



# **Update from DG Employment, Social Affairs and Inclusion**

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# European Semester 2015

# Annual Growth Survey 2015

- *The 2015 Annual Growth Survey:*
  - 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**.

# European Semester 2015

- ❑ *The 2015 Country-Specific Recommendations are **more focused and streamlined**:*
  - ❑ 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 country-specific recommendations**



**Country-specific recommendations are shorter and expressed in more generic terms**

# Health and Long Term Care in the European Semester 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).

# Update on JAF Health

# JAF Health Quality Review in 2014

- ❑ *Peer Review on HSPA hosted by Belgium (May 2014)*
- ❑ *JAF Health Expert Meeting (June 2014)*
- ❑ *Presentations at other fora:*
  - ❑ Expert Group on Health Information
  - ❑ Expert Meeting on Health Inequalities
  - ❑ Eurostat Working Group on Public Health Statistics



- **Transparency and new ideas for future development of the JAF Health;**
- **Positioned SPC/ISG as a player in the area of health.**

# Statistical developments

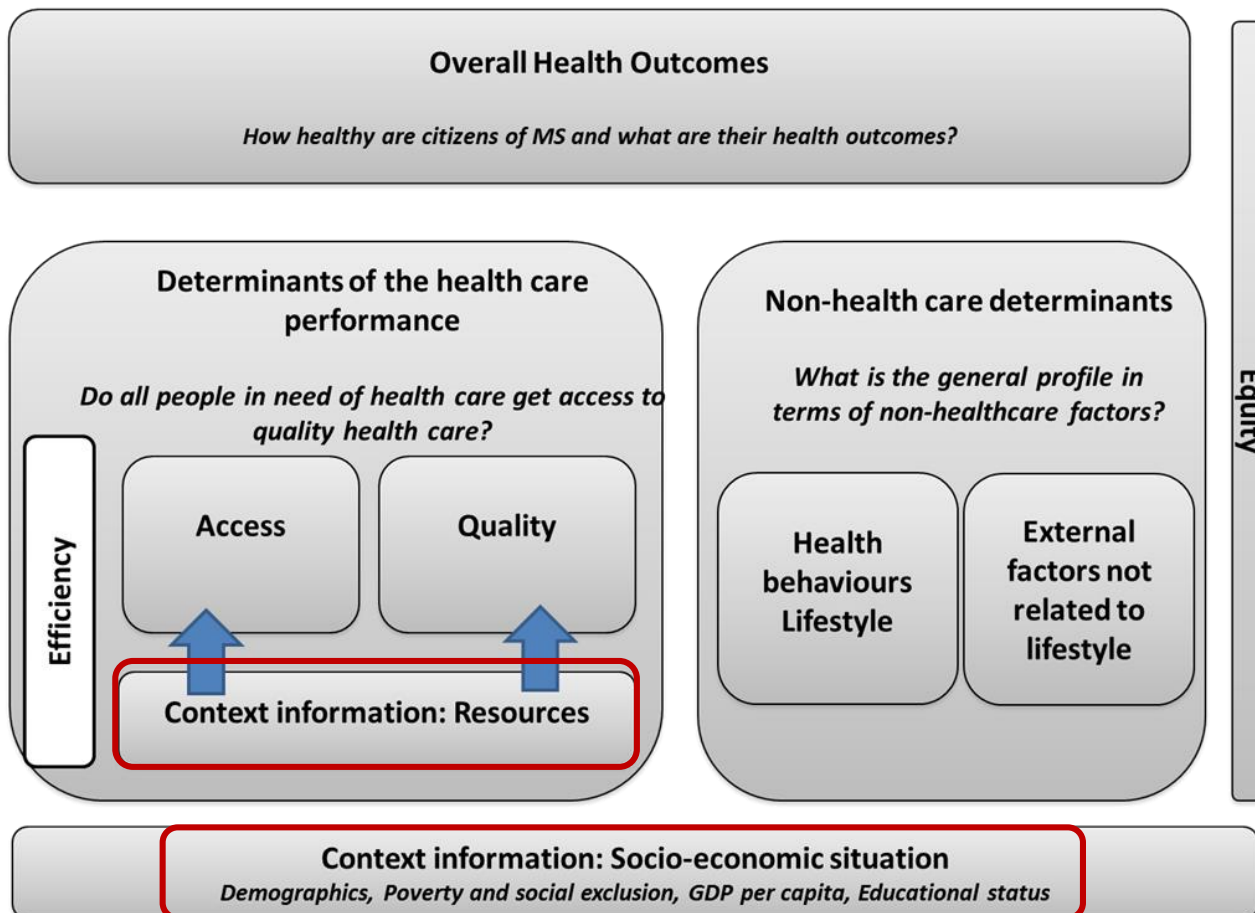
- ❑ *JAF Health – a useful framework to guide data collection*
- ❑ *Eurostat developments can in the mid-term address:*
  - ❑ **Timeliness of health data**
  - ❑ **Sustainability of data collection and indicator development**
  - ❑ **Closing the data gaps in coverage**



# JAF Health: 2014 update

- ❑ *Update of the document agreed in November 2013*
- ❑ *Main changes include:*
  - ❑ **Clearer explanation of the use of the JAF methodology;**
  - ❑ **Updated tables for the proposed indicators for each dimension with information on data availability;**
  - ❑ **Updated illustrative chart outputs;**
  - ❑ **All proposed indicators presented as a short list in Annex 1.**

# JAF Health Framework: improved reference to context information

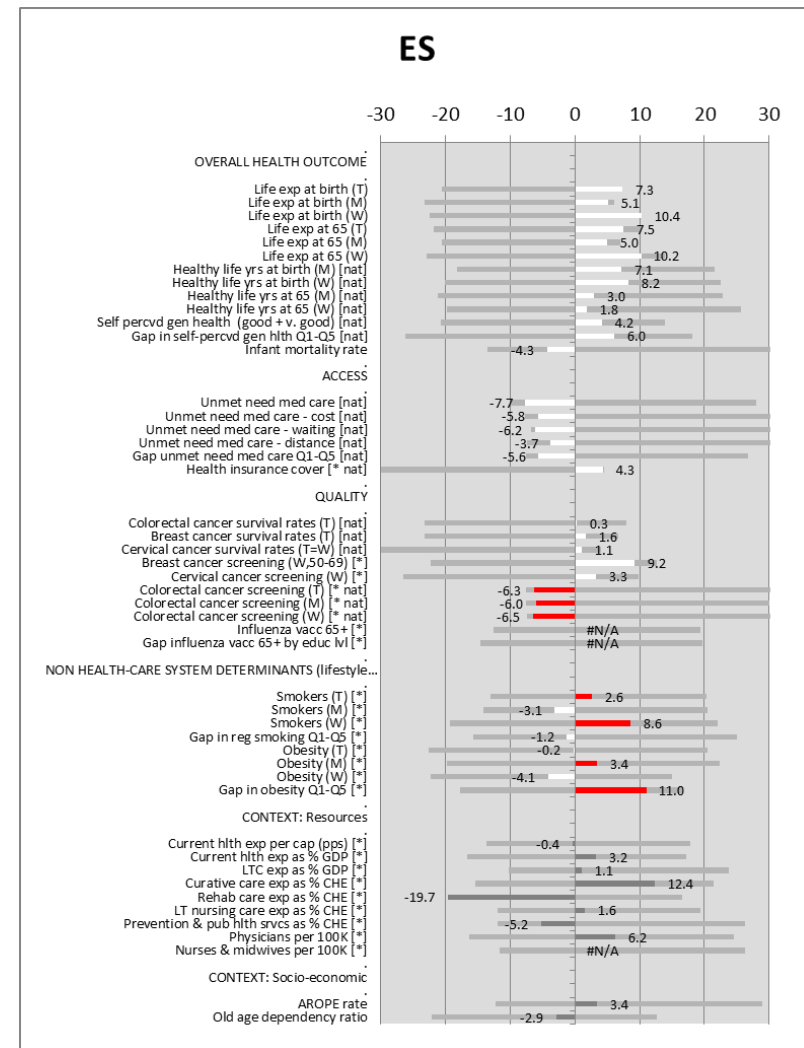


# Updated tables: what is new?

Code	Indicator	EU/NAT	Definition	Data source	Comments	EU data availability	Year (currently available)	Year (next update)
H-1	<b>Life expectancy at birth and 65 (total population, women, men)</b>	EU	Mean number of years that a newborn child (or that of a specific age) can expect to live if subjected throughout his life to the current mortality conditions (age specific probabilities of dying).	Eurostat (Demographic data)	OMC HC-P4a, ECHI 10 Annual data, full coverage.	28 MS	2012	2013 data available in early 2015
A-1	<b>Self-reported unmet need for medical care (total by reason: cost, waiting time, distance)</b>	NAT	Total self-reported unmet need for medical examination for the following three reasons: financial barriers, waiting times, too far to travel.	Eurostat (EU-SILC)	OMC HC-P1, ECHI 80 - annual data, full coverage; - to be possibly complemented with information on care utilisation - possibilities include hospital discharges (ECHI 71 and 71) and/or out-patient medical care (ECHI 72 and 72), data available from administrative sources but also based on the proposed EU-SILC ad hoc module variables on care utilisation.	28 MS	2012	2013 data available in early 2015
Q-4	<b>Breast cancer screening (women)</b>	EU	Proportion of women (aged 50-69) reporting to have undergone a breast cancer screening test within the past two years.	Eurostat (Joint questionnaire with OECD/WHO)	OMC HC-S5, ECHI 58 - annual data; missing countries: BE, BG, GR, ES, AT, MT, PL, PT, RO, SK, SE, DE; - alternatively EHIS can be used: every 5 years, current data from 2008 available for 17 MS. Next data available in 2016 for year 2012 and 28 MS.	16 MS	2012	2012 data available in 2014

# Updated charts: an example

Only proposed indicators selected from the EU social indicators portfolio are included in the output charts



# Annex 1: an extract from the short list

<b>Code</b>	<b>ISG classification: EU/NAT/for development</b>	<b>Indicator</b>
		<b>Access</b>
A-1	NAT	Self-reported unmet need for medical care (total by reason: cost, waiting time, distance)
A-2	NAT	Self-reported unmet need for medical care - income quintile gap (q1/q5 by reason: cost, waiting time, distance)
A-3	NAT	Share of population covered by health insurance
A-4	for development	Financial burden of out-of-pocket payment for health care
A-5	for development	Care utilisation (total, by SES)
A-6	for development	Household out-of-pocket payment for health care

# JAF Health in 2015

- ❑ *Further develop JAF Health: work on indicators*
- ❑ *Test the analytical capacity of the JAF health tool*
- ❑ *Continuous guidance for data collection and indicator development*
- ❑ *Strengthen the SPC health strand work: SPC thematic in-depth review on health policies planned as one of the SPPM thematic in-depth reviews for 2015*
- ❑ *Use in the European Semester to be evaluated in the future*

***THANK YOU!***