Health and social security

SUMMARY

While responsibility for health and social security lies primarily with the governments of the individual European Union (EU) Member States, the EU complements national policies, especially those with a cross-border dimension. In a recent poll conducted for the European Parliament, more than two thirds of EU citizens expressed support for increased EU action on health and social security.

EU health policy aims to foster good health, protect citizens from health threats and support dynamic health systems. It is mainly implemented through EU action programmes, currently the third health programme (2014-2020). Challenges include tackling the health needs of an ageing population and reducing the incidence of preventable chronic diseases. Since 2014, steps forward have been made in a number of areas, including antimicrobial resistance, childhood obesity, health systems, medical devices and vaccination.

EU action on social security issues in the EU is closely related to the implementation of what is known as the European Pillar of Social Rights as well as labour market developments. The EU helps to promote social cohesion, seeking to foster equality as well as solidarity through adequate, accessible and financially sustainable social protection systems and social inclusion policies. EU spending on social security is tied to labour market measures. Progress can be observed on issues such as work-life balance and equal opportunities, but there is more to do. In the future, social protection schemes will need to be further adapted to the new labour market realities (fewer manufacturing jobs, atypical contracts, 'platform work', etc.).

In its proposal for the 2021-2027 multiannual financial framework, the European Commission plans to boost funding to improve workers' employment opportunities, and strengthen social cohesion through an enlarged 'European Social Fund Plus'. The fund would also incorporate finance for the stand-alone health programme, with the aim of creating synergies with the other building blocks of the European Pillar of Social Rights: equal opportunities and access to the labour market; fair working conditions; and social protection and inclusion.

This is an update of an earlier briefing issued in advance of the 2019 European elections.
State of play

The EU pays close attention to the public health and social security impacts of all its policies. Its aim is to encourage equal access for all to high-quality, affordable healthcare and social services, against a backdrop of changing structures in society and the need to respond to new demands.

The EU’s main role in health and social policies is to support the activities of the Member States, helping them achieve shared objectives, and to encourage cooperation across countries. The EU facilitates coordination and generates economies of scale by pooling resources to tackle common challenges, such as the risk factors associated with chronic diseases or the social security issues mobile workers may face.

The EU’s health policy focuses on strategic objectives, including:

- **fostering good health**: to prevent disease and promote healthy lifestyles by addressing risk factors such as smoking, drinking, unhealthy diet and physical inactivity, as well as drug-related health damage and environmental risks, paying special attention to keeping people healthy into old age;
- **protecting citizens from serious cross-border health threats**: to improve surveillance and preparedness for epidemics and bioterrorism, and increase the capacity to respond to new health challenges;
- **supporting dynamic health systems**: to contribute to innovative, efficient and sustainable health systems and help Member States’ health systems respond to the challenges posed by an ageing population, rising citizen expectations, and the free movement of patients and health professionals, including new tools such as health technology assessment;
- **facilitating access to better and safer healthcare for EU citizens**: to support the establishment of European Reference Networks that cooperate across borders to tackle rare diseases and action, for example, on patient safety and the prevention of antimicrobial resistance.

EU health policy measures are carried out mainly through successive action programmes, currently the third health programme (2014-2020). At mid-term, the programme’s major achievements included the establishment of European Reference Networks and the provision of support for Member States in building capacity to respond to cross-border outbreaks.

**Social policy** at EU level is set out in the Europe 2020 strategy and the open method of coordination for social protection and social inclusion (known as the ‘Social OMC’), which coordinates policies between EU countries to promote social cohesion and equality. The European platform against poverty and social exclusion is designed to help EU countries reach the Europe 2020 headline target of lifting 20 million people out of poverty and social exclusion. Jointly proclaimed and signed by the European Commission, the European Parliament and the Council at the Gothenburg Social Summit in November 2017, the European Pillar of Social Rights (or ‘Social Pillar’) was a major achievement. The Social Pillar aims to uphold 20 principles and rights, structured around three categories: equal opportunities and access to the labour market; fair working conditions; and social protection and inclusion. One focus of the pillar is action to guarantee access to high-quality essential services, including childcare, healthcare and long-term care; to ensure dignified living and protection against risks; and to enable individuals to participate fully in employment, and more generally, in society.

Some of the remaining challenges in health and social policies include:

- tackling the specific health needs of an ageing population and the increasing incidence of certain diseases, including Alzheimer’s, as people get older;
- adapting to demographic changes and growing demand for care with health system reforms that guarantee sustainability and universal access to high-quality care;
reducing the incidence of preventable diseases, such as cancer, heart disease, respiratory, mental and other chronic diseases;
addressing new and emerging health problems and serious cross-border health threats, such as the rise in antimicrobial resistance;
eliminating health inequalities in terms of the differences in health and healthcare that exist both between and within EU countries;
working towards a certain level of harmonisation between social security systems, and their adaptation to developments on the labour market (automation, new forms of work);
continuing the fight against social dumping (in particular in the case of people sent by their employer to work in another country, known as ‘posted workers’);
achieving a better balance between work and family life; and
further reducing the gender gaps in employment, pay, earnings and pensions.

Public expectations for EU involvement

According to a series of Eurobarometer surveys carried out for the European Parliament, on ‘perceptions and expectations’, EU citizens’ support for even greater EU involvement in the health and social security policy area grew from 63 % in 2016 to 69 % in 2018.

There are significant differences in the way this policy is perceived in different Member States. The strongest support for increased EU action was registered in Cyprus (93 %) and the lowest in Denmark (47 %) and Austria (48 %). Over time, there has also been an increase in public support for EU spending on public health. Some 32 % perceived it as a priority spending category in 2008, 36 % in 2011 and 41 % in 2015 (Eurobarometer data). In 2015, public health was the policy area with the second highest support from citizens in terms of EU spending (after social affairs and employment).

In 2016, this was one of the very few policy areas where there was a significant difference of opinions across gender groups. Significantly more women (74 %) than men (61 %) supported more EU involvement in health and social security. By 2018 however, this difference between the expectations of men and women had almost disappeared, with 70 % of women and 68 % of men supporting increased EU action.
The overall increase in support for more EU involvement in the health and social security policy area was 6 percentage points, and this trend of increased expectations was shared across almost all Member States. The most prominent increases were registered in Luxembourg, Belgium (an increase of 19 percentage points in each of the two countries) and Germany (increase of 16 percentage points). The only exceptions to the general trend were registered in Italy (a 5 percentage point decrease), Slovakia (3 percentage point decrease) and Estonia (2 percentage point decrease).

Just as in 2016, in 2018 38% of citizens evaluated the EU’s involvement in health and social security policies as adequate. Although there was no change in the proportion of people evaluating EU involvement positively, there was a small decrease in the share of EU citizens judging current EU action in health and social security to be insufficient – from 50% in 2016 to 48% in 2018. Despite the stability in opinion over time at EU level, there were significant changes in certain Member States. The most prominent was the decrease in the share of citizens in Luxembourg perceiving EU action as adequate (a drop of 16 percentage points) and the increase in the evaluation of EU action as adequate in Romania and Hungary (a 17 percentage point increase in each of the two Member States).

Overall at EU level, the gap between citizens’ expectations of EU involvement and their evaluation of current EU action on health and social security is growing, owing to the increased pressure of citizens’ expectations.

**EU framework**

**Legal framework**

Under the subsidiarity principle, where the EU only acts in areas where national governments cannot, the EU has a **supporting competence in health**. The legal basis for EU health policy is Article 168 of the Treaty on the Functioning of the European Union (TFEU), which stipulates that a high level of human health protection shall be ensured in all Union policies and activities. Union action complements national policies and encourages cooperation between Member States, while respecting **national governments' responsibility** for the definition of their health policies and for the organisation and delivery of health services and medical care, which includes the management of health services and medical care and the allocation of the resources assigned to them. The EU has
a large body of **EU-wide laws and standards** that protect citizens, both for health products and services (**medicines**, **medical devices** or eHealth, for instance), and patients (such as the **Directive on patients’ rights in cross-border healthcare**), which also encourages cooperation between national health systems).

**Social security and social protection** are a subcategory of social policy, which is a shared competence between the EU and the Member States under Article 4 TFEU. It is mainly covered under Articles 151-161 TFEU. Article 151 TFEU sets out the EU and Member States’ objective of promoting ‘proper social protection’. Article 153 TFEU states that the EU shall ‘support and complement’ the activities of Member States in the field of social security and social protection of workers by, for instance, encouraging cooperation and best practice. **Social security systems** can differ significantly from one Member State to another. National governments are free to determine the features of their own social security systems (benefits provided, conditions for eligibility, calculation of benefits, contributions to be paid). These systems are governed by **Regulation (EC) No 883/2004** (currently **under revision**) on the coordination of social security systems with regard to sickness, maternity and paternity, family, invalidity, survivors’, unemployment and pre-retirement benefits, and in respect of work-related accidents and diseases, old-age pensions and death grants, as well as **Regulation (EC) 987/2009** on the procedure for implementing the former regulation.

**Financial framework**

EU spending on health and social security policies is set out in the 2014-2020 multiannual financial framework (MFF). **Health** falls under **heading 3** (security and citizenship), which has a total budget of €17.7 billion. In the 2014-2020 MFF, the **health programme** is the only one specifically created for health policy measures; it has a seven-year budget of €449.39 million (0.04 % of the total MFF). The current health programme (2014-2020) succeeded the first (2003-2007) and the second (2008-2013) health programmes, which had budgets of €312 million and €321.5 million respectively. Between 2014 and 2016, more than 539 actions were funded under the third health programme, for a sum total of €165.6 million. Other programmes also contribute to health policy objectives, including:

- the European structural and investment funds (**ESI funds**): health is eligible for support under the Cohesion Fund 2014-2020 thematic priorities – ICT, SMEs, employment, social inclusion and institutional capacity;
- the European Regional Development Fund (**ERDF**), which can be used to fund health infrastructure and equipment, eHealth, and research and support for SMEs; and
- the European Social Fund (**ESF**), which can finance activities linked to active and healthy ageing, health promotion and action to address health inequalities, support for the healthcare workforce, and strengthening of public administration capacity.

Health-related investments from the ERDF and ESF of more than €9 billion are also envisaged in all EU countries during the 2014-2020 budgetary period; this includes investments linked to active ageing and social services.

EU programmes related to **social security** are closely tied to action on employment via the Employment and Social Innovation programme (**EaSI**) (2014-2020: €919.47 million); the ESF (€86.43 billion, with 20 % of investments earmarked for issues on social inclusion); the Fund for European Aid to the Most Deprived (**FEAD**) (€3.8 billion); and the European Globalisation Adjustment Fund (**EGF**) (maximum annual budget of €150 million). The European Investment Bank (**EIB**), jointly owned by all EU countries, but outside the EU budget, supports projects aimed at improving access to healthcare and furthering economic and social cohesion. It now partly does this by way of the European Fund for Strategic Investments (**EFSI**), a joint European Commission and EIB initiative to assist in overcoming the investment gap in the EU. The EFSI mobilises, for instance, private financing for investments in innovative health solutions, new effective medicines and social infrastructures, such as hospitals. Furthermore, the EU’s research and innovation programme, **Horizon 2020**, addresses a number of **societal challenges**, including **health, demographic change**
and wellbeing’ and ‘Europe in a changing world – Inclusive, innovative and reflective societies’. The Innovative Medicines Initiative (IMI), a public-private partnership, has a budget of €3.3 billion for the 2014-2020 period, half of which comes from Horizon 2020.

Deliveries of the 2014-2019 parliamentary term

In health policy

Since mid-2014, issues have been highlighted and results achieved in a number of areas, including those set out below (in alphabetical order).

- **Access to medicines**: timely and affordable patient access to innovative, safe, effective and quality medicines was at the core of the June 2016 Council conclusions on strengthening the balance between the authorisation of new medicines and innovation, the pharmaceutical market, and national approaches on pricing, reimbursement and assessment of medicines in the EU. In the same vein, Parliament’s March 2017 resolution on options for improving access to medicines focused on the pharmaceutical market; competition; pricing and transparency; EU cooperation; intellectual property; and research and development.

- **Antimicrobial resistance**: the EU has contributed to global efforts to address antimicrobial resistance by adopting a European ‘One Health’ action plan in 2017, together with EU guidelines for the prudent use of antimicrobials in human health. In September 2018, Parliament adopted a resolution in which it recommended measures to reduce the use of antibiotics, including restrictions on their sale by health professionals, and labelling requirements.

- **Childhood obesity**: the EU action plan on childhood obesity (2014-2020) aims to help halt the rise in numbers of overweight and obese children and young people by 2020. The June 2017 Council conclusions on the issue called for an effective health-in-all-policies approach to promote health, prevention and nutrition considerations across sectors and initiatives.

- **European Reference Networks**: in the area of complex or rare diseases, the EU has helped to pool scarce resources, currently scattered across Member States, by setting up European Reference Networks, i.e. virtual networks connecting healthcare providers throughout Europe. The aim is to bring together expertise and to maximise synergies between Member States for improved diagnosis and treatment of such diseases. Some 24 European Reference Networks have been established since March 2017, including 300 hospitals from 26 EU countries.

- **Health systems**: measures to support Member States’ health system reforms include those set out in the 2014 Commission communication on effective, accessible and resilient health systems and the ‘State of health in the EU’ initiative, launched in 2016, to strengthen country-specific and EU-wide knowledge and to look at how health systems can remain fit-for-purpose and help people improve their health. The Social Pillar recognises that everyone has the right to timely access to affordable healthcare of good quality. The Commission communication on the transformation of digital health and care of April 2018 set out plans to enhance the digitisation of the health and care sectors, in the interests of citizen empowerment and person-centred care.

- **Medical devices**: in April 2017, Parliament and Council adopted two new regulations, one on medical devices and another on in vitro diagnostic medical devices, to modernise the regulatory framework and enhance patient safety. They contain, respectively, stricter rules to ensure that medical devices are traceable and comply with EU patient safety requirements, and information and ethical requirements for diagnostic medical devices, and will apply, respectively, from May 2020 and May 2022.

- **Vaccination**: the April 2018 Commission proposal for a Council recommendation on strengthened cooperation against vaccine-preventable diseases aimed to increase...
vaccination coverage; improve coordination on vaccine procurement; support research and innovation; and strengthen cooperation. Parliament’s April 2018 resolution on vaccine hesitancy and the drop in vaccination rates called on EU governments and the Commission to reinforce the legal basis for immunisation coverage; facilitate a more harmonised and better aligned schedule for vaccination across the EU; and explore options for establishing an EU platform for the monitoring of the safety and effectiveness of vaccines. A joint action on vaccination (EU-JAV), co-funded by the third health programme, was launched in September 2018.

In social security policy

Parliament has long called for adequate social protection in many contexts, particularly for vulnerable groups. In January 2017, it adopted a resolution on the Social Pillar that called for a framework directive to ensure decent working conditions in all forms of employment, as well as adequate, accessible and financially sustainable social protection systems for all, including the self-employed and those engaged in non-standard forms of work, through online platforms for instance.

As planned in its 2018 work programme, the Commission subsequently presented a social fairness package in March 2018 that contained a proposal for a recommendation on social protection for workers and the self-employed. The proposal aimed to support EU countries in the area of access to social protection. The main elements of the recommendation were to close formal coverage gaps so that workers and the self-employed could adhere to corresponding social security systems; offer them adequate coverage so that they could claim and build up adequate security; facilitate transfer of social security entitlements from one job to the next; and provide transparent information for workers and the self-employed about their social security entitlements and obligations. On 6 December 2018, the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) reached a political agreement on the Commission proposal, with Member States committing to develop their national plans within two years of publication of the Council recommendation. In this context, the Council adopted conclusions on the future of work, calling for social protection for all workers regardless of the form of employment. The conclusions stressed that changes needed to be made in accordance with national competences, taking into account national circumstances, with respect for social partners, and that it was necessary to find adequate financing and e-solutions. The 2018 Council recommendation on the economic policy of the euro area promoted labour market policy reforms to support social protection and inclusion.

The increased number of cross-border workers and of workers with atypical work forms, as well as greater labour mobility across the EU, require strengthened cross-border cooperation. Parliament has repeatedly asked for stricter labour inspection at EU level in order to avoid social dumping. In a resolution of January 2014, it called for the creation of a European platform for labour inspectors monitoring undeclared work, stronger cross-border cooperation, and the identification and recording of letter-box companies and similar operations. In line with the 2017 State of the Union speech and letter of intent, the Commission subsequently launched a proposal in March 2018 for a European Labour Authority, with a view to strengthening cooperation between labour market authorities at all levels and managing cross-border situations more effectively. Parliament and Council reached a provisional agreement in February 2019, and the text was formally adopted at the end of the term.

The Directive on the Posting of Workers, which provides a framework to protect the social rights of posted workers and to prevent social dumping, was completely revised in 2018. The revision introduced changes in three main areas: a) the remuneration of posted workers, which is now equal to that of local workers, even when subcontracting;
b) the rules on temporary agency workers, which are now more coherent; and c) long-term posting, where after 12 months of posting, host-country rules start to apply to posted workers. EU countries will be able to ensure that posted workers are covered by representative collective agreements in all sectors. According to the principle of the ‘same pay for the same work at the same workplace’, posted workers can now benefit from the same rules as local workers as soon as they take up a job.

The European platform to enhance cooperation in tackling undeclared work, as called for by Parliament, has been operational since 2016. Its tasks are to prevent, deter and combat undeclared work. The country-specific nature of undeclared work means that Member States are free to decide on their level of involvement in the platform’s activities, the measures to take at national level and the authorities to represent them. In addition to the 28 EU countries, four representatives of cross-industry civil society organisations, elected by the social partners themselves, are members of the platform.

In August 2015, the Commission produced a roadmap on reconciling work and family life, which envisaged both legislative and non-legislative action. In this context, Parliament adopted a resolution in May 2016 on the application of the Parental Leave Directive, calling for activation of the review clause in EU parental leave legislation and for the extension of the minimum duration of parental leave to six months. A resolution on ‘Creating labour market conditions favourable for work-life balance’, adopted in September 2016, called on the Commission to revise the Maternity Leave Directive by extending its duration ‘with a diverse formula of payment to allow for accommodation of specific needs and transitions in different Member States’. In April 2017, the Commission presented its work-life balance proposal, containing legislative and non-legislative measures. The legislative measures proposed include the introduction of paternity leave of 10 working days; the strengthening of parental leave so that the four-month period would be compensated at least at sick pay level and non-transferable from one parent to another; the introduction of carers’ leave for workers caring for seriously ill or dependent relatives; and the extension of the right to request flexible working arrangements to all working parents of children up to 12 years old and to carers with dependent relatives. Non-legislative measures include securing protection against discrimination and dismissal for parents and carers; encouraging gender-balanced use of family-related leave from work and flexible working arrangements; making better use of European funds to improve long-term and childcare services; and removing economic disincentives for second earners. The agreement between Parliament and Council on the legislative measures was adopted in plenary on 4 April 2019 and the legislative text was formally adopted at the end of the term.

**Potential for the future**

The European Commission published its proposal for a new multiannual financial framework (MFF) for the 2021-2027 period, and for a new system of own resources (OR) on 2 May 2018. Under the new proposal, the European Social Fund Plus (ESF+) would serve as the EU’s main financial instrument for the implementation of the Social Pillar and would concentrate investment in education, employment and social inclusion, including healthcare. The ESF+ should merge the existing ESF, the Youth Employment Initiative (YEI), the FEAD, the EaSI and the health programme. The Commission proposes to allocate €101.2 billion in current prices (€89.7 billion in 2018 constant prices) from the EU budget to the ESF+.

**In health policy**

The current health programme will be embedded into the ESF+ as the ‘health strand’, with dedicated funding of €413 million. According to the Commission, integrating health in ESF+ is expected to complement other ESF+ activities that address the challenges identified in the European Semester, and will lead to synergies with the other building blocks of the Social Pillar.
Financing for health-related activities would also be available through other EU financial instruments, notably Horizon Europe (under the 'health' cluster); the Digital Europe programme (in one of the five 'focus areas'); the European Regional Development Fund (ERDF); the InvestEU programme and the Emergency Aid Rescue (rescEU). According to the Commission, the health strand in ESF+ will provide means to test innovative solutions in a cross-border approach. It would focus on those areas in which EU cooperation has a proven benefit: improving crisis-preparedness and response to protect citizens against cross-border health threats; strengthening health systems by assisting health authorities in the digital transformation of health and care and in national reform processes; supporting EU health legislation, including on medicines, health technology assessment, tobacco and cross-border care; and supporting integrated work, for instance on rare diseases (via the European Reference Networks) or the implementation of best practices for health promotion and disease prevention.

Figure 4 – Future EU health budget in the 2021-2027 MFF

Data source: European Commission, Health-EU Newsletter, 5 July 2018.

As far as the policy outlook is concerned, it is worth remembering that, while there is scope for further coordination between EU countries in matters of health, the EU’s powers are limited by the fact that responsibility for the organisation and delivery of healthcare lies with the individual Member States. That being said, new initiatives could possibly be designed, or existing ones brought to fruition, in the following areas (listed alphabetically).

- **Access to medicines**: encouragement of broader and deeper EU-level coordination on the accessibility of medicines, especially high-cost innovative ones, is likely to continue to take centre stage. The Expert Panel on effective ways of investing in health, which provides the European Commission with independent advice to specific mandates, recently issued an opinion on innovative payment models for high-cost innovative medicines, in which it sees an opportunity for setting up a European learning community in the area of payment models.

- **Promotion of healthy nutrition for children**: in the wider context of tackling childhood obesity and promoting healthy lifestyles, the Council conclusions of July 2018 on 'Healthy nutrition for children: The healthy future of Europe' focus on the promotion of healthier diets for children, as one of the best investments for a young European generation in good health. The conclusions specifically invite the Member States and the Commission 'to put people and people’s health at the heart of all policies and actions, including by transparently discussing the current and future role of the EU to defend public health in the context of the discussion on the future of Europe'.

- **The European Reference Network model in cross-border healthcare** for rare diseases could be widened to other areas: the Expert Panel on effective ways of investing in health, in its September 2018 opinion, suggests that there is potential to adapt the scope of the European Reference Networks to additional roles, such as research and guideline development, beyond the immediate objective of providing advice on individual patients. However, it considers the extension of the model to other diseases to be premature.
Health technology assessment: the Commission's January 2018 proposal for a regulation aims to consolidate cooperation among Member States for assessing health technologies. It aims, among other things, to avoid duplication of national assessments to determine a medicine's added value (these help EU countries decide on pricing and reimbursement). The file is ongoing. While Parliament adopted its first-reading position on 14 February 2019, Member States in the Council are still divided over the proposal.

Vaccination promotion: thanks to the Commission proposal for a Council recommendation, and in line with Parliament's demands, coordinated approaches to this issue could be strengthened. This could include the possibility of establishing a European vaccine information sharing system with a view to developing guidelines on an EU vaccination schedule, an EU vaccination card and a web-portal with reliable information on the benefits and safety of vaccinations; creating a virtual data warehouse on vaccine needs and stocks in order to address vaccine shortages and increase supply; and convening a 'coalition for vaccination' with healthcare workers.

In social security policy

In the new proposal for a 2021-2027 MFF, social policies are covered under heading 2 'Cohesion and values', programme 7 'Investing in people, social cohesion and values', which amounts to 34.5% of the new MFF and is allocated the largest amount of funding. At least 25% of the ESF+ should be allocated to improving social inclusion and at least 4% to fighting material deprivation to pursue the current activities of the FEAD. Additionally, Member States with an above EU-average rate of young people neither in employment nor in education or training (NEET) in 2019 will be required to dedicate at least 10% of this share to supporting measures that tackle youth employment, with €1.2 billion under direct management, of which €761 million is to be spent on the employment and social innovation strand. Together with the health strand, this funding will provide the means to test innovative solutions in a cross-border approach.

Ahead of the Commission's budget proposals, Parliament adopted a resolution in March 2018 that stressed that the next MFF should be embedded in a broader strategy for the future of Europe and should address some priority challenges such as youth unemployment, persistent poverty and social exclusion, or the phenomenon of migration and refugees.

In his September 2018 letter of intent, Commission President Jean-Claude Juncker called for the adoption of the proposals addressing the social dimension of the EU, including on the European Labour Authority, on the modernisation of the rules for the coordination of social security systems and on the improvement of the transparency and legal predictability of working conditions.

Another topic that will be focused upon in the coming years is the adaptation of social protection schemes, which are designed for regular working contracts, to the new reality in the world of work. A reform of social security systems to accommodate platform and other atypical workers will be necessary to reduce differences in treatment across different forms of work, and to expand existing social protection schemes, such as:

- making membership of state old-age security systems compulsory for all workers, irrespective of formal status in employment law;
- ensuring continuity of social insurance and workers' rights when moving from one job to another;
- reducing or abolishing minimum income thresholds for access to social protection schemes (such as health insurance), and replacing them with a payment of a percentage of income;
- reducing or abolishing continuity of employment requirements for eligibility for social protection;
promoting moves away from contribution-based systems, towards systems based upon
general taxation;

improving effective access to social security systems (not just statutory access).

Parliament has also asked the Commission to consider introducing a **European social security card**
or other EU-wide document, subject to strict data-protection rules, to make it easier to exchange
data, and to carry out a pilot project for a European early-warning system on undeclared work.

Concerning the **coordination of social security systems**, the Commission produced a **proposal** in
2016 to revise the existing EU legislation. It seeks, among other things, to clarify the circumstances
under which Member States can limit access to social benefits for economically inactive mobile EU
citizens; establish a coherent regime for the coordination of long-term care benefits; propose new
arrangements for the coordination of unemployment benefits in cross-border cases; establish new
provisions for the coordination of family benefits; and reconcile the conflicting rules contained in
the relevant legislation. After the trilogue meetings, a provisional agreement was reached between
the Council Presidency and the European Parliament, but it was rejected at the Permanent
Representatives Committee (Coreper) meeting on 29 March 2019. Parliament decided not to close
the first reading procedure, but to leave it for the new parliamentary term.

The Commission is expected to propose other initiatives in support of **fair mobility**, including a
**European social security number**, to make social security rights more visible and (digitally)
accessible.

Parliament adopted a **resolution** on the European agenda for the collaborative economy in June
2017, in which it underlined the importance of ensuring the fundamental rights and adequate social
security protection of **collaborative economy workers**, including the right to collective bargaining
and action.

Another ongoing topic is the legislation on **equal pay for equal work**. In November 2017, the
Commission published a new **action plan** on the gender pay gap, accompanied by an **evaluation** of
the Commission’s 2014 pay transparency recommendation. The Council has called on the
Commission to step up efforts to reduce the gender gaps in employment, pay, earnings and
pensions. In June 2017, the Council adopted **conclusions** on making work pay, identifying the
gender pay gap as a key problem, stressing the need to ensure that women are able to participate
fully in the labour market, and proposing measures for promoting gender equality in pay and
inclusive labour market policies. In its December 2017 **conclusions**, the Council proposed measures
to reduce gender segregation in education and employment, one of the root causes of the **gender
pay gap**.

In March 2018, the Council held a debate on **the future of social Europe post-2020**. It pointed out
that European citizens should have opportunities for social progress and economic growth, with a
strong focus on employment, labour market needs, social convergence, integration of migrants and
refugees; inclusion of the most vulnerable people; and the fight against poverty. Achieving these
objectives will require renewed programmes and funds, for instance the ESF, the FEAD and the EGF.
MAIN REFERENCES

Kiss M., *Revising the social security coordination regulations*, EPRS, April 2019.

ENDNOTES

1 This section was drafted by Alina Dobreva, with graphics prepared by Nadejda Kresnichka-Nikolchova.

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