



Informal meeting of Health Ministers

24-25 September 2015, Luxembourg

Session II:

The role of Health in the European semester

Discussion paper

Europe needs high levels of social protection and health systems account for a substantial part of it. Universality, access to good quality health services, equity and solidarity constitute a set of values that are shared across Europe.¹ Today there is however still no agreement on how to define the concepts of access and quality of care.

In its communication on effective, accessible and resilient health systems², the Commission defines accessibility of the healthcare systems as one of the three pillars for an EU agenda on health systems.

To make a strong contribution to Europe's macroeconomic development, health systems have to deliver high-quality outcomes; empirical evidence suggests that there is room for improving the performance of health systems.

An unbalanced way of addressing Health in the European semester

Important progress has been made over the past five years in establishing health and health systems reforms as a key area within the context of the economic governance of the European Union. The 2015 exercise notably confirmed the importance that health systems reforms play in the context of the European semester.

At present, the health related country-specific recommendations (CSRs) mostly address the need to ensure cost-effectiveness and sustainability of health systems, whereas issues related to quality and/or to access are stressed as an explicit policy aim for only two Member States.

In the Social Protection Committee assessment of the 2015 CSRs package and implementation of the 2014 Council CSRs in area of social protection and social inclusion, it is mentioned that “*the main focus of the 2014 CSRs in the area of health has been on reforms to ensure cost-effectiveness and sustainability of healthcare, but for a few Member States, issues related to quality and accessibility were also raised....Few Member States are addressing specific challenges related to ensuring adequate access to health care services and health insurance.*”



A more comprehensive assessment of health systems within the European semester, not merely limited to the fiscal dimension (cost-effectiveness and sustainability of health systems), but also addressing access, effectiveness and quality of health systems, would provide a more accurate picture of the performance of health systems and strengthen the usefulness of the European semester in the field of health.

A first step in this direction was taken by the Italian Presidency who allowed for an extensive exchange of views between Health Ministers during the EPSCO Council of 1 December 2014 on the role of health in the Europe 2020 Mid-Term Review (“*Investing in Health: The ‘Missing Dimension’ of the Europe 2020 Strategy*”), by focusing namely on an outcome-based approach, rather than on the cost-effectiveness of healthcare systems. During this debate, the strengthening of the role of health within the Europe 2020 Strategy through the European semester, notably as regards effectiveness, was one of the items addressed. The 2015 Annual Growth Survey³, published on 28 November 2014, furthermore highlighted the role of access to high-quality health services as part of active inclusion strategies.

The Luxembourg Presidency proposes to pursue the discussion by putting an accent on access and effectiveness.

The role of Access and Effectiveness of health systems in the European semester

The European semester could better contribute as a vehicle for pursuing the modernisation of health systems by enhancing the focus on **access and effectiveness** of health systems and the ability to meet social needs as well as ensure essential social safety nets.

Access to healthcare is the result of interaction between different factors, including health system coverage (i.e. who is entitled to healthcare), depth of coverage (i.e. what are citizens entitled to) as well as affordability and availability of healthcare services. Healthcare access is also directly affected by the organisation and management models used in health systems.⁴

Effectiveness is commonly referred to as a health system’s ability to produce positive health outcomes, i.e. to improve the health of the population.⁵

It is proposed to address accessibility and effectiveness from the perspective where contribution of health systems to the improvement of population health is most evident and supported by EU-wide comparable evidence.

From this perspective, access to healthcare should be analysed as the capacity of the system to reach the population, without excluding part of it from receiving healthcare services, in accordance with the right to access to health care referred to in the EU’s Charter of Fundamental Rights.⁶ The analysis could be supported by indicators on unmet needs for healthcare, but also more specifically on waiting times, affordability (private expenditure in healthcare, including informal payments), and other indicators, if available, for example on availability of professionals and cost of medicines. Access to healthcare has moreover been retained as a topic for the thematic in-depth review on health policy reforms to be carried out by the Social



Protection Committee jointly with the Working Group on Public Health at Senior Level later this year.

Effectiveness is addressed by the work of the Commission expert group on health systems performance assessment (HSPA) on quality of care, as one of the main tools of quality assessment, next to patient safety and patient-centredness. Work on patient safety has already taken place at EU level while patient-centredness is rather challenging to measure. Effectiveness would hence appear as the most promising area for EU work on health systems performance assessment.

Building on the experience and work carried out in recent years, more discussion steered by Health Ministers is needed on how to further develop approaches at EU level on access and effectiveness of health systems with the aim to identify common strategic views in relation to those specific dimensions.

The aforementioned approach would allow for a more comprehensive and accurate picture of the performance of health systems in the European semester.

The short-term objective of this exercise is to contribute to the 2016 Annual Growth Survey, to be published this autumn, with a clear, common strategic view on accessible, resilient and effective health systems and to accordingly influence the content of the future CSRs on health systems throughout the coming European semester cycles.

Against this overall background, Ministers/Heads of Delegations are invited to consider the following questions in preparation for discussion:

Question 1: Do you agree that the European semester and the Europe 2020 strategy should address the performance of healthcare systems by taking into account access to healthcare and thus support upward convergence in access to healthcare?

Question 2: Should the assessment of the performance of health systems focus in a first instance on the effectiveness of healthcare, as a main contributor to healthcare quality and better health of the population?



¹ Council Conclusions on Common Values and Principles in EU health systems, O.J. 2006/C 146/01 .

² COM (2014) 215 final, 4.4.2014, see http://ec.europa.eu/health/healthcare/docs/com2014_215_final_en.pdf

³ COM(2014) 902, 28.11.2014, see http://ec.europa.eu/europe2020/pdf/2015/ags2015_en.pdf.

⁴ COM (2014)215, 4.4. 2014 .

⁵ Idem.

⁶ See <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0389:0403:en:PDF>.