery and resilience plan (RRP) includes a series of measures promoting primary healthcare and community care.

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: 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 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[27], 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.

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

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[28], 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.

Report overview 2024: Life expectancy in Belgium is slightly higher than the other EU countries. Public spending in healthcare was in line with the EU average in 2021, at 10.9% of GDP. Spending in inpatient care is above the EU average, while spending on outpatient care, on disease prevention and on pharmaceuticals and medical devices is below. In fact, spending in prevention was 3.1% of total healthcare spending in 2021, compared to the average 6.0% EU spending. Spending in long-term care in 2022 amounted to 2.3% of GDP, making Belgium one of the EU countries with the highest spending in long-term care.

Access to Belgium's health system is very inequitable, in fact it has one of the widest income related gaps in unmet needs among western EU countries. This issue is compounded by a the health workforce shortage. The nurses to population ratio (11.1 per 1000 people) in 2021 was higher than the EU average (7.9 per thousand people). Despite this, there is a shortage of around 20,000 nurses, which has played a role in pushing almost 80% of Belgian hospitals to having to close beds. Since 2020, to increase the attractiveness of the nursing job, the government has invested in recruiting additional staff and raise the salaries of nurses, especially those in the hospital setting.

Through the Recovery and Resilience Plan, Belgium intends to invest around € 93.4 million in digital health services and data, nuclear medicine for cancer treatment, and health research and innovation. Moreover, in line with the European Health Data Space regulation, Belgium has set up a Health Data Authority, and will invest a further € 31 million through the European Social Fund + in order to improve the accessibility and quality of the healthcare system.

Report overview 2025: Life expectancy in Belgium rebounded above its pre-COVID-19 level and stood slightly above the EU average in 2023. But there are gender gaps in health outcomes. Furthermore, Belgium faces challenges with unequal access to services. While the overall proportion of the population reporting unmet needs in 2023 was below the EU average, the gap between people below and above the poverty threshold reporting unmet needs is higher in Belgium than the EU average. However, Belgium has invested around EUR 30 million from the European Social Fund Plus to improve the accessibility, quality and resilience of the health system.

This issue is compounded by the health workforce shortage that undermines the accessibility of healthcare services, even if the nurses to population ratio (11.6 per 1000 people) in 2021 was higher than the EU average (7.6 per thousand people) in 2022. As such, improving the attractiveness of the health professions was a key area of focus in 2024, with the creation of new roles and profiles to support nurses and GPs. A royal decree of September 2023, amended in April 2024, set out the nursing services that can be provided by a nursing assistant, as well as their conditions of practice. In April 2024, two royal decrees also set out the clinical activities and medical procedures that advanced practice nurses may carry out, as well as the criteria to obtain recognition as an advanced practice nurse. Healthcare delivery in Belgium remains considerably hospital-centred despite recent efforts to strengthen primary and integrated care. In 2022, health spending per person in Belgium exceeded the EU average, with an on inpatient care spending higher than the EU average, while expenditure on outpatient services was lower.

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

In terms of digitalisation, Belgium has a good uptake of e-health and overall health system digitalisation. Both the share of people accessing their personal health records online and/or using online health services (excluding phone) instead of in-person consultations increased in 2022 compared to 2020. Significant investment under the recovery and resilience plan is aimed at further boosting the digital transformation of the healthcare sector. The investment in digital health and health data aims to develop standardised care sets for patient data collection and storage, extending the e-prescription system, creating an integrated tracking system for medicine use, rolling out teleconsultations, and providing digital tools for integrated care teams. Belgium has adopted legislation to set up a Health Data Authority, in line with the European Commission's proposal for a European Health Data Space.

Report overview 2026: Life expectancy at birth in Belgium was higher than the EU average in 2024, however, Belgium faces challenges with unequal access to services, especially with regards to lower income groups who were mostly affected. Furthermore, spending in prevention in Belgium in 2023 accounted only for 1.8% of total healthcare expenditure, well below the EU average of 3.7%. Health spending per capita in 2023 was almost 20% higher than in the rest of the EU, however public spending as a proportion of total health expenditure was only 76,4% vs the 80.6% EU average, which compounded health access inequalities.

This issue is made even worse by the health workforce shortage leading to the closure of hospital beds, despite the nurses to population ratio (11.5 per 1000 people) in 2023[29] was higher than the EU average (7.6 per 1000 people). Despite policy measures aiming to improve nurse staffing levels in hospitals by increasing hospital budgets, hospitals continue to have difficulties in recruiting and retaining nurses. In the past years Belgium has thus focused on improving the attractiveness of the health professions, with the creation of new roles and profiles to support nurses. Complementary efforts aim at improving awareness about employment opportunities in healthcare and promoting training. However, the numbers of nursing graduates have not increased since the COVID-19 pandemic. Instead, the pipeline of nursing graduates is reduced since many new graduates (up to 35% in the French-speaking community) are foreign students who typically leave Belgium after completing their studies.

In terms of digitalisation, Belgium has been investing twice as much as the EU-average in digital technologies for health, especially after the COVID-19 pandemic. As such, the share of the population accessing their personal health records online or using online health services (excluding phone) has increased between 2020 and 2024. To support this, Belgium developed an integrated health record: a digital platform providing real-time access to comprehensive patient information for health professionals. Belgium's recovery and resilience plan includes additional investments in digital health and health data, which enabled the set-up of a Health Data Authority, in line with the European Health Data Space. These investments also supported the standardisation of care sets for patient data collection and storage, the extension of the electronic prescription system, the expanded the use of teleconsultations, and the provision of digital tools for integrated care teams.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has high expenditures in healthcare, however access to care inequalities persist.
The European Pillar of Social Rights	Although Belgium performs well in implementing the European Pillar of Social Rights, vulnerable groups face a higher risk of poverty and require targeted, tailor-made approaches focused on employment.
The nursing workforce	Mentioned in the Country Report 2026, however Belgium has not updated its data on nurses to population ratios since 2022.
Strengthening primary & LT care	The country has a well-functioning system of primary care and 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.

[29] The last update on the data on nurses for Belgium dates back to 2022.

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[30] 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.

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

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.

Report Overview 2024: Life expectancy in Bulgaria recovered partially in 2022, but continues to be the lowest in the EU. In 2021 health spending was 8.6% of GDP, compared to 10.9% EU average, and health spending per capita was one of the lowest in the EU. Despite consistent increases, public health spending was considerably lower than the EU average.

In 2021 spending in inpatient care was at 40% of the total spending, much higher than the EU average. Moreover, spending in prevention in 2021 amounted to only 3.3%, compared to the average 6% EU spending. In 2022 antibacterials consumption in Bulgaria reached 25.7 daily defined doses per 1 000 population, much higher than the EU average 19.4, pointing to high risks of antimicrobial resistance.

A big issue for Bulgaria is the healthcare workforce shortages. The number of nurses per 1 000 population was 4.2 in 2021, much lower than the EU average of 7.9. Moreover, Bulgaria has a comparatively low number of nursing graduates in relation to its population, while around 40% of nursing staff are 55 years old or older.

Historically Bulgaria did not invest a lot in the healthcare system, but it plans to invest € 287 million through the Recovery and Resilience Plan (5% of the RRP's total value) in healthcare. These investments will aim to upgrade e-health and the National Health Information System and to address health workforce challenges. Moreover, Bulgaria will invest € 220 million under the EU cohesion policy funds for 2021-2027, mainly in health infrastructure, health equipment, health mobile assets and digitalisation of healthcare.

Report Overview 2025: Life expectancy in Bulgaria rebounded above its pre-COVID-19 level but was still one of the lowest in the EU in 2023. Bulgaria's health system faces significant challenges, including low life expectancy, resulting from high preventable and treatable mortality, and limited access to care; growing shortages; and an uneven distribution of healthcare professionals - The number of practising nurses per 1 000 people is one of the lowest in the EU (4.3 vs 7.6 in the EU on average), limiting further Bulgarians' access to quality healthcare. Despite healthcare spending rising constantly since 2019, it remains one of the lowest per capita in the EU. In addition, low investment levels hamper both patient access and the health system's capacity to contribute to innovation, as suggested by low levels of R&D in the healthcare system. RRF-funded reforms set out proposed measures to: (i) address the shortages of healthcare professionals; (ii) address the uneven distribution of healthcare professionals; and (iii) promote e-Health. Furthermore, Bulgaria had a comparatively low number of nursing graduates in relation to its population, and more than 40% of nurses were aged 55 and over and less than 9% were aged 34 and under in 2023, raising further concerns about the long-term accessibility of health services. The *National Map of the Long-Term Needs of the Healthcare Sector* adopted in 2022 is part of a key reform under the RRP aimed at improving the attractiveness of healthcare professions and promoting a more balanced distribution of healthcare professionals across the territory. Related measures are also planned under the European Social Fund Plus.

Bulgaria's health system is strongly hospital centred. As regards public health, investment in disease prevention remains low in Bulgaria. The share of spending directed at prevention stood at 3.1% of total spending on health in 2022 - around half of the EU average. Under the Bulgarian recovery and resilience plan (RRP), around EUR 287.5 million, and the cohesion policy, is planned to be used for health reforms and related investment. These include investments to: (i) modernise hospitals and medical facilities that provide paediatric, oncological or psychiatric care; (ii) set up outpatient care units in remote areas and underserved regions; and (iii) address shortages and unbalanced geographical distribution of healthcare professionals. In 2023 and 2024, the proportion of the Bulgarian population reporting unmet needs for medical care was below the EU average with unmet needs primarily due to financial reasons and travel distances.

The uptake of e-health and the overall digitalisation of the health system is slowly improving with the support of EU funds, yet it still lags behind other EU countries and is uneven across the population. While the shares of people accessing their personal health records online and of those using online health services (excluding phone) instead of in-person consultations further increased in Bulgaria in 2024 compared to 2022, they are far below most other EU countries. This illustrates the generally low level of digital literacy in the country (35.5% of individuals with at least basic digital skills in 2023 vs an EU average of 55.6%). Investments to boost the digital transformation of Bulgaria's health sector are planned under the cohesion policy 2021-2027 and under the RRP.

Report Overview 2026: In 2024, life expectancy at birth in Bulgaria was one of the lowest in the EU, and in 2023, preventable mortality was also one of the lowest, mainly due to limited investments in prevention. To address this, a 2025-2030 programme was approved to improve vaccination rates to human papillomavirus. At the same time, outpatient care as a share of total health expenditure remains one of the lowest in the EU in 2023, with the largest share going to hospital care, and as a result, Bulgaria had the highest number of hospital beds in the EU per capita. While in ICUs this could provide to be an asset for preparedness, this depends on having units that are equipped with high-quality equipment and adequately staffed, however, per-capita expenditure in prevention, preparedness and response is one of the lowest in the EU. If resources are shifted to primary and outpatient care, including with the support of the RRP to develop adequately staffed outpatient care units, supported by a telehealth platform, this could improve access to care, including in underserved regions.

There are not enough nurses (4.4 per 1000 population in 2023, vs the EU average of 7.6), and shortages are more severe in some rural and remote areas. Employment in healthcare in Bulgaria dropped between Q1-2020 and Q2-2025 (compared with a 9.9% increase for the EU as a whole). The number and age profile of nurses still poses a significant challenge to the long-term accessibility of health services. Bulgaria has taken several measures to address this, including the National Map of the Long-Term Needs of the Healthcare Sector adopted in 2022, which is part of a key reform under the RRP aimed at improving the attractiveness of healthcare professions and promoting a more balanced distribution of healthcare professionals across the country. Other measures include scholarships, more university places, better remuneration and increased reimbursement by the NHIF, in particular for healthcare personnel in hard-to-reach and/or remote areas. To address the shortage of nurses, tuition fees for nursing studies were abolished in 2025. However, poor remuneration and working conditions are discouraging young people from entering nursing studies, prompting them to drop out of the course before completion or emigrate to seek better opportunities (approximately one third of nursing graduates leave the country shortly after registration).

Bulgaria has yet to fully embrace e-Health opportunities, especially for underserved areas. Investments to boost the digital transformation of Bulgaria's health sector, potentially improving the effectiveness of and access to healthcare, are planned under the 2021-2027 cohesion policy or as part of the RRP, leading to the roll-out of the National Health Information System. Bulgaria has also launched a project aimed at integrating telemedicine into the healthcare system. Meanwhile, the digitalisation of Bulgaria's uptake of e-health still lag behind other Member States. In 2024 and 2025, Bulgaria carried out a national campaign with info points, focused on supporting the installation of the e-health application. To date, their impact is still modest.

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	Progress needs to be done.
The nursing workforce	Mentioned in the Country Report 2026
Strengthening primary & LT care	Bulgaria is working on access to palliative and long-term care and on the reallocation of hospital beds for active treatment to long-term treatment beds.

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

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 continue 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[31] 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[32] 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.

Report overview 2024: in 2022, life expectancy in Croatia was still below EU average, and Croatia has very high levels of treatable and preventable mortality. The Croatian health system also continues to be highly inaccessible due to healthcare deserts. In 2021 health spending as a share of GDP was below EU average, with outpatient care the largest spending. On the other hand, public spending as a share of healthcare spending is higher than the EU average. In 2021 spending in prevention was 4.4% of healthcare spending, below the 6% EU average.

Croatia has a very serious health workforce shortage. Prior to 2021, Croatia had 7.5 nurses per 1000 population, below the 7.9 EU average. In 2021 Eurostat updated its definition of "nurse" to be in line the Directive 2005/36/EC, resulting in the number nurses to fall to 2.2 nurses per 1000 population, and during the pandemic there was a drop of 16% overall of people working in health professions. On the other hand, the number of nursing graduates per 100 000 population in Croatia is above the EU average.

Through its recovery and resilience plan (RRP), Croatia plans to invest € 353 million in healthcare. Complementary investments worth more than € 226 million are also planned under the cohesion policy funds in 2021-2027. These will be directed towards development and renovation of health infrastructure, medical equipment, health mobile assets, digitalisation in healthcare, as well as measures to improve the accessibility, effectiveness and resilience of the health system.

Report overview 2025: Life expectancy in Croatia rebounded to its pre-COVID-19 level but was still among the lowest in the EU in 2023. But there are striking gender gaps in health outcomes and shortages of health staff limit the availability of care. Shortages of health professionals limit the availability of care. Croatia has one of the lowest shares of practising nurses in the EU (2.4 per 1 000 population in 2022 vs an EU average of 7.6), which presents a significant challenge to the country's health and long-term care systems. Despite having more newly graduated nurses than the EU average, outflow of health workers contributes to staff shortages.

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

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

Under the Croatian recovery and resilience plan (RRP), around EUR 354 million is planned for health reforms and related investments. One of the health reforms set out in the Croatian RRP for 2021-2026 is the introduction of a system for the strategic management of human resources in health, aiming for a more even geographical distribution of health workers, with an emphasis on primary care staff. Limited actions have been taken within the RRP to address workforce shortages. Furthermore, EUR 226 million is planned under the EU cohesion policy funds in 2021-2027 to invest in health and namely in quality improvements to hospital care and measures to improve the accessibility, effectiveness and resilience of the health system. Croatia's national development strategy includes priorities for strengthening primary healthcare, and restructuring the hospital system, among others. In 2022, the health spending per inhabitant in Croatia remained one of the lowest in the EU, with the largest share going to outpatient care (35% of total health expenditure) and inpatient care & hospital day care (32%).

When looking at long-term care, Croatian women are taking on most of the (informal) long-term care responsibilities for family members - the country has the lowest coverage of formal institutional and home care in the EU. To address this, the government has started a structural reform of the long-term care system with RRF and ESF+ support. Successful implementation of these reforms should help further increase the labour market participation of women and reduce gender disparities in employment.

In terms of digitalisation, the share of the population using online health services (excluding the phone) instead of in-person consultations is one of the lowest in the EU. Croatia is lagging behind on the uptake of e-health and the overall digitalisation of its health system, and has yet to overcome gaps in data storage and sharing. The share of people in Croatia who access their personal health records online is lower than the EU average (26.2% vs 27.7%). Investments are planned under the RRP and cohesion policy to boost the digital transformation of the healthcare sector in Croatia. Croatia participates in several EU4Health-funded projects which facilitate the implementation of the European Health Data Space and strengthen digital infrastructure in Croatia.

Report overview 2026: Life expectancy at birth in Croatia was still low compared with the EU average in 2024, and preventable mortality was also high in 2023 and has only slightly improved compared with 10 years ago. This is compounded by the fact that despite health expenditure in Croatia focuses on outpatient care (a third of total health expenditure), its total expenditure is one of the lowest in the EU. Moreover, challenges in access to healthcare continue to be prominent, mainly due to long-travel time and to the shortage of healthcare professionals. In 2023, the number of practising nurses per 1 000 population was one of the lowest in the EU (2.5 per thousand people, vs the EU average of 7.6). Moreover, 42% of nurses are aged 45 or older. Croatia also has a low number of nursing graduates in relation to its population. Furthermore, a significant urban-rural divide persists, where urban centres attract nurses, while rural and eastern counties face persistent shortages.

Croatia has taken measures to increase the attractiveness of the nursing profession, for example through the adoption of the Civil Service and Public Service Salaries Act in 2024, which increased the wages paid from the state budget. New measures focus on relieving administrative burdens through digitalisation. Furthermore, wit the RRP, Croatia supported the development of advanced training programmes for nurses, as well as measures to strengthen primary care, including 33 mobile clinic services which are in the final phase of implementation under the RRP.

With regards to long-term care, public spending is one of the lowest in the EU, and mainly targets residential care. To address this, The Operational Plan for the Development of Integrated Long-Term Care (2025-2030) adopted in May 2025, supported by the EU Cohesion Policy Funds, is currently being implemented, which includes the construction of 18 new centres for the elderly to improve care and reduce labour shortages.

In terms of digitalisation, Croatia has yet to embrace the opportunities offered by e-health, especially for hard-to-reach areas. However, investments to boost the digital transformation of Croatia's health sector, potentially improving the effectiveness of and access to healthcare, are planned under the 2021-2027 cohesion policy and the RRP. These include strengthening the central healthcare information system (CEZIH) for internal referrals (eReferral), emergency medicine and private healthcare providers. Other measures included the integration of electronic health records (EHRs) within the hospital information system and clinical guidelines (eGuidline). Staff training was conducted in 63 hospitals with the aim of raising awareness of the obligation to send electronic clinical assessments.

Link EFN SOLP:

Growth of Health & Cohesion policies	The country continues investing in healthcare, however total healthcare expenditure is among the lowest in the EU.
The European Pillar of Social Rights	Even though it is not specifically addressed, the analysis show that much work still needs to be done.
The nursing workforce	Mentioned in the 2026 Country Report (nurses). In Croatia the shortage practicing nurses (Directive 2005/36/EC) is very worrying, and creates serious challenges in access to healthcare and health systems sustainability.
Strengthening primary & LT care	The availability and quality of long-term care (LTC) remains a key challenge, however measures are being implemented to address this.

CYPRUS

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[33], 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[34] 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.

Report overview 2024: life expectancy in Cyprus rebounded in 2022 after a decline in 2021, remaining above the EU average. Health spending in Cyprus is below the EU average, but after a 2019-20 reform it became one of the EU countries with the highest share of public spending in healthcare, reducing unmet needs. Spending in inpatient care is above the EU average while, spending in outpatient care, prevention and long-term care is well below EU averages.

The low spending in prevention and long-term care are of particular concern. In 2022 Cyprus was still lacking a national framework for long-term care, and it was spending less than 3% of the health budget in prevention, well below the 6% EU average. Moreover, Cyprus is also in the top-5 of the EU countries with the highest per-capita consumption of antibacterials.

Cyprus's bed and nurses' shortage continues to be severe. The number of nurses per 1000 population is well below the EU average, as well as the number of hospital beds. The shortage of nurses is affecting both healthcare and long-term care, which will require concrete actions in account of the ageing population. Moreover, the number of nursing students continues to be below the EU average.

Cyprus plans on investing € 69.9 million through the Recovery and Resilience Plan, targeting the modernisation of state hospitals, procuring equipment and rolling out digital and interoperable e-health services. It will invest also € 8.3 million in digital health services through the Cohesion Funds.

Report overview 2025: Life expectancy in Cyprus remains well above the EU average and rebounded above its pre-COVID-19 levels. The performance of the health system in Cyprus leaves room for improvement. Health workforce and bed shortages are a key capacity constraint. These issues are being addressed by the country's

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

recent reform which has already made healthcare more affordable and reduced self-reported levels of unmet needs for medical care, although there are still shortcomings in rural areas. Health spending is low - In 2022, health spending per inhabitant in Cyprus was far below the EU average, with the largest share going to inpatient and outpatient care. Spending on primary care health services as a share of current health expenditure is close to the EU average for general outpatient care, but it is far below the EU average for prevention in outpatient settings. In 2022, the share of spending on prevention in Cyprus dropped to 2.5% of total public spending on health, far below the EU average of 5.5%.

Cyprus has more doctors but fewer nurses than the EU average. In 2022, there were 5.3 practising nurses per 1 000 inhabitants, well below the EU average of 7.6. Due to this, informal carers shoulder much of the care responsibilities, namely in long-term care. The number of entries to study nursing and nursing graduates has decreased substantially in recent years. Upskilling opportunities for health workforce are also envisaged in the RRP. Working conditions are contributing to labour shortages, including the nursing profession and long-term care. A reform is included in the recovery and resilience plan to address skills mismatches between education and the labour market, alongside investments in training in digital, green and blue skills.

Furthermore, Cyprus aims to scale up the digitalisation of its health system, with support from EU programmes. The share of people who access their personal health records online in Cyprus is above the EU average. The use of online health services (excluding phone) instead of in-person consultations is among the lowest in the EU. However, Cyprus' RRP includes measures to strengthen digital solutions in the healthcare sector. Additionally, the country is planning to invest in e-health services and applications to step up the digital transition of healthcare, under the 2021-2027 cohesion policy funds.

Under its recovery and resilience plan (RRP), Cyprus plans to spend EUR 69.6 million on modernising state hospitals, purchasing equipment and rolling out digital and interoperable e-health services.

The existing Antimicrobial Resistance plan, first approved in 2018, will be revised in 2025. Recent measures and the AMR action plan have contributed to a steady decline in both antimicrobial sales and usage in recent years.

Report overview 2026: Life expectancy at birth in Cyprus was higher than the EU average in 2024, linked to low levels of avoidable mortality, and continuing to post COVID-19 rebound. On the other hand, investments in prevention remain below the EU average (1.5% vs 3.7% for the EU average). Total health expenditure in Cyprus remains below the EU-average, with the largest share going to inpatient and outpatient care, despite public spending as a share of total health expenditure has increased since a 2019 reform.

Cyprus has among the lowest numbers of nurses per 1 000 population in the EU (5.2 vs the EU average of 7.6). Moreover, while nurses are comparatively young (58% under 35-years-old in 2023), the number of nursing graduates has fallen sharply in recent years, despite a slight rise between 2022 and 2023. In 2024, Cyprus launched a communication campaign to promote nursing as a career choice, which was repeated in 2025. As a result, Cyprus reports a significant increase in the number of nursing students (first-year enrolment) for the academic years 2024 and 2025. Under the EU4Health programme, Cyprus has also participated since January 2025 in the 'Nursing Action' coordinated by WHO.

In Cyprus, the nurses to doctors' ratio is nearly 1:1. However, doctors are concentrated in the capital region and in other major cities, and they are primarily employed in the private sector, while nurses in the public sector. Moreover, in Cyprus, the prevalence of probable major depressive is more than 10 times higher in the healthcare workforce (33%). This points to the need to improve working conditions for healthcare workforce. As such, Cyprus is developing a 'Capacity Master Plan' to set up a systematic and coherent strategic planning. The RRP also includes upskilling opportunities for health professionals, and the establishment of a National Centre for Clinical Evidence and Quality Improvement, which will also help to improve data availability on quality of healthcare services, which is still limited.

Health workforce challenges are impacting also on the delivery of long-term care, with shortages of nurses and carers, the insufficient availability of home-based and community-based LTC and limited home-based solutions, which are preventing a shift away from residential care. Despite this, Cyprus has not yet established a comprehensive, coordinated and sustainable LTC strategy with an independent oversight body to monitor implementation.

Furthermore, in Cyprus the RRP includes measures to strengthen digital solutions in the healthcare sector, although these are more targeted at public health overall. Among these measures, Cyprus has launched in May 2025 electronic cross-border health services under the eHealth Digital Service Infrastructure (eHDSI). It allows for the digital exchange of patient summaries and prescriptions with other EU countries. Additionally, all funds allocated to health under the 2021-2027 cohesion policy funds are earmarked for eHealth services and applications.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country needs to invest more in healthcare and in health policies for its population
The European Pillar of Social Rights	According to the 2026 country report, Cyprus is doing relatively well in the implementation of some Principles, but overall, there is still much work to be done
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	Given the human resource challenges faced by the healthcare and long-term care systems, longer-term strategic planning is necessary.

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

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

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[36], 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.

Report Overview 2024: Life expectancy in the Czech Republic in 2022 was close to the EU average. However, health spending was 9.1% of GDP, below the EU average 10.9%. Outpatient and inpatient care accounted for 30% of the spending each. Public funding of health was one of the highest in the EU. In 2021 spending in prevention was 8.1% of the health budget, above the average 6%.

The number of nurses in the Czech Republic is slightly above the EU average, however the geographic distribution of nurses is uneven, raising concerns concerning the accessibility of health in rural areas. Moreover, more than 25% of the nursing workforce is 55 years old or older, raising concerns for the near future. This is compounded by the fact that the number of nursing students per 100 000 population is also below the EU average. Targeting health workforce shortages is also high in the political agenda, with focus on retention and recruitment for crisis preparedness and health workforce resilience.

The Czech Republic is currently ongoing important reforms in healthcare, targeting particularly the integration and digitalisation of health systems. To support these reforms, the Czech Republic is planning to invest € 1.22 billion through the Recovery and Resilience Plan and € 665 million through the Cohesion Funds.

Report Overview 2025: Life expectancy in Czechia remains below the EU average but has rebounded above its pre-COVID-19 level. The performance of the Czech health system leaves room for improvement - Access to healthcare varies widely between the less developed and transition regions and Praha. This is being addressed by the ongoing reforms to strengthen primary healthcare, make health services more integrated, and digitalise the health system with the support of the Recovery and Resilience Facility (EUR 1.22 billion will go towards health, including increasing training for professionals) and cohesion funds. Czechia participates in EU4Health-funded joint actions on topics as health workforce planning, anti-microbial resistance, and the European Health Data Space. In 2022, health spending per inhabitant was far below the EU average with the largest shares going to outpatient and inpatient care (around 33% and 30% of total health expenditure respectively). The share of healthcare expenditure covered by public funds stood at around 85% of overall health spending, above the EU average of 81.3%.

In terms of workforce, Czechia had more doctors and nurses than the EU average in 2022 - It counted 8.3 nurses per 1 000 inhabitants (above the EU average of 7.6). The number of nursing graduates is among the lowest in the EU and more than a quarter of nurses are aged 55 and over. Czech doctors, nurses and other health workforce obtained permanent pay rises in 2021, 2022 and 2024. Czechia's RRP includes upskilling opportunities for health professionals.

A new long-term care law, coming into force in March 2025 as part of the RRP, aims to integrate healthcare and social care, set quality standards, promote home-based and community-based care, and ensure adequate funding.

Czechia aims to accelerate the digitalisation of its health system, with extensive support from EU programmes. Czechia has among the lowest shares in the EU of people accessing their personal health records online. However, it is above the EU average on the use of telemedicine/ online health services (excluding phone) instead of in-person consultations. Czechia's recovery and resilience plan includes measures to enhance digital solutions in the healthcare sector. Additionally, the country intends to dedicate funding toward e-health services and

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

applications, along with further investment in the digitalisation of healthcare, using resources from the 2021-2027 cohesion funds.

Report Overview 2026: Life expectancy at birth in Czechia remains below the EU average, with 2022 treatable mortality among the highest in the EU. This is partially addressed by the Czech recovery and resilience plan (RRP), through, for example, (i) the setting-up of an oncological institute; (ii) preventive screening; (iii) intensive care medicine; (iv) diagnostic and treatment tools for CVDs; and (v) research and development. However, in 2023, the share of spending on prevention dropped sharply from 5.2% in 2022 to 2.7% of total spending on health, below the EU average of 3.7%. Moreover, health expenditure per capita also stayed below the EU average, while the largest share went to outpatient care.

In 2023, Czechia had 7.9 nurses per 1 000 population, slightly above the EU average of 7.6. However, the number of nursing graduates is among the lowest in the EU and the pipeline of students may be insufficient to meet growing needs for healthcare. The workforce is also ageing. In 2023, 28% of nurses were over 55 years of age, creating ongoing replacement challenges. Rising healthcare needs, population ageing and regional disparities have contributed to shortages of nurses, leading to ward closures in some hospitals. In addition, Czechia's healthcare system faces obstacles due to restricted roles for nurses, administrative burdens and low levels of digitalisation. The primary-care workforce is projected to fall steeply by 2035 compared with 2022. To address these pressures, Czechia has expanded its training pipeline, to boost the number of nursing graduates. Czechia's RRP includes upskilling opportunities for health professionals.

With regards to long-term care, a new law, came into force in March 2025 as part of the RRP, which aims to integrate health and social care, set service quality standards, expand home and community-based options, and ensure adequate financing. However, for now long-term care remains heavily oriented towards residential services.

In Czechia, the uptake of digital health services remains low, with relatively few people booking appointments online, and some services coming online only in 2026, such as the RRP-funded database of electronic health records. However, spending has increased since the COVID-19 pandemic, reflecting a gradual strengthening of digital capacity. A milestone was reached in June 2025, with legislation expanding the national digital health infrastructure, building on existing tools, and introducing new components, including an electronic vaccination card, an electronic referral system and a national registry for preventive check-ups. Additionally, under the 2021-2027 cohesion funds, the country dedicates funding towards e-health services and applications, along with further investment in the digitalisation of healthcare.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Even though expenditure on health is below the EU average, the Czech Republic has planned several reforms supported by EU funds to improve the accessibility and integration of its health system.
The European Pillar of Social Rights	The 2026 Country Report indicates that progress has been made but that still a lot of work needs to be done.
The nursing workforce	The number of nursing graduates per population has increased over the past decade, however the number of nursing graduates is among the lowest in the EU.
Strengthening primary & LT care	The country still has problems with their long-term system, characterised by a high emphasis on residential care, however a new law has entered into force in 2025 to address this.

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[37], 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[38], 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.

Report overview 2024: life expectancy in Denmark in 2022 decreased slightly but was still above the EU average. Health spending in 2022 fell to 9.4% of GDP, compared to 10.6% in the previous year, a significant drop below the 10.9% EU average. Of the spending the most significant share goes to outpatient care, and public spending as a proportion of the total is one of the highest in the EU. Spending in prevention in 2022 dropped to 5.1% of the total, well below the 6% EU average. Antimicrobials consumption is well below the EU average.

The number of nurses in Denmark is higher than in the rest of the EU: in 2020 there were 10.2 nurses per 1000 population compared to the 7.9 EU average. Moreoerv, data from 2023 shows that there was an increase in employment in the health sector. However, more than a quarter of nurses is 55 years old or older, raising concerns for medium- and long-term sustainability.

To respond to the challenge in 2022 the government set up a “Resilience Commission” to work on staff shortages and recruitment, followed by a packaged of measures in 2023. Health is one of the priorities in the Danish budget.

Report overview 2025: Life expectancy in Denmark is slightly above the EU average. In 2022, health spending per inhabitant was among the highest in the EU, with the largest share going to outpatient care (36.4%). Denmark has also more doctors and nurses per 1 000 population than the EU average according to 2022 figures (10.3 vs 7.6), but specific workforce shortages (including nurses in certain regions), and an uneven geographical distribution of healthcare resources, pose a challenge.

Shortages in the healthcare sector have been ongoing for several years and the demand for skilled professionals is projected to outweigh supply by 15 000 professionals (social and healthcare professionals) in 2035. Denmark is struggling to retain its healthcare workforce as demand for social and healthcare assistants grows due to an ageing population. Retaining skilled professionals is a major hurdle in this respect, since many are leaving the public healthcare system - with many transferring to other types of healthcare facility – notably in the municipal health sector and to a lesser extent in private hospitals - due to a heavy workload and an uneven distribution of on-call duties, which can cause dissatisfaction and burnout. Overall, in 2022, around 4 700 nursing positions were unfilled in hospitals. Moreover, around 29% of nurses are aged 55 and over, which raises concerns about the sustainability of workforce numbers.

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

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

The government has launched targeted labour market reforms, aiming to increase the labour supply, particularly in healthcare, by making it easier to employ non-EU nationals. This will involve simplifying work permit procedures and working with international recruitment agencies, and better integrating vocational education and training in healthcare and long-term care. Additional efforts to attract and retain professionals in this field include continuous professional development, more attractive working conditions and a more balanced distribution of care duties to prevent burnout and ensure high-quality patient care.

Through its recovery and resilience plan (RRP), Denmark invests EUR 33 million in healthcare. In January 2024, the government reached an agreement with supporting parties to enable third-country nationals to be employed in the healthcare sector. This agreement includes issuing 1 000 work permits to foreign healthcare workers and a plan to identify partnerships with non-EU countries for targeted recruitment of healthcare professionals. Denmark also participates in EU4Health-funded joint actions focussing on antimicrobial resistance, e-health, and the European Health Data Space.

Finally, Denmark aims to accelerate the digitalisation of its health system, with support from EU programmes. It has among the highest shares in the EU of people accessing their personal health records online and making use of telemedicine/ online health services (excluding phone) instead of in-person consultations. Denmark's RRP also focuses on strengthening digital solutions in the healthcare sector, with planned investments in e-health services and applications.

Report overview 2026: In Denmark, life expectancy at birth is higher than the EU average, with low levels of treatable and preventable mortality. Furthermore, Denmark is placing increased emphasis on community-based and outpatient care. In 2023, health spending per inhabitant was higher than the EU average. The largest share of health expenditure was on outpatient care (almost 40%), higher than the EU average. Spending on inpatient care was below the EU average. The number of hospital beds was also below the EU average. A major long-term investment programme to build new hospitals and renovate existing ones is expected to be completed in 2026. A major reform adopted in late 2024 will reshape governance to strengthen community and primary care, with implementation expected by 2027. By 2030, operating funds will rise, with two thirds earmarked for local services. The reform will merge the five regions into four and create 17 local health councils to support joint planning and budgeting with municipalities.

Shortages of healthcare professionals persist in some regions (despite the density of nurses per 1000 population in Denmark is , in particular in hospital settings, while healthcare reforms aim to increase access to primary care. An increasing number of nurses have left hospitals and moved to community care, contributing to persistent shortages in hospital settings. Furthermore, in Denmark, task sharing between doctors and other health professionals has expanded in recent decades, particularly in primary care. It is common for GP practices to employ nurses or midwives, who may carry out various clinical tasks, such as gynaecological and paediatric care, including vaccinations, when authorised by doctors. By 2021, around 8% of midwives were employed in GP practices. Denmark has also formalised the role of advanced practice nurses (APNs), creating a competency framework across seven settings, including community care.

With regards to long-term care (LTC), LTC is managed at municipal level, with differences in the quality and access to LTC mainly related to labour shortages. The eldercare reform was introduced in April 2024 to improve the quality of LTC by creating permanent care teams and giving more freedom to nursing homes. The reform will be fully implemented as of 2027. Furthermore, The inflow of foreign workers is helping fill vacancies, including in the long-term care sector, also in less densely populated areas.

The proportions of Danes accessing their personal health records online or using online health services (excluding phone) instead of in-person consultations increased significantly between 2020 and 2024 and are among the highest in the EU. Denmark is also advancing the safe and effective integration of artificial intelligence (AI) in healthcare. Its 2019 national AI strategy prioritised applications like cancer detection, quality management and diagnostics, with projects focusing on early cancer detection, patient record prediction models, acute care diagnosis and rare disease decision support. Implementation occurs through research projects and regional initiatives. In 2025, Denmark allocated DKK 40.6 million (approx. EUR 5.4 million) to three AI healthcare projects related to fracture analysis, home visit logistics and speech-to-text for municipal healthcare.

Link EFN SOLP:

Growth of Health & Cohesion Policies	In 2024, the government adopted a wide-ranging health reform, the largest in Denmark in almost 20 years.
The European Pillar of Social Rights	The indicators show that the different principles enshrined in the European Pillar of Social Rights are being implemented well.
The nursing workforce	Shortage of nurses are particularly challenging, especially in the hospital sector. Denmark formalised the role of APN, creating competency frameworks for different settings.
Strengthening primary & LT care	Denmark's health system performs well in delivering services to the population, with a focus on primary care, community and outpatient care.

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 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[39], € 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.

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

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.

Report overview 2024: in 2022 life expectancy in Estonia was one of the lowest in EU. Healthcare expenditure is also one of the lowest in the EU, at only 7.1% of GDP in 2022. In 2021, 8.3% of the health budget was spent on prevention, compared with the average EU 6%. Consumption of antimicrobials in 2022 was 12.4 daily defined doses per 1 000 inhabitants per day, well below the EU average.

Limited access to Estonia's health system, which is leading to high levels of unmet needs, is aggravated by health workforce shortages and uneven distribution. In 2021, Estonia had fewer doctors (3.4 per 1 000 population) and nurses (6.5 per 1 000 population) than the EU overall (with averages of 4.1 and 7.9 respectively). Furthermore, the number of new medical graduates in Estonia is below EU average. A significant proportion of doctors (46.4%) and nurses (26.1%) are aged 55 or above. Working conditions and low wages are the leading causes.

The Recovery and Resilience Plan and the Social Cohesion Funds will greatly support interventions in Estonia's health system by providing € 72 million and € 1.4 million respectively.

Report overview 2025: Life expectancy in Estonia rebounded to its pre-COVID-19 level but remains among the lowest in the EU. Public healthcare and long-term care expenditure remain below the EU average. In 2022, health spending per inhabitant was one of the lowest in the EU. In 2023, spending on public health increased, primarily driven by rising wages of healthcare professionals. Estonia's health system faces challenges as limited access to care and low life expectancy, suboptimal funding and cost-effectiveness of the health system, shortages of healthcare workers, and an uneven geographical distribution of healthcare resources. Through its recovery and resilience plan (RRP), Estonia is investing EUR 72 million to address health-related challenges, and envisages investments to: (i) improve health infrastructure; (ii) implement organisational reforms; (iii) strengthen primary healthcare; and (iv) support the health workforce. This is complemented by EUR 1.4 million under the cohesion policy funds for 2021-2027, aiming at setting up multidisciplinary healthcare centres and offering complex services via multiprofessional teams and investing in integrated care.

Access to healthcare is limited, as Estonia's health system is under resourced. Thanks to reforms and increased investment in recent years, self-reported unmet needs for medical care fell from 12.5% in 2023 to 8.5% in 2024. However, unmet needs remain among the highest in the EU, due to long waiting times and the uneven quality and availability of healthcare services across the country. Furthermore, Estonia faces persistent shortages in its health workforce. In 2022, Estonia had fewer nurses (6.7 per 1 000 population) than the EU average (7.6). A high proportion of doctors and nurses are aged 55 and over, raising concerns about the long-term accessibility of health services. Next to this, working conditions are a major constraint to entering the profession, particularly low pay. The government has taken steps to address these challenges, including by increasing the minimum hourly wages of doctors and nurses as of 1 April 2023. The government has also approved a Strategic Framework for addressing health workforce shortages as part of the Estonian RRP, which includes measures to improve the reimbursement system for doctors, nurses and pharmacists, to incentivise health staff to work in remote areas, and is addressing the low graduation levels of nurses by increasing admissions to nursing training by 5%. Estonia also participates in the Joint Action HEROES - funded by EU4Health, aimed at sharing expertise among EU countries on health workforce planning.

In 2022, a mental health action plan for 2023–2026 was adopted. It focuses on improving mental health services, promoting mental well-being, and reducing stigma associated with mental health issues.

Estonia also aims to scale up the digitalisation of its health system, with support from EU programmes. The shares of people accessing their personal health records online and using online health services (excluding phone) instead of in-person consultations are well above the EU average, despite a slight drop between 2022 and 2024. Estonia also participates in joint actions and direct grants under EU4Health aimed at improving the interoperability of health data and facilitating the implementation of the European Health Data Space.

Report overview 2026: Life expectancy in Estonia remains lower than the EU average. Moreover, treatable and preventable mortality are much higher than the EU average, despite relatively high investments in prevention. Spending on public health has grown in Estonia over the last decade (38% increase), mainly driven by higher wages for healthcare professionals, with nurses' increasing salaries by 21% in 2023. However, in 2024, health spending was one of the lowest in the EU and only 77% was publicly funded. Historically, investment levels have been low in Estonia and relied heavily on EU funds. The government is now undertaking a broader review of healthcare financing to improve its long-term sustainability and financial protection, including through the RRP.

Apart from the RRP measures related to hospitals and primary care, cohesion policy funds are being used to improve the primary care by setting up multidisciplinary healthcare centres and offering complex services via multiprofessional teams.

On the other hand, Estonia faces high unmet needs, compounded by the shortages of health workforce which limit the accessibility of care, particularly in rural areas. In 2023, Estonia had fewer nurses than the EU average (6.6 per 1000 population vs 7.6). The number of nurse graduates is increasing at a moderate rate and remains below the EU average. A high proportion of nurses are 55 years of age and over, raising concerns about the long-term accessibility of health services (particularly in rural areas. Over the next decade, Estonia's health system faces a projected shortage of nearly 750 nurses. Working conditions are a major contributor to shortages. To address these the government is increasing by increasing nurses' wages. Moreover, the Hospital Network Development Roadmap includes measures to train the workforce on teamwork, task shifting between specialists and using digital solutions. The government has also approved a strategic framework for addressing health workforce shortages as part of the Estonian RRP, which includes measures to improve the reimbursement system for nurses and to incentivise health staff to work in remote areas. It is also addressing the low graduation levels of nurses by increasing admissions to nursing education by 5%.

On long-term care, a reform which entered into force in 2023 has reduced out-of-pocket costs for residential care, leading to an increase in both supply and demand for nursing home places, exacerbating staff shortages. However, the reform has not sufficiently strengthened the provision of home-based care. In 2025, Estonia put forward a proposal to integrate social and healthcare services, although implementation is still pending. The ESF+ supports long-term care provision, the implementation of person-centred approaches, community-based care models and workforce training. A total of EUR 38.6 million has been allocated to long-term care and access to services under the ESF+.

As for digitalisation, Estonia's health system is among the most digitally mature in the EU, but interoperability challenges persist. Notable progress has been achieved through the roll-out of the nationwide e-booking system and the introduction of the redesigned Health Portal which improves usability for patients and professionals. At the same time, persistent challenges remain in ensuring full standardisation, interoperability and the timely exchange of data within the e-health ecosystem. Measures to boost the digital transformation of Estonia's health sector set out in its RRP include updating the governance framework for e-health and coordinating the development of e-health services.

Link EFN SOLP:

Growth of Health & Cohesion policies	Spending on public health increased, due to rising wages of healthcare professionals.
The European Pillar of Social Rights	Progress has been made but that still a lot of work needs to be done.
The nursing workforce	In 2023, Estonia had fewer nurses than the EU average (6.6 per 1000 population vs 7.6).
Strengthening primary & LT care	Estonia is implementing long-term care reforms while strengthening the integration of health and social services.

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 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[40], 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.

Report overview 2024: Life-expectancy is above EU average, with low mortality from treatable diseases, pointing to a well-functioning health system. Health spending is slightly below the EU average, and outpatient care takes over the largest share of the budget. Spending in prevention reached 8.3% of total healthcare spending in 2021, above the EU average 6%.

With regards to the health workforce, Finland faces both a shortage and uneven distribution. Between 2020 and 2024, there was a drop in employment of 5%, compared to an average EU increase of 9%. The average number of nurses per 1000 population in Finland in 2021 was much higher compared to the rest of the EU: 18.9 nurses vs 7.9. Despite this, the rise in demand for nursing care has led to a shortage. In 2023, there were 5,000 open vacancies for registered nurses and 6000 for practical nurses. The issue is compounded by the fact that the 20.4% of nurses are aged 55 years old or older, and that remote areas in the country are understaffed.

In Finland the tasks assigned to nurses have expanded to include: patient consultations for acute and chronic health conditions; nurse prescribing and care coordination in primary care; outpatient consultations; and advanced roles in operating theatres. Despite this the nurses' pay continues to be below the average national wage, making this difference one of the largest in the EU. To tackle this the a long-term agreement was reached in October 2022 to give an important raise to the pay of nurses. Furthermore, Finland is tackling the shortage by: increasing the number of places in nursing schools, recruiting from abroad, increasing the uptake of technology and digital solutions, investing in new skills-mix solutions.

Finland will invest € 371.8 million through the Recovery and Resilience Plan (RRP) to strengthen primary care and the uptake of digital solutions among other things, which will also be supported by € 15 million invested through the EU cohesion policy funds 2021-2027.

Report overview 2025: Life expectancy in Finland, which has yet to fully rebound to its pre-COVID-19 level, was higher than the EU average in 2023. In 2022, health spending per inhabitant in Finland was close to the EU average, with the largest share of health expenditure going to outpatient care. Finland's health system performs comparatively well. However, it faces challenges, as limited access to healthcare due to: shortages of healthcare workers (the number of nurses per 1 000 population is well above the EU average (12.9 vs 7.6 in 2022) – but rising demand for nursing has led to an increasing shortage, even if there is a decrease since 2023); uneven geographical distribution of healthcare resources; fragmentation in care delivery ; and increasing demand for services due to population ageing. Furthermore, a significant proportion of doctors and nurses are aged 55 and over, raising concerns about the long-term accessibility of health services. Working conditions for health professionals are a significant issue, with low pay acting as a deterrent to working in healthcare, particularly for nurses. In 2024, 8.5% of the Finnish population reported having unmet needs. In June 2021, Parliament adopted an administrative reform to improve access to healthcare; reduce inequalities; improve the quality of health services; and address geographical imbalances.

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

Over the years, Finland has set some measures to address workforce shortages, as: making a stronger commitment to recruit foreign workers; introducing novel skill-mix solutions to increase employment in nursing; and improving the use of technology to boost workforce productivity and overcome geographical barriers. The role of nurses has expanded to include: (i) patient consultations for acute and chronic health conditions; (ii) prescribing and care coordination in primary care; (iii) outpatient consultations; and (iv) advanced roles in operating theatres. And in 2023 the Finnish government launched the 'good work' programme, aiming to: (i) improving working conditions to retain and attract professionals; (ii) enhancing training and education pathways for healthcare and social welfare roles; (iii) implementing recruitment and retention strategies, especially in underserved regions; and (iv) supporting mental wellbeing and occupational health for existing staff.

Finally, Finland aims to scale up the digitalisation of its health system, with support from EU programmes. The shares of people accessing their personal health records online and using online health services (excluding phone) instead of in-person consultations, are both among the highest in the EU. Investments to boost the digital transformation of the health sector in Finland are planned under the RRP and complemented by 2021-2027 cohesion policy funds. Further measures aim to help care staff improve their digital skills and increase their use of digital solutions. Finland participates in joint actions and benefits from direct grants under EU4Health to improve the semantic interoperability of health data and facilitate the implementation of the European Health Data Space.

Report overview 2026: Life expectancy in Finland was higher than the EU average in 2024, and 2023 treatable mortality was lower than the EU average. On the other hand, preventable mortality in Finland is only slightly below the EU average despite relatively high spending on prevention, also as part of its recovery and resilience plan (RRP), with measures aiming to strengthen prevention and identify health problems early. At the same time, health spending in Finland is slightly above the EU average, as is the share of health costs paid by public funds and the share that goes to outpatient care, reflecting longstanding efforts to shift care towards outpatient and community settings.

In 2025, 7.8% of the Finnish population reported having unmet healthcare needs, down from 8.5 in 2024, but much higher than the EU average of 2.4%. Maintaining a sustainable health workforce remains a major challenge which compounds these challenges. Nurse density remains high, at 12.7 per 1 000, reflecting expanded nursing roles in primary and hospital care. Finland trains 74 nursing graduates per 100 000 population, well above the EU average. However, workforce pressures are compounded by an ageing workforce with around 20% of nurses being 55 and over. Vacancies fell from over 7 300 in early 2023 to around 2 500 by early 2025, yet staffing gaps remain in remote areas.

Working conditions for health professionals are a significant issue, with low pay acting as a barrier to working in healthcare, particularly for hospital nurses. In response to challenges, authorities have increased study places, promoted inter-regional mobility and strengthened support for international recruits. Furthermore, nursing roles have been broadened to cover patient consultations for acute and chronic conditions, prescribing and care coordination in primary care, outpatient consultations, and advanced functions in operating theatres. In 2023, the government launched the "Good Work" programme to ensure sufficient staffing across healthcare, social welfare, and rescue services, focusing on improving working conditions, strengthening training pathways, implementing recruitment and retention strategies in underserved areas, and supporting staff mental well-being and occupational health.

With regard to long-term care, Finland's ageing population is putting increasing pressure on the long-term care system. While the country is generally a strong performer in this area, demand for services is expected to grow substantially as the population ages.

The shares of people accessing their personal health records online and using online health services (excluding phone) instead of in-person consultations were both among the highest in the EU (74% compared to 28% at the EU level). This reflects Finland's relatively strong digital infrastructure, high public trust (with some challenges in cybersecurity) and digital literacy - satisfaction with digital health services continues to grow, especially among younger and more digitally engaged users. Investments to boost the digital transformation of the health sector are being implemented under the RRP, complemented by the cohesion policy funds.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Finland's RRP supports healthcare and social services reforms, as well as the care guarantee.
The European Pillar of Social Rights	Finland performs well in the implementation of all the 20 Pillars; however, Finland still faces high levels of unmet healthcare needs.
The nursing workforce	Finland faces nursing shortage, which is limiting access to care, particularly in remote areas. Measures are being implemented to address this.
Strengthening primary & LT care	Measures to strengthen primary care are being put in place, including with the support of the RRP. The ageing of the population is putting long-term care under pressure, despite Finland performs relatively well.

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 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[41], 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.

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

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.

Report overview 2024: Life expectancy in France is above the EU average. In 2022 health expenditure was above the EU average at 12.1% of GDP. Of this, 84.8% was public expenditure, making it higher than the EU average 81.1%. Spending in prevention increased in 2021, but was still below the EU average at 5.5%. Total-antimicrobials consumption in France is one of the highest in the EU, meaning that France will not meet the national target set by the Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach.

With regard to the health workforce, the number of nurses per 1000 population in France (9.7) is higher than the EU average, but the salary of nurses is lower compared to the rest of the EU, meaning that there are serious concerns regard to the long-term sustainability of the current levels of nursing care. A salary upgrade is planned for hospital nurses and nurse assistants working night shifts on Sundays and holidays, starting in 2024, but the impact of this measure will need to be assessed.

Through the Recovery and Resilience Plan France will invest € 4.5 billion, which will be directed towards investment in nursing homes and the digitalisation of health, among other things. In parallel, the government launched the digital health acceleration strategy in 2021 with a budget of € 734 million, and it will invest around € 428 million from the cohesion policy funds. These will focus on health infrastructure, e-health services, health workforce development and improving access to healthcare.

Report overview 2025: Life expectancy in France rebounded to its pre-COVID-19 level and was one of the highest in the EU in 2023. France's health system faces some challenges which need to be addressed: (i) a segmented approach to care organisation across primary and secondary care; (ii) persistent gaps in access to healthcare in specific areas known as 'medical deserts', mainly due to staff shortages; and (iii) an insufficient focus on disease prevention. The provision of healthcare remains fragmented and hospital-centred, despite recent efforts to strengthen primary care and care coordination. In 2022, health spending per inhabitant was among the highest in the EU, with the largest share going to inpatient care. Two reforms included in the recovery and resilience plan (RRP) aimed at improving access to health and social care, taking into account the changing needs of an ageing population: (i) a law reforming hospital governance; and (ii) a law on social debt and autonomy, were adopted in 2021.

Shortages of health staff and an unequal distribution of health personnel pose a growing challenge. There were 8.8 nurses per 1 000 population in France in 2021 (slightly above the EU average of 7.6). The responsibilities of nurses in primary care could be further expanded following the introduction of the advanced practice nurse position in 2019. However, the pay of hospital nurses is below the average national wage, and low compared to other EU countries. Investments of EUR 4.5 billion (11.2% of the RRP's total value) support the construction and refurbishment of health and care facilities, and nursing homes, and the further digitalisation of health services. Complementary investments worth around EUR 428 million in 2021-2027, from the cohesion policy funds, focus on health infrastructure, e-health services, health workforce development and improving access to healthcare, especially for vulnerable groups.

France places insufficient focus on disease prevention. In 2022, spending on prevention accounted for 4% of total spending on health, lower than the EU average of 5.5%. Another challenge is the consumption of antibiotics, which in 2023 was well above the EU average. France participates in the EU4Health-funded joint action on antimicrobial resistance. Another challenge is the unmet needs that are higher in France than the EU average, mainly due to costs and waiting times. Distance to health facilities is another key determining factor, as illustrated by regional differences in unmet needs, especially in primary care.

Finally, there is significant planned investments under the RRP and cohesion policy aiming to boost the digital transformation of the healthcare sector in France. France participates in the EU4Health joint action on the

European Health Data Space and benefits from a grant supporting digital infrastructure and secondary use of data in healthcare. There is some room for improving the uptake of e-health. In 2024, the share of people accessing their personal health records online was below the EU average (25.5% vs 27.7%). The government launched the digital health acceleration strategy in 2021 with a budget of EUR 734 million. The Ma santé 2022 reform aims to: (i) integrate e-health systems into one national platform; (ii) improve cyber security and patient access to e-health systems; and (iii) make e-prescriptions the norm at the national level.

Report overview 2026: Life expectancy in France was one of the highest in the EU in 2024. Treatable mortality is one of the lowest in the EU. Preventable mortality is below the EU average. In 2023, health spending in France accounted for 11.5% of GDP, among the highest shares in the EU. However, spending on prevention accounted for only 2.3% of total health expenditure, lower than the EU average.

In France, inpatient care accounts for the largest share of health spending, well above the EU average, while the share of spending on outpatient care is comparatively lower than the EU average. To strengthen primary care, recent reforms encouraged (i) multidisciplinary practices; (ii) decentralisation of decisions on healthcare provision; (iii) introduction of financial incentives for better care coordination and prevention; and (iv) expansion of the roles of 'allied health professionals'. However, multidisciplinary teamwork remains limited and services fragmented. In 2025, unmet healthcare needs among people reporting needs stood above EU average with, a rising phenomenon of healthcare deserts, leading to high unmet needs reported in rural areas .

Employment in healthcare dropped in 2025 relative to 2020 (compared with an overall EU increase of 9.9%). In 2023, France had 3.9 doctors per 1 000 population, below the EU average, contributing to the persistence of healthcare deserts in rural and peri-urban areas. Nurse density has increased slightly over the same period, reaching 8.8 per 1 000 population in 2023, above the EU average. However, care needs are projected to rise by 50% by 2050, while nurse density is projected to increase by only 37%, leading to a demand of about 80 000 nurses. High student dropout rates and low hospital retention exacerbate the gap, prompting recent reforms to expand nursing roles and introduce mandatory nurse-to-patient ratios from 2027. Importantly, addressing these challenges require strengthening training pipelines, expanding multidisciplinary primary care and better integrating advanced practice nurses. This is key, as in 2025, the role of advanced practice nurses was expanded, including direct access for patients in salaried settings and broader prescribing rights. However, despite around 3 000 advance practice nurses graduating by 2024, many still face challenges finding positions in advanced roles.

As for digitalisation, the ongoing 2023-2027 digital health roadmap is expanding functionalities and usage of Mon Espace Santé, including for prevention and the continuous follow-up of care pathways. Since 2025, a strategy aims to involve health practitioners in deploying AI solutions, scale-up high value solutions, develop robust clinical and economic assessment tools, facilitate market access and step up digital training. For hospitals, digital twins make it possible to model complex processes, optimising resource management and patient care. Investment in health IT has risen since 2020, including significant investments under the RRP and the EU cohesion policy.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Healthcare public expending remains high, but inefficient.
The European Pillar of Social Rights	The country is performing well, but the rate of unmet healthcare needs is increasing, especially in healthcare deserts.
The nursing workforce	Shortages of nurses persist, but the country is implementing measures to integrate APNs.
Strengthening primary & LT care	To strengthen primary care, recent reforms encouraged: (i) multidisciplinary practices; (ii) the decentralisation of decisions on healthcare provision; (iii) the introduction of financial incentives for better care coordination and prevention; and (iv) an expansion of the roles and responsibilities of allied health professionals. Services, however, remain fragmented.

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 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[42], 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.

Report overview 2024: Life expectancy in 2022 was in line with the EU average. In 2022 health expenditure as a share of GDP was of the highest in the EU at 12.6%, which is mostly publicly funded. Spending per capita is above the EU average on inpatient care, outpatient care, long-term care, disease prevention and pharmaceuticals and medical devices.

The density of nurses per 1000 population is higher than the EU average, however the number of nurses working in the hospital sector is not sufficient, contrarily to the number of doctors. To fix this, hospital payment rules for nurses has been updated, and the 'Nursing Training Initiative' has been developed to raise the number of places available in nursing schools and to make the profession more attractive.

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

Through the Recovery and Resilience Plan (RRP) Germany is investing € 4.3 billion, mostly targeting the digitalisation of the healthcare system. However, most targets still need to be implemented. These efforts are complemented by € 89 million invested through the cohesion policy funds. To support the uptake of digitalisation, Germany has also passed the "Digital Act", which came into force in March 2024.

Report overview 2025: Life expectancy in Germany has nearly returned to pre-COVID-19 levels and remains just below the EU average. Germany's health system faces challenges that must be addressed to improve public health, social equity, and to boost economic competitiveness. Germany's health system remains primarily hospital-centred, with an increasing emphasis on prevention. With a high level of health spending compared to the EU average, Germany is planning a major hospital reform to: (i) reduce inpatient cases; (ii) enhance coordination and integration across care settings; and (iii) ensure cost effectiveness and quality. This reform also aims to tackle challenges related to the sustainability of the health workforce arising from demographic changes. With a health system strongly hospital-centred, in 2022, health spending per person was the highest in the EU, with the majority covered by public funds. To lower inpatient cases, promote outpatient care, and ensure cost-effectiveness and quality, a new law has been passed to restructure the hospital sector. A transformation fund of up to EUR 50 billion is planned to support hospital restructuring from 2026 to 2035. The goal is to centralize complex procedures in well-equipped hospitals and better integrate inpatient care with outpatient and community nursing services, expanding outpatient options for patients. In 2022, Germany allocated 7.9% of its healthcare budget to prevention, surpassing the EU average of 5.5%. Despite this, preventable mortality increased by 3% between 2012 and 2022, but remaining below the EU average.

Germany's healthcare workforce is aging, with a growing reliance on migrant workers to fill labour gaps. Despite having a high number of nurses per capita (12.0 per 1 000 population), Germany faces shortages in certain areas, such as hospital and long-term care facilities. Temporary staff has become costly, with expenses reaching nearly EUR 2.9 bn in 2022. Increasing number of hospital staff (around 33,000, almost double than in 2010) work without formal employment contracts, primarily among non-doctors.

Despite recent relevant progress, Germany is lagging behind in the digitalisation of its health system. Germany has seen a slight increase in online healthcare usage, with 5.3% of people accessing their health records online and 11% using online health services, but these numbers remain below the EU average. Sizeable investments planned under the recovery and resilience plan focus on IT-related investment in hospitals and public health services. Complementary investments are also planned under the cohesion policy aiming to support e-health services and to boost the digital transformation of the healthcare sector. Additionally, two landmark Digital Acts were passed in 2024, aiming to enhance healthcare through electronic patient records, e-prescriptions, and improved health data analysis for research and development.

Report overview 2026: Life expectancy at birth in Germany stands just below the EU average, with stable treatable mortality. However, preventable mortality was just above the EU average in 2023, and the share of healthcare spending allocated to prevention fell sharply in 2023 despite being still above the EU average (4.8% vs 3.7%). At the same time, Germany's population is rapidly ageing, with implications for healthcare delivery and long-term care services sustainability. However, Germany's long-term care system performs comparatively well in terms of adequacy and affordability. In 2022, public expenditure on long-term care in Germany accounted for around 1.9% of GDP, above the EU average (1.7%).

Health spending per capita is among the highest in the EU, and public funding remains the largest share, above the EU average, however Germany reports rising unmet mental health care needs. At the same time, Germany continues to face structural challenges in primary and integrated care. In fact, the country reports among the highest rate of hospital admissions in the EU for conditions that can typically be managed effectively in outpatient settings. Reforms aim to address these challenges by (i) prioritising a primary care practitioner system; (ii) ensuring closer coordination across care providers; and (iii) avoiding unnecessary referrals of patients with chronic conditions to emergency units or hospital wards.

Germany's healthcare workforce is ageing, with high numbers of nursing graduates but comparatively low numbers of medical graduates. The country has a large workforce of practising nurses (12.2 per 1000 population in 2026 vs the EU average 7.6) and physicians, and with a growing proportion aged 55 and over is increasingly reliant on foreign recruitment. Although Germany trains an above-average number of nursing graduates compared with the average across the EU, the supply remains below expected future demand. This means that further measures will be needed to strengthen nursing training and secure a skilled nursing workforce.

Investments to boost the digital transformation of Germany's health sector are being implemented under its national recovery and resilience plan (RRP). Measures focus on (i) strengthening public health services, including by rolling out a nationwide IT system for infection prevention and control; and (ii) future-proofing hospitals by improving digital infrastructure, emergency capacities, telemedicine capacities, robotics integration and cybersecurity measures. Further funding for digital health comes from the 2021-2027 cohesion policy funds.

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	Germany performs relatively well on implementing the European Pillar of Social Rights.
The nursing workforce	The density of nurses is among the highest in the EU – although the ageing workforce creates long term sustainability challenges.
Strengthening primary & LT care	Reforms aim to strengthen primary care by (i) prioritising a primary care practitioner system; (ii) ensuring closer coordination across care providers; and (iii) avoiding unnecessary referrals of patients with chronic conditions to emergency units or hospital wards.

GREECE

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[43], 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.

Report overview 2024: In 2022 life expectancy was marginally above the EU average. Overall, health expenditure as a share of GDP was below the EU average in 2022 at 8.6%. Spending in prevention as a share of the total spending in healthcare is also below the EU average at 4%. Despite improvements in the previous year, total consumption of antimicrobials in 2022 was one of the largest in the EU. Furthermore, public spending as a proportion of total health spending was only 62.1%, one of the smallest in the EU, and in 2022 Greece had the second highest share of the population reporting unmet needs.

Greece has one of the density of doctors per 1000 population, but one of the lowest density of nurses, at only 2.1 in 2020. This is also not expected to improve because the number of nursing graduates is low.

Through the Recovery and Resilience plan, Greece plans to invest € 1 486 million on reforms on primary healthcare. Greece will also invest around € 416 million from the European Regional Development Fund mainly in health infrastructure, health equipment and e-health services, and around € 323 million from the European Social Fund Plus to improve the accessibility and effectiveness of health services.

Report overview 2025: Life expectancy at birth in Greece rebounded at its pre-COVID-19 level in 2023, reaching the EU average. Greece's health system faces significant challenges, including: (i) limited and uneven access to healthcare; (ii) suboptimal funding and cost-effectiveness of the health system, with insufficient focus on disease prevention and outpatient care; and (iii) shortages of general practitioners and nurses - Persistent shortages of nurses and general practitioners limit the availability of care in Greece. In 2022, the number of practising nurses per 1 000 population was among the lowest in the EU (2.2 vs 7.6 in the EU), well below the EU average, posing a significant challenge to the health system and more broadly, the care system. Looking ahead, Greece has a low number of nursing graduates in relation to its population. In 2022, health spending per inhabitant was half the EU average, with the largest share of health expenditure (around 42%) going to inpatient and hospital day care, and the share for outpatient care being one of the lowest in the EU (21%). Greece displays a trend of very low investment in the health sector, raising concerns about the continuity and quality of service delivery. Public spending as a proportion of total health expenditure was among the lowest in the EU in 2022. The Greek recovery and resilience plan (RRP) allocates around EUR 1.5 billion to healthcare reforms and investments, with a significant share going towards the renovation and upgrade of public hospitals. The RRP also aims to modernise primary healthcare infrastructure and rationalise pharmaceutical spending.

Furthermore, in 2022, the share of spending on prevention was lower than the EU average, with the biggest share being spent on immunisation. In April 2024, the Ministry of Health presented the national screening programme, 'Prolamvano', as part of the national prevention programme. In 2023 the consumption of antibiotics was still well above the EU average, although it has significantly decreased since 2019. This raises concerns about

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

antimicrobial resistance. Despite a broad benefit package in 2024, the proportion of the Greek population reporting unmet needs due to those reasons was one of the highest in the EU, having further increased since 2023. A range of measures under the RRP and the cohesion policy aim to improve access to healthcare in Greece. The EU cohesion policy for 2021–2027 earmark EUR 739 million for Greece's health system. The RRP includes a reform to strengthen the primary healthcare system, entailing the renovation of primary healthcare facilities.

Finally, the uptake of e-health and the overall digitalisation of the health system has improved, but it is uneven across the population. The shares of people accessing their personal health records online and of people using online health services (excluding phone) instead of in-person consultations increased significantly in Greece in 2024 compared to 2020, exceeding the EU average. Significant investments to boost the digital transformation of healthcare in Greece are planned under the current cohesion policy (2021-2027) and the RRP.

Report overview 2026: In 2023, life expectancy at birth in Greece rebounded slightly over its pre-COVID-19 level, just above the EU average. Preventable mortality in 2023 was below the EU average but only 4% lower than in 2014, despite a sharp drop after the 2021 peak. On prevention, Greece is advancing some programmes supported by the RRP, but investments remain below the EU average. Furthermore, in 2023, health expenditure per capita in Greece was much lower than the EU average, and the system relies primarily on hospital care, with outpatients care receiving one of the lowest expenditure share in the EU. Rising unmet healthcare needs are being reported, with many patients forgoing care due to long distance from hospitals.

Persistent shortages in, and uneven distribution of health professionals across regions is further hampering access to healthcare. Greece's healthcare system has a relatively high number of doctors, but it faces shortages of nurses (2.2 nurses per 1000 people, vs the EU average of 7.6). Moreover, the prevalence of probable major depressive disorders is 10 times higher in the healthcare workforce (33%) than in the general population (3%). This emphasises the need to improve working conditions for healthcare. Greece has taken several measures whose successful implementation would help to address this issue. The organisational reforms under the Greek RRP include a National Health Map, to record the demand and supply of services in the health system. The use of this evidence-based tool for workforce planning would be an important step towards a comprehensive workforce strategy.

On long-term care, significant unmet needs have been reported, particularly in remote and island regions. Greece has the lowest number of LTC staff per 100 individuals aged 65+ in the EU, with only 0.3 workers (EU: 3.3). Key LTC challenges include limited access to community-based services, home care and residential care; territorial inequalities; and low service-quality. A strategic LTC framework has been developed with support from the EU's Technical Support Instrument (TSI). However, progress in expanding services has not yet been recorded and a dedicated LTC action plan is still to be implemented.

Several measures under the Greek RRP or planned under the current cohesion policy aim to boost primary and outpatient care. They often include increased use of digital health and telehealth to improve access for all, in particular in hard-to-reach areas. RRP measures include i) setting up systems for home healthcare and "hospital at home" for patients with chronic disabilities; (ii) creating the platforms for registration with a personal doctor and referral to specialty care; and (iii) renovating over 150 PHC units and adding chronic diseases management units to each of them. The cohesion policy has also funded 127 community-based PHC units targeted at the more vulnerable people. Cohesion funds are also aimed at setting up Mobile Health Units, but the nationwide roll-out remains to be implemented. The Greek government launched its National Strategy for Quality of Care and Patient Safety (2025-2030) in January 2025. Other significant investments focusing on the digital transformation of healthcare in Greece are part of the RRP. For instance, the development of the National Electronic Health Record which was launched in May 2025.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Greece is going through major challenges - the country need substantial reforms.
The European Pillar of Social Rights	Greece has made improvements in relation to the indicators of the Social Scoreboard supporting the European Pillar of Social Rights, but still much work needs to be done.

The nursing workforce	Greece has one of the lowest density of nurses per 1000 population in the EU, and also a very low number of nursing graduates.
Strengthening primary & LT care	The role of primary care is limited in Greece. Several reforms are ongoing.

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[44] 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.

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.

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

Report overview 2024: Life expectancy in Hungary in 2022 was one of the lowest in the EU. Mortality rates from preventable diseases and in economically active age-groups are among the highest in the EU. Health expenditure, both per capita and as a share of GDP (6.8%), remain among the lowest in the EU. On the other hand, spending in preventive measures is greater than the EU average (7.6% vs 6%).Hungary has a shortage of both doctors and nurses, with the density of nurses being one of the lowest in the EU, at only 3.7 nurses per 1000 population. Moreover, the number of nursing graduates in 2021 was also below EU standards. The main reasons behind this include the emigration of nurses to both the private sector and other EU Member States, where they can find higher salaries and better working conditions. Between 2020 and 2023, employment in the health sector has also dropped by 5%, while in the EU it has increased by 9%.

Hungary is planning to invest € 1.3 billion through the Recovery and Resilience Plan (RRP), to target primarily primary healthcare and the digitalisation of healthcare systems. Complementarily, Hungary will also invest € 154 million through the European Regional Development Fund.

Report overview 2025: Life expectancy in Hungary rebounded above its pre-COVID-19 level but was still among the lowest in the EU in 2023. Hungary's healthcare spending amounted to 4.1% of GDP in 2023, among the lowest in the EU. The health system is hospital centric. In 2022, health spending per inhabitant was one of the lowest in the EU, with the largest share going to hospital care (around 34% of total health expenditure). Hungary also places insufficient focus on disease prevention. In 2022, it accounted for 2.9% of total spending on health, much lower than the EU average of 5.5%. A public health policy strategy for the period 2023-2033 has been adopted setting key objectives and tasks.

Furthermore, Hungary faces persistent shortages of health professionals, having one of the lowest numbers in the EU. In 2022, Hungary had only 4.4 practising nurses per 1 000 population, one of the lowest rates in the EU (7.6). Next to that, Hungary has among the EU's lowest shares of nurses aged between 25 and 34 and the highest shares of nurses aged between 45 and 54, raising concerns about the long-term accessibility of health services. The Hungarian government has substantially improved the remuneration of nurses in recent years to increase attractiveness and retention in the profession. It announced further remuneration increases in 2024 - 20% in nominal terms, with the aim to have the average basic salary of nurses reach 37% of the average basic salary of doctors. Nevertheless, between 2020 (Q1) and 2024 (Q3) employment in healthcare services dropped by 3.4% (compared to an EU-level increase of 11.4%). Hungary participates in the HEROES joint action under EU4Health, through which EU countries share knowledge and experience on health workforce planning. Under the Hungarian recovery and resilience plan (RRP), around EUR 1.3 billion is planned for health reforms and supporting investments. In addition to the RRP, significant funding for healthcare (EUR 154 million) is planned under the EU cohesion policy funds in 2021-2027.

Finally, Hungary aims to scale up the digitalisation of its health system, with support from EU programmes. The shares of people accessing their personal health records online and of people using online health services (excluding phone) instead of in-person consultations increased in 2024 compared to 2020. Significant planned investments under the RRP aim to boost the digital transformation of the healthcare sector in Hungary. Measures focus on: (i) the development of information technology infrastructure in healthcare institutions; (ii) the development of telemedicine solutions; (iii) the rollout of enhanced mobile health applications; and (iv) a remote health monitoring system for older people. Hungary participates in several EU4Health-funded projects which facilitate the implementation of the European Health Data Space and strengthen digital infrastructure in Hungary

Report overview 2026: Life expectancy at birth in Hungary was still among the lowest in the EU in 2024, and in 2022 avoidable mortality – preventable or treatable – was among the highest. Hungary has increased investment in disease prevention over the last 10 years, from a 2.7% share of spending in 2014 to 3.4% in 2023, but it remains below the EU average of 3.7%. A national public healthcare programme has been developed but finances are lacking for implementation. Health spending per inhabitant increased in Hungary but remained one of the lowest in the EU in 2023. The largest share of Hungary's health spending goes on hospital services (more than a third of total health expenditure), while less than a third goes on outpatient care.

In 2023, the number of practising nurses per 1 000 population was among the lowest in the EU (4.5 per thousand population vs the EU average 7.6) and has decreased over the last decade. Moreover, 24% of nurses were 55 years of age or over, while around 16% were 34 years or under in 2023, among the lowest in the EU. Hungary also had a comparatively low number of nursing graduates in relation to its population. Moreover, fewer than 1% of 15-year-olds aspire to become nurses. Healthcare professionals in Hungary report among the highest rates

of depression, with 39% of respondents meeting the threshold for probable major depressive disorder, compared with 8% for the general population. Also, close to half of healthcare professionals reported low emotional well-being. All these characteristics pose a significant challenge to the long-term accessibility of health services and, more broadly, the care system.

Government actions to improve the retention of health professionals include phased salary increases for doctors, dentists, pharmacists and nurses (since 2021) and rewards of up to 40% for good performance (since 2022). Since 1 March 2024, the base salaries of health professionals have increased by an average of 20%. The government also provides scholarships to strengthen the supply of healthcare professionals. In January 2026 it launched a home support programme for healthcare professionals in the public healthcare system. Two new reforms have also been implemented in Hungary to strengthen the competences of health professionals.

Access to high-quality long-term care is limited, especially in rural areas. Healthy life expectancy at age 65 is relatively low. In 2024, fewer older people in rural areas rated their health as good or very good than those in urban areas. Long-term care is concentrated in developed urban areas, and is strongly oriented towards residential care, while the availability of qualified staff for home care is limited. There is a shortage of affordable homecare and community-based services. Investing in expanding homecare and community-based care services as well as staff professionalisation could improve care provision and potentially reduce the current high pressure on the healthcare system.

Hungary has made limited progress in digital health investments relative to other countries. Nevertheless, the shares of Hungarians accessing their personal health records online or using online health services (excluding phone) instead of in-person consultations increased steeply between 2020 and 2024 and are above the EU average. Hungary is also developing a regulatory framework for telehealth.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Health expenditure is below the EU average.
The European Pillar of Social Rights	Hungary is performing above the average in most indicators, but much more work still needs to be done.
The nursing workforce	Concerns on nurses' shortage and ageing, paired with low numbers of nursing graduates, pose a significant challenge to the health. Reforms have been implemented and their impact is to be assessed.
Strengthening primary & LT care	Access to high-quality long-term care is limited, especially in rural areas.

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[45], 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.

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

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

Report overview 2024: Life expectancy in Ireland is one of the highest in the EU, while health expenditure as a share of GDP was 6% in 2022, compared to the EU average of 10.9%. However, for Ireland a more appropriate unit of measure for the health expenditure is as a share of GNI, which in 2021 was at 12.2%.

Per capita spending in inpatient and long-term care is higher than the EU average, while a relatively large proportion the total health expenditure is private, causing inequalities in access to care. Spending in prevention is in line with the EU average, while the consumption of antimicrobials remains worryingly high.

The most serious shortage in Ireland is that of doctors, with many medical graduates emigrating for better working conditions and salaries. On the other hand, the density of nurses per 1000 population is well above the EU average.

By 2025 Ireland will implement several measures funded with € 75 million from the Recovery and Resilience Plan, with primary focus on increasing the uptake of digitalisation in the healthcare sector.

Report overview 2025: Life expectancy in Ireland rebounded to its pre-COVID-19 level in 2023, remaining above the EU average. Ireland faces challenges with the financial sustainability and cost-effectiveness of its health system. Despite a relatively young population, Ireland's health expenditure is above the EU average, and its total healthcare spending recurrently exceeds budgeted amounts. Currently the system is overly reliant on costly hospital care, which is exacerbated by the lack of universal primary care coverage. Decentralisation of the health system is underway. Ireland has initiated the progressive rollout of health regions in 2024, which is expected to enable better integration of services across different service levels and improved budget control. Several measures to improve the quality and accessibility of the health system included in Ireland's recovery and resilience plan (RRP) also improve cost-effectiveness. In 2024 six "health regions" became operational, with one Regional Executive Officer appointed in each of them. In 2024, the proportion of the Irish population reporting unmet needs was above the EU average, mainly due to waiting times, and to a lesser extent to financial reasons.

In 2022, Ireland continued to have a comparatively high density of nurses (13.1 per 1 000 population), well above the EU average (7.6). However, the density of graduated nurses was very low. In 2023, around 52% of nurses in Ireland were foreign-trained, as a result of both inflows of foreign-trained and outflows of Irish-trained staff, attracted by better pay and better working conditions abroad.

The uptake of e-health and the overall digitalisation of the health system have improved. The share of individuals using online health services (excluding phone) instead of in-person consultations significantly increased in Ireland between 2020 and 2024, bringing it in line with the EU average. However, the share of people who access their personal health records online remained low - around half the EU average, despite a high general level of digital literacy in Ireland.

Report overview 2026: The Irish population is characterised by both a high life expectancy and a notably slower rate of demographic ageing compared to the EU average. Preventable mortality in Ireland is below EU average and has dropped over the last decade. Although expenditure in prevention is historically below the EU average and in 2024 dropped to its pre-COVID levels, representing 2.6% of current health expenditure, Ireland's preventable mortality has improved by 14% between 2014 and 2023 and currently ranks among the better performing EU countries. Current health per inhabitant in 2024 places Ireland in the top EU tier. Despite such high investments, hospital bed availability (258.6 per 100 000) is among the lowest in the EU. Ireland aims to tackle this issue through the expansion of acute virtual wards to provide home-based care and the establishment of integrated community health networks to reduce the overall demand for acute hospital admissions.

Ireland maintains one of the highest nurse-to-population ratios in the EU, with 13.7 nurses per 1 000 inhabitants (vs the EU average of 7.6). At the same time, the density of doctors is below the EU average, due to difficulties in the retention of locally trained doctors. Ireland is leveraging EU4Health joint actions to boost health workforce planning (DDS-MAP to address the digital competency gap) and chronic disease management (JACARDI) for cardiovascular disease and JAPreventNCD for NCDs and cancer.

A core pillar of the 2026 roadmap and a part of Ireland's RRP, several efforts are planned on the digital transition front, including improvements to the health system's EHR, introduction of a national shared care record and expanding HSE's Health App functionality. Furthermore, a Centre for Excellence focusing on automation and AI

is being established, with a dedicated framework – AI for Care 2026-2030 – published March 2026. Telehealth projects, including six virtual wards, have already shown promising results in reducing acute admissions, with 70% of participants not requiring further in-person assistance.

Moreover, the HSE's reform structure of Community Health Networks and Health Regions are now in place. This reorganisation aims to move care into the community and reduce the reliance on hospital-based services that contributes to long waiting times. A key strategic focus remains the publication of a roadmap by the end of 2027 to eliminate existing coverage gaps and ensure more timely access to care.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Life expectancy in Ireland is good, as well as health expenditure, however Ireland faces challenges in long-waiting times due to limited hospital beds.
The European Pillar of Social Rights	Most indicators of the Social Scoreboard supporting the European Pillar of Social Rights are being implemented, while some challenges remain.
The nursing workforce	Ireland continued to have a high density of nurses, however the 2026 European Semester did not provide many more details.
Strengthening primary & LT care	To improve Ireland's access to healthcare, it would be beneficial to address the lack of universal coverage and the population's relatively high reliance on voluntary health insurance.

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[46], 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.

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

Report overview 2024: Italy has of the highest life expectancy in the EU, despite important regional differences persist. Health expenditure in 2022 fell down to 8.8% of GDP, well below the EU average of 10.9%, and spending in prevention was 6.5% of total healthcare spending, slightly above the EU average. On the other hand, total antibiotic consumption is still above the EU average, and the use of broad spectrum antibiotics, which are on the WHO watch list, is an issue of public concern.

The density of doctors in Italy is above the EU average, but the uneven geographical distribution, combined long waiting times and long distances to travel, are leading to high regional variability when it comes to unmet needs. On the other hand, the density of nurses per 1000 population is well-below the EU average, but the Italian government is tackling this issue via a reform of nursing education, to ensure a sufficient number of new nursing graduates. The rising burden of chronic multi-morbidity, compounded by the ageing population, will increase the demand for better integration of care levels, and better coordination between national and local authorities.

Italy is planning to invest € 16.1 billion through the Recovery and Resilience Plan (RRP), to strengthen community-based care, digitalisation of healthcare, among others. Complementarily, Italy will also invest € 1.8 billion through the cohesion policy funds, targeting primarily the accessibility of health services in underdeveloped regions with a focus on the health workforce.

Report overview 2025: Life expectancy in Italy rebounded to slightly below its pre-COVID-19 level and was among the highest in the EU in 2023. Italy's health system performs comparatively well. However, challenges with accessibility, compounded by shortages of health workers, exist. In 2022, the density of practising nurses in Italy was lower than the EU average (6.5 vs 7.6), making it difficult to expand care services for an ageing population. Furthermore, nurses in Italy do not earn more than the average wage of all workers, limiting the job's attractiveness. Some initiatives are being taken to make nursing professions more attractive, including through educational pathways, with the launch of specialisation programs. The 2025 Budget Law has introduced measures to improve retention and increased allowances for various health professionals, including a new flat 5% personal income tax rate on nurse overtime and salary increases for medical and other health trainees, with additional increases for less attractive specialties. In 2024, Italy also adopted several regulations to tackle the issue of violence against health professionals and protect them during care delivery. Italy also participates in the HEROES joint action under EU4Health, through which EU countries share knowledge and experience on health workforce planning.

Italy's health spending is below the EU average, both in per capita terms and as a measure of GDP. However, it is on the rise, as the 2025 Budget Law increased the healthcare budget from EUR 134 billion to EUR 136.5 billion for 2025. The main spending categories are outpatient care (around 33% of total health expenditure), and inpatient care (29%). Under the Italian recovery and resilience plan (RRP), around EUR 16.1 billion is planned for health reforms and supporting investments. In addition to the RRP, significant funding for healthcare (EUR 1.7 billion) is planned under the EU cohesion policy funds in 2021-2027. These funds aim to improve the accessibility, effectiveness and resilience of health services in the less developed regions of the country, with a focus on improving access for vulnerable groups.

Italy plans to accelerate the digitalisation of its health system, with significant support from EU programmes. While the share of people using online health services (excluding phone) instead of in-person consultations in Italy (29.3%) exceeded most EU countries in 2024, the share of people accessing their personal health records online (26.9%) was very close to the EU average. There are significant planned investments under the RRP and cohesion policy to boost the digital transformation of the healthcare sector in Italy, including: (i) accelerating the adoption of telemedicine, especially for patients with chronic diseases; (ii) improving health information systems and digital tools, including for hospitals' technological equipment; and (iii) providing training on digital skills to health workforce. In addition, Italy participates in the joint action TEHDAS2 and receives direct grants under EU4Health to help it implement the European Health Data Space.

Report overview 2026: Life expectancy at birth in Italy was among the highest in the EU in 2024, reflecting relatively low levels of preventable and treatable mortality. Pronounced north-south disparities in life expectancy and access to healthcare persist. A well-developed primary care system allows Italy to maintain among the lowest hospital admission rates for chronic conditions in the EU, however hospitalisations for conditions better managed in ambulatory settings increased from 1.63 million in 2022 to 1.71 million in 2023. Moreover, Italy's health spending per capita and as a share of GDP is below the EU average, and only around three quarters of total health spending is publicly funded.

Italy has one of the highest doctor densities in the EU (5.4 per 1 000 population), but a comparatively low nurse density (6.9 per 1 000), resulting in one of the lowest nurse-to-doctor ratios in the EU (1.3). This imbalance reflects longstanding difficulties in expanding the nursing workforce, compounded by ageing, retirements, emigration, low salaries, declining interest in nursing careers, and high attrition rates of around 15% in the first year. Nursing graduate numbers declined by over 3% annually between 2013 and 2022, falling to less than half the EU average and resulting in fewer nurses than doctors entering the workforce. However, 2023 saw a modest recovery.

The Italian government is implementing the 2022 territorial healthcare reform under the RRP, a reform of healthcare professions, and a national plan for managing waiting lists. The full implementation of the territorial healthcare reform especially in the south, and its alignment with the 2015 reform on the reorganisation of the hospital system is key to ensure a more efficient and cost-effective healthcare system. It is essential that the comprehensive implementation of the reform is accompanied by measures to address shortages in key professions, particularly nurses and GPs. The attractiveness of these professions could be improved through economic and career incentives, reducing administrative burden and better aligning the specialisation courses with the national healthcare service needs.

Italy is a major beneficiary of EU funding for health. Italy's recovery and resilience plan (RRP) invests nearly EUR 16 billion in structural reforms, upgrading infrastructure and digital systems, expanding community care through telemedicine and strengthening the health workforce. The 2021-2027 Cohesion Policy funds complementary investments amount to EUR 1 billion. Italy benefits from initiatives under the EU4Health programme, focused on cross-border health threats, EHDS and health workforce planning, and EU-funded technical support to accompany reforms.

The proportion of Italians accessing their electronic health records has grown rapidly, reaching the EU average of 28% in 2024. This progress reflects the investments that have been made under the RRP, supporting substantially the expansion of the country's core digital infrastructure, including the electronic health records, the national telemedicine platform and the emerging health data ecosystem. However, challenges remain regarding regional fragmentation, due to the decentralised governance of the SSN.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Health expenditure is below the EU's average, but access to it is reasonably good – although many regional differences persist.
The European Pillar of Social Rights	Italy is making progress in the implementation of cohesion policy programmes and the European Pillar of Social Rights, but challenges remain.
The nursing workforce	Shortage of nurses, raised by low wages and job unattractiveness. Italy has one of the lowest nurse-to-doctor ratios in the EU.
Strengthening primary & LT care	Italy faces rising long-term care needs amid population ageing, but service provision remains insufficient and fragmented. Fragmentation between health authorities and municipalities limits coordination and produces uneven territorial coverage. Home and residential care remain underfunded. The long-term care workforce ratio, standing at 1.5, is much lower than the EU average of 3.3 (2024).

LATVIA

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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[47], € 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.

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

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.

Report overview 2024: Life expectancy in 2022 was one of the lowest in the EU, despite a slight rebound after the Covid-19 pandemic. Health expenditure in 2022 was only 8.8% of GDP, well below the EU average, and only 69.5% of the total expenditure was publicly funded. In 2021, spending in prevention was also below the EU average, at 5.1% compared to 6%. Overall, it can be said that the Latvian health system is underfunded, which is limiting timely and quality care, and giving rise to one of the highest levels of unmet needs in the EU (5.4% of the population compared to 2.2% in the EU).

Latvia faces a persistent shortage of health professionals. The number of practising nurses per 1 000 population (4.2 in 2021) is one of the lowest in the EU. The Ministry of Health has estimated that the health sector requires around 4 900 additional nurses. Working conditions are a significant factor, with low pay acting as a deterrent to entering the profession, particularly for nurses. 34.4% of nurses are aged 55 or above, raising concerns about the long-term accessibility of health services.

Through its Recovery and Resilience Plan (RRP) Latvia also plans to invest EUR 181.5 million through the RRP, with a set of targets that include a health workforce strategy and a new pay model for healthcare staff.

Report overview 2025: Life expectancy in Latvia rebounded close its pre-COVID-19 level but was still among the lowest in the EU in 2023. Latvia's health system faces significant challenges, including: low life expectancy, limited access to healthcare; (iii) suboptimal funding and cost-effectiveness of the health system; (iv) an insufficient focus on disease prevention; and (v) shortages of healthcare workers. Latvia allocates one of the lowest percentages of GDP to healthcare in the EU (4.9% vs 8.4% in the EU in 2022). According to the Ministry of Health data on January 2025, government spending on healthcare is set to decrease each year between 2025 and 2028 - falling from 4.8% in 2025 to 4.1% in 2028, falling short of the national commitment to allocate 6% of GDP to healthcare by 2027 (Latvia's 2021-2027 Public Health Policy Guidelines). This will limit its accessibility, leading to high waiting times, high levels of unmet needs and high out-of-pocket spending for healthcare. The government has proposed a draft law to reform the financing for healthcare by revising eligibility for access to publicly funded healthcare services and improving financial management through the establishment of a National Health Insurance Fund. However, the proposed law stops short of committing higher allocations of GDP to healthcare. Under its recovery and resilience plan (RRP), Latvia aims to develop and implement new service models for healthcare in order to use health resources more efficiently. In 2023, the proportion of the Latvian population reporting unmet needs was significantly higher than the EU average (7.8% vs 2.4%) and had increased since 2022. The most recent data show a further increase to 8.4% in 2024.

Furthermore, the persistent shortage of health professionals is an obstacle to providing adequate healthcare. The number of practising nurses per 1 000 population (4.2 in 2022) is one of the lowest in the EU. The Ministry of Health has estimated that the health sector currently requires around 4 900 additional nurses. Poor working conditions and low pay are deterrents to both entering and remaining in the sector, particularly for nurses. Ageing - 39.1% of nurses are aged 55 and over, and uneven regional distribution pose further challenges for the sector. As part of Latvia's recovery and resilience plan, in 2024, the government adopted a strategy for human resources in healthcare for 2025-2029, which aims to improve recruitment and retention of health professionals by addressing key areas such as health workforce planning and financing, education and employment, as well as working conditions and performance, and by introducing new professions and roles, as well as new approaches to education.

Finally, Latvia plans to accelerate the digitalisation of its health system, with support from EU programmes as the cohesion policy in 2021-2027. The shares of individuals accessing their personal health records online or using

online health services (excluding phone) instead of in-person consultations both increased in 2024 compared to 2020. A digital health strategy running until 2029 was approved by the government, as part of Latvia's RRP, aiming to improve the availability and interoperability of health data, and to boost the development and use of digital services in the health sector. Furthermore, Latvia participates in the EU4Health-funded joint action TEHDAS2, which aims to facilitate the implementation of the European Health Data Space.

Report overview 2026: Despite surpassing its pre-COVID-19 level, life expectancy at birth in Latvia was one of the lowest in the EU in 2024. Furthermore, in 2022, Latvia's avoidable mortality was among the highest in the EU, and in 2023, one of the highest preventable mortality rates in the EU (more than double the EU average). Despite this, spending in prevention remains modest. The largest share of the health expenditure goes to outpatient care. In 2025, 7.6% of the Latvian population reported unmet needs for medical examination, one of the highest rates in the EU (EU average: 2.4%). To improve service quality and accessibility, and as part of Latvia's RRP, the national health service introduced a unified contract on 1 January 2025, aimed at reducing administrative fragmentation and improving resource efficiency by fostering, for example, the use of remote consultations.

Density of nurses is among the lowest in the EU. In 2023, there were just 4.2 nurses per 1 000 inhabitants (EU average 7.6). The age distribution is concerning; the share (of over 40%) of staff of 55 years and older is substantially higher than that of staff aged younger than 35 years – under 15% for nurses. In 2022, the remuneration of hospital nurses in Latvia was just 1.19 times the national average wage. Recruitment is hindered by a set of challenges, including career uncertainty (in regions outside Riga), lack of work-life balance, lack of financial support in staff training, and relatively low wages. To address this, as part of Latvia's RRP, a new remuneration model for healthcare staff was adopted in June 2025, following a significant minimum wage increase in early 2024. A new 'Advanced nurse' programme is being rolled out nationwide, enabling qualified nurses to prescribe certain medicines, thus building the health system's capacity. Furthermore, working conditions have a significant impact on mental health: nearly half of Latvia's healthcare professionals report symptoms of depression, the highest rate in the EU, and nearly two thirds report symptoms of anxiety, in stark contrast to the average of one in three healthcare staff across the EU reporting the same symptoms

Latvia has a relatively high technical maturity for e-health, enabling a high share (40.3%) of patients to access their electronic health records (EHRs) online in 2024, which is well above the EU average of 27.7%. To centralise and manage this progress, the Latvian Digital Health Centre became operational on 1 January 2025. Moreover, the transition to a new unified electronic appointment system aimed at improving waiting times could be fully implemented by the end of 2026.

Under the 2021-2027 cohesion funds, Latvia has earmarked approximately EUR 174 million for the health sector. Specific allocations have been assigned to health infrastructure, health equipment and digitalisation in healthcare, and the further development of e-health services and applications. These investments are complemented by others under the Latvian RRP, which focus on strengthening the resilience of the health system and improving the accessibility and quality of services. More broadly, Latvia is focusing on its ongoing hospital reform. Efforts are also underway to improve the distribution of the health workforce through targeted upskilling and improved working conditions.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The health system is hindered by insufficient financing, limiting the adequacy of healthcare services.
The European Pillar of Social Rights	Some progress has been done, but the implementation of the 20 indicators of the European Pillar of Social Rights is lagging behind.
The nursing workforce	The number of nurses is very low, the profession not attractive. A new 'Advanced nurse' programme is being rolled out nationwide.
Strengthening primary & LT care	Latvia is continuing to transition towards community-based LTC services. In the context of this reform, all municipalities will have to provide a standard set of social services from 2026 onward. This transition is being supported by EU cohesion policy funds, with over EUR 100 million for their development until 2029. Some progress has been made, but formal LTC remain largely underdeveloped,

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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 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. The 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 workplaces, 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[48], 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.

Report overview 2024: Life expectancy in Lithuania in 2022 was 75.8 years, more than 4 years below the EU average. Health expenditure was only 7.5% of GDP in 2022, and more than 30% of it was privately funded, increasing the risk of unmet needs. Recent structural reforms are expected to target this, and to strengthen primary care, but their impact is to be seen. Contrary to EU standards, outpatient care receives more funding than inpatient care in Lithuania. Spending in prevention in 2021 was 5.6% of the total, below the EU average, and this is concerning considering the high levels of preventable mortality.

The density of nurses per 1000 population in Lithuania is in line with the EU average (7.9) but a rise in demand has led to an expected shortage of nearly 3000 nurses by 2030, furthermore almost 35% of nurses are aged 55 years old or more.

Through the recovery and resilience plan (RRP), Lithuania plans to invest € 268 million, with measures aiming 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.

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

Report overview 2025: Life expectancy in Lithuania rebounded above its pre-COVID-19 level but was still among the lowest in the EU in 2023. Lithuania's healthcare system is confronted with challenges that severely impact the accessibility and quality of healthcare services. Lithuania health spending is about 40% below the EU average, with a low share of public spending on healthcare (5.3% of GDP in 2023, compared to the EU average of 7.6%) – the largest share per inhabitant going towards outpatient care (around 35% of total health expenditure). The share of total spending on health directed at prevention is also lower than the EU average, which in turn limits the range of preventive and primary care services that can be provided, further exacerbating health disparities. In 2024, the proportion of the population reporting unmet needs was above the EU average (4.3% vs 2.5%).

Furthermore, the critical shortage of health professionals further hampers service delivery, particularly in rural areas. The density of nurses (7.5 per 1 000 population) in Lithuania is similar to the EU average, but the nurse-to-doctor ratio was only 1.7 in 2022 compared to an EU average of 2.2. However, a shortage of 4 643 nurses is projected for 2032 in view of the growing demand for care. The situation is made worse by an ageing nursing workforce: 37.9% of nurses are aged 55-64, one of the highest rates in the EU, and only 10.6% are aged 25-34. A long-term health workforce action plan is being implemented, with a focus on attracting and retaining health professionals, especially in the regions. The competences of nurses and midwives have expanded since 2024, allowing them to cover a wider range of consultations. These measures are expected to reduce pressure on family doctors and improve access to care for patients. Since January 2025, the salaries of employees working in public health care institutions have increased by an average of 10%, and a new platform to monitor health workforce competences has been established with support from the RRP. In addition, Lithuania participates in the EU4Health-funded HEROES joint action through which EU countries share expertise on health workforce planning. Around EUR 269 million is planned for health reforms and supporting investments, under the Lithuanian recovery and resilience plan (RRP), and significant funding for healthcare (EUR 475 million) is being used under the EU cohesion policy in 2021-2027. These funds aim, in particular, to improve the health infrastructure and the accessibility, quality and resilience of health services.

Lithuania has a good uptake of e-health and overall health system digitalisation. In 2024, the share of people accessing their personal health records online in Lithuania was double the EU average (54.4% vs 27.7%). Furthermore, the share of the population using online health services (excluding phone) instead of in-person consultations increased steadily, from 9.3% in 2020 to 22.5% in 2024. Planned investments under the RRP aim to boost the digital transformation of the healthcare sector in Lithuania, with measures focussing on: (i) increasing the use of e-health by healthcare institutions; (ii) digitalising emergency functions; (iii) further uptake of telemedicine; and (iv) developing a national digital health eco-system. The aim is to improve the accessibility, quality and resource efficiency of health services and to promote a digitally integrated healthcare system.

Report overview 2026: Life expectancy at birth in Lithuania was still among the lowest in the EU in 2024, and 2023 avoidable mortality – preventable or treatable – was among the highest. Due to high suicide rates, since mid-2025, several new services have been introduced in mental health centres providing outpatient mental healthcare services, including with the support of EU structural funds. The largest share of Lithuania's health spending is on outpatient care. Lithuania has consistently underinvested in the health sector, recording some of the lowest levels of health infrastructure investment per capita in the EU since at least 2015. To address this, the RRP is funding the ongoing construction of advanced therapy centres, infectious disease cluster centres and modernised healthcare facilities in hospital emergency, resuscitation and intensive care units.

Unmet needs for primary care are double the EU average, which, combined with the high number of hospital beds, points to inefficiencies in the healthcare system. Lithuania is enhancing the qualifications of primary healthcare and specialised healthcare professionals to address the need. Moreover, new specialist remote consultation services are being developed and introduced to strengthen primary healthcare capacities and improve patient referral processes. Lithuania also aims to reduce waiting times and address unmet healthcare needs by implementing several strategic initiatives focused on strengthening the role and autonomy of nurses within the health system. Despite this, while the nursing workforce density per 1000 population is around the EU average (7.5), workforce renewal is a major concern for nurses. More than half of nurses were over 55 years of age in 2022. Moreover, fewer than 20% were under 44 years of age.

Lithuania has invested in addressing these imbalances between health professionals, with the number of nursing graduates doubling between 2014 and 2023. However, the numbers of nursing graduates still lag far behind the EU average. The nurse-to-doctor ratio target of 2:1 under the national health strategy is unlikely to be met due to ongoing recruitment and retention challenges. In October 2025, a sectoral collective agreement committed

to increase the remuneration of healthcare professionals, with priority given to nurses' wages. The EU-funded Training and Attraction of Health Professionals project launched in Q1-2025 is being carried out in 53 municipalities. It is planned to attract more than 1 600 specialists to healthcare institutions.

The shares of people accessing their personal health records online and using online health services (excluding phone) instead of in-person consultations are well above the EU average and more than doubled between 2020 and 2024. Investments to boost the digital transformation of Lithuania's health sector, potentially improving the effectiveness of and access to healthcare, are planned under the 2021-2027 cohesion policy or as part of the RRP.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Lithuania's health outcomes are among the EU's poorest. Efforts are underway with the support of the RRP and EU Structural Funds to address this.
The European Pillar of Social Rights	The country is underperforming in the health indicator, as great inequality in the access to healthcare persists.
The nursing workforce	The density of nurses is similar to the EU average. Efforts are underway to improve recruitment and retention.
Strengthening primary & LT care	Lithuania is developing an integrated LTC model. However, it is not expected to be completed until after 2027, subject to adequate and sustainable financing. The current spending on LTC, which stands at only 1% of GDP (EUR 343 million in 2020), is below the EU average of 2.2%. By strengthening access to affordable high-quality LTC, including in remote areas, and developing a comprehensive and integrated LTC system, Lithuania could reduce unmet needs for LTC and improve care outcomes.

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.

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[49], 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.

Report overview 2024: Life expectancy in Luxembourg in 2022 was above the EU average. Health expenditure on the other hand was at 5.5% of GDP, however health spending per capita is one of the highest in the EU, as well as the share of public spending as a proportion of total spending, at 86%. Spending in prevention in 2021 was above the EU average at 6.6%, however in 2022 it dropped to 4.7%.

Two thirds of the total number of nurses working in Luxembourg resides in neighbourhood countries, causing concerns in the event of a health crisis which would force the closure of the borders. Despite this, Luxembourg has one of the highest density of nurses in the EU (11.7), and it has also introduced 4 nursing bachelor's degrees in addition to the existing VET courses, opening new career opportunities in nursing and making the profession more attractive. The government has also set up public campaigns in December 2022 to increase the attractiveness of health professions. Through the Recovery and Resilience Plan (RRP), Luxembourg is setting up a new health workforce strategy to make the health system less reliant on foreign residents, and it is also launching another reform by 2025 to make health professions more attractive to residents, implement skill-mix approaches, expand training opportunities, and put in place new academic programmes for nurses. Furthermore, In May 2023, additional national funding was granted for developing and implementing a national digitalisation strategy.

Report overview 2025: Life expectancy in Luxembourg rebounded above its pre-COVID-19 level and was among the highest in the EU in 2023. Luxembourg's health system performs comparatively well but faces some challenges, including: (i) fragmentation in the management of the health system; (ii) lack of a dedicated public health strategy; (iii) health workforce shortages; and (iv) lagging digitalisation of the health sector. Recent reforms aim to improve the general operating framework for the healthcare system. The first national health plan, published in 2023, following the Gesondheetsdësch included in the recovery and resilience plan (RRP), identifies the major health system challenges, analyses various possible scenarios, and proposes priorities and related strategies (although with no concrete or measurable objectives). Luxembourg relies heavily on a foreign-

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

trained health workforce and cross-border workers, which raises concerns about significant fluctuations in staffing levels and accessibility of care. Furthermore, health professionals can settle where they wish, leading to geographical disparities in the distribution of health workforce. In 2022, there were 11.7 nurses per 1 000 population - higher than the EU average (7.6). In response to these challenges, the health workforce reform included in the RRP has led to the development of initial education programmes for health professionals. A specific training in general medical practice has been introduced at the University of Luxembourg, as well as bachelor's degrees in general nursing and certain nursing specialisations (medical technical assistants in surgery, anaesthesia and intensive care, paediatrics and psychiatry). The reform is also expected to focus on boosting the attractiveness of healthcare jobs and retention policies. Public campaigns have been launched in order to enhance the appeal of healthcare professions and attract more students to medical faculties. Finally, a digital healthcare workforce registry, supported under the RRP, will improve health workforce planning.

Health spending per capita in Luxembourg is among the highest in the EU, as is public expenditure on health as a proportion of total health spending. The health system remains hospital-centred with a greater reliance on specialised care services. In 2022, spending on prevention in Luxembourg accounted for 4.6% of total spending on health, lower than the EU average of 5.5%. Although prevention is highlighted as a priority in the 2023 National health plan, Luxembourg has no overarching strategy dedicated to public health and prevention, which could facilitate a shift from curative care to preventive care and secure funding that prioritises a 'health in all policies' approach.

Luxembourg is lagging behind in the uptake of e-health and the overall digitalisation of its health system, and has yet to overcome gaps in data storage and sharing. For instance, in 2024, the share of people accessing their personal health records online (22.0%) was below the EU average (27.7%). Luxembourg is however preparing the Data Governance Act and the digitalisation strategy, which aim at streamlining the information technology systems of the various health providers. In May 2023, additional national funding was granted for accelerating digitalisation including to implement electronic health records. Luxembourg also participates in the EU4Health joint action on the European Health Data Space and benefits from a grant supporting digital infrastructure and secondary use of data in healthcare.

Report overview 2026: Life expectancy at birth in Luxembourg rebounded above its pre-COVID-19 level and was among the highest in the EU in 2024. Luxembourg in 2023 also had very low levels of treatable mortality, and it has put in place a range of measures to address preventable health risks, but it lacks an overall public health strategy. As a result, preventable mortality in Luxembourg increased in 2022, while it decreased in the rest of the EU. Moreover, as the health system is hospital-centred, and reliant on specialised services, avoidable hospital admission rates are above the EU average, leading to long waiting times and citizens often seeking care abroad. To address this, since 2023 integrated care networks linking primary and specialised providers have been established for specific conditions to strengthen ambulatory and primary care.

Luxembourg is heavily reliant on foreign-trained and cross-border health workers, which creates vulnerabilities, as fluctuations in workforce availability can directly affect access to care. The proportion of hospital employees commuting from neighbouring countries has risen from 44.9% in 2019 to 48% in 2023. Measures to address this are in place, including a three-year bachelor's programme in medicine (introduced in 2020), four specialised bachelor's programmes in nursing (2023) and a general nursing bachelor's programme (2024), although it is too early to fully assess their impact. Furthermore, to enhance health workforce planning, a digital health workforce registry, supported under the RRP, was developed. As it stands, nursing staff numbers are higher than the EU average (11.4 per 1000 people vs 7.6)[50]. Nevertheless, Luxembourg faces a significant future shortage: around 900 nursing positions need to be filled over the next five years, far exceeding domestic training capacity, which produced only 68 graduates in 2023-2024. The 2023 National Health Plan aims to recruit 3 800 additional nurses by 2030.

While Luxembourg has been developing and streamlining digital health tools, the uptake of the electronic health record remains limited due to voluntary adoption and low acceptance by both providers and patients. comprehensive national digitalisation strategy adopted in May 2025 identifies three strategic priorities: artificial intelligence, data and quantum technologies. To implement the European Health Data Space, an interministerial programme led by the Ministry of Health and Social Security is under development. Luxembourg has also initiated efforts to implement the Data Governance Act. Digital health infrastructure has been a government priority,

[50] The last update on Nursing density from Luxembourg dates back to 2017.

although per capita investment in health sector information and communication technology remains below the EU average

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country has a high expenditure on health, although the rate of preventable death has increased.
The European Pillar of Social Rights	The country performs well in all health indicators.
The nursing workforce	Luxembourg has a high density of nurses, but it is dependent on nurses residing in neighbourhood countries, and the last data update dates back to 2017, which creates challenges for fit-for-purpose policymaking. Several measures are being put in place to target this, as education programmes.
Strengthening primary & LT care	Total ageing-related spending in Luxembourg is projected to rise by about 2.5 percentage points (pps) of GDP by 2040, and by nearly 11 pps by 2070

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[51], 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.

Report overview 2024: Life expectancy in Malta has been higher than the EU average both before and during the pandemic. Health spending as a share of GDP is now near the EU average, however public health spending a share of the total is only 67.4%, below the EU average of 81.1%. Despite this, Malta in 2022 has reported one of the lowest levels of unmet needs, at only 0.3% of the total population. Malta will face the highest increase in public spending on health in the EU due to the ageing of the population.

Malta has one of the lowest levels of spending in prevention, and this trend persisted also during the peak of the pandemic. Moreover, Malta has also high levels of antimicrobial consumptions. Both issues are causing concerns regarding the preparedness of the Maltese health system to future public health crises.

While measures have been implemented to tackle shortages, Malta still faces a shortage of nurses, especially in the hospital setting, and it is very reliant on foreign trained nurses.

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

Malta plans to invest EUR 48.9 million through the Recovery and Resilience Plan (RRP), which will aim at strengthening primary care, prevention, and the resilience of the health workforce.

Report overview 2025: Life expectancy in Malta rebounded above its pre-COVID-19 level and was one of the highest in the EU in 2023. In 2022, health spending per inhabitant was lower than the EU average, with the largest share going to outpatient care. Malta's health system faces challenges, mainly due to: (i) insufficient funding; (ii) health workforce shortages; (iii) limited spending on prevention; and (iv) shortcomings in the effectiveness of current preventive measures. Malta has implemented several reforms to tackle its shortage of health workforce. As regards nurses, the number of nurses is close to the EU average (7.8 vs 7.6, in 2022). But Malta faces unique challenges in attracting and retaining specialised health professionals ('brain drain'), and is fairly reliant on foreign nurses, especially in hospitals. To address this workforce shortage, Malta launched its first national health workforce strategy in 2022, aiming to: (i) attract, develop, retain and manage an inclusive and resilient workforce; (ii) promote effective management practices; and (iii) support professional growth in response to societal needs. The Maltese RRP also supports these aims by focusing on workforce planning and retention measures. Malta also invests EUR 36.7 million through its recovery and resilience plan (RRP), and EUR 155 million from the cohesion policy funds to improve the accessibility, effectiveness and resilience of the health system.

Furthermore, in 2022, spending on prevention in Malta accounted for 1.2% of total spending on health, much lower than the EU average of 5.5%. Also, mental health is a priority in Malta's national health strategy framework for 2020- 2030, supported by the 2020-2030 mental health strategy. The strategy focuses on: (i) social determinants; (ii) transforming service delivery; (iii) supporting individuals and their networks; and (iv) enhancing services through integration, investment and innovation. Malta reports one of the lowest levels of unmet needs for medical care in the EU (0.3% of the population in 2024 compared to 2.5% EU average).

Finally, Malta aims to scale up the digitalisation of its health system, with support from EU programmes. The share of people accessing their personal health records online in Malta is higher than the EU average (41.6 in 2024 vs 27.6). However, the use of online health services (excluding phone) instead of in-person consultations was much lower. Malta has adopted a strategic roadmap for digital health as part of its 2023-2030 national health systems strategy, aiming to guide the integration of digital technologies within the national healthcare ecosystem up to 2030. Significant investments under the RRP and cohesion policy aim to boost the digital transformation of the healthcare sector in Malta. In addition, Malta participates in joint actions and receives direct grants under EU4Health, aimed at improving the semantic interoperability of health data and facilitating the implementation of the European Health Data Space.

Report overview 2026: Life expectancy at birth in Malta was one of the highest in the EU in 2024. In 2023, spending on prevention in Malta accounted for just 0.9% of total health spending, much lower than the EU average of 3.7%. This share has been falling over the last decade, contrary to the EU-wide trend. Despite this, In 2023, the largest share of health spending went on outpatient care, although health spending per inhabitant was lower than the EU average. Malta maintains fewer hospital beds and discharges than EU averages but with higher bed occupancy and avoidable admissions. Malta makes efforts to ensure continuity between primary and outpatient care, but persistent public-private fragmentation and the absence of a patient registration system contribute to the challenge. Moreover, Malta has among the highest consumption of antibiotics in the EU.

Malta's health workforce has expanded in recent years through targeted recruitment and retention efforts, yet persistent gaps remain. The nurses' density per 1000 population is 7.9, just above the EU average 7.6. However, the number of nursing graduates, has fallen since the pandemic and lags further behind, at 16.5 per 100 000 (versus the EU's 31). This is due to Malta's unique challenges as a small nation: a brain drain of specialised staff to larger EU and UK markets offering better pay and conditions; heavy reliance on foreign nurses, particularly in hospitals; and heightened demographic pressures from faster-than-average ageing.

Health workforce retention is undermined by high workloads. Moreover, high living costs, restrictive policies on family reunification, limited awareness of rights among foreign staff, and uncertainty over access to social benefits lead to limited retention of foreign health workers. To address health workforce challenges, Malta launched its first National Health Workforce Strategy in 2022. The RRP supports the development of a policy framework emphasising recruitment, retention and planning as part of broader system resilience and sustainability reforms.

Long-term care is characterised by fragmentation and capacity constraints. Provision is largely dominated by private and church-based operators, and public funding rose in 2023 above the EU average (1.86% of GDP vs EU:

1.7%). The regulatory and quality frameworks are still incomplete. The system continues to prioritise residential care (89.5% of public spending vs EU: 46.2% in 2022) over home- and community-based services. Working conditions in the sector are often poor, characterised by low pay (in 2022, gross hourly wages stood at 67.7% of the average for the whole economy, vs EU: 89.2%); a high reliance on third country nationals and women; overqualified workers; and limited collective bargaining coverage (65.8% vs EU: 82.4% in 2022).

The share of people accessing their personal health records online in Malta is higher than the EU average (41.6 in 2024 vs 27.6). Recent advances include: establishing a telemedicine centre; remote monitoring (e.g. diabetes) and shared records; and developing a Digital Health Strategic Roadmap supporting the National Health Systems Strategy with improved interoperability, a digital clinical platform and expanded telemedicine. In addition, investments under the RRP and cohesion policy aim to boost the digital transformation of the healthcare sector in Malta.

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	The country has been implementing the European Pillar of Social Rights, at least in those indicators that could relate to healthcare, but challenges remain.
The nursing workforce	Malta is very reliant on foreign nurses; however, it struggles to retain both domestically trained and foreign trained nurses.
Strengthening primary & LT care	Long-term care is characterised by fragmentation and capacity constraints. Primary care in Malta is severely limited, but unmet healthcare needs are reportedly low.

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, 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)[52], the strengthening of e-health tools was foreseen.

According to the Recovery and Resilience Plan[53], 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.

Report overview 2024: Life expectancy in 2022 was above the EU average. Health expenditure as a share of GDP was higher than the EU average in 2021, however it dropped to 10.2% in 2022. The costs are mainly public, resulting in low out-of-pocket payments. Spending on prevention was as high as 8.7% of the total expenditure in 2021, but it dropped to 5.7% in 2022.

The nurses to population ratio is above the EU average. Nurses in the Netherlands participate in task-sharing and advanced practices, creating a comparatively attractive job profile. Moreover, in recent years, there has been a sharp increase in the number of healthcare workers, However, nursing staff are overburdened in certain settings, such as hospitals, and not all trained nurses work (full-time) in the profession. Recent estimates point to a shortage of almost 200 000 staff by 2033.

Through its recovery and resilience plan (RRP), the Netherlands plans to invest EUR 172 million, targeting surge capacity of additional human resources for crisis times, staff training in intensive care, e-health, and health research infrastructure. The plan includes specific measures to temporarily alleviate the shortage of healthcare workers at times of an acute crisis but does not sufficiently address structural labour shortages in the health sector.

Report overview 2025: Life expectancy in the Netherlands almost rebounded to its pre-COVID-19 level and was slightly above the EU average in 2023. In 2022, health spending per inhabitant in the Netherlands was among the highest in the EU, with the largest part going towards outpatient care. The Netherlands' health system performs comparatively well. Nevertheless, specific challenges need to be addressed, as acute shortages in the

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

healthcare sector. Recent estimates predict a shortage of nearly 265 000 healthcare staff by 2033, including for long-term care services. The shortage of healthcare professionals is exacerbated by challenges with job strain and satisfaction, work-life balance, workplace aggression, prompting many to consider leaving the profession, as well as limited autonomy and insufficient time for patient care due to heavy administrative burdens. In 2022, the number of nurses was above the EU average (11.5 vs 7.6), suggesting a greater reliance on nurses in delivering services, participating in task-sharing and engaging in advanced practices. However, nursing staff are increasingly overwhelmed, particularly in hospitals, and some choose to work part-time. The Dutch recovery and resilience plan (RRP) includes two measures specifically to help address health workforce challenges: one aims to boost workforce capacity during crises through vocational training and by setting up a national care reserve of former professionals, while the other focuses on expanding intensive care capacities by improving hospital infrastructure and providing intensive care training for nurses.

The Netherlands has among the highest uptakes of e-health and overall rates of health system digitalisation in the EU, including data storage and sharing. The share of people using online health services (excluding phone) instead of in-person consultations increased significantly in 2024 compared to 2022 and is well above the EU average (42.6 vs 20.8%). The share of patients accessing their personal health records online is also significantly above the EU average (47.7% vs 27.7%). Furthermore, the government prioritises guidelines and policies that enable the rapid, safe, and responsible deployment of artificial intelligence for the reduction of administrative burdens. This contributes to the broader goal of reducing the time healthcare professionals spend on administrative tasks from 40% to 20% of the working hours, while simultaneously speeding up improvements in data availability and exchange in both the healthcare and welfare sectors.

Report overview 2026: Life expectancy at birth in the Netherlands was slightly above the EU average in 2024 and is catching up to its pre-COVID-19 pandemic level. The share of spending allocated to prevention of total health expenditure decreased in 2023 compared to 2022 despite being still above the EU average (5.2% vs 3.7%). Per capita health spending is 26% above the EU average, with the largest share of health spending going towards outpatient care (above the EU average). Dutch healthcare system has increasingly shifted towards outpatient and day care services, reducing reliance on inpatient beds.

While the number of doctors and nurses has increased over the past decade, the demand for healthcare has also increased, with healthcare professionals reporting feeling growing pressure at work and trying to do too much at the same time. Healthcare professionals often raise concerns about limited autonomy and a lack of time for patient care due to heavy administrative burdens. The number of doctors relative to the population is slightly below the EU average in 2023, while the number of nurses is above the EU average (11.1 per 1000 people vs 7.6 in 2023), suggesting a greater reliance on nurses in delivering services, participating in task-sharing and engaging in advanced practices. However, hospitals continue to struggle with nursing workforce gaps and shortages are also particularly acute in nursing homes and home care services. There is also a growing trend in healthcare professionals opting for self-employment over salaried positions. However, this approach raises serious concerns about escalating costs and potential negative impacts on the quality and continuity of care.

The recovery and resilience plan (RRP) has supported a measure to strengthen healthcare workforce capacity in times of crisis. This investment has provided education and on-the-job training and has established a national reserve of former healthcare professionals. However, although the Netherlands is among the countries with higher estimated domestic spending on prevention, preparedness and response per capita, concerns have emerged over the long-term sustainability of public health readiness in emergencies, due to a cut of EUR 300 million in funding for pandemic preparedness and infectious disease control in 2025.

The country has been investing consistently in digital technologies for health. In 2022, the Netherlands was among the EU countries investing the most on digital health, in particular ICT equipment, software, and databases (423). The national vision and strategy on the health information system, launched by the Ministry of Health, Welfare and Sport in 2025, aims to modernise health data infrastructure and support digital and AI competences among healthcare professionals and medical students. Netherlands also received substantial EU funds supporting digitalisation.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Healthcare expenditure in the country has increased, and the health system performs well thanks to effective outpatient care services.
The European Pillar of Social Rights	The Netherlands has been implementing well the European Pillar of Social Rights. However, improvements need to be made, particularly in terms of healthcare professionals' shortage.
The nursing workforce	The country is reliant on nursing led care, but shortages are increasing.
Strengthening primary & LT care	Overall spending on long-term care in the Netherlands reached 3.8% of GDP in 2022, the highest in the EU. It is projected to increase to 5.7% of GDP by 2070. Despite the implementation of a major reform of the long-term care system in 2015, the proportion of spending on and users of residential care is still relatively high.

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[54] 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.

Report overview 2024: Life expectancy in Poland is historically below the EU average and it continues to be so. Health expenditure as a share of GDP is one of the lowest in the EU, and spending per capita is less than half of the EU average. Furthermore, public spending as a share of the total is below the EU average, even though it increased in 2022 to 74.9%, and inpatient care takes over more than a third of the budget.

Spending on prevention in 2022 was less than half the EU average, and the consumption of antimicrobials increased again to pre-2019 levels, creating concerns regarding the implementation of the Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach.

In 2021 there was an important increase in the number of nurses with the density reaching almost the EU average, however the share of nurses over 50 increased to 66% of the total, causing serious concerns for the long term resilience of Poland's health system.

Through the Recovery and Resilience Plan Poland will invest €4.2 billion to fund 4 proposals to reform the deliver of healthcare and the healthcare system. In addition, it will also invest €2.6 billion through the cohesion policy funds.

Report overview 2025: Life expectancy in Poland rebounded above its pre-COVID-19 level but was still below the EU average in 2023. In 2022, health spending per inhabitant was lower than the EU average, with the largest

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

share going to inpatient and day care (around 37% of total health expenditure). Poland's health system faces significant challenges, including: low life expectancy ; hospital-centred care model ; insufficient focus on disease prevention and outpatient care ; and shortages of healthcare workforce. To improve health outcomes, a concerted effort is needed to shift resources away from hospital-centric models towards primary and outpatient/ambulatory care and to address persistent shortages in health professionals, in particular general practitioners and nurses.

The persistent shortage of health professionals hampers the provision of healthcare. The density of practising nurses in Poland is among the lowest in the EU with 5.8 nurses per 1000 population in 2022 (EU average: 7.6). The nursing workforce is generally older, with almost a third of nurses aged 50-59 compared to a fifth of doctors. Nurses in Poland received substantial pay increases in 2022 - of close to 30% on average. This includes a higher pay hike for nurses with certain qualifications. The remuneration of hospital nurses in relation to the country's average wage was one of the highest in the EU in 2022. This has resulted in worsening financial situations for many county hospitals, and some have stopped recognising qualifications acquired by nurses and non-medical health workers to avoid increasing pay. Further pay increases were granted in 2023 to improve the attractiveness and retention of nurses.

Furthermore, Poland's share of health spending covered by public funds is among the lowest in the EU, and the level of out-of-pocket payments is above the EU average. Of the country's health allocation under the cohesion policy funds for 2021-2027 (EUR 2.58 billion), EUR 1.87 billion is planned for investments in health infrastructure and equipment. In addition, the Polish RRP allocates EUR 3.8 billion to health reforms and supporting investments. These funds will be used to develop and modernise infrastructure, and to restructure public hospitals. Poland participates in the HEROES joint action under EU4Health, through which EU countries share knowledge and experience on health workforce planning.

In 2024, the proportion of the Polish population reporting unmet needs was higher than the EU average (3.8% vs 2.5%). This was due to cost (15.8%), distance (5.3%) and waiting times (78.9%). The unmet needs reported is higher than the EU average (5.2% vs 3.6%).

Finally, Poland aims to scale up the digitalisation of its health system, with support from EU programmes. The shares of people accessing their personal health records online and using online health services (excluding phone) instead of in-person consultations increased in 2024 compared to 2022 (with levels above the respective EU averages). Significant investments under the RRP and the cohesion policy aim to boost the digital transformation of the healthcare sector in Poland. Poland participates in several EU4Health-funded projects which facilitate the implementation of the European Health Data Space and strengthen digital infrastructure in Poland.

Report overview 2026: Life expectancy at birth in Poland was still low compared with the EU average in 2024, and 2022 avoidable mortality – preventable or treatable – was high. Poland is the only EU country where mortality from treatable causes has deteriorated over the last 10 years. Moreover, expenditure in disease prevention is critically low in Poland, and has fallen over the last 10 years, from 2.7% of spending in 2014 to 1.7% in 2023. Although health spending per inhabitant in Poland increased over the preceding decade, it was among the lowest in the EU in 2023. Over a third of Poland's health spending – the largest share – goes on hospital services, while less than a third goes on outpatient care. Various initiatives under the Polish RRP seek to repurpose some excess acute care beds for long-term care services. Poland's estimated domestic spending per capita on prevention, preparedness and response is in the low EU range.

In 2023, the number of practising nurses per 1 000 population was below the EU average (3.8 vs 7.6). Moreover, more than a third of nurses are 50-59 years of age. Poland also had a comparatively low number of nursing graduates in relation to its population. Also, fewer than 1% of 15-year-olds aspire to become nurses. Some regions may face challenges in workforce renewal. These factors combined pose a significant challenge to the long-term accessibility of health services and, more broadly, to the care system. Moreover, healthcare workers in Poland report one of the highest rates of depression, with nearly half of respondents meeting the threshold for probable major depressive disorder and 32% reporting anxiety.

Systemic solutions are being introduced by the government to develop the competences and legal rights of nurses and midwives. As of July 2025, authorised nurses and midwives can prescribe additional medicines and refer patients for new diagnostic tests, enabling them to provide a new service called 'My Health – Adult Health Check-up'. The Ministry of Health also provides annual funding of specialist training for nurses and midwives and

has adjusted the curriculum standards. Salary increases have been implemented to boost nursing workforce numbers, but higher salary costs have had collateral effects on the finances of community hospitals.

The digitalisation of Poland's health system has matured but suffers from a digital divide in the population. The shares of people accessing their personal health records online and using online health services (excluding phone) instead of in-person consultations increased between 2020 and 2024, but are close to or below EU average. Investments to boost the digital transformation of Poland's health sector are planned. These investments have the potential to improve the effectiveness and accessibility of healthcare and are planned under the 2021-2027 cohesion policy or as part of the Recovery and Resilience Facility and EU4Health-funded projects.

Link EFN SOLP:

Growth of Health & Cohesion Policies	The national healthcare system is underfunded, and its hospital-centredness hinders its efficiency. EU funds are supporting important reforms, and the effects of these will need to be assessed.
The European Pillar of Social Rights	Poland has made some improvements regarding the implementation of the European Pillar of Social Rights, but more work needs to be done, namely in terms of healthcare.
The nursing workforce	There are nursing shortages, and these are projected to worsen due to the ageing workforce. Efforts are underway to increase the competences for nurses.
Strengthening primary & LT care	Long-term care services are not prepared to meet growing demographic challenges, there is a marked preference for residential care and Poland is facing affordability challenges.

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.

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[55] 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

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

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.

Report overview 2024: Life expectancy in Portugal is above the EU average. In 2022, health expenditure as a share of GDP was slightly below the EU average, with outpatient care taking the largest share of the budget, while prevention is well below the EU average at 3.2% of total spending in healthcare. Furthermore, public spending only accounts for 63.2% of total healthcare spending.

Portugal faces both a shortage and uneven distribution of the health workforce. The density of nurses per 1000 population (7.5) is below the EU average, despite it has risen in recent years. This is due to difficulties in attracting new nursing graduates and in retaining nurses. Portugal faces shortages also in other healthcare professions which, together with the regional disparities, they contribute to high levels of unmet needs.

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.

Report overview 2025: Life expectancy in Portugal rebounded above its pre-COVID-19 level and was higher than the EU average in 2023. Portugal's health system performs comparatively well. In 2022, the number of nurses was similar to the EU average (7.5 vs 7.6 EU average). However, Portugal faces challenges with access to healthcare, shortages of healthcare workforce and an uneven geographical distribution of healthcare resources. Despite recent increases, health spending per inhabitant in 2022 was around one quarter lower than the EU average. The largest proportion of health expenditure went towards outpatient care, with a share above the EU average. Persistent shortages of health workers in Portugal limit the provision of healthcare. Shortages are apparent in nursing and several medical specialties, as well as in certain regions, especially in the south. Working conditions, low pay and limited career prospects are acting as a deterrent to working in the NHS, particularly for nurses. A significant number of nurses (60% of nursing graduates) choose to emigrate to countries that offer better pay and working conditions. Furthermore, according to a recent study, more than 29 000 additional health professionals (including around 14 000 additional nurses) would be needed to bridge regional gaps in the density of human resources in the NHS. This implies a 20% increase in the NHS workforce in the hospital and primary healthcare sectors. Portugal participates in the HEROES joint action under EU4Health, through which EU countries share knowledge and experience on health workforce planning.

As regards public health, investment in disease prevention remains low. In 2022, spending on prevention in Portugal accounted for 3.2% of total spending on health, much lower than the EU average of 5.5%. In 2024, the proportion of the Portuguese population reporting unmet needs for medical care was equal to the EU average (2.5%), mainly due to financial reasons and waiting times.

Finally, Portugal aims to scale up the digitalisation of its health system, with support from EU programmes. The shares of people accessing their personal health records online or using online health services (excluding phone) instead of in-person consultations both increased between 2020 and 2024. Investments to boost the digital transformation of the health sector in Portugal are planned under the RRP and the cohesion policy in 2021-2027, including: ensuring interoperability between different information systems; improving the portability of data between primary healthcare, hospital and integrated continued care facilities; and providing training on digital skills. In addition, Portugal participates in joint actions and benefits from direct grants under EU4Health, which aim to improve the semantic interoperability of health data and facilitate the implementation of the European Health Data Space.

Report overview 2026: Portugal's health system performs comparatively well, with high life expectancy at birth and low rates of treatable and preventable mortality, despite spending on prevention in Portugal accounted for 2.3% of total spending on health, much lower than the EU average of 3.7%. Health spending per inhabitant increased significantly in Portugal between 2015 and 2023, yet it remained around one fifth lower than the EU average. The largest proportion of health spending (almost half - a share above the EU average) went towards outpatient care, reflecting Portugal's organisational focus on primary healthcare. Public spending as a proportion of total health spending in Portugal was among the lowest in the EU in 2023. With support from the RRP, the

National Health Service (NHS) has been expanding the number of patients benefiting from home hospitalisation, but there is scope for further investments.

Despite measures to remediate the shortage of healthcare staff, staffing needs are still significant, with the density of nurses per 1000 people being in line with the EU average (7.6)[56]. Working conditions for health professionals are a significant issue, with low pay, high workload and limited career prospects acting as a deterrent to working in the NHS. Health professionals in Portugal report some of the highest rates of depression and anxiety across the EU In addition to the annual number of nursing graduates per 100 000 population being below the EU average, a significant number of nurses and nursing graduates choose to emigrate to countries that offer better pay and working conditions. Portugal has increased the number of places in education to study for healthcare jobs, and the government agreed on gradual pay raises for doctors and nurses until 2027. However, it is estimated that an additional 6 100 doctors and 3 900 nurses are still needed to end the high reliance on overtime and agency work, and 3 000 additional doctors and 14 000 nurses are needed to address regional disparities. New measures to attract and retain professionals could help address the shortages and regional inequalities in access to healthcare, particularly by improving working conditions and the work-life balance for NHS staff, accelerating career progression and supporting mobility to remote areas.

A rapidly ageing population poses challenges to long-term care (LTC) provision. Home and community-based care remain largely insufficient and are failing to keep pace with rapid population ageing. Public investment in LTC is well below the EU average, and mainly focused on residential care. Access to homecare is low, with only 15.9% of older people with severe LTC needs using such services in Portugal, compared to 28.6% across the EU. Geographic disparities compound the problem, with rural areas particularly underserved.

Portugal's health system is among the most digitally mature in the EU, with plans to scale up its digitalisation further. Portugal has been investing consistently in digital technologies for health. Since 2020, the amount invested annually, expressed in EUR million per 100 000 population, has been nearly twice the EU average. As a result, the shares of Portuguese people accessing their personal health records online or using online health services (excluding phone) instead of in-person consultations both increased between 2020 and 2024, and stood above the EU average.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Low health spending and health inequalities in the country persist.
The European Pillar of Social Rights	Portugal performs relatively well, but challenges persist, with particular attention to the regional disparities in access to healthcare.
The nursing workforce	Shortages of nurses persist, although the country puts in place measures to address the issue. Impact is to be assessed.
Strengthening primary & LT care	Despite some actions, gaps remain, including on home and community-based 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,

[56] The density of nurses in Portugal refers to nurses licensed to practice, and not to practicing nurses in line with the EU PQD definition.

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 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[57], 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.

Report overview 2024: Life expectancy in 2022 was one of the lowest in the EU, with the highest treatable mortality in the EU, pointing to limited public health interventions. Healthcare expenditure as a share of GDP and in pro capita terms is one of the lowest in the EU, and healthcare provision continues to be strongly hospital-centred, with 44% of the health budget spent on inpatient care, pointing to a limited role played by primary care. In fact, in 2021 spending in prevention was much lower than in the rest of the EU. Furthermore, antimicrobials consumption is still well above recommended national targets.

The nurses to population ratio in Romania is one of the lowest in the EU, with only 0.9 nurses per 1000 population compared to an EU average of 7.9. Moreover, the number of new nursing graduates is also much lower compared to the rest of the EU. The government has approved a multiannual strategy in 2022 which is runnin until 20230 to tackle the problem, but its effects will need to be assessed.

Romania is planning to invest € 2.11 billion through the Recovery and Resilience Plan (RRP) to strengthen access to care and the digitalisation of healthcare systems.

Report overview 2025: Life expectancy in Romania rebounded above its pre-COVID-19 level but was still among the lowest in the EU in 2023. Romania's health system faces significant challenges, as: (i) low life expectancy; (ii) inadequate allocation of resources reflected in poor geographical distribution, ineffective organisation and management of health infrastructure, as well as insufficient focus on disease prevention and outpatient care; (iii) shortages of healthcare workforce and limited access to care. Staffing shortages, mainly due to the emigration of health professionals, further restrict care availability, which is focused on hospitals. There were only 0.9 practicing nurses per 1 000 population in Romania in 2022, the lowest rate in the EU (EU average: 7.6), posing a significant challenge to the health system. The number of nursing graduates per 100 000 population is also among the lowest in the EU. To tackle health workforce issues, the government has approved a multiannual strategy (2022-2030) and the Romanian recovery and resilience plan (RRP) foresees around EUR 2.11 billion for health reforms and supporting investments. Significant funding for healthcare (EUR 3.8 billion) is also planned under

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

the 2021-2027 cohesion policy funds. Romania's health system is strongly hospital centred. In 2022, health spending per inhabitant was among the lowest in the EU, with the largest share going towards inpatient care and day care (around 43% of total health expenditure).

As regards public health, the focus on disease prevention is still insufficient. In 2022, spending on prevention in Romania accounted for 2.8% of total spending on health, far below the EU average of 5.5%. In 2024, the level of unmet needs for medical care has decreased compared to 2023 (5.2% in 2023 to 2.2% in 2024) although financial barriers continue to contribute to unmet needs.

Finally, Romania is lagging behind in the uptake of e-health and overall health system digitalisation. In 2024, the share of people accessing their personal health records online in Romania (9.9%) was less than a fifth of the EU average. There is also a wide gap in patient use depending on an individual's socio-economic background. Significant planned investments under the RRP and cohesion policy aim to boost the digital transformation of the healthcare sector in Romania.

Report overview 2026: Life expectancy at birth in Romania was among the lowest in the EU in 2024, and in 2022 avoidable mortality was among the highest. Romania is among the countries allocating the smallest shares of health expenditure to prevention. Despite limited resources, prevention efforts were strengthened in 2024 through the introduction of a primary care screening tool. However, Romania still lacks a comprehensive, multisectoral approach to primary prevention, which is essential to reducing preventable mortality. Between 1 August 2024 and 31 July 2025, Romania accounted for 67% of all measles cases reported in the EU, reflecting the impact of persistently low vaccination coverage. In 2023, health spending per inhabitant was among the lowest in the EU, with the largest share going on inpatient care and day care. The health system remains hospital-centric. Avoidable hospital admissions for many chronic conditions are high, reflecting long-standing gaps in primary care capacity and coordination. Despite the national health strategy for 2023-2030 aiming to strengthen the role and improve the performance of outpatient care, progress has been limited, and a substantial share of healthcare resources continues to be directed towards hospital care.

In 2023, the number of practising nurses per 1 000 population was among the lowest in the EU (1.0 vs 7.6). Romania also had a comparatively very low number of nursing graduates in relation to its population (one fifth of the EU average). Retention challenges continue to exacerbate shortages of doctors and nurses, impacting on the accessibility of health and long-term care. Under the Romanian RRP, the 2022–2030 Human Resources Strategy aims to improve working conditions, strengthen workforce planning and attract staff to underserved areas. RRP measures also include health worker training and management capacity, while cohesion policy funds invest in upskilling targeted practitioners to improve the accessibility and effectiveness of primary care.

Romania has one of the highest rates of self-reported LTC needs, but one of the lowest homecare coverage rates and public expenditure levels. Rural and remote communities often have scarce, uneven and low-quality services. Shortages of qualified staff result in a high reliance on informal carers. Despite the legislative reforms on deinstitutionalisation (DI) supported through the RRP, a substantial share of adults with disabilities still resides in large and small-scale institutions, while non-residential community-based services and support remain scarce.

Romania has yet to embrace the opportunities offered by e-health, especially for hard-to-reach areas. Investments to boost the digital transformation of Romania's health sector are planned under the 2021-2027 cohesion policy and as part of the RRP, in particular to strengthen digital capacity across health institutions, improve data management, enhance access to health data and reduce fragmentation.

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	The indicators available point that the European Pillar of Social Rights is not fully nor rightly implemented in the country.
The nursing workforce	During the analysed period there are persisting shortages of nurses. Romania has the lowest density of nurses in the EU.

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 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[58], € 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.

Report overview 2024: Life expectancy in Slovakia is still one of the lowest in the EU. Health expenditure in both per capita terms and as a share of GDP (7.8%) is below the EU average (10.9) (2022), and in 2021 it was still one of the few EU countries that allocated less than 3% of the healthcare expenditure to prevention, despite the Covid-19 pandemic.

Slovakia still has a very low nurses to population ration (5.9 per 1000), and despite a pay raise in 2022, it is still struggling to retain nurses and attract new nursing graduates due to poor working conditions and better salary and career opportunities abroad.

Through the Recovery and Resilience Plan, Slovakia allocated € 1.15 billion to strengthen the physical and digital infrastructure, improve the quality, accessibility and efficiency of the healthcare sector, and support the uptake of digital health tools such as electronic health records.

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

Report overview 2025: Life expectancy in Slovakia rebounded above its pre-COVID-19 level but was still among the lowest in the EU in 2023. Slovakia's health system faces significant challenges, including : (i) low life expectancy; (ii) suboptimal funding and cost-effectiveness of the health system; (iii) insufficient focus on disease prevention; and (iv) shortages of health workforce. For several years, the density of doctors and nurses in Slovakia has been below the EU average, with 3.7 doctors and 5.7 nurses per 1 000 people in 2022, compared to the EU averages of 4.2 and 7.6, respectively. Additionally, 23.7% of nurses are nearing retirement, and a low share of nurses are aged between 25 and 34 (9.8%), which will exacerbate the shortage. The efforts to increase enrolment in healthcare studies, improve working conditions and modernise infrastructure appear to be very limited compared to the system's needs. And despite investment from EU funds in healthcare quality and efficiency, and reforms under way, Slovakia's healthcare system remains underfunded, with limited cost-effectiveness. Health spending per inhabitant is one of the lowest in the EU. Between 2016 and 2022, Slovakia allocated an average of 0.31% of GDP to capital spending in the health sector (lower than the EU average of 0.48%).

Under the Slovakian recovery and resilience plan (RRP), around EUR 1.03 billion is planned for health reforms and supporting investments. In addition, complementary funding for healthcare (EUR 166 million) is planned under the EU cohesion policy funds in 2021-2027, to improve health infrastructure and the accessibility of health services for vulnerable and socially disadvantaged groups. As regards public health, in 2022, only 2.0% of Slovakia's total health expenditure was allocated to prevention, far below the EU average of 5.5%.

Slovakia is also lagging behind in the uptake of e-health and the overall digitalisation of its health system. In 2024, the shares of people using online health services (excluding phone) instead of in-person consultations (15.6%) and accessing their personal health records online (16.2%) were both below the EU average. Planned investments under the RRP aim to boost the digital transformation of Slovak hospitals. In addition, Slovakia participates in the joint action TEHDAS2 and receives direct grants under the EU4Health programme to facilitate the implementation of the European Health Data Space.

Report overview 2026: Life expectancy at birth in Slovakia was still among the lowest in the EU in 2024, with a high rate of avoidable mortality – preventable or treatable. The share allocated to prevention was just 2.7% of total health expenditure in 2023 (EU average 3.7%). Health spending per inhabitant is one of the lowest in the EU. As such, promoting a more efficient use of resources is a long-term strategic priority for strengthening resilience in Slovakia. The 2022 update of Slovakia's Strategic Healthcare Framework strengthened the focus on health system resilience, incorporating lessons from the pandemic and setting priorities for emergency, preparedness, public health capacities and readiness for biological, chemical and radiological threats. However, a 2023 evaluation found implementation progress to be insufficient. Slovakia still has a relatively high number of hospital beds and one of the EU's highest hospital admission rates, indicating limited access to primary care. Slovakia allocates part of its RRP to measures to improve access to primary care in underserved areas. This is supported also by the EU Cohesion Policy Funds.

Access to care in Slovakia is constrained by a persistent shortage of nurses. In the primary care setting, limited interest in primary-care careers has weakened inflows, while emigration continues to undermine workforce retention. To improve access to primary care, in 2023 the Slovak government approved a general outpatient care strategy running until 2030, partially supported by RRP funds. It is focusing on enhancing education and training, strengthening competencies, and new forms of collaboration. Under the RRP, nearly 150 outpatient practices were supported to further address the increasing shortages.

However, the density of nurses in Slovakia (5.7 per 1000 population vs 7.6)[59] has been below the EU average for several years, with uneven distribution across the regions. Challenges in retention are linked to poor working conditions, high job strain and increasing depression rates. In addition, in 2023, a high share of the country's nursing personnel was between 55 and 64 years of age (23.7%), and a low share was between 25 and 34 years of age (9.8%). This poses a significant challenge to the health system and, more broadly, the care systems. Since 2025, the base salaries for selected healthcare professionals have increased in an effort to address health workforce challenges.

The opportunities offered by e-health are not yet fully embraced in Slovakia, with uptake varying across education levels. In 2024, the shares of people using online health services (excluding phone) instead of in-person

[59] The density of nurses in Slovakia refers to Nurses which are professionally active, which differs from the definition of practicing nurses according to the Professional Qualifications Directive (PQD) definition.

consultations (16%) and accessing their personal health records online (16.2%) were below the EU average. Digital engagement varies by education level: people with a higher education qualification are two to over three times more likely to use the internet for these activities than those with a low level of education. Planned investments under the RRP aim to boost the digital transformation of Slovak hospitals.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Slovakia's healthcare system remains underfunded, with limited cost-effectiveness.
The European Pillar of Social Rights	The indicators available point that the European Pillar of Social Rights is not fully nor rightly implemented in the country, with many disparities remaining in access to quality healthcare.
The nursing workforce	Nurses' shortages identified. Measures are being put in place to address this, supported by the RRP, but the impact is to be assessed.
Strengthening primary & LT care	Access to primary care and preventive healthcare in Slovakia remains limited, despite some recent policy initiatives. Slovakia's fragmented long-term care system struggles to meet the needs of its ageing population.

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.

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[60], € 224.9 million is expected to be invested in the healthcare sector to improve hospitals, digital infrastructure and emergency healthcare services.

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

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.

Report overview 2024: In 2022 life expectancy in Slovenia was higher than the EU average. Healthcare expenditure both as a share of GDP and in per capita terms was below the EU average. Historically, the main source of healthcare funding is the employment-based statutory health insurance, but a reform set to come into force in 2024 will greatly increase the share of publicly funded health expenditure and lead to an overall increase in health expenditure in the long term. Spending in prevention in 2021 was slightly below the EU average. Despite reforms, access to publicly funded health services remains inequitable, raising concerns towards high levels of unmet needs.

Low salaries and bad working conditions, especially in the hospital sector, have limited the attractiveness of the nursing profession and led to a low density of nurses per 1000 population (4.5) (2021). This in turn was reflected in nation-wide protests throughout the first part of 2024. As a response the government has planned several reforms, such as scholarships and pay raises for health professionals working in the public sector, but the implementation and effects of these reforms will need to be assessed in the coming years.

Through the Recovery and Resilience Plan (RRP), Slovenia planned to invest € 166.8 million to improve the resilience and accessibility of healthcare provision.

Report overview 2025: Life expectancy in Slovenia rebounded above its pre-COVID-19 level and was above the EU average in 2023. Slovenia's health system faces challenges, including limited access to healthcare, mainly caused by shortages of healthcare workforce that impacts the healthcare, social and long-term care sectors significantly. In particular, doctors, nurses, caregivers and social workers are in short supply. Low wages and difficult working conditions cause high turnover rates. The workforce in these areas is also significantly older than in other sectors. The number of nurses per inhabitant in Slovenia is below the EU average (4.9 per 1 000 population in 2022 vs 7.6). This shortfall is linked to the low appeal for this career, and low pay. Investments under the RRP focus on improving the skills of health personnel, enabling nurses to work more independently and expanding doctors' competencies in primary care. Moreover, Slovenia participates in the EU4Health-funded HEROES Joint Action, through which EU countries share best practices and expertise on health workforce planning.

Health expenditure in Slovenia is lower than the EU average. However, due to population ageing, Slovenia is projected to increase its public healthcare spending, raising concerns about fiscal sustainability. In 2022, health spending per inhabitant was below the EU average and only 74% of it was publicly funded. In 2022, investments in health capital formation, as a share of total health expenditure, were among the highest in the EU. Furthermore, Slovenia is preparing a healthcare reform, the final parts of which are expected to be adopted in the autumn of 2025. The reform, which is a centrepiece of Slovenia's RRP, comprises amendments to the Healthcare and Health Insurance Act and to the Health Services Act, and a new Act on health quality that aims to set quality requirements in the healthcare system and to create an independent body to monitor and control compliance of healthcare providers. As regards public health, the focus on disease prevention is below the EU average. In 2022, spending on prevention in Slovenia accounted for 4.7% of total spending on health, below the EU average of 5.5%.

Slovenia aims to scale up the digitalisation of its health system, with support from EU programmes. The shares of people accessing their personal health records online and using online health services (excluding phone) instead of in-person consultations both decreased between 2022 and 2024. Despite the above average overall technical deployment of electronic health records, their use by patients is comparatively low. Investments to boost the digital transformation of the health sector in Slovenia are planned under both the RRP and the cohesion policy in 2021-2027. In addition, Slovenia participates in joint actions and benefits from direct grants under

EU4Health to improve the semantic interoperability of health data and facilitate the implementation of the European Health Data Space.

Report overview 2026: Life expectancy at birth in Slovenia was higher than the EU average in 2024. On the other hand, preventable mortality in Slovenia in 2022 was higher than the EU average, while treatable mortality was lower, which could be linked to the fact that spending on prevention in Slovenia in 2023 accounted for 3.3% of total spending on health, below the EU average of 3.7%. Health expenditure in Slovenia was lower than the EU average in 2023, however the largest share of health expenditure – above the EU average – went on outpatient care. The 2024-2031 Primary Healthcare Development Strategy tackles challenges such as ageing population, technological advances and changing patient needs, focusing on strengthening the primary healthcare workforce. However, shortages of health professionals in Slovenia limit the availability of care.

The number of nurses per inhabitant in Slovenia is below the EU average (5.1 per 1 000 population vs 7.6. Low numbers of hospital nurses in Slovenia are linked to the low career appeal, including relatively low pay. Graduation numbers for nurses remain among the lowest in the EU. Health professionals in Slovenia report some of the highest rates of depression across the EU. Measures being implemented include higher wages, improved working conditions, easier recruitment of foreign workers, scholarship schemes and actions addressing workplace violence. In 2025, Slovenia also adopted a new Act on the Recognition of Professional Qualifications in Healthcare - intended to reduce administrative barriers and processing times for foreign-trained health professionals seeking to practise in Slovenia, while retaining high standards for assessing competence. Investments under the Slovenian RRP focus on improving the skills of health personnel, and enabling nurses to work more independently.

With regards to long-term care, Slovenia has only 2.2 LTC workers per 100 people aged 65 and over (vs an EU average of 3.3 workers), with around 70% of staff in residential care and only 30% in home care. Structural issues, such as burnout, poor working conditions, high turnover rates, and an ageing workforce. The workforce is 83% women-based, and concentrated in lower- and medium-skilled occupations such as nursing assistants. Shortages also persist due to low interest in LTC work among Slovenian workers and recruitment challenges for foreign workers. In 2024, Slovenia adopted measures to promote the integration of foreign workers, and renew interest in the care professions among workers. However, the effects of these measures is still to be determined. Through the TSI, Slovenia will receive support to design a roadmap for retaining and strengthening the community-care workforce in line with the LTC reform. Despite these measures and increasing wages for care assistants and nurses, vacancies remain high.

In December 2025, Slovenia adopted the Healthcare Digitalisation Act, which aims to improve healthcare access and quality by strengthening interoperability, standardising data across national health registries and enabling secure data exchange for care delivery, public health and research. The RRP investments focus on improving access to high-quality healthcare data by integrating digital services, enhancing communication between patients and stakeholders and using real-time data for quality monitoring and planning

Link EFN SOLP:

Growth of Health & Cohesion Policies	The country's expending in healthcare is below the EU average.
The European Pillar of Social Rights	The indicators available point that the European Pillar of Social Rights is not fully nor rightly implemented in the country, but some improvements have been made
The nursing workforce	Shortages of hospital nurses are identified. Certain reforms are being implemented, but the effect is to be assessed.
Strengthening primary & LT care	Slovenia is reforming the long-term care system comprehensively. The new LTC Act entered into force in 2023.

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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 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[61], 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.

Report overview 2024: Life expectancy in Spain is still one of the highest in the EU. Health spending as a share of GDP (10.4%) is slightly below the EU average (2022), and there is an important need for investments in primary care. Moreover, the share of publicly funded healthcare expenditure is still relatively low compared to the rest of the EU, spending in prevention in 2021 was relatively limited, and the consumption of antimicrobials is still higher than the 27% reduction target by 2030.

The shortage of nurses persists, with a low density of nurses per 1000 population (6.3) (2021), and around a fifth of the total number of nurses is aged 55 or above. Furthermore, Spain struggles in attracting new nursing graduates, which is compounding the shortage. Another major concern is that certain Spanish regions are greatly underserved, with the density of nurses per 1000 population ranging from 0.5 to 0.9. This shortage is limiting access to primary care across the whole country, but even more in those regions with a lower density of nurses. The main issues faced by nurses in Spain are the working conditions and the frequent use of temporary contracts. A law was approved in 2022 to limit the use of temporary contracts, but its effect will need to be assessed in the coming years.

Through its recovery and resilience plan (RRP), Spain plans to invest € 2.4 billion, which will also support the action plan for the modernisation of primary care, which places a great focus on strengthening the health workforce in order to improve primary care provision.

Report overview 2025: Life expectancy in Spain rebounded to its pre-COVID-19 level and was among the highest in the EU in 2023. Spain's health system performs comparatively well. However, territorial disparities in the allocation of budgetary resources for health (The share of total public spending on healthcare and health spending per capita, were below the EU average in 2022) ; the availability of healthcare workforce (especially for primary care); and gaps in access to healthcare, remain key challenges. Investments under the Spanish RRP of

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

EUR 2.4 billion (1.5% of the RRP's total value) contribute to capital formation, with a sizeable allocation to renew and expand hospital equipment. Complementary investments worth more than EUR 1.6 billion under the cohesion policy funds for 2021-2027 focus mainly on health infrastructure, equipment and e-health.

Furthermore, shortages of health workforce limit the availability of care, especially in primary care. The number of nurses per capita (6.2 per 1 000 population in 2021) remains below the EU average of 7.6 per 1 000 population. The health workforce is unequally distributed across the country and there are problems in filling vacancies in rural areas (the number of primary care nurses ranged from 0.5 to 0.9 depending on the region in 2020, and the number of specialist nurses ranged from 3.0 to 6.9). Despite the ageing workforce, with in particular 60% of general practitioners aged 50 and over, the number of doctor and nursing graduates per 100 000 population is among the lowest in the EU. Working conditions remain far from ideal, with a high use of temporary contracts (41.9% of all health workers in 2020, up from 28.5% in 2012). The reform included in the RRP aims for a fairer distribution of professionals across regions, and improved career prospects and working conditions.

Spain is among the EU countries with the highest uptake of e-health and overall health system digitalisation, including data storage and sharing. In 2022, the share of people accessing their personal health records online was above the EU average (40% vs 27.7%). The digital health strategy, adopted in 2021, created a framework for the digitalisation of healthcare, including related investments under the RRP and the cohesion policy. Spain participates in the EU4Health joint action on the European Health Data Space and benefits from a grant supporting secondary use of data in healthcare.

Report overview 2026: Life expectancy at birth was among the highest in the EU in 2024. Preventable and treatable mortality are among of the lowest in the EU, suggesting that the health system is effective. The 2022 Public Health Strategy, included in Spain's recovery and resilience plan (RRP), set a new direction for public health measures. Linked to it, a stronger surveillance system for public health was established in 2025, which ensures extensive public health monitoring. The share of total public spending on healthcare and health spending per capita stood below the EU average in 2023 and the share of expenditure on prevention is slightly below the EU average. However, under the RRP, Spain allocated EUR 2.4 billion with in the health system, including for strengthening of preventive care, training of health professionals, developing the health data space. Spain is working to improve quality and access to primary care, but regional disparities, mainly caused by staff shortages, remain a significant challenge. The 2025-2027 Primary and Community Care Action Plan adopted by the Interterritorial Council of the SNS, aims to expand primary care capacity, support retention of health professionals and multidisciplinary work, reinforce continuity and coordination of care, but the impact is to be assessed.

Spain faces significant health workforce challenges, including the ageing workforce and unequal distribution of health professionals. The density of nurse, stood below the EU average, at 5.9 nurses per 1000 population vs 7.6. There are significant disparities in density of health professionals across autonomous communities. In 2022, the number of primary care nurses ranged from 0.5 to 0.9 per 1 000 people. For specialist nurses, the density ranged from 3.3 to 6.9 per 1 000 people. Spain has one of the lowest numbers of nurse graduates per 100 000 population in the EU. Working conditions remain challenging, with temporary contracts accounting for 41.9% of health professionals in 2020, up from 28.5% in 2012. To address these challenges, a 2023 technical document defined 13 criteria for identifying hard-to-fill positions. If a primary care post meets at least five of these criteria, it qualifies for incentives such as financial bonuses, housing support, career development opportunities and better work-life balance measures. Building on these efforts, the 2025-2027 Primary and Community Care Action Plan aims to increase the primary care workforce with new professionals and roles, boosting multidisciplinary teams, and reducing unnecessary referrals to specialists. Spain benefits from the EU4Health Joint Action on health workforce planning and the Technical Support Instrument supporting health workforce reforms.

The uptake of digital health tools in Spain has been higher than the EU average. There has been substantial progress between 2020 and 2024, particularly in making appointments online and accessing health records. Spain's 2021-2026 Digital Health Strategy focuses on (i) empowering individuals, healthcare professionals and service providers through digital transformation; and (ii) improving interoperability and collection of data.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Spain achieves relatively good health outcomes.
The European Pillar of Social Rights	While some improvements have been made in the implementation of the European Pillar of Social Rights, Spain still faces an upward challenge, as great regional disparities in access to quality care persist.
The nursing workforce	There are shortages of nurses, especially in the primary care sector.
Strengthening primary & LT care	Differences between regions in terms of resources, coverage and service lead to inequalities in access, availability and quality. Poor working conditions and high turnover continue to undermine job quality and attractiveness. At the same time, informality persists in the sector, particularly among female careers and non-EU nationals. Workforce pressures may heighten because of the expected surge in demand for LTC from an ageing population.

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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.

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 elderly 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[62] 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.

Report overview 2024: Life expectancy in Sweden remains one of the highest in the EU. Health expenditure as a share of GDP fell to 10.6%, however the share of the budget which is publicly funded (85.9%) remains above the EU average (81.1%). The largest share of the budget, around a third, is spent in outpatient care, including in home care. Only 4.9% is spent in prevention, compared to the EU average 6%, however Sweden has very low consumption levels of antimicrobials, which was possible also thanks to a national strategy from 2020-2023 to tackle antimicrobial resistance with a comprehensive approach.

The density of nurses per 1000 population has remained stable, around the EU average in recent years. However, some regions have reported shortages of Advanced Practice Nurses (APN) in primary care.

Sweden has not invested any of its Recovery and Resilience Plan (RRP) funds in healthcare.

Report overview 2025: Life expectancy at birth in Sweden is among the highest in the EU, after rebounding above its pre-COVID-19 level in 2023. Sweden's health system performs well. However, the country continues to face shortages of healthcare workforce (general practitioners and advanced practice primary care nurses in certain regions) and an uneven geographical distribution of healthcare resources. In 2022, health spending per inhabitant was among the highest in the EU, with the largest share going to outpatient and long-term care (33.3% and 26.0% of total health expenditure respectively).

Sweden has a high density of doctors and nurses per inhabitant, with some regional disparities. The density of nurses has remained stable in the last decade (in 2021 the number of nurses per 1 000 population was higher that the EU average - 10.9 vs 7.6). More than a quarter (over 30%) of the nursing workforce is aged over 55, which raises concerns about the sustainability of workforce numbers. Sweden has not earmarked funding for

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

health under its recovery and resilience plan (RRP) but the RRP includes a reform on regulating the professional title of nursing assistants in healthcare settings and in the long-term care sector. The RRP also includes an investment to improve the skills of staff working in elderly care centres. In 2022, spending on prevention accounted for 3.6% of total spending on health in Sweden, far below the EU average of 5.5%.

Sweden aims to scale up the digitalisation of its health system, with support from EU programmes. The shares of people accessing their personal health records online and using telemedicine instead of in-person consultations in Sweden are both among the highest in the EU. Sweden is planning to invest in e-health services and applications under the 2021-2027 cohesion policy funds.

Report overview 2026: Life expectancy at birth in Sweden was among the highest in the EU in 2024. In 2023, the rate of treatable mortality was among the lowest in the EU, and the same goes for preventable mortality, despite spending on prevention in Sweden accounted for 3.1% of total spending on health, lower than the EU average of 3.7%. In 2023, health spending per inhabitant in Sweden was among the highest in the EU. Outpatient care accounted for the largest share of health spending (higher than the EU average), followed by long-term care, reflecting Sweden's shift from hospital care to community settings. In 2023, the publicly funded share of health spending stood at 86.1% of total health spending, one of the highest in the EU. Hospital admission rates low, but a low density of hospital beds poses capacity challenges, however, the low number of hospital beds is mainly due to nursing staff shortages. Consequently, the government now requires regions to implement workforce reforms targeting nursing recruitment and retention as a precondition for accessing funding for new hospital beds.

The density of nurses in Sweden is above the EU average, with 11 nurses per 1000 population vs 7.6.[63] However, this masks imbalances in specialty and geographic distributions, as well as the level of capacity required to meet the demand for healthcare. The distribution of specialist nurses is uneven across the regions, and shortages of nurses in hospital settings result in surgical backlogs and limit hospital bed capacities. Around 30% of nurses are aged 55 and over, and only around 24% are aged below 35, raising concerns about the long-term accessibility of health services. To address shortages and meet healthcare demand, Sweden has launched a new strategy for health workforce, including a SEK 800 million funding annually to regions to support the uptake of permanent posts in underserved areas through salary supplements, relocation bonuses and free housing. The funding is linked to performance indicators and accountability mechanisms. For example, regions must convert at least 70% of temporary staff spending into permanent contracts within two years. Further measures include funding of SEK 1.3 billion to create more than 2 000 permanent nursing posts and re-open closed hospital beds; and funding for expanding work-based training in nursing programmes.

Sweden has been investing consistently in digital technologies for health. Since 2015, the amount invested annually, expressed in EUR million per 100 000 population, has been over twice the EU average. As a result, the shares of Swedish people accessing their personal health records online or using online health services (excluding phone) instead of in-person consultations both increased between 2020 and 2024 and stood above the EU average. To further increase the adoption of digital technologies in health, Sweden is taking measures to improve the use of standards that support interoperability across regions and applications. All regional health authorities are working together with academia and industry to scale-up successful pilot initiatives in AI applications for the health sector.

Link EFN SOLP:

Growth of Health & Cohesion Policies	Sweden's health system performs comparatively well, with high life expectancy at birth linked to low levels of treatable and preventable mortality.
The European Pillar of Social Rights	The indicators available point that the European Pillar of Social Rights is being implemented well.
The nursing workforce	The country report nursing shortages and regional imbalances, leading to hospital bed closures.
Strengthening primary & LT care	The country has good performing systems of primary and long-term care.

[63] The last available update on the density of nurses in Sweden is from 2022.

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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.

Report overview 2024: Not being a member of the EU anymore, no country report is provided for the UK.

Report overview 2025: Not being a member of the EU anymore, no country report is provided for the UK.

Report overview 2026: 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 EU Safe Staffing Legislation, linked to Occupational Safety and Health (OSH), mandating Member States to stipulate nurse-to-patient ratios.

» 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 needs 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

» The EFN Members should seek to actively engage with their respective European Semester National Contact Points. By doing this, they could lobby for which topics will be included in upcoming editions of the country reports, and they could also get insights into where the published information is 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 through communication 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[64] can be implemented across the EU, as reflected in the EFN Policy Statement on the EU Semester[65].

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[66] and Recommendations[67].

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 were exacerbated by the COVID-19 crisis, is the persisting health inequalities across Member States. Within the post-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.

[64] https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en
[65] http://www.efnweb.be/wp-content/uploads/EFN-Position-Paper-on-Nurses-Contribution-to-European-Semester.pdf
[66] https://ec.europa.eu/info/publications/2018-european-semester-country-reports_en
[67] 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 38 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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