

# EPHA Position Paper: The European Pillar of Social Rights

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european public health alliance



# Context: Building a Pillar of Social Rights

On 26 April 2017 the European Commission published its proposals for a European Pillar of Social Rights (EPSR). Aimed at earning Europe a 'social triple A', the final text of the EPSR follows a public consultation and contains [20 rights and principles](#), grouped into three chapters which cover access to the labour market, working conditions and social protection. The Pillar was published in two forms – one a recommendation and the other a proposal for an interinstitutional proclamation – and was accompanied by a communication, a staff working document, four supplementary initiatives and a reflection paper on the social dimension of Europe. The proclamation of the Pillar, following an inter-institutional agreement, will take place at the Social Summit in Gothenburg in November.

The primary purpose of the Pillar is to render the principles and rights that already exist in EU law 'more visible, more understandable and more explicit', though it also adds new elements to the *social acquis* in some areas. In doing so it aims to foster a renewed process of convergence towards better living and working standards and, as a result, to create stronger economies and more equitable and resilient societies.

In practice, the Pillar could play a key role in the development of EU policies, serving as a new tool for the mainstreaming of social considerations. In addition to acting as a benchmark against which frameworks such as the European Semester can be judged, it will inform development of the post-2020 financial programme and be used as part of the REFIT initiative.

## Quality and affordable healthcare: A rights-based approach

The draft text of the EPSR, published in March 2016 as a basis for the public consultation which would follow, addressed health in three parts, one of which encouraged the 'cost effective provision of care'. EPHA advocated for the revision of the health domain to remove reference to cost-effectiveness and financial sustainability, a recommendation acknowledged in the amended Pillar and the final wording of the health principle:

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***Principle #16: Health care*** / *Everyone has the right to timely access to affordable, preventative and curative health care of good quality.*

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EPHA welcomes the rights-based approach and the emphasis on quality and affordability contained in the health principle. The language used seeks to take account of some of the most prevalent barriers to accessing care (waiting times, affordability) and to highlight the importance of care quality. It also retains reference to the necessity of preventative, as well as curative care, though it makes a less explicit connection between health promotion, disease prevention, sustainability and

resilience than the draft text. Beyond the health principle, the EPSR contains a number of other positive provisions relating to physical and mental health, such as on equal opportunities, employment support, children's rights, long-term care, disability support and access to housing. A promising basis for implementation is also included, with strong reference to dialogue with civil society organisations, financial support from EU funds and monitoring via a scoreboard of indicators that will feed into the European Semester. A key initiative was taken by the Commission in regard to access to social protection, which will first lead to a consultation with social partners to define possible new rules in this area before the end of 2017. The synthesis report on ["Access to social protection for people working on non-standard contracts and as self-employed in Europe"](#) notes substantial discrepancies among Member States in the area of social protection including access to healthcare and sickness benefits for self-employed workers and workers in non-standard employment. While new forms of employment are on the rise in the whole EU, it is important for social protection systems to adapt to and ensure adequate access.

## Inequalities and vulnerable groups: A missed opportunity

Whilst the EPSR identifies the broad foundations of a well-functioning health system, it fails to recognise the persistent inequalities and barriers to care experienced across the EU or the need to address these as a precursor to realising the health principle. Barriers to accessing care, opportunity, protection and essential services are highlighted throughout the Pillar but the disproportionate restrictions facing vulnerable groups – such as Roma communities, refugees, those with chronic diseases or disabilities, adults and children living in poverty, and the homeless – are not adequately addressed and their impact upon lifelong health and well-being are not sufficiently recognised. Moreover, the emphasis on Union citizens and lack of clarity around the 'baseline' social protection floor being proposed will make the task of removing the barriers which face vulnerable groups increasingly difficult.

This is particularly problematic given the scope of the EPSR. Though others will be encouraged to join, the Pillar will initially 'apply' only to euro area member states. This means that countries with some of the weakest social protection systems, greatest threats to fundamental rights and highest barriers for vulnerable groups will be excluded from the Pillar and its associated processes, including monitoring via the scoreboard and the European Semester.

## Implementation and policy coherence

Whilst the legal basis of the EPSR is sufficient to protect it from subordination to economic union, its legal nature presents a challenge in terms of implementation. As a recommendation the Pillar carries no legal force and after its inter-institutional proclamation, it will remain formally non-binding. The scoreboard and indicators proposed, and the elaboration contained in the accompanying staff working document, offer a good starting point for assessing and monitoring member states' adherence to the principles, but genuine implementation relies upon anchoring of the Pillar within core EU policy frameworks. As indicated by the reference to Article 9 TFEU in the

preamble to the EPSR, mainstreaming of its principles and rights within the EU *acquis* will be the primary mode of implementation. In particular, it is critical that the Pillar's provisions are incorporated into mechanisms governing macroeconomic and cohesion policy, and pursuit of the sustainable development goals (SDGs).

In its response to the consultation on the Pillar, EPHA called for it to contain an explicit link to the European Semester. To contribute to a genuine 'socialisation' of the Semester, these indicators must be integrated and utilised on an equal footing with the Europe 2020 headline indicators, the Joint Employment Report, the Joint Assessment Framework, and the broader economic measures which inform the preparation of the country specific recommendations. Moreover, these indicators should be further developed to better represent social and health concerns and used in a manner that allows for cross-country comparison. The 'self-reported unmet need for medical care' is so far, the only headline indicator proposed under the Social Scoreboard to be included in the European Semester. However, member states are very unlikely to accept such indicator due to its methodological challenges that make outcomes difficult to compare. In this sense, the level of health coverage and out-of-pocket payments are better suited to measure universal access to healthcare – a key target under Sustainable Development Goal (SDG) 3. In its [recent report](#), EPHA called for an explicit link between the EPSR and the SDGs, in particular the target relating to universal health coverage and non-communicable diseases (NCDs). Action to implement the SDGs has been slow and its success rests upon pursuit of UHC and initiatives to tackle the burden of NCDs. The communication outlining the EU's plans for implementation of the SDGs identifies the building of coherence with other policy framework as one of two work streams necessary for their achievement and makes explicit reference to the EPSR as a tool for realising, among others, the health goal. This should include integration of the targets and indicators envisaged across the individual policies and active recognition of the contribution of UHC, a reduction in NCDs and investment in health systems as critical to ensuring enactment of the EPSR's principles.

## Conclusions and recommendations

The EPSR and its accompanying documents present a positive account of the EU's role in strengthening and protecting social rights, and the added value of its projects, funding and research to this end. Its implementation and realisation, however, will depend upon full and proper integration with existing policy frameworks, recognition of the need to address inequalities, and active engagement of civil society actors in the design, delivery and monitoring of further actions.

### Recommendation 1: Establish the EPSR as a tool for mainstreaming social considerations

The various documents which accompany the EPSR note its relevance for the European Semester, the REFIT programme, the Europe 2020 targets, the EU Structural Funds and a number of other policy frameworks. Integrating the principles and rights embodied in the EPSR into these frameworks will be critical to their realisation and will also serve as a valuable and much-needed tool for the mainstreaming of social considerations within them. EPHA urges the Commission to

ensure that the EPSR be introduced immediately and uniformly as a benchmark against which all Union initiatives are assessed and aligned.

## Recommendation 2: Synthesise the implementation of the EPSR and the pursuit of SDG #3

In its communication on implementation of the UN SDGs and Agenda 2030, the Commission explicitly referenced the EPSR as a tool for achieving the targets under SDG #3, the health goal. This commitment must now be acted upon and the implementation of the EPSR pursued in tandem with action to reach the SDG targets, particularly those concerning the achievement of UHC (SDG target 3.8) and the reduction of mortality from NCDs and the promotion of mental health and well-being (SDG target 3.4). This means designing interventions which recognise the importance of UHC and action to reduce the burden of NCDs as part of good quality and effective preventative health care, and as prerequisites for the EU's broader commitment to sustainable health systems, resilient societies and strong economies.

## Recommendation 3: Encourage endorsement of the EPSR beyond the euro area

It is envisaged that the EPSR will initially apply only to members of the euro area, since the proper functioning of Economic and Monetary Union requires increased convergence among its member states. EPHA expressed concern at this framing during the public consultation and reiterates the risk that such a limited scope will exacerbate existing inequalities and regional disparities. As such, it urges the Commission to strongly encourage adoption of the Pillar beyond the euro area and to take full account of the necessity of addressing inequalities – both between member states and among different social groups within them – in the implementation of the Pillar's principles.

## Recommendation 4: Engage and employ civil society organisations in the design, delivery and monitoring of initiatives to enact the Pillar

As noted in the staff working document which accompanies the Pillar, the tools of its implementation are located at the local, regional and national levels, whilst the EU retains a role in guiding, supporting and monitoring member states' progress. To ensure the genuine realisation of the Pillar's principles and rights it will be crucial that civil society organisations are engaged and employed in identifying barriers to full enactment of the Pillar's principles, developing solutions, informing EU-level guidance and support, and assisting in implementation of the Pillar across all levels. As such, EPHA reiterates its commitment as a partner in the Pillar's implementation and to

collaboration with the civil society community, member states and the Commission to this end.

## About EPHA

EPHA is a change agent – Europe's leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform, the Health and Environment Alliance (HEAL), the EU Civil Society Contact Group and the Better Regulation Watchdog.

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