

2020 Country Specific Recommendations Briefing

I. General Overview

The European Commission publishes every year (in June) its Country Specific Recommendations, which outline their main suggestions/proposals for national government action in a variety of different fields (fiscal, economic, social, etc). These CSRs are based on the more thorough Country Reports published in January/February.

Alongside the individual CSRs (key info per country below), the European Commission also publishes a Communication highlighting its overarching analysis.

This year's Communication -of course- strongly focuses on the impact of the COVID-19. These are some of the most important points made:

- Urgent priorities concern investment in **health-related** issues (among other points) (which can include some social care services).
- **Short term flexibility to the EU fiscal rules but on medium term “prudent medium term fiscal positions and ensuring debt sustainability”**
- “The crisis will have a significant impact on social conditions, in particular for vulnerable groups. It’s a priority to **mitigate the social impacts and** avoid a permanent rise in poverty and inequalities.”
- “While it will not be possible to save all jobs, the recovery will also bring along new opportunities.” (with the **social economy seen as an opportunity**)
- “Member States will also need **to increase the efficiency of social spending** by ensuring it reaches those more in need through adequate means testing. **Access to social services** and essential services (including water, sanitation, energy and digital communication) should be **ensured to all**”
- **“Cooperation between social services, healthcare and long-term care** may need to be reinforced”
- “In many Member States, **shortages of healthcare staff** have become critical due to working conditions that discourage the attractiveness of these professions”

This will go on to influence the European Union's overall economic policy in the months and years to come; including public expenditure towards services for persons with disabilities. Although the negotiations are not yet finished, the next EU budget will be strongly attached to the Country Specific Recommendations with the operational programmes of ESF+, ERDF and React-EU being aligned to the recommendations. The Recovery and Resilience Facility will also be used to support reforms highlighted in the CSRs.



EASPD recommends our members to engage at the earliest or most relevant stage possible with their national authorities to ensure that the above EU programmes – once agreed- will help disability services tackle the challenges identified in the CSRs and others. See briefing paper.

II. Country Specific Recommendations

The following elements have been picked out of the complete Country Specific Recommendations and have attempted to focus on areas of interest to EASPD Members. Some other important elements may also have been left out so we recommend an appropriate reading of the complete CSRs for each country; in particular to look at the more organization aspects of service provision, including taxes, state aid, public procurement and others.

[Austria](#)

(17) **Long-term care:** “Also, Austria’s long-term care system faces structural and fiscal challenges, which have so far not been thoroughly addressed. The system delivers comparatively high-quality services, but faces staffing challenges, which become even more perceptible and evident in the current crisis. The long-term care sector relies strongly on care provided by workers from other Member States, pointing to the need to secure free flow of cross-border workers. In addition, adequate remuneration could help to make the job of nursing staff more attractive.”

(19) **Social Scoreboard:** “Disadvantaged students, including learners with disabilities, suffer particularly in circumstances that require distance learning. (...)”

A recovery strategy that improves access to inclusive, good-quality early childhood education and care which have been shown to redress social disadvantages, would produce socioeconomic benefits in the medium and long term and provide opportunities for women to fully access the labour market. The overall employment rate of women was high before the crisis but almost half of them worked part-time (linked to short opening hours of schools and childcare facilities) causing a significant unadjusted gender pay gap.

Recommendations:

- “Ensure equal access to education and increased digital learning.”

[Belgium](#)

(18) “It has made apparent that Belgium faces a structural shortage of health workers that needs to be addressed.

In the immediate future, ensuring sufficient critical medical products, including protective equipment in particular for health workers and workers in other exposed occupations, will remain key

A public healthcare strategy, which is fully coordinated with prevention and long-term care policies, will remain essential in the short and medium term to ensure that public health crisis such as COVID-19 are effectively managed. The smooth implementation of the Inter Ministerial Conference agreement on public healthcare to make hospital staff and infrastructure (a federal competence) available to long-term care facilities (a community competence) is an important building block in this context”

(19) “Particular attention should be paid to ensuring a comprehensive approach for those furthest from the labour market that are likely to be the most affected by the negative socio-economic consequences of the crisis. Vulnerable groups include in particular the low-skilled, people with a migrant background and people with disabilities.”

(20) “This is also needed to ensure existing inequalities in the education system are not exacerbated due to the crisis”

CSR:

1. “Reinforce the overall resilience of the health system”
2. “Mitigate the employment and social impact of the crisis, notably by promoting effective active labour market measures and fostering skills development.”

Bulgaria

(20) “Integration of primary, long-term and community care is crucial for the elderly and the most vulnerable groups.”

(22) “The share of people at risk of poverty or social exclusion was already high before the crisis, especially among children, the elderly, people with disabilities and Roma, while social transfers managed to reduce poverty only to a limited extent.”

The reform of social services would help stabilising the system, while a stronger cooperation between health and social services would allow reaching out further to those unable to take care of themselves and people with disabilities.

(23) “Enhanced provision of education and training services and a better skilled workforce would also strongly underpin the recovery and promote inclusive and sustainable growth in the medium term”

CSRs:

2. Ensure adequate social protection and essential services for all and strengthen active labour market policies.

Croatia

(18) Traditionally, participation in active labour market policy measures has been very low, but under the current circumstances such programmes are gaining more prominence.

The Croatian public employment service should step up its efforts to support the workforce in developing appropriate skills (e.g. digital skills), develop outreach strategies towards the inactive population and fight undeclared work.”

(19) “The reliability of internet connectivity poses concerns. (...) Especially in rural areas, this might prevent telework and distance learning, particularly amongst vulnerable groups, such as students from disadvantaged families or those with disabilities. These groups risk being excluded from the sudden shift to a more digitalised society..”

(20) “The quality and inclusiveness of the education and training system need to be improved at all levels, and the curricular reform needs to continue. The introduction of digital education has already proven its value in this crisis; further development of infrastructure and material for digital education and training and of the digital skills of teachers, pupils and adults are needed. »

CSRs:

2. Strengthen labour market measures and institutions (...). Promote the acquisition of skills.

Cyprus

(17) “Integration with the long-term care and primary and community care is crucial in light of demographic change, and to support the most vulnerable, including people with disabilities.”



(20) “Since the elderly and people with chronic diseases have increased risks of severe illness due to the virus, investing in quality long-term care services is of high importance to ensure their continued provision and efficiency in the short and medium term.”

(21) “Equal access to IT infrastructure and internet, including for disadvantaged learners, along with well-trained teachers, are key for quality digital education and distance learning.”

Czechia

(18) “Promoting investment in childcare and long-term care coupled with flexible working arrangements, such as teleworking, should smooth the transition from the crisis.

Outreach actions by the public employment services can also facilitate a successful re-entry in the labour market, in particular for vulnerable groups.

Education outcomes continue to be strongly affected by socioeconomic inequalities and low investment. Ensuring equal access to inclusive quality education and training, including in the digital context, can help improve skills levels and expand digital learning.”

CSRs:

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.
2. Support employment through active labour market policies, the provision of skills, including digital skills, and access to digital learning

Denmark

(15) “These measures effectively reduced the economic shock of the pandemic, but did not prevent a significant loss of output, a large number of bankruptcies and insolvencies and marked increases in unemployment and persons at risk of poverty, including among those in vulnerable situations (e.g. persons with disabilities).

Estonia

(18) “The pandemic aggravated the difficulties in providing affordable and available social services, including long-term care services, especially for the elderly, people with disabilities and for low-income earners. Maintaining the plan to develop an integrated provision of social and health services would help to address those challenges.”

Finland



(17) “The fragmentation of service provision and the unequal access to social and primary healthcare services is expected to remain an issue after the crisis, particularly for unemployed and retired people, including persons with disabilities. (...) In the medium term, it remains important to pursue the social and health reform plans considered by successive Finnish governments, especially as they prepare Finland for far-reaching demographic changes and would help the country maintain the quality of its health system in the future while improving its accessibility. The long-term sustainability of Finland’s public finances continues to be at risk due to the projected rise in ageing costs, in particular social and health care”

(18) **Unemployment:** “Effective short- and medium-term policy actions, designed in close cooperation with the social partners, are needed to curb increases in the unemployment rate and to re-integrate into the labour market those who have lost their jobs due to the COVID-19 crisis. These efforts should also support groups at risk of poverty and social exclusion, such as the low-skilled, persons with disabilities...”

“To avoid aggravating the socio-economic situation of the most vulnerable groups in the wake of the COVID-19 crisis, addressing the digital divide will be key”

CSRs:

1. Address shortages of health workers to strengthen the resilience of the health system and improve access to social and health services.
2. Strengthen measures to support employment and bolster active labour market policies.

France

(17) To address skills mismatches and improve the resilience of the labour market, efforts should continue to promote the reallocation of the workforce across sectors.

(22) Investments in digitalisation include providing adequate infrastructure, improving the wider populations’ digital skills, in particular the working population.

CSRs:

- 2 . Mitigate the employment and social impact of the crisis,

Germany



(19) “Coordination between healthcare providers in primary and hospital care, and between health and social care, could also be improved and supported by digital tools. E-health infrastructure is being deployed at an accelerated pace, but the use of online health and care services, e-prescriptions and medical data exchange remains well below the EU average.”

(23) “The sudden shift to a more digitalised society and home-based education may pose a particular challenge for vulnerable pupils and students who do not have access to digital solutions and support at home. This includes students with disabilities..”

Greece

(20) “Comprehensive access to social services is necessary for the most deprived and vulnerable groups, including people with disabilities, refugees and asylum seekers. In addition, long-term care services are not sufficiently developed.”

(21) “To support a robust recovery of employment in the post-crisis period, Greece needs to complete reforms to increase the effectiveness of policies to get people into work, in particular training programmes.”

CSRs:

2. Mitigate the employment and social impacts of the crisis

Hungary

(20) “Although the authorities have started working towards alleviating Hungary's considerable shortage of health workers, regional disparities in the distribution of health personnel continue hindering access to care in some areas and for some vulnerable groups, such as marginalised Roma, but also people with disabilities face particular barriers.

(21) “The gaps in employment between skills groups and between men and women remained wide in comparison with the EU average, the latter due partly to the limited supply of quality childcare.”

(22) “The pandemic is expected to hit hardest the vulnerable groups who lack access to care and essential services and who live in overcrowded households. Measures fostering their activation and integration in the labour market will be needed when economies recover.”

The low participation of vulnerable groups in quality education is a missed opportunity to build human capital and social cohesion. “

Recommendations:

- Improve access to quality preventive and primary care services.
- Improve the adequacy of social assistance and ensure access to essential services and quality education for all.

Ireland

(17) “Challenges regarding recruitment and retention had led to shortages in nursing workforce in certain regions and hospitals. (...)

Long-term home care was under-provided and has lacked statutory entitlement, with policies incentivising the use of institutional care. (...)

The implementation of long-term care reforms, including new ways of working in the community through support for home care and reorganisation of nursing resources, could require a stocktaking of existing facilities, projections for future growth in demand, and a commensurate ‘gap’ analysis, followed by a plan for delivery.”

(18) “The challenges facing Ireland in regard to poverty and employment quality and support, including for people with disabilities, remain and they are likely to be exacerbated by the pandemic.”

(19) ” Shortages in social housing supply remain a significant challenge to foster inclusion, also for the most vulnerable.”

Italy

(17) “The lockdown measures adopted in response to the health crisis are having a strong negative impact on the labour market and social conditions. (...) Provision of services aimed at social and labour market inclusion is also key.

(18) “Some steps were taken to strengthen public employment services and better integrate them with social services, adult learning and vocational training..

Despite recent efforts, measures to promote equal opportunities and work-life balance policies, as well as the supply of affordable early childhood education and care and long-term care services, remain weak and poorly integrated.”

(19) **Digital skills:** “Investing in education and skills is key to promoting a smart and inclusive recovery”

Latvia

(18) “Despite some slight improvement, the adequacy of the guaranteed minimum income, of minimum pensions and of income support for persons with disabilities remains low.”

“Vulnerable groups are likely to face the most difficulties in finding a job again. The integration of employment, education, health and social services and the provision of social services remains low.”

(19) The COVID-19 emergency also highlighted the need to develop quality digital education and training and to ensure equal access to all learners.

Lithuania

(17) future resilience will also require enhancing the system’s ability to reduce unhealthy lifestyles (one of the other important factors behind poor health outcomes in Lithuania) and greater efforts to prepare the long-term care sector to deal with the ageing population.

(18) Before the crisis, the coverage of Active Labour Market Policy measures was decreasing, and participation in adult learning remained low. However, higher coverage of Active Labour Market Policy measures and other measures to reskill and upskill the workforce will be needed to help the unemployed to return to the labour market as early as possible.

(19) The social safety net should be extended to support all groups, including the self-employed, atypical workers and the most vulnerable people. The provision of the main social services and social housing needs to be strengthened to support those in need.

Luxembourg

(16) The health system is expected to face rising challenges in the future, in addition to the growing number of vacancies of health workers in recent years. Specifically, an increasing demand for healthcare is expected from an ageing population, and retirements of between 59% and 69% of the medical staff are projected in the coming 15 years. Skill mix innovations and the development of professional roles, task sharing and substitution will play an important role in keeping the health sector an attractive place to work.

(17) Those more vulnerable people would suffer most from an increased competition on the labour market as a result of the COVID-19 crisis. In this context, more vulnerable groups in particular should be supported to face the social impacts of the crisis.

Malta

(16) “The government has also announced support for people with disabilities, families with children where both parents are employed and neither are able to telework, workers who lost their job due to the current crisis and the jobless living in rented accommodation.”

(17) “The increasing reliance on migrant nurses in acute and long-term care, and an ageing private general practitioner workforce may pose challenges”

(18) “The current crisis may exacerbate skills shortages in some sectors and redefine skill needs in others. This makes the mapping of skills and the reskilling of workers even more important, in particular for digital and green skills.”

CSRs:

1. Strengthen the resilience of the health system with regard to the health workforce, critical medical products and primary care.
2. Strengthen the quality and inclusiveness of education and skills development.

Netherlands

(17) “Nevertheless, the onset of the COVID-19 has tested the resilience of the health system. In this regard pre-existing concerns have come to the fore. The capacity of the workforce would benefit from tackling existing shortages, in particular of nurses and in primary healthcare.”

(19) “Mitigating the employment and social impact of the crisis for those hardest hit should be part of the recovery strategy. Despite the package of measures taken to preserve employment, people in a less favourable labour market position and/or vulnerable social situation have been hit harder..”

(22) “Investment in basic and/or digital skills, education and training, including upskilling and reskilling opportunities for all, also remains crucial to improving access to the labour market in particular to strengthen the employability of those at the margins of the labour market (including people with a migrant background and people with disabilities), while fostering equal opportunities and active inclusion.”

CSRs:

1. Strengthen the resilience of the health system, including by tackling the existing shortages of health workers and stepping up the deployment of relevant e-Health tools.
2. Mitigate the employment and social impact of the crisis

Poland

(18) “The COVID-19 pandemic made it necessary to put in place unprecedented measures in the health system. Sizeable outlays such as purchasing health-related equipment and supplies, increasing hospital and laboratory capacity, as well as strengthening staffing capacity, were made. Allocation of additional resources is needed also to compensate for other health services and investment that were postponed or redirected. (...)

The pandemic has impacted long-term care facilities where many of the residents are a high-risk group.”

(19) “Despite favourable developments prior to the COVID-19 crisis, the labour market participation of some groups, especially women, the low-skilled, older people and persons with disabilities and their carers, have remained low”.

(21) “ To prevent growing inequalities, it is crucial to ensure that all learners, in particular from disadvantaged backgrounds, can access distance learning. (...) Significant proportion of teachers lack skills to provide digital learning. At the same time, many parents struggle in supporting digital learning and home-based schooling. (...) The recent reforms in vocational education have not incentivised enough employers’ to participate in it and work-based training remains underutilised.”

CSRs:

1. Improve resilience, accessibility and effectiveness of the health system, including by providing sufficient resources and accelerating the deployment of e-health services.
2. Mitigate the employment impact of the crisis. (...) Improve digital skills. Further promote the digital transformation of companies and public administration.

Portugal

(17) “COVID-19 has demonstrated the fragility of long-term care facilities in Portugal, which have seen higher rates of infection and lethality. Despite improvements in the territorial coverage of long-term care in the last decade, overall access rates are low in all regions of the country. At the same time, before the COVID-19 outbreak, long-term healthcare expenditure was forecast to have one of the largest increases in the Union as percentage share of GDP. Continued efforts to improve efficiency and capacity of health and long-term care are necessary to deal with the current crisis as well as to address ageing-related challenges.”

(18) “Following sustained positive labour market developments since 2014, Portugal will now face extraordinary employment challenges as a result of the pandemic. (...)

In the recovery phase, personalised and targeted active labour market policies, in particular upskilling and reskilling, will play a decisive role in keeping the workforce job-ready. Cooperation among employers, education and training institutions, and public employment services will be crucial to generating a recruitment surge.”

(19) “The outbreak of COVID-19 requires measures to mitigate social impacts and protect people in vulnerable situations, so that inequalities are not exacerbated. These include unemployment benefit schemes and income support for the most affected workers, including self-employed and nonstandard workers, access to services and measures fostering reintegration in the labour market. The implementation of a national social contingency plan in cooperation with social partners and civil society could contribute to an immediate and coordinated response to mitigate the social consequences of the crisis.”

CSRs:

1. Strengthen the resilience of the health system and ensure equal access to quality health and long-term care.
2. Support employment and prioritise measures to preserve jobs. Guarantee sufficient and effective social protection and income support. Support the use of digital technologies to ensure equal access to quality education and training

Romania

(18) “Considerable health workforce shortages, including of family physicians, as well as outdated medical facilities, lack of medical products, insufficient training for health workers and limited continuity and integration between different levels of care weaken the resilience of the health system. (...)

In light of COVID-19, it is equally important to address structural issues, including the development of preventive, outpatient and community based care with well-targeted public policy measures. Long-term investment will be needed to reinforce the Romanian health system”

(19) “Poverty and social exclusion, including child- poverty, in-work poverty and income inequalities are expected to increase, with vulnerable groups such as non-standard workers, undeclared workers, the self- employed, Roma, people with disabilities, the elderly and the homeless among the most exposed. (...)

Children in rural areas and informal settlements have limited access to good quality early childhood education and care, adequate nutrition, health care and housing (...)

Social and essential services remain largely insufficient, including in areas such as water and sanitation, energy and housing. (...)

The potential of the social economy to improve social conditions is still untapped”

(20) “High levels of inactivity are registered, in particular for women, young people, the low-skilled, people with disabilities and older people. In the context of the COVID-19 outbreak, existing challenges are likely to deepen, together with rapidly increasing unemployment and inactivity”

(21) “The equity, inclusiveness and quality of education remain important challenges and strategic reforms in this area are needed. (...)

Due to inadequate digital infrastructure, teaching materials and insufficient digital skills, the shift to distance learning caused by the COVID-19 outbreak poses challenges for education and training institutions, educators and students, in particular for disadvantaged students and Roma.”

CSRs:

1. Strengthen the resilience of the health system, including in the areas of health workers and medical products, and improve access to health services.
2. Provide adequate income replacement and extend social protection measures and access to essential services for all. Mitigate the employment impact of the crisis by developing flexible working arrangements and activation measures. Strengthen skills and digital learning and ensure equal access to education.

Slovakia

(18) “The COVID-19 pandemic has increased the importance for Slovakia to continue addressing structural challenges in its health system. Additional investments are needed to increase its resilience, alleviate health workforce shortages, (...)

Insufficient access to quality and affordable long-term care, due to general underfunding of community and home-based care services, fragmented governance, and the lack of systemic coordination of social and healthcare services.”

(19) “Some groups are particularly vulnerable to the crisis and may experience limited access to social protection and care services, including marginalised Roma communities, who often also lack access to essential services, the elderly and the low skilled.”



(20) “Challenges concerning equal access to quality and inclusive education remain, as basic skills levels and general performance of students are strongly affected by their socio-economic background. There are pronounced performance differences between schools and regions, reflected also in the high rates of early leavers from education and training, in particular in Eastern Slovakia. (...)”

In addition, the national enrolment rate of children in early childhood education and care, in particular of children below three, is the lowest in the EU, which has a further negative impact on educational outcomes.”

CSRs:

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.
2. Provide adequate income replacement, and ensure access to social protection and essential services for all. Strengthen digital skills. Ensure equal access to quality education.

Slovenia

(19) “The crisis underlines the need to protect the financing capacity of the health and long-term care systems, which are both pending structural reforms. (...) The lack of a long-term care act has limited Slovenia’s ability to fight the COVID-19 outbreak in the most affected care settings. As the elderly, people with disabilities and people with chronic diseases have an increased risk of severe illness due to the virus, further significant efforts are necessary to ensure quality long-term care services, well integrated with health services. ”

(21) “Additional financial assistance offered to the organisations working on the front lines would ensure that the COVID-19 pandemic does not disproportionately affect people at risk of social exclusion and that they have their basic needs met, such as daily meals and health-care.”

CSRs:

1. Ensure the resilience of the health and long-term care system, including by providing the adequate supply of critical medical products and addressing the shortage of health workers.
2. Provide adequate income replacement and social protection. Mitigate the employment impact of the crisis (...)

Spain

(19) “Persons with disabilities and the elderly in residential care have been particularly exposed during the crisis. Their continued access to medical and social care, including emergency and intensive care services, needs to be ensured. (...) The pandemic has revealed existing structural problems, some of which derive from certain shortfalls in investment in physical infrastructures and shortcomings in the recruitment and working conditions of health workers”

(20) “Preliminary data point to a very significant increase in the level of unemployment in Spain as a result of the crisis, which will weigh on the already limited capacity of employment services to support workers and employers and on social services.”

CSRs:

1. Strengthen the health system’s resilience and capacity, as regards health workers, critical medical products and infrastructure
2. Support employment through arrangements to preserve jobs, effective hiring incentives and skills development. (...) Improve coverage and adequacy of minimum income schemes and family support, as well as access to digital learning.

Sweden

(17) “Sweden’s short-term policy response to COVID-19 outbreak relies on securing appropriate resources and capacity buffers and adapting the roles and responsibilities of health workers. In the medium term, this should also lead to timely and geographically balanced healthcare, the appropriate deployment of the health workers in the various settings (for example in out-patient and in-patient care), and help avoid structural shortages of medical staff. »

(18) “Labour market integration of groups whose potential was not fully used before the crisis, such as non-EU migrants and people with disabilities, will also be necessary.

Skills shortages are particularly pronounced in education, health care, social work, information and communication technology, industry and construction..”

CSRs:

1. Ensure the resilience of the health system, including through adequate supplies of critical medical products, infrastructure and workforce.
2. Foster innovation and support education and skills development.

Information collected by [Rym Gouvier-Seghrouchni, Policy Assistant EASPD](#).