



**Thematic discussion on Healthcare in the context of the SPC Semester-related  
Multilateral Implementation Reviews**  
*(March 2022)*

**1. Background**

The COVID-19 pandemic impacted the delivery of healthcare in all EU countries, highlighting the need to improve the preparedness of health systems to better respond to crisis events. While the pandemic raised new crisis-related challenges (such as, for example those related to testing capacity), it has also laid bare and exacerbated existing structural challenges (including access to care and health workforce shortages, which also impact the quality of care).

Accordingly, the 2020 cycle of the European Semester put a strong emphasis on reforms in the area of healthcare, with all Member States receiving a country-specific recommendation (CSR) to address the resilience of their systems. In 2021, given the comprehensive and forward-looking policy nature of the recovery and resilience plans<sup>1</sup>, no (non-fiscal) CSRs were proposed. In this context, reform implementation in the areas of healthcare continues to be monitored by the Social Protection Committee by means of a thematic discussion, as well as by country-specific reviews of the past CSRs, where relevant.

The SPC held its thematic discussion on Healthcare on 16 March. The exchange was structured around the issues of workforce availability and the uptake of telemedicine, reflecting two of the major common challenges for all Member States. Presentations from the European Commission, Lithuania and Portugal were used to frame the discussions, which was moderated by Josep Figueras, Director of the European Observatory on Health Systems and Policies - in his capacity as a thematic expert in the area of Healthcare.

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<sup>1</sup> All 22 national Recovery and Resilience Plans that had been adopted at the time when this review was organised included health care reform measures.

## 2. Outcome of the discussions

In the first round of interventions, *the delegates focused on the issue of workforce availability and its impact on the equity of access to healthcare*. To frame the discussion, Lithuania presented its efforts in tackling the uneven distribution of healthcare professionals across the country.

- In the ensuing discussion, a number of intervening Member States acknowledged that they experience, albeit to a different degree, shortages and regional disparities in the availability of their health workforce. Family doctors, nursing and intensive care unit staff, as well as medical personnel with certain specialist knowledge were recognized as professions, where the shortages are most severe. These shortages in turn negatively impact the provision of quality healthcare and equity of access for the population.
- The COVID-19 pandemic has put the existing health workforce under tremendous pressure. While the far reaching health impacts of the pandemic are yet to be fully understood, the need to expand the capacity of the health workforces across all Member States is being recognized. In addition, projections in a number of countries show that future demand for health workers will increase, also in view of the ageing of the population. The on-going war in Ukraine and the need to address the health needs of refugees fleeing from conflict is also expected to have an impact in both the short- and the long term.
- The delegates further discussed strategies and measures to address the challenge, agreeing that there is no single best recipe for attracting and retaining the needed medical professionals. The importance for efficient coordination between social and healthcare systems was mentioned, as well as the importance of designing and aligning incentives at regional and sub-regional levels, supported by national quality assessment frameworks to ensure equity across the country. Reorienting service delivery away from hospitals to primary care remains a key priority.
- To increase the attractiveness of the medical profession, a package of measures, which might include efforts to improve the working conditions, to increase the remuneration, to provide flexible working hours and other non-economic incentives is needed. Communication to medical students was also recognized as an effective

way to promote less-attractive professions. Some countries are also taking steps to facilitate the hiring of medical staff from non-EU Member States.

- All intervening Member States emphasized their on-going efforts to improve the qualifications of medical personnel, for example through cross-training and enrolment in training programmes. Several Member States highlighted the increased availability of scholarships and the higher number of places in medical schools. The importance of training both patients and medical professionals in the use of digital technologies was emphasized.
- A number of Member States also recognized the role of EU funding, and in particular the RRF for financing national measures and reforms. At the time of the review, all adopted Recovery and Resilience Plans for a total of 22 Member States include measures to improve their health systems.

In the second round of interventions, the discussions focused on the accelerated uptake of telemedicine. In particular, ***the delegates reflected on how to maintain the momentum for innovation, created by the COVID-19 pandemic, whilst addressing digital divide concerns related to limited digital skills and IT access issues in parts of the population.*** The discussion was framed by a presentation from Portugal.

- The delegates agreed that the pandemic has served as a catalyst for innovation and resulted in a massive acceleration in the take-up of digital health tools. The examples from the Member States demonstrated the potential of telemedicine to improve access to medical care, reduce overall costs, waiting times and regional access inequalities, as well as to contribute to addressing the shortages of health workers.
- Member States with already developed infrastructure and tools have been able to scale up the delivery of telemedicine more quickly, but during the pandemic all Member States introduced digital solutions to ensure the continued provision of medical service. A number of Member States reported an increased level of acceptance from patients and medical professionals alike.
- At the same time, innovation in the provision of healthcare services may pose a threat of increasing the digital divide related to limited digital skills and IT access issues. This could have a negative impact on social groups with disadvantaged socio-economic status, or on people in areas with less developed digital infrastructure. Such groups

need to be provided with additional information and support to ensure they are not left behind. A blended approach, with a mix of digital and physical provision of health services, may need to be maintained to promote access to quality healthcare for all.

- The delegates also agreed that there is a need for additional evidence about the effectiveness of telemedicine. This, combined with the potential threat of increasing the digital divide may require additional policy actions focused on quality, accessibility and efficiency, alongside with efforts to minimize the risks of widening health inequalities through digital exclusion.
- Member States emphasized their intention to continue developing e-health solutions in a long-term sustainable manner. To that end, efforts to define the appropriate legal and financial framework are underway in several Member States. A number of interventions emphasized the need for sustained investments in the implementation and maintenance of IT infrastructure and equipment, including in cybersecurity and training of personnel.