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From: The Social Protection Committee
To: Permanent Representatives Committee

Subject: SPC Multilateral Implementation Reviews (MIRs) of 2020 and 2019
Country Specific Recommendations (CSRs)
- Country-specific Conclusions

Delegations will find attached the SPC Multilateral Implementation Reviews (MIRs) of 2020 and 2019 Country-specific Recommendations (CSRs).



ANNEX 2

SPC Multilateral Implementation Reviews (MIRs) of 2020/2019 Country Specific Recommendations (CSRs)

Country-specific Conclusions

Thematic Area: Social Protection and Social Inclusion

1. Bulgaria

2020 CSR#2: *Ensure adequate social protection and essential services for all [...] Address the shortcomings in the adequacy of the minimum income scheme.*

The 2020 CSR under review is a follow up from previous years' Council Recommendations for Bulgaria. The rationale behind it is the need to ensure adequate social protection and essential services for all, while addressing the persistent shortcomings in the adequacy of the Bulgarian minimum income scheme.

Bulgaria provided information on two specific ad-hoc measures, intended to address the challenges in social protection and essential services in light of the COVID-19 pandemic, and to a limited extent address the shortcomings in the adequacy of the Bulgarian minimum income scheme.

The **first** measure - provision of monthly targeted benefits - is intended to support low-income families, experiencing a loss of income due to care obligations, caused by the pandemic. The measure appears relevant and well-targeted, but is limited to the duration of the declared emergency epidemic situation. The **second** measure, introduced in its amended version in 2019 – basic income for heating – is an improvement of the existing targeted support mechanism to provide relief to disadvantaged groups during the heating season.

The reported measures have the potential to reduce the risk of poverty and/or material deprivation among beneficiaries. Nevertheless, they address only indirectly and partially the need to ensure social protection and essential services for all. Issues such as ensuring social protection for all, have not been addressed by any new measures. Despite past improvements in its level, the Minimum Income Scheme in Bulgaria still has among the lowest levels of adequacy in Europe and is not integrated with the provision of enabling services. A regular revision system, based on objective criteria, is yet to be implemented.

Given the magnitude of the poverty and social exclusion challenge, as well as the growing levels of inequality in Bulgaria, further efforts are needed to address the requirements of the 2020 Council Recommendation.

2. Netherlands

2020 CSR#2: *Mitigate the employment and social impact of the crisis and promote adequate social protection for the self-employed.*

The 2020 CSR under review for the Netherlands is a follow-up from previous years' Council Recommendations, made more relevant in the context of the crisis caused by the COVID-19.

In an effort to mitigate the impact of the pandemic, the Netherlands has introduced a number of unprecedented and broad economic measures to mitigate employment losses, protect livelihoods and minimise the impact on self-employed people, small and medium sized enterprises and big companies:

- The Temporary Emergency Scheme for Job Retention (*NOW*) provides for a contribution for wage costs to employers.
- Under the Temporary Bridging measure for self-employed (*TOZO*), the self-employed can apply for additional income support up to the amount of the social minimum.
- An additional temporary set of measures (*Steun en Herstelpakket*), with a foreseen allocation of 1.4 billion Euro combines a social support with flanking measures.
- The government is also making nearly 150 million euros available to municipalities and other parties to tackle poverty and support people with debts.

- Additional financial support has been made available for those sectors hit hardest by the partial lockdown during the second wave of the corona virus (e.g. horeca, transport sector, the events industry).

The reported measures are comprehensive and ambitious; they have the potential to effectively mitigate the employment and social impact of the crisis. Their effect on the most vulnerable (young, less-skilled, people with migrant background or persons with disabilities) should continue to be carefully monitored, as those groups have been hit hardest by the crisis.

The SPC notes that in an effort to address the second part of the CSR and provide further social protection for the self-employed, an agreement was reached to introduce a mandatory disability insurance scheme, and possibilities for self-employed to join existing pension schemes on a voluntary basis under the new pension system will be assessed as of 2022. While having the potential to address the recommendation requirements, these measures are still at early stages. The disability insurance scheme is still the subject of a feasibility study, and will require the new government to develop the required legislation. Given the voluntary nature of the possible pension coverage for the self-employed, continuous monitoring of the effective uptake will be necessary to verify that the desired effect is being achieved. Moreover, gaps remain in terms of other aspects of social protection.

3. Romania

2020 CSR#2: Provide adequate income replacement and extend social protection measures and access to essential services for all.

In the context of the crisis caused by the COVID-19 pandemic, Romania has introduced a number of income-replacement measures and flexible working arrangements to protect incomes and employment. The reported measures are significant and are to provide support to over a million workers (including self-employed workers) in the sectors most affected by the crisis. The duration of most measures has been extended until the second half of 2021. Nevertheless, accompanying targeted activation efforts may be needed to ensure that different vulnerable groups (or sectors most affected) rebound in unison with the rest of the economy during the anticipated period of recovery from the crisis.

Romania's efforts to extend social protection measures include the temporary employment of additional social assistants and provision of bonuses; the foreseen 100% increase of the support for children (to be implemented in stages); the adoption of different quality and cost standard in the provision of social services; as well as some pilot projects for the delivery of integrated social services in marginalized communities. Romania also reports some positive developments in the elaboration of the National Strategic Framework for Social Inclusion and Poverty Reduction (SNIRS) 2021-2027, the Social Inclusion Mechanism and the National Program for the Social Inclusion of Homeless People for 2021-2027).

Despite the significant efforts made by the Romanian authorities, there are still gaps in addressing the requirement of the CSR. The implementation of the minimum inclusion law, adopted in 2016, is still pending. The integration of social protection, activation measures and access to quality services are also lagging behind, especially in the rural areas. Several additional legislative and non-legislative measures need to be further developed in order to improve the access to the social worker profession, maintain quality and ensure an adequate number of social workers in rural communities. No steps were taken to tackle the structural challenges faced by various groups of nonstandard workers in accessing social protection. The access to essential services for water and sanitation, as well as energy, remains limited especially for marginalised communities and rural area.

The SPC acknowledges the efforts made by Romania, but is of the opinion that further efforts are needed to fulfil the requirements of the Council Recommendation.

4. Lithuania

2020 CSR#2: *Ensure the coverage and adequacy of the social safety net and improve the effectiveness of the tax and benefit system to protect against poverty.*

, Despite some significant improvements in recent years, the levels of poverty and income inequality in Lithuania remain among the highest in Europe. At the same time, expenditure on social protection in Lithuania remains among the lowest.

In 2020, Lithuania has introduced a wide range of temporary measures, aiming to mitigate the impact of the crisis, caused by the COVID-19 pandemic. These include job retention and additional income support for workers (especially minimum-wage, atypical and self-employed workers). In addition, longer-term measures, such as indexation of pensions, cash social assistance, universal child benefit and income tax allowance have been modified to address the needs for various population groups, such as low-income families, children, elderly and persons with disabilities.

The reported measures are likely to have a strong positive impact on mitigating the impact of the current crisis and reducing the risks of poverty for the entire population. However, given the temporary character of the COVID-19 package of measures, as well as the scale of the inequality, poverty and social exclusion challenges in Lithuania, further efforts are needed to ensure the sustainability and adequacy of the Lithuanian social safety net. Moreover there remain gaps in access to social protection for self-employed and atypical workers. Efforts are also necessary to improve the effectiveness and redistributive capacity of the Lithuanian tax and benefit system.

5. Poland

2020 CSR#2: *Better target social benefits and ensure access to those in need.*

In recent years, Poland has introduced an extensive programme of social transfers, including a universal child allowance (“*Family 500 plus*”) and yearly extra benefit paid to all pensioners. The 2020 Council Recommendation for Poland specifically calls for better targeting of those social benefits.

In its report to the SPC, Poland maintains the view that social benefits are generally well targeted, and as such, no significant changes are required. Poland also reports the introduction of new targeted measures, aiming to support the most vulnerable and mitigate the effects of the COVID-19 pandemic. The governments’ “Anti-Crisis Shield” package includes temporary regulatory and organizational changes for the duration of the pandemic and provides social assistance to entrepreneurs and workers affected by the pandemic, as well as an additional benefit paid to parents, taking care of children due to the closure of schools and kindergartens. Funds have also been secured for the action plan to support persons with disabilities in 2021, which is part of an ambitious multiannual programme (2021-2030), currently under approval process by the Council of Ministers.

The SPC takes note that Poland took no action to revisit the targeting of the “*Family 500 plus*” child allowance or the additional annual benefit for old-age and disability pensioners. The Committee acknowledges the efforts made by the Polish government to mitigate the impact of the current crisis and the measures to improve the situation of persons with disabilities and their families.

Nevertheless, issues remain in ensuring social protection for all, including non-standard workers and self-employed, while the relevance of those measures in addressing the requirements of the CSR for better targeting of social benefits and ensuring access to these benefits for people in need in the longer term remains unclear.

6. Spain

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

Prior to the COVID-19 pandemic, Spain was the EU Member State with the lowest average of family benefits per child. In addition, large regional disparities in the coverage, duration, adequacy and access conditions of the existing regional minimum income schemes existed and only 20% of the potential beneficiaries benefited from the schemes.

A new national minimum income scheme became operational in Spain in June 2020. The scheme introduces a common minimum floor for the entire country, for regions to top up and complement with their own schemes. To date, five regional governments have taken steps to improve the compatibility of their regional scheme with the new nationwide scheme.

In addition, Spain is reporting on the introduction of a range of emergency measures, aimed at mitigating the impact of the crisis caused by the COVID-19 pandemic. The measures consist of financial support, combined with services to support the most vulnerable.

The SPC welcomes the efforts of the Spanish government. The introduction of the national minimum income scheme is seen as a major step towards addressing the requirements of the CSR. The SPC also notes that the scheme is in its early stages and its impact on poverty reduction and on reducing regional disparities is yet to be established. Given the low coverage and adequacy of family benefits and high level of child poverty, Spain is encouraged to continue with its efforts to address the issue.

7. Ireland

2020 CSR.2: *Increase the provision of social and affordable housing.*

To address the requirements of the CSR and tackle the ongoing undersupply of housing, Ireland continues to implement a broad range of measures and to construct new social homes under the previously announced *Rebuilding Ireland: Action Plan for Housing and Homelessness* (launched in 2016).

The additional measures, reported under the current review, include:

- continued efforts under the *Services Sites Fund (SSF)* and the *Local Infrastructure Housing Activation Fund (LIHAF)* to fund the construction of enabling infrastructure to deliver more affordable homes on local authority and state land and facilitate large-scale development on key sites.
- A new State-backed *Affordable Purchase Shared Equity Scheme*, aimed at supporting first time buyer middle-income earners in obtaining a mortgage, is being developed for launch in 2021.
- A new *Cost Rental* housing sector is also being developed to target individuals with affordability issues on the rental market.

The SPC welcomes the continued commitment, significant investments and various measures implemented by Ireland to address the insufficient provision of affordable and social housing. The Committee also takes note that the outbreak of the COVID-19 pandemic has impacted the delivery of new homes, which is likely to fall short of government targets established for 2020 and 2021.

As homelessness and housing exclusion is likely to worsen in the aftermath of the pandemic, Ireland is encouraged to continue with its current efforts to address the issue and support housing supply.

8. Latvia

2019 CSR#3: *Focus investment-related economic policy on [...], the provision of affordable housing [...] taking into account regional disparities.*

The Council Recommendation under review is from 2019. It remains relevant in the 2020 Semester Cycle, as the share of people facing severe housing deprivation and that of people facing overcrowding in Latvia remains among the highest in Europe, which indicates a persisting lack of affordable housing on the market.

To address this lack of affordable housing, the Latvian authorities are preparing:

- an *Affordable Housing Strategy*, intended to improve the housing support for all households.

Latvia aims to finalise the draft by the end of 2021.

- A support programme for the *construction and renovation of social and municipal housing*, using financing from the Multiannual Financial Framework (MFF), is currently in a planning stage.

- Similarly, a support *programme for the construction of affordable rental housing* would be implemented using financing from Recovery and Resilience Facility (RRF).

Finally, changes to implement a uniform approach in calculating housing benefit have been adopted and will enter into force in April 2021. According to the prognosis by the Latvian Ministry of Welfare, this will result in lower coverage, but improved adequacy of benefits.

The announced measures are welcomed as steps in the right direction to address the requirements of the CSR. Given the scale of the challenge and the fact that most of the measures are still in their planning stage, Latvia is encouraged to proceed with the implementation, while taking further steps to improve the provision of housing in the country.

9. Slovakia

2019 CSR#2: *Focus investment-related economic policy on [...] social housing, taking into account regional disparities.*

The Council Recommendation under review for Slovakia is from 2019 and is still considered relevant in the current Semester cycle. The CSR is focused on the need for an integrated approach in addressing the bottlenecks for disadvantaged groups (including people suffering from homelessness and housing exclusion) to essential services, such as social housing.

Slovakia reports on several reforms and policy measures aiming to respond to the policy recommendation by increasing the number of rental dwellings; initiating the preparation of a new housing allowance benefit; taking measures to facilitate the participation of Social Enterprises; and launching a call for proposals to deliver housing and counselling, as social services for persons in an unfavourable social situation.

The policy measures indicate the aspirations of the Slovakian authorities to develop an integrated response to the Council Recommendation, yet most of them are perceived as limited in scale, have been announced only recently, or are still in development. Slovakia is encouraged to continue with its efforts to increase the provision of social housing with a holistic approach.

10. Ireland

2019 CSR # 2: *Increase access to affordable and quality childcare*

The Council Recommendation under review for Ireland is from 2019 and is considered relevant in the context of the current Semester Cycle.

Ireland continues to implement measures to improve access to and quality of early childhood education and care (ECEC) within the framework of *First 5*, Ireland's 10-year cross-departmental strategy to support babies, children and their families.

Ireland also reports the introduction of a new *National Childcare Scheme* of universal and means-tested financial support for families to improve access and affordability for early learning and care and school-age childcare. A new *Funding Model* is also being developed with the aim to provide a new framework for additional public investments in the sector, where there remain issues related to affordability, especially for full-time ECEC of the age bracket 0-3 years. Finally, a series of measures relating to regulatory and workforce reform have been prioritised since 2019. These measures include regulation of school-age childcare services, the publication of a draft *Childminding Action Plan* and the development of a *Workforce Development Plan*.

The SPC welcomes the major efforts and targeted investments in early childhood education and care, which have clear milestones and a plan for evaluation and follow-up. The authorities are encouraged to maintain the momentum of reforms in improving affordability, access and quality of ECEC.

THEMATIC AREA: LONG-TERM CARE

1. Portugal

2020 CSR#3 [...] *ensure equal access to quality [...] long-term care.*

Portugal reports on its efforts to respond to the previously identified gaps in the provision of long-term (LTC) care, as well as to the expected increase of persons in need of such services by continuing the extension of formal LTC care services in the framework of its *National Network of Long-Term Integrated Care (RNCCI)*, and by investing in the extension of the network of social facilities for older people at greater risk of loss of independence and/or autonomy under the *Social Response, Residential Structure for Older People (ERPI)*.

The measures under *RNCCI* are aimed at increasing overall access to formal LTC services, such as home care, residential care and day-care facilities, as well as improving palliative care and mental care responses at home and in socio-occupational units. Under *ERPI* Portugal is planning the construction of 100 new social and the adaptation of 100 existing facilities by 2025; the acquisition of specialized vehicles; as well as the restructuring of the social *Home Support Service*.

The SPC takes note of the major investments plans reported by Portugal and regards them as important steps in reducing the existing regional disparities and improving the overall provision of long-term care services. As most of the announced measures are still in a planning phase, Portugal is encouraged to continue its efforts to address the requirements of the CSR and to embed these investments into a coherent strategic long term plan].

2. Slovenia

2020 CSR#3: *Ensure the resilience of the [...] long-term care system*

The provision of long-term care in Slovenia is not covered by an overarching law; instead the delivery of services is regulated through separate laws and managed by different government departments. Access to certain LTC services also depends on the degree to which local communities co-fund them, resulting in significant variations by region in the coverage, access and quality of service. Improvements are also needed in the coordination between health and social care services, the provision of integrated community based services, as well as the use of ICT.

A comprehensive reform to the LTC system in Slovenia has been under preparation for a number of years. In the summer of 2021, the Slovenian Ministry of Health put into a public consultation a draft LTC Act. The Act is expected to be adopted by the Government in the first half of 2021. If adopted by Parliament and implemented in a timely manner, the new Act would help to improve significantly the governance and provision of LTC Services in Slovenia, thus forming a step forward towards the implementation of the Council Recommendation.

3. Slovakia

2019 CSR#3: *Enhance access to affordable and quality childcare and long-term care.*

The Council Recommendation under review is from 2019. It remains relevant in the current Semester cycle, as participation in early childhood education and care in Slovakia is one of the lowest in the EU, while the governance of long-term care remains highly fragmented.

In an effort to address the ECEC-related part of the CSR, Slovakia introduced compulsory pre-primary education for five-year old children from 2021. To enable the implementation of the measure, kindergarten capacities have been extended with the support of EU funds. Slovakia also reports on the development of a *Strategy on Inclusive Education and Care*, which contains legislative, financial and methodological measures intended to ensure successful implementation of the compulsory pre-primary education, and to enhance availability and quality of early childhood education and care.

Slovakia also reports the preparation of a proposal for a comprehensive reform to ensure the functional integration of health and social care. The reform will put forward legislation that would ensure the provision of health care to people with disabilities and elderly, who are currently covered by the social services. Other measures under the reform will result in a revision of the current needs assessment system, used to evaluate the needs of long-term care beneficiaries; extension of the regional availability of long-term care services; reforms of the financing system and the system of inspection over social care. The measures are put forward in Slovakia's National Recovery and Resilience Plan with an estimated cost of about 250 Million Euro.

The SPC takes note of the planned reforms and investments. If successfully carried out and taking into account also the role of municipalities in the area of long term care, the planned measures would represent a step forward

THEMATIC AREA: HEALTHCARE

1. Austria

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

Prior to the COVID-19 outbreak, Austria has been successfully managing the rate of growth in its health care expenditure through the application of a multiannual target-based health governance approach (*Zielsteuerung-Gesundheit*). Under this approach – first introduced in 2012, and confirmed in 2017 until 2021 - the growth of healthcare costs is contained by introducing annual expenditure caps. Driven by the need to address the COVID-19 outbreak, the expenditure caps have been temporarily suspended for 2020 and 2021.

As part of its long-term reform programme, Austria is also taking measures to strengthen the provision of primary health care, with a view to enhance the quality and effectiveness of outpatient care and reduce the high hospitalisation rates in the country. In the reform process, the implementation of 75 primary health care units until 2021 was agreed. Due to the Covid-19 crisis, the implementation of further units was interrupted and a new timeline will be agreed upon. Currently, 24 of the primary health care units have been put into operation, with more in the implementation or in the planning phase.

The digitalization of the Austrian healthcare system is also progressing well. Over the past years, Austria has successfully introduced an electronic health record (ELGA) and an electronic vaccination certificate. The telephone and web-based initial contact and consultation service (TEWEB), as well as the epidemic reporting system (EMS) have proven particularly effective tools in addressing the COVID-19 pandemic. In the long-run, the implemented measures are expected to contribute to the more efficient and sustainable provision of health care.

2. Belgium

(2020) Reinforce the overall resilience of the health system and ensure the supply of critical medical products.

Belgium reports a range of measures, aimed at addressing the requirements of the CSR and strengthening the resilience of its healthcare system.

In an effort to address the structural shortage of healthcare workers, a *Healthcare Personnel Fund* was established to increase the attractiveness of the healthcare-related professions through improvements in the wage levels and investments in additional training. Additional qualitative improvements in the working conditions in the healthcare sector are also foreseen in the collective agreements for the private and public sectors for 2021. Belgium is also planning to optimise planning of health professions by adjusting the quota system for specialisations.

To ensure the supply of critical medical products, a new pact is being concluded with the pharmaceutical industry, with the intention to stimulate the R&D, clinical trials and production of medicines and other medical products in Belgium. In addition, Belgium intends to develop an electronic system for monitoring the available stocks of a medicine at the companies, wholesaler-distributors and pharmacists, which would allow timely action to address reducing levels of supplies.

Finally, in 2021 Belgium intends to launch several initiatives to evaluate the experience from the current COVID-19 crisis. A number of existing systems and structures will be examined in an effort to better prepare the country for future health crises. While these measures can be expected to increase the overall resilience of the Belgian health system, their impact is yet to be assessed.

3. Bulgaria

(2020) 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 an effort to address the requirements of the CSR and mobilize adequate financial resources, Bulgaria has increased its public spending on healthcare by 7%, compared to 2019, and plans further annual increases until at least 2023. The 2020 increase relates directly to the COVID-19 pandemic and was supported by EU funds under the CRII and CRII+ initiatives as well as the REACT EU dedicated funding. This has allowed the provision of additional financing to the healthcare providers (hospitals) and to the healthcare professionals, in the form of salary supplements.

Bulgaria also reports on expanding the volume and scope of the package of health activities paid for by the National Health Insurance Fund, as well as on a set of legislative amendments supporting the preparation of a National Pharmaceutical Map, which is expected to improve the territorial distribution of pharmacies.

Positive developments are also reported towards the completion of the National Health Information System project, with an electronic prescription and an electronic referral for medical diagnostic activities partially rolled-out at the end of 2020. In reaction to the COVID pandemic, a *Register of Immunized Persons* and a *National Information System for Combating COVID-19* were also put into operation.

To promote the balanced geographical distribution of health workers, Bulgaria relies on the measures introduced in previous periods, in line with the objectives set out in the *Bulgarian National Health Strategy 2020*. The only new intervention reported is the increase of remunerations of health providers in remote or rural areas.

4. Croatia

(2020) 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.

Access to healthcare in Croatia is good, however unmet medical needs due to distance remain among the highest in the EU. The 2020 Country Specific recommendation thus calls on Croatia to focus its efforts on achieving better geographical distribution of resources, on improving the cooperation between different levels of administration and on developing eHealth solutions.

In an effort to address the requirements of the CSR, Croatia reports on two sets of measures, mostly aimed at addressing the eHealth and regional distribution aspects of the recommendation. Limited information is available about Croatia's efforts to improve the collaboration of its different levels of administration.

In an effort to improve the provision of eHealth, the Croatian authorities have defined a strategic framework and an action plan for eHealth development for the period 2021-2027, outlining 78 current and planned projects. A central eHealth Authority (CeHA), responsible for the management, coordination and implementation of the ongoing and upcoming e-health projects was established in 2019. In addition, Croatia reports on the completion of centralized data management system (CUS), linking 64 hospitals across the country. The system is intended to improve the financial management of the hospitals, by allowing transparent centralized reporting of hospital expenditures and efficiency.

In an effort to achieve a better geographical distribution of resources, Croatia is taking action to improve the functional integration of its hospitals. While progress is being reported on integrating hospitals within the same county, a proper assessment of the progress made would require more details about the extent this has been done across the country or about the overall percentage of hospitals integrated.

5. Cyprus

(2020) Strengthen the resilience and capacity of the health system to ensure quality and affordable services, including by improving health workers' working conditions.

Despite the significant pressure exerted by the COVID-19 pandemic, Cyprus has continued with the implementation of its *General Healthcare System (GHS)* – an ambitious reform, aimed at promoting full health coverage, thus addressing existing inequalities among the population. For 2020, Cyprus reports the successful completion of the final stage of the GHS and the resulting enhancement of primary care services via the Personal doctor concept, as well as through the integration of the public and private sectors.

In addition, Cyprus is taking steps towards the transformation of existing public hospitals into new public legal entities, able to function as independent administrative and financial business units, with the aim of optimizing their functioning and reducing costs.

Cyprus also reports on the development of legislation to establish a *National Medicines Organization*, as well as a *National eHealth Authority*. The establishment of these two government authorities is promising, but is in early stages and their impact is still to be determined.

6. Czech Republic

2020 CSR # 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

In 2019, the Czech government approved a *Strategic framework of health care development in the Czech Republic until 2030* to steer the national reform efforts in the areas of healthcare for the next decade. The framework sets out seven priority reforms areas¹ to improve the functioning and ensure the resilience of the Czech healthcare system. The national strategy has the potential to address the requirements of the Country Specific Recommendations in the long-run, but the effects of the planned measures are yet to materialize.

¹ The focus areas of the Czech *Strategic Framework for the Development of Health Care until 2030* are 1) Reform of primary care, 2) Prevention and health promotion, 3) Integration, 4) Personnel stabilization, 5) Digitization, 6) Optimization of the reimbursement system and 7) support for science and research.

At the start of the COVID-19 pandemic, in an effort to support the healthcare providers in adapting to changes in the mix of services provided, the Czech government introduced changes to the healthcare reimbursement rules with the aim to compensate for both the lower provider activity and higher costs. In addition, extra funding was allocated for the statutory health insurance system by providing increased government payment for people insured by the state. This increase in the government contribution to the healthcare system funding is expected to persist beyond 2021.

Czechia also reports embarking on a hospital financing reform, marked by the start of the implementation of a new inpatient classification and reimbursement system (*CZ -DRG*). By putting the allocation of resources for hospital inpatient activity on an objective and equitable basis, the reform is expected to enhance the financial resilience of the hospital system, while improving the availability of services and reducing waiting times for patients.

The digitalization of the Czech healthcare system is ongoing, but E-health services are still in an early stage of development, and efforts to standardize and implement the exchange of electronic medical records are ongoing. The Ministry of Health has started to develop individual project plans in cooperation with responsible entities and has included a Digital Transformation pillar within their National Recovery Plan.

7. Denmark

2020 CSR # 1: Enhance the resilience of the health system, including by ensuring sufficient critical medical products and addressing the shortage of health workers.

Denmark reports on making important efforts to increase the resilience and adapt its healthcare to the demographic changes facing the Danish welfare system. In addition to the significant additional investments already made to confront the COVID-19 outbreak, the Danish Government expects to put forward a bill (*Velfærdsloven*) by which this and future governments will be committed to increasing the budget for health care services in accordance with future demographic developments.

In an effort to strengthen and secure the supply of medicines Denmark reports establishing strategic national stocks of critical medicines. Denmark has also developed an IT system which - based on reports from pharmacies and wholesalers - provides insight into the stocks of critical medicines available and allows the Danish Medicines Agency to contact companies and suppliers of medicines in order to carry out an early prevention effort when stocks are low.

To ensure a sufficient supply of personal protective equipment (PPE), Denmark has established a *Critical Supply Agency* under the Ministry of Justice. The agency keeps track of the available stocks, as well as the current and potential national production of PPE and other critical resources. It cooperates with private actors in the field, as well as with regional and municipal health authorities to secure management of the national PPE stockpiles. Additionally, the agency hosts a *rescEU* stockpile in close cooperation with the Capital Region of Denmark.

Denmark also report on measures to address the challenges experienced by nurses and the shortage of specialized doctors in some parts of the country and in certain medical specialities. This includes an initiative to increase the number of general practitioners and nurses in agreement with the regions. As a result, Denmark expects the total number of nurses to increase by approximately 5% by 2025 (compared to 2017). In addition, forecasts by the Danish Health Authority show a large national increase in the number of specialised doctors in the years to come. While these measures are welcome, their impact is expected to materialize in the next four to five years. In that respect, continuous monitoring of the measures will be necessary to verify that the desired effect is indeed being achieved.

8. Estonia

(2020) 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

At the beginning of the COVID-19 outbreak, the Estonian authorities took swift action to ensure the proper functioning of Estonian healthcare system. Hospitals received additional financial support, which allowed them to cover the costs of reorganizing hospital work, to employ additional workforce and acquire equipment, medicine and test kits. Extra funding was also allocated to support primary care providers to enable them to absorb some of the work of the emergency medical centres, the service of patients without a family doctor, the provision of emergency care to uninsured people and the additional costs of setting up remote consultation services.

The COVID-19 pandemic accelerated the use of eHealth solutions in Estonia. As the digital infrastructure and solutions for remote services were already in place, the Estonian health system was well equipped to extend the provision of remote consultations and therapies for patients, as well as the provision of e-consultations between primary and special care specialists to more specialties.

The pandemic nevertheless revealed some structural deficiencies of the Estonian health system, related to the limited financial and human resources available and uneven access to healthcare. In an effort to address those deficiencies, the Estonian authorities have elaborated a new *National Health Plan 2020-2030*. When confirmed, the plan will guide the health policy and funding decisions for the next 10 years, but the concrete implementation steps are yet to be defined. In addition, a new *Hospital Master Plan until 2040* is under development with the support of the European Commission's Structural Reform Support Programme.

In an effort to ensure equal access to healthcare, the *National Health Plan* includes provisions for extending health coverage to the entire population. In addition, Estonia is also taking action to improve the sustainability and enhance the quality of primary health care in both more densely populated and remote areas. To that end, the *Health Services Organisation Act* is currently being amended. In addition, a project for developing Primary Health Care Centres, supported from European Regional Development Fund, is being implemented and will be finalized in 2023.

In an attempt to address the persisting workforce shortages, training capacity is gradually increased and measures to improve the attractiveness of the healthcare professions are being introduced. Amendment to the Health Services Organisation Act will empower nurses more by expanding the right of nurses to renew prescriptions and to give the certificate of incapacity for work in case of acute illnesses.

9. Finland

(2020) Address shortages of health workers to strengthen the resilience of the health system and improve access to social and health services.

Despite the negative impact of the COVID-19 pandemic, Finland has continued to prepare and implement several mutually reinforcing policy measures with the potential to address the requirements of the CSR in the long -run.

Finland reports advancing with its ambitious health and social services reform, which aims to consolidate the responsibility of the organisation of social and healthcare services at the level of counties and focus on prevention and primary healthcare, homecare, as well as on strengthening child and family services. The current government has introduced legislative proposals to the parliament in December 2020 and the legislation is expected to enter into force in stages by January 2023.

To address staff shortages in long-term care, Finland introduced amendments to the *Act on Care Services for older persons* in July 2020. The measure foresees a gradual increase in the staffing level, with 5000 new practical nurses planned to be trained by 2025. Finland has also taken measures to increase study places for health professionals, as part of the commitment to introduce 10 000 new study places in sectors suffering from labour shortages over the period 2020-22.

10. France

(2020) Strengthen the resilience of the health system by ensuring adequate supplies of critical medical products and a balanced distribution of health workers, and by investing in e-Health.

As an immediate response to the COVID-19 outbreak, in early 2020, France has made substantial funds available to support the functioning of its healthcare system. To ensure the system's resilience in the long run, the French authorities have unveiled in July 2020 a new comprehensive plan for health systems' reform (*Ségur de la Santé*), which foresees significant new investments in the health and long-term care sectors over the course of the next five years.

The plan foresees an annual increase in hospital and long-term care salaries and wages (including the recruitment of 15 000 additional staff, improvements of the skills mix in medical professions, and measures to modernise and make more attractive in particular the paramedical and nursing professions). The plan will also support the renovation and modernization of public, private hospitals and nursing homes and support their cooperation with out-patient and primary care services. Support for the digitalisation of hospitals' health care services is also foreseen.

While the measures announced in *Ségur de la Santé* are relevant and have the potential to address the requirements of the country specific recommendation, most of them have only been announced and funding provisions are still being defined.

11. Germany

(2020) Mobilise adequate resources and strengthen the resilience of the health system, including by deploying eHealth services.

At the start of the COVID-19 pandemic, Germany deployed significant financial resources to ensure that the pandemic would not impact the long-term financing of its healthcare institutions. German hospitals were compensated for any additional intensive care units created, as well as for hospital beds, left unoccupied due to postponed planned treatments. Likewise, additional aid has been given to other healthcare providers and institutions to compensate for financial losses due to COVID-19 related changes in demand and supply of medical treatment. Frontline hospital staff received additional compensation.

To strengthen the resilience of its health system on a long term basis, Germany has planned additional funding for healthcare investments. As part of its *Pact for the Public Health Service* (2021-2026), the Federal Government has allocated EUR 3.1 billion to the 16 federated states (*Länder*). The funds are earmarked for measures aimed at increasing the attractiveness of the public health service professions and to finance the creation of additional jobs in the public health authorities. Another EUR 0.9 billion are allocated to build and upgrade the technological and digital capacities of local and federal health authorities and for instance invest in research project to strengthen resilience.

The Federal Government also launched a programme for future-proof hospitals (*Future Programme for Hospitals*), which will provide funding for necessary investments in modern emergency response capacities and better digital infrastructure, health IT and cybersecurity, and for the development and strengthening of regional care structures.

Germany is also taking steps to improve the digitalization of its healthcare system, with telemedicine being used more widely in the wake of the pandemic. At the same time the coordination between hospital care on the one hand and long-term care, primary and outpatient care on the other, will need to be further improved, as the health system remains largely segregated into an outpatient and an inpatient (hospital) sector - each with their own technologies and systems. To address this issue and improve the use of digital applications in healthcare, Germany has adopted several legal acts. An electronic health records for all patients has become available as from early 2021 and electronic prescriptions will become mandatory as of 2022.

12. Greece

(2020) Strengthen the resilience of the health system and ensure adequate and equal access to healthcare.

No assessment has been made for Greece, as the Member State report was received very late in the process, which did not allow for an assessment by its peers.

13. Hungary

(2020) 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.

To mitigate the impact of COVID-19, the Hungarian authorities significantly increased the financing of the health system by reallocating funds from other items in the national budget, as well as from several EU instruments. Hospital care capacity for COVID-19 patients was expanded by repurposing various facilities, building temporary hospital wings, and freeing up a large share of pre-existing hospital beds. A number of extraordinary measures were also taken to support the limited supply of health personnel, as medical students, volunteers and military personnel were deployed for carrying out non-clinical tasks. Additional one-time extraordinary benefit was also provided for frontline medical staff.

In an effort to address the general shortage of health workers, a 4-year-long programme to improve the remuneration of healthcare workers (including nurses and midwives) was launched in 2019. In 2021, the government introduced a law for further staggered salary increases for doctors working in state and municipal health care facilities. These structural salary increases were also accompanied by the introduction of stricter penalties for staff accepting gratuity payments.

Concerning steps to strengthen the primary care sector, Hungary confirms its intention to improve access to quality preventive and primary care services by using digital technology and eHealth solutions. The authorities also took gradual steps to expand the prescription authority of general practitioners (GPs) and started developing a plan for a primary care reform aimed at incentivising GPs' group practice more systematically. No further measures are reported to address the relatively low number of practicing GPs.

14. Ireland

(2020) 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.

At the start of the COVID-19 pandemic, Ireland took emergency measures to strengthen the physical infrastructure, as well as health care workforce availability in order to face the surge of COVID-19 patients. Furthermore, telemedicine tools were deployed to ensure the continued provision of primary care.

Despite the outbreak of the pandemic, Ireland has stepped up with the implementation of the *Sláintecare* - an ambitious reform plan, launched in early 2019 and aiming to comprehensively reform and modernise the Irish health and social care services over a period of 10 years. The plan is now entering into its third year of implementation and a number of measures - such as legislation allowing for free access to healthcare for extended number of patients and support for innovative projects in the field of integration of care - have already been introduced.

Ireland is currently preparing a report on the implementation of *Sláintecare* in 2020, which is expected to provide an overview of overall progress and possible challenges. Preparations of a new multi-annual *Sláintecare* Action Plan, as well as for a 2021 Action Plan are also on-going. As the nature of *Sláintecare* presupposes a multi-annual implementation horizon, the inclusion of clear milestones and targets in the action plans is recommended to allow for an efficient monitoring of the reform's implementation.

15. Italy

(2020) 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 has been one of the most strongly affected countries during the first wave of the COVID-19 outbreak. Over the course of 2020, the Italian authorities took a number of measures to confront the issue and reinforce the capacity of the country's healthcare system. As an immediate response to the pandemic, additional funding was made available and efforts were made to improve the availability of health workers, testing capacity and the supply of critical medical products.

Further measures, announced in the July 2020 National Reform Programme, include enhancing the coordination between national and regional authorities, increasing the capacity of the skilled health workforce by adapting the training curricula, promoting a stronger role for the general practitioners and creating new territory-based integrated care networks managed by multidisciplinary teams composed of health and social workers. *National guidelines for the provision of telemedicine* were approved in late 2020 and should enable the introduction of innovative organizational and eHealth tools that can also help to improve access to health care, especially in times of epidemic and in rural areas.

The announced measures have the potential to improve the functioning of the Italian Healthcare system and address the requirement of the CSR. Further evaluation of their successful implementation will be required in the coming periods.

16. Latvia

(2020) Strengthen the resilience and accessibility of the health system including by providing additional human and financial resources.

As a response to the COVID-19 pandemic, Latvia allocated additional financing from the national budget and from EU Structural Funds to expand the capacity of intensive care, and ensure the availability of critical medical supplies and health personnel. Telemedicine, in the form of remote consultations was introduced and widely used, in an effort to limit the spread of the virus, while maintaining the quality of the primary health care services received. Notwithstanding the measures taken, the immense pressure on the Latvian health system and the re-emergence of the virus during the second wave of the COVID-19, led the government to announce an emergency situation in the healthcare system in December 2020.

Despite the significant disruption of the COVID-19 pandemic, Latvia proceeds with the implementation of its healthcare reform, launched in 2017. The authorities increased the financing for health and the wages of healthcare workers, provided incentives for doctors and nurses to work in regions outside Riga or to re-enter employment in the health sector, and took measures to reduce patients' co-payments for the purchase of reimbursable medicines. A digital Health Strategy is expected to be ready in 2021, and additional state budget and funding from EU programmes have been allocated to complete the modernisation of the Latvian eHealth System.

As the result of the taken measures could materialize in the medium- to long-term, the scarcity of medical personnel in Latvia is expected to persist in the most immediate future. Increased focus on telemedicine and additional efforts to promote healthier life habits and disease prevention could partially offset this scarcity.

17. Lithuania

CSR 1 (2020) 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.

The pressure caused by the COVID-19 pandemic has exposed the existing structural and organizational problems in the Lithuanian healthcare system, such as relatively low funding, workforce shortages and heavy reliance on hospital care. To address the issue, the *Government Implementation Plan 2021-2024* (adopted in March 2021) puts forward proposals aiming at strengthening the revenue base of the healthcare system, consolidating and improving the quality of the hospital network and improving its resilience and responsiveness to shocks. The concrete measures of the plan are yet to be presented, but the plan is an encouraging step in the right direction.

In addition, at the end of 2020 the government approved a *National Progress Plan 2021-2030*, which in the area of Healthcare foresees the allocation of EUR 892 million to improve the quality and accessibility of health care, strengthen the provision of primary care and improve the attractiveness of the medical profession. Measures, including legislative ones, to address the age structure, skills adequacy and working conditions for healthcare workers are planned, but have not been presented so far.

Lithuania prepares several other measures aiming at the modernization of its health system (e.g. on improving the quality of personal care services, improving the legislation for emergency preparedness), which are planned for 2022 or later.

18. Luxembourg

(2020) Improve the resilience of the health system by ensuring appropriate availability of health workers. Accelerate reforms to improve the governance of the health system and e-Health.

The measures taken by Luxembourg in response to the COVID-19 outbreak include the reorganisation of services to minimise the risk of the spread of the virus and the deployment of additional resources, both financial and human, to deal with the surge of demand.

In addition, Luxembourg created in 2020 a health system working group (*Gesondheetsdës*) that includes actors from across the sector, whose exchanges will contribute to the development of a *National Health Plan*.

While the overall Plan remains to be validated in 2021 and will present a long-term vision for the health sector, some measures to address systemic challenges have already been taken. These include, inter alia, a national action plan for the promotion of the health profession as an attractive career choice; the creation of a single digital registry for health professions as a tool for workforce planning; improvement of relationships with insured persons to enable better communication and facilitate access to information from social security institutions. Measures to improve the use of digital solutions are also foreseen.

The Comprehensive programme of reforms, spearheaded by the *Gesondheetsdës* has the potential to address the most urgent priorities and challenges, including those highlighted in the CSR. The elaboration of concrete steps and clear milestones will be instrumental in monitoring whether the objectives of the reforms are being achieved.

19. 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. Despite the unprecedented challenges brought by the COVID-19 outbreak, Malta reports minimal disruption to preventive or elective healthcare delivery due to the pandemic.

In an effort to address the longer-term challenges, Malta is making efforts to improve the sustainability of its healthcare system and reduce out-of-pocket expenditure by investing in the development of additional primary care capacity, in health promotion and prevention, and in the expansion of its eHealth system. To reduce the system's reliance on migrant nurses in acute and long-term care, the Government reports taking measures to increase the attractiveness of the profession and to provide increased training opportunities for nurses and general practitioners to cover future service demands.

Malta also reports on its efforts to ensure the availability of critical medical products. Most recently, it has made efforts to centralise its buying, in order to maximise its price negotiating power. It also participated fully in the EU joint procurement process, both for PPEs, laboratory reagents, tests and ventilators, as well as for the purchase of COVID-19 vaccines.

20. Netherlands

2020 CSR # 1: Strengthen the resilience of the health system, including by tackling the existing shortages of health workers and stepping up the deployment of relevant eHealth tools.

The Dutch health system is providing good outcomes for the overall health of the population and in ensuring the accessibility of health services. Despite the generally good performance of the system, the Netherlands was among the countries hit hardest by the COVID-19 outbreak in 2020. The pandemic revealed possible areas for improvement, in particular with regards to the provision of eHealth and the shortages of nurses and staff in primary healthcare.

Netherlands reports a number of specific actions to scale up the use of digital solutions in its healthcare system. The government took some steps to facilitate access and sharing of electronic patient records (*EHRs*) between GPs, emergency care departments and GP out-of-hours facilities. A communication programme, *Zorg van Nu*, was launched in an effort to increase the population awareness of innovation and smart care. Efforts were also made to improve the digital skills of clients, patients and carers. Specialized coaching and financial support was made available to medical service providers for implementing or scaling up digital solutions. To sustain the reported measures in the long run, Netherlands reports that additional funding may be required.

At the onset of the pandemic, staff shortages in hospitals in several locations were temporarily addressed by calling non-practising and retired health professionals back into service, and by providing short training courses to equip non-ICU physicians and nurses to operate in ICU settings. Mental health support services for doctors were set-up for all healthcare workers and one-time bonus was given to all front-line health workers, with a second one-time bonus foreseen for 2021. With a longer-term perspective in addressing staff shortages, regional action plans are being put in place, supported with subsidy for health care organisations for extra training of (new) employees. Additional funding up to 130 million annually will be allocated from 2023 onwards to continue policies aimed at attracting and retaining employees in health care.

21. Poland

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

The COVID-19 outbreak, and the resulting measures to reduce the spread of the virus resulted in an unprecedented increase in the use of telemedicine and other digital solutions in Poland. It is reported, that during the first wave of the pandemic, over 80% of all medical consultations were held remotely. This has been made possible by the high internet penetration and the efforts to digitalize the Polish healthcare system already before the pandemic.

The continuation of the digital transformation of the Polish health system remains a priority for the authorities and a number of measures to that effect are being reported. The functionalities of the *patient internet account*, containing individual medical information are being extended. E-prescriptions for medicines and medical products have been made obligatory since January 2020. A system of e-referral (in operation since January 2021), alongside a planned introduction of central e-registration is expected to reduce waiting times in the health system. The planned introduction of an Electronic Health Record (EHR) will allow for the central collection of medical events of patients obtained from service providers (public and commercial), thus improving the transparency and efficiency of the system.

In an effort to adapt investments in the health sector to the real needs of society and to enable the provider to develop long-term in line with local health needs, Poland reports on the introduction of *health care needs mapping system* and the revision of the *Health Sector Investment Applications Assessment Instrument (IOWISZ)*. The required legislative work for *IOWISZ* has been completed, while the legislation for the *health care needs maps* is in the final stage of parliamentary approval.

In its report to the SPC, Poland also emphasized the on-going execution of several multiannual investment programmes, aimed at improving the quality of medical services provided. The scarcity of healthcare professionals and the need to strengthen the effectiveness of primary care, while reducing the existing strong reliance on reliance on specialist and secondary care, the latter facing substantial financial arrears is being addressed through an ongoing reform of primary health care (since 2017). Under the reform, specific organizational solutions are currently being tested, but the elaboration of an ultimate primary care model will not come before 2024. TThe creation and adoption of a strategic framework for healthcare and long-term care, a part of enabling condition for funding from the European Structural and Investment Funds (the European Regional Development Fund and the European Social Fund), is also awaited.

22. Portugal

2020 CSR # 1: Strengthen the resilience of the health system and ensure equal access to quality health and long-term care.

In response to the Country Specific Recommendation, Portugal reports the development of a set of strategies and plans to improve the functioning of its health system.

A reform to expand the capacity and to improve the access to, quality and efficiency of primary care is planned for the period 2021-2025, with the support of funding from the Recovery and Resilience Facility (RRF). The planned measures include: completion of the national coverage of population-based screening programs; widening the areas of intervention of primary care, increasing the resolution capacity; improving primary care facilities and equipment; enhancing responses in the community by increasing outpatient and home care.

Similarly, a mental health reform, with RRF support is planned for the same period. The planned measures include: investment to deinstitutionalize patients and to complete the national coverage of the network of Local Mental Health Services, in the areas of inpatient, outpatient and community intervention. This involves setting up solutions for acute patients in the areas still dependant on psychiatric hospitals, requalifying the existing responses in other regions, and reinforcing the intervention of the Community Mental Health Teams (ECSM).

Portugal also reports its intentions to utilize RRF funding to purchase equipment for the Lisboa Oriental Hospital and for the neighbouring hospitals in Seixal and in Sintra. These investments could mitigate inequalities in terms of access to quality care for the socially and economically disadvantaged populations of the Metropolitan Area of Lisbon, who were under intense pressure during the pandemic crisis.

23. Romania

2020 CSR # 1: Strengthen the resilience of the health system, including in the areas of health workers and medical products, and improve access to health services.

The COVID-19 pandemic increased the burden on the Romanian health system, which has been characterized with structural weaknesses, stemming from relatively low levels of spending and unequal access to healthcare, such as development of preventive, outpatient care, increasing access and coverage of health services (including primary care), regional disparities and workforce shortages..

To confront the immediate challenges, caused by the outbreak, Romania took effective steps to increase its testing capabilities and the treatment capacity for COVID-19 wards. Additional funds were allocated for the purchase of medicine and medical equipment. Health workers and medical students were mobilised or redeployed to healthcare facilities treating COVID-19 patients and all frontline hospital staff received additional compensation.

In the end of 2020 Romania also adopted legislative provisions (*Government Emergency Ordinance 196/2020*) laying down the general framework for the practice of telemedicine. This is an important structural measure that will allow further development of telemedicine services such as teleconsultation, tele-expertise, telecare, teleradiology, telepathology and telemonitoring. Healthcare professionals will be able to provide those services in a non-discriminatory manner to any person.

Romania is also conducting a needs assessment of vulnerable patients and has recently launched a project to strengthen community care. The intention to strengthen community care in order to address issues of access to healthcare by vulnerable patients as well as in marginalised communities are considered useful steps in the right direction and Romania could use additional available funding from EU programmes to expand the number of community care projects. At the same time, the development of a strategic framework, based on identification of needs, long-term health objectives and investments ambition across available funding, is significantly delayed.

24. Slovakia

2020 CSR # 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.

Already before the COVID-19 outbreak, the Slovak Healthcare system has been characterized by an excessive use of specialized outpatient care and relative low level of funding for primary care, long-term care, prevention and mental health promotion. A general shortage of nurses, ageing medical personnel and unbalanced distribution of doctors among different specialisations posed further challenges

To improve the overall efficiency of its healthcare system, Slovakia initiated in 2016 and further enhanced in 2018 *Healthcare Spending Review (Value for Money Project)*. In late 2019, a new *Healthcare Spending Review II* was launched, targeting additional savings and efficiencies in the allocation of funds. The long-term scope and the scale of the measures foreseen has the potential to sustainably address many of identified challenges. The disruptive effect of the COVID-19 outbreak complicated the situation and the challenge will be to continue implementing the reform regardless of the pandemic.

The Slovak government has also developed a revamped set of proposals for optimising the national hospital network, improving hospital management and introducing a DRG-based hospital payment scheme, which has the potential to address the issue of persistent debt accumulation by public hospitals.

In an effort to reduce geographic disparities in the availability of doctors and ensure access to care for the entire population, Slovakia reports on a legislative change to improve the information exchange between local governments and health insurance companies. In addition, general practitioners (GPs) were given new competencies in the management for chronic patients (mostly diabetes and high blood pressure) in an effort to reduce the pressure on specialized outpatient care. A redefinition of the GPs network is also foreseen for 2021, alongside with an incentive scheme for GPs to establish their practice in underserved areas.

25. 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

Slovenia's report provides a detailed overview of a number of past measures aimed at preserving the sustainability of its health system, while ensuring good health outcomes.

The strategic document *Resolution on the National Health-care Plan 2016-2025* sets the basis for the development of health care in Slovenia until 2025. A number of legal acts have already been introduced in the past in an effort to improve, inter alia, the distribution of pharmacies, healthcare providers and health workforce; the efficiency of hospitals, while reducing waiting times; the financing of traineeships and specializations; and the disease prevention and promotion of healthier lifestyle. Several more recent projects, supported by the EU's Structural Reform Support Service are currently underway.

Slovenia's more recent policy measures were devoted to limit the effects of the pandemic and were adopted in the framework of the *anti-corona legislative packages*. The crisis management measures included the provision of additional allowances to frontline medical staff; the allocation of resources to improve the accessibility to certain healthcare services with excessive backlog; and the reallocation of resources from EU funds to support the health sector, purchase protective and medical equipment and reimburse social assistance and healthcare institutions for spare, or COVID-related use of their capacities. Measures to improve the deployment of e-health/telemedicine tools were also made and the use of telemedicine has grown (telemedicine was temporary reimbursed), but the legal framework for a more sustainable deployment of remote treatment is yet to be developed

In addition to the previous reforms and most immediate crisis management measures, Slovenia has planned an ambitious reforms in the areas of healthcare. Yet, the draft *Healthcare and Health Insurance Act*, which was first revealed in 2017, has been further delayed to reflect the lessons learned from the COVID-19 pandemic. At that stage, there is no clear schedule for the adoption of this important legislation.

26. Spain

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

The Spanish health system has been delivering good health outcomes despite the comparatively low level of investments. The outbreak of the COVID-19 pandemic has, however, put an unprecedented strain on the system and revealed its vulnerability to shocks.

Spain reports on a number of relevant measures, taken as an immediate response to the pandemic. A legal framework has been developed to facilitate the recruitment of additional health professionals during a time of crisis. The framework allowed the temporary recruitment of more than 50,000 health professionals - retired workers, non-specialized doctors who have passed the entrance exam but have not started specialized training yet, and non-EU foreign doctors pending completion of a period of professional practice or examination. The availability of specialized training for doctors, pharmacists, nurses and other health professionals was also increased. In 2019, a new *Strategic Framework for Primary and Community Care* was approved and the implementing measures are being prepared. Additional funding for the reform of primary and community care will be sought from the *Recovery Aid for Cohesion and Territories of Europe* (REACT-EU) and cohesion funds. Funding from the Recovery and Resilience Facility (RRF) is planned to be used to accomplish the renovation of the *Public Health Surveillance Network* and establish a new *National Public Health Center*, which are expected to support the transformation of public health in Spain. RRF support will also be used to projects related to cancer, mental health and chronicity strategies that address healthcare challenges. A high-tech investment plan will be launched funded by RRF too. A new Digital Strategy will be developed in the time period from 2021-2026, with the support of the (REACT-EU) and RRF.

The reported measures are relevant, however their impact on the long-term resilience and capacity of the Spanish healthcare system will need to be assessed when more concrete implementation details become available.

27. Sweden

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

Sweden has reacted swiftly to the COVID-19 outbreak and introduced a range of different measures to confront the COVID-19 pandemic.

In particular, Sweden introduced measures to ensure financial support for the regions that operate local healthcare facilities, to step up coordination in securing medical supplies, to establish a national mechanism for ICU beds coordination, to make ambulance flights accessible nationwide, to redistribute healthcare workers and to secure testing and contact tracing capacities. In mid-2020, a special initiative was launched to train up to 10,000 health workers to become assistants or assistant nurses in elderly care and healthcare. The initiative is expected to have a positive impact and alleviate the shortage of nurses which is predicted to persist or even increase in the coming years.

During the onset of the pandemic, Sweden started conducting large-scale testing to determine the infection rates. The focus is now on vaccination and new legislation has been adopted to enable the national register for vaccinations to record data of COVID-19 vaccinations.

With a view to its longer term crisis preparedness, Sweden is reviewing its response to the pandemic and has set up an inquiry committee to take lessons learnt from the crisis. The final report is expected in early 2022. Acting upon the finding might lead to improved measures in future crisis preparedness.