

EU Semester What is in it for carers?

**2020 review of the
Country Reports and
Country Specific
Recommendations**



**EURO
CARERS**

European Association **Working for Carers**

This template presents the content of the Semester documents that relates to care and caring issues for each country



COUNTRY REPORTS

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AUSTRIA

The projections for pension, health and long-term care expenditure point to a challenge for long-term fiscal sustainability. While improving pension adequacy, the 2020 Pension Adjustment Act includes measures that thwart previous reform efforts to improve fiscal sustainability. Progress on reducing health care spending is slow and hospital and pharmaceutical expenditure is still well above the EU average. Despite recent measures, the long-term care system still relies on a comparatively large share of informal care and the sustainability challenges of public spending.

"(7) The current crisis has shown the need for strong crisis preparedness plans in the health sector in particular .
 (20) Austria's long-term care system faces structural and fiscal challenges, which have so far not been thoroughly addressed. The system delivers comparatively high-quality services, but faces staffing challenges, which become even more perceptible and evident in the current crisis. The long-term care sector relies strongly on care provided by workers from other Member States, pointing to the need to secure free flow of cross-border workers. In addition, adequate remuneration could help to make the job of nursing staff more attractive.
 (13) The measures include strengthening health care services
 Rec. 1 incl: Improve the resilience of the health system by strengthening public health and primary care."

Despite recent measures, public expenditure on long-term care still feeds into fiscal sustainability challenges.(...) Other measures include an accreditation system to support the quality of home care provision. Overall, recent measures do not appear to help reduce costs. (...) The long-term care system delivers comparatively high-quality services, but faces staffing challenges. The long-term care system relies comparatively heavy on informal care. (...) The 24-hour care at home with privately hired or self-employed carers, is increasingly used and relies to a great extent on people from central and eastern European Member States. (...)Work on a masterplan for long-term care (Masterplan Pflege) had started with the aim of improving quality, staffing and financing. The work was curtailed by the early end of the previous government. The new government announced a fundamental reform of the long-term care system.

Despite a high employment rate of women (71.7% in 2018 against an EU average of 67.4%), the gender employment gap increased from 7.8 pps in 2016 to 9.0 pps in 2018. Many women work only part-time (47.6% in 2018, well above the EU average of 30.8%), which is linked to their caring responsibilities and lack of affordable full-time childcare facilities. About two thirds of the employees taking leave to care for frail or sick dependants or family members (i.e. long-term care leave or family hospice leave) are women.



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BELGIUM

<p>Rising age-related expenditure, notably due to higher pension, long-term care and health expenditure, will further worsen the headline deficit.(...) Population ageing will continue to exert pressure on health and long-term care systems</p>	<p>(16) In response to the COVID-19 pandemic, and as part of a coordinated Union approach, Belgium has adopted budgetary measures to increase the capacity of its health system, contain the pandemic, and provide relief to those individuals and sectors that have been particularly affected.</p>
<p>Spending on long-term care is expected to increase significantly in the long term (European Commission, 2018b). It stood at 2.3% of GDP in 2016 (above the EU average of 1.6%) and is projected to increase steadily to 4.0% in 2070 according to the 'Ageing Working Group reference scenario'</p>	<p>(18) A public healthcare strategy, which is fully coordinated with prevention and long-term care policies, will remain essential in the short and medium term to ensure that public health crisis such as COVID-19 are effectively managed. The smooth implementation of the Inter Ministerial Conference agreement on public healthcare to make hospital staff and infrastructure (a federal competence) available to long-term care facilities (a community competence) is an important building block in this context</p>
<p>Belgium's density of residential beds for over-65 years old is among the highest in the EU. (...) Whereas Belgium has already started to strengthen the use of home care and a process to ensure that only those who actually need it have access to residential care, there seems to be room for additional efficiency gains, based on available indicators, to respond to the future fiscal sustainability challenge. (...) data indicate that there is still room for improvement in light of differences observed between the regions.</p>	<p>(20) The overall level of digital skills is good, but remains stagnant</p>
<p>Shortages are also observed in health care, education and training.</p>	<p>Rec 1: Reinforce the overall resilience of the health system</p>
<p>A stronger and more co-ordinated prevention policy could help to bridge some of the health inequalities. Health inequalities can be explained at least in part by differences in living standards and exposure to environmental and behavioural risk factors.</p>	
<p>Belgium launched initiatives to promote e-prescriptions, medical data exchange and digital interactions with public administration, yet the overall value of users of e-Government reaches only 53% of the population – there is certainly room for improvement there.</p>	
<p>Belgium has increased flexibility with regard to parental leave, leave for medical assistance and palliative care to support the work-life balance of employees.</p>	



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BULGARIA

There has been limited progress in improving access to health services, including by reducing out-of-pocket payments and addressing shortages of health professionals.

(13) Overall, Bulgaria mobilised a financial package of over BGN 870 million under several operational programmes financed by the European Structural and Investment Funds for the period 2014-2020 to support the health system and address the socio-economic consequences of the pandemic.

[Access to healthcare is limited due to an uneven distribution of scarce resources and low health insurance coverage. Public expenditure on healthcare remains very low, with out-of-pocket payments \(5 \) covering almost half of healthcare costs – one of the highest shares in the EU.](#)

"(20) COVID-19 put an additional burden on the Bulgarian health system, already characterised by limited accessibility stemming from low public financing, limited health insurance coverage, a low number of nurses, and an uneven geographical distribution of health workers. There is therefore scope for strengthening the overall resilience, accessibility and capacity of the Bulgarian health system. Providing more care (general and specialist) in ambulatory settings, also with use of teleconsultations, would release hospitals, while testing and treatment should be available for all, independently of health insurance status. Proper access to health workers and their services should be ensured over the whole territory. Integration of primary, long-term and community care is crucial for the elderly and the most vulnerable groups."

The strategy for long-term care is under way

24) The crisis highlighted the strategic importance of an efficient public administration and of a well-functioning digital government, including e-health and e-procurement.
"Rec 1: Mobilise adequate financial resources to strengthen the resilience, accessibility and capacity of the health system, and ensure a balanced geographical distribution of health workers."

In 2019, work started on (...) and implementing an e-health strategy.

The effectiveness of the health care system in Bulgaria remains low in comparison to other Member States



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CROATIA

<p>"In spite of increasing revenues, payment arrears continued accumulating in the healthcare system indicating problems with its financial viability.</p> <p>Furthermore, expenditure is expected to grow strongly in 2020 on the back of wage increases in the sector agreed in September 2019 and the Supreme Court ruling from December 2019 which upheld doctors' claims on unpaid overtime. Support to 1,436 primary health care providers will improve access to healthcare, especially in remote and deprived areas."</p>	<p>The COVID-19 outbreak is a test of the resilience of the Croatian health system. Although access to health care is generally good in Croatia, unmet medical needs due to distance are amongst the highest in the Union. (...)A more balanced geographical distribution of health workers and facilities would allow easier access to health services. (...)Use of eHealth tools enables direct contacts between health workers and patients to be reduced, also lowering the risk of infections. .</p>
<p>Moderate progress was achieved in areas such as good health and well-being (SDG 3)(...)</p>	<p>Rec 1: Enhance the resilience of the health system. Promote balanced geographical distribution of health workers and facilities, closer cooperation between all levels of administration and investments in e-health.</p>
<p>Still, the system remains focused on acute care provided in hospitals, while integration of preventive, chronic and long-term care remains low (OECD & European Observatory on Health Systems and Policies, 2019).</p>	
<p>Bringing more women into the labour market will require developing efficient services providing care to children and older people. Furthermore, due to short working lives, the risk of poverty for women aged 65+ is much higher than the EU average, which negatively affects Croatia's achievement of the UN Sustainable Development Goal 5 (Gender Equality).</p>	
<p>However, the share of the working age population in work or looking for work remains among the lowest in the EU across all age categories, particularly older workers (55-64). This is largely related to early retirement and low skills as well care responsibilities in the case of women.</p>	
<p>Formal long-term care is underdeveloped and ineffective. Croatia lacks a strategy for the provision of long-term care and the system is fragmented across different health and social welfare institutions. Long-term care spending made up only 3.1% of health care expenditure, much lower than the EU average of 16.3%. Public social protection covers a mere 10% of homecare costs for moderate needs and 20% for severe needs, regardless of the income of the recipient, less than in countries with similar public expenditure on long-term care . (...) the social protection system is much less effective in reducing the poverty risk caused by long-term care costs than many other EU Member States. Additional challenges relate to the lack of long-term care workers (one per 50 people aged 65+ in need of care, one of the lowest ratios in the EU) and their below-average working conditions.</p>	
<p>The European Social Fund has focused on supporting women by offering training and employment opportunities and skilling around 7,000 women, who will provide care services for nearly 30,000 elderly and disadvantaged people in their households. Within these interventions, women receive additional education for professions that are in high demand in their local community.</p>	



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CYPRUS

"Cyprus performs relatively well when it comes to good health and well-being (SDG 3) The health sector is undergoing a fundamental reform. 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. The reform needs to be carefully implemented to reduce the fiscal risks."

"The COVID-19 crisis demonstrates the need to channel investments to improve and modernise public health care, restore capacity and implement the healthcare reform. "

In order to promote gender equality and encourage more women to work or look for a job, thereby contributing to advancing towards SDG 5, it is essential to encourage further female participation in the labour market, increase the availability of affordable and accessible childcare and long-term care services, and foster voluntary part-time work as well as other flexible working arrangements (see Section 1).

(17) The COVID-19 crisis demonstrates the need to channel investments to improve and modernise public health care, restore capacity and implement the healthcare reform. (...) In the medium-term, Cyprus needs to steer investments towards increasing the health system's effectiveness, accessibility and overall resilience. Additional resources for the health system shall prevent future shortages of medical staff, critical medical supplies and infrastructure. (...) Digital health solutions and new applications would contribute to stepping-up the deployment of e-health services and improving teleconsultations and alert mechanisms. (...) Integration with the long-term care and primary and community care is crucial in light of demographic change, and to support the most vulnerable, including people with disabilities.

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. With only 3.5% of current health spending (0.3% of GDP), long-term care receives low levels of funding, as opposed to a much higher EU average of 16.3% (1.6% of GDP). Only 21% of the dependent population receives long-term care services. (...) Cyprus lacks specific legislation to regulate formal home and community care, with high fragmentation of services and lack of coordination, creating many negative side effects for dependent people and burdening their families. The number of long-term care workers is well below the EU average (OECD, 2019b).

Rec 1 Strengthen the resilience and capacity of the health system to ensure quality and affordable services, including by improving health workers' working conditions.

In order to promote gender equality and encourage more women to work or look for a job, thereby contributing to advancing towards SDG 5, it is essential to encourage further female participation in the labour market, increase the availability of affordable and accessible childcare and long-term care services, and foster voluntary part-time work as well as other flexible working arrangements.

The promotion of flexible working arrangements with the involvement of social partners, particularly in the form of teleworking, is of high importance. In the short term these will support workers with unforeseen caring responsibilities for children and other dependants, while in the long term they will facilitate labour market re-entry of the high share of inactive women due to caring responsibilities. Since the elderly and people with chronic diseases have increased risks of severe illness due to the virus, investing in quality long-term care services is of high importance to ensure their continued provision and efficiency in the short and medium term.

"Further progress could be made with regard to individuals' level of digital skills (...) The National Coalition for Digital Skills and Jobs contributed towards the enhancement of digital skills..."



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CZECH REPUBLIC

"There has been no progress in improving long-term fiscal sustainability of the pension and health-care systems. The long-term sustainability of public finances remains a concern. Total ageing costs are expected to increase by 6.2 pps between 2016 and 2070, out of which 2.8 pps for pension expenditures, 1.1 pps for healthcare expenditures and 1.6 pps for long-term care expenditures, putting the long-term fiscal sustainability risk indicator (S2) at a medium risk.

The health, social and long-term care services are also not fully prepared for an increasingly ageing population.

Fragmented governance and financing structures hinder the adequate and efficient provision of long-term care services. (...) . The planned transformation of acute care into long-term care hospital beds is expected to increase transparency and save costs.

Population ageing is projected to increase pressure on long-term care services. The governance of long-term care, as well as palliative, health and social care remains an issue. One of the biggest challenges for the provision of long-term care is the integration of health and social services. Fragmentation and disparities in conditions for accessing care continue to undermine the effectiveness of the multiple support schemes. Around 20% of those needing long-term care reside in health or social care facilities, well above the EU average of 13% , which may indicate a lack of home-based services. Most people who need long-term care receive cash benefits, and their care is provided informally, but there are rising concerns about the effectiveness and quality of such care. The care allowance is insufficient to cover professional social home care services. Costs and lack of information remain the two main barriers to the greater use of long-term care services. The current reliance on informal family care may not be sufficient and may have a negative impact on labour market participation

The gender pay gap is also still one of the widest in the EU

The level of advanced digital skills is below the EU average. (...). The Work 4.0 Action Plan designed by the government in cooperation with social partners is being rolled out.

"Rec. 1 :Ensure the resilience of the health system, strengthen the availability of health workers, primary care and the integration of care, and deployment of e-health services."

Going forward will require improving the resilience and the crisis preparedness of the health system, while supporting equal access to increased provision of primary care and integrated care to reduce avoidable hospitalisations. E-health solutions are still limited despite the existence of a 2016-2020 National e-Health Strategy

The closure of childcare and schools during the lockdown may have particularly affected women with significant caring responsibilities. Promoting investment in childcare and long-term care coupled with flexible working arrangements, such as teleworking, should smooth the transition from the crisis.

Support employment through active labour market policies, the provision of skills, including digital skills, and access to digital learning



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DENMARK

Furthermore, the National Strategy for Artificial Intelligence (2019) aims at creating a more effective healthcare system offering treatments based on the needs of the individual patient, as smart solutions can contribute to improved quality and coherence in patient treatment while supporting healthcare staff in their tasks.

Possible challenges emerge related to shortage of physicians in primary care and care coordination

(...) marked increases in unemployment and persons at risk of poverty, including among those in vulnerable situations (e.g. persons with disabilities).

The ongoing COVID-19 crisis underlines the need for Denmark to continuously work to strengthen the resilience of its health system. One issue of particular concern is the shortage of health workers, and the lack of specialised doctors and nurses

"Rec. 1: Enhance the resilience of the health system, including by ensuring sufficient critical medical products and addressing the shortage of health workers."



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ESTONIA

Ageing and the poor health of the population raise concerns about the adequacy of the pension and healthcare systems.	"Improving the accessibility and resilience of the health system are preconditions to ensuring an efficient response to pandemic spreads and addressing the challenges linked to the health status of the population. "
There has been limited progress in improving access to integrated social and health service	"(18) The pandemic aggravated the difficulties in providing affordable and available social services, including long-term care services, especially for the elderly, people with disabilities and for low-income earners. Maintaining the plan to develop an integrated provision of social and health services would help to address those challenges. "
The availability of affordable social services, including long-term care services, remains limited especially for elderly people and low-income earners. The provision of services is particularly difficult in some regions. The underlying reasons are the lack of an overall framework to provide social and health services in an integrated way and the high costs. Poverty and social exclusion have increased, mainly because the incomes of the poorest - the elderly and people with lower educational attainment - have, increased less than average wages.	"(20) While the present recommendations focus on tackling the socio-economic impacts of the pandemic and facilitating the economic recovery, the 2019 country-specific recommendations adopted by the Council on 9 July 2019 also covered reforms that are essential to address medium- to long-term structural challenges. "
Investments in education and skills, as well as in social inclusion, health and social services	
The gender pay gap remains among the highest in the EU. Recent reforms of the parental leave and benefit system are helping women move back into work, but care responsibilities remain high for parents, especially for women. Estonia is developing information technology tools to help employers to increase pay transparency and is running a research project to address the unexplained part of the gender pay.	
Serious challenges in the areas of social and long-term care remain. The affordability of long-term care is a serious challenge as registered by the high out-of-pocket payments needed to access this type of care (almost 200% of a care user's disposable income in case of severe needs). The number of people in need of services is high and increasing and care workforce requires continued training and upskilling . The current system is fragmented as the social and healthcare services are not integrated to take the needs of the person into account. Such integrated provision is necessary given the differences in the capacity of local authorities to provide services. With no compulsory minimum standards for long-term care, local governments lack incentives to meet quality and quantity indicators for long-term care provision.	Rec.1: Improve the accessibility and resilience of the health system, including by addressing the shortages of health workers, strengthening primary care



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FINLAND 

"The decline in the working-age population and the ageing of the overall population are soon expected to have a negative impact on public finances, notably through increasing health care, long-term care and pension expenditure weighing directly on the sustainability of public finances.

Demographic trends pose some risks for the sustainability of public finances and accessibility of health and long-term care services. Finland's shrinking workforce and the ageing-related long-term trends in spending is set to affect the long-term sustainability of the country's public finances (see above). Furthermore, the high unmet health care needs remain a concern, especially for people not covered by occupational insurance. A major reform of the healthcare system is currently being considered and is expected to be largely based on the plans and objectives of Juha Sipilä's government.

The projected contribution of the increase in ageing costs remains high (1.9% of GDP), driven by the projected increase in expenditure on long-term care (1.6% of GDP)."

"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. "

Long-term care is provided at municipal level, which may lead to inequalities in the quality and accessibility of care across municipalities. As well as on the formal care and cash benefits, municipalities rely on informal care provided by family members, which may hinder labour market participation of the (mostly female) informal carers.

Incentives for carers could improve their long-term employment prospects. Long spells involving caring responsibilities, which fall often on women, weaken the labour market position of carers.

"(17) The fragmentation of service provision and the unequal access to social and primary healthcare services is expected to remain an issue after the crisis, particularly for unemployed and retired people, including persons with disabilities. (...) policy action should be focused on improving equal access to primary healthcare. In the medium term, it remains important to pursue the social and health reform plans especially as they prepare Finland for far-reaching demographic changes and would help the country maintain the quality of its health system in the future while improving its accessibility. The long-term sustainability of Finland's public finances continues to be at risk due to the projected rise in ageing costs, in particular social and health care."

Rec.1: Address shortages of health workers to strengthen the resilience of the health system and improve access to social and health services.



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 FRANCE	<p>the weak productivity growth of French businesses can be explained in part by France's comparatively low skilled workforce, low uptake of information and communication technologies and suboptimal innovation performance.</p>	<p>"Challenges are aggravated by persisting regional disparities. For instance, despite the share of practising doctors being around the Union average, about 18% of France's population lives in areas where access to a general practitioner is limited. The COVID-19 crisis is showing that better use of e-Health, in particular telemedicine, is important in times of pandemic."</p>
	<p>Age-related expenditure is projected to decrease by 1.9 pps. of GDP over the next 50 years. This is due to the projected decline in public pension expenditure by 2.2 pps. of GDP, whereas healthcare and long-term care spending are projected to rise only moderately, by 0.3 pps. and 0.5 pps. of GDP, (...) More adverse scenarios involving more dynamic healthcare and long-term care spending would imply a significant increase in sustainability gaps.</p>	<p>Rec.1: Strengthen the resilience of the health system by (...) a balanced distribution of health workers, and by investing in e-Health</p>
	<p>There is room for efficiency gains in the healthcare sector. (...) In addition, the digitisation of health services has become a cornerstone in the government's strategy for transforming the health system and making it more efficient while preserving its accessibility for all.</p>	
	<p>Women constitute the vast majority (72%) of involuntary part-time workers and those from a migrant background are at a much higher disadvantage.</p>	



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GERMANY

Germany has one of the highest employment rates of women, but the gender gap in part-time employment is high.

" 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.

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. The German healthcare system continues to be very hospital-centric. Hospital bed density in 2017 (8 beds per 1,000 people) was higher than the EU average. Also the average hospital stay, at 8.9 days, is comparatively long and day surgery is not as common as in the majority of EU Member States. 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."

Recent major reforms of the long-term care system (LTC) in Germany have significantly increased both the number of LTC recipients and public expenditure on LTC. The number of dependents receiving LTC services in the social LTC insurance increased by 43% from 2014, before the reforms, to 2018, while in the same period public expenditure grew by 62%. This was mainly due to the redefinition of care levels and care needs assessment methods, which now also cover for people suffering from dementia – an issue of rising importance given Germany's ageing population. Precautionary measures to ensure sustainable financing in view of population ageing were taken and a LTC provident fund financed by increased LTC premiums was established. 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

Germany is lagging behind in digital public services, including e-health.

The availability of nursing staff and the attractiveness of the nursing profession remain an issue. (...) Coordination between healthcare providers in primary and hospital care, and between health and social care, could also be improved and supported by digital tools. E-health infrastructure is being deployed at an accelerated pace, but the use of online health and care services, e-prescriptions and medical data exchange remains well below the EU average. (...) Nevertheless, the long-term financing of healthcare institutions will have to be secured in order to maintain care in all areas (...)

"Focus investment on the green and digital transition (...), digital infrastructure and skills, housing, education and research and innovation. Improve digital public services across all levels (...). Rec.: 1 (...) Mobilise adequate resources and strengthen the resilience of the health system, including by deploying eHealth services"



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GREECE

The Greek health-care system has persistent weaknesses leading to both inefficient spending and high-unmet medical 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: (i) optimise healthcare spending by discouraging the overuse of products – especially pharmaceuticals, and services; (ii) improve hospital management and public procurement procedures; and (iii) improve governance. The recently initiated primary healthcare system reform should be completed in order to improve efficiency and ensure equitable access to healthcare.

(18) Increased efficiency along with additional financial resources are needed to improve effectiveness, accessibility and overall resilience of the health system.

As caring responsibilities are cited as the main reason for inactivity by around one fifth of inactive women in this age group, increasing the availability of high-quality childcare and long-term care services could improve women's employment status. Overcoming gender stereotypes and promoting entrepreneurship skills of women and flexible working arrangements is also particularly important.

(20) In addition, long-term care services are not sufficiently developed.

"The gender employment gap is particularly large, and only partly attributable to family caring responsibilities. Long-term care services are inadequate to meet the increasing needs in Greece. While the share of people (aged 65+) who face serious difficulties in personal care and/or household activities is considerably higher than the EU average (34.7% against 26.3% in 2014, the latest available year), public spending on long-term care is very low (less than 2% of total healthcare spending). In 2015, for every 100,000 inhabitants there were only 17 long-term care beds in nursing and residential care facilities, the lowest ratio in the EU. Day-care centres for the disabled and elderly exist and numerous home care schemes are operated by both public and non-governmental providers. However, the initiatives are fragmented and lack appropriate coordination and quality standards. A comprehensive long-term care policy is not yet in place, which is a concern also in view of the rapid population ageing. The transition from institutional to community-based care for people with disabilities, in particular children, is also a challenge."

(21) Greece needs to pay particular attention to young people and women, who are more affected by a lack of employment opportunities.

Skills – including digital skills – and competences need to be improved.

Rec.1 : (...) Strengthen the resilience of the health system and ensure adequate and equal access to healthcare.



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HUNGARY

"The long-term sustainability of public finances remains a challenge, mainly due to ageing. The country is expected to face an increase in age-related costs of 3.3% of GDP until 2070, driven by public expenditure on pensions (1.9% of GDP) and on healthcare and long-term care expenditure (1.0% of GDP) the government has announced certain measures to improve health care but these only address the recommendation to a limited extent.

Although improving, health outcomes remain worse than in most other EU countries, reflecting both unhealthy lifestyles and the limited effectiveness of health care. This is shown by Hungary's high mortality rates from preventable causes. The public share of health spending in Hungary is considerably lower than the EU average. Consequently, an above-EU average number of Hungarians rely on out-of-pocket expenditure and are increasingly pushed to turn to private care to access health services, with repercussions on social equity as well as population health outcomes. The health system remains excessively reliant on hospitals to provide care services, with insufficient focus on primary care and prevention. Additional investment and reforms are necessary to rationalise the use of resources within the health system, reduce inequities of access and raise quality of care to EU standards."

Ongoing long-term care reforms support a shift towards community-based care, but the supply of services remains limited relative to needs. Long-term care provision remains institution-centred, although the EU-financed de-institutionalisation process for children and persons with disabilities is currently ongoing. The 2018 revision of the nursing fee for home care will significantly increase its amount in four years. However, the supply of services and cash benefits is still weak.

The number of women in work or training remains relatively low, also due to the limited availability of childcare.

(20) Various aspects of health outcomes remained worse than in most Member States, reflecting, among others, the high prevalence of risk factors in the population and the limited effectiveness of health care provision. The public share of health spending in Hungary was considerably lower than the EU average. An above-EU average number of Hungarians rely on out-of-pocket expenditure and are increasingly pushed to turn to private health services. This aggravates risks of financial hardship for Hungarian households, with repercussions for social equity and health outcomes. Additional investment and comprehensive reforms are necessary to rationalise the use of resources within the health system, reduce inequities in access and increase the quality of care. Preventive and primary care services are underfinanced and their potential to improve the quality, accessibility and cost-effectiveness of the health system remain underexploited. Although the authorities have started working towards alleviating Hungary's considerable shortage of health workers, regional disparities in the distribution of health personnel continue hindering access to care in some areas and for some vulnerable groups (...)

(22) The pandemic is expected to hit hardest the vulnerable groups who lack access to care and essential services and who live in overcrowded households. (...)

(17) The gaps in employment between skills groups and between men and women remained wide in comparison with the EU average, the latter due partly to the limited supply of quality childcare



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IRELAND

"There has been limited progress in (...) 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.

A still relative low percentage of the population has basic digital skills, which might hinder their active participation in a society increasingly reliant on digital tools. "

Challenges remain to the long-term fiscal sustainability of the healthcare, long-term care and the pension systems. Expenditure on healthcare and long-term care is relatively high by EU standards. Difficulties in budget management managing healthcare have led to recurrent overspending, endangering the implementation of the ambitious Sláintecare reform.

"Public expenditure on health care and long-term care is relatively high and both systems face fiscal sustainability challenges. Ireland spends around one-fifth more on health per capita than the EU average. From 2009 to 2018, public expenditure on healthcare rose by 9% from €14.8bn to €16.2bn, above what would be expected due to the impact of population growth. The main growth drivers for health care over this period have been increased acute hospital expenditure, staff numbers and pharmaceuticals. In addition, long-term care in the form of long care is under-provided and under-regulated, with policies incentivising the use of institutional care (European Commission, 2018), which is more expensive than home care for dependency levels below a certain threshold. Expenditure projections show that, this together with the ageing of the population are likely to further increase future health care and long-term care expenditure, leading to fiscal sustainability concerns in both areas (see Section 4.1.1). For long-term care, Sláintecare plans to support the expansion of home care, but more detailed work is needed to improve accessibility and fiscal sustainability."

Ireland has also scope to address labour shortages by further facilitating the access of women and vulnerable groups to the labour market, which although improving, remain relatively low. women are still at a disadvantage to men in the jobs market. The 2020 Budget will finance, among others, a Returnship Programme to help inactive women due to care responsibilities get back into the workforce.

17) (...) This was mainly due to the lack of universal access to primary care and a significant reliance on hospital care. Challenges regarding recruitment and retention had led to shortages in nursing workforce in certain regions and hospitals. Long-term home care was under-provided and has lacked statutory entitlement, with policies incentivising the use of institutional care. (...)However in the medium term, Ireland still needs to address the structural limited efficiency, flexibility, resilience and accessibility of its healthcare system. The ambitious Sláintecare reform plans to deliver on a universally accessible and sustainable health system. However, plans for its implementation remain vague. (...) The implementation of long-term care reforms, including new ways of working in the community through support for home care and reorganisation of nursing resources, could require a stocktaking of existing facilities, projections for future growth in demand, and a commensurate 'gap' analysis, followed by a plan for delivery.

"Rec. 1 : (...) Improve accessibility of the health system and strengthen its resilience, including by responding to health workforce's needs and ensuring universal coverage to primary care."

Rec.: 2 Support employment through developing skills. Address the risk of digital divide, including in the education sector. (...)



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ITALY

"Access to services such as childcare and healthcare is close to the EU average. However, it varies widely across regions. (...) Potential challenges for public health include the impact of socioeconomic and educational disparities on health outcomes (...)An ageing health workforce is likely to create skills shortages in the future, which are further exacerbated by admission restrictions to medical schools and by the emigration of an increasing number of medical school graduates. The margin for efficiency gains would be considerable, for instance by developing innovative models for health service provision, including digital solutions, and co-ordinated patient-centred responses."

More efforts are needed to provide childcare and long-term care and promote equal opportunities and work-life balance. The lack of these affects women's participation in the labour market and the broad demographic trends, in a context of low birth rates and a reduced net migration rate. More efforts are needed to provide childcare and long-term care and promote equal opportunities and work-life balance.

(18) (...) In response to the crisis, the government adopted temporary measures aiming at conciliating private and working life, such as fostering smart working and special leaves and providing vouchers for baby-sitting. Despite recent efforts, measures to promote equal opportunities and work-life balance policies, as well as the supply of affordable early childhood education and care and long-term care services, remain weak and poorly integrated.

Rec. 2: Mitigate the employment impact of the crisis, including through flexible working arrangements and active support to employment. Strengthen distance learning and skills, including digital ones.



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LATVIA

Some progress to improve accessibility, quality and cost-effectiveness of the health system continue.	
Poverty is prevalent among the elderly, people with disabilities, and the unemployed. (...)Access to healthcare is more difficult for low-income groups	(17) To boost efficiency and quality in healthcare, it is crucial to accelerate the ongoing reforms which remain in an early stage including effective prevention measures, stronger primary care, a rationalised hospital sector and targeted quality management. (...) In order to be able to manage similar crises in the future, it is important to ensure investments into effective and well-resourced public health measures to prevent, contain and mitigate the spread of infectious diseases and to manage their impact on the health system's performance.
Low public spending for healthcare and unhealthy lifestyle choices constitute the main reasons for the population's poor health. Reforms to boost efficiency and quality in healthcare have been initiated, but remain at early stages. Health workforce shortages, especially in regions outside Riga and in the nursing sector in general, hinder access to health services and pose risks to the implementation of health reforms. An increase in public financing in recent years has improved the availability of health services and reduced the waiting times. However, public spending for health is set to remain well below the EU average in the coming years. Investments would be needed in order to ameliorate access to and quality of healthcare, improve the geographical availability of health services and implement the planned reforms. (...) investments in social inclusion and healthcare are needed	
"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%). The coverage of the long-term care system in Latvia is moderate: in 2013, 20% of the potentially dependent population was covered and only 1% of the total population were long-term care recipients. In 2016, 38% of households in need were affected by an unmet need for homecare services due to financial reasons (the EU average was 32%). Out-of-pocket payments are estimated to be particularly high – 100% of care user's disposable income in case of moderate needs and more than 200% in case of severe needs (OECD, 2019c). The demand for long-term care and integrated services is estimated to be on the rise in Latvia, and access to these services is particularly important for older people."	Rec. 2: Mitigate the employment impact of the crisis, including through flexible working arrangements, active labour market measures and skills.
Access to flexible working arrangements is lower in Latvia than in the EU as a whole	
The low level of digital skills among the labour force limits the use of digital technologies by businesses and the potential for innovation.	



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LITHUANIA

<p>However, benefits are still not sufficient to reduce poverty, particularly among the elderly,</p> <p>"Lithuania improved the affordability of healthcare by taking action to reduce out-of-pocket payments and exempting the most vulnerable groups from co-payments on medicines. Lithuania also slightly increased the budget for public health, continued to improve its e-health system, and took action to enhance primary care and make its healthcare system more efficient. (...) Progress on increasing the quality of the health care system remains limited. Low funding and inefficient allocation of resources in the healthcare system are long-standing issues. As a consequence, primary healthcare, public health measures and, to a lesser extent, long-term care remain underfunded and services are of insufficient quality. Regional disparities in access to healthcare and in health outcomes are exacerbated by the shortage of nurses, the uneven distribution of healthcare professionals, the ageing of doctors, and the uneven use of telecommunication technology to diagnose, treat patients at a distance, and provide more integrated care."</p>	<p>(17)Health outcomes in Lithuania persistently lag behind those in other Member States, due in part to suboptimal efficiency of the health system, which suffers from low funding.. (...) longer term investments should be scaled up to improve the resilience of the health system so that it can sustain operations, resume its optimal performance and prepare itself for new shocks. This will require allocating sufficient resources to improve the accessibility, efficiency, and quality of the health system, so it can better respond to the challenges of growing chronic conditions, aging and persisting health inequalities. Primary care and the development of e-health have a central role to play in this regard. Lithuania should also ensure that recent improvements to the affordability of healthcare are not undermined.(...)and greater efforts to prepare the long-term care sector to deal with the ageing population.</p>
<p>The risk of social exclusion is amplified by limited access to public services. Access to long-term care is a challenge (...)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. Resources in this sector remain insufficient, and any further investment needs to support community and home based care, avoiding the development of institutionalised care. Furthermore, co-operation between healthcare and social services remains weak.</p>	
<p>There is a significant digital divide between those Lithuanian internet users who are very active online (using new services via their mobile phones, banking services, mobile e-signature, car parking) and 15% of the population that has never used the internet</p>	<p>Rec. 1: Strengthen the resilience of the health system, including by mobilising adequate funding and addressing shortages in the health workforce and of critical medical products. Improve the accessibility and quality of health services.</p>
	<p>Despite continued economic growth, the elderly, people with disabilities, children, single-parent households and the unemployed face the highest risk of poverty and social exclusion. The corrective power of the Lithuanian tax and benefit system is one of the lowest in the EU.</p>



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LUXEMBOURG

From now until 2070, Luxembourg is expected to face one of the sharpest increases among the EU countries in ageing-related spending (pensions, long-term care, and healthcare costs). With no policy change, this would have a major impact on public debt. Ageing-related costs are expected to rise up until 2070. The projected rise of age-related expenditure is the main driver behind this indicator, in particular pensions (6.1 percentage points of GDP) and health care and long-term care expenditure (3 percentage points of GDP).

Long-term care expenditure is projected to increase, posing fiscal sustainability risks. Recent reforms have not addressed concerns regarding the long-term sustainability of the pension and long-term care systems. Long-term projections for pensions and long-term care spending point to risks to the sustainability of government finances. Several measures have been adopted, but their impact has been limited. More fundamental reforms have not been considered yet or are pending approval, such as the 'Age Pact', which is intended to keep workers in employment for longer.

Recent policy measures aiming at improving work-life balance for parents, such as the reforms of parental leave and childcare allowance schemes, might further encourage women participation in employment

(16) The health system is expected to face rising challenges in the future, in addition to the growing number of vacancies of health workers in recent years. Specifically, an increasing demand for healthcare is expected from an ageing population, and retirements of between 59% and 69% of the medical staff are projected in the coming 15 years. (...). Although digital infrastructure is already advanced in Luxembourg, efforts are still ongoing to implement e-health solutions, such as digital solutions for reimbursing providers.



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MALTA

<p>Public finances will come under increasing pressures from the costs of ageing. In the long term, Malta's increase in public pension and healthcare spending is projected to be one of the largest in the EU, albeit from a level much below the EU average. Recent measures have aimed at diversifying pension income and increasing pension adequacy. Pension indexation at levels above increases in the cost of living contributed to better adequacy, but this will weaken public finances in the long term. Measures are ongoing to improve healthcare efficiency and to ensure the provision of long-term care services.</p>	<p>The following areas require particular monitoring: (i) the increasing reliance on migrant nurses in acute and long-term care, and an ageing private general practitioner workforce may pose challenges;</p>
<p>The electronic patient record system is well advanced. The implementation of a broader national e-health system, which has the potential to improve the efficiency of the healthcare sector, is still ongoing.</p>	<p>Rec. 1: Strengthen the resilience of the health system with regard to the health workforce, critical medical products and primary care.</p>
<p>Although the number of physicians and nurses has increased in recent years and converged to EU averages, shortages persist for nursing staff in hospitals and long-term care.</p>	
<p>Long-term care capacity has expanded in recent years. Although public capacity for institutional care (i.e. residential homes) is around the EU average, it is insufficient to meet demand. The government therefore contracted long-term care beds from the private sector. Home-based services have also expanded in recent years. The provision of these services is tested for needs, but not means, and the existing co-payments asked of patients are relatively low. The demand for long-term care services is expected to grow due to the ageing population and the growing labour-market participation of women who traditionally provided this type of care</p>	
<p>Ageing also poses challenges for the long-term care and healthcare systems. In recent years, Malta has introduced several services to support informal carers and older adults that wish to continue living in their homes rather than move into residential care. These services include functional assistance, education, psychological support and respite care. The number of beds in institutions was also increased. However, staff shortages remain an issue (see Section 3.1).</p>	
<p>"(...) Support for the labour-market participation of informal carers could still improve. One out of five women aged 46-55 provides unpaid care services and the employment rate of female informal carers of this age group is below 50% "</p>	



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NETHERLANDS

The fiscal sustainability gap indicator points to medium risk in the long term . This is mainly due to the projected increase in ageing costs. While the Netherlands scores well on the fiscal sustainability of its public pension system and other age-related public expenditures, spending on long-term care stands out. In the baseline reference scenario, public spending on long-term care is expected to grow from 3.5% of GDP in 2016 to 6% of GDP in 2070, with both at a much higher initial level and rising much faster than in peer countries. In this context, while the 2015 reform in the long-term care system aims to increase the efficiency of the system and contain public expenditures, more recent policy measures such as the additional investment to meet the requirements of the quality framework for nursing homes go in an opposite direction. The government also softened the increase in the first-pillar retirement age and its link to life expectancy.

In addition, there is still a large untapped labour pool linked to the high number of women in part-time employment and people with a non-EU-born migrant background.

The part-time share is particularly high among women with personal and family care responsibilities

In this regard pre-existing concerns have come to the fore. The capacity of the workforce would benefit from tackling existing shortages, in particular of nurses and in primary healthcare. The overall governance of the health systems and their capacity to ensure integrated service delivery across the care continuum could be improved by further strengthening data governance and scaling up the deployment of eHealth tools. The COVID-19 outbreak has therefore highlighted the need to continue to improve the resilience and the crisis preparedness of the health system by addressing such structural challenges.

Rec. 1: Strengthen the resilience of the health system, including by tackling the existing shortages of health workers and stepping up the deployment of relevant e-Health tools.



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POLAND

<p>The short-term situation of public finances appears safe. An ageing population, a falling number of people at working age and the subpar quality of certain key public services such as health and long-term care constitute important challenges.</p>	<p>Public health, e-health and primary care, which are crucial to improve prevention and access, and to make the system resilient to future challenges, remain underdeveloped. The pandemic has impacted long-term care facilities where many of the residents are a high-risk group.</p>
<p>"Investment in social inclusion, healthcare, childcare and long-term care can improve social cohesion and increase employment. Public health expenditure has been among the lowest in the EU for many years. Key challenges regarding the allocation of resources include the underdevelopment of primary care, placing a burden on hospitals."</p>	<p>"The labour market participation of some groups, especially women, the low-skilled, older people and persons with disabilities and their carers, have remained low."</p>
<p>No progress is observed in implementing effective coordination between social and health services</p>	
<p>The situation of persons with disabilities and their carers has not improved. The cash benefits were slightly increased but no steps were taken to encourage persons with disabilities and their carers to take up work. The provision of care and special care services remains insufficient (MRPiPS, 2019). The Polish law on social assistance does not include personal assistance or respite care among the benefits it lays down provisions on. The Solidarity Fund for Support of Persons with Disabilities, which was established in 2018 to remedy the situation, is being reformed and the funding could potentially be spent for other purposes.</p>	<p>Rec. 1 : Improve resilience, accessibility and effectiveness of the health system, including by providing sufficient resources and accelerating the deployment of e-health services.</p>
<p>Long-term care continues to be provided mostly by informal carers, often family members who lack adequate institutional support. Residents of long-term care facilities in Poland face a higher risk for patient safety events, including healthcare-associated infections (HAIs) and pressure ulcers than on average in the OECD . The number of long-term care workers per 100 individuals aged 65 and over is very low (one in Poland against five on average . Similarly, public expenditure on long-term care at 0.5% of GDP in 2016 is very low comparing to the EU average (1.6%) A comprehensive strategic approach based on the analysis of needs of persons requiring long-term care and their carers as well as the definition of financing sources would be a first step in addressing current and future demographic challenges.</p>	



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PORTUGAL

Demographic trends in Portugal are putting pressure on employment, education and training, social welfare, and health and care systems. The working-age population is expected to decline by nearly 40% and the total population by 24% by 2070. This will require considerable investment in education, training and healthcare. In view of Portugal's low fertility rate, family support measures should be improved to achieve a better work-life balance and boost the coverage of early childhood education and care. An older population will also require more long-term care, so the recently approved legal status for informal carers is welcome. Addressing regional specificities and needs will also be important to guarantee access to an increased demand of healthcare services.

Coverage of long-term care and specific care needs of elderly people was improved. The coverage rate of the main services for the elderly people was 12.6% in mainland Portugal, reflecting a 9 pps growth rate from 2008 to 2018. While 66% of mainland municipalities had an above-average coverage rate, the majority of municipalities in the metropolitan areas of Porto and Lisbon, and in the Algarve region, have below average coverage rates. The number of workers in this sector remains well below the EU average

Legislative changes were implemented to promote a better work-life balance, including a new legal status for informal carers. In December 2018, Portugal introduced a new national strategy for promoting a better balance between professional, personal and family life. The aim is to achieve genuine equality between men and women. The plan involves, among others, tripartite consultations and collective bargaining, working time flexibility and new rights in relation to working time accounts. Moreover, a new legal status for informal carers was approved in September 2019, granting them a set of rights and establishing the supporting measures. It also entitles informal carers to fiscal benefits and grants access to the voluntary social insurance scheme.

There has been some progress in Improving the skills level of the population, in particular their digital literacy

(17) Investments are needed to improve the resilience of the health system, securing equipment (...) At the outset of the COVID-19 outbreak, a plan to introduce a new governance model for public hospitals was gradually under way, with substantial increases in annual budgets. Its steady implementation in the current juncture could help to strengthen the resilience of the health system.

COVID-19 has demonstrated the fragility of long-term care facilities in Portugal, which have seen higher rates of infection and lethality. Despite improvements in the territorial coverage of long-term care in the last decade, overall access rates are low in all regions of the country. At the same time, before the COVID-19 outbreak, long-term healthcare expenditure was forecast to have one of the largest increases in the Union as percentage share of GDP. Continued efforts to improve efficiency and capacity of health and long-term care are necessary to deal with the current crisis as well as to address ageing-related challenges.

Rec. 1: (...) Strengthen the resilience of the health system and ensure equal access to quality health and long-term care.



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ROMANIA

<p>The healthcare system is 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.</p>	<p>(18)The pandemic has put the health system under unprecedented pressure. The crisis hit a system characterised by structural weaknesses, such as low spending and unequal access to healthcare. In this context, improving the resilience of the health system and its capacity to respond to shocks represents a key challenge.</p>
<p>Population ageing has a negative impact on the adequacy of pensions and on future spending on healthcare and the long-term sustainability of public finances. The healthcare system faces multiple challenges. There has been limited progress in improving access to healthcare. Unmet needs for medical examination reported by patients are increasing again. A sustained policy of incentivising healthcare delivered outside of hospital inpatient settings by the National Insurance House may trigger a natural shift towards ambulatory care. The overall policy measures of the health system to facilitate this shift did not improve.</p>	<p>Considerable health workforce shortages, including of family physicians, as well as outdated medical facilities, lack of medical products, insufficient training for health workers and limited continuity and integration between different levels of care weaken the resilience of the health system. Reported unmet medical needs were on the rise already before the COVID-19 crisis and access to healthcare is likely to have deteriorated. The pandemic further exposed regional disparities and the gap in healthcare coverage for low-income groups and the elderly. In the longer run, population ageing and migration are challenges that put increasing pressure on the sustainability of the health system. In light of COVID-19, it is equally important to address structural issues, including the development of preventive, outpatient and community based care with well-targeted public policy measures. Long-term investment will be needed to reinforce the Romanian health system by securing health workers and equipment, enhancing technological and applied research and improving the coverage and accessibility of health services to all citizens, also in non-urban areas, including through the use of e-health services.</p>
<p>Romania lacks a unitary policy framework for long-term care and services adapted to demographic trends. Although the share of the population aged 80+ is expected to double by 2050, services for the elderly continue to be scarce. Long-term care falls under the larger umbrella of social and medical services. Responsibilities are further scattered among different institutional actors at different levels. The share of the elderly population is much higher in rural or remote areas, and less served by social services. The demand for residential long-term care services is largely unmet, due to the marginal amount of non-residential services provided and an insufficient number of workers in the field.</p>	<p>(20) In addition to the recently initiated technical unemployment scheme,(...)flexible working arrangements and teleworking for the affected workers, with the involvement of social partners, are crucial to strengthening the resilience of the labour market in the short and long term.</p>
<p>Approximately 12% of women were inactive due to personal and family responsibilities. In 2018, the gender employment gap of people having one child below the age of six was as high as 29 pps. (...) The inactivity gap between low- and high skilled youth remains high (43.3 pps). In the age group 20-64, family and caring responsibilities are often the main reasons for not seeking employment (23.6% of the inactive population). There are also regional disparities in inactivity rates (2018)</p>	<p>"(21) Basic digital skills and basic software skills are among the lowest in the EU Rec. 2 (...) Strengthen skills and digital learning and ensure equal access to education."</p>
	<p>Rec. 1 incl : Strengthen the resilience of the health system, including in the areas of health workers and medical products, and improve access to health services.</p>



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SLOVAKIA

<p>"There has been limited progress in the following areas: ·safeguarding the long-term fiscal sustainability of the healthcare and pension systems ·enhancing access to affordable and quality childcare and long-term care;"</p>	<p>"(18) A particular concern is the insufficient access to quality and affordable long-term care, due to general underfunding of community and home-based care services, fragmented governance, and the lack of systemic coordination of social and healthcare service."</p>
<p>Population ageing, recent pension reforms and the healthcare system pose long-term sustainability risks to public finances. The population is projected to age rapidly due to increases in life expectancy and low fertility rates. Excessive reliance on hospital care hinders system efficiency, but a comprehensive reform for modernising the hospital network has been put on hold. However, several measures have also improved the efficiency of the health care system. (...) Despite progress in healthcare reforms, concerns over the sustainability of public finances remain.</p>	<p>(20) In addition to the recently initiated technical unemployment scheme,(...)flexible working arrangements and teleworking for the affected workers, with the involvement of social partners, are crucial to strengthening the resilience of the labour market in the short and long term.</p>
<p>Formal long-term care continues to be dominated by residential facilities, and the process of deinstitutionalising care for persons with disabilities is proceeding slowly. There is a lack of financial resources and of a clear and integrated approach addressing the increasing demand for healthcare and social services in long-term care. Access to quality healthcare, in particular primary care, remains relatively poor and uneven.</p>	<p>Rec. 1: Strengthen the resilience of the health system in the areas of health workforce, critical medical products and infrastructure. Improve primary care provision and coordination between types of care.</p>
<p>Financial resources and a systematic vision of how to meet the increasing demand for long-term care are lacking.</p>	<p>Rec.:2.(...) Strengthen digital skills.</p>
<p>Public expenditure on long-term care reached 0.9% as a share of GDP, way below the EU average of 1.6%. Consequently, also the number of long-term care workers is among the lowest in the EU (OECD 2019e).</p>	
<p>"Long-term care heavily relies on informal care by family members. Up to 71% of people with a family member who requires long-term care organised this on their own, which keeps a sizeable part of the population outside the labour market. Only the persons diagnosed with severe disabilities (estimated at 20% of those in need of LTC) receive financial support . Since July 2019, the nursing benefit to care for a family member increased to match the net minimum wage. However, respite services for Slovakia's 53,000 informal carers (78% of whom are women) of persons with severe disabilities are practically non-existent, with impacts on their families e.g. as regards the labour market participation, as well as society. Formal long-term care continues to be dominated by residential facilities and lacks sufficient home care and community-based care services. Population ageing will likely exacerbate some of the above challenges, in particular access to long-term care for the elderly. The old-age dependency ratio is projected to triple by 2060 Banská Bystrica region, one of the fastest ageing regions in Slovakia, has identified the lack of integrated care system for elderly as an investment priority under the Catching-Up regions initiative. Pilot testing of such a model, in cooperation with the European Commission and the World Bank, is planned for 2020."</p>	
<p>At 38.1% in 2018, the proportion of women who are inactive due to caring responsibilities is significantly higher than the EU average (31.8%). Similarly,</p>	



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SPAIN

<p>"Coordination amongst different levels of government is key and remains a challenge in policy areas where both national and regional levels are involved in reforms. These include (...), health care and social services."</p>	<p>The pandemic has revealed existing structural problems, some of which derive from certain shortfalls in investment in physical infrastructures and shortcomings in the recruitment and working conditions of health workers.</p>
<p>In the long term, Spain faces a medium fiscal sustainability risk (...) due to the unfavourable initial budgetary position, though also, to a limited extent, to the projected ageing costs</p>	<p>There are regional disparities in terms of spending, physical resources and staff, and the coordination between different levels of government is not always effective.</p>
<p>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. (...) There are shortcomings in the coordination between social and health services and in the quality of the services. Increasing needs for long-term care may add to other fiscal concerns in the long run</p>	<p>In the medium-term, healthcare delivery could better respond to the challenges of ageing, growing chronic conditions and disability. Primary care and the development of e-health have a central role to play in this regard. In the medium-term, it will be important to ensure that the likely decrease in resources due to the economic downturn does not affect people's healthcare coverage and result in inequalities in access.</p>
<p>In a context of rapid ageing of the population, growing needs for long-term care are likely to increase in the future. The number of beneficiaries of the long-term care system rose by 5.8% over 2019. The coverage ratio remains slightly above 80%, but large regional disparities persist. People with severe dependency have lower coverage (66%) than those with moderate dependency (88%). In a context of rapid population ageing, public services lack the resources to meet the demand. As of April 2019, exemption from social security contributions boosted the affiliation of informal carers, 89% of whom are women, to the system.</p>	<p>Rec.1: Strengthen the health system's resilience and capacity, as regards health workers, critical medical products and infrastructure.</p>
<p>Although improving, the employment rate remains low, including for women (...)</p>	
<p>Although more and more Spaniards are going online, only 57% of people aged between 16 and 74 have at least basic digital skills.</p>	



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SWEDEN

Public expenditure on long-term care is projected to increase. Demographic changes imply that under current policies, spending on long-term care can be expected to increase significantly, from 3.2% of GDP in 2016 (the second highest in the EU) to 4.9% of GDP in 2070. This corresponds to a 53% increase, slightly below the EU average. The share of the population receiving long-term care is relatively high by EU standards, whereas the underlying level of need is among the lowest in the EU.

Rec.1: Ensure the resilience of the health system, including through adequate supplies of critical medical products, infrastructure and workforce.

Sweden has a good, tax-funded and generally effective healthcare system with a strong focus on outpatient and long-term care. Total healthcare spending as a share of GDP is higher than the EU average (11.0 %; EU average 9.8%). The share of health component in long-term care spending is also significantly higher than the EU average (26%; EU average 15.7%). Ageing and disease patterns in the coming decades might exert pressures on spending, mainly public spending on long-term care, which is already above the EU average (3.2%; EU average 1.6%). (...) Shortages are particularly pronounced in health care (...)

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 2018, such support has been provided to Sweden for three projects. In 2019, work started to improve the capacity of municipalities to assess the quality of healthcare at home and in nursing homes.

Challenges remain, however, for the integration of low-skilled people and non-EU migrants, especially women, into the labour market



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UK

The impact of an ageing population and non-demographic cost pressures on health and social care are the most significant long-term risks for public spending .

Managing similar crises in the future calls for investments into the health systems across the United Kingdom, including effective and well-resourced public health measures.

Funding for the health system has not kept pace with the growth in demand for health services since 2008 (OECD/European Observatory on Health Systems and Policies, 2019). Public spending on health in England has roughly increased in line with demographic pressures in the past decade, but other pressures, such as higher costs for new treatments and increasing wages for healthcare staff, create additional financing needs.

The COVID-19 crisis has further accentuated existing health workforce shortages. Managing similar crises in the future calls for investments into the health systems across the United Kingdom, including effective and well-resourced public health measures.

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. Policy responses across all four nations of the UK move in the direction of changing the model of care in order to better manage the increase in demand for health services. This includes improving integration of care across all levels, with a stronger role for primary and community care. It is a transformation process, which requires upfront investments and time to complete and bring the expected results.

- "Rec. 1: Strengthen the resilience of the health system.
- 2.Ensure the adequacy and coverage of the social protection system to provide support for all and in particular those most affected by the crisis.
- 3.Foster (...) digital transition"

The situation in relation to the health workforce remains challenging. There are shortages of various staff groups including nurses, general practitioners, clinical oncologists and psychiatrists.

Social care lacks the resources to meet the levels of demand, adding pressure on the health system

The gender employment gap remains a challenge. While the rate of women in employment (74.4% in Q3-2019) is the highest in recent decades, the gender employment gap is close to 10pps (74.4% vs. 84.2%). This is driven, among other factors, by inadequate provision of affordable childcare and social services. In 2018, 37.6% of women reported inactivity due to family and caring responsibilities, which is well above the EU average of 31.8%. These figures are more striking for the 25-49 age group, where up to 61% of economically inactive women attribute their inactivity to family responsibilities. In addition, 42% of women worked part-time in 2018 due to caring responsibilities.