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Origine:	Comité de l'emploi et Comité de la protection sociale
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Objet:	Résultat de l'évaluation des recommandations par pays pour 2022 du Comité de la protection sociale

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Les délégations trouveront ci-joint le document relatif au résultat de l'évaluation des recommandations par pays pour 2022 du Comité de la protection sociale, en tant qu'addendum de l'avis conjoint du Comité de l'emploi et du Comité de la protection sociale sur les recommandations par pays 2022.

**Horizontal Opinion of the Employment Committee and the Social Protection  
Committee on the  
2022 Cycle of the European Semester**

**Annex 2 – Outcome of the 2022 Country-specific SPC reviews**

**Contents**

<b>1) SOCIAL PROTECTION AND SOCIAL INCLUSION .....</b>	<b>2</b>
a. Austria.....	2
b. Spain .....	2
<b>2) LONG-TERM CARE .....</b>	<b>3</b>
a. Austria.....	3
b. Slovenia.....	3
<b>3) PENSIONS .....</b>	<b>4</b>
a. Austria.....	4
b. Slovenia.....	4
c. Spain .....	5
d. Italy .....	5
e. Malta .....	6
<b>4) HEALTHCARE .....</b>	<b>7</b>
a. Austria.....	7
b. Belgium.....	7
c. Estonia.....	8
d. Finland .....	9
e. Hungary.....	9
f. Italy .....	10
g. Malta .....	11
h. Poland .....	11
i. Slovenia.....	12
j. Spain .....	13
k. Sweden.....	13

## 1) SOCIAL PROTECTION AND SOCIAL INCLUSION

### a. Austria

Austria has no Country Specific Recommendation in the area of Social Protection and Social Inclusion, but the Austrian authorities communicated their readiness to contribute to the 2022 SPC Semester work by reporting on some recent national developments in addressing the issue of homelessness.

In an effort to address the rising levels of homelessness in the aftermath of the COVID crisis, the Austrian federal government has launched the "*wohnschirm*" program. The program has been introduced to supplement the existing nationwide COVID-related support services by means of eviction prevention and housing security in accordance with a specially adopted directive and will be implemented until 2023.

The measure is expected to have a positive impact on reducing the impact of the COVID Pandemic on homelessness. This impact could be further increased by additional measures aimed at tackling the root causes of the problem, such as for example improving the availability of affordable housing, increasing employment and reducing poverty or social exclusion.

### b. Spain

**2020 CSR # 2: *Improve coverage and adequacy of minimum income schemes and family support, [...].***

The adoption of a national Minimum Income Scheme in 2020 has been a major step towards addressing the Spanish Country Specific Recommendation to improve support for families and address coverage gaps in regional minimum income schemes.

Following the Scheme's introduction, Spain - taking into account the first evaluation results - has made adjustments in the system to address non take-up and ease bottlenecks in the application process. A new child support aid has been introduced in 2021 targeting low-to-middle income families that do not qualify for the national minimum income scheme. While the impact of the new child benefit is not yet fully visible, it has - in combination with the national minimum income scheme - the potential to reduce poverty among children in Spain. At the same time, given the high child poverty rates in Spain, additional efforts may be needed to fully address the challenge.

To that end, it would be necessary to continue with the analysis and evaluation of the quantitative and qualitative results of this new combination between the Minimum Income Scheme and the Child Support Aid in order to design the appropriate measures, in coordination with the rest of public policies that can contribute to the reduction of child poverty.

## 2) LONG-TERM CARE

### a. Austria

#### **2019 CSR # 1: *Ensure the sustainability of the [...], long-term care system, [...]***

Austria presented three distinct measures, aiming to address the country specific recommendation to ensure the sustainability of its long-term care system.

The first measure is related to the establishment of community nurses as central contact persons, facilitating the link between people and care providers, coordinating various services and playing a central role in prevention and health promotion. While the measure could be part of an appropriate response to the CSR, it is currently being tested as a pilot and its impact is yet to be determined.

The second measure consists of securing additional funding and extending the Care Fund (*Pflegefonds*) in the years 2022 and 2023. With this measure, Austria seeks to support states and municipalities when securing, expanding and developing nationwide care and support services. This is intended to ensure that all necessary services are available to a sufficient extent for people in need of nursing and care.

The third measure, *The Hospice and Palliative Fund Act*, includes grants to the regions for modular hospice and palliative care offers, with the intention to guarantee the needs-based and affordable hospice and palliative care services. These last two reported measures are expected to influence positively the functioning of the Austrian care system; however, their impact on the long-term sustainability of long-term care system should be closely monitored.

### b. Slovenia

#### **2020 CSR # 1 *Ensure the resilience of the [...] long-term care system, [...]***

The adoption of a new Long-term Care Act establishes the legal basis for the start of the integrated provision of care services in Slovenia. The act will facilitate the integration of health and social services; it will also provide greater support for informal caregivers (training, counselling, respite care), new services (services for strengthening and maintaining independence, and co-financing of e-services) and integrated public supervision. Given the complexity of the initiated reform, the measures foreseen under the act will be implemented in a phased approach until 2025.

The adoption of the act provides a solid base on which to base the response to the challenges of the ageing population in Slovenia and has the potential to address the Country Specific Recommendation to enhance the resilience of the Slovenian Long-term Care system. The successful implementation of the foreseen measures should be encouraged.

### 3) PENSIONS

#### a. Austria

**2019 CSR # 1** *Ensure the sustainability of the [...] pension system[...], including by adjusting the statutory retirement age in view of expected gains in life expectancy.*

In response to the 2019 Council Recommendation and as part of the 2020-2024 government programme, Austria is seeking to apply a mix of policy measures, aimed at increasing the effective retirement age and at improving the sustainability of its pension system. The measures include efforts to strengthen the health promotion and prevention activities (aimed at enabling people to remain longer employed); measures to improve female labour market participation (in particular for women aged 55-64); and a gradual increases of the retirement age for women by 6 months per year, (starting as of 2024). Furthermore, Austria seeks to restrict the access to several early retirement schemes, reversing a parliamentary decision from 2019 to loosen the access to these schemes.

The reported measures are important, and could contribute to increasing the duration of working lives and securing the long-term sustainability of the system. Their impact will need to be evaluated when more data becomes available.

#### b. Slovenia

**2019 CSR # 1:** *Ensure the long-term sustainability and adequacy of the pension system, including by adjusting the statutory retirement age restricting early retirement and other forms of early exit from the labour market*

The 2019 Country Specific Recommendation for Slovenia in the area of pensions refers to ensuring both the long-term sustainability and adequacy of the pension system, including by restricting early retirement and other forms of exit from the labour market. In response, Slovenia reports a set of measures, aimed at improving the adequacy of pensions. Structural reforms to ensure the long-term sustainability of the pension system are included in the country's Recovery and Resilience Plan (RRP), but remain to be formulated.

The reported measures to improve the adequacy of certain benefits within the pension system include an increase of the minimum (old-age, early retirement or disability) pensions; an increase of the guaranteed old-age or disability pension for beneficiaries with at least 40 years of completed qualifying period; and the introduction of a new institute for guaranteed disability pension. These measures are aimed at improving the income of the most-vulnerable older people. At the same time, they do not address any structural problems relating to the long-term fiscal sustainability of the system.

To that effect, the Slovenian Recovery and Resilience plan envisages a series of reforms to boost economic resilience, raise growth potential, and include a pension reform to improve fiscal sustainability. The reforms would include comprehensive amendments to the *Pensions and Disability Insurance Act*, which are yet to be presented. While this is a welcome development, the

potential of the planned reforms to address the requirements of the CSR are not yet clear. Additional measures in other areas (such as for example measures on the labour market) may also be considered to enhance the efficiency of any future changes in the pension system.

### **c. Spain**

#### ***2019 CSR # 1 Preserve the sustainability of the pension system.***

Spain reports on a range of measures, aimed at addressing the 2019 Country Specific Recommendation to preserve the sustainability of its pension system. Spain has also taken steps to preserve the adequacy of pensions in terms of protection against poverty and maintenance of the purchasing power in old age.

These measures include efforts to align the effective and legal retirement ages; to separate the financing sources to contributory and non-contributory elements; to improve the functioning of the pension indexation mechanism and to introduce a new automatic adjustment mechanism; to reduce the gender pension gap by streamlining the maternity add-on; to improve the functioning of the contribution scheme for self-employed workers and to promote supplementary collective pensions, which are negotiated at collective or workplace level.

The reported reforms are wide-ranging and - if implemented successfully – have the potential to reinforce both the financial and social sustainability of the Spanish pension system. The exact impact of the reforms is yet to be established, so it remains important that the reform implementation and its effects are closely monitored.

### **d. Italy**

#### ***2019 CSR # 1 Implement fully past pension reforms to reduce the share of pensions in public spending and create space for other social and growth-enhancing spending.***

Italy reported, that as a result of past reform efforts to increase the retirement age for workers, the average effective retirement age in the country has gradually increased by more than 3 years in the last decade and currently stands at 64 years.

In addition, to address the 2019 Council recommendation, Italy presented three distinct policy measures.

The first measure consists of tightening early retirement conditions. By promoting longer working lives and increasing the retirement age, the measure can have a positive effect on the long-term fiscal sustainability of the pension system, but it remains to be seen whether this will be sufficient to meet the challenges underpinning the CSR.

The second and third measure maintain some limited flexibility in retirement age in some specific cases (concerning women and heavy duty workers), which could lead to an increase in public expenditure. The financial impact of these measures will be very limited though, due to both the actuarial recalculation of the pension in case of early retirement for women, and to the limited number of heavy duty workers allowed to access the measure.

In addition to the three pension policy measures, Italy also reports on its intention to strengthen long-term care services for the elderly. While such strengthening (incorporated in the Italian Recovery and Resilience Plan) does not directly address the CSR under review, it serves to show Italy's commitment to develop areas of welfare, which need stronger investment of public resources and have the potential to improve the well-being of older and other persons in need of care.

#### **e. Malta**

***2019 CSR # 1 Ensure the fiscal sustainability of the [...] and pension system[...], including by restricting early retirement and adjusting the statutory retirement age in view of expected gains in life expectancy.***

In the past years, Malta has implemented a number of measures to promote longer working lives and increase the employment rate of older workers. These measures have led to a notable increase in the employment rate of older workers, as well as of the effective retirement age. Following the periodic review of its pension system, carried out in 2020, Malta has taken additional measures to broaden its pension coverage and to ensure an adequate retirement income. These measures also include initiatives aimed at incentivising a later retirement and the linking of the contributory period to the period spent in retirement. More recently, Malta reports taking action to enhance access to social protection to part-time workers and to increase the formal and effective coverage of older persons who entered the workforce before the age of either eighteen, or nineteen years.

The two recent measures are aimed at enhancing access to social protection for certain categories of workers, thus encouraging people to participate in the labour market and contribute to the pension system. At the same time, the measures affect a relatively small part of the larger pension system. Additional efforts may be needed in future to address the projected further growth in life expectancy.

## 4) HEALTHCARE

### a. Austria

**2020 CSR # 1: *Improve the resilience of the health system by strengthening public health and primary care.***

Public expenditure on healthcare as share of GDP in Austria is well above the EU average. The number of doctors and nurses, compared to the population size is among the highest in the EU. At the same time, the proportion of general practitioners (GPs) is among the lowest in the EU and the physician workforce is ageing. Furthermore, per capita spending on inpatient care is among the highest in Europe, reflecting the focus of the Austrian health system on hospital rather than on ambulatory care and on prevention and health promotion.

Austria reports several measures, which are likely to strengthen the resilience of its health system. The country continues to implement its target-based health governance (*Zielsteuerung-Gesundheit*), first introduced in 2013 and recently extended until 2023. This measure is intended to improve coordination and promote joint planning between the state governments (*Bundesländer*) and the social insurance institutions, in an effort to improve efficiency and reduce fragmentation. The application of caps on public health expenditure, introduced in previous years, has been suspended during the COVID-19 pandemic, but fiscal implications on expenditure in different areas continue to be monitored closely. In addition, Austria is reporting on several measures to strengthen public health and primary care, including an investment in new primary health care units and supporting measures to improve the attractiveness of the GP profession.

The measures reported by Austria – when fully implemented - will likely have a positive effect on the resilience of the Austrian health system and could contribute to addressing the requirements of the Country-Specific Recommendation.

### b. Belgium

**2020 CSR # 1: *Reinforce the overall resilience of the health system and ensure the supply of critical medical products.***

Belgium reports on a range of measures aimed at addressing the requirements of the 2020 Country Specific Recommendation.

In an effort to address the structural shortage of health personnel, Belgium has set up a *Health Personnel Fund*. The Fund is a key tool to attract healthcare staff, through financing the creation of employment, improvement of the working conditions of health personnel, and providing



opportunities for training of nurses. As such, the fund has a good potential to effectively tackle the structural shortages in the health workforce, but adequate financing will need to be ensured.

In addition, an agreement has been concluded to increase remuneration, reduce workload and create more permanent training opportunities. By concluding a new pact with the pharmaceutical sector, Belgium is also taking steps to ensure the permanent availability of critical medical products. The pact is aimed at promoting innovation, addressing shortages, but also ensuring a budgetary responsibility for the sector.

To reinforce the overall resilience of the healthcare system and prepare the country for possibly future health crisis, a revision of existing systems and structures has been launched. The revision includes a range of measures and will make use of the lessons learned during the COVID-19 pandemic.

While it is too early to properly evaluate the impact of the reported measures, Belgium has taken important steps to address the requirements of its CSR.

### c. Estonia

#### ***2020 CSR# 1: Improve the accessibility and resilience of the health system, including by addressing the shortages of health workers, strengthening primary care and ensuring the supply of critical medical products***

The Estonian health policies and funding continue to be guided by the National Health Plan 2020-2030, which puts special focus on innovation, human centeredness and reducing inequality. Steps toward universal health insurance, changes in legislation of primary care and setting mechanisms for reducing lifestyle related health risks are among the key priorities of the Plan.

Estonia reports on a range of measures, taken in the context of its National Health Plan. These include the development of a new *Hospital Master Plan* until 2040; increased deployment of e-health solutions; measures to strengthen primary healthcare; efforts to expand health insurance coverage; as well as efforts to optimise tasks and provide improved education and training, aimed at addressing issues related to health workforce shortages.

The planned measures go in the right direction of addressing the shortcomings of Estonian health system as well as the CSR. At the same time, given the extent of the challenge and since most of the reported measures could only yield results in the mid- or long-term, further actions - in addition to the complete implementation of the already announced measures - may be needed to improve the resilience of the Estonian health system.

#### **d. Finland**

***2020 CSR # 1: Address shortages of health workers to strengthen the resilience of the health system and improve access to social and health services.***

In an effort to address the existing shortages in the health workforce, also in view of projected increases in demand for healthcare driven by an ageing population, Finland reports adopting a reform of the healthcare and social system in 2021. The aim of the reform is to improve access to healthcare services through better integration between the health and social sectors. The first stage of the reform is to be implemented by June 2023 with the establishment of 22 new well-being service counties, which would provide the basic structure for implementing the further stages of the reform. Sufficient funding has been secured (in the form of state aid grants) to the future welfare service counties until 2023 and the potential need for additional funding will be assessed as implementation progresses.

In addition, Finland has launched a *programme on the sufficiency and availability of social and health care personnel* in an effort to secure the skilled workforce required for delivering social and healthcare services in a sustainable manner. The programme will aim to improve the matching of jobs and job seekers in the health sector. It will contain measures to increase professional competence and mobility, as well as to promote well-being at work and gender equality. To that end, a Government working group for the programme has been set. The group has been tasked to elaborate a strategic roadmap, including specified measures, by December 2022.

In response to the CSR and the challenges in its health system, Finland has proposed well-planned activities, with significant funds allocated for their execution. If implemented successfully, the suggested measures will likely yield positive results in the coming period.

#### **e. Hungary**

***2020 CSR # 1: Address shortages of health workers and ensure an adequate supply of critical medical products and infrastructure to increase the resilience of the health system. Improve access to quality preventive and primary care services.***

In an effort to address the requirements of the 2020 Country Specific Recommendation in the area of Healthcare, Hungary reports on the continued execution of the Three Generations for Health and the Human Resources for Health Programmes.

The Three Generations for Health programme was originally launched in 2018. It has provided the legal and professional base for the establishment of collegial communities of practice, thus facilitating the introduction of multidisciplinary teams and contributing to the strengthening of primary care provision. Since the introduction of the programme, 143 community practices are reported to have been established, leading to improved access to screening, disease prevention and health promotion activities.

The Human resources for health programme, announced in 2019, consists of a four-stage wage increase program for healthcare professionals, based on which their gross basic salary increased by a total of 72% compared to the gross basic wage in 2018. The final phase was implemented in January 2022 and wages increased by 21% compared to December 2021. Further wage increases are foreseen until 2023. The measures are expected to increase the attractiveness of the medical profession and contribute to addressing the shortage of health workers. In an effort to reduce out-of-pocket payment, Hungary reports on a new law from March 2021 aimed at regulating the status of healthcare workers, including the prohibition the acceptance of gratuities.

#### **f. Italy**

***2020 CSR # 1: Strengthen the resilience and capacity of the health system, in the areas of health workers, critical medical products and infrastructure. Enhance coordination between national and regional authorities.***

Italy reports on a large range of measures, mostly taken in the context of addressing the immediate challenges of the COVID-19 outbreak, but with the potential to reinforce the capacity of the Italian health system beyond the pandemic.

In an effort to address the structural shortages of healthcare workers, Italy reports on taking extraordinary measures to recruit health professionals and to update their skills. In addition, significant additional funds were made available in 2021 to provide further opportunities for post-graduate training, with particular regard to the medical specialities most affected by the COVID-19 emergency. Extra economic resources for general practitioners' (GP) training were also provided to support the increased involvement of primary care physicians in the management of the Covid-19 emergency, and address the issue of ageing GP workforce.

Italy also reports on its efforts to reinforce and improve the quality of mental health services. This includes legal provisions and specific resources for enabling easier access to psychological services, with special attention dedicated to adolescents and children.

The reported measures have played an important role in mitigating the impact of the COVID-19 pandemic. From a longer-term perspective, Italy has already planned to convert short-term to permanent contracts for NHS health workers who provided their services during Covid-19 pandemic. Additional measures may be needed to address the structural issues of the Italian health system, on which the 2020 CSR is based.

#### **g. Malta**

##### ***2020 CSR # 1: Strengthen the resilience of the health system with regard to the health workforce, critical medical products and primary care.***

The Maltese health system delivers good health outcomes overall, with high accessibility and low unmet need for medical care observed. At the same time, Malta experiences several ongoing challenges related to the availability of health workforce and affordable new medicines or therapies. Reorienting service delivery from hospitals to outpatient setting also remains a priority.

In an effort to address the shortage of health professionals, a number of actions to improve the education, training and employment opportunities have been implemented in the past years. Building on these past actions, Malta is working on the development of a *Health Workforce Strategy*, which includes a bespoke tool to support evidence-based and long-term human resource planning. Malta has also invested in increased facilities for healthcare workforce training and is making efforts to attract foreign healthcare workforce. To improve the availability of critical medical products, the government is making greater use of managed entry agreements, clinical pathways and protocols for evaluation of new medicines. Malta is also actively participating in initiatives for stronger cross-border collaboration, joint procurement and price transparency, that have the potential to alleviate the issue. Various measures are also being taken to reorient service delivery from hospitals to outpatient settings. New e-health solutions have been implemented in the wake of the COVID-19 pandemic. In addition, Malta has invested heavily in physical infrastructure: a new outpatient building at Mater Dei Hospital and two regional primary care hubs are being built, while health centres and community clinics across the country are being modernized.

The reported measures form a comprehensive policy response to the challenges identified in the Council's Country Specific Recommendation. Since many of the reported initiatives are in planning or in early implementation measures, further evaluation of their successful implementation will be required in the coming periods.

#### **h. Poland**

##### ***2020 CSR # 1: Improve resilience, accessibility and effectiveness of the health system, including by providing sufficient resources and accelerating the deployment of e-health services.***

The challenges behind the 2020 Country Specific recommendation issued to Poland include a relatively low level of public spending as percentage of GDP, scarcity of practising doctors and nurses, and the need to strengthen public health, e-health and primary care in order to improve prevention and access to health services.

In response to the CSR, Poland had taken a wide range of actions to accelerate the deployment and improve the availability of e-health services such as e-prescription, e-referral, e-medical sick leave and patient online accounts. Efforts are made towards the digitalization of records under the

flagship project of the eHealth Center. Additional pilot-programmes introducing telemedicine tools, artificial intelligence, monitoring and innovation programmes show further commitment to the further development of e-health services in Poland. The increased use of telemedicine and e-health solutions has the potential to improve the accessibility and effectiveness of the Polish health system by optimising resources, reducing waiting times, and improving the continuity of care. At the same time, efforts should be made to ensure that persons unable to access services provided electronically are not left behind.

Poland does not report on any new measures to further develop its primary care system or to address challenges related to the health workforce. Furthermore, despite the increased funding made available to combat the COVID-19 Pandemic, spending on healthcare remains below the EU average. In light of these findings, further efforts may be required to address the requirements of the 2020 CSR in their entirety.

### **i. Slovenia**

#### ***2020 CSR # 1: Ensure the resilience of the health [...] system, including by providing the adequate supply of critical medical products and addressing the shortage of health workers***

In its report, Slovenia confirms its commitment to enact ambitious reforms, through the foreseen *Healthcare and Health Insurance Act*, the draft of which was first revealed in 2017, but has been further delayed to reflect the lessons learned from the COVID-19 pandemic. The Act will regulate the rights of the insured population, and define the method and sources of financing, placing more emphasis on strengthening controls over payers and operators. Work on the Act is planned to resume after the general elections of April 2022, but at this stage, there is no clear schedule for the adoption of this important piece of legislation.

Slovenia reports on introducing several measures to confront the most pressing issues in its healthcare system. In an effort to address the shortage of health workers, Slovenia has taken steps to increase the attractiveness of the medical profession by introducing extra scholarships for medical schools, as well as by providing additional remuneration for young doctors who specialize in family medicine. Additional specialisations in clinical psychology will be funded from the state budget. Temporary relocations, use of financial incentives and adjustments of wages were used to ensure the availability of sufficient medical personnel in hospitals during the pandemic. Some administrative simplifications were also made to facilitate the recruitment of medical staff from third countries. In order to improve the accessibility and efficiency of healthcare, Slovenia is preparing a new national strategy and action plan to implement different healthcare digitalization projects and activities in the future, as well as a new *National strategy on Quality of Care (QoC)* and action plan aimed at improving patient safety and quality of healthcare..

## j. Spain

### ***2020 CSR # 1: Strengthen the health system's resilience and capacity, as regards health workers, critical medical products and infrastructure.***

Spain reports having started work on a number of important long-term improvements of its health system, which could to address the requirements of the Country Specific Recommendation.

To address the scarcity of medical personnel, Spain has increased student quotas for nursing professions and specialist doctors on the basis of the recent forecasting analysis (2035 perspective). Furthermore, a set of strategies, including *the Action Plan for Primary and Community Care 2022-2023* (December 2021), the *National Strategy of Cancer* (January 2021) and the *National Strategy of Mental Health* (December 2021) have been adopted in an effort to adapt and improve the responsiveness of the health system to needs of the ageing population. To improve the efficiency of pharmaceutical spending, a dedicated work programme for the pharmaceutical industry has been agreed (November 2021).

Spain is also taking steps to increase the digitalization of healthcare. The *Digital Health Strategy of the National Health System* was adopted (December 2021) and aims at expanding digital services and establishing the health data space. The *Strategic Project for Recovery and Economic Transformation for Vanguard Health* (November 2021), aims to support the digital transformation of Primary and Community Care, develop digital health centers, personalized medicine and support processes in the healthcare sector.

Spain has taken important steps to address the requirements of the Council Recommendation. Since most of those improvements are in their initial phase, their impact will have to be assessed once the changes and new solutions are implemented.

## k. Sweden

### ***2020 CSR # 1: Ensure the resilience of the health system, including through adequate supplies of critical medical products, infrastructure and workforce***

Sweden has implemented various measures and restrictions to handle the COVID-19 outbreak, to reduce the pressure on the healthcare sector and mitigate the impact of the pandemic on the society. The lessons learned from the pandemic are processed and implemented gradually in order to enhance the functioning of the Swedish healthcare system.

To improve the country's preparedness for possible future emergencies, the government appointed a committee of inquiry with instructions to evaluate the measures taken in response to the pandemic and its effects. The committee's final report was submitted in February 2022 and the Government is currently analysing its conclusions, with a view to preparing the necessary steps to further develop the health care system. Additional measures to improve the system's resilience include a review of the *Infection Control Act* for new regulations for future pandemics; an inquiry to

propose an *Elder Care Law* and strengthened medical competence in municipalities, as well as a range of different actions aimed at improving preparedness at both regional and national levels.

Several measures to ensure adequate access to critical medical products, infrastructure and personnel are also being reported. For example, a special initiative was launched in 2020 to train up to 10,000 health workers to become assistants or assistant nurses in elderly care and healthcare. Further, the *National Board of Health and Welfare* was put in charge of creating a national knowledge support system for sudden and unexpected influx of patients and of planning and coordinating national training and exercise for emergency medical preparedness and civil defence. Steps were also taken ensure the availability of vaccines and to secure the proper functioning of supply chains for medicines, which are deemed to be of central importance to health care.

Finally, the country will continue to monitor active COVID-19 infections, while the *Medical Products Agency* will continue to carry out in-depth safety follow-up until the end of 2024 in order to detect possible safety issues with COVID-19 vaccines.

Sweden has acted effectively to respond to the immediate needs in the health care system in light of the COVID-19 pandemic. The measures taken are expected to contribute to improving the country's resilience and preparedness for future emergencies, like the one caused by COVID-19.