



# ***Health in the European Semester and in the social Open Method of Coordination***

**Boriana Goranova**

**DG Employment, Social Affairs and Inclusion**

**Social Protection Unit**

**Expert Group on Health Inequalities**

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## Europe 2020 Strategy: mid-term review

- *Mid-term review public consultation held in 2014*
  - *Results of the public consultation published in March 2015*
  - *Proposals to review the strategy by the end of 2015*
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- ➔ *Current Europe 2020 headline targets to be adressed in the 2015 European Semester*
  - ➔ *Reaching current Europe 2020 headline targets can reduce health inequalities*

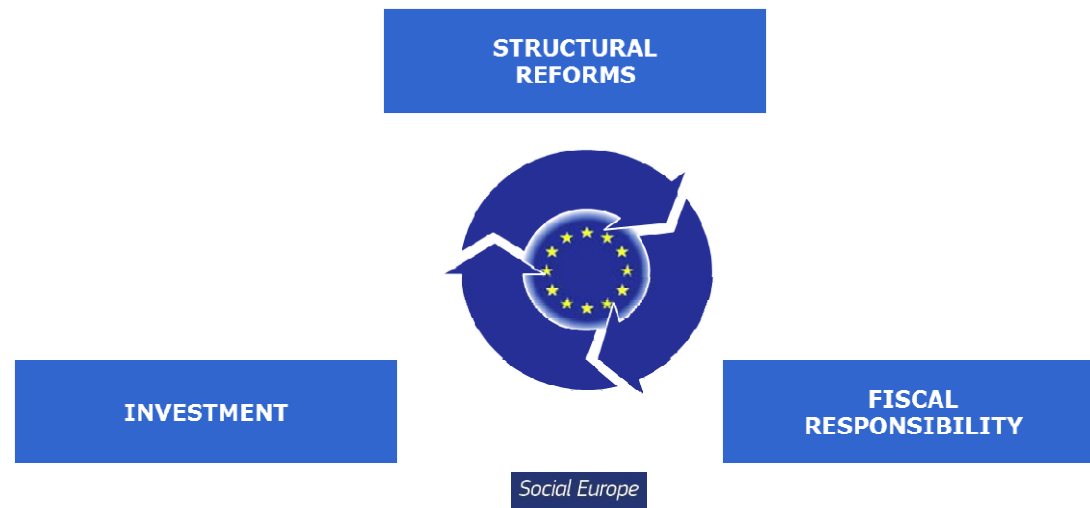


# Annual Growth Survey 2015

## An integrated approach

*Three main pillars for EU's economic and social policy in 2015:*

- *Coordinated boost to investment*
- *Renewed commitment to structural reforms*
- *Pursuing fiscal responsibility*



## 2015 CSRs

- ❑ *The 2015 Country-Specific Recommendations are **more focused and streamlined**:*
  - ❑ Address only key priority issues of macro-economic relevance
  - ❑ Reflect the degree of macroeconomic imbalances
  - ❑ Actions to be taken within 12-18 months

**Reduced number of proposed CSRs**

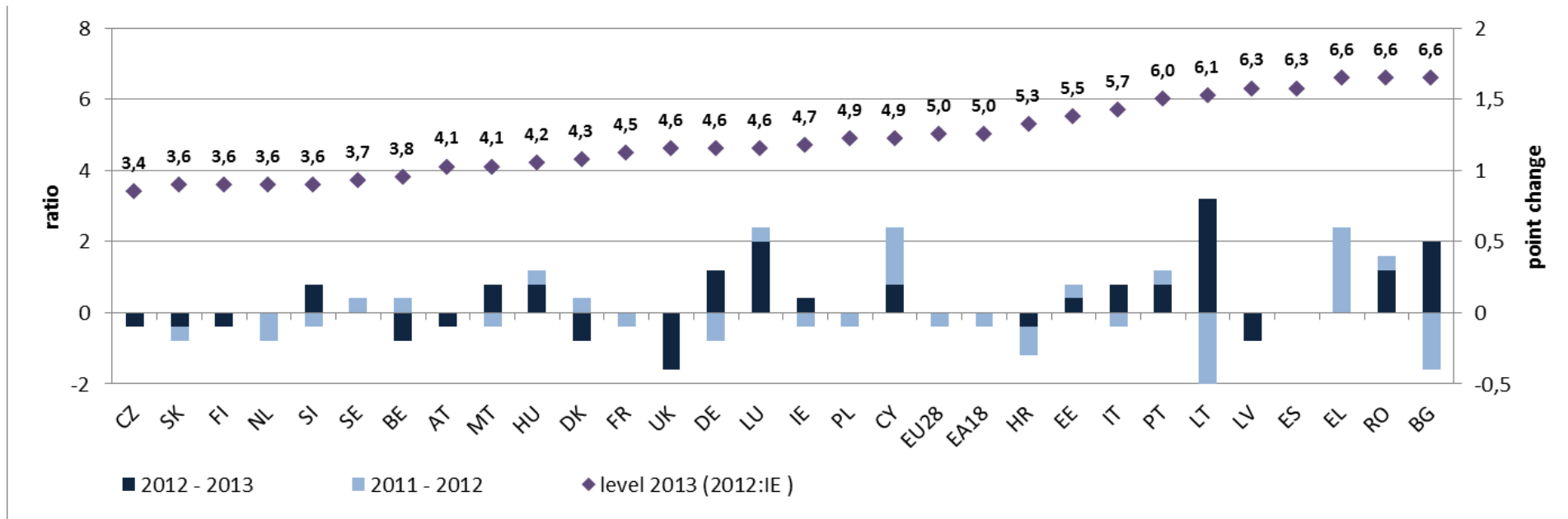
**CSRs are shorter and expressed in more generic terms**



## Health in Annual Growth Survey 2015

- *underlines the necessity of simplified and better targeted social policies complemented among others by **accessible health care**;*
- *recognises that EU needs a **skilled health care workforce**;*
- *stresses that healthcare systems need to be reformed in order to provide **quality health care** through **efficient structures**, including **eHealth**;*
- *acknowledges that **digital services** in the frame of a Digital Single Market **can contribute to better health**.*

# Joint Employment Report 2014: Social situation



- *Levels of **inequality** increased in many Member States*
- *In some Member States, people with low-income experience difficulties in **access to healthcare**.*

## Health & LTC in the European Semester

- *Increasing number of Country Specific Recommendations issued on health and LTC from 2012 to 2014 and **first reduction in 2015***

European Semester	2012	2013	2014	2015
Health CSRs	5	11	16	11
LTC CSRs	2	7	8	2

## Health and LTC CSRs in 2015

- **Health CSRs** moved down from 16 in 2014 to **11** in 2015: BG, CZ, ES, FI, HR, IE, LT, LV, RO, SI, SK.
- **LTC CSRs** decreased from 8 to **2**: AT (related to female employment), SI (combined with health care).
- The following CSRs were **dropped**:
  - Health: FR, MT, PL, PT, AT, DE
  - LTC: AT, DE, LU, NL, IT, BG
- A **new health CSR** is proposed for **LT** (mentioning the performance of the healthcare system in relation to the shrinking working-age population).

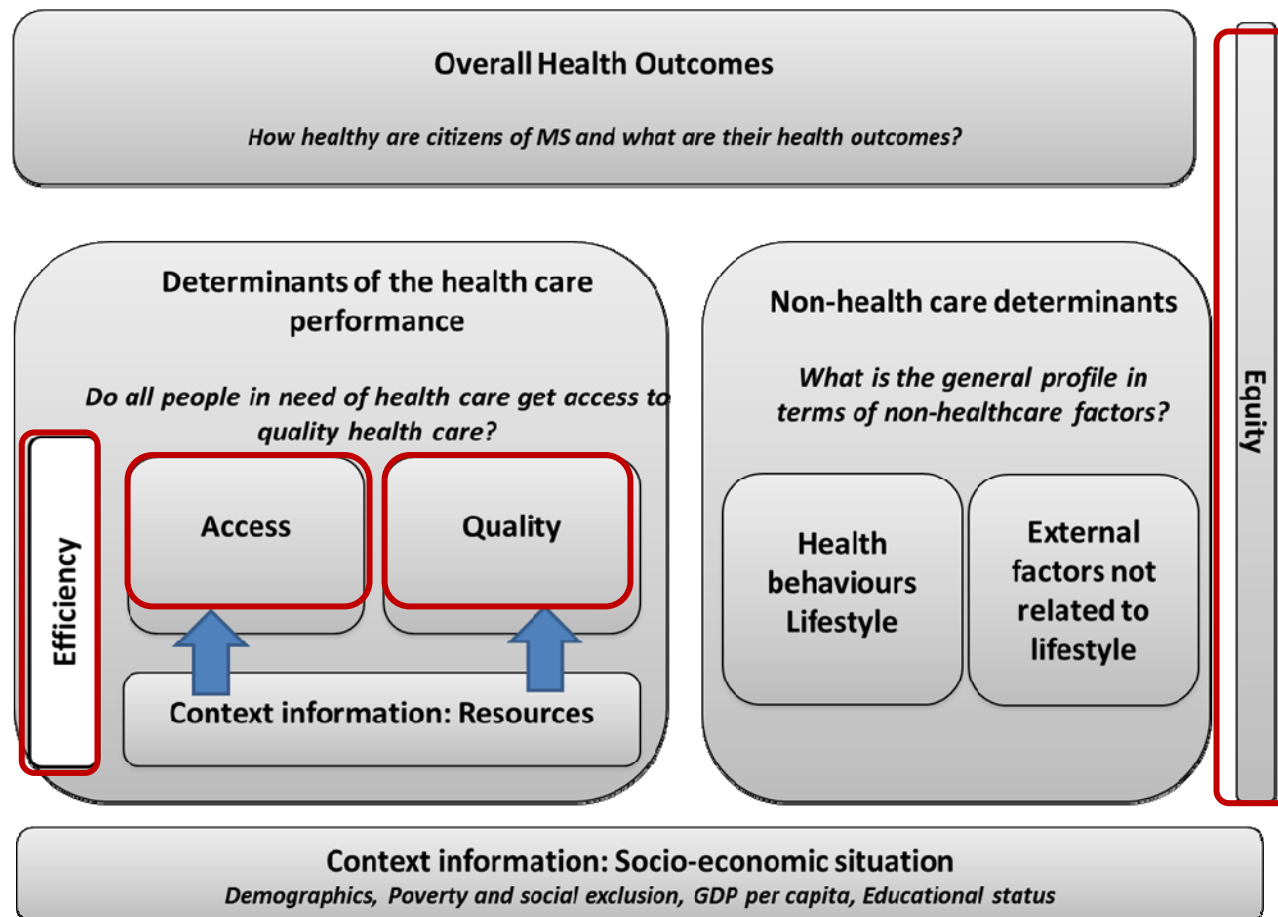




# Joint Assessment Framework on Health

- *Provides the Social Protection Committee with an **evidence-based tool** to be used in the context of the European Semester and other relevant tasks in the framework of Open Method of Coordination.*
- *Monitors the health systems performance with commonly agreed indicators at EU level: first step screening device to be followed by a more in-depth qualitative review*
- *Specific focus on **access, quality and equity***
- *Used for review of health indicators – issue still is availability and quality of health data*

# JAF Health Framework

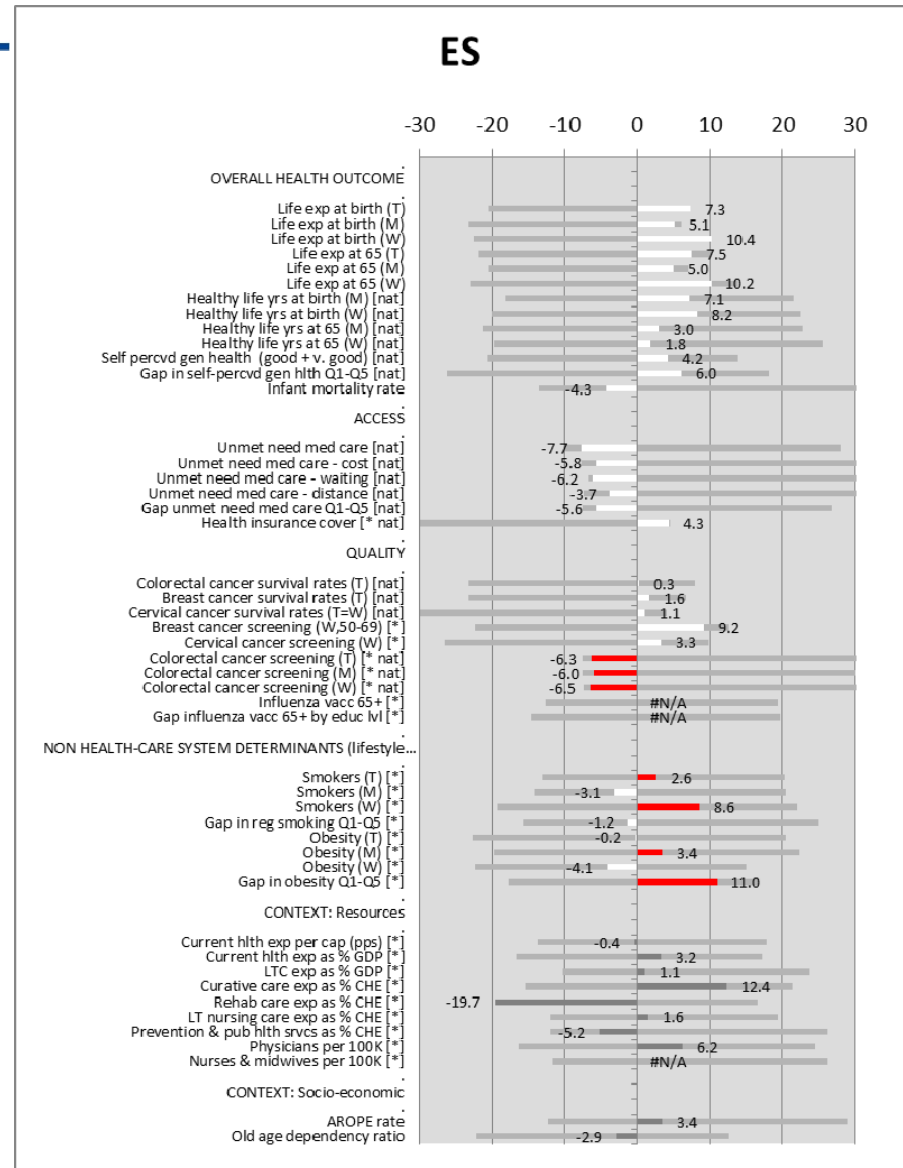




European Commission

# JAF Health country profile charts: an example

- **white** coloured bars indicate better than average results
- **red** coloured bars indicate worse than average results
- **light grey** background bars show min and max values of the indicator in the EU
- Contextual information on resources and socio-economic situation are illustrated by **grey** bars.



# JAF Health indicators measuring health inequalities

*Example of indicators with breakdowns by age, gender, income and education:*

Code	Source	<b>I. MAIN INDICATORS</b>
H-1	Demographic data	Life expectancy at birth ( <b>women</b> )
	Demographic data	Life expectancy at birth ( <b>men</b> )
	Demographic data	Life expectancy <b>at 65 (women)</b>
	Demographic data	Life expectancy <b>at 65 (men)</b>
H-4	EU-SILC	Self-perceived general health (good+very good) - <b>income quintile gap (q1/q5)</b>
A-2	EU-SILC	Self-reported unmet need for medical care - <b>income quintile gap q1/q5</b> by reason: cost, waiting time, distance)
Q-8	EHIS	Influenza vaccination for 65+ ( <b>by educational level gap between ISCED 0-2 and 5-6</b> )



## **Reinforced social OMC role in the EU governance process**

### *Immediate actions for 2015:*

- *Further develop JAF Health: work on indicators*
- *Test the analytical capacity of the JAF Health tool*
- *SPC thematic in-depth review on health policies*
- *JAF Health to be used as a continuous guidance for data collection and indicator development*
- *Review of long-term care indicators in 2015*



***THANK YOU!***