



Strengthening Health Systems in the EU: the strategic role of the European Semester

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EU supports Member States to transform health systems with various tools, respecting Member States' health competences



Information

New ideas and good practices gathered and developed by central institutions to provide **actionable insights**



Policy

High-level **recommendations** from EU institutions to guide health policy changes



Funding

Financial support to foster research, innovation, enhance infrastructure, digitalisation, access, health promotion and disease prevention, and health workforce skills, and promote cooperation between Member States¹



Technical assistance

Tailored support to address specific **challenges** during the change process, leveraging, e.g., benchmark analysis and expertise from peers

1. Funds do not provide direct budgetary support to the running costs of health systems

Source: European Observatory on Health Systems and Policies reports: "EU resources for investing in and strengthening health systems"; "European support for improving health and care systems"; BCG analysis

DG SANTE as knowledge broker

- State of Health in the EU
- European Semester
- Expert Group on Health Systems Performance Assessment
- Next MFF

Country knowledge on health systems: the State of Health in the EU

- ▣ *State of Health in the EU – 5th cycle* (started in January 2024)
- ▣ *State of Health in the EU – 6th cycle* (started in January 2026)

Health at a Glance: Europe

- Published every **even** year
- Developed in collaboration with the OECD

Cross-country assessment of health and national health systems' performance in the EU, coupled with an in-depth analysis of **two themes** of high relevance – for 2024, these were:

- Healthy longevity
- Health workforce



Country Health Profiles

- Published every **odd** year
 - Developed in collaboration with the OECD and the European Observatory on Health systems and Policies
 - Covering 29 countries (EU + NO and IS)
- With Spotlight section & highlights section



Synthesis Report

- Highlights a selection of cross-cutting issues and trends drawn from the Country Health Profiles



HEALTH AT
A GLANCE:
EUROPE

COUNTRY
HEALTH
PROFILES

SYNTHESIS
REPORT

POLICY
DIALOGUES

The Synthesis Report draws on 2025 Country Health Profiles to analyse recent health system reform trends and policy innovations across EU Member States, Iceland and Norway



Italy's country health profile



State of Health in the EU

ITALIA

Profilo della sanità 2025

2. Health status

3. Risk factors

4. The health system

5. Health system performance

5.1. Effectiveness/quality

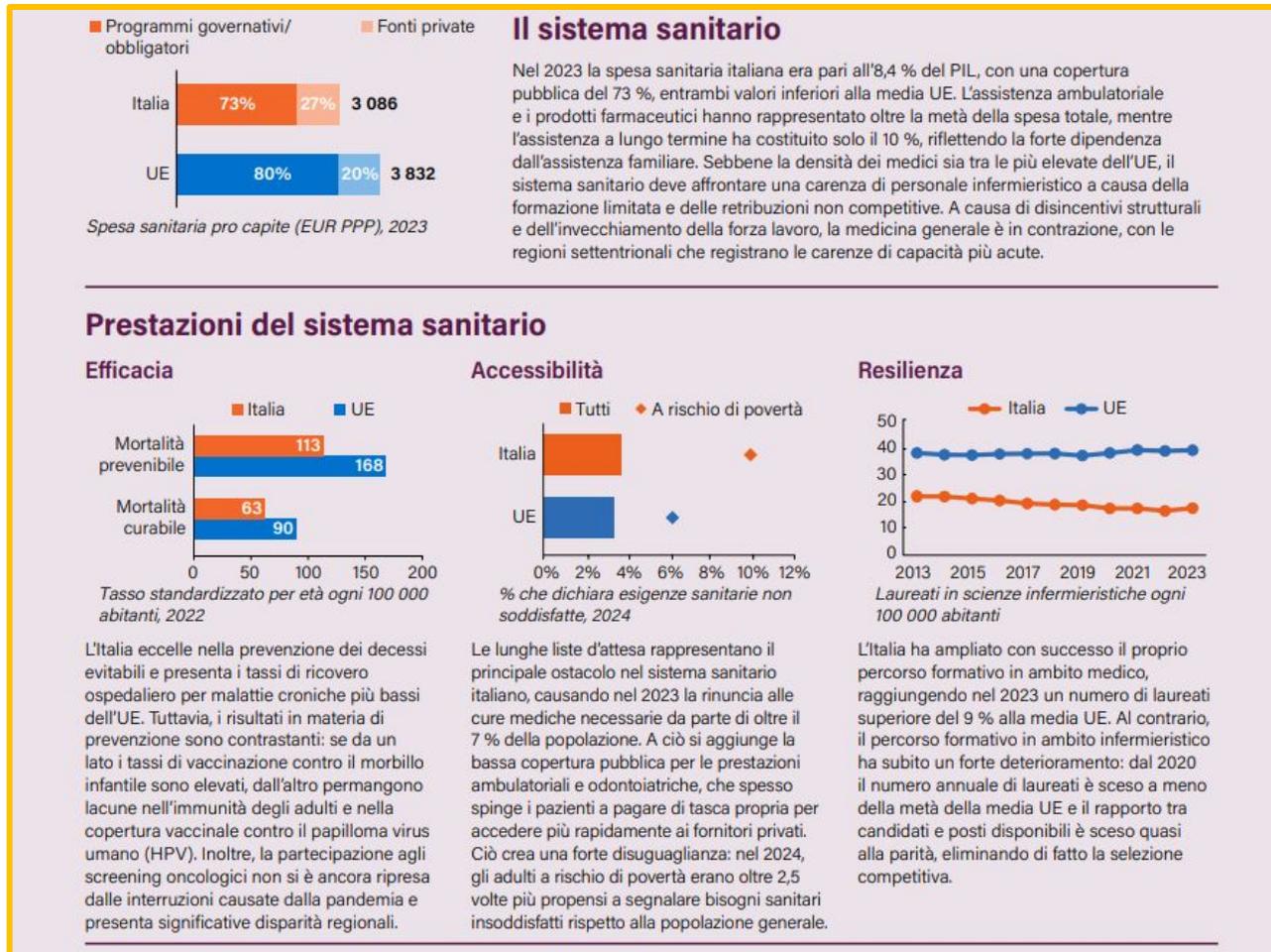
5.2. Accessibility

5.3. Resilience

6. Spotlight on pharmaceutical policy

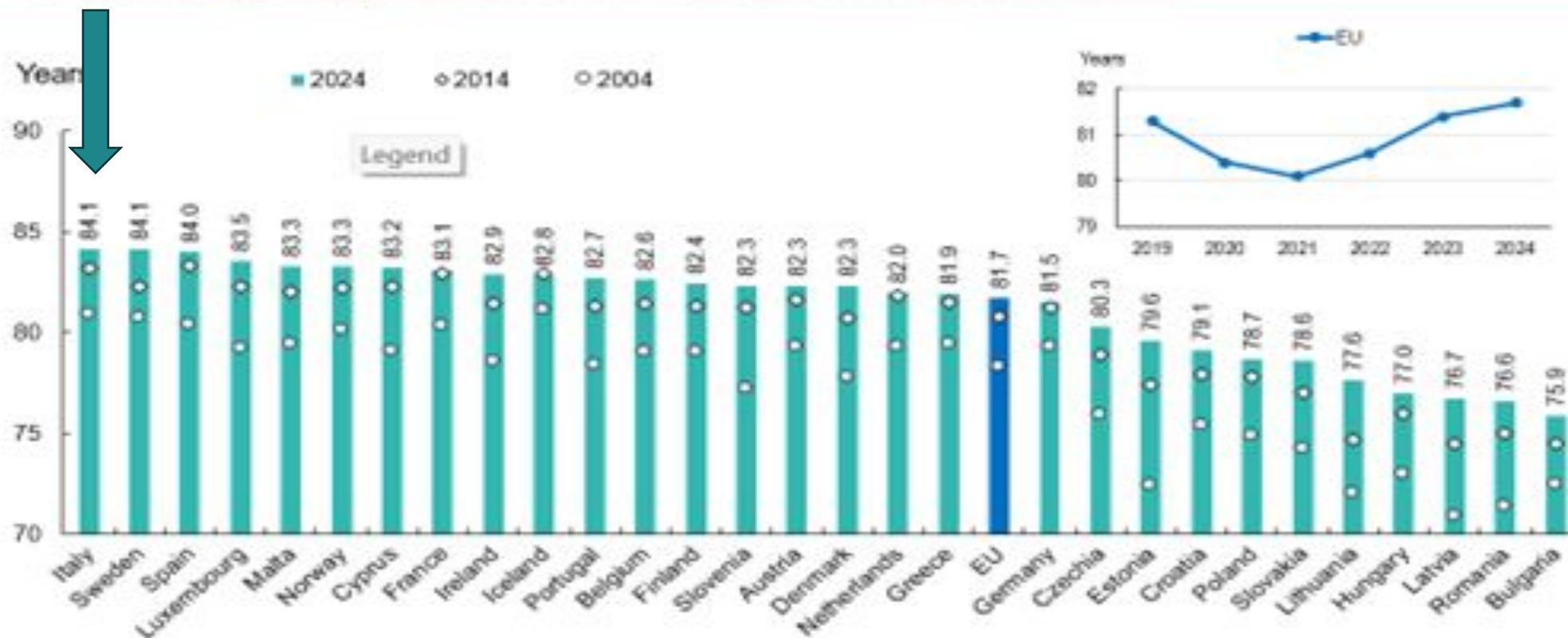
7. Key findings

Italy's Country Health Profile – 'Highlights'



- L'aspettativa di vita in Italia è salita a 84,1 la più alta in UE
- La spesa sanitaria italiana è pari a 8.4% del PIL, con una copertura pubblica pari allo 73%, valori inferiori alla media UE
- Oltre la metà della spesa totale è su assistenza ambulatoriale e prodotti Farmaceutici. Solo il 10% è speso su LTC
- Carenza del personale infermieristico e lunghe liste d'attesa limitano l'accesso

L'aspettativa di vita si è completamente ripresa dalla pandemia entro il 2023, ma nel 2024 persiste un divario di 8 anni tra i Paesi dell'UE.

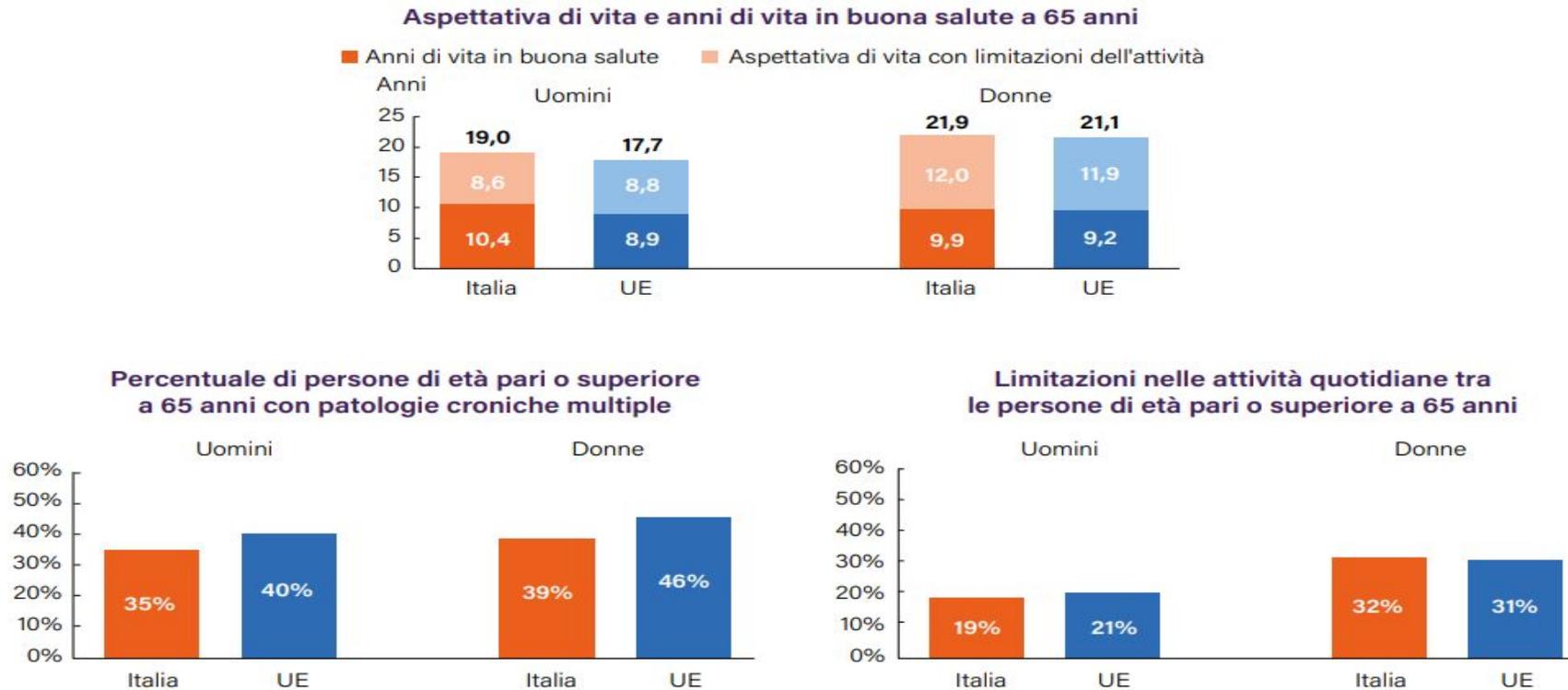


Source: Eurostat (<https://ec.europa.eu/eurostat>)

State of Health of the EU Country Health Profiles 2025

Aspettativa di vita in buona salute

Figura 3. La popolazione anziana italiana gode di un'aspettativa di vita più lunga e di uno stato di salute relativamente migliore rispetto alla maggior parte degli altri paesi dell'UE

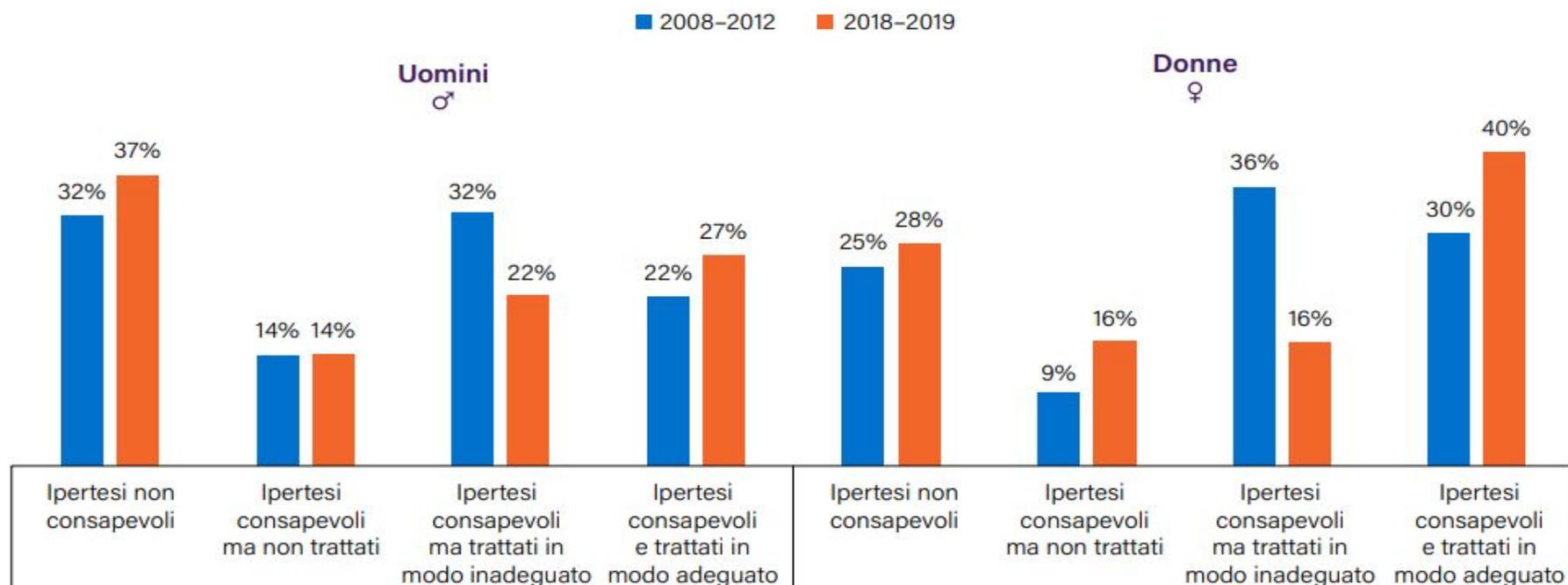


Note: La media UE non è ponderata e si basa su 26 paesi dell'UE (l'Irlanda non partecipa all'indagine SHARE).

Fonte: Eurostat per gli anni di vita in buona salute (demo_mlexpec) e indagine SHARE (per le malattie croniche e le limitazioni nelle attività quotidiane). I dati si riferiscono rispettivamente al 2022 e al 2021-22.

Pazienti ipertesi

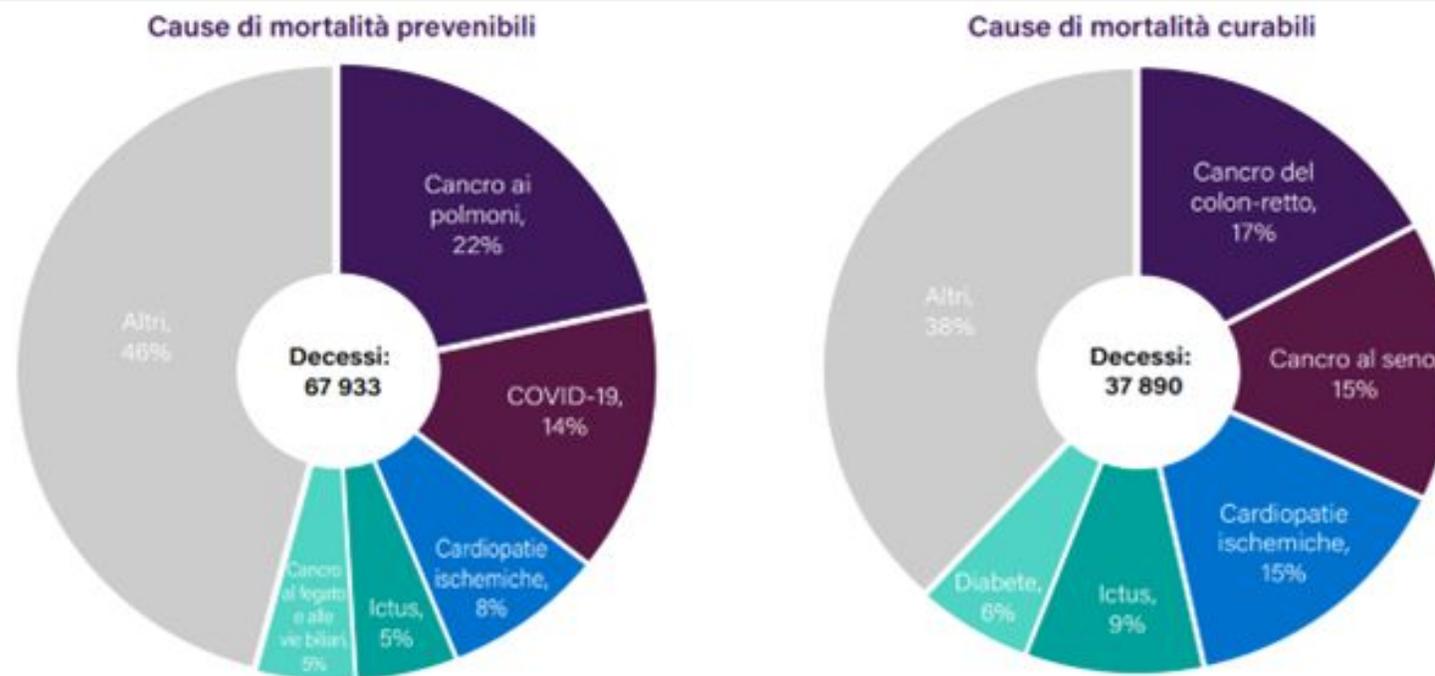
Figura 4. Circa la metà dei pazienti ipertesi in Italia non è consapevole della propria condizione o non viene curata nonostante la diagnosi



Nota: i dati sono standardizzati per età rispetto alla popolazione standard europea 2013.

Fonte: Istituto Superiore di Sanità, progetto CuoreData (<https://www.cuore.iss.it/indagini/CuoreData>)

Mortalità prevenibile e trattabile



Nota: la mortalità prevenibile è definita come la mortalità che può essere evitata principalmente attraverso interventi di sanità pubblica e prevenzione primaria. La mortalità curabile (o trattabile) è definita come la mortalità che può essere evitata principalmente attraverso interventi sanitari, compresi lo screening e il trattamento. Entrambi gli indicatori si riferiscono alla mortalità prematura (al di sotto dei 75 anni). Gli elenchi attribuiscono metà di tutti i decessi per alcune malattie (ad esempio cardiopatie ischemiche, ictus, diabete e ipertensione) all'elenco della mortalità prevenibile e l'altra metà alle cause curabili, in modo da evitare il doppio conteggio dello stesso decesso. L'acronimo "IHD" si riferisce alle cardiopatie ischemiche.

Fonte: Eurostat (hlth_cd_apr) (i dati si riferiscono al 2022).

Screening cancro al seno, cervice e colon retto

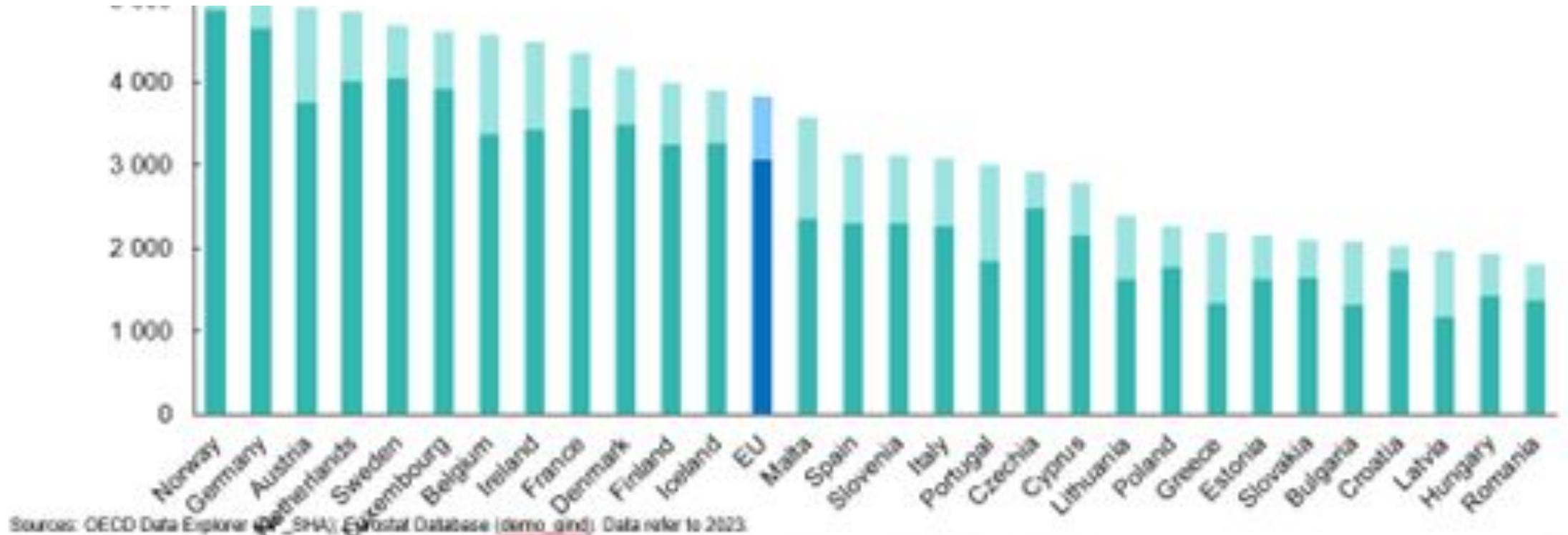
Figura 14. Lo screening del cancro cervicale in Italia ha recuperato livelli superiori a quelli pre-pandemia, ma è ancora inferiore alla media UE di quasi 15 punti percentuali



Note: Tutti i dati si riferiscono ai dati del programma. I dati del programma sul cancro del colon-retto si basano su programmi nazionali che possono variare in termini di fascia d'età e frequenza. La media UE non è ponderata.

Fonti: OECD Data Explorer (DF_KEY_INDIC) e banca dati Eurostat (hith_ps_prev).

La spesa sanitaria pro capite varia di tre volte tra i Paesi dell'UE.

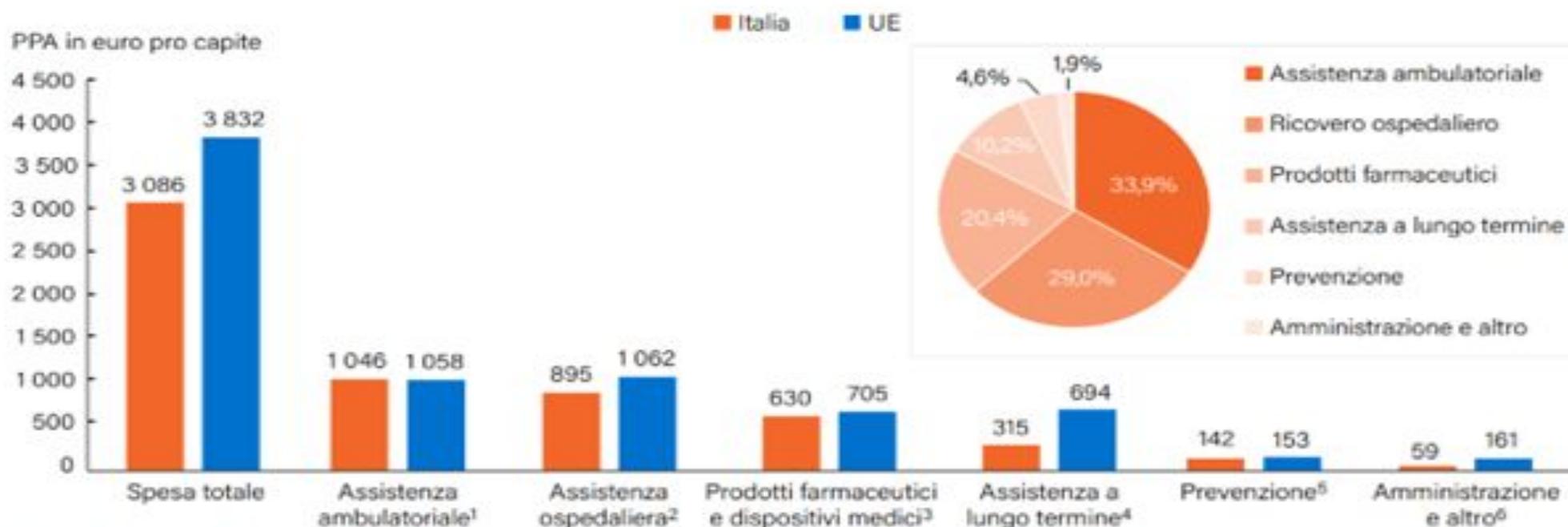


State of Health of the EU Country Health Profiles 2023



Spesa sanitaria in dettaglio

Figura 9. L'assistenza a lungo termine assorbe un decimo della spesa sanitaria italiana



Note: 1. Comprende l'assistenza domiciliare e i servizi ausiliari (ad esempio il trasporto dei pazienti); 2. Comprende l'assistenza curativa e riabilitativa in ospedale e in altre strutture; 3. Comprende solo il mercato ambulatoriale; 4. Comprende solo la componente sanitaria; 5. Comprende solo la spesa per programmi di prevenzione organizzati; 6. Comprende la governance e l'amministrazione del sistema sanitario e altre spese. La media UE è ponderata (calcolata dall'OCSE).

Fonti: OECD Data Explorer (DF_SHA). I dati si riferiscono al 2023.

Spesa out of pocket superiore alla media UE

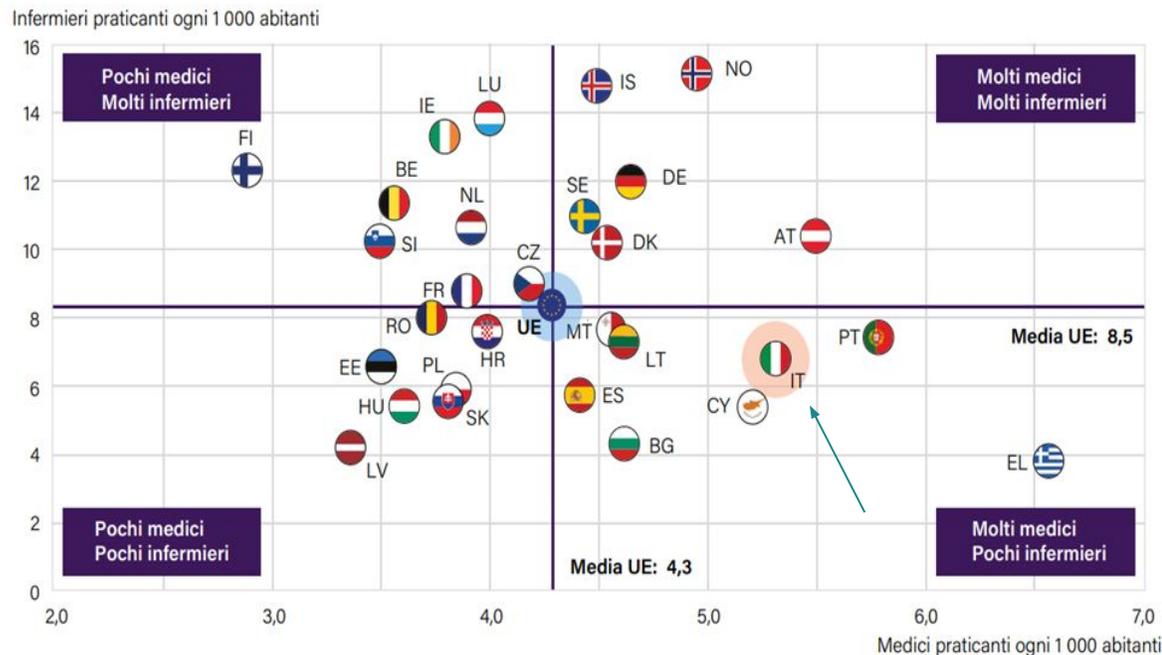
Figura 17. L'assistenza specialistica ambulatoriale rappresenta la spesa sanitaria privata superiore alla media in Italia



Nota: L'assicurazione sanitaria privata comprende anche altri regimi di pagamento anticipato volontario. La media dell'UE è ponderata.
Fonte: OECD Data Explorer (DF_SHA). I dati si riferiscono al 2023.

Personale sanitario

Figura 10. La densità di infermieri in Italia è inferiore di oltre il 20% alla media dell'UE



Nota: la media UE non è ponderata. I dati sugli infermieri includono tutte le categorie di infermieri (non solo quelli che soddisfano la direttiva UE sul riconoscimento delle qualifiche professionali). In Portogallo e Grecia, i dati si riferiscono a tutti i medici abilitati all'esercizio della professione, il che comporta una forte sovrastima del numero di medici praticanti. In Grecia, il numero di infermieri è sottostimato in quanto include solo quelli che lavorano in ospedale.

Fonte: OECD Data Explorer (DF_PHYS, DF_NURSE). I dati si riferiscono al 2023 o all'anno più vicino.

Medici:

Carenza di alcune specialità: medicina d'urgenza e anestesologia

Densità di medici di medicina générale diminuita e nel 2023 quasi il 52% di MMG si occupa di 1500 pazienti

Infermieri:

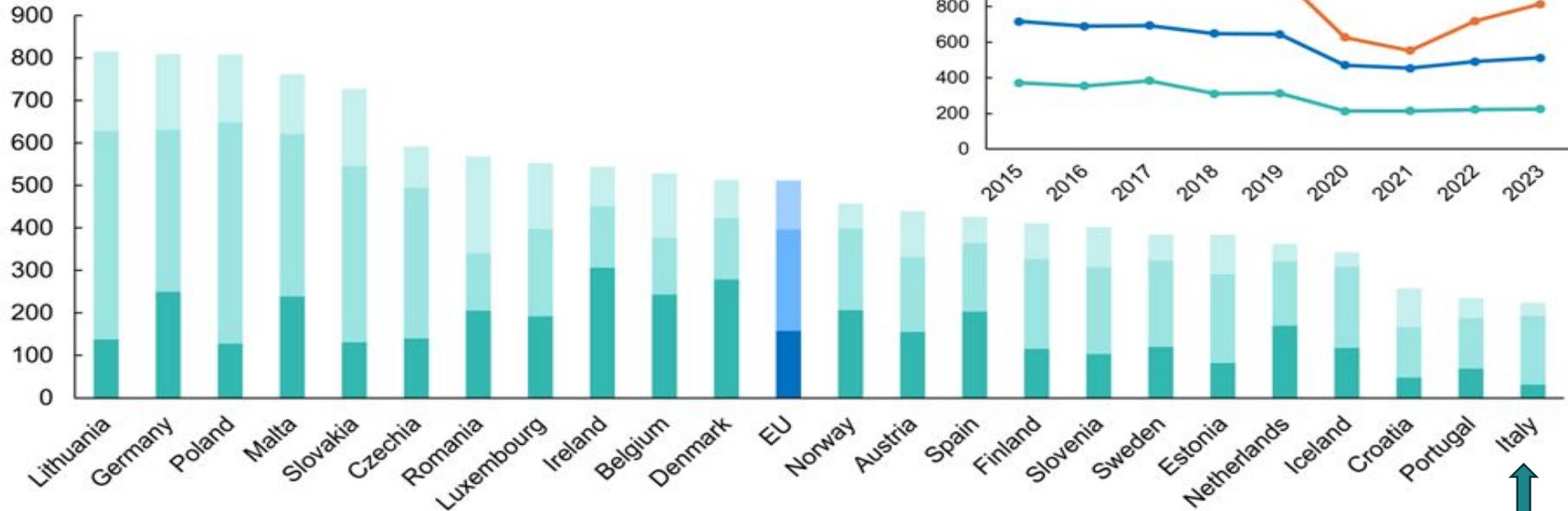
La densità di infermieri è di 20% al di sotto della media UE con disparità regionali

Calo di del numero di laureati in infermieristica superiore al 3% tra il 2013-2022

Ospedalizzazione evitabile

■ Asthma and COPD ■ Congestive heart failure ■ Diabetes

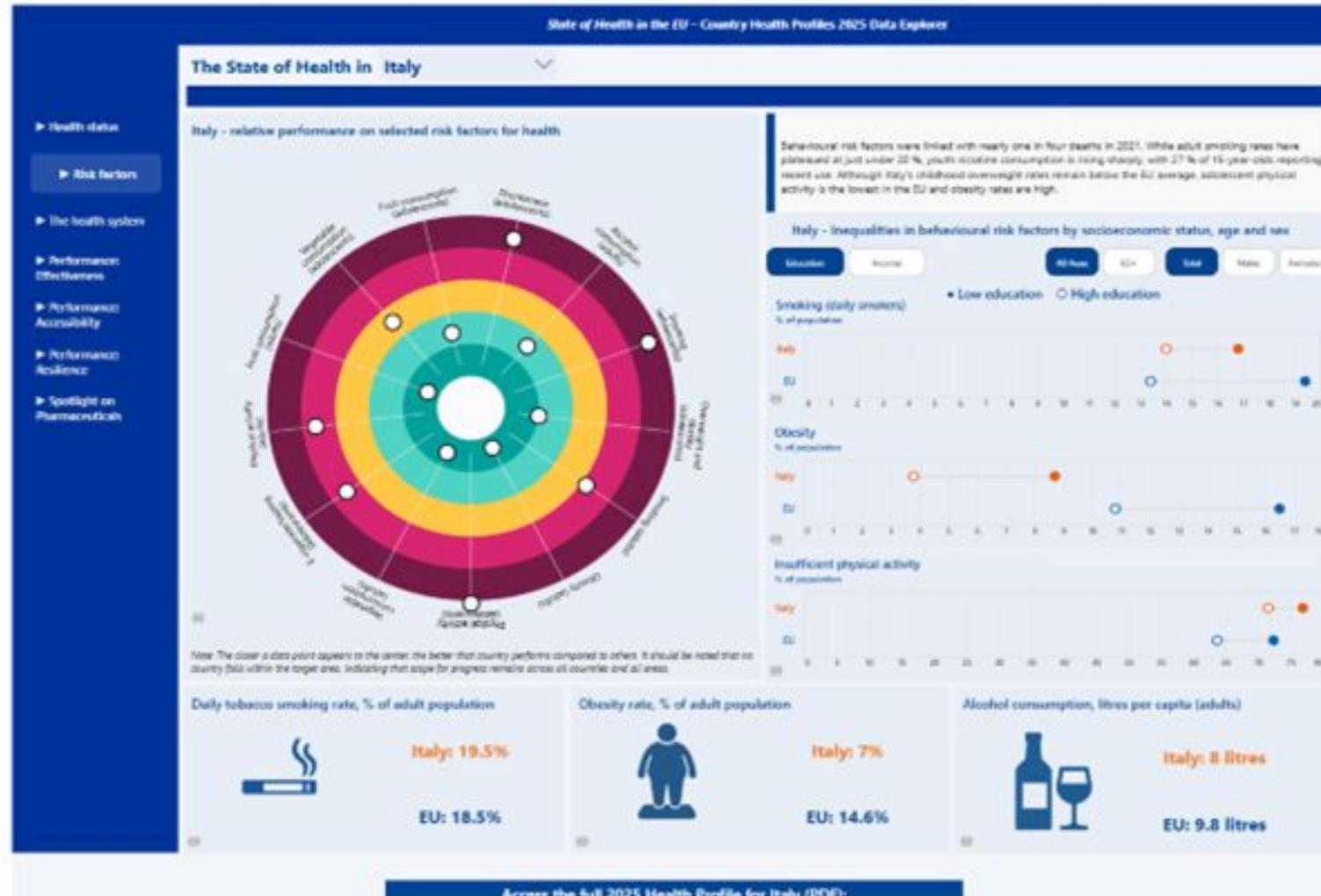
Age-standardised rate per 100 000 population aged 15+ (2023)



Note: Admission rates are not adjusted for differences in disease prevalence across countries. Source: OECD Data Explorer (DF_HCQO).

State of Health of the EU Country Health Profiles 2025

Country Health Profiles → interactive Dashboard



Country knowledge on health systems: the European Semester

- Annual exercise (since 2010) that coordinates the EU's economic and social policies.
- During the Semester, EU Member States align their budgetary and economic policies with the objectives and rules agreed upon at EU level.
- By achieving stronger economic and social coordination, the European Semester aims to ensure sustainable economic growth, job creation, macroeconomic stability and sound public finances across the EU.
- **Overall health system assessment for 27 Member States**
 - Identification of health challenges in Country Reports: e.g., risk factors and burden of diseases, access to healthcare, shortages of health workforce, effectiveness and quality of healthcare, resilience
 - Formulation of Country-Specific Recommendations
 - Input to assessment of Member States' progress on Country-Specific Recommendations

Outlook: the thematic health annex in European Semester country reports



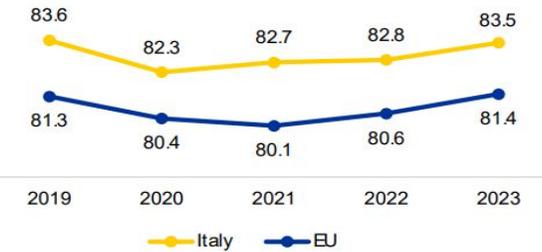
Table A14.1: Key health indicators

	2019	2020	2021	2022	2023	EU average* (latest year)
Cancer mortality per 100 000 population	200.9	207.0	221.5	218.7	na	234.7 (2022)
Mortality due to circulatory diseases per 100 000 population	270.7	281.1	298.3	270.3	na	336.4 (2022)
Current expenditure on health, purchasing power standards, per capita	2 529	2 622	2 823	2 945	na	3 084.6 (2022)
Public share of health expenditure, % of current health expenditure	73.7	75.9	74.5	74.4	74.2	81.3 (2022)
Spending on prevention, % of current health expenditure	4.7	5.5	6.7	6.0	6.3	5.5 (2022)
Available hospital beds per 100 000 population**	306	310	304	301	na	444 (2022)
Doctors per 1 000 population*	4.1	4.0	4.1	4.2	na	4.2 (2022)*
Nurses per 1 000 population*	6.2	6.3	6.2	6.5	na	7.6 (2022)*
Mortality at working age (20-64 years), % of total mortality	10.4	8.8	10.4	9.7	10.1	14.3 (2023)
Number of patents (pharma / biotech / medical technology)	367	369	386	224	329	26 (2023)**
Total consumption of antibacterials for systemic use, daily defined dose per 1 000 inhabitants***	21.7	18.4	17.5	21.9	25.1	20.0 (2023)

*The EU average is weighted for all indicators except for doctors and nurses per 1 000 population, for which the EU simple average is used based on 2022 (or latest 2021) data except for Luxembourg (2017). Doctors' density data refer to practising doctors in all countries except Greece, Portugal (licensed to practise) and Slovakia (professionally active). Density of nurses: data refer to practising nurses (EU recognised qualification) in most countries except France and Slovakia (professionally active) and Greece (hospital only). **Available hospital beds' covers somatic care, not psychiatric care. ***The EU median is used for patents.

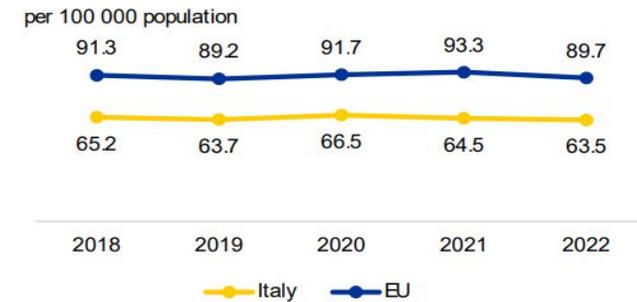
Source: Eurostat database; European Patent Office; ****European Centre for Disease Prevention and Control (ECDC) for 2023.

Graph A14.1: Life expectancy at birth, years



Source: Eurostat (demo_mlexpec)

Graph A14.2: Treatable mortality



- 2025 European Semester focus: competitiveness (innovation and productivity)
- Health annex: 2025 edition explicitly introduced the interaction between population health and workforce productivity and health innovation.

Timeline

- **November:** Autumn Package -Launch of the European Semester cycle. Commission presents general social and economic priorities and policy guidance.
- **April:** Submission of Policy Plans -Member States submit medium-term fiscal structural plans for evaluation. Plans focus on reducing debt, enhancing sustainability, and addressing challenges.
- **May/June:** Spring Package -Commission provides updated economic and fiscal guidance. Includes Country reports (+ annexes), **Country-specific recommendations**

2025 Semester – Chapeau communication

(i) It highlights several challenges related to healthcare, in particular persistent workforce shortages and unequal regional access.

*“[...] **labour shortages** are persistent in construction, **health** and long-term care, [...] Member States have included relevant reforms and investments in their **RRPs**, focusing in particular on the strengthening of social services and healthcare facilities, the inclusion of vulnerable groups, the modernisation of the social benefits systems and the **digitalisation** of healthcare. [...] Faced with increasing health and long-term care demand, Member States also need to build resilient health and long-term care systems, including by shifting towards a preventive and primary healthcare model. The risk of health emergencies is rising, making it imperative for the EU to further strengthen and consolidate its health security preparedness and response capabilities. To complete the European Health Union, the EU is also acting on initiatives such as the Critical Medicines Act to improve the supply and production of critical medicines.”*

European Semester 2025: Country-Specific Recommendations in health

Country	CSR 2025
Bulgaria	CSR 2025.5 [...] Improve access to health services , including by reducing out-of-pocket payments and tackling the shortages and uneven distribution of health professionals with a view to boosting the effectiveness, accessibility and capacity of the health system.
Estonia	CSR 2025.1 [...] Broaden the tax base by tapping into taxes that are less detrimental to growth. Ensure sustainable financing for spending needs including defence, and healthcare and long-term care to improve accessibility and affordability , while safeguarding against inflationary pressure.
Ireland	CSR 2025.1 [...] Address the expected increase in age-related spending by making the healthcare system more cost-effective .
Greece	CSR 2025.5 [...] Address poverty and social exclusion by further increasing the effectiveness and efficiency of the social protection system .
Croatia	CSR 2025.5 [...] Promote balanced geographical distribution of health workers and facilities, investments in e-health , and closer cooperation between all levels of public administration on health policy.
Latvia	<p>CSR 2025.1 [...] Make public finances fit to cope with rising structural spending needs including for defence, healthcare and social protection, such as by broadening taxation to sources less detrimental to growth, moving informal or undeclared activities into the formal economy, and redirecting expenditure to priority areas based on public spending reviews.</p> <p>CSR 2025.5 Address labour and skills shortages, in particular in [...] (STEM) and in other specialisations needed for the green transition, for research and for digitalisation, as well as in the social and healthcare sectors, including through targeted upskilling and reskilling and improved working conditions. [...] Strengthen the adequacy and accessibility of the health system to improve health outcomes, including by providing additional human and financial resources, broadening the statutory benefits package and reducing out-of-pocket payments. Increase the availability and quality of social and affordable energy-efficient housing, including through renovations.</p>
Lithuania	<p>CSR 2025.1 [...] Provide adequate financing for healthcare, social protection and general public services.[...]</p> <p>CSR 2025. 5 Make the health system more resilient and improve health outcomes by strengthening access to primary and preventive care and increasing the availability of health workers. Address income inequality, poverty and social exclusion by increasing the coverage, adequacy and effectiveness of the social protection system, improving the design of the tax system, [...].</p>
Luxembourg	CSR 2025.5 [...]. Address skills mismatches, in particular for the green and digital transitions, by stimulating skills development. 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 .



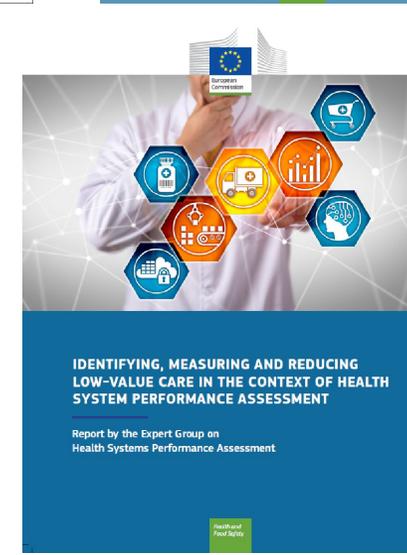
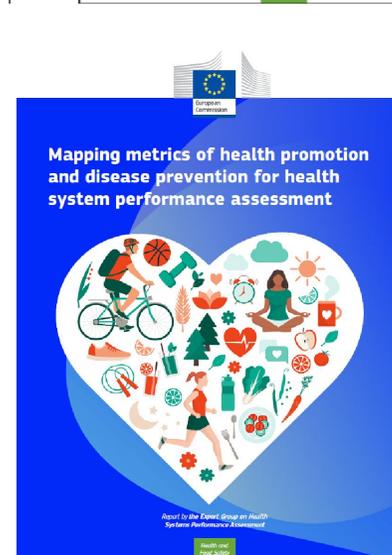
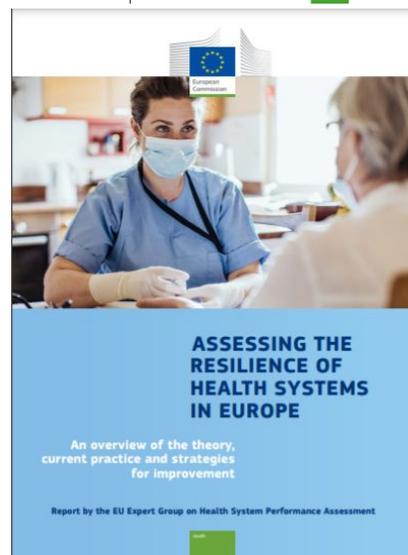
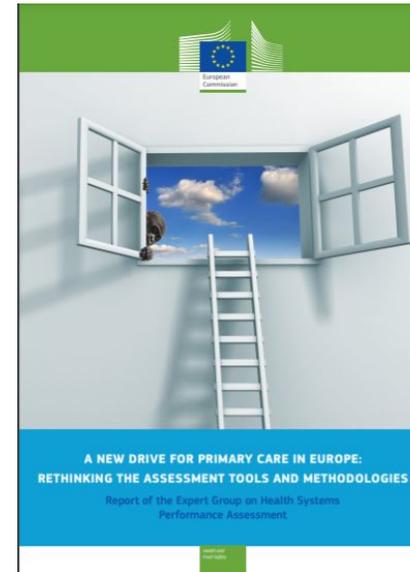
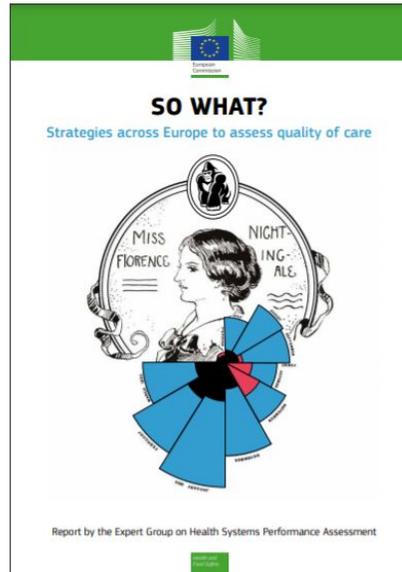
European Semester 2025: Country-Specific Recommendations in health

Austria	CSR 2025.1 [...] Take decisive action to safeguard the sustainability of public finances, including by improving the fiscal sustainability of the healthcare , long-term care and pension systems, by, among other things, streamlining underused hospital infrastructure, improving the cost-effectiveness of healthcare and long-term care, strengthening expenditure control and significantly increasing the effective retirement age. [...]
Portugal	CSR 2025.5 Ensure equal access to quality health and long-term care, while preserving the sustainability of the National Health Service. Address skills mismatches by improving the skills level of the population and by making education and adult learning more relevant to the needs of the labour market. [...]
Romania	CSR 2025.6 Reduce poverty and social exclusion risks by extending social protection and improving its effectiveness, including through better access to quality essential and enabling services, focusing on integrated social, health educational and employment services , in particular for Roma and other disadvantaged groups, while maintaining fiscal sustainability.
Slovenia	CSR 2025.1 [...] Ensure the fiscal sustainability of social protection and rebalance tax revenues towards more growth-friendly and sustainable sources. Improve the quality of public finances by implementing spending reviews. CSR 2025.5 Address labour shortages by stepping up the provision and acquisition of skills and competences, [...]. Improve working conditions, particularly in the care and teaching sectors.
Slovakia	CSR 2025.6 Strengthen the labour market participation of underrepresented groups, [...]. Improve primary care provision , especially for vulnerable people, and expand preventive healthcare measures . Strengthen the resilience of the health system in the areas of critical medical products, infrastructure, and healthcare workforce by retaining and attracting skilled workers, while ensuring the fiscal sustainability of the healthcare system. Ensure affordable and quality long-term care.
Finland	CSR 2025.1 [...] Improve the efficiency of public spending by taking into account the results of the spending reviews. Pursue the reform of the social security system to increase the efficiency of the social benefits system, improve incentives to work and support the long-term sustainability of public finances, while addressing the needs of the vulnerable groups. CSR 2025.5 [...] Ensure that the reform of social and healthcare services: i) improves the delivery and cost-effectiveness of and access to social and healthcare services, including long-term care, and ii) addresses inefficiencies.

The Expert Group on Health Systems Performance Assessment (HSPA)

- Established in 2014
- Produced HSPA reports on several topics
- Facilitated and supported the development of several national HSPA frameworks triggering greater interest in HSPA at country level
- Now with expanded mandate to support **also a more strategic approach in fostering collaboration for innovative solutions and transforming health systems**

Reports by the HSPA Expert Group



Recovery and Resilience Facility (2021-2026)

- **Recovery and Resilience Facility (RRF)**, the centerpiece of [NextGenerationEU](#)
- 637 billion, 2021- 2026
- National *Recovery and Resilience Plans* (RRPs) drawn up **by Member States**
- **Health systems resilience, part of the six pillars of the RRF**
- Healthcare investments amount to around **EUR 43 billion** across the 27 RRFs



€637 billion*

to invest in reforms and projects

of which:



€359 billion

of funds

in grants



€278 billion

of funds

in loans

At least 37 % expenditure on climate
At least 20 % expenditure on digital transition

The six pillars of the RRF



Examples from national Recovery and Resilience Plans

- **SI:** investments in hospital infrastructure to improve the effective **treatment of communicable diseases**
- **LV:** reforms and investments in hospitals and ambulatory care institutions, to improve the **preparedness** of the health system to deliver services in epidemiological crises
- **EL:** measure focusing on **public health, disease prevention** and improved capacity to **respond to emergencies and threats**
- **IE:**
 - reform to operationalise **Community Health Networks** for planning and delivery of primary health care
 - investments in **eHealth**, supporting digitalisation of the health system, enhancing interoperability between different digital systems

Examples from national Recovery and Resilience Plans

- **PT**: measures to strengthen capacity of **primary** care, **mental health** care and **long-term** care
- **FR**: investments to support **digitalisation** of the health system, incl. digital infrastructure, shared medical records, interoperability and security to promote exchange of health data
- **ES**: reform aimed at strengthening the **health workforce**, incl. strengthening professional skills and addressing shortages of nurses and doctors
- **EE**: reform to improve the **integration** of health and social services
- **IT**: investments to
 - support provision of **integrated and patient-centred healthcare** and continuity of care at territorial level
 - strengthen **biomedical research**, incl. in the field of rare diseases and rare cancers

EU4Health actions from Unit C3 - main themes so far

Country knowledge on health systems - “*State of Health in the EU*” cycle –
EUR 4.15M for new cycle to start in January 2026

Resilience of health systems

- Health system resilience testing and support programme (EUR 1.5M)
- Transfer of best practices in primary care - Joint Action CIRCE-JA (EUR 10M)

Access to healthcare

- Support MS in improving access to healthcare/effectiveness of health coverage – EUR 1M
- Guidelines on access to healthcare for people with disabilities - EUR 700k
- The role of healthcare in reducing poverty, EUR 500k

Health workforce

- Joint Action HEROES on forecasting and planning for healthcare workforce, EUR 7M
- Projects providing training for health workforce, including on digital skills, EUR 15.7M
- Project to support MS improve recruitment and retention of nurses, EUR 1,3M

European Semester & reform/investment focus: National and Regional Partnership Plans (NRPPs)

- NRPPs under the new MFF proposal: moving from close to 540 programmes to 27 National and Regional Partnership Plans and one Interreg Plan.
- Budget: EUR 865 billion in grants (EUR 450 billion for *Economic, territorial and social cohesion including fisheries and rural communities*) + additional EUR 150 billion in loans
- Similarities to Recovery and Resilience Plans:
 - Linked to **European Semester, in particular Country Specific Recommendations**
 - Payments for investments conditional upon meeting targets and milestones (e.g. reforms)

National and Regional Partnership Plans (NRPPs)

Article 22

Requirements for the NRP Plan

1. Each NRP Plan shall be duly reasoned and substantiated and shall set out the elements referred to in paragraph 2 of this Article, in accordance with the template set out in Annex V.
2. The NRP Plan shall:
 - (a) support the general objectives laid down in Article 2 and contribute in a comprehensive and adequate manner to all the specific objectives laid down in Article 3, taking into account the specific challenges of the Member State concerned, and provide an intervention strategy demonstrating how those objectives will be addressed and financed by the Plan, what level of financing is needed to ensure achievement of the general objectives, and how that level of financing is justified. The NRP Plan of Member State with a per capita GNI of less than 90 % of the Union average shall in particular demonstrate that it contributes in an adequate manner to the specific objectives set out in Article 3(a), points (vii) and (ix), and Article 3(d), point (v).
 - (b) effectively address all or a significant subset of challenges identified:
 - (i) in the context of the European Semester, in particular in the relevant country-specific recommendations addressed to the Member State, including those related to the European Pillar of Social Rights;

Next MFF – ECF and Horizon Europe

- The **European Competitiveness Fund**, representing 30% of the 2 trillion MFF budget for 2028-2034, has a very strong focus on healthcare and health technologies.
- A dedicated **policy window on Health, Bioeconomy, Agriculture and Bioeconomy** has been fuelled with **€20.4 billion**.
- In addition, there may be a top-up of this amount via the ECF InvestEU tool.
- Moreover, there is about EUR 19.6 billion available for collaborative research for this policy window under **Horizon Europe**.

Thank you