

December 2022

The European Semester and health equity: Findings from the Recovery and Resilience Plans in eight EU Member States

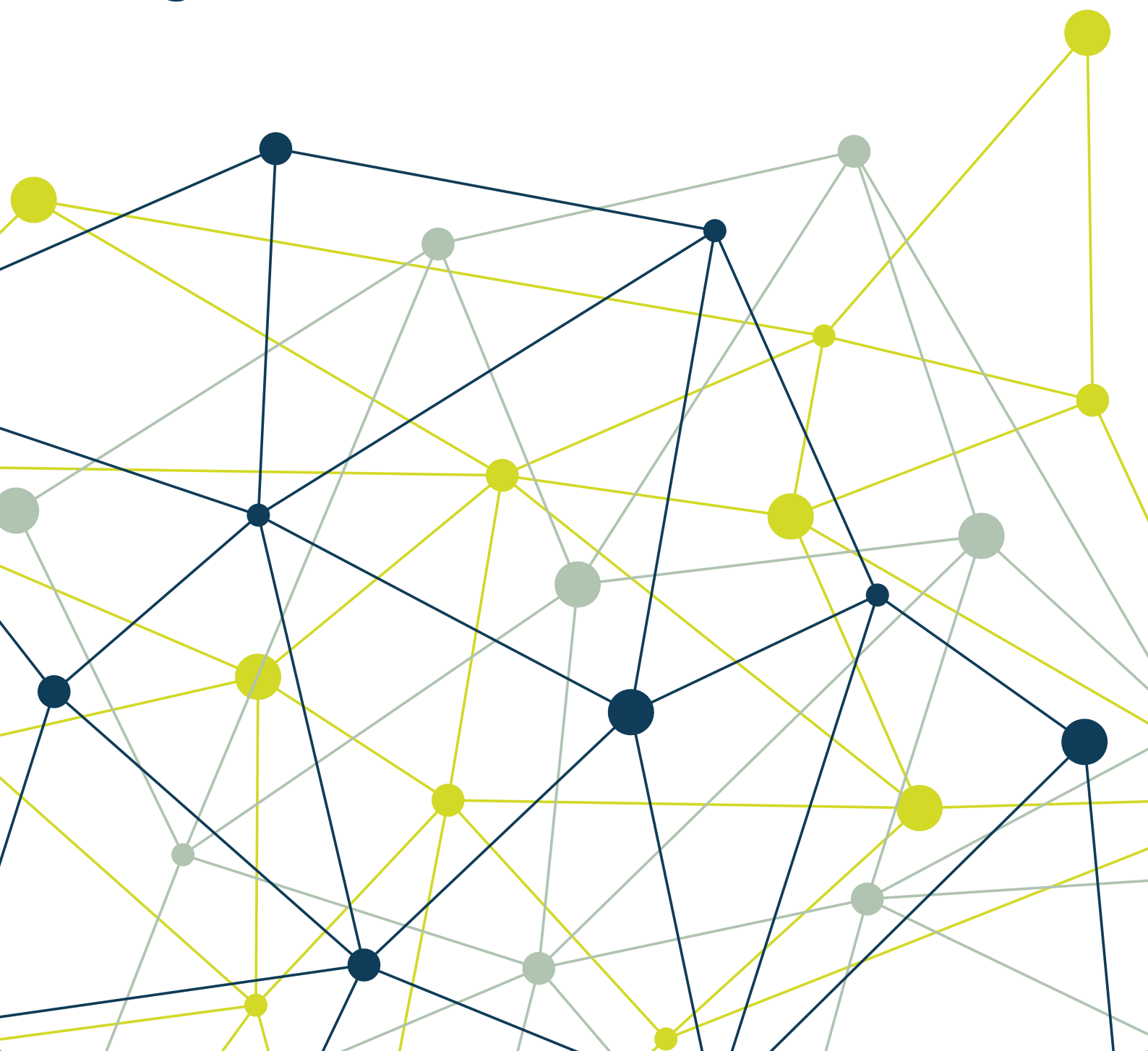


TABLE OF CONTENTS

Acknowledgements.....	3
Executive summary	4
1. The context: 2022 - a Europe and a world in crisis	6
1.1 What is needed for resilience and change	7
1.2 European Semester process as a tool to facilitate change	7
1.3 Relevance to health policy making and to public health and health professionals	8
1.4 This report and methodology	9
2. Key outcomes of this year's analysis	10
2.1 The public health sector's involvement and views.....	10
2.2 RRP programmes and initiatives for public health and equity	12
2.3 Key themes and considerations.....	17
2.4 The future of the European Semester process	23
3. Conclusions and recommendations.....	25
4. Deep dive into eight countries and their RRP initiatives	29
Austria.....	30
Belgium.....	35
Finland.....	42
France.....	47
Italy	53
Lithuania	58
Spain.....	63
Sweden.....	69
Annex – Glossary.....	73
Endnotes.....	76
About us	79

ACKNOWLEDGEMENTS

We would like to express our special thanks to the external experts who partook in this initiative, many of whom are within the EuroHealthNet Partnership. We thank the following colleagues for sharing with us their knowledge and expertise and for their time to participate in the interviews.

AUSTRIA

Ministry of Social Affairs, Health, Care, and Consumer Protection

- Adelheid Weber, Senior Technical Officer
- Christina Amrhein, Advisor
- Merle Treichel, Advisor

David Wachabauer, Health Expert, Austrian National Public Health Institute (GÖG)

BELGIUM

Wallonian Agency for a Life of Quality (AViQ)

- Marie Lefebvre, Public Health project manager

Government of Flanders

- Bert Taelman, Policy officer, Team Primary Care
- Thomas Boeckx, Director of Primary Care Team

FINLAND

Anni Marttinen, Chief Economist, Finnish Federation for Social Affairs and Health (SOSTE)

Finnish Institute for Health and Welfare (THL)

- Marika Kylänen, Project Manager
- Niina Haake, Program Manager

FRANCE

Ministry of Health and Solidarity

- Christine Berling, Head of International & European Affairs at the Directorate General for Health
- Gisèle Diallo, Policy Officer
- Pascale Fritsch, Deputy Head of Mental Health Office at the Directorate general for Health

ITALY

Elisa Nannicini, Head of Research and Investments in the health sector, Tuscany Region

Giovanni Gorgoni, Executive Director, Regional Healthcare and Social Affairs Agency of Puglia (AReSS)

LITHUANIA

Audrius Ščeponavičius, Director of Public Health Department, Ministry of Health

Jūratė Grubliauskienė, Director, Lithuanian Public Health Bureaus Association

SPAIN

Ana Gil Luciano, Head of Health Promotion and Equity Area, Ministry of Health

Andalusian Regional Ministry of Health and Consumer Affairs

- Francisco Ruiz, Public Health Senior Advisor
- Teresa Campos, Head of Coordination of Public Health

SWEDEN

Swedish Association of Local Authorities and Regions (SALAR)

- Filippa Myrbäck, Senior Advisor
- Malin Looberger, Senior Policy Advisor

EuroHealthNet

EuroHealthNet is a not-for-profit partnership of organisations, institutes, and authorities working on public health, disease prevention, promoting health and wellbeing, and reducing inequalities.

We aim to tackle health inequalities within and between European States through action on the social determinants of health.

EXECUTIVE SUMMARY

Our societies are facing a number of concurrent, yet interrelated crises. The COVID-19 pandemic, environmental degradation and global conflicts are putting more and more pressure on people and communities. Demographic change and ageing will continue to strain health and social systems, placing an undue burden on younger generations. In addition, the technological/digital revolution and geopolitical forces continue to transform life as we know it. **Those with fewer resources are less able to cope with these challenges,** leading to widening wealth and health inequalities. This undermines resilience and raises the question of whether prevailing models of economic development are fit for purpose to generate wellbeing for all.

Building resilience can be achieved by **making health, equity and wellbeing transversal and intrinsic objectives** of the European Union (EU), just as digital and environmental concerns are – rightly – now. This should also be reflected in its macroeconomic coordination mechanism, the European Semester.

In 2020, the EU launched its **first large-scale emergency financial tool, the Recovery and Resilience Facility (RRF)**, tying it to the European Semester process, alongside other funds in the EU Multiannual Financial Framework (MFF). The RRF provided the unique opportunity for Member States to access the resources necessary to facilitate the green and digital transition, but also to promote wellbeing through investments and reforms of health, social and economic policies and systems.

This year, EuroHealthNet’s analysis of the European Semester looks at the European Semester 2022 cycle and reflects on the first year implementing the Recovery and Resilience Plans (RRP). Insights gathered from 24 experts in eight Member States (Austria, Belgium, Finland, France, Italy, Lithuania, Spain, Sweden) illustrated programmes and initiatives financed as part of the RRP, and how they instigated health system reforms while strengthening investments in public health, health promotion and disease prevention.

Despite showing potential to advance public health policies and practice in various Member States, the long-term sustainability of these investments largely depends on the political engagement and willingness of governments to keep health – including health improvement – up on their agendas. There is a threat that **current crises and pressing challenges may deflect attention from these issues, or dilute their importance.** It is crucial however that health, equity and wellbeing remain central considerations, to provide people the resilience to weather these turbulent times, and to move economies closer to the ultimate objectives of sustainability and an [Economy of Wellbeing](#).

Drawing on insights from the EuroHealthNet’s cross-country analysis, we call on EU Institutions and EU Member States to:

1. **Recognise the value, and invest sustainably in the following initiatives as part of broader health, resilience and reform strategies,** to be monitored by the European Semester process:
 - Strengthen primary care systems, with particular attention to workforce shortages and access
 - Support to public health, health promotion and disease prevention
 - Foster early disease screening programmes and prevention models, particularly among pregnant women and children
 - Enhance collaboration between the health and social sector

- Foster equitable access to social and health services
 - Improve the attractiveness of careers within the health sector, including in relation to primary care, nursing and public health careers
 - Improve digital and health literacy, particularly among vulnerable groups
 - Ensure an effective digital transition of health systems
 - Engrain the Economy of Wellbeing into governmental processes
2. **Facilitate and encourage better and more transparent communication among policy makers, professionals and public about how RRF funds are being spent.** Better transparency and communication are good democratic practices and can allow actors across Member States to learn from and inspire one another. More information on how RRF funds are being spent can help all stakeholders develop a clearer understanding of what is being funded under what programmes, where synergies can be made, and what is missing in the broader 'architecture of change'. Such transparency should also allow for flexibility around implementation plans, which is crucial in the face of current significant changes in political and economic realities. Although it is important to ensure the appropriate use of public funds, the emphasis should be on ensuring EU Member States' programmes are on track to deliver impact.
 3. **Develop an overarching Strategy for the European Union,** that follows up on the Europe2020 Strategy, **which integrates the goals of all relevant EU strategies, and that could serve as overarching guidance for the European Semester process.** The Strategy should establish health, equity and wellbeing as transversal and intrinsic objectives of the European Union, alongside environmental and digital objectives. It could help national actors address the multiple crises in systemic ways, to better navigate EU policies and make synergies between the RRF and other EU funding programmes. A new overarching strategy could also shed light on how different components of strategies, programmes and action plans across the EU and at (sub)national level can come together to drive systemic change towards more socially and environmentally sustainable economies that generate wellbeing.
 4. **Use the European Semester process to encourage systems leadership** and ensure policy makers and professionals focus not just on developing and leading initiatives within their own sector, but **explore how they can engage with other sectors.** This way, they can draw out the 'co-benefits' of different projects and initiatives, to maximise their potential to contribute to broader strategic reform, with health equity, wellbeing and sustainability at the heart. Engaging more with other sectors also involves a greater understanding of the distributional impacts of programmes and initiatives being financed by the RRF across different demographic groups.
 5. **Guarantee resources, capacities and inclusive mechanisms that will encourage public health, health professionals and health policy makers to engage in the European Semester process,** implementing the RRP and other EU funds under the EU Multiannual Financial Framework. Only by empowering key stakeholders, including from the public health sector, who can demonstrate and implement cost-effective public health, health promotion and disease prevention approaches, can Europe achieve more equitable, resilient societies and Economies of Wellbeing.

1

THE CONTEXT: 2022 – A EUROPE AND WORLD IN CRISIS



Countries in the European Union (EU) and across the world are facing a range of concurrent, interrelated crises,¹ such as the COVID-19 pandemic, climate change and environmental degradation, and global conflicts and security issues. Russia's war in Ukraine has led to soaring energy prices and a rise in living costs. Awareness is growing of how the models of economic development underpinning our societies are outstripping the planet's natural resources and disrupting the very systems we need for life.

Demographic change and ageing will continue to put pressure on health and social systems, placing an undue burden on younger generations. In addition, the technological/digital revolution and geopolitical forces continue to transform life as we know it. All these developments are hitting those with the fewest resources hardest, resulting in **persistent and widening wealth and health inequalities**. Existing 'social contracts' (agreements between different social actors, such as individuals, families, employers, and the state, on how they agree to pool their resources) are no longer sustainable for this day and age and are breaking down.

This is leading to rising levels of anger and anxiety that we see in society, which are associated with people feeling insecure, and powerless over their future.² Our failures to adapt to these global upheavals are leading to a breakdown of mutual trust across the world, and to political polarisation and social unrest.

1.1 What is needed for resilience and change

Managing these different, converging crises calls for resilience, and for a collective vision of the kinds of societies that we can transition towards, where such issues become ‘better’. It requires the design of new ‘social contracts’, more suited to this day and age.³ Essentially this involves **ensuring a basic level of security for all, maximising investments in capabilities, and finding an efficient, fair sharing of risks** related to e.g., health and dependency, across society. Such measures can lead to more socially cohesive and educated populations. A wide-ranging body of evidence reflects this with the likelihood of having lower rates of crime and civil disorder, and a more highly skilled workforce. They are also likely to lead to higher levels of health equity, which can be used as a measure of a good society.⁴ Emerging concepts such as the [Economy of Wellbeing](#) also sets out how we can transition to ‘better’ societies.⁵

The notions of a new social contract, and an Economy of Wellbeing are similar to those set out by European Commission President Von der Leyen in her political agenda.⁶ This includes the notion of ‘**competitive sustainability**’,⁷ which lies at the heart of Europe’s social market economy, as an ‘inclusive growth model that delivers the best for people and the planet. The **European Pillar of Social Rights (ESPR)**, adopted by the European Institutions in 2017, has been called the new ‘social rulebook’ to help achieve this. The accompanying **ESPR Action Plan** sets out three ambitious targets for 2030, related to employment (78% of the population aged 20-64 should be employed); training (60% of adults in training) and a reduction in poverty and social inclusion (15 million fewer). Governments that invest in protecting the social rights included in the Pillar can help their populations endure environmental, digital, and demographic transitions and feel more secure, capable, healthy and well.

1.2 European Semester: a tool to facilitate such change



The European Semester process is a key mechanism at the EU level - encouraging Member States to steer national reforms and foster a coordinated approach towards common policy goals, for a more resilient and sustainable society. The process involves the development of annual country reports⁹ that set out the challenges that a country is facing, including recommendations,¹⁰ technical assistance¹¹ and funding opportunities¹² (see annex for more details on how the European Semester works). Since the start of the Van der Leyden Commission in 2019, the scope of the European Semester has been expanded to better integrate the European Pillar of Social Rights¹³ and encourage Member States to make progress on the UN Sustainable Development Goals.¹⁴

This represents a recognition that **'wellbeing' policy and economic policy are closely interlinked.** Material factors such as income, jobs and housing, and immaterial factors such as skills, physical and mental health and sense of security are all important to wellbeing. Improvements in these factors should not only be seen as objectives of economic development, but as crucial to achieving it in the first place. This understanding reflects a shift away from the economic and fiscal 'orthodoxy' that characterised the European Semester approach in previous years. The European Semester process therefore gives the EU Institutions more **leverage to 'coax' Member States to act in those areas where EU law does not prevail over national law, such as health, and social policy.**

In 2020 the European Semester was adapted to incorporate the **Recovery and Resilience Facility (RRF)** - a €723.8 billion funding programme put in place by the EU - as a **'stimulus package' to help EU Member States recover** from the impact of COVID-19. To receive these funds, EU Member States prepared Recovery and Resilience Plans (RRPs) in 2021, outlining how they would invest their agreed allocation of financing by 2026. These Plans had to address the challenges identified by the European Semester process, particularly the Country Specific Recommendations (CSRs) that States received during the 2019-2020 cycles.

1.3 Relevance to public health and health professionals and health policymaking

EuroHealthNet has been analysing the European Semester process from a health equity and wellbeing perspective since its inception in 2011 - determining whether its outcomes are in fact leading to more equitable, resilient, 'better' societies, as set out above, and how.

We take a broad 'health improvement' oriented approach, one that does not just focus on healthcare. This approach is based on an **understanding that health and wellbeing result from a wide range of converging factors.** Quality of healthcare is only one of these factors, that has been estimated to contribute to around 10% of total health equity outcomes.¹⁵ We are therefore interested in understanding **how the Semester process and RRP are instigating a reform of health systems,** strengthening investments in public health, health promotion and disease prevention, and making them more effective and sustainable.

Our approach also means exploring how the Semester process and RRP are contributing to reforms in other key areas like housing early child development, skill building, the digital transition and climate adaptation and mitigation. We explore **whether and how the health sector is involved in such initiatives,** to maximise the 'co-benefits' for health and wellbeing, and whether distributional impacts are considered at during the design, implementation and assessment phases.

EuroHealthNet has and continues to encourage professionals with an interest and mandate to improve population health and to engage more in this high-level process to encourage governments to invest in measures and build economies that improve health, equity and wellbeing.

1.4 The report and methodology

This report builds on the findings of EuroHealthNet previous analyses, as we investigated the European Semester process outcomes and RRP in eight EU Member States (Austria, Belgium, Finland, France, Italy, Lithuania, Spain and Sweden). Some of these countries were part of the analyses in previous years, whilst others took part for the first time.¹⁶ We asked public health experts from these countries about their knowledge of, and involvement in the Semester process. We also enquired about their knowledge of, and the implementation of their country's RRP. **The specific focus of this year's report explores what programmes and initiatives are being financed as part of the RRP that can contribute to reducing health inequalities, and what this reflects about broader processes of 'reform'.** While some experts provided more information about specific programmes and initiatives than others, the process led to a number of inspiring examples being led by the health sector harnessing the potential to contribute to more resilient future societies.

Given the complexity and the scale of the topic at hand and the approach taken, this report does not provide comprehensive findings on whether the European Semester process (now including the RRP) stimulate EU Member States to reduce health inequalities. However, the approach taken, and the analysis undertaken within this report does shed light on how the public health sector in eight countries are drawing on the RRF funds to implement initiatives that can contribute to health equity. We extrapolate from the findings and interviews to draw some broad insights as to whether the European Semester process is leading to reforms that can improve outcomes for health, wellbeing and health equity, and what can be done to help maximise its impacts in these areas.

METHODOLOGY

EuroHealthNet asked delegates in its Member organisations if they knew of the European Semester process and/or about health equity-related initiatives that were being funded by their countries RRP, and invited them to participate in the study. If those initial delegates did not have the relevant knowledge, we asked them to identify colleagues who did have the acquired knowledge within their organisations, regions, or countries working in the field of public health. These are **professionals with knowledge of RRF initiatives that could contribute to health equity being implemented within the health sector or beyond** (e.g., green, digital, social resilience, upskilling/reskilling sectors). This led to the identification of **24 experts, from eight countries**, that agreed to be interviewed about these topics. We provided the experts with summaries of their country's RRP and relevant CSRs that their countries had received in 2022. The documents also included information from the European Commission's Country Reports relevant to health equity, and information on specific RRF initiatives being implemented to address the challenges identified. We scheduled and conducted 24 (30-45 minute) semi-structured qualitative interviews, based on five questions that were also provided in advance. The interviews were transcribed and analysed to obtain the main findings, set out in this report. The information obtained through the interviews was supplemented with additional desk research.

2

KEY OUTCOMES OF THIS YEAR'S ANALYSIS



2.1 The public health sector's involvement and views

Most of the experts that we interviewed expressed some familiarity with the European Semester process and the Resilience and Recovery Facility (RRF). In the cases of experts coming directly from Ministries, some were even responsible for reviewing their Country Reports and Country Specific Recommendations (CSRs). Nevertheless, most of the professionals indicated their knowledge and engagement of the European Semester processes was limited. Some were familiar with the RRF, but not the Semester process itself.

Responses by several experts reflected that they were aware of how the European Semester process could impact realities in their country, region, or locality. Several indicated that health-related CSRs had incentivised their governments to fund the initiatives that they were working on, through the RRF.

“The Country Specific Recommendations from 2019... actually... promoted the community nursing programme.”

Expert at the Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

A few experts indicated that they **had not realised the programmes they were working on were being funded by the RRF**, or they were not aware to what extent the RRF contributed to their projects. Other comments reflected that they feel their work is quite removed from EU-level processes in general.

“I don’t get any straight or explicit information that the European Union or European Commission supports the Ministry or our Institute’s management.”

Expert at the Finnish Institute for Health and Welfare (THL), Finland

The comments of one official that “we follow the Semester, but most of the time it is focused on issues outside of health” suggests a sentiment that the process may not be that relevant for health professionals. Such comments reflect that **there is potential for further knowledge and exchange on how EU processes can affect health at all levels across the EU, either directly or indirectly, and on how the health sector can engage, and experience the benefits of this.**

Experts generally agreed with the conclusions in the summaries of the 2022 EU Country Reports and their 2022 CSRs that were included in the summary documents that were provided. They felt that these captured the situation and main challenges that their countries were facing - at least those relating to public health, their area of expertise. The experts either elaborated on the challenges identified or highlighted some crucial points that were missing. As in EuroHealthNet’s analyses of the previous years, **most experts stressed the need to address the persistently low investments in public health, health promotion and disease prevention.**

“The report puts greater emphasis on healthcare than public health interventions. More attention should be given to health promotion and disease prevention.”

Expert at The Andalusian Regional Ministry of Health, Spain

“The public health budget has never been as big as for primary healthcare centres and hospitals. We need to consider investing more in public health, which is critical to health outcomes, over the long-term.”

Expert at The Lithuanian Public Health Bureau, Lithuania

An expert from Lithuania noted that despite the CSR to increase spending on public health, it remained a challenge to allocate money to prevention. Furthering this, the experts explained how the request for the health sector’s input to the overall RRP development led to a consultation process involving over 200 health stakeholders on what should be included. The Lithuanian experts also partook in a study, based on the European Commission Country Report¹⁷ and a National Health Surveillance report,¹⁸ which revealed that health inequalities were the most

persisting and pressing issue for health policy in Lithuania. While investments for public health under Lithuania's RRP are limited, the process has nevertheless led to the development of the Action Plan for Public Health 2023-2030,¹⁹ which is likely to receive funding through other sources.

In addition to highlighting the need for more investments in public health, health promotion and disease prevention, almost all experts across the eight countries raised the **need to address the shortage of medical staff** (doctors and nurses). Experts stressed the call for improvements in the working conditions for the health workforce, as well as other caring professions, such as childcare, teachers and informal carers. The need to **improve intersectoral approaches and to invest in mental health** were also frequently raised.

2.2 RRP programmes and initiatives for public health and equity

A main objective of EuroHealthNet's 2022 Semester Report analysis was, in the first instance, to identify specific projects under the RRP in Member States that could contribute to strengthening public health or health equity. The aim was to complement information provided by experts with desk research. However, it proved difficult to find additional information that was publicly available beyond what was included in the national RRP. Gaining a better understanding of specific initiatives under the RRP required direct contact with RRF project managers, who in most countries were hard to reach. This reflects the **demanding workload of the project managers currently involved in implementation**. It also reflects a current lack of transparency and communication around the use of the funding. Ultimately, however, many of the 24 experts were able to provide information and supporting documents (available both online and offline) about the programmes and initiatives funded and implemented in their country relevant to public health and health equity. An overview of the relevant programmes and initiatives identified is set out in Table 1 below.

EXAMPLES OF RRP INITIATIVES IDENTIFIED

(More information in the country deep dives section under Chapter 4)

STRENGTHENING PRIMARY AND COMMUNITY CARE			
COUNTRY	NAME	DESCRIPTION	M/€
Austria	Enhancing and funding primary healthcare	Enhancing and funding primary healthcare including building new and renovating primary healthcare centres	100
Austria	Community nursing	Establishment of community nursing services across all Austrian federal states	54.2
Belgium	Solidarity and inclusive habitats	Inclusive housing for people with disabilities and people aged 65+.	40.8
Belgium	ProxiSante	Organising the Walloon first line of help and care	0.15
Belgium	Caring neighbourhood	Building cooperation in neighbourhoods	13

Italy	Community housing	Establishment of health/social networks (community houses)	n/a
Spain	Development of the actions on community health from the Action Plan on Primary Health and Community Health	Reform to develop primary and community health	n/a

DIGITAL TOOLS TO IMPROVE THE PROVISION OF HEALTH AND SOCIAL CARE

Belgium	Digital home assistance	Digital assistive devices for people aged 65+	19.7
Belgium	W.all.in.health	Digital centralising tool for health and social care	14
Belgium	Digital Care and Support Plan	Digital platform for health planning	30
Italy	Territorial assistance and telemedicine	Funding telemedicine services across the Italian territory	2,000

EARLY-YEAR HEALTH AND WELLBEING

Austria	Electronic Mother Child Passport	Screening and prevention program for pregnant women and children up to age 6	10
Austria	Early Childhood Intervention	Early aid for socially disadvantaged pregnant women, children and families	15

STRENGTHENING PUBLIC HEALTH, HEALTH PROMOTION AND DISEASE PREVENTION

Finland	Assessment of evidence-based practices in health and wellbeing promotion	Digital best practice portal	1
Spain	Development and improvement of healthy settings	Improve local settings toward better health and wellbeing	18.4
Spain	Public campaign on healthy lifestyles and healthy settings	Public campaign related to healthy lifestyle with a healthy settings approach	1
Spain	Health Surveillance Comprehensive System in Andalusia (ARGOS)	Information systems in general of surveillance	2
Spain	Screening for colon and cervix cancer	The project involves campaigns promoting screening for colon and cervix cancer and to improve screening procedures	2.8

MENTAL HEALTH

Belgium	OverKop-huizen	Accessible meeting places for young people (under 25) for leisure activities and mental health services	4.8
France	National suicide prevention number	Suicide prevention number	3

IMPROVING ENVIRONMENTAL CONDITIONS			
Italy	Urban health	Sustainability for the environment and the health of citizens in port cities in Italy	0.7
Italy	Outdoor pollution	Outdoor air and health: an integrated atlas to support decisions and research	2.1
Italy	Climate change	Health and equity benefits to support climate change response plans	2.1
Italy	Digitalisation	Territorial environment health portal for integrated risk assessment	0.7

HEALTHCARE SYSTEMS			
Belgium	Development of a HSO benchmark for an integrated care system	Development of the HSO benchmark based on the 'integrated people-centred health systems' standard	0.375
France	Modernisation of the healthcare sector	Measures to renovate hospitals and healthcare facilities, build new outpatient facilities, and modernise medical infrastructure and equipment	2,500

Many experts indicated that the programmes and initiatives receiving RRF funding were ones that they had wanted to initiate earlier, had they had the funding. **The resources made available through the RRF in some cases, were matched by national authorities and enabled implementation.**

“The RRF has been a huge step forward because the federal states wouldn’t have had the money for a nationwide rollout, so that is a huge step.”

Expert at The Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

“With the resilience plans and European money we were able to develop very innovative projects that we did not have the ability to develop before.”

Expert at the Wallonian Agency for a Life of Quality (AViQ), Belgium

“The COVID-19 pandemic has been an opportunity to address priorities that had already been there, as it highlighted them and the RRP presented an opportunity to address them.”

Expert at The Ministry of Health, Consumer Affairs, and Social Welfare, Spain

The identified initiatives reflect the national contexts and priorities relating to the reform of health systems, and the efforts being made to address long-standing CSRs in the field of health and care. They also reflect some countries' strong focus on strengthening primary and community care services that are more person-centred, with better collaboration amongst different service providers. Federal and regional authorities in Austria and Belgium are investing in the development of digital tools that can improve the quality of health and social services in various ways. For example, digital tools have the potential to help diagnose problems related to health and the underlying determinants at both the individual and population level. The tools can also facilitate cross-sector communication between professionals as well as between patients, the public and health professionals alike.

W.all.in.health, €14m: The W.all.in.health project in the region of Wallonia, Belgium aims to develop a digital tool for integrated management for the observation, monitoring, cartography, and the reinforcement of Walloon actions to promote health and prevention with four interconnected interfaces. These are interfaces (1) for the public that provides positive health resources to citizens, as well as health and non-health professionals; (2) for administrative management professionals; (3) for case reporting systems; (4) to administer the follow-up of activities in the sector. The tool will also be used to collect epidemiological and social data, to evaluate social policies.

The Digital Care and Support Plan, €30m: aims to reform how primary care is provided in Flanders, Belgium. The initiative involves the development of an IT platform that enables care teams, informal care givers, and patients to communicate. The digital platform is not expected to become a uniform health record but will allow for health planning, including setting goals and priorities based on the needs of individual patients. The merger of social, medical, and welfare sectors into health planning is key in Flanders. It aims to diminish gaps in both health literacy and health equity by putting care teams in touch with vulnerable groups. The platform is intended to be managed primarily by health professionals to strengthen the quality of their services, and not by patients themselves. The platform is currently in the early stages of development, with the aim to launch a pilot version in 2023.

The Austrian 'community nursing' programme also aims to strengthen primary care systems, reduce health inequalities, and increase social cohesion. Another objective is to address the shortage in nurses by making the profession more attractive by creating new career opportunities and enabling nurses to develop new core competencies.

The community nursing initiative, €54.2m: the initiative aims to foster equity of access to integrated community care in Austria. The project involves employing qualified nurses to provide targeted care at home, particularly to vulnerable groups. Whilst this typically includes people with disabilities and older people, regional pilot projects can target specific groups requiring special attention in their areas. To date, 115 community nurse pilot projects have been initiated across all nine Austrian federal states. A total of 180 full-time nurses have started working as community nurses. To allow community nurses to conduct home visits, 90 electric cars, and 35 electronic bicycles have been financed.

Austria is also investing in rolling out early child health services, as a key approach to reducing health inequalities as a ‘pre-distribution’ measure to lay the foundation for good health and wellbeing across the life course.

Early Childhood Interventions, €15m: This investment consists of the national rollout of the ‘early aid network’ for socially disadvantaged pregnant women, their children, and families in Austria. It includes a variety of both general and specific services, with low-threshold access. The aim is to improve the development and health outcomes of children and parents throughout the life course, foster preventative approaches and secure children rights to protection and good health. In addition to everyday practical support, “Early Childhood Interventions” contributes to promoting parenting skills of (expectant) mothers and fathers.

Italy (AReSS) secured a relatively large amount of funding for a range of initiatives focused on urban planning, healthy living environments and reducing environmental health issues such as indoor and outdoor pollution. One of these initiatives focused explicitly on equity:

Health and equity co-benefits to support climate change response plans, €2.1m: This initiative promotes a ‘health and equity’ centred approach in the planning of local policies and interventions. It aims to accelerate efforts towards meeting international sustainable development targets, and will prioritise evidence-based measures that benefit health and help reduce social and gender inequalities.

In Spain, the Ministry of Health will also implement interventions to make local settings more favourable for health and wellbeing, and approaches that include public campaigns related to healthy lifestyles.

Finland is investing in collecting and raising awareness of best practice in health, welfare, and wellbeing:

Digital best practice portal, €1m: The Finnish Institute for Health and Welfare (THL) is leading the development of a digital best practice portal that will be used to collect different good practices regarding health, welfare, and wellbeing promotion. The practices will be evaluated to inform the decision and policy making of experts, and professionals. The aim is to develop the portal based on similar tools used in Germany, Italy, and the Netherlands for example.

Two of the interventions that were identified focus on improving mental health. The region of Flanders in Belgium is investing in community-based support for youth, while France is applying RRF funds to establish a suicide prevention helpline.

OverKop-Huizen, €4.8m: These are accessible meeting places, located around Flanders, for young people under 25 where they can engage in leisure activities, and receive wellbeing support without being stigmatised. By creating a safe place, the centres help improve young people’s access to health, particularly mental health services. As of June 2022, 33 OverKop-Huizen are operating around Flanders and Brussels.

National Suicide Prevention Number, €3m: The National Suicide Prevention program was developed in 2016 as part of the French Mental Health National Road Map.²⁰ With RRF funds, the program was extended to include a national suicide prevention helpline which provides free, 24/7 support to people with suicidal ideations and their relatives across all of France, as well as to health professionals. Since its launch in October 2021, the helpline has answered more than 180,000 calls. In the upcoming years, the hotline will continue to expand: answering centres will be set up in all 18 regions of France (including overseas territories) and answering capacity will be increased.

2.3 Key themes and considerations

Contributions to resilience and reform processes for health

The initiatives such as those described above have the clear potential to aid the strengthening of health systems and reduce health inequalities. They reflect how resources can be used in efficient and effective ways to contribute to conditions for good health. Such initiatives strengthen the capacities of people to manage their own health, and enhance working conditions, opportunities and the skills of the professionals involved. They contribute to reducing the pressure on health systems in the face of demographic change, while strengthening social capital and solidarity in communities. They can thereby lead to **rebuilding trust in health and social systems**, and help **lead to better, more resilient societies**.

The programmes and initiatives identified are, however, relatively small in scale, and therefore unlikely to instigate much systemic change in and of themselves. Whether or not they are likely to contribute to broader processes of reform requires more insight into the broader architecture of change that they are a part of. For example, Finland and Lithuania are spending 400 million and 268 million Euros of RRF funds respectively in health system reforms. Very little of this funding in these countries, however, appears to be going to into the kinds of approaches mentioned above. Experts' comments regarding **persistent underinvestment in public health, health promotion and prevention** suggest that they remain a small part of broader health system reform processes. Experts' comments also suggest, however, that relevant initiatives may be financed through other sources, beyond the RRF.

An expert from Italy drew attention to the national Health Equity Plan,²¹ funded in part through the Cohesion Fund, that is leading to investments of over €600m to address health inequalities in the south of Italy.

Similarly, an expert from Austria recognised that their RRFs were not designed to contribute to broader structural reforms of the health system. Additional **experts' comments also reflected a lack of understanding and transparency regarding the broader architecture of health system reform and change that their initiatives were a part of, both in the context of, and beyond the RRFs**.

“The RRP won’t be able to solve all problems because with the pandemic and all the crises ongoing, we really see that there is a need for structural changes. RRF was of course focused on the digital and green transition and not on health itself. It’s very good that we have and can use it to implement some programmes, but I think we still need support in the future to work on these structural reforms that we need, to keep our health systems sustainable and more resilient.”

Expert at The Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

Experts from the Andalusian Regional Ministry of Health and Consumer Affairs, for example, indicated that they proposed twenty initiatives for potential funding under the RRF, of which four received funding. They were uncertain as to why certain initiatives were selected for funding, whilst others (some of which will be funded through other regional sources) were not.

On a more positive note, **in some regions and countries the opportunity to develop an RRP instigated stakeholder engagement processes and further studies that cast more light on the issue of public health and led to a better understanding of strategic needs in the field:**

“The Walloon regional recovery plan has helped to launch a bottom-up strategy to learn about the real needs of the population and health professionals to adapt our policies”

Expert at the Wallonian Agency for a Life of Quality (AViQ), Belgium

The development of the RRP also led to a stakeholder process in Lithuania to help identify public health priorities. While relevant initiatives did not appear to have received funding from the RRP itself, it did lead to an Action Plan for Public Health 2023-2030,²² as set out above. Spain also developed a Public Health Strategy and Action Plan following the development of the RRP. RRF funds are being used to support the implementation of the Strategy and Action Plan, that includes the development of a monitoring system that will be used to measure the impacts of the RRP.

It is difficult, and beyond the scope of this study, to assess the ‘weight’ of such strategies and plans relevant to public health, health promotion and prevention, in relation to other aspects of health system reform. It is possible that other elements of such reforms receive greater levels of financing, but may contribute less to, or even undermine health equity and resilience. It may also be that investments in health system reforms are mindful of their potential impacts on health equity in terms of overall beneficial insight. In the absence of further insights into such longer-term strategies and plans for a health system reform and the means by which initiatives fit in, **some experts have expressed concern as to how sustainable these reforms will be at the end of the RRF funding period.**

“This opportunity is great, but we will need support in the future to work to ensure sustainability of the outcomes and long-term impact”

Expert at The Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

Integrated action for health and wellbeing

There is growing awareness of the ‘intersectoral’ nature of health, and of the **need for the health sector to work with other sectors**, to improve conditions for health and wellbeing. Actions taken only within the health sector have a limited impact on the health sector’s overarching objective of improving population health and wellbeing.

“You have to work with different sectors if you want results at a local level in public health”

Expert at The Lithuanian Public Health Bureau, Lithuania

The RRF’s focus on the ‘green’ and ‘digital’ transition incentivised those working in the health sector in many countries to think more laterally and to assess the relevance of overarching objectives in relation to their sector. They had to determine how they, too, could benefit from RRF funds, which thereby **incentivised cross-sectoral collaboration**. A few of the countries RRF policy priority areas (Austria, Belgium, Sweden) did not even mention health, but did fund programmes led by the health sector. It is interesting to note that the initiatives funded under Austria’s and Belgium’s RRF are also the most inter-sectoral. Other experts recognised the value of investing in more integrated approaches, but the programmes and initiatives in their countries were less likely to involve collaboration across sectors. Some saw this as a lost opportunity.

“Integrated approaches are overall missing, with health and social interventions addressed through two different missions, and often lacking coordination.”

Expert at the Regional Healthcare and Social Affairs Agency of Puglia (AReSS), Italy

All experts recognised the importance of initiatives to, for instance, reduce levels of poverty and social exclusion, improve access to education and training and improve housing conditions to health. However, neither the experts nor their colleagues were directly involved in any initiatives within these additional priority areas which could feature health components.

“We do not know a lot about the other projects that are not directly related to health.”

Expert at Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

Having said this, Austrian experts did note that initiatives in which they had been involved and which were funded through the RRFs were strengthening collaboration between the health and social sectors.

“The projects in the RRP have also resulted in close collaborations between the health and social sector, who usually work far apart.”

Expert at Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

Experts also raised the ways in which their initiatives were linked to policy goals and aided the achievement of additional policy goals in other areas (e.g., digital health initiatives that reduced the need to travel to healthcare facilities, or initiatives that encouraged active travel and the use of green energy). The outcomes of the interviews suggest that **there is much potential in exploring how public health professionals and experts can further engage in initiatives taken by other sectors to help draw out the ‘co-benefits’ for health and equity, thereby enhancing the returns on investment and health.**

Health equity as an transversal objective

While experts were able to identify several initiatives that included health equity as an explicit objective, and/or were targeted at more vulnerable groups, a number of them felt that there should have been a much stronger focus on investments that contribute to equity. An expert from Italy felt that it should have been a transversal objective in the same way as the green and digital transition were:

“I believe the RRP missed the opportunity to include equity, and wellbeing as transversal issues to be addressed in a One Health/ Health in All Policies approach.”

Expert at the Regional Healthcare and Social Affairs Agency of Puglia (AReSS), Italy

An expert from Spain also felt that there could have been a stronger systemic focus on ensuring funds were applied in ways to that contribute to a 'fair' and 'just' green, and digital transition:

“I think it is necessary to insist more, to address this issue (health inequality) specifically.”

Expert at Adalusian Ministry of Health and Consumer Affairs, Spain

It is clear from this analysis that some initiatives, such as those identified above, have a strong equity focus. **What is not clear is whether Member States are considering equity aspects during the development and implementation of different initiatives**, and/or if they will be assessed based on impact on equity. It is crucial that they do so, or investments such as the green and digital transitions can **risk widening rather than reducing inequities**. It is therefore important to apply 'proportionate universalism' where and when possible, to ensure a fair and just transition. None of the expert's comments reflected that they know of such approaches being applied in their countries. Though, there is a positive development in that the Ministry of Health in Spain has secured funding to develop a public health surveillance system that will also be embedded in and used to monitor and assess the equitable impacts of the RRFs.

Despite the limited examples of ways in which the RRF are being applied by means of directly contributing to health equity, a Finnish expert reflected on the importance of the funds themselves, as an opportunity to invest in people:

“The RRF has been a good opportunity to direct not only government, but also the European Semester process away from austerity-oriented policy towards the Economy of Wellbeing.”

Expert at the Finnish Federation for Social Affairs and Health (SOSTE), Finland

Further systemic efforts are needed to ensure that investments are being made in ways that narrow rather than widen socioeconomic and health inequalities.

Collaboration with the European Commission

Generally, experts that were directly involved in the implementation of programmes and initiatives were pleased with the nature of their collaboration with the European Commission.

“We have a good collaboration with the EU Commission. We had a handful of meetings with them to clarify milestones and verification mechanisms etc. The process is complex, and so this direct communication - other than having 3 people in between - really helps a lot.”

Expert at Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

Nevertheless, despite the positive feedback, experts identified several challenges they faced with implementation. Experts noted that the **new projects heightened work loads**, specifically due to the new instruments and reporting procedures involved. In addition, there is very little room to adjust to unforeseen challenges by making changes to the original projects. Many experts highlighted the **rigid nature of the plans and the budget**, particularly in terms of the fixed milestones and verifications, and found it regrettable and difficult that they had such little room to amend their plans.

“With the projects now ongoing, we have come across many obstacles that we did not foresee in 2020, and now there is no room to make any amendments to the usual plan.”

Expert at Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

“The timeline in which we have to spend this budget and achieve the objectives...will be a challenge...considering the work streams and priorities that we have and with the administrative process that everything involves.”

Expert at The Ministry of Health, Spain

“We have little room to ask for change or to amend the budget. If you take the example of the inclusive housing, when the project was developed it was before the war, before the crisis. Now the cost of infrastructure and building are higher than what we planned for but we have no room to change our budget. This is a challenge for us.”

Expert at the Wallonian Agency for a Life of Quality (AViQ), Belgium

2.4 The future of the European Semester process?

Initially developed in response to the 2008 financial crisis, the European Semester process has expanded in purpose and scope. Over the years, the link to EU funding programmes as well as various policy tools made the process directly more relevant to health and social policy. In 2020, the RRF was integrated into the Semester process, in response to the COVID-19 pandemic. The fact that the COVID-19 crisis was originally a health crisis made the Semester process all the more focused on health: all EU Member States countries received a health-related CSR in 2020. In 2022, however, this focus shifted towards energy-related issues as a result of Russia's military aggression against Ukraine: most countries received energy-related CSRs, while health-related CSRs disappeared almost entirely in the 2022 cycle.

This reflects how the **multiple, interrelated crises we face can lead to continuously shifting priorities that stretch public finances and resources**. In 2022, many people across Europe are forced to choose between eating well or heating their homes, eroding their most basic sense of security, with consequences for their health and wellbeing, as well as for social and political stability. **To navigate these multiple crises, it is more important than ever for EU Member States to take a systemic approach, and invest in comprehensive measures that build social resilience**. This means that investments in health including public health, health promotion and disease prevention, should not be compromised in the face of competing priorities. Such investments are crucial to maintain and strengthen people's sense of security and their capacities and abilities to cope.

The shift in priorities in the CSRs between 2020 and 2022 reflects **the need for a coherent and consistent long-term vision and strategy**. Sectoral reform processes can take years, and require consistent structural action over time. The fact that EU Member States are currently investing in one series of reforms (public health) but receiving recommendations regarding another (energy-related issues) can undermine existing actions. The RRF Funds are of course not the only financial instrument at EU level that help EU Member States implement reforms to achieve EU-wide policy goals and address CSRs. The EU's Multiannual Financial Framework (MFF) includes a wide range of funds that can be applied for health system reforms, for instance. **Ensuring that EU funds are used in a way that complement one another** to achieve common, overarching goals and address existing and new policy priorities, requires a more systematic approach across the EU institutions and within Member States.

Greater emphasis can also be placed within the Semester process, on the notion of 'stability and growth' as a function to achieve 'sustainability and wellbeing'. Despite the welcome 'expansion' of the European Semester towards health and social objectives (for example by monitoring the implementation of the European Pillar of Social Right principles and the UN Sustainable Development Goals), it continues to remain largely focused on macroeconomic factors such as GDP growth and other related financial factors such as budget deficits and debt levels. More consideration must be placed on how measures can be taken forward to achieve 'stability and growth' to therefore lead to the ultimate objective of 'sustainability and wellbeing'. 'Growth' based on environmentally and socially-harmful practices undermines, rather than contributes, to this. As part of the European Semester, EU Institutions and Member States could therefore do more to mainstream the use of sustainable finance and move towards economic systems that integrate social and environmental externalities. It is only **through such, more comprehensive, holistic approaches that the European Semester process can guide Member States towards more resilient, sustainable economies** that generate better health and wellbeing.

This raises the issue of **the lack of a common, overarching, long-term vision, embodied in an EU-level strategy that can guide the European Semester process as a monitoring/operating tool** to help Member States move towards that vision. While multiple strategies at EU level are relevant to the Semester process, they have not been pulled together into a single, overarching strategy to orchestrate and coordinate efforts across sectors and by Member States. Such an overarching strategy, to follow the Europe 2020 Strategy, should establish health, equity and wellbeing as transversal and intrinsic objectives of the European Union, alongside environmental and digital objectives. Such a strategy would demonstrate how synergies can be made across fiscal and social policies, as well as different EU funding programmes. It can help to clarify the overall ‘architecture of change’, to all actors involved in delivering that change, like those working (sub)nationally on initiatives being financed by the RRF.

“Whilst the recovery plans are a new approach for more sustainable policy, there are several complications that arise without clear guidance on the future of the EU. Indeed, now that the Europe 2020 strategy has expired, we are missing a new long-term/overarching vision for where to go.”

Expert at the Swedish Association of Local Authorities and Regions (SALAR), Sweden

Some trade-offs between different sectors and interests will of course always have to be made. This is needed to achieve economies that are better at generating wellbeing in a world with competing economies and political ideologies. In the spirit of democracy, **it is important that processes of developing and implementing reform remain transparent and participatory** to ensure their strength. Inspiring engagement is not easy, given the complexity of the issues at hand, that appear well beyond the expertise of individual actors working in specific sectors. At the same time, it is crucial for, in particular, public health professionals and health policy makers to get involved in high-level strategic discussions and reform processes such as the European Semester. **Inaction means that those in the health sector will be forced to continue to focus on addressing the symptoms of decisions taken beyond their domain.** Fostering engagement means that they can help shape more resilient societies that are socially and environmentally sustainable, providing stronger foundations for health and wellbeing.

3

CONCLUSIONS AND
RECOMMENDATIONS

The 2022 European Semester cycle has taken place in the context of multiple, interrelated crises that are eroding people's basic sense of security, undermining health and wellbeing and sowing political and social unrest. Getting through these crises will require, above all, resilience. It means **governments must give closer consideration to health and wellbeing in their aim to continue to 'grow' economies in ways that generate environmental and social sustainability.** Given the considerable evidence that 'more equal societies are better for all', it is also crucial to ensure that the benefits of economic activity are distributed more equally.

This year's EuroHealthNet analysis of the European Semester focused on **how the Recovery and Resilience Facility (RRF) enables the public health sector in eight Member States to contribute to more socially and environmentally sustainable economies** that promote health and wellbeing for all.

We interviewed 24 public health experts in the eight countries about initiatives that they are involved in, or know of, that apply the RRF in ways that can contribute to the reduction of health inequalities. They identified a range of initiatives being implemented by the health sector.

A number of these projects focused on strengthening primary and community care, and improving the links between health and social care for more accessible, better-quality services. The initiatives

include, for example, a community nursing programme in Austria and an inclusive housing programme for people with disabilities and older people in Belgium. Other projects applied digital tools to implement personalised care models and to strengthen collaboration between the different care professionals involved.

Investments were allocated to mental health initiatives, like a suicide prevention line in France, and community centres where youth can find mental health services and peer support in Belgium. The RRF in Austria was used to fund early child development and health programmes. Spain applied RRF funds to strengthen health promotion and prevention, through promotional campaigns and settings-based approaches. Italy also invested in a number of projects to assess and improve environmental conditions, to promote health and wellbeing.

These programmes and initiatives serve as **inspiring, practical examples of how relatively low levels of funding can be used to invest in people** and improve their resilience and quality of life. They can contribute to providing people with a basic sense of security, to enhance capabilities and to develop more efficient and effective ways to ‘pool’ risks related to health and dependency across societies. They also contribute to the efficiency, effectiveness and sustainability of health systems. The interviewed experts indicated however, that **in order to significantly have an impact on health equity outcomes, these initiatives must be a part of broader strategies of health system reform**. It was not always clear how to situate the initiatives in the broader context of other health, and more general resilience and reform efforts, taking place in their countries.

It is not just by increasing investments directly in public health, health promotion and disease prevention programmes that the health sector can contribute to resilience and reform agendas. They can also **achieve a great deal for health equity and wellbeing by working together with other sectors**, to maximise the health and equity initiatives relevant benefits of their initiatives. The focus on the ‘green’ and ‘digital’ transition encouraged some countries like Belgium and Austria to invest in programmes that aligned with health policy goals in these areas. There is much potential for public health professionals and policy makers to be part of funding initiatives being driven by other sectors, like housing, or in the transport sector, to strengthen co-benefits for health.

Some experts also felt more consideration could be given to equity across RRF priority areas to **ensure that funds were spent in ways that were ‘fair’, and ‘just’**. While many of the initiatives that were identified had a strong equity focus, it is not clear if and how equity and distributional impacts were and are being considered in the selection, design, implementation and monitoring phases across RRF initiatives as a whole. The Spanish Ministry of Health’s plans to develop a public health surveillance system that will also be embedded in and used to monitor and assess the distributional impacts of the Recovery and Resilience Plan (RRP) across different population groups is a welcome measure.

The European Semester has in recent years been reformed to include the European Pillar of Social Rights and the Sustainable Development Goals. This represents advancements in the recognition of the relevance of health and social policy to macroeconomic stability. Nevertheless, the **EU Institutions and Member States can go even further in ensuring that the Semester leads, ultimately, to improving the wellbeing of people and the planet**. They can put a much stronger emphasis on ‘sustainability and wellbeing’ as its ultimate objectives that go beyond ‘stability and growth’. More progress can also be made to ensure, for example that investors pay for any detrimental

social and environmental impacts of their investments. Such measures would in alignment with the Treaty of the European Union, Article 3,²³ and the Treaty on the Functioning of the European Union article 168²⁴.

The European Semester process is potentially influential in shaping the nature of its Member States' economies, and whether and how they deliver health, equity and wellbeing. It is therefore of great relevance and value for public health and health professionals, as well as health policy makers, to engage more in the process.

EuroHealthNet's cross-country analysis led to the following recommendations. We call on EU Institutions and EU Member States to:

- 1. Recognise the value, and invest sustainably in the following initiatives as part of broader health, as well as resilience and reform strategies,** to be monitored by the European Semester process:
 - Strengthen primary care systems, with particular attention to workforce shortages and access
 - Support to public health, health promotion and disease prevention Foster early disease screening programmes and prevention models, particularly among pregnant women and children
 - Enhance collaboration between the health and social sector
 - Foster equitable access to social and health services
 - Improve the attractiveness of careers within the health sector, including in relation to primary care, nursing and public health careers
 - Improve digital and health literacy, particularly among vulnerable groups
 - Ensure an effective digital transition of health systems
 - Engrain the Economy of Wellbeing into governmental processes
- 2. Facilitate and encourage better and more transparent communication among policy makers, professionals and public about how RRF funds are being spent.** Better transparency and communication are good democratic practices and can allow actors across Member States to learn from and inspire one another. More information on how RRF funds are being spent can help all stakeholders develop a clearer understanding of what is being funded under what programmes, where synergies can be made, and what is missing in the broader 'architecture of change'. Such transparency should also allow for flexibility around implementation plans, which is crucial in the face of significant current changes in political and economic realities. Although it is important to ensure the appropriate use of public funds, the emphasis should be on ensuring EU Member States programmes are on track to deliver impact.
- 3. Develop an overarching Strategy for the European Union,** that follows up on the Europe2020 Strategy, **which integrates the goals of all relevant EU strategies, and that could serve as overarching guidance for the European Semester process.** The strategy should establish health, equity and wellbeing as transversal and intrinsic objectives of the European Union, alongside environmental and digital objectives. It could help national actors address the multiple crises in systemic ways, to better navigate EU policies and make synergies between the RRF and other EU funding programmes. A new overarching strategy could also shed light on how different components of strategies, programmes and action plans across the EU and at (sub) national level can come together to drive systemic change towards more socially and environmentally sustainable economies that generate wellbeing.

4. **Use the European Semester process to encourage systems leadership** and ensure policy makers and professionals focus not just on developing and leading initiatives within their own sector, but **explore how they can engage with other sectors**. This way, they can draw out the ‘co-benefits’ of different projects and initiatives to maximise their potential to contribute to broader strategic reform, with health equity, wellbeing and sustainability at the heart. Engaging more with other sectors also involves a greater understanding of the distributional impacts of programmes and initiatives being financed by the RRF across different demographic groups. The surveillance tool developed by Spain can offer a promising example.
5. **Guarantee resources, capacities and inclusive mechanisms that will encourage public health, health professionals and health policy makers to engage in the European Semester process**, implementing the RRP and other EU funds under the MFF. Only with empowered key stakeholders, including those from the public health sector who can demonstrate and implement cost-effective public health, health promotion and disease prevention approaches, can Europe achieve more equitable, resilient societies and Economies of Wellbeing.

4

DEEP DIVE INTO EIGHT COUNTRIES AND THEIR RECOVERY AND RESILIENCE PLANS

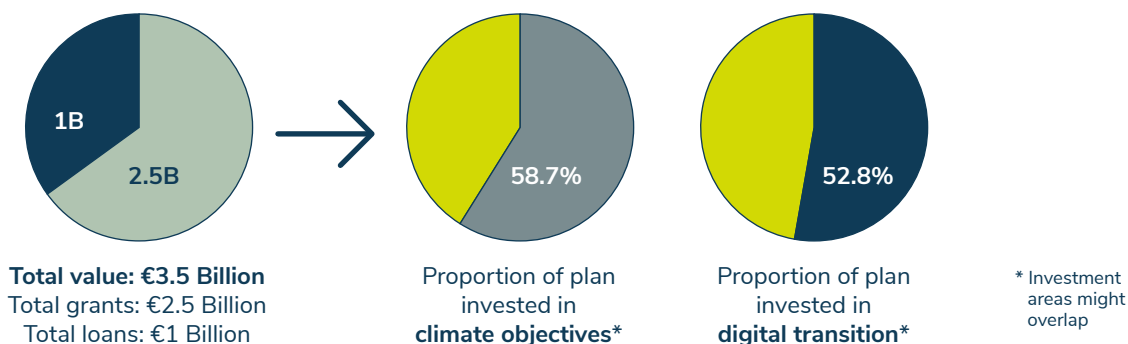
24 experts looked at the European Semester documents for their countries and provided further insights. The experts were also asked to share further documents to support their statements with data where possible.



Figures as described in the European Commission Recovery and Resilience Scoreboard

AUSTRIA

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN

Split over four policy areas, the Austrian Recovery and Resilience Plan (RRP) focuses on: (1) **green recovery** (including renovation, mobility, biodiversity, circular economy, and climate neutrality); (2) **digital recovery** (covering broadband, schools, public service, and enterprises); (3) **knowledge-based recovery** (including research, upskilling and reskilling, education, and strategic innovation); and (4) **fair recovery** (addressing healthcare, resilient communities, art, culture, and reforms). The information below represents a selection of measures extracted from the plan, which can promote health and wellbeing.

The Austrian Recovery and Resilience Plan

POLICY AREA 1: Green recovery

INVESTMENT	RRF (m/€)
Promoting more sustainable heating (incl. combatting energy poverty), while supporting low-income households	208.9
Eco-friendly and more affordable mobility	848.6
Transformation to climate neutrality	100,0

POLICY AREA 3: Knowledge-based recovery

INVESTMENT	RRF (m/€)
Research (digitalising universities)	212.0
Reskilling and upskilling of the workforce (incl. an 'education bonus' to incentivise training for unemployed people)	277.0
Improving access to education (incl. remedial educational packages to improve an individual's general competence and expansion of elementary education)	129.4

POLICY AREA 2: Digital recovery

INVESTMENT	RRF (m/€)
Improved internet infrastructure, network access and connectivity (also addressing socioeconomic priorities)	891.3
Digitalisation of schools (fair and equal access to basic digital skills for secondary school pupils, incl. provision of digital devices)	171.7
Digitalisation of public administration (incl. provision of digital devices to students)	160

POLICY AREA 4: Fair recovery

INVESTMENT	RRF (m/€)
Primary healthcare (incl. funding of primary care units, developing an Electronic Mother Child Passport Platform)	125.0
Building resilient communities (developing care provision, creating climate-fit towns centres and implementing community nursing)	104.2
Resilience through reforms (creating legal bases and governance in the field of climate action, implementing eco-social tax reform and green finance)	0

AUSTRIA

OVERVIEW OF THE NATIONAL
RECOVERY AND RESILIENCE PLAN



COUNTRY SPECIFIC RECOMMENDATION 2022

A selection of the [Austrian Country Specific Recommendations 2022](#) that are relevant for health equity.

2. Boost labour market participation of women, including by enhancing quality childcare services, and improve labour market outcomes for disadvantaged groups.

COUNTRY REPORT

MAIN ELEMENTS OF THE AUSTRIAN COUNTRY REPORT 2022 THAT ARE RELEVANT FOR HEALTH EQUITY



HEALTH AND WELLBEING

- Cost of long-term care is expected to soar in coming years
- Nursing care is expected to be increasingly affected by staff shortages
- Primary healthcare and preventative care need to be strengthened



SOCIAL POLICY

- Austria faces demographic changes
- Education system faces significant challenges
- The pension system faces structural challenges
- Labour shortages and skill gaps could be bridged by removing barriers for disadvantaged groups
- House prices have risen considerably
- Austria registered a pronounced inflow of displaced people from Ukraine



CLIMATE

- Austria is not on track to meet ambitious climate neutrality target by 2040
- Reducing transport-related emissions will be crucial for transition to carbon neutrality

AUSTRIA

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



KEY FINDINGS FROM INTERVIEWS WITH EXPERTS FROM AUSTRIA: THE MINISTRY OF SOCIAL AFFAIRS, HEALTH, CARE, AND CONSUMER PROTECTION (MoH) AND THE AUSTRIAN NATIONAL PUBLIC HEALTH INSTITUTE (GÖG)

Four experts were interviewed from the Austrian National Public Health Institute and the Ministry of Social Affairs, Health, Care, and Consumer Protection (from the departments of Mother, Child, Gender Health, Nutrition; Performance-Based Funding Systems and Pharma Economics; and Long-Term Care, Funding, Target Based Governance).

The interviewed experts were familiar with the European Semester although none were closely involved in the process. On the other hand, all four experts were aware of, and involved with the RRP, particularly with the implementation of health related projects.

Overall, the experts provided positive feedback on the RRP) and its implementation process. It was suggested that the additional resources put at disposal under **the Recovery and Resilience Facility (RRF) allowed for the recognition of projects which otherwise could not have been implemented**. The projects included in the RRP have also resulted in close collaboration between the health and social sector. As such, the experts felt that **the RRP generated a unique integrated approach**.

“The Recovery and Resilience Facility has been a great opportunity for the Austrian federal states, bringing much needed funding for wide rollout of our projects.”

Expert at Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

The experts noted that their institutions have a good relationship with the European Commission, having had a handful of meetings regarding the plan and its outcomes. Given the complex nature of the RRP process, this has been highly appreciated by both the experts and their institutions.

Despite the positive feedback regarding the RRP, experts identified several challenges, noting the **new RRP projects added to the work burden**, particularly due to the new instruments and reporting procedures involved. Despite this, there has only been limited or no increase in human resources. Experts also explained that there is **little room to make changes** to the original projects in order to adjust to unforeseen challenges (due to EU rules). These unforeseen challenges particularly relate to inexperience with open tenders, programming, and technical specifications related to the ongoing projects.

AUSTRIA

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



“The RRF is an excellent instrument for Europe to emerge stronger and more resilient from the current crises. This particularly requires strengthening the health systems - however, the main focus of the RRF lies on the green and digital transition. While it was possible to incorporate the strengthening of the primary healthcare sector in the Austrian RRP, there is still a need for additional supporting instruments which allow for larger, structural reforms of our healthcare systems in order to make them more sustainable and resilient.”

Expert at Ministry of Social Affairs, Health, Care, and Consumer Protection, Austria

A summary of the projects under the RRP where interviewed experts have been involved are described below:

- **Enhancing and funding primary healthcare,**²⁵ **€100m:** Evidence in Austria suggests that an increase in the number of primary healthcare units and greater quality of care has contributed to better health outcomes and health services have become more accessible to those most in need. This primary health care based project, focuses on two main components; attractiveness and funding. Firstly, it aims to **make careers in the primary care sector more attractive** through the development of the Austrian Primary Healthcare Platform,²⁶ an information and communication hub. Following its launch in September 2022, the platform will allow for communication, training, and events to increase social innovation and capacity building. Secondly, regarding the funding aspect of the project, capital will be allocated to **establish new primary healthcare units** (including centres and networks) as well as **designating funds for existing primary healthcare units**. The overall goal is to fund 170 primary healthcare projects by 2026, including 60 new healthcare units. By September 2022, the project achieved the first two out of seven EU milestones, this includes establishing funding criteria and introducing the Austrian Primary Healthcare Platform, which is currently used by 500 members.
- **Community nursing,**²⁷ **€54.2m:** A nationwide community nursing project, aiming to foster equity of access to integrated community care is being launched. The project involves employing qualified nurses to provide targeted care close to and at home, particularly to vulnerable groups. Whilst this typically includes older people, regional pilot projects are able to target specific groups requiring special attention in their areas. The establishment of community nursing services aims to respond to the unmet health needs of the population, to improve wellbeing, and strengthen health literacy. To date, 115 community nurse pilot projects have been initiated across all nine Austrian federal states. A total of 180 (full-time equivalents) have started working as community nurses. To allow community nurses to conduct home visits, 90 electric cars, and 35 electronic bicycles have been financed. The pilot projects will run until the end of 2024. An evaluation of the project is carried out concurrently and will guide future project developments.

AUSTRIA

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



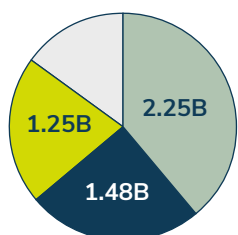
- **Early Childhood Interventions,**²⁸ €15m: This project consists of the national roll-out of the “Early aid network” for socially disadvantaged pregnant women, their children, and families. The network **provides low-threshold access** to general and specific services with the aim of **improving the development and health outcomes of children and parents throughout the course of life, fostering preventative approaches, and securing child rights to protection and good health.** In addition to providing everyday practical support, the “Early Childhood Interventions” project focuses on promoting parenting skills of (expecting) mothers and fathers.
- **Electronic Mother Child Passport,**²⁹ €10m: The Mother-Child Pass is a **screening program for health risk factors, diseases, and disorders during pregnancy and up to the 62nd month of a child’s life.** The program provides opportunity for the early detection and timely treatment of disease whilst at the same time monitoring individual child development.³⁰ Although this Passport is accessible to everyone, the project is **specifically designed to target marginalised and vulnerable groups.** Participating in the program also allows easier access to broader financial child support, as the examinations included in the program are a prerequisite to receiving child care. As of October 2022, the *Work Breakdown Structure* and the official project kick-off are under development. The political settlement is also ongoing.

SUGGESTIONS FOR THE FUTURE

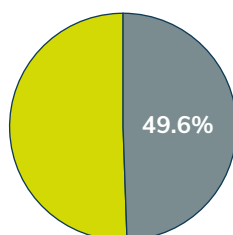
- Continue collaboration between the health and social sector
- Enhance early disease screening and prevention models, particularly among pregnant women and children
- Foster equitable access to social and health services
- Improve the attractiveness of careers within the primary healthcare sector

BELGIUM

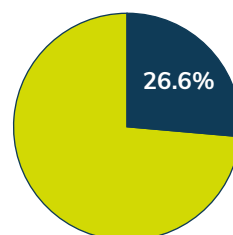
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



Total value: €5.9 Billion
 Flanders: €2.25 Billion
 Wallonia: €1.48 Billion
 Federal level: €1.25 Billion



Proportion of plan invested in **climate objectives***



Proportion of plan invested in **digital transition***

* Investment areas might overlap

Structured around 6 policy areas, the Belgian RRP addresses: (1) climate, sustainability and innovation; (2) digital transformation; (3) mobility; (4) social cohesion and community living; (5) economy of the future and productivity; and (6) public finances. The information below represents a selection of measures extracted from the plan, which can promote health and wellbeing.

The Belgian Recovery and Resilience Plans (French and Dutch)

POLICY AREA 4: Social cohesion and community living

INVESTMENT	RRF (m/€)
Education 2.0 (to improve inclusiveness of education systems, particularly digital skills. Equity-oriented)	412
Training and employment of vulnerable groups (to improve the participation of vulnerable groups to the labour market, boosting their employability and reducing digital inequalities)	165
Better social infrastructure to address lack of social housing for vulnerable groups and increase early childcare provision	227
Reforming the pension system and end of careers, to increase the activity and employment rate of older workers	0

POLICY AREA 2: Digital transformation

INVESTMENT	RRF (m/€)
Public administration (incl. digitalisation of healthcare system)	584
Providing universal and affordable access to optic fibre, 5G and new technology	100

POLICY AREA 3: Mobility

INVESTMENT	RRF (m/€)
Cycling and walking infrastructure (to improve job growth and reduce health risks)	411
Modal shift towards better provision of public transport services (to improve public health and active lifestyles)	672

POLICY AREA 5: Economy of the future and productivity

INVESTMENT	RRF (m/€)
Accessible labour market and training (to increase the employment rate through upskilling/reskilling, while ensuring an inclusive labour market)	371
Implementing a circular economy (to foster social resilience by creating local employment opportunities)	198

BELGIUM

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



Recovery and Resilience Plan Belgium: Wallonia and Flanders

As Belgium is a federal state, the governance of implementation is hierarchical: regional levels report to the federal level which manages the communication with the European Commission.

However, there are also differences in the various competencies and priorities across the different regions in Belgium. As such, in addition to the national plan, the Walloon and Flemish governments have developed individual regional Recovery Plans. These plans are partly funded by the EU, partly by each federal state.

The **Walloon Plan** consists of 42 priority projects (out of 319 measures in total). Wallonia will receive €1.48b (25% of Belgium's total) from the EU RRF, which will fund 21 projects.³¹

The **Flemish Plan** contains a total of 180 projects in total, of which 55 are funded by the EU. The amount of EU funding for the Flemish projects totals €2.25b, amounting to 39% of Belgium's EU funds.³²

Both the Flemish and Walloon plans were designed and implemented by the individual states. The states are each responsible for monitoring the progress of the plans every 6 months, with both regions presenting their results in regional biannual progress reports. Whilst Flanders³³ has already published their initial results, the first reporting from Walloon is not yet available. Both reports will be made available to the public and are also submitted to the federal state.



BELGIUM

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



COUNTRY SPECIFIC RECOMMENDATION 2022

A selection of the [Belgian Country Specific Recommendations 2022](#) that are relevant for health equity:

1. [...] targeted support to households and firms most vulnerable to energy price hikes and to people fleeing Ukraine[...]. Expand public investment for the green and digital transition and for energy security [...]

3. Address labour shortages and skills mismatches [...]

COUNTRY REPORT

MAIN ELEMENTS OF THE BELGIAN COUNTRY REPORT 2022 RELEVANT FOR HEALTH EQUITY



HEALTH AND WELLBEING

- The number of doctors in Belgium has increased at a slower pace than in most EU countries in the last decade
- Long-term care spending is expected to increase in the medium and long-term



SOCIAL POLICY

- High labor taxes and the complexity of the benefit system discourage more people from working or looking for a job
- Inequality in education remains a concern
- Poor labor market integration of vulnerable groups
- Share of people at risk of poverty or social exclusion remains high
- Skills mismatches, high educational inequalities, and low adult learning participation pose key challenges



CLIMATE

- Further efforts are needed to put Belgium on track to becoming climate neutral
- Belgium is lagging behind in the transition to renewable energy
- Belgium's climate resilience raises concern

BELGIUM

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



KEY FINDINGS FROM INTERVIEWS WITH EXPERTS FROM THE WALLONIAN AGENCY FOR A LIFE OF QUALITY (AViQ) AND THE GOVERNMENT OF FLANDERS

Wallonia

Two experts from AViQ were interviewed for this analysis. While the European Commission 2022 Country Report was accurate in terms of highlighting key issues in Belgium, the experts felt that the report did not entirely reflect the structure of the federal states of Belgium. They felt that it does not fully account for different competencies, and that not all issues presented are relevant for each region or under the responsibility of the same state actors.

The two experts were familiar with both the European Semester and the RRF processes, although they had more involvement with the RRP. The experts explained that the RRP projects for Wallonia have been developed in response to the Belgian CSRs from previous years and that the **RRP provided a good opportunity for the development of innovative projects, where resources were previously lacking**. Moreover, the experts highlighted that the RRP has helped launch an important bottom-up strategy to address population health.

“The Recovery and Resilience Facility has helped to launch a bottom-up strategy to learn about the real needs of the population and health professionals to adapt our policies.”

Expert from the Wallonian Agency for a Life of Quality (AViQ), Belgium

The experts that were interviewed oversaw **two projects related to CSRs on fiscal sustainability of long-term care**.³⁴ Both projects, described below, aim to delay entry to residential care, allowing elderly citizens to live at home for as long as possible.³⁵ In terms of progress, the two projects have achieved the first milestone of creating the institutionalisation strategy.

- **Solidarity and inclusive habitats**,³⁶ €40.8m: The project focuses on **building inclusive housing for people with disabilities and older people** aged 65+, aiming to accommodate inclusive, autonomous and supportive housing equipped with inclusive living conditions to live and age in the best conditions. By creating a residential community, tenants can benefit from the solidarity of their neighbours. Aside from the focus on health, this project also contributes to Walloon’s green objectives, since the project is based on the green principles of construction.
- **Digital home assistance**,³⁷ €19.7m: The project provides people aged 65+ with **assistive devices**, which will monitor a person’s habits, report anomalies and call for help in case of emergency. The project will also be used to foster at home living to preserve independency and autonomy.

When asked about the efficiency of the RRP process, the experts pointed out that for the most part, health-related projects are interrelated and complementary to each other. Three additional

BELGIUM

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



projects were described:

- **W.all.in.health**,³⁸ €14m: The W.all.in.health project aims to develop a **digital tool** for integrated management for the observation, monitoring, cartography, and the reinforcement of Walloon actions. The tool uses **four interconnected interfaces to promote health and prevent disease**. This includes: an interface for the general public that provides positive health resources to citizens as well as health and non-health professionals; one for administrative management professionals; one for the case reporting system; and one for the administration for the follow-up of activities in the sector. The tool will also be used to collect epidemiological and social data, for the evaluation of social policies.
- **Development of a HSO benchmark for an integrated care system**,³⁹ €0.375m: The HSO benchmark project is based on the '**integrated people-centred health systems**' standard. Established on international good practice and evidence on the quality and integration of good practices, the project will involve the development of a consortium and the identification and mapping of initiatives and projects related to the integration of the system. This includes identifying and supporting priority areas, capacity development in the Walloon region, and the evaluation of the integration and monitoring of progress made in the 2021 to 2023 report.
- **Proxisanté**,⁴⁰ €0.15m: The Proxisanté project is a participative process initiated by the government to **rethink the organisation of tomorrow's health**. By defining concrete measures and actions, the objective is to reorganise the first line of help and care to further improve the health of Wallonia's citizens. The project is a first step to developing a more integrated health system in Wallonia, which aims to cover all populations and communities according to their individual needs.

Whilst the interviewed experts are primarily involved in health projects, there is some cooperation with projects in other fields. However, overall, the experts have **little to no direct communication with the European Commission** regarding the plan.

With regards to the implementation of the RRP projects, experts were pleased by the quality of management so far. For this reason, they do not foresee any major issues related to resources or project management. However, experts highlighted the **rigid nature of the plans and the budget, particularly in terms of the fixed milestones and verifications**. According to the experts, this is likely the biggest challenge, as there is no room to make any amendments to the plans. For example, increased construction prices make it difficult to complete the inclusive housing project within the dedicated RRP budget.

SUGGESTIONS FOR THE FUTURE

- Recognise and identify the relevant priorities in each individual region
- Foster integrated and community care approaches
- Improve autonomy of the elderly and reduce institutionalisation
- Boost cross-project cooperation and synergies

BELGIUM

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



Flanders

Three experts from the Agency for Care & Health within the government of Flanders were interviewed, including those directly involved with the implementation of one specific project under the Flemish RRP, called Flemish Resilience (Vlaamse Veerkracht). The Flemish Resilience Plan also related to the RRF and received funding from the EU, with €2.25b allocated to Flanders from the EU recovery fund.

The interviewees recognised issues mentioned in the country reports related to the Flemish context. This was particularly the case for **issues related to capacity planning and healthcare system sustainability**. They also stressed the importance of fostering mental health and better working conditions for health workers.

Although the interviewees and experts of the implementation team for the organisation of integrated care in Flanders were aware of the European Semester and RRF processes, **their role was limited to implementing one specific project on integrated care** under the Flemish recovery plan, namely the Digital Care and Support Plan. As a result, they were not in the right position to comment on the process as a whole as they did not have a full overview of the RRF financing streams, and the policy making process behind the plan. This is further complicated by the existence of different levels of government and parallel processes in place to foster Flanders' plan.

Below are some projects under the Flemish Resilience Plan (non-exhaustive list):

- **Digital Care and Support Plan, €30m** : The plan primarily involves the **development of an IT platform to create a space for care teams, informal care givers, and patients to communicate**. The digital platform is not expected to become a uniform health record, but will rather **allow for health planning**, including setting goals and priorities based on the needs of individuals in need of care. Merging the social, medical and welfare sectors is key in Flanders, using the digital system to bring welfare components into health planning. The project aims to tackle the existing fragmentation regarding patient information, where information using digital tools, resulting in limited access to necessary patient information. Moreover, the implementation of the Digital Care and Support Plan depends on the readiness of the users (professional, informal, citizens...). Therefore, one of the challenges will be to diminish gaps in both health literacy and health equity. On the other hand, by putting care teams in touch with vulnerable groups, the platform itself aims to diminish said gaps. The platform is currently at the early stages of development, aiming to launch a pilot version during 2023.
- **OverKop-Huizen, € 4.8m**: OverKop-Huizen are accessible meeting places located around Flanders for young people under 25, where they can engage in leisure activities, and receive wellbeing support without being stigmatised. By creating a safe place, the centres help improve young people's access to healthcare, particularly mental health services. As of June 2022, 33 OverKop-Huizen are operating around Flanders and Brussels.

BELGIUM

KEY FINDINGS OF INTERVIEWS WITH EXPERTS



- **Caring neighbourhoods**,⁴² €14.6m: This initiative consists of 133 projects selected in March 2022 and will run for two years until February 29, 2024. It is based on three pillars: (1) neighbourhood participation and inclusion; (2) connecting informal and formal care; and (3) intersectoral collaboration between wellbeing and care partners and partners from other domains. The project focuses on prevention, health promotion and the provision of integrated care and support, with a focus on quality of life. The goal is not only to end up with 133 solid caring neighbourhoods but also to scale up these neighbourhoods throughout the duration of the projects.

SUGGESTIONS FOR THE FUTURE

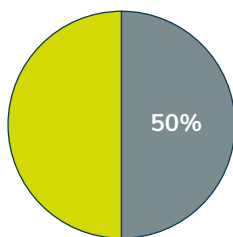
- Strengthen capacity planning and healthcare system sustainability
- Improve digital and health literacy, particularly in vulnerable groups
- Fostering mental health and working condition of health workforce

FINLAND

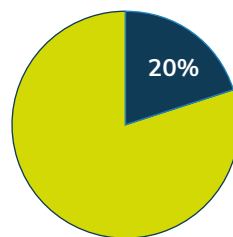
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN




Total value: €2.1 Billion (only grants)



Proportion of plan invested in climate objectives*



Proportion of plan invested in digital transition*

* Investment areas might overlap

Finland’s RRP forms part of the Sustainable Growth Programme for Finland. The general objectives of the programme are to reduce greenhouse gas emissions, grow productivity, raise the employment rate and improve access to treatment at hospitals and progress in equality. **The programme is split over 4 policy areas:** (1) a **green transition** to support structural adjustment of the economy and promote a carbon-neutral welfare society; (2) **digitalisation** and a digital economy to strengthen productivity and availability of services; (3) raising the **employment rate and skills** to increase sustainable growth; and (4) accessible and cost-effective **health and social services**. The information below represents a selection of measures extracted from the plan, which can promote health and wellbeing.

The Finnish Recovery and Resilience Plan.

POLICY AREA 2: Digitalisation

INVESTMENT	RRF (m/€)
Improving quality and availability of telecommunication networks in remote areas	50

POLICY AREA 3: Employment and skills

INVESTMENT	RRF (m/€)
Improving wellbeing at work, productivity and work ability (incl. persons with partial work ability and mental health actions)	47
Upskilling and continuous learning reform (including upskilling, raising educational attainment, reskilling and digitalisation to build new services for continuous learning)	150

POLICY AREA 4: Health and social Services

INVESTMENT	RRF (m/€)
Promoting the implementation of the care guarantee (incl. mental health services) and breaking down the social and healthcare, rehabilitation and service debt caused by COVID-19	230
Promoting the implementation of the care guarantee	30
Strengthening the knowledge base and impact-based guidance to improve cost-effectiveness of health and social services	40
Promoting digital innovations in service design	100

FINLAND

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



COUNTRY SPECIFIC RECOMMENDATION 2022

Selection of the [Finnish Country Specific Recommendations 2022](#) that are relevant for health equity:

1. [...] continued temporary and targeted support to households and firms most vulnerable to energy price hikes and to people fleeing Ukraine. [...] Present policy proposals for the social security reform, aiming to increase the efficiency of the system of social benefits, improving incentives to work, and also supporting long-term sustainability of public finances.

COUNTRY REPORT

MAIN ELEMENTS OF THE FINNISH COUNTRY REPORT 2022 RELEVANT FOR HEALTH EQUITY



HEALTH AND WELLBEING

- Unmet medical needs are high, mainly due to long waiting times
- Life expectancy in Finland is higher than in the EU as a whole



SOCIAL POLICY

- Rapid ageing is a major societal and economic challenge
- Gaps in education, particularly reading, have been widening
- Recent education reforms in early childhood and upper-secondary education have posed challenges
- Finland has one of the lowest gender pay gaps in the EU
- Persistent shortages of skilled labour and high structural unemployment point to the key role of reskilling and upskilling



CLIMATE

- Finland aims to become carbon-neutral and the first fossil-free welfare society by 2035
- Finland is one of the EU Member States with the highest share of renewables in its energy mix

FINLAND

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



KEY FINDINGS FROM INTERVIEWS WITH EXPERTS FROM THE FINNISH INSTITUTE FOR HEALTH AND WELFARE (THL) AND FINNISH FEDERATION FOR SOCIAL AFFAIRS AND HEALTH (SOSTE)

Experts from the Finnish Best Practice Portal for Health and Wellbeing Promotion department and the Recovery and Resilience department at THL were interviewed along with the Chief Economist at SOSTE.

Overall, the interviewed experts agreed with the elements highlighted in the Finnish Country Report. The experts stated that **mental health among young people**, which has worsened due to COVID-19 and the **war in Ukraine remain a cause of concern**, although the full impact will only be clear in the long-term. It was also stressed that more targeted interventions are needed to **address unmet medical needs**, particularly related to specialised care and mental health.

Moreover, all experts stressed that Finland's **declining health workforce and the working conditions in the healthcare sector need to be strengthened**. Although recent agreements on salary levels helped improve satisfaction among health workers, issues related to leadership and employment management still need to be addressed. The expert from SOSTE added that **similar issues in relation to early childhood education** are evident, as the sector is experiencing shortages of childcare professionals and teachers. This not only impacts the quality of education but also the availability of parental support.

Beyond the health sector, SOSTE mentioned that efforts to increase equality through the **equal pay and transparency bill** have been developing well, but continuous monitoring is needed as new actors opposing such initiatives emerge.

One of the experts from THL gave details on the ongoing reform of the provision of wellbeing services in Finland. From 1st January 2023 **the responsibility for organising health, social, and rescue services will be transferred to newly established wellbeing services counties**.⁴³ This will impact how health and social services are organised, produced and funded in Finland. The reform aims to promote equal access to services whilst the decreased number of involved parties will enable better collaboration between counties and with other actors such as THL.

Experts from both THL and SOSTE were involved in the European Semester and the RRP processes, be it in different roles. While SOSTE mainly has an advisory role, THL is involved in the direct implementation of approximately 30 projects funded under the RRP, including joint development with and support for the counties. Regular internal meetings with national operators allow to discuss the development of projects and potential coordination and synergies among them.

The expert at SOSTE felt that the RRP has been a good opportunity to direct not only government, but also the European Semester process **away from austerity-oriented policy towards the Economy of Wellbeing**.⁴⁴ Although Finland is a leading promoter of the Economy of Wellbeing, the expert felt that improvements still needed to be made. For example, in Finland it is the Ministry of Social Affairs and Health that is leading projects around the Economy of Wellbeing, despite the Ministry of Finance setting the budget. The expert explained that SOSTE is **currently developing**

FINLAND

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



a guidance protocol on how to actually implement the Economy of Wellbeing into government processes, learning from best practices in other countries.

Pillars 3 and 4 of the RRP were described as particularly relevant for health and equity. These focus on employment and improving the availability and cost-effectiveness of social welfare and healthcare services. The investments under each pillar are described below.

- Pillar 3, Investment 1 - Developing work ability, productivity, and wellbeing at work:**
The objective of the investment is to raise the employment rate by increasing the participation of people with partial work ability in the labour market. The investment consists of interventions to address service shortcomings for people with partial work ability and suffering mental health disorders through training, extending the existing Work Ability Program and the Individual Placement and Support Model.
- Pillar 4, Investment 1 - Promoting the implementation of the care guarantee and reducing the service backlog due to the COVID-19 pandemic:** The objective of the investment is to reduce the backlog in the provision of health and long-term care treatments. This includes measures to streamline care, rehabilitation and service processes. It also includes introducing new and more efficient customer-oriented and multi-disciplinary approaches, as well as developing social and healthcare services and making them more accessible and responsive to the needs of vulnerable people.
- Pillar 4, Investment 2 - Strengthening prevention and early identification of health problems:**
The objective of the investment is to introduce new cross-sectoral approaches to foster inclusion, promote health and wellbeing and strengthen prevention and early identification as a way to promote the implementation of the care guarantee. The measure consists of national level support for welfare audits, analysis of human wellbeing and health, new self-care tools that may be used independently and referral services. The measure also includes support at regional level for integrated multi-sector service management.
- Pillar 4, Investment 3 - Strengthening the knowledge-base and evidence-based decision-making to increase cost-effectiveness of social welfare and healthcare services:**
The objective of this investment is to increase the quality and cost-effectiveness of social and healthcare services by promoting research on good practices and developing effective monitoring and methods of analysis. This consists of measures to support the implementation of monitoring measures for the care guarantee and addressing the information gaps identified during COVID-19. It also includes strengthening the use of information on costs and cost-effectiveness in social and health-related decision-making, planning, guidance and service production, as well as developing research to improve the efficiency of the social and health system.
- Pillar 4, Investment 4 - Introducing digital innovations for social welfare and healthcare services:** The objective of this investment is to deliver digital solutions to support the development of social and healthcare services and promote the implementation of the care guarantee. These measures deliver digital solutions for increased resource efficiency whilst facilitating access to services, supporting early identification of problems and increasing the use of

FINLAND

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



preventive services. This enables a wider range of multidisciplinary services and expertise to be shared between different regions and services providers, and strengthens the role of customers, thereby increasing efficiency and effectiveness of services.

“EuroHealthNet is coordinating a working group concerning the assessment of practices in health and wellbeing promotion and disease prevention. We are very happy to be part of the working group, compare the European portals and share experiences within the network. It’s excellent possibility to co-operate and learn together.”

Expert at the Finnish Institute for Health and Welfare (THL), Finland

From the interviews, the experts gave information about one particular RRP project that THL was involved in. Details of the project are explored below.

- **Assessment of Evidence-Based Practices in Health and Wellbeing Promotion: A New Service to Support Knowledge Management**,⁴⁵ €1m:

Background: Throughout the world, decision-makers and professionals need information about the effectiveness of (evidence-based) practices that promote health and wellbeing and prevent inequalities. In Europe, the collection and assessment of practices has developed since 2000 (a.o. in Germany, Italy and the Netherlands). THL started to develop the collection of practices since 2011, and the assessment of such practices in 2019.

- **Objective:** THL’s next objective is to develop a new digital service in 2022–2024. The idea is to provide comparative information to decision-makers and professionals about the assessed practices in health and wellbeing promotion: what practice is effective, what is not, and why? Both decision makers and professionals will be involved in the development process.

Result: The digital service will support knowledge management and will offer peer-reviewed information on practices’ a) effectiveness, b) evidence and c) applicability. Practices included in the service relate, among other topics, to education, exercise, nutrition, mental health, environment, and safety. In addition, they are archived in the HYTE-toimintamalli publication series.

The assessment promotes the transferability of best practices nationally and internationally.

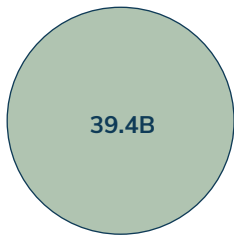
Funding and acknowledgement: The Assessment of Practices is funded by THL, and the RRF funding provided opportunity for the development of the digital service. In addition, the expert reported that the support received from the EuroHealthNet working group has allowed the development of the service to occur very smoothly. Regular updates are posted on the dedicated [Twitter](#) and [LinkedIn](#) pages.

SUGGESTIONS FOR INVESTMENTS

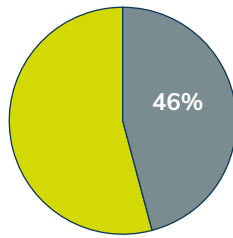
- Address inequalities in access to health services between regions
- Engrain the Economy of Wellbeing into governmental processes
- Improve working conditions for workers in the health and education sector
- Develop digital services including the capacity, management, accessibility, and variety

FRANCE

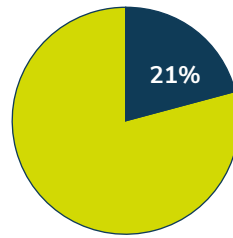
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN

Total value: €39.4 Billion
(only grants)



Proportion of plan invested in **climate objectives***



Proportion of plan invested in **digital transition***

* Investment areas might overlap

The French Recovery and Resilience Plan focuses on three key priorities: (1) the green transition, (2) competitiveness, and (3) social and territorial cohesion. The plan is structured along nine different components, aiming to tackle structural challenges faced by the French economy which were exacerbated by the COVID-19 crisis. The investments and reforms included in the French RRP are part of a broader recovery plan called “[France Relance](#)”,⁴⁶ adopted by the French parliament under the 2021 budget bill. In total, the plan includes investments of €100 billion, for which the RRP provide 40% of funding.

FRANCE

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



The French Recovery and Resilience Plan.

POLICY AREA 9: Resilient health systems, long-term care autonomy policies and territorial cohesion

INVESTMENT	RRF (m/€)
Modernisation and restructuring of the care offer	2,500
Real-estate investment plan in medico-social establishments	1,500
Digitalisation in health	2,000
National suicide prevention hotline	3
Digital inclusion	250

POLICY AREA 8: Safeguarding jobs, youth, disability, vocational training

INVESTMENT	RRF (m/€)
Support for employers hiring apprenticeships, people under 26 years	2,347
Creation of places in bachelor studies	180
Youth plan: continuation of studies for new baccalaureate holders	76
Personalised courses for young people aged 16-18 not in education or training	74
Strengthen state guarantee of student loans	32
Job creation for young people in sport	40

POLICY AREA 4: Energy & green technologies

INVESTMENT	RRF (m/€)
Develop carbon-free hydrogen	1,925

POLICY AREA 3: Infrastructure & green mobility

INVESTMENT	RRF (m/€)
Developing daily mobility	900
Aid for clean vehicles	985
Energy transformation of the State fleet	155

POLICY AREA 7: Digitalisation of state, territories, companies & culture

INVESTMENT	RRF (m/€)
Developing digital access to higher education in all regions	35
Digital upgrade of education system administration	35
Digital transformation of schools	131

POLICY AREA 2: Ecology & biodiversity

INVESTMENT	RRF (m/€)
Decarbonisation of industry	300

POLICY AREA 1: Energy renovations

INVESTMENT	RRF (m/€)
Energy renovation of public buildings	3,800
Energy renovation and rehabilitation of social housing	500

FRANCE

OVERVIEW OF THE NATIONAL
RECOVERY AND RESILIENCE PLAN

COUNTRY SPECIFIC RECOMMENDATION 2022

Selection of the [French Country Specific Recommendations 2022](#) that are relevant for health equity:

3. [...] Address the shortage of skills by raising the level of basic skills, providing additional work-based learning options and improving the learning outcomes of all students, notably by adapting resources and methods to the needs of disadvantaged students and schools and by improving the working conditions and continuous training of teachers.

COUNTRY REPORT

**MAIN ELEMENTS OF THE FRENCH COUNTRY REPORT 2022
RELEVANT FOR HEALTH EQUITY**


HEALTH AND WELLBEING

- Health spending relative to GDP in France was well above the EU average in 2019
- France continues to focus on increasing access to health services
- Regional disparities have increased in France over the last decade



SOCIAL POLICY

- Vulnerable groups continue to face difficulties in their integration into the labour market
- France has strong inequalities in its education system
- The French pension system is complex and costly
- Deep disparities persist between continental France and its outermost regions where basic needs are concerned



CLIMATE

- France is committed to fighting climate change and making its economy sustainable, but implementation is lagging behind
- Greenhouse gas emissions are steadily decreasing
- France is performing relatively well in reducing CO2 emissions from transport

FRANCE

KEY FINDINGS FROM INTERVIEWS
WITH EXPERTS

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS THE MINISTRY OF HEALTH (MoH) AND SOLIDARITY OF FRANCE

Experts from the MoH were interviewed, including the deputy head of the Mental Health Office (General Directorate for Health), who manages the “National Suicide Prevention Number” project, the head of International and European Affairs of the General Directorate for Health, and the head of the division of International and European Affairs in the Directorate of Social Security.

When asked how familiar the experts were with the European Semester, all experts said they were aware of the process. Two of the experts were members of the Social Protection Committee (SPC)⁴⁷ and the Steering Group for Health Promotion and Disease Prevention (SGPP),⁴⁸ where the elements of the European Semester are discussed when health-related issues emerge.

The experts confirmed the relevance of the issues described in the Country Report. In particular, it was pointed out that **differences between regions, such as the uneven distribution of health professionals across France, are of major concern**. Intersectoral collaboration is continuously being strengthened between the social and health sector, especially regarding the provision of long-term care (community-based care).

Experts also noted that **public health not given high priority** in the European Semester outcomes, which usually targets the most pressing issues linked to country stability. The relatively low attention to prevention and health promotion in the French health agenda, is being reviewed by the new Health and Prevention Minister, and increased funding, as well as a number of important cross-sectorial initiatives alongside the RRP are to be expected.

These include:⁴⁹

- **Free health checks at different ages and across the lifespan:** Free health checks without upfront costs will be offered at key ages. This includes twenty consultations for children starting from birth, as well as consultations at ages 20 to 25, 40 to 45, and 60 to 65. The health checks will be adapted according to age and individual needs. The aims of these consultations are to encourage the use of healthcare, whilst also monitoring state of health.
- **Tobacco control:** The French government has expressed full commitment to combat smoking and its health impacts, particularly among young people and the most vulnerable. The National Tobacco Control Program 2018-2022⁵⁰ focused on protecting young people from starting to smoke, providing support to help quit smoking, and evaluating and disseminating knowledge about tobacco. A new program will be defined for 2023, which will particularly focus on providing support to smokers of vulnerable populations such as people with HIV prevalence and pregnant women.
- **Immunisation:** The RRP defines measures to increase the number of vaccination opportunities across France, primarily by simplifying access to vaccinations. This includes expanding the number of health professionals qualified to prescribe and administer vaccines by extending the responsibilities of pharmacists and nurses.

FRANCE

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



- **Sexual health:** The National Strategy on Sexual Health 2017-2030⁵¹ will continue to be launched across France. This includes expanding non-prescription screening of sexually transmitted infections. Screening will also be made available free of charge to all young people under age 26. Moreover, access to free emergency contraception will be made available to all adult women.

The initiatives above, as well as investments and reforms under the French RRP, such as the National Health System reform and the creation of a new branch of social security covering the risk of loss of autonomy, have a strong equity component and remain a key aspect of the National Public Health Plan.⁵²

Experts reported that the implementation process of the RRP and its various initiatives are proceeding well. However, it was noted that the RRP requires particular skills to carry out the reporting of milestones, and is a time consuming process. Moreover, certain initiatives could not be included, as all RRP projects had to be embedded into the legislation beforehand to warrant legal basis.

Regarding the governance of the RRP, a National Monitoring Committee, chaired by the Prime Minister, is responsible for ensuring that the timeline for enforcing measures is properly implemented and maintained.⁵³

The main components of the health pillar⁵⁴ were presented:

- **Modernisation of the healthcare sector, €2.5b:** The modernisation of the healthcare sector project includes measures to renovate hospitals and healthcare facilities, build new outpatient facilities, and modernise medical infrastructure and equipment. The project will focus on all types of healthcare facilities but will have a special focus on mental health services.
- **Digitalisation of health sector, €2b:** The digitalisation of the health sector aims to invest in projects that will enhance the use of technology and digital health systems for use by health professionals and guarantee patients' individual access to online health records. This has potential to increase collaboration between medical establishments whilst also promoting patient autonomy.
- **Investment in medical and social institutions, €1.5b:** The investment in medical and social institutions is a component of the elderly care reform. Overall, the projects under this component aim to improve quality of life and support for dependent older people and people with disabilities, regardless of whether they are living at home or in long-term care establishments. This will be achieved through the renovation and/or reconstruction of rundown nursing homes, whilst also creating additional places in inclusive housing. Moreover, the investment aims to sufficiently equip the elderly care sector to utilise new technologies to enhance innovative responses to the challenges posed by the French demographic transition.

FRANCE

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



Particular insights were given on the National Suicide Prevention Number project:

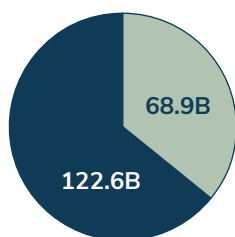
National Suicide Prevention Number, €3m: This project was developed in 2016 as part of the Mental Health National Road Map.⁵⁵ With RRF funds, the program was extended to include a national suicide prevention helpline which provides free, 24/7 support to people with suicidal ideations and their relatives across all of France, as well as to health professionals. Since its launch in October 2021, the helpline has answered more than 180,000 calls. In the upcoming years, the hotline will continue to expand; answering centres will be set up in all 18 regions of France (including overseas territories) and answering capacity will be increased.

SUGGESTIONS FOR THE FUTURE:

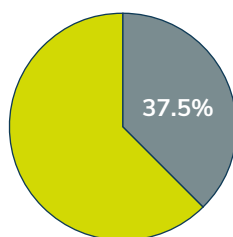
- Prevention investment of 3% of all health expenditures in France (approximately €9b), in the long run
- New preventive medical consultations at ages 25, 45 and 65: The objective of these consultations is to reach out to the populations that are furthest from care, the most precarious populations. These prevention appointments will be reimbursed at 100% by health insurance and organised around 20-25, 40-45 and 60-65 years old. Each one will focus on physical activity, diet, addictions and, for the elderly, the prevention of loss of autonomy.
- Free of charge screening for sexually transmitted infections for people under 26, free birth control pills for women under 26, and campaigns against tobacco and alcohol, promotion of physical activity, etc.

ITALY

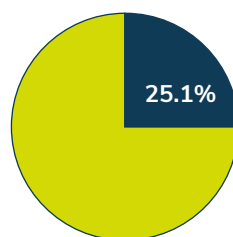
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN

Total value: €191.5 Billion
 Total grants: €68.9 Billion
 Total loans: €122.6 Billion



Proportion of plan invested in **climate objectives***



Proportion of plan invested in **digital transition***

* Investment areas might overlap

The Italian RRP includes 16 components and is structured around 6 policy areas that focus on three horizontal priorities: digitalisation and innovation, ecological transition and social inclusion. **These policy areas cover: (1) digitalisation, innovation, competitiveness, culture and tourism; (2) green revolution and ecological transition; (3) infrastructures for sustainable mobility; (4) education and research; (5) inclusion and cohesion; (6) health.** The information below represents a selection of measures extracted from the plan, which can promote health and wellbeing.

The Italian Recovery and Resilience Plan.

POLICY AREA 4: Education and research

INVESTMENT	RRF (m/€)
Strengthening the provision of education services at all levels through an educational reform	19.44

POLICY AREA 6: Health

INVESTMENT	RRF (m/€)
Local networks, facilities and telemedicine for local healthcare (to improve the national health system)	7.00
Innovation, research and digitalisation of the national health service to strengthen the infrastructure	8.63

POLICY AREA 5: Inclusion and cohesion

INVESTMENT	RRF (m/€)
Employment policies (focusing on active labour market policies, strengthening of public employment services, upskilling and reskilling initiatives)	6.66
Social infrastructure, households, the community and the third sector (addressing major social vulnerabilities in terms of material poverty and housing deprivation, and acknowledging the importance of urban regeneration and sport)	11.17
Special interventions for territorial cohesion (investment for tackling education poverty, reform and infrastructural investment in special economic zones)	1.98

ITALY

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



COUNTRY SPECIFIC RECOMMENDATION 2022

Selection of the [Italian Country Specific Recommendations 2022](#) that are relevant for health equity:

1. Ensure prudent fiscal policy, [...], **taking into account continued temporary and targeted support to households and firms most vulnerable to energy price hikes and to people fleeing Ukraine.** [...] **Expand public investment for the green and digital transition and for energy security [...]**

COUNTRY REPORT

MAIN ELEMENTS OF THE ITALIAN COUNTRY REPORT 2022 RELEVANT FOR HEALTH EQUITY



HEALTH AND WELLBEING

- Italy has one of the EU's lowest birth rates
- The old-age dependency ratio is high and increasing
- Life expectancy at birth in Italy is higher than in the EU as a whole but fell in 2020 due to COVID-19
- Italy has significant regional inequalities in life expectancy



SOCIAL POLICY

- Addressing the causes of Italy's low educational outcomes remains a priority
- The risk of poverty and social exclusion remains high
- For the social dimension of the green transition, ensuring access to essential transport and energy services is a significant challenge for Italy
- As social spending is concentrated on pensions, the poverty risk for older people is much lower than for the average population
- Despite recent reforms, the tax burden on labour remains very high



CLIMATE

- So far, Italy has met its EU and domestic greenhouse gas reduction targets
- Italy is removing barriers to the development of renewable energy
- Air quality in Italy remains a source of serious concern
- Italy needs to reduce its energy dependency on fossil fuel imports

ITALY

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



KEY FINDINGS FROM INTERVIEWS WITH EXPERTS FROM THE REGIONAL HEALTHCARE AND SOCIAL AFFAIRS AGENCY OF PUGLIA (AReSS) AND THE REGION OF TUSCANY

Experts from the Regional Healthcare and Social Affairs Agency of Puglia (AReSS) and the Region of Tuscany were interviewed. In Italy, regional authorities hold health competences, giving an important role to both organisations in the implementation of health-related projects.

Interviewed experts agreed with the matters described in the Italian Country Report. **Poverty risks have increased** and are likely to worsen by both recent and long-term challenges (climate change, geopolitics balance, energy crisis, pandemic waves, supply chain and digital transformation). The expert from the Tuscany Region noted that **family services are outdated** for the modern family setting, which could be related to low birth rates in Italy. These services follow old patriarchal systems which disincentives woman and young people from having families⁵⁶ (e.g. limited childcare or financial support).

“Gender inequalities are still a major concern in Italy. In some cases, even if the tools are available, they are not implemented. It is therefore necessary to work and invest not only in settings and services, but also in a cultural change to move away from archaic patriarchal systems.”

Expert at the Region of Tuscany, Italy

The experts pointed out that **Italy's Country Report does not address the shortage of healthcare workers**, which constitutes a severe problem across Italy, especially in the regions with higher rates of comorbidities and noncommunicable diseases. The need for more integrated approaches between health and social services was also mentioned.

Overall, experts provided positive feedback on the RRP. The large investment plan will put a number of projects in place and carry out **much-needed structural reforms** that would not have been possible otherwise. Although still in the early stages, initiatives associated with urban planning, healthy living environments, and green policies have the potential to lay the foundation for a **wellbeing ecosystem**.

However, experts also reported some missed opportunities. The expert from AReSS explained that the **“equity and wellbeing transition”, as well as the concept of “One Health”, should have been included as transversal issues**, similarly to the green and digital transition. Overall, the experts noted that integrated approaches are missing, with health and social interventions being addressed through two different missions, often lacking coordination.

ITALY

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



“I believe the RRP missed the opportunity to include equity and wellbeing, as transversal issues to be addressed in a one health/health in all policies approach. Fortunately, there are other funds, such as Cohesion Fund, that come in useful in this regard.”

Expert at the Regional Healthcare and Social Affairs Agency of Puglia (AReSS), Italy

AReSS also reported a **lack of clear long-term plans or investments to address workforce shortages in the health sector**, especially regarding nurses⁵⁷ and general practitioners. Working conditions should be improved (namely salaries) to attract new employees in areas where shortages are particularly high, such as primary and emergency care. Few initiatives were also put forward in **support of informal carers**, that play an important role in Italy to support the long-term care system as a whole. Informal carers should receive more training opportunities as well as financial support.

On the other hand, it was pointed out that other European Fund partially addresses these issues, with the intent to synergise the RRP, as also suggested by the EU. The national Health Equity Plan,⁵⁸ funded in part through the Cohesion Fund, puts forward investments over €625m to address health inequalities in the south of Italy.

A number of projects were presented:

- **Community house:** The ‘Community House’ will be primary care homes that are used as a tool to coordinate care services, especially for those who are chronically ill. The project will act as a single point of access to health services engaging with a multidisciplinary team, including general practitioners, paediatricians of choice, specialist doctors, community nurses, and other health professionals as well as social workers. Using IT infrastructure, a sampling point, and multi-specialist instrumentation the project aims to act as a continuous point of reference for the population. The investment provides for the activation of 1,350 community homes by mid-2026, which will use both new and existing structures.
- **Territorial assistance, €750m, and national telemedicine infrastructure, €1.25b:** This initiative aims to reach 200,000 patients by connecting 250 hospitals to those at the community level setting. As a transversal national investment to fund telemedicine services across the Italian territory, the project will allow general practitioners to easily access electronic health records through a national network for health data.
- **Health and equity co-benefits to support climate change response plans, €2.1m:** This project aims to promote a “health and equity” centred approach in the planning of local policies and interventions to accelerate efforts towards meeting international sustainable development targets. The initiative will prioritise adopting evidence-based measures that benefit health and help reduce social and gender inequalities.

ITALY

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



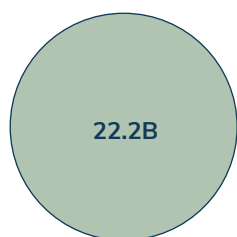
- **Sustainability for the environment and citizens' health in Italian port cities, €0.7m:** By developing promotional activities and providing support to policies and regulations on sustainable urban planning, the project aims to reduce the environmental impacts on human health in urban areas where ports are present. The project will contribute to knowledge and understanding the link between the binomial environment and health where the complexity of the interaction is accentuated by the presence of a port in relation to the activities and the environmental footprint of the port area and the consequent impact on the health of resident citizens.
- **Health portal for the environment territorial integrated risk assessment, €2.1m:** The project will develop a community health profile using a health portal. The portal will be used to create estimates on population exposure to environmental risk factors and collate evidence on the association of environmental risks and health outcomes. The project will integrate territorial epidemiological frameworks, environmental pressures in the area, and the toxicological profile of pollutants.
- **Outdoor air and health: an integrated atlas to support decisions and research, €2.1m:** The project involves the development of a territorial atlas on air quality and health outcomes. The purpose of this tool is to support governance in the coordination, processing, interpretation and use of available data on pollutants. The project also involves research and development on the monitoring of unconventional pollutants, as well as of unconsolidated health outcomes and interactions with elements of clinical frailty and social vulnerability.

SUGGESTIONS FOR THE FUTURE

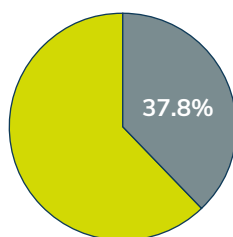
- Tackle gender inequalities
- Provide better financial support and services for families
- Foster the health equity perspective
- Enforce more integrated approaches
- Address workforce shortages
- Strengthen primary care settings
- Ensure an effective digital transition of health systems

LITHUANIA

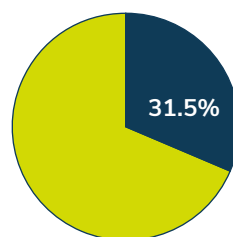
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN

Total value: €22.2 Billion (grants only)



Proportion of plan invested in climate objectives*



Proportion of plan invested in digital transition*

* Investment areas might overlap

The Lithuanian RRP seeks to address the challenges identified in the European Semester. The plan is centred around the three main pillars of resilience, climate and digital transition and consists of seven components. These include (1) **health**, (2) **green transformation**, (3) **digital transformation**, (4) **quality and accessible education**, (5) **higher education and innovation**, (6) **efficient public sector** and (7) **social component**. In total, the Lithuanian plan is consist of 30 measures, including 27 reforms and 3 investments.

The Lithuanian Recovery and Resilience Plan.

POLICY AREA 1: Resilience to health system threats

INVESTMENT	RRF (m/€)
Improving quality and accessibility of health services and promoting innovation	148
Long-term care reform	109
Strengthening of emergency responses	11

POLICY AREA 7: Social protection

INVESTMENT	RRF (m/€)
Employment sponsoring	108.81
Guaranteed minimum income protection	0.4

POLICY AREA 4: Quality and affordable education

INVESTMENT	RRF (m/€)
Modern education for the acquisition of basic competencies	246.32
Training systems for green and digital transition	37
Development opportunities for adults	18.20
Vocational guidance system	10

POLICY AREA 2: Green transformation

INVESTMENT	RRF (m/€)
Clean mobility	346.91
Sustainable urban environment	217.8

LITHUANIA

OVERVIEW OF THE NATIONAL
RECOVERY AND RESILIENCE PLAN

COUNTRY SPECIFIC RECOMMENDATION 2022

Selection of the [Lithuanian Country Specific Recommendations 2022](#) that are relevant for health equity:

3. [...] Strengthen primary and preventive care. Reduce fragmentation in the planning and delivery of social services and improve their personalisation and integration with other services. Improve access to and quality of social housing [...]

COUNTRY REPORT

**MAIN ELEMENTS OF THE LITHUANIAN COUNTRY REPORT 2022
RELEVANT FOR HEALTH EQUITY**


HEALTH AND WELLBEING

- Suboptimal performance of primary healthcare & investment in preventative care
- Life expectancy is 5.3 years below EU average
- Shift to outpatient care will require measures to offset pressure on primary care
- Shortage of healthcare workers, particularly in rural areas



SOCIAL POLICY

- Income inequality remains among the highest in the EU
- Addressing inequalities in schools and making the teaching profession more attractive could help improve learning outcomes
- Public expenditure on social protection is persistently low and delivery of social services is fragmented and inefficient
- Large regional differences in economic development, in the labour market and public services
- Large influx of displaced people from Ukraine. Assistance with accommodation, employment, social benefits, and financial support provided to those in need



CLIMATE

- Lithuania's carbon footprint has increased in recent years
- Energy efficiency of households and industries should be improved to reduce overall energy consumption

LITHUANIA

KEY FINDINGS FROM INTERVIEWS
WITH EXPERTS
KEY FINDINGS FROM INTERVIEWS WITH EXPERTS FROM THE LITHUANIAN MINISTRY OF HEALTH (MoH) AND THE LITHUANIAN PUBLIC HEALTH BUREAUS ASSOCIATION ⁵⁹

The two Lithuanian experts interviewed had widely differing experiences and backgrounds in regard to the European Semester and RRP. The Director of the Public Health department of the (MoH) has, over the years, been actively involved in the discussions relating to the European Semester particularly related to public health, the healthcare workforce, strategic planning and pharmaceuticals. Similarly, he was involved in the design of the health component of the Lithuanian recovery plans.

The Director of the Lithuanian Public Health Bureaus Association was not familiar with the European Semester nor the RRF processes, as the organisation has no direct involvement. However, individual members of the association (composed of 48 local Public Health Bureaus), have been responsible for public health interventions⁶⁰ and therefore been involved in the implementation of health related projects of the RRP.

Both experts were familiar with the issues highlighted in the Lithuanian Country reports, emphasising issues related to an **abundance of hospital beds**, as well as **persisting fragmentation in the health sector**. The experts stated that fragmentation is evident between primary healthcare, public health, and hospitals but also between the health and social sectors themselves, creating challenges with long-term care.

To combat this, the experts noted that **a series of reforms within the healthcare sector are planned**. This includes integrating hospital and primary healthcare institutions and developing the quality of primary care. Whilst public health will remain a separate institution, the reform will emphasise the need for greater collaboration between the three different institutions. This collaboration will also be extended to include mental health services.

“Public health is fragmented in Lithuania but I also think that public health is fragmented in the European Union. There is need for more collaboration in this area ... Public health shouldn’t be so fragmented.”

Expert at Ministry of Health, Lithuania

Another major issue that the experts identified is the **lack of resources directed at public health, particularly prevention initiatives**. Public health in Lithuania remains highly underfunded, receiving only about 2% of the entire health budget. Despite the European Commission’s recommendation to increase public health funding, the experts felt it was challenging to allocate more money towards prevention. The lack of funding for public health was also evident through the allocation of RRP resources, whereby the majority of funds were dedicated to healthcare settings. This is particularly problematic as the **majority of public health resources were**

LITHUANIA

KEY FINDINGS WITH INTERVIEWS
WITH EXPERTS

redirected to tackling COVID-19, rather than addressing gaps in the public health sector. Currently, as a result, Lithuania does not have enough public health services to cater for the whole population, with vulnerable groups being left behind.

“The public health budget has never been as big as that for primary healthcare centres or hospitals. In the future we have to think about this, because public health results are critical for the long-term sustainability of health.”

Expert at Lithuanian Public Health Bureaus Association, Lithuania

The expert from the Lithuanian Public Health Bureaus Association also highlighted **difficulties collaborating with other sectors** that shared public health responsibilities. This was mainly due to difficulties in implementing timely interventions according to the issues that were observed (e.g., child health and nutrition in schools).

During the design of the RRP, the expert from the MoH had several consultations with over 200 different actors. This included meetings with the European Commission as well as public consultations with social partners such as patient organisations, hospital organisations, private hospitals, and NGOs.

Moreover, the expert stated that the MoH also conducted a **study to support the development of the recovery plans**, based on the European Commission Country Report and a National Health Surveillance report⁶¹ conducted by the Lithuanian Hygiene Institute. The study showed that health inequalities prove to be the most persistent and pressing issue in Lithuania, which guided the development of the Action Plan for Public Health 2023-2030,⁶² funded through Cohesion Fund and the national budget.

Whilst the action plan was recently approved by the government, it is not very detailed. As such, the MoH aims to draft concrete action points for specific health institutions, including indicators and verifications, by the end of 2022.

The drafted plan consists of **two main types of investments**, led by two separate departments. The healthcare department is responsible for investments in infrastructure, such as developing five new centres for infection control. On the other hand, the public health department will oversee investments in knowledge, people, and preparing frameworks.

The public health department has been allocated €110m for soft investments, whereby 30% will be allocated to mental health services, and 60% to public health services, including services working with vulnerable groups. €22m will be directed to regions and regional projects to cover municipal public health services.

LITHUANIA

KEY FINDINGS OF INTERVIEWS WITH EXPERTS



Beyond the healthcare sector, the expert at the MoH is involved in the implementation of other ministerial action plans related to the RRP, including on climate change, and social care. There is extensive collaboration with the health emergencies and health threats department to prepare for nuclear and radiological threats. Cooperation with the Ministry of Interior includes building new infection care centres to prepare for chemical and biological threats. The Ministry of Health also works with the education sector to coordinate health and social services in schools.

The experts foresee that **gaps in the competencies of institutions and the MoH may cause challenges regarding the implementation process**. This includes a limited ability to adopt best practices to the existing Lithuanian structures and communities, and addressing barriers to ensure vulnerable groups are reached.

For successful implementation of the plans, the experts emphasise the need to engage local communities and improve the knowledge of all involved in the implementation process.

Health-relevant components of the Lithuanian RRP⁶³ are described below:

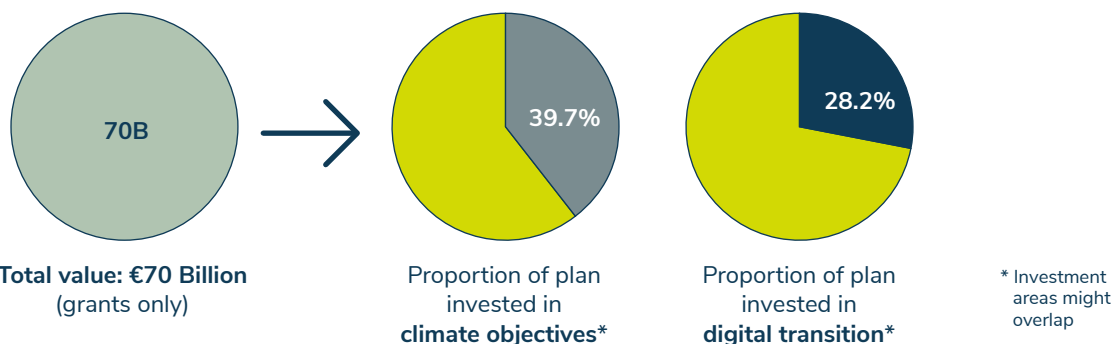
- **Policy area 1 – Resilience to health system threats, €268m:** Policy area 1 aims to increase the sustainability and resilience of Lithuania's health system, enabling more flexible responses to changing environmental factors and demographic changes. This policy area consists of 3 reforms: improving the quality and availability of services and promoting innovation; reform of the provision of long-term care; and systematic strengthening of the health system's resilience to emergency situations.
- **Policy area 7 – Social protection, €109.2m:** Policy area 7 aims to foster inclusion in the workforce and society, as well as enhancing the social wellbeing of the population. To achieve this, the policy area has prioritised 2 reforms aimed at creating more client-oriented employment support and enforcing guaranteed minimum income protection.

SUGGESTIONS FOR THE FUTURE

- Increase investments in public health, particularly health prevention and promotion
- Better collaboration with primary healthcare centres
- Incentivise careers within public health
- Improve competencies of national and local healthcare actors
- Engage local communities in the implementation of the RRP
- Tackle health inequalities between rural and developed areas

SPAIN

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN

The Spanish RRP comprises of four cross-cutting themes, which serve as a backbone for the main policy areas and components. These address (1) **the green transition**, (2) **the digital transformation**, (3) **social and territorial cohesion** and (4) **gender equality**. Split over 30 components, the plan sheds light on ten key policy areas, including (3) a **fair and inclusive energy transition**; (6) a pact to support **science and innovation** and **strengthen the capabilities of the national health system**; (7) **education and knowledge**, lifelong learning and capacity building; (8) the **new care economy and employment policies**. The information below represents a selection of measures extracted from the plan, which can promote health and wellbeing.

[The Spanish Recovery and Resilience Plan.](#)

SPAIN

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



POLICY AREA 3: Fair and inclusive energy transition

INVESTMENT	RRF (m/€)
Renewable energies implementation and integration	3,165
Fair transition strategy (addressing the environmental, digital, and social infrastructures of areas in transition)	300

POLICY AREA 6: Science, innovation and the national health system

INVESTMENT	RRF (m/€)
Renewal and expansion of national health system's capacities (including technological and digital) to foster resilience and promote healthcare skills	1,069

POLICY AREA 7: Education and knowledge, lifelong learning, and | capacity-building investments

INVESTMENT	RRF (m/€)
National plan for strengthening digital skills	3,593
Strategic plan for vocational training (including reskilling and upskilling of the workforce, digital transformation, innovation and internationalisation)	2,076
Modernisation and digitalisation of the education system, including early education (0-3 years)	1,648

POLICY AREA 8: The new care economy and employment policies

INVESTMENT	RRF (m/€)
Emergency plan for the care economy and reinforcement of inclusion policies (modernising social services, childcare, services for victims of violence against women, asylum reception systems)	2,492
Public policies for resilient, digital and inclusive labour market (mechanisms of stability and flexibility in employment, modernisation of active employment and labour policies)	2,363

SPAIN

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



COUNTRY SPECIFIC RECOMMENDATION 2022

A selection of the [Spanish Country Specific Recommendations 2022](#) that are relevant for health equity:

3. [...] Increase recycling rates to meet EU targets and promote the circular economy by enhancing coordination among all levels of government and undertaking further investment to meet separate collection of waste and recycling obligations, as well as to enhance water reuse.

COUNTRY REPORT

MAIN ELEMENTS OF THE SPANISH COUNTRY REPORT 2022 RELEVANT FOR HEALTH EQUITY



HEALTH AND WELLBEING

- Health workforce shortages and uneven distribution of staff
- Working conditions in the healthcare sector remain a challenge
- COVID-19 pandemic put a strain on low number of acute and intensive care unit beds



SOCIAL POLICY

- The share of people at risk of poverty or social exclusion is high, with significant regional disparities, and it worsened during the pandemic
- The unemployment rate in Spain in 2020 was higher than the EU average in all Spanish regions
- The initial shock of the COVID-19 crisis highlighted the long-standing structural challenges facing the Spanish labour market
- The rate of early leavers from education and training of low-skilled adults remains very high



CLIMATE

- Spain is highly vulnerable to the adverse effects of climate change
- Climate transition challenges differ significantly between Spanish regions
- Meeting Spain's renewable and decarbonisation targets represents a significant challenge
- Spain needs to tackle challenges facing the road transport system

SPAIN

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



KEY FINDINGS FROM INTERVIEWS WITH EXPERTS FROM SPAIN: THE SPANISH MINISTRY OF HEALTH (MoH) AND THE ANDALUSIAN REGIONAL MINISTRY OF HEALTH AND CONSUMER AFFAIRS

Experts from the Health Promotion and Equity department at the Spanish MoH and the head of the department of Health Promotion at the Andalusian Regional Ministry of Health and Consumer Affairs were interviewed.

The interviewed experts felt that the 2022 Country Report provided a good overview of the main challenges and relevant investments being carried out in Spain. This includes the high number of people at risk of poverty or social exclusion and the shortage of healthcare workers, particularly within the primary care sector, which the reform of the primary healthcare sector aims to tackle. The experts noted that the report, however, put **greater emphasis on healthcare rather than public health interventions**. It was felt that more attention should be directed at health promotion and disease prevention, with a specific focus on youth and vulnerable populations.

“The report puts greater emphasis on healthcare rather than public health interventions. More attention should be given to health promotion and disease prevention.”

Expert at Andalusian Regional Ministry of Health and Consumer Affairs, Spain

In terms of the recovery plans, both interviewed experts were involved in leading projects under the RRP. Aside from leading the projects detailed below, the experts also had information on the status of RRP projects such as tobacco control⁶⁴ and alcohol prevention.⁶⁵ Work is taking place to create **regulation for equity, cohesion, and universal coverage**,⁶⁶ which will particularly focus on the consideration of a health impact assessment of national policies.

The interviewed expert from the MoH was also involved in the development of the Public Health Strategy that was published earlier in 2022, as well as the development of the Public Health Surveillance Strategy⁶⁷ which **embeds inequalities and SDH surveillance into the framework of the RRP**. The surveillance strategy includes the framework for developing advanced and homogenous surveillance systems to measure the health of the population, health determinants, and ensure that health is distributed equitably among citizens. The aim is to generate evidence to support decision-making, to allow for timely and efficient responses to the health needs of the population.

The experts also highlighted their **collaboration with other sectors**. For example, the MoH is aware of an action implemented by the Ministry of Culture and Sports regarding the prescription of physical activity. The experts were also aware of RRP projects led by the Ministry of Transport and Urban policies, involving the development of low-emission areas and actions on sustainable transport, including improving public transport, as well as improving walking and cycling infrastructure.

SPAIN

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



Whilst the COVID-19 pandemic has had a lot of negative impact, the experts believe that the collateral impact has resulted in an **increased awareness of necessary public health improvements**.

“The COVID pandemic has provided a window of opportunity to address priorities that were already there or were highlighted by the impact of the pandemic. The recovery plans helped take action to address them.”

Expert at The Ministry of Health, Spain

However, the experts highlighted several challenges. The main challenge concerned the **extensive administrative processes around the recovery plans**, which has taken a lot of time originally dedicated to project implementation. As such, the timeline with which to achieve all the project milestones seems very short.

Moreover, the experts emphasised the importance of **prioritising the sustainability of the recovery plan projects**, by for example developing frameworks to embed current actions into future legislation and plans.

Experts explained that the RRP funds are being applied to support the implementation of two reform processes relevant for public health:

- **[The Public Health Strategy 2022](#)**:⁶⁸ The Public Health Strategy 2022 is a response to the need to strengthen public health and contribute to people’s health. It includes cross-cutting and integrative approaches that build on the work of the determinants of health, the One Health approach, and governance for health. The strategy includes a comprehensive analysis of the health status of the population, as well as a reflection on the state of public health. This analysis not only reflects the state of the situation at this time, but also helps to establish the priorities that should guide public health actions in the coming years. The strategy states the future priorities of public health actions, as well as indicators to assess them. It received a fundamental boost from the RRP.
- **[Action plan for primary healthcare](#)**:⁶⁹ The action plan aims to reform the primary healthcare system, strengthening aspects related to health promotion, prevention, and early diagnosis of disease. Fostered under the RRP, the plan intends to strengthen primary and community healthcare for better health promotion, prevention, early diagnosis, improvement of disease control, healthcare, reduction of social and territorial inequalities and an improvement of the efficiency and sustainability of the healthcare system.

SPAIN

KEY FINDINGS FROM INTERVIEWS WITH EXPERTS



Looking closer at the Spanish RRP projects, the expert from the MoH is leading three projects, whilst the expert from the Andalusian Ministry of Health and Consumer Affairs is leading two projects. The details of the projects are explored below:

- **Development and improvement of healthy settings, €18.4m:** This project on interventions to improve local settings toward better health and wellbeing was developed by local entities of the National Healthy Cities Network.⁷⁰ It consists of local interventions to improve health by changing settings to improve outdoor spaces for physical activity, active mobility and healthy settings for physical activity for children and adolescents.
- **Public campaign on healthy lifestyles and healthy settings,⁷¹ €1m:** Launched in October 2022, this campaign highlights the importance that the settings in which people live and the social environment hold in achieving a healthy lifestyle.
- **Development of the actions on community health from the Action Plan on Primary Health and Community Health:** The RRP also includes a reform of primary and community health. The actions within the reform include: development of recommendations for Community Health Regional Strategies,⁷² improving capacity-building in biopsychosocial approaches and community actions, and improving community action in the health services portfolio.
- **Health Surveillance Comprehensive System in Andalusia (ARGOS- SALUD), €2m:** The ARGOS project⁷³ will enable the Andalusian Public Health Surveillance System to work with a digital ecosystem for the early detection of specific (or clusters of) health alerts. It will also contribute to the diagnosis and monitoring of noncommunicable diseases. ARGOS will incorporate different data visualisation and exploitations of operating systems, as well as intelligent diagnostic and detection support systems, incorporating different data visualisation and exploitation operating systems, as well as intelligent diagnostic and detection support systems.
- **Screening for colon and cervical cancer, €1.5m:** The project involves campaigns promoting screening for colon and cervical cancer and actions to improve screening procedures. This includes improving the way that patients are called for screening as well as the information system. As the project will increase screening capacities, particularly in vulnerable groups, the project aims to improve national access to cancer screening and treatment.

SUGGESTIONS FOR THE FUTURE

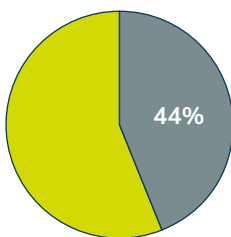
- Increase investments in public health
- Support health promotion and disease prevention policies toward young people
- Increase resources directed at mental health promotion
- Strengthen primary care systems and community health, focusing on prevention
- Foster screening programmes
- Support public health campaigns related to healthy lifestyles

SWEDEN

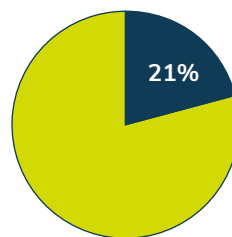
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN




Total value: €3.3 Billion (grants only)



Proportion of plan invested in climate objectives*



Proportion of plan invested in digital transition*

* Investment areas might overlap

The Swedish RRP consists of five main components, focusing on (1) the green recovery, (2) education and transition, (3) better conditions for addressing demographic challenges, (4) broadband expansion and digitalisation of public administration, and (5) investment for growth and housing. The plan invests in accelerating the digitalisation and the green transition with the aim of supporting long-lasting structural improvements and to contribute to the national climate target for Sweden to have no net emissions of greenhouse gases by 2045.

The Swedish Recovery and Resilience Plan

POLICY AREA 1: Green recovery

INVESTMENT	RRF (m/€)
Climate step	5,350
Support for improved housing efficiency	4,050

POLICY AREA 3: Demographic challenges

INVESTMENT	RRF (m/€)
The elderly care lift	458
Protected title for assistant nurses	0.0
Prolonged working life and altered age limits in social security and tax systems	0.0

POLICY AREA 2: Education and transition

INVESTMENT	RRF (m/€)
More places in regional adult education	930
More places in adult vocational training	1,060
Resources to meet the demand at universities and college	3,120
Increased financial support to migrants enrolled at vocational education and Swedish language education	0.0

POLICY AREA 4: Digitalisation

INVESTMENT	RRF (m/€)
Develop administrative digital infrastructure	210

POLICY AREA 5: Growth and housing

INVESTMENT	RRF (m/€)
Investment in support for rental accommodation and student housing	3,000

SWEDEN

OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



COUNTRY SPECIFIC RECOMMENDATION 2022

Selection of the [Swedish Country Specific Recommendations 2022](#) that are relevant for health equity:

1. [...] targeted support to households and firms most vulnerable to energy price hikes and to people fleeing Ukraine [...] Expand public investment for the green and digital transition and for energy security [...]

3. Reduce the impact that pupils' socio-economic and migrant backgrounds have on their educational outcomes by providing equal access opportunities to schools and by addressing the shortages of qualified teachers. [...]

COUNTRY REPORT

MAIN ELEMENTS OF THE SWEDISH COUNTRY REPORT 2022 RELEVANT FOR HEALTH EQUITY



HEALTH AND WELLBEING

- Life expectancy in Sweden is higher than in the EU as a whole, but fell in 2020 due to COVID-19
- The COVID-19 pandemic highlighted the need for skilled nurses



SOCIAL POLICY

- Educational outcomes are good, but affected by inequalities, especially related to migrant background
- Despite a slight decline in 2020, Sweden has seen increasing income inequality in recent years
- The labour market in Sweden is recovering but important challenges remain in terms of long-term unemployment
- The housing market faces several challenges



CLIMATE

- Sweden has an ambitious national climate strategy
- Sweden is one of the EU frontrunners in terms of uptake of zero emission vehicles
- Few countries consume more energy per capita than Sweden

SWEDEN

KEY FINDINGS FROM INTERVIEWED EXPERTS



KEY FINDINGS FROM INTERVIEWS WITH EXPERTS FROM SWEDEN: SWEDISH ASSOCIATION OF LOCAL AUTHORITIES AND REGIONS (SALAR)

Two experts from the department of Healthcare and Welfare at SALAR were interviewed.

The interviewed experts highlighted their involvement in the annual European Semester analysis stating that SALAR have regularly been invited to provide feedback to the government. Ultimately, how the Country Report and CSRs are approached in the annual budget is determined solely by the government. The experts at SALAR expressed willingness for closer cooperation with the government.

In terms of the 2022 Country Report, the experts mentioned that key issues were missing. For example, the **shortages of labour in both the healthcare and education sectors** have posed several challenges in Sweden. The experts also emphasised that whilst **health promotion and prevention** are receiving more attention in the Country Report as well as Swedish politics, more work must be done to embed this into policy.

At the point of interview, the experts had not had any involvement with the recovery plans. Whilst the experts noted that they had been given opportunity to provide comments during the design of the plan, the finance department ultimately held responsibility. It was felt by the experts that the **recovery plan has not been a priority within the Swedish agenda** and as a result many actors have felt excluded from the design and implementation process.

According to the experts, implementation of the plan has been delayed as the approval of the recovery plans at governmental level was continuously postponed until May 2022. Since then, vacation periods and governmental elections have prevented any progress in implementing the aspects of the plan.

The experts also identified other challenges; such as the **short time-frame to design the plan whilst simultaneously dealing with consequences related to the COVID-19 pandemic**.

“Whilst the recovery plans are a new approach for more sustainable policy, there are several complications that arise without clear guidance on the future of the EU. Indeed, now that the Lisbon 2020 strategy is over, we are missing a new long-term, overarching vision on where to go.”

Expert at The Swedish Association of Local Authorities and Regions, Sweden

SWEDEN

KEY FINDINGS OF INTERVIEWED EXPERTS



The experts stated that the EU2020 strategy provided an opportunity to create and implement long-term policy in a way that was feasible for all actors to engage with. Now that the 2020 strategy has expired, the experts feel that **a new long-term strategy is still needed**. Whilst the recovery plans create a new approach to achieve more sustainable policies, experts indicated that there are **several complications that arise due to these plans being embedded into Semester process**. For example, they say it has taken the Swedish government longer than expected to get accustomed to the process.

Further details on the main elements of the plan:⁷⁴

- **Pillar 1 – Green reform, €1.5b:** Pillar 1 aims to support sustainable growth and adjustment to green policies. Measures included in the pillar will promote sustainable transport, energy efficiency of apartment buildings and investments in new technology with the aim of reducing emissions of greenhouse gases and to preserve biological diversity. These investments are in line with the European Commission's action plan for the Green Deal, which shows which areas should be prioritised going forward. The recovery plan also includes policy instrument changes, such as the reduction obligation and an increase in certain environmental taxes.
- **Pillar 2 - Education and transition, €468.8m:** The objective of this pillar is to increase employment opportunities by increasing the human capital of the unemployed and enhancing the shift to a more digital society. This will be achieved through a series of reforms and investments, primarily targeting adult vocational training and education.
- **Pillar 3 – Demographic challenges, €421.1m:** Pillar 3 focuses on tackling societal challenges, particularly related to the demographic shift. Reforms under this pillar aim to improve the quality and access to elderly care, extend working life, and strengthen measures to protect against money laundering and financial terrorism.
- **Pillar 4 – Digitalisation, €424.8m:** Pillar 4 targets the expansion of digital infrastructure and increasing the efficiency of public administration by taking advantage of digital tools. Investments will be used for broadband expansion, the development of administrative digital infrastructure, and research in the field of digitisation.
- **Pillar 5 – Growth and housing, €275.8m:** Pillar 5 aims to enhance private investments, increase the number of housing developments, and enhance the operations of the housing market.

SUGGESTIONS FOR THE FUTURE

- Increase cooperation at the national level around the country report and CSRs between the government and social partners
- Engage more actors from the public at local and regional level in the design and implementation of the recovery plans
- Embed health promotion and prevention into policy
- Address the shortages of workers in health and education sectors

ANNEX – GLOSSARY

European Semester: The European Semester is the EU's annual cycle of economic and social policy coordination. The process starts in November⁷⁵ of each year with an assessment of the economic and social context of every Member State and concludes by July with the adoption by the Council of the EU of a set of Country Specific Recommendations (CSRs). The following year, recommendations are addressed by Member States which will present National Reform Programmes on the progress. While first created in 2010 as a mechanism to address fiscal and budgetary issues, the European Semester has slowly but steadily incorporated principles of health and social equity within its priorities over the past decade, especially since the introduction of the European Pillar of Social Rights. The European Semester process can therefore influence reforms and legislation at the national level in fields such as public expenditure, employment, education, social and healthcare. In 2019, newly elected European Commission President Ursula von der Leyen's Political Guidelines committed the Commission to integrate the UN Sustainable Development Goals (SDGs) into the European Semester, providing a unique opportunity to put people and their health at the centre of economic policy. In 2020, in response to the COVID-19 crisis, the European Semester has been tightened through the implementation of a revamped EU structural reform service – the EU Resilience and Recovery Facility (RRF) worth a total of €672.5b. The aim of the EU RRF is to help states to address pre-existing challenges identified in the context of the European Semester (especially the 2019 and 2020 cycles), and to achieve the EU's policy objectives, especially the green and digital transitions⁷⁶ in view of the recovery from this crisis. In 2021 and 2022, this format has been consolidated, and it is likely to remain this way until the end of the implementation of the RRF (2026).

European Pillar of Social Rights (EPSR): The European Pillar of Social Rights (the “Social Pillar”) is a (non-binding) commitment made by Member States to address social challenges in their national systems and guarantee a minimum set of social rights to all people living in the EU. The aim of the Pillar is to serve as a guide towards efficient employment and social outcomes when responding to current and future challenges which are directly aimed at fulfilling people's essential needs, and towards ensuring better enactment and implementation of social rights. At its introduction in 2017, the social dimension became an integral part of the European Semester cycle. The Pillar consists of 20 principles, structured around three categories: 1) equal opportunities and access to the labour market; 2) fair working conditions and; 3) social protection and inclusion. Progress on these issues is monitored through a set of indicators within a “Social Scoreboard”. Through Principle 16, the European Commission, European Council and the European Parliament have committed to ensuring that everyone has the right to timely access to affordable, preventive and curative healthcare of good quality. However, the Pillar addresses a wide range of social determinants of health for good health and wellbeing, such as education, employment and working conditions, and housing.

Recovery and Resilience Facility (RRF): The Recovery and Resilience Facility is a large-scale financial tool to support reforms and investments put in place by the European Union in response to the COVID-19 pandemic. It stands at the core of the NextGenerationEU (the overall EU recovery financial instrument) and has been closely intertwined with the European Semester. The Facility is intended to be used to address the challenges identified in the Country Specific Recommendations (CSRs) of recent years and in particular in the 2019 and 2020 cycles, enabling Member States to enhance their economic growth potential, job creation and economic and social resilience,

and to meet the green and digital transitions. To access the Facility's funding, Member States presented specific Recovery and Resilience Plans (RRPs) together with their 2021 National Reform Programmes. The RRP's consist of a package of reforms and public investment projects to be implemented up to 2026.

Social scoreboard: The "Social Scoreboard" consists of a set of indicators that tracks trends and performances across EU countries in three areas related to the principles under the European Pillar of Social Rights (EPSR). The Scoreboard feeds into the European Semester of economic policy coordination and serves to assess progress towards a social 'triple A' for the EU as a whole.

EQUAL OPPORTUNITIES	
HEADLINE INDICATORS	SECONDARY INDICATORS
Early leavers from education and training: % of population 18-24	Adult participation in learning: % of population 25-64
Individuals who have basic or above basic overall digital skills: % of population 16-74	Tertiary education attainment: % of population 30-34
Young people neither in employment nor in education and training (NEET): % of population 15-29	Gender gap in part-time employment: Percentage points
Gender employment gap: Percentage points	Gender pay gap in unadjusted form: % of average gross hourly earnings of men
Income inequality: Quintile share ratio (S80/S20) Ratio	

FAIR WORKING CONDITIONS	
HEADLINE INDICATORS	SECONDARY INDICATORS
Employment rate: % of population 20-64	Activity rate: % of population 15-64
Unemployment rate: % of labour force 15-74	Youth unemployment rate: % of labour force 15-24
Long term unemployment rate: % of labour force 15-74	Employment in current job by duration: % of employed 20-64 from 0-11 months
Real gross disposable income of households: Per capita increase (Index = 2008)	Transition rates from temporary to permanent contracts: % (3-year average)
	In-work-at-risk-of-poverty rate: % population

SOCIAL PROTECTION AND INCLUSION	
HEADLINE INDICATORS	SECONDARY INDICATORS
At-risk-of-poverty or social exclusion rate (AROPE): % of population	Severe housing deprivation: % of owners with mortgage or loan
At-risk-of-poverty-rate (AROP): % of population	Severe housing deprivation: % of renters at market price
Severe material and social deprivation rate (SMSD): % of population	General government expenditure by function: social protection: % of GDP
Persons living in a household with a very low work intensity: % of population <65	General government expenditure by function: healthcare: % of GDP
At-risk-of-poverty rate or exclusion of children: % of population 0-17	General government expenditure by function: education: % of GDP
At-risk-of-poverty-rate (AROP) for children: % of population 0-17	Aggregate replacement ratio for pensions: Ratio
Severe material and social deprivation rate (SMSD) for children: % of population 0-17	Out-of-pocket expenditure on healthcare: % of total health expenditure
Children living in a household with a very low work intensity: % of population 0-17	Healthy life years at age 65: Women Years
Impact of social transfers (other than pensions) on poverty reduction: % reduction of AROP	Healthy life years at age 65: Men Years
Disability employment gap ratio	
Housing cost overburden: % of population	
Children aged less than 3 years in formal childcare: % of under 3-year-olds	
Self-reported unmet need for medical care: % of population 16+	

ENDNOTES

- 1 [See also, WHO Europe, \(2022\). “The European Region is in a “permacrisis” that stretches well beyond the pandemic, climate change and war”](#)
- 2 [Shafik, M. \(2021\). *What We Owe Each Other: A New Social Contract For A Better Society*. Princeton University Press](#)
- 3 Ibid.
- 4 [Marmont, M. \(2017\). *Closing the Health Gap*. *Scandinavian Journal of Public Health*. 2017;45\(7\):723-731. doi:10.1177/1403494817717433 doi:10.1177/1403494817717433](#); [Anand, S. The Concern for Equity in Health. \(2002\).](#)
- 5 EuroHealthNet. (2022). [An Economy of Wellbeing for health equity](#)
- 6 This agenda includes six ambitious political priorities to tackle today’s greatest challenges, namely: a European Green Deal; A Europe fit for the Digital Age; an Economy that works for People; A stronger Europe in the World, Promoting our European way of life, and a new push for European democracy.
- 7 European Commission. (2021) [The European Pillar of Social Rights Action Plan](#)
- 8 European Commission. (2020) [Annual sustainable Growth Strategy 2020](#)
- 9 European Commission. (2022). [2022 European Semester: Country Reports](#)
- 10 European Commission. (2022). [2022 European Semester: Country Specific Recommendations / Commission Recommendations](#)
- 11 European Commission. (2022)
- 12 European Commission. (2021) [Recovery and Resilience Facility](#)
- 13 European Commission. (2021) [European Pillar of Social Rights](#)
- 14 European Commission. [Sustainable Development Goals](#)
- 15 WHO Europe. (2019) [European Health Equity Status Report](#)
- 16 EuroHealthNet. (2021) [‘Recovery and Resilience Plans: drivers to promote health and well-being in the European Union?’](#) Austria, Belgium, Finland, Italy and Spain participated to the 2021 analysis. France, Lithuania, Sweden are new to the 2022 analysis.
- 17 European Commission. (2022) [2022 Country Report – Lithuania](#)
- 18 Lithuanian Hygiene Institute. (2020) [Public health monitoring](#)
- 19 [The Government of the Republic of Lithuania. \(2022\) Resolution on the Approval of the Health Preservation and Strengthening Development Program of the Ministry of Health Protection of the Republic of Lithuania, managing the 2022-2030 Development Program.](#)
- 20 Ministère de la santé et de la prévention. (2018) [Feuille de route de la santé mentale et de la psychiatrie](#)
- 21 Ministry of Health (Italy). (2022) [Programma Nazionale Equità nella Salute](#)
- 22 [The Government of the Republic of Lithuania. \(2022\) Resolution on the Approval of the Health Preservation and Strengthening Development Program of the Ministry of Health Protection of the Republic of Lithuania, managing the 2022-2030 Development Program](#)
- 23 [The Treaty on European Union, Art 3. \(2012\) “the Union’s aim is to promote peace, its values and the well-being of its peoples”](#)
- 24 [TEFU Article 168 states that “a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities.”](#)
- 25 Available to health professionals, patient organisations, education, science, the public administration of the health care system, and other healthcare stakeholders
- 26 Primary healthcare platform. (2022) [Official page](#)
- 27 EU-Aufbauplan. (2022) [Community nursing](#)
- 28 Early Childhood Interventions. (2022) [Official project page:](#)
- 29 Federal ministry; Social, health, care and consumer protection (2022)

30 Federal ministry; Social, health, care and consumer protection. (2021). [Mother Child Pass](#)

31 Wallonia. (2021). [Recovery Plan for Europe: the European Commission gives green light](#)

32 Government of Flanders. [Flemish Recovery and Resilience Plan](#)

33 Government of Flanders. (2022). [Flemish Recovery and Resilience Plan: Monitoring Report](#)

34 European Commission. (2019) [Belgium Country Specific Recommendations 2019](#)

35 Wallonie. (2021) [Plan de Relance](#)

36 AViQ. (2022) [Call for projects for the construction of inclusive, autonomous, and supportive housing](#)

37 AViQ. (2022) [Wallonia: Digital Assistance at Home](#)

38 Parlement de Wallonie. (2021) [Project No. 281 “Developing a digital tool for integrated management “W.all in.health”](#)

39 Parlement de Wallonie. (2021) [Project No. 274 “Developing the HSO repository for an integrated health system” of the Wallonia Recovery Plan](#)

40 ProxiSanté. (2022) [Official project page](#)

41 OverKop huizen [Official project page](#)

42 Welzijn en Gezonheid. (2022) [Zorgame Buurten Youtube](#)

43 Ministry of Finance, Finland. (2021) [Health and social services reform will transform the structure of the government and the tasks of municipalities](#)

44 EuroHealthNet. (2022) [An Economy of Wellbeing for health equity](#)

45 Finnish Institute for health and welfare. (2022) [Evaluation of HYTE operating models](#)

46 Ministry of Economy, Finance and Sovereignty and Prevention France. (2022) [Plan de relance](#)

47 The Social Protection Committee is an advisory policy committee to the Ministers in the Employment and Social Affairs Council. They monitor the social situation and policy, promote discussion and coordinated policy approaches, and prepare Council discussions on social protection. [More information can be found here](#)

48 The Steering Group for Health Promotion and Disease Prevention was created to support countries in achieving the Sustainable Development Goals. [More information can be found here](#)

49 France Gouvernement. (2022). [Project de loi de financement de la sécurité sociale pour 2023](#)

50 Ministère des Solidarités et de la Santé. (2018). [Focus on Prevention. Staying healthy throughout your life. National Tobacco Control Program](#)

51 Ministry of Social Affairs and Health, France. (2017) [National Sexual Health Strategy. Agenda 2017-2030](#)

52 French Republic. (2018) [Focus on Prevention. Staying healthy throughout your life](#)

53 European Commission. (2021). [Analysis of recovery and resilience plan of France](#)

54 French government. (2021). [French Recovery and Resilience Plan](#)

55 Ministry of Health and Prevention. (2018) [Mental Health and Psychiatry Roadmap](#)

56 Reference from the Regional Healthcare and Social Affairs Agency of Puglia (AReSS), Italy

57 Il personale del Servizio Sanitario Nazionale. (2022). [The staff of the national health service.](#)

58 Ministero della Salute. (2021). [National Health Equity Program](#)

59 The expert is also the director of Klaipėda City Public Health Office

60 Non-communicable diseases, communicable diseases, mental health, physical activity prevention, nutrition prevention, environment prevention etc.

61 Lithuanian Hygiene Institute. (2021) [Public health monitoring](#)

62 The Government of the Republic of Lithuania. (2022) [Resolution on the Approval of the Health Preservation and Strengthening Development Program of the Ministry of Health Protection of the Republic of Lithuania, managing the 2022-2030 Development Program](#)

63 Lithuanian Ministry of Finance.(2021) [Lithuanian Recovery and Resilience Plan](#)

64 Ministry of Health. (2022) [Campaign: Bad smoke? No, thanks](#)

65 Ministry of Health. (2022) [Don't miss anything: Reduce alcohol consumption](#)

66 Ministry of Health. (2020) [Prior public consultation on the draft law on measures for equity, universality and cohesion of the national health system](#)

- 67 Ministry of Health
- 68 Ministry of Health. (2022) Public Health Strategy 2022
- 69 Ministry of Health. (2021) [Primary and Community Care Action Plan 2022-2023](#)
- 70 National Healthy Cities Network [Red Española de Ciudades Saludables](#)
- 71 Ministerio de Sanidad. (2022) [Your body thanks you, your mind thanks you](#)
- 72 As the project is currently under development, an official website is not yet available
- 73 Swedish governmental office. (2022) Sweden's Recovery and Resilience Plan
- 74 Ministry of Health. (2022). [Recommendations for the design of community health strategies in primary care at the regional level](#)
- 75 European Commission. (2020). Commission presents next steps for €672.5 billion Recovery and Resilience Facility in 2021 Annual Sustainable Growth Strategy

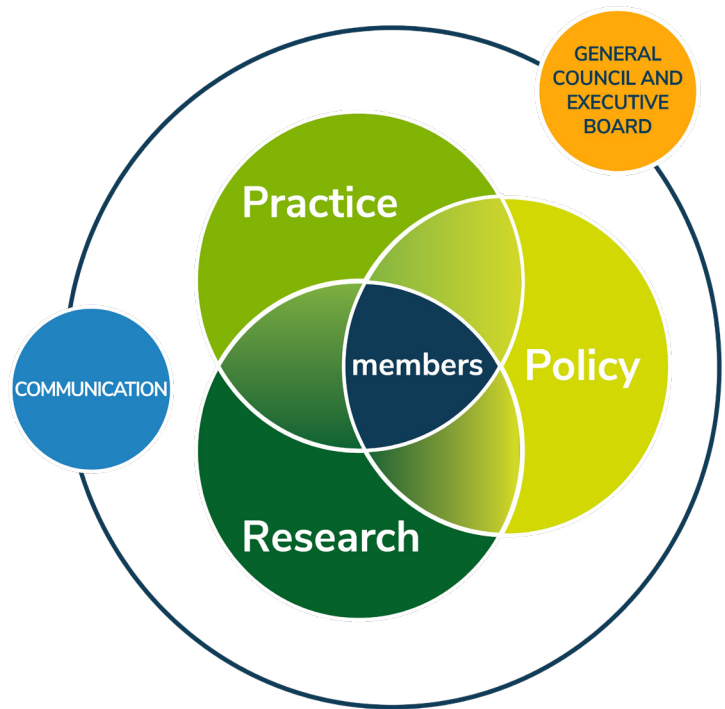
ABOUT US

Building a healthier future for all by addressing the determinants of health and reducing inequalities.

EuroHealthNet is the Partnership of public health agencies and organisations building a healthier future for all. Our focus is on preventing disease and promoting good health by looking within and beyond the health system.

Structuring our work over a **Policy, Practice, and Research Platform**, we focus on exploring and strengthening the links between these areas.

Our approach focuses on integrated concepts to health, and reducing health inequality gaps and gradients. We work on tackling chronic diseases, as well as improving physical and mental health across the life-course, whilst contributing to the sustainability and wellbeing of both people and the planet.



Read our Annual Report to discover our activities between June 2021 and June 2022. Find the full, interactive version of the report online at: eurohealthnet.eu/annual-report

Visit www.health-inequalities.eu for more information on health inequalities.



Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of EuroHealthNet only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the granting authority can be held responsible for them.

Contact
Phone + 32.2.235.03.20
Email info@eurohealthnet.eu

Rue Royale 146
1000 Brussels



@EuroHealthNet
www.eurohealthnet.eu



©EuroHealthNet December 2022