



# EPHA Briefing Note on the Open Method of Coordination and health

Subject	The Open Method of Coordination and health
Author	Hannah Branston /Caroline Heu-Boidin
Date	June 2007

## Introduction

The Open Method of Coordination (OMC) is commonly viewed as a way in which the EU can influence policy areas that are primarily the responsibility of Member States. It was formally introduced by the Lisbon European Council in March 2000, to achieve the objectives of the Lisbon agenda<sup>1</sup> without introducing new legislation at the European Level.

The OMC is a non-legislative tool which aims to encourage Member States to share and coordinate different approaches that address common European challenges. So far the OMC has been used to increase cooperation in policy areas such as, employment, social protection, and social inclusion.

In March 2006, the European Council 'streamlined' the Open Method of Coordination on social protection and social inclusion to include pensions, and health and long-term care. The aim of "streamlining" the OMC is to bring all the relevant areas of social protection together in a single strategy with a single set of common objectives, which will be organised into the three pillars, social inclusion, pensions and health.

This briefing paper aims to explore the benefits of having an OMC for health based on reports from social NGOs that have experienced the process first hand in the field of social protection and social inclusion.

## How does it work?

Through the OMC, the Council of Ministers decides upon a common set of goals and objectives for a specific policy area. Each Member State then develops a national action plan which includes guidelines, timetables and indicators. The European Commission coordinates a process whereby Member States exchange good practices. This "soft law" approach aims to encourage Member States to improve what is being done at national level and to agree on common targets and guidelines to achieve common EU objectives.

Implementation of the OMC involves:

- Establishing objectives.

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<sup>1</sup> The Lisbon Strategy is a commitment by EU governments to concentrate their efforts on a single over-arching goal. In March 2000, the European Council in Lisbon set out a ten-year strategy to make the Union "the most competitive and dynamic knowledge-based economy in the world, capable of sustainable economic growth with more and better jobs and greater social cohesion". [http://europa.eu.int/comm/lisbon\\_strategy/pdf/lisbon\\_en.pdf](http://europa.eu.int/comm/lisbon_strategy/pdf/lisbon_en.pdf)



# EPHA Briefing Note on the Open Method of Coordination and health

- Establishing Indicators.
- Translating the EU objectives into national/regional policies – This is achieved through the development of two-year-long National Action Plans. Member states also exchange any policy developments that they consider to be “best practice”.
- Periodic monitoring and evaluation of the National Action Plans by the Commission, who then drafts a joint report to be adopted by the Council.

However it is worth noting that the OMC process can vary considerably across policy areas.

## Evolution

In April 2004, following a resolution from the European Parliament, the Commission proposed to extend the open method of coordination to include long-term care<sup>2</sup>. In 2005, Member States submitted national reports on Health and Long Term Care. DG EMPL and DG SANCO coordinate the analysis of these reports.

A proposal for a new framework for the open coordination of social protection and inclusion policies was published by the Commission in December 2005<sup>3</sup>. And in March 2006 the proposed streamlined OMC was adopted by the Council, based on a Joint Opinion of the Social Protection Committee and the Economic Policy Committee.

## How successful has the OMC been in the area of social protection and social inclusion?

According to some social NGOs the OMC on social inclusion and social protection has helped to create necessary debates and to forge new cooperation between different stakeholders<sup>4</sup>. An evaluation by SOLIDAR, found that the OMC process has been recognised as particularly instrumental in raising the issue of poverty and social inclusion in new Member States, at the national level. However some national governments and national NGOs state that the OMC on social inclusion had more visibility and impact on the political agenda at EU level and did not have any direct impact at national level<sup>5</sup>. National Action Plans (NAPs) are often viewed as part of a necessary reporting process which does not result in real effects<sup>6</sup>. The OMC on pensions has been found to be a largely bureaucratic exercise which is not open to NGOs<sup>7</sup>.

2 “Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the “open method of coordination””  
Commission Communication COM(2004) 304, adopted on 20 April 2004.

[http://ec.europa.eu/employment\\_social/soc-prot/healthcare/com\\_04\\_304\\_en.pdf](http://ec.europa.eu/employment_social/soc-prot/healthcare/com_04_304_en.pdf)

3 “Working together, working better: A new framework for the open coordination of social protection and inclusion policies in the European Union” Commission Communication COM(2005) 706.

[www.ec.europa.eu/employment\\_social/social\\_inclusion/docs/2006/opinion\\_en.pdf](http://www.ec.europa.eu/employment_social/social_inclusion/docs/2006/opinion_en.pdf)

4 SOLIDAR “Evaluation of the Open Method of Coordination in the field of social inclusion and social protection”. Presented to the European Commission, June 2005. <http://www.solidar.org/Document.asp?DocID=4726&tod=175>

5 *ibid* (SOLIDAR)

6 *ibid* (SOLIDAR)

7 Social Platform Contribution to the Evaluation of the Open Method of Coordination (OMC) on Social Protection &



# EPHA Briefing Note on the Open Method of Coordination and health

However, the European Federation of National Organisations working with the Homeless (FEANTSA) believes that promoting coordination and exchange will help Member States to make significant progress in the area of healthcare<sup>8</sup>. According to FEANTSA, the EU social inclusion process has increased awareness of homelessness and housing exclusion over the last 5 years through the NAPs, and has “clearly contributed to a stronger focus on the importance of cooperation with different actors for effective policy-making” in the area of homelessness and housing exclusion<sup>9</sup>.

With regard to ‘streamlining’, whilst this will allow for a more unified approach to achieving the objectives of the Lisbon Strategy, there is concern that streamlining will result in a reduced number of indicators being used. Critics of the Social Protection OMC have argued that indicators have been too focused on economic criteria. According to the European Anti Poverty Network (EAPN) the implementation reports remain “overwhelmingly economic”<sup>10</sup>.

Overall, despite significant room for improvement of the OMC process, it has been recognised as an “important mechanism”<sup>11</sup> which is “extremely necessary”<sup>12</sup> and has potential for real impact.

## Using an OMC-like tool for health policies at EU level?

The European Commission is preparing different initiatives that will impact on national health systems: an EU directive on health services and an EU Health Strategy. Given that the article 152 of the EU Treaty states that “community action in the field of public health shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care”, the OMC is seen as an implementation mechanism which would respect the subsidiarity principle and yet help coordinate health policies at European level.

The OMC would also provide a mechanism through which NGOs could be further engaged in health policies at national level. Member States are encouraged to include NGOs in preparing the National Action Plans and reviewing them. The OMC would provide a flexible framework through which partnerships could be developed and enhanced.

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Social Inclusion, July 2005.

[www.socialplatform.org/module/filelib/05-07OMCEvaluationContribution\\_FinalEN.pdf](http://www.socialplatform.org/module/filelib/05-07OMCEvaluationContribution_FinalEN.pdf)

8 FEANTSA policy statement, February 2005. “Applying the Open Method of Coordination to health and long-term care: The importance of making universality, fairness and solidarity in the access to care a reality for homeless people.” [www.feantsa.org/.../Policy%20Statements/Health%20OMC%20policy%20statement.pdf](http://www.feantsa.org/.../Policy%20Statements/Health%20OMC%20policy%20statement.pdf)

9 FEANTSA. “Homelessness and housing exclusion in the National Reports on strategies for social inclusion and social protection (NRS): FEANTSA Evaluation and Recommendations” [http://www.feantsa.org/files/Streamlined%20strategy%20social%20protection%20and%20inclusion/naps/evaluation\\_naps\\_2006-2008.pdf](http://www.feantsa.org/files/Streamlined%20strategy%20social%20protection%20and%20inclusion/naps/evaluation_naps_2006-2008.pdf)

10 EAPN (2007) “Making Lisbon deliver for people experiencing poverty: EAPN response to 2006 Implementation Reports on the National Reform Programs”

11 EuroHealthNet Working Paper: “Health and Social Inclusion in the Context of Lisbon”, October 2004. [http://www.eurohealthnet.eu/images/publications/pu\\_1.pdf](http://www.eurohealthnet.eu/images/publications/pu_1.pdf)

12 *ibid* (Social Platform)



## EPHA Briefing Note on the Open Method of Coordination and health

Another lesson learnt from the social field shows that Member States exchange ideas and 'best' practices, while the method is flexible enough to adapt to different approaches, different cultural traditions and answer different needs of each country.

The OMC could also be useful to get health issues more on the political agenda and to better integrate health indicators in the Lisbon Agenda.

However, the involvement of NGOs very much depends on the partnership culture of each country. Very often, countries where engaging NGOs and consulting civil society is a well established pattern, tend to replicate this fact in the OMC procedures. The OMC may therefore not lead to increased involvement of NGOs. Secondly, NGOs are often not sufficiently aware of the method and its benefits/pitfalls. This generates a lack of efficiency and switches the tool into a more classic bureaucratic intergovernmental method of sharing information very much dominated by civil servants and EU officials. The peer review reports can be developed in technical reports.

Using the OMC efficiently requires the development of common indicators, which are lacking at the moment on health issues. In conclusion the OMC is a new tool which needs its efficiency assessing and relevant indicators developed before being exported to other policy areas. In addition, being established within the framework of the Lisbon agenda, the OMC is likely to be revised in 2010 together with the Lisbon Agenda.