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From:	General Secretariat of the Council
To:	Council
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Subject:	Employment, Social Policy, Health and Consumer Affairs Council meeting on 16 June 2017 European Pillar of Social Rights: Health aspects and implications - <i>Exchange of views</i>

1. On 26 April 2017, the Commission presented its Communication "Establishing a European Pillar of Social Rights" together with a proposal for an Interinstitutional Proclamation on the European Pillar of Social Rights.
2. The Pillar consists of 20 principles, one of which relates to the right of access to health care.
3. The Presidency has therefore prepared the enclosed Note on the Health aspects of the European Pillar of Social Rights, on the basis of the Commission Communication.
4. On 7 June 2017, the Permanent Representatives Committee agreed to submit the Presidency Note in the Annex to the Council (EPSCO) with a view to the exchange of views scheduled for its meeting on 16 June 2017.

Health aspects of the European Pillar on Social Rights

On 26 April 2017, the Commission presented the European Pillar of Social Rights ("the Pillar"). The Pillar is designed as guidance for a renewed process of upward convergence towards better working and living conditions in Europe. Its main goal is to deliver new and more effective rights for citizens.¹ While primarily conceived for the Euro area, the Pillar is applicable to all EU Member States wishing to be part of it.²

Several documents together constitute what could be called the package on the Pillar:

- a Commission Communication³ Establishing a European Pillar of Social Rights - where the Commission explains the strategy and the method it has used to establish the Pillar;
- a Recommendation from the Commission, which includes the 20 principles which form the Pillar itself;
- a proposal for an Interinstitutional proclamation⁴, containing the same text as the Recommendation;
- three Staff Working Documents: the first containing explanatory fiches for the 20 principles⁵, the second a scoreboard intended to monitor the implementation of the Pillar⁶ and the third a summary report of the public consultation⁷.

¹ 8637/17, p.3.

² https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights_en
http://europa.eu/rapid/press-release_IP-17-1007_en.htm

³ 8637/17.

⁴ 8693/17.

⁵ 8637/17 ADD 2.

⁶ 8637/17 ADD 1.

⁷ 8637/17 ADD 3.

Given the legal nature of the Pillar, the principles and rights as set out in the proposed Pillar are, according to the Commission, not directly enforceable, but would need to be translated into dedicated actions and/or separate pieces of legislation, at the appropriate level, in order to become effective⁸. To this end, the Commission suggests, that where needed, existing EU law should be updated and complemented, while fully respecting the Member States' competences and taking into account the diversity of their situations.

The Commission furthermore announced that EU funds will continue to support the objectives of the Pillar, and that the Pillar will also be a reference for the designing of the post-2020 EU financial programming period.

Out of the 20 principles that form the core of the Pillar, the Presidency wishes to draw the attention to the principle that reads:

Everyone has the right to timely access to affordable, preventive and curative health care of good quality.

This principle is further elaborated on in one of the staff working documents accompanying the Commission communication. That document⁹ clarifies that¹⁰:

"The Pillar sets out a general right of access to good quality preventive health care and medical treatment. It goes beyond Article 35 of the Charter in that it requires timely access to healthcare and stipulates that it should be affordable and of good quality.

Timely access means that everyone is able to access healthcare whenever they need it. The realisation of the Principle requires a balanced geographical location of health care facilities and health professionals, as well as policies to minimise long waiting periods.

⁸ 8637/17 ADD 2.

⁹ 8637/17 ADD 2.

¹⁰ In the following, direct quotes are set out in *italics*. Please note that documents 8637/17 ADD 2 and 8637/17 ADD 3 are only available in English.

Affordable health care means that people should not be prevented from using needed care because of the cost.

The provision of the Pillar on healthcare includes the right to healthcare of good quality, meaning that healthcare should be relevant, appropriate, safe and effective.

Finally, preventive and curative healthcare means access to medical treatment and public health services, including health promotion and disease prevention."

Regarding the implementation of this principle, it is highlighted that considering that the delivery of healthcare is Member State competence, Member States *"are invited to adapt their rules to give effect to the Principle, in addition to transposing and enforcing rules adopted at Union level."*¹¹ Accordingly, *"in the logic of the Pillar, these proposals, once adopted, will update and complement the EU acquis."*¹²

Amongst the recent and ongoing initiatives at EU level, reference is made to Directive 2011/24/EU which establishes *"cooperation between the Member States' health systems for addressing common challenges such as access to healthcare, in particular through the recently launched European Reference Networks;"* as well as to *"the cooperation on Health Technology Assessment; and the cooperation in the eHealth Network and within the Digital Single Market."*¹³

The Pillar is supported by a scoreboard of key indicators to screen employment and social performances of participating Member States. This monitoring tool which serves as a compass for a process leading to renewed socio-economic convergence and to drive reforms at national level would as well allow to benchmark successful outcomes to ensure overall improvement.¹⁴

¹¹ 8637/17 ADD 2.

¹² 8637/17, p.3.

¹³ 8637/17.

¹⁴ 8637/17 ADD 1, p.2.

In the social scoreboard, the three indicators identified for healthcare are included among those monitoring the Social protection and inclusion chapter of the Pillar. They are:

1. Self-reported unmet need for medical care (EU SILC) (% of total population who reported unmet need for medical care, by gender) - Eurostat
2. Healthy life years (at the age of 65) - Eurostat
3. Out-of-pocket expenditure on health care – Eurostat

The first indicator should be used as headline indicator for the healthcare area, to be included in the Joint Employment Report, a reference document within the European Semester that will monitor closely developments at EU and Member State level.¹⁵

Questions for discussion

In the light of the above, the Council is invited to consider the following questions:

1. In a changing political and social landscape do you believe that at European level the principle on the right for everyone to timely access to affordable, preventive and curative health care of good quality, as set out in the European Pillar of Social Rights, provides sufficient guidance for upward convergence of national health systems?
2. What are, in your view, the implications of establishing at EU level a commitment to provide timely access to affordable, preventive and curative health care of good quality?
3. Do you believe that the chosen indicators in the social scoreboard relating to health can be used within the context of the European Semester to measure successful outcomes for ensuring overall improvement?

¹⁵ 8637/17 ADD 1.