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## EU Country Specific Recommendations for health systems in the European Semester process: Trends, discourse and predictors<sup>☆</sup>



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### ABSTRACT

In the framework of “Europe 2020”, European Union Member States are subject to a new system of economic monitoring and governance known as the European Semester. This paper seeks to analyse the way in which national health systems are being influenced by EU institutions through the European Semester. A content analysis of the Country Specific Recommendations (CSRs) for the years 2011, 2012, 2013 and 2014 was carried out. This confirmed an increasing trend for health systems to feature in CSRs which tend to be framed in the discourse on sustainability of public finances rather than that of social inclusion with a predominant focus on the policy objective of sustainability. The likelihood of obtaining a health CSRs was tested against a series of financial health system performance indicators and general government finance indicators. The odds ratio of obtaining a health CSR increased slightly with the increase in level of general Government debt, with an OR 1.02 (CI: 1.01, 1.03;  $p = 0.007$ ) and decreased with an increased public health expenditure/total health expenditure ratio, with an OR 0.89 (CI: 0.84, 0.96;  $p = 0.001$ ). The European Semester process is a relatively new process that is influencing health systems in the European Union. The effect of this process on health systems merits further attention. Health stakeholders should seek to engage more closely with this process which if steered appropriately could also present opportunities for health system reform.

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## 1. Introduction

The role of the European Union in relation to health systems and policies has been described in terms of three ‘faces’ [1]. First, Article 168 of the Treaty [2] gives a basis for the EU to promote public health policies which is the longest established strand of health policy activity [3] and can be traced back to the initial vertical programmes on AIDs [4] and cancer [5] as well as activity in the realm of health information [6]. The second face refers to the role of the internal market in European health care policy. Initially mainly driven by the European Courts of Justice [7,8], national concerns about the effect of these rulings resulted in the High Level Reflection process on patient mobility [9–11]. Member States rejected the inclusion of health in the Services (Bolkenstein) Directive but the adoption of the Directive on the application of patients’ rights in cross border care in 2011 marked a new era in European Union competence for health systems [12]. Whilst the concept of health systems monitoring and assessment was introduced in 2004 as part of the open method of coordination [13], Directive 2011/24 promotes coordination between Member States from a broader health system perspective [14]. The subject of this paper deals with the third face of EU policy that is impacting on health systems which is the new system of fiscal and economic governance. [15] The European Commission has advocated a stronger degree of ex ante policy coordination in important economic sectors [16]. The Economic Adjustment Programmes adopted in Ireland, Greece, Portugal and Cyprus have resulted in prescriptive guidance influencing policy developments in Member States’ health systems [17–21].

In the framework of the “Europe 2020” strategy [22] all Member States are subject to a new system of economic monitoring and governance known as the European Semester [23]. This process of preventive and corrective action has emerged in the wake of the financial crisis as an attempt to reform and strengthen the Stability and Growth Pact. It enables the Commission and Council to carry out surveillance of economic indicators as well as big budgetary programmes. In November of each year the Commission sets out its priorities in the Annual Growth Survey [18–21]. On the basis of these priorities the EU Heads of State issue policy guidance to Member States in March. This policy guidance is then meant to be reflected in the drawing up of National Reform Programmes and Stability/Convergence Programmes by each Member State. These programmes are assessed by the Commission which then draws up a number of Country Specific Recommendations (CSRs) which are considered and finally adopted by the European Council in June<sup>1</sup> (see Box 1).

In the aftermath of the financial and economic crisis, the locus of decision making on health systems has perceptibly shifted in a way that decisions are being taken now along

**Box 1: Description of the ‘European Semester’**  
**Europe 2020** is the European Union’s ten-year growth and jobs strategy that was launched in 2010. It is intended to overcome the crisis and create the conditions for a smart, sustainable and inclusive growth. Five targets have been set for the EU to achieve by the end of 2020. These cover employment; research and development; climate/energy; education; social inclusion and poverty reduction.

The Europe 2020 strategy is implemented and monitored in the context of the **European Semester** which is the yearly cycle of coordination of economic and budgetary policies. The European Semester is an EU-level policy co-ordination tool contributing towards the broader EU aims of strengthening economic governance and greater policy co-ordination. It provides a more integrated surveillance framework for the implementation of fiscal policies under the Stability and Growth Pact as well as the implementation of structural reforms through national reform programmes.

The **Annual Growth Survey** launches the European Semester by setting out the broad EU economic priorities for the year to come. It is the first step in the annual cycle each November.

The Council endorses the **Country-Specific Recommendations** for each Member State on the basis of Commission’s proposal. The recommendations are based on a thorough assessment of every Member State’s plans for sound public finances (Stability or Convergence Programmes, or SCPs) and policy measures to boost growth and jobs (National Reform Programmes, or NRPs).

Countries that request financial aid from, the European Commission (EC), the European Central Bank (ECB) and the International Monetary Fund (IMF) also commonly referred to as the Troika, agree to an **Economic Adjustment Programme** (EAP) package. The Economic Adjustment Programme seeks to address short- and medium-term financial, fiscal and structural challenges facing the specific country. Member States with an EAP are expected to adhere to the conditions set out in the programme as part of the conditional financial support. Countries in receipt of an Economic Adjustment Programme do not receive additional Country Specific Recommendations for that particular year.

Adapted from <http://ec.europa.eu/europe2020/europe-2020-in-a-nutshell/eu-tools-for-growth-and-jobs/index-en.htm> [accessed 25.11.14].

the interface between European institutions and Member States [24–26].

### 1.1. Purpose

The purpose of this study was to examine the manner in which health systems are being addressed in the European Semester process through an analysis of the CSRs. Specifically the following research questions were addressed.

1. What are the trends in CSRs addressing health systems?
2. How is the discourse on health systems being framed in the CSRs?
3. Can any predictors for CSRs on health systems be identified?

<sup>1</sup> For a comprehensive user friendly introduction to the European Semester process, the reader is referred to Chapter 5 in ‘Everything you always wanted to know about European Union health policies but were afraid to ask’ Greer et al. [26].

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