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Recovery and Resilience Plans: drivers to promote health and wellbeing in the European Union?



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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.

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EXECUTIVE SUMMARY

RECOVERY AND RESILIENCE PLANS: DRIVERS TO PROMOTE HEALTH AND WELLBEING IN THE EUROPEAN UNION?

The growing divide in health of those in our societies who are less and least well-off compared to those who are most well-off, reflect that we are not meeting EU's Treaty objective of promoting the wellbeing of its peoples, social justice and social protection, combating exclusion and discrimination (Art.3). People from poorer backgrounds are at higher risk of dying earlier, suffering from chronic diseases, and losing their jobs due to health-related disability or functional disadvantage. This divide is exacerbated by the coronavirus pandemic.¹

Health care alone cannot 'treat' health inequalities. We need to scale up measures to strengthen the social conditions and fabric of society in ways that deliver health and wellbeing for all. EU-driven processes, such as the [European Semester](#), the [European Pillar of Social Rights](#) Action Plan, and the [Recovery and Resilience Facility \(RRF\)](#) are potentially helpful instruments that (sub)national actors and public authorities can use to reduce health inequalities, promote health and wellbeing through sustained, evidence-based, and effective reforms of health, social and economic policies and systems.

Given the light that the COVID-19 pandemic has shed on the fundamental value of health and its inequitable distribution within our societies, are Member States now seizing the chance to apply the available recovery-oriented funds to 'build-back' in ways that can systematically, structurally, and sustainably strengthen health, equity and wellbeing?

EuroHealthNet, the European Partnership of (sub)national public health bodies, held interviews with 16 experts from eight countries (Austria, Belgium, Finland, Italy, the Netherlands, Portugal, Slovenia, and Spain). They provided valuable insights in key areas of investment and gave concrete investible solutions that they consider important to improve health and wellbeing and reduce health inequalities. Cross-country analysis spotlighted a range of interrelated areas where RRF investments could be, and in some cases are being, made.

These recommendations are:

1. **Creating more enabling environments for healthy lifestyles and encouraging the uptake of policies and action with co-benefits for health, green and sustainable environments (active travel, air quality, nutrition)**
2. **Investing in primary and community care, including in public health, health promotion and disease prevention**
3. **Investing in measures to promote mental health, develop and improve mental health systems and services**
4. **Developing and improving monitoring and surveillance systems with an equity focus, including at local levels and with better use of modern technologies**
5. **Strengthening the health and social care workforce, including community nurses and long-term care workers and support their education and vocational training**
6. **Investing in digital inclusion and skills, and digital health literacy**
7. **Supporting families and young people, and providing equal opportunities for education, and inclusive schools**

The experts however recognise that the RRF opportunities are not being seized sufficiently and at a scale necessary to reduce inequalities and strengthen public health as an approach to recovery from the current crises, building resilience, and mitigating future crises. Better collaboration and coordination will be required not only across sectors but also across administrative levels (local, regional, and national), especially regarding financial resources. Sub-national and local-level actors should be better included, as they have a broad understanding of needs and are well-placed to invest resources in proportionately universal and targeted ways that promote health and equity, prevent disease and build resilience in their communities. Additional key messages to ensure RRF investments can become drivers for health and wellbeing therefore include:

8. Applying Health Impact Assessments and monitoring and ensuring equity throughout all recovery activities
9. Improving communication and cooperation across sectors (health, social, environment, digital), levels (EU-national-regional-local), and stakeholders (public bodies, civil society, businesses)
10. Facilitating international exchange of good practices and experiences of implementation to increase learning and building of capacities and competencies of relevant policy-makers, investors, and professionals.

It is not only the 'Recovery' part of the RRP that is of importance. Investments in 'Resilience' are vital to ensure our societies and all people have the strength, capacities and opportunities to respond to, withstand, and overcome the challenges of Covid or other pandemics, as well as the climate crisis that we face.

The EuroHealthNet Partnership is committed to closely monitor and analyse implementation of national Recovery and Resilience Plans and their contribution to improve health, wellbeing, social equity, and the principles as set out in the European Pillar of Social Rights.

1 Introduction

1.1 Inequalities in health and wellbeing – a persistent problem

The European Union’s strategic policy frameworks – such as the [European Pillar of Social Rights](#) and the [European Semester](#) – all recognise that economic prosperity, social cohesion, sustainable environments and digital transitions must go hand-in-hand. While levels of absolute poverty and social exclusion have decreased over the past decade, socio-economic and consequently health inequalities remain stubbornly high.² Over the past five decades people across Europe are living longer than ever but many of the life-years that they are gaining are not being spent in good health, particularly amongst lower socio-economic groups.³ There are also big differences in health status and mortality rates and in the steepness of socio-economic gradients in health between and within EU Member States. This growing divide in life and healthy-life expectancy, and in the health status of those in our societies who are less and least well-off compared to those who are most well-off reflect that Europe’s social market economy is still not delivering wellbeing in a fair and effective manner. People from poorer backgrounds are at higher risk of dying earlier, suffering from chronic and non-communicable diseases (NCDs) more, and losing their jobs due to health-related disability or functional disadvantage. This is clearly undermining the EU’s objective of promoting the wellbeing of its peoples, promoting social justice and social protection, combating social exclusion and discrimination, as enshrined in Article 3 of the Treaty on the European Union.

⁴ The situation with inequalities in health have only been exacerbated by the COVID-19 crisis, which – predictably – increased and widened the health and wellbeing gaps within societies.⁵

Gains in health outcomes and progress in reducing health inequalities in recent years is worried to may have slowed down, been lost or difficult to maintain.⁶

The pandemic, or the syndemic of COVID-19 interacting with and exacerbating social and economic inequalities in existing NCDs as well as inequalities in the social determinants of health⁷, highlighted weaknesses and gaps in our health and social protection systems, demonstrating the importance of health to individual wellbeing as well as the functioning of our societies and economies. Health inequalities are not only persistent and prevalent among the most ‘vulnerable’ and marginalised population groups, they also follow a demonstrable social gradient. They are therefore a phenomenon that should be addressed across the population by means of universal actions proportionate to levels of disadvantage in a population, an approach called a proportionate universalism, as well as targeted actions to address specific needs.⁸

The case is not only a matter of fundamental or social rights; health inequalities cost the EU and its governments dearly (€980 billion per year or 9.4% of GDP⁹) – as growing numbers of people suffer from chronic conditions, but costs of treatment are also increasing, adding pressure on the financial sustainability of health and social systems. Poor health means less productive current and future working population, less contribution to government revenues, and EU, and national economic growth.

1.2 European Pillar of Social Rights – a Health Pillar

Health inequalities can be seen as an indicator of how our societies are doing: growing inequities undermine the social fabric of society, social cohesion, and its resilience. It is clear that health inequalities cannot be ‘treated’ by health systems alone, since their causes predominantly reside in other policy areas. In its 2019 Health Equity Status Report, WHO Europe stated that only about 10% of inequalities in health are directly caused by the quality of healthcare. The overwhelming majority were determined by financial insecurity, poor quality housing and neighbourhood environment, social and human capital, employment and working conditions.¹⁰ The pandemic has illustrated the limits and weaknesses of too strong a focus on bio-medical systems when it comes to protecting and promoting health and reducing health inequalities. For example, we can develop vaccines, but fail to address hesitancy to take them.¹¹ This hesitancy can be linked to factors such

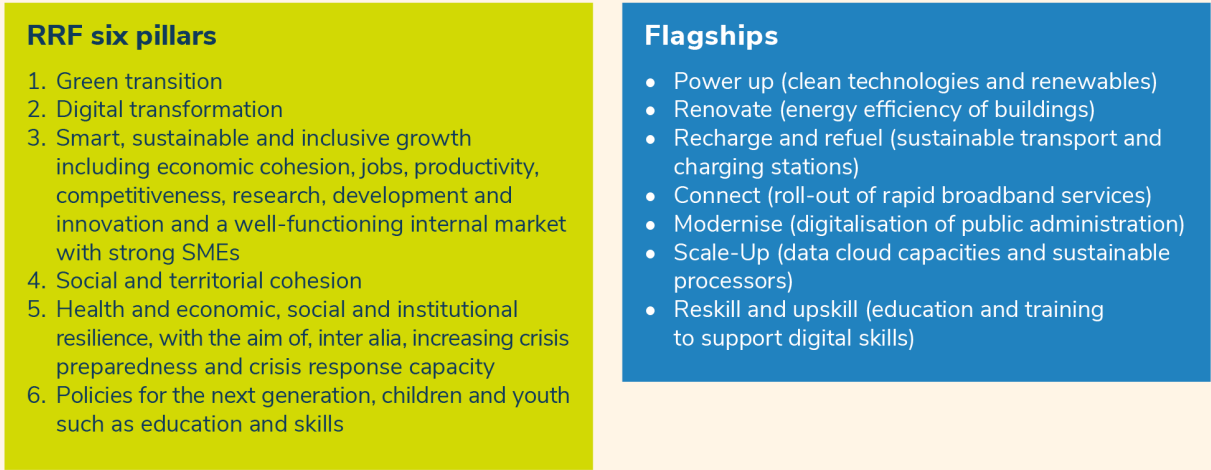
as a lack of trust in public institutions, which can in turn be linked to a failure of public policies to reach those in higher need. This has led to calls for ‘social vaccines’, to be administered alongside medical ones. Such ‘social vaccines’ involve measures to strengthen the social conditions and fabric of society in ways that deliver the ‘essential functions of public health’ (e.g., addressing the social, economic, cultural and political conditions that determine the health of populations, and that lead to health inequalities).¹² A similar can be said regarding digital solutions applied in health systems or accounting for environments in which we live, work and consume.

A challenge is for the policies to follow the evidence. Several EU processes and tools, for example the European Pillar of Social Rights (EPSR) with its 20 principles can contribute significantly to promoting equity in health and wellbeing via improvements in socio-economic and environmental determinants.¹³ Investments in better living and working conditions across the life course can lead to significant life-long health improvements. We can think of addressing poverty and social exclusion especially during childhood, ensuring access to essential services such as health, social care, or education, as just some examples. The EPSR’s Action Plan says that “reforms and investments in health systems are required to increase their resilience and capacity to manage current and future crises, to reinforce primary health care and mental health, and to improve access to quality healthcare for all and reduce social, territorial and economic inequalities in health.”¹⁴ **EU-driven processes, such as the European Semester and the [Recovery and Resilience Facility](#) offer an unprecedented opportunity to leverage strategic investments in sectors that are fundamental to building more equitable, sustainable and resilient societies.** They are tools that national and sub-national actors and public authorities can use to reduce health inequalities, promote health and wellbeing through sustained, evidence-based, and effective reforms of health, social and economic systems – systems and frameworks that work for all EU citizens. But how well has their potential been utilised at the Member States level? Our analysis of the European Semester in previous years concluded that Member States are not using this process as an opportunity to invest both directly and indirectly in strengthening public health and to reduce health inequalities in their countries. In this year’s analysis, EuroHealthNet therefore focuses on the following question: **given the light that the COVID-19 pandemic has shed on the centrality of health and its inequitable distribution, are Member States now seizing the chance to apply the recovery funds to ‘build-back’ in ways that can systematically improve health and wellbeing?**

1.3 New investment opportunities to rebuild more fairly, healthfully, and sustainably: the NextGenerationEU and the Recovery and Resilience Plans

In 2020, shortly after the pandemic spread across Europe, the EU Institutions agreed to launch an emergency facility of €806.9 billion (current prices) of guaranteed loans and grants, the **NextGenerationEU (NGEU)**. NGEU is meant to address the immediate and medium-term socio-economic consequences of the crisis caused by COVID-19, while providing the necessary funding to boost reforms to face long-standing challenges in the EU (such as demographic, digital and climate transitions).¹⁵ While NGEU partly complements other EU multi-annual funding programmes (for more information, see “[Seizing the opportunities for a healthy recovery](#)”), its core lies in the EU **Recovery and Resilience Facility (RRF)**, making up a total of €723.8 billion (current prices). Split roughly 50-50, €385.8 billion of this will be spent as loans to national governments and the remaining €338 billion will be provided as grants.

FIGURE I. EU RECOVERY AND RESILIENCE FACILITY’S INVESTMENT PRIORITIES:



Source: RRF Regulation
<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021R0241>
https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en

In order to access the funds, all EU countries have been asked to submit to the European Commission (EC) their national Recovery and Resilience Plans (RRP). The management of the RRF has been aligned with the **European Semester** process, EU’s annual process for economic

and social policy coordination which defines the overall objectives and challenges for future reforms. The European Semester 2021 opened a six-year period of reforms in all sectors, including those relevant for health, equity and wellbeing. Each of the **national RRFs detail the reforms and investments that a given Member State will undertake in the coming four to six year-period.** Although the EC sets out the categories, guidelines¹⁶ and objectives that countries must comply with to access the RRF's funds (see Figure 1), it is up to national governments to draft their own RRFs to address their key challenges and priorities.¹⁷ The EC and the Council of the Head of States approve the plans, and the distribution of the funds can then take effect.

By releasing such unprecedented funds, providing assistance in setting objectives and guidelines for national policy-makers, the RRF offer a significant opportunity to boost financing and strategic investments in those sectors that are key to carry out much needed structural reforms to build more sustainable and resilient societies.

1.4 Reviewing the national Recovery and Resilience Plans through a health equity lens – EuroHealthNet's European Semester 2021 analysis

With the launch of the RRF, the EuroHealthNet Partnership decided to review a selection of RRFs and associated funds and consider to what extent they could advance our mission of improving health, equity and wellbeing, by including investments in public health, and the underlying determinants of health and health inequalities.¹⁸ EuroHealthNet's work on the annual European Semester cycles is not a one-off activity, and as such this year's report on the RRFs is a continuation of our multi-annual analysis. **EuroHealthNet is the only EU public health organisation that has been systematically monitoring the European Semester process' potential to address social inequalities in health, providing evidence-informed recommendations for improvement, in close consultation with national and sub-national members and partners.**

A key question behind our work on the 2021 European Semester's cycle is to assess whether and how the national Recovery and Resilience Plans (RRFs) will contribute to promoting health and wellbeing and to reducing health inequalities in the European Union. Is there a shift away from the

dominant focus on bio-medical approaches, with more funding planned for psychosocial approaches and in healthy living environments? Is the principle of 'proportionate universalism' applied when investing in measures that address determinants of health, as an approach to health promotion and disease prevention?

This 2021 report summarises the insights provided by experts¹ based on a horizontal analysis of key issues and areas of investment that emerged from the interviews. It conveys examples of areas and investible measures and solutions that they consider important to improve health and wellbeing and reducing health inequalities in the European Union. The second part of the report is devoted to individual assessment of the eight countries, followed by suggestions on the national Recovery and Resilience Plans and investment needs. **We look beyond the curative and bio-medical aspects of the Plans to see if and how they contribute to health and wellbeing and to addressing the underlying determinants of physical and mental health, linked to economic, social and environmental factors.**

EuroHealthNet invited a selection of senior level representatives of national public health institutions, regional health authorities, expert organisations as well as Ministries of Health to provide their views on the Recovery and Resilience Plans and investment needs of their respective countries. We asked them to assess the content of their respective Recovery and Resilience Plans and to provide feedback on investment needs to improve the public health and wellbeing dimension in their countries. Interviews were carried out with directors or deputy directors of departments, institutes, head of units and senior advisors from May to September 2021. Experts were provided with background briefs that highlighted the main elements of their respective national RRP.

A total of **16 organisations** from eight EU countries (two organisations per country) took part in the activity. Countries represented were **Austria, Belgium, Finland, Italy, the Netherlands, Portugal, Slovenia, and Spain.**

¹ Mainly working on public health, health promotion, disease prevention, social protection, etc. See the full list on page 2.

A series of semi-structured interviews were performed to solicit responses to specific questions on the Recovery and Resilience Plans and to gather evidence-based recommendations on potential areas for investment in view of the post-pandemic recovery.

Experts were asked to provide responses to the following questions (also communicated in advance to allow an informed preparation):

- How familiar are you with the European Semester process? And the Recovery and Resilience Plans?
- Have you been involved in the development of your Recovery and Resilience Plan (directly or indirectly)?
- Do you consider that the measures outlined in your Recovery and Resilience Plan will improve health equity in your country/region/local level?
- Would you be able to suggest concrete interventions to improve health equity in your country/region/local level that should receive funding under the Recovery and Resilience Plan?
- More specifically, would you be able to suggest public health interventions linked to the key priority areas of the Recovery and Resilience Plan such as green, digital, social resilience and upskilling/reskilling?

Interviews were recorded and transcribed. A 'code book' was generated allowing identification of sub-themes from the interviews (see Annex 2).

2

Cross-country horizontal analysis: Insights of experts

This section provides an overall analysis of experts' responses to the questions asked (see above at the end of section 1.4). It starts with an overview of the experts' familiarity with the European Semester Process and the Resilience and Recovery Facility and to what extent they were involved in these processes. It then discusses whether and how they think the RRP could contribute to improving health inequalities in their countries. This section also includes an overview of expert views on interventions that have, or they feel should have, been included in the RRP that can contribute to improving health and reducing health inequalities either directly or through its key determinants. Seven inter-related areas for investment were identified, that will be discussed as 'horizontal themes'. These are:

- Public health, health promotion and disease prevention
- Primary and community care
- Mental health
- Health and social workforce
- Monitoring and surveillance systems
- Digital inclusion
- Support for families and equal opportunities to education for children

2.1 Stakeholder awareness of and engagement in the European Semester and the Recovery Plans

When asked “How familiar are you with the European Semester process?” experts revealed that about half of them were familiar with the European Semester, often because of their involvement with EuroHealthNet. On the other hand, almost all experts knew about the Recovery and Resilience Plans (RRPs) and have been involved in the consultation process for the development of their national RRP. Often, it was not clear to them what the link (or difference) was between the European Semester and the RRP.

Overall, all experts welcomed the implementation of such a large financial tool to boost the recovery. However, as this analysis will disclose, there are windows for improvement.

“The Plan represents an important opportunity for future reforms. The priorities identified in the document are absolutely essential for the future. Of course, more can be added through additional programmes, such as our project on health and environment.”

Istituto Superiore di Sanità, Italy

Experiences differ between national, regional and local actors. Actors from the national level, namely Ministries of Health and National Public Health Institutes, reported being directly involved in the design of one or more activities that will be funded under their respective Recovery Plans. They felt the process was quite a transparent one, but also reported that they were held to very tight deadlines. They also indicated that the **selection criteria developed nationally, to determine which kinds of initiatives would be eligible for funding, were mainly politically determined.**

Regional and local institutions on the other hand described the process of developing the RRP as a very centralised one. Where experts from the regional or local level had been involved, they indicated that they were given very little time to discuss with others and to provide constructive feedback. They also felt they had little or no guarantee that whatever input they could provide

would even be considered. Experts noted low transparency and a lack of incentives for engagement.

“So, if everything goes well (i.e. the proposals by SOSTE are taken into account), we can expect health and health equity outcomes to improve quite a bit, but we might as well see that it pretty much goes as usual, sort of a ‘no expected changes’ in distribution of health outcomes.”

SOSTE, Finland

This raises the question of which national and sub-national stakeholders, including representatives of the health sector, were involved in the process of setting out the country’s post-pandemic investment priorities. **The plans had to be developed within a very short time frame, and it seems consultation processes put in place early on did not reach many actors, despite the importance of involving a wide range of stakeholders.**

An expert from the Austrian Ministry of Social Affairs, Health, Care and Consumer Protection indicated that RRF budgetary rules to not apply/limit current expenditures made it difficult to use the funds to implement reforms in the health and social sectors. Such reforms normally require the use of current expenditures to hire staff and paying wages. However, current expenditures cannot be covered by the RRFs. This can limit the extent to which the funds can be applied to measures aimed at strengthening public health, health promotion, disease prevention as well as primary and community care.

2.2 Stakeholders’ general views on the impact of their RRFs on health equity

In response to the question of whether the Recovery Plans would improve health equity in their country some experts indicated that they did include concepts like fairness and inclusion in their overall narrative. Overall, however, they did not feel that there was an explicit focus on equity in general, nor that it was considered a priority.

“I have been asked to provide expertise mainly on digital and green topics, but not in equity. In reality, equity has not been a priority in the forms we received. And when I read the document (ed. Spanish Recovery Plan), I cannot help but notice that equity is missing.”

ASPB, Spain (Catalonia)

That a focus on equity was missing in most of the Plans was not considered surprising, given that it has not been emphasised much in the EU’s overall response to the pandemic, or established as a core objective in the EU’s funding programmes. The regulation establishing the RRF for example states that “sustainable and growth-enhancing reforms and investments that address structural weaknesses of Member State economies (...) will be essential to set Member States economies back on track and **reduce inequalities and divergences in the Union.**”¹⁹ However, when looking at the this regulation in more details, **equity is not explicitly mentioned under any of the six pillars nor under the seven flagships.**

“If I can say one thing about the dimension of inequalities, there is no flagship area tackling inequality. (...) This surprised me a lot because it is clear that the pandemic will increase disparities, bringing along all associated problems.”

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

2.3 Key areas identified for RRF investment to improve health and equity

2.3.1 Public health, health promotion and disease prevention

Since the start of the pandemic back in early 2020, difficulties in monitoring and controlling the spread of the virus and mitigating the broader health and socio-economic impacts of the pandemic raised awareness that curative health systems alone cannot protect people from large-

scale and unforeseen (health) crises. This requires investments in public health, and in creating enabling environments and structures that put people's health and wellbeing as the central goal and enable them to manage their own health and its determinants in a more pro-active manner. The European Commission Expert Panel on Innovative Ways for Investing in Health's opinion on the organisation of resilient health and social care following the COVID-19 pandemic, for example, holds that "health resilience is a multi-system and multi-sector challenge requiring intersectoral and inter-system collaboration for health." It also states that "all Member States should re-assess their investments in primary care and mental health and strengthen the integration of these systems with public health at population level".²⁰

The experts interviewed reflected that they would like to see investments made in ways that correspond to this opinion. **Most experts highlighted the need to allocate higher budgets to public health.** The RRF regulation foresees investments in health systems preparedness and crisis response capacity within the priorities identified in the RRF guidelines. Most EU governments have however translated this into more investments into 'curative' infrastructures rather than into public health, health promotion and preventive measures or into strengthening primary and community care.²¹ Experts were therefore concerned about the apparent lack of understanding reflected in the RRFs of the role public health, health promotion and preventative measures can play in responding to and mitigating the effects of the ongoing and future crises.

"Public health was very underdeveloped in Spain as we have seen during the pandemic. It received less than 2% of the total health budget. Public health is important because it provides a broader view on population health and allows for tailored and precise interventions. Public health is also able to address health inequalities across the society, which is something that the healthcare sector is not able to do."

ASPB, Spain, Catalonia

Most plans did not for example include enough measures to address psychosocial health, despite its importance to recovery efforts and to building resilience.

“The public health perspective was not included enough in the Slovenian Recovery Plan. [...] We were expecting a little more regarding the psychosocial aspects of the pandemic/syndemic.”

NIJZ, Slovenia

Our analysis confirmed that the COVID-19 crisis highlighted that **public health, health promotion and disease prevention are critical in fostering resilience and crisis preparedness of our health systems**. However, this has not been always acknowledged by policy makers.

“The Italian RRP in its intentions has many interesting elements to support public health and community care. In practice however, it dedicates relatively few funds to public health (out of the 20 billion foreseen) and only two to three billion to the territorial, and a lot to hospitals. That is a contradiction. We have treated about 94% of COVID-19 patients at home and only a fraction of the funds is given to community care.”

AReSS

There were however exceptions, as some experts identified initiatives that were made possible by RRP that will directly contribute to improved public health services. In Austria and Wallonia, for example, some investments will go into improving accessibility to health and social systems for vulnerable groups and childcare services.

“We discussed a lot and everybody could put on the table what they needed. Of course, everybody wants everything, but we needed to come up with very concrete interventions. I was pleased in the end that we came up with proposals that satisfied people from lots of different (public) sectors.”

AViQ, Wallonia

Experts expressed a desire to see more RRF funding going into encouraging and enabling healthy lifestyles, especially **in increasing opportunities for physical activity and better nutrition**, in response to existing and worsening levels of non-communicable diseases and associated risk factors such as overweight, obesity and cardiovascular diseases. According to WHO Europe, despite an overall improvement in health-enhancing physical activity (HEPA) policy indicators between 2015 and 2021, still more can be done to achieve a sustained and coordinated focus on attainment of a 15% increase in physical inactivity by 2030.²²

“In our local municipalities there is a big need to support vulnerable groups, in particular elderly, children and young women. I think there will be a push to carry out these interventions also after the end of the Plans.”

FGO, Austria

COVID-19 highlighted the importance of our environments and access to opportunities to be physically active as part of daily life, with lockdowns and limited access to public and indoor spaces having had a negative impact on levels of physical activity - already at low levels before the crisis. Importantly, the experts stressed that priority should be given **to interventions that go beyond educational measures and aim to create environments that enable healthier behaviours**. They emphasised that often people, particularly those at the lower end of the socio-economic gradient, need to be encouraged and supported. Measures taken should therefore be **easily accessible** and **free** where possible, to support the rationale of ‘making the healthy choice, the easy choice’, as supported by EU policy makers²³, practitioners, and academia.²⁴ Additional suggestions made by experts of how RRF funds could be used to invest in health promotion and disease prevention, as another approach to ‘crises preparedness’ included:

- More school hours dedicated to sport
- Free healthy and sustainable meals in schools
- Possibility to prescribe physical activity
- Non-smoking environments

Experts recognised that such initiatives would require greater collaboration between health and non-health sectors. This included working with urban developers to ‘green’ and improve local infrastructures and to strengthen community engagement and ties with the social sector. In several cases, experts mentioned the possibility to apply RRFs to improve **walkability** and the **public transport infrastructure**, and to introduce more **cycling paths**.

It was noted in this respect that **health-promoting interventions are closely linked to the achievement of the ‘green’ and sustainability objectives**, and generate co-benefits for health, environments and equity, if a ‘proportionally universalist’ approach was taken to the development and implementation of such measures such as ensuring that neighbourhoods with greatest deprivation should particularly be targeted with such initiatives. This supports learnings from EuroHealthNet-coordinated Horizon2020 project INHERIT on achieving the triple-win on health, equity and environment.²⁵

2.3.2 Strengthening primary and community care

The COVID-19 crisis exposed the weaknesses of health and social systems, highlighting insufficient preparation of countries to cope with major public (health) emergencies. Already before COVID-19, most Member States were in the process of restructuring their health and social systems to make them more effective, sustainable and resilient, in the face of upcoming demographic challenges.²⁶ However, structural reforms need resources and a strong political commitment, both of which are often missing in national contexts. In several interviews, experts highlighted their wish to see **more RRF being used to implement long-standing structural and organisational reforms of social and health systems**.

“To improve health promotion and equity in Flanders we need the Plan to foster more holistic approaches, support the adoption of health impact health impact assessment in policy making and foster collaboration between different governance levels.”

Gezond Leven, Flanders

In addition to greater investment in health promotion and disease prevention, experts frequently mentioned the **use of RRF funds to strengthen primary and community health services, and to**

ensure more integrated and holistic approaches. The COVID-19 pandemic revealed the need to place primary care at the heart of health services, to both manage increased demand and maintain continuity of care for all, mainly taking into account that services often are hospital centered. During the acute phases of the pandemic and still today, people's health was affected not only by the virus itself, but by the fact many health services were and are being diverted to respond to the crisis. People living with other chronic conditions or in need of preventative interventions and services therefore suffered from restricted services. Nevertheless, primary care systems did help to manage this situation, and provided direct support to patients with COVID-19 or other conditions, who were monitored and treated remotely whilst at home. **Some experts noted that responses built around primary health and community care were more cost-effective.**²⁷ In Austria, for example, during the acute phase of the pandemic, primary health care programmes were re-designed to improve access to health services and alleviate pressure from the hospitals. **This reorientation towards primary health services also occurred in other countries and is a trend that is expected and recommended to continue, since reforms in this direction can generate large returns on investment and build resilience quickly and sustainably.**²⁸

The expert from Wallonia, Belgium, mentioned the RRP will invest in measures to restructure access to health and social services through an **online platform that will enable the collection and exchange of data between and within the services in the community.** The aim of developing this digital ecosystem will be to improve efficiency and the quality of services while reducing costs.

Experts also highlighted the need **to invest more in screening and early diagnosis** of e.g., cancer and strokes, to alleviate pressure from health systems, reduce the costs of treatment, improve quality of life and improve accessibility of health care.

“The first thing we need to do is to run extensive screenings to assess the impact of limited accessibility to health care facilities due to the pandemic (especially oncological patients). We need to understand who was left behind during COVID-19 and care for them. After, we need to set up national screening programmes at primary care level”

AReSS, Italy

Investments in much needed reform of the long-term care systems were also mentioned. Demographic challenges, and the experience of how COVID-19 impacted older people, has intensified the urgency of remodelling long-term care to ensure better quality of services, address shortages and reduce the burden on families. These observations are also consistent with the latest '2021 Long-term care report', jointly prepared by the European Commission and the Social Protection Committee.²⁹

2.3.3 Improving mental health

Closely linked to the need expressed by experts for more investments in health promotion and disease prevention was the need that many highlighted **for a greater emphasis on mental health as part of COVID-19 recovery programmes**. The evidence-base pointing to the negative impact of the pandemic on mental health is large and growing. Many more people are experiencing stress and anxiety, loneliness, depression and engaging in harmful behaviours like excessive alcohol consumption, drug use, gambling, self-harm and are contemplating, or attempting suicide.³⁰ People across the EU are also reporting higher levels of sleeplessness, and occupational mental health problems such as burn-outs.³¹ The situation is particularly worrying for children and young people – raising alarm bells for urgent action, as illustrated in the recent report “The state of the world’s children 2021” from UNICEF, which also covers the EU region.³²

“The Recovery Plan should support projects targeting youth. As our foresight study shows, young people are likely to encounter major difficulties to have a good start in their adult life: it will be hard to find a house, get a job, everything is flexible and precarious, and the COVID-19 crisis worsened the situation. This is having major impact on youth mental health and ability to plan on their future.”

GGZ, The Netherlands

Already in our 2020 analysis of the European Semester, experts reported a rise in mental health issues associated with the pandemic and containment measures. These voices, which at the time of our 2020 analysis were backed by preliminary data, have been confirmed in this year’s analyses with more solid data often collected by the institutes interviewed:

“Our survey showed that there is high need to support younger populations. Indeed, older people are more used to adapt to changes from a psychosocial perspective. Also translated in negative impact on physical fitness, obesity among children and younger population.”

NIJZ, Slovenia

“Recent studies have shown that deprivation of social interaction had a detrimental impact on the mental health of youth and elderly. The importance of fostering mental health interventions existed also before COVID-19, but now it can no longer be neglected.”

AReSS, Italy

Several experts mentioned that funding for interventions focusing on mental health and wellbeing, and improved psychosocial functioning are still not (adequately) funded under ‘traditional’ health programmes. Experts would therefore like to see RRF used **to design and implement reforms to mental health systems and services in line with the rights-based, integrated and community-based approaches**. Some experts suggested introducing mental health screening as part of routine primary and community health care to understand the size and links between the pandemic and mental health at the population level, as well as to carry out targeted mental health and wellbeing interventions for young people. This is also consistent with the 2021 OECD report on how well-prepared to tackle the social and economic costs the mental health systems are, with a strong focus on equity dimensions.³³

2.3.4 Strengthening health monitoring and surveillance systems

COVID-19 highlighted the importance of rapidly collecting as much accurate information as possible to assess the spread and impact of the virus across the population and support the authorities in its response. The pandemic exposed those countries with weak monitoring and surveillance health systems, which they had to set up swiftly.

The issue of improving monitoring and surveillance systems of population health was raised several times. **Experts often reported underdeveloped surveillance systems in their countries, and a lack of adequate human resources, data collection infrastructure and health information systems** (especially in local and regional settings). The pandemic forced public authorities to quickly come up with solutions, close the data gaps and improve health information systems to meet the demand, but more needs to be done and in a more sustained manner.

“I think the Recovery Plans should dedicate special attention to surveillance and monitoring. It is very important to have the capacity to monitor the population’s health in order to coordinate interventions, especially toward prevention and equity”

ASPB, Spain (Catalonia)

Some experts suggested deploying new digital technologies to support health monitoring and surveillance systems. Some recommended using RRF to finance Artificial Intelligence (AI)-based solutions for population health management to allow for more precise, efficient and effective public health and health care interventions.

“Although we were aware of the benefits of Artificial Intelligence applications for population health management, it is only with COVID-19 that we have been starting to use it systematically. This indeed allows for a monitoring of the population health needs, which is very useful for precise interventions, especially toward those groups that are more vulnerable.”

AReSS, Italy

2.3.5 Strengthening the health and social workforce

The pandemic uncovered the importance of ensuring adequate numbers of health (and social) workforce, with the right skill-mix and ability to adapt to unforeseen circumstances.³⁴ The experts mentioned **the shortages in training and in the health and social care workforce, as two main issues to pay attention to in the pandemic and post-pandemic recovery.**

“A communication campaign should be put in place to better inform over the issues of long-term care and ageing to raise awareness over its challenges and the reason why it needs to be reformed. It could help to make nursing and caring professions more attractive.”

IRSSV, Slovenia

Well before the pandemic, shortages in the health workforce were already an issue across the EU³⁵. The crisis aggravated the problem even further, as pointed out in most of the interviews. Even countries that had sufficient workforce capacities experienced shortages due to the need to divert all these resources to the pandemic response, creating gaps in other sectors of the health system. This is particularly the case for general practitioners and community nurses, creating an important shortcoming in the health workforce that still needs to be addressed in many countries.

“In Slovenia, we have a very good strategy at primary level, which combines health promotion centres, mental health centres and reference nurses. However, since the pandemic hit, we are struggling in terms of human resources, especially general practitioners.”

NIJZ, Slovenia

Experts suggested allocating more investments to increase human capacities and resources in health systems, which is a matter of filling the current gaps but also of planning and retention policies of the future workforce for health. Beyond looking for additional **doctors and nurses**, some experts (from for example Belgian Wallonia, Portugal and Spain) pointed out that **public health or health promotion professionals' existence is sometimes limited and should be reinforced at the local level in their countries**. Given the pace of digital transformation of health and social care delivery, it was also pointed out that current modern health systems need to be supplied **with more digital experts, especially data managers, to be able to fully exploit new AI technologies**.

Experts also suggested increasing opportunities and **providing incentives to undertake studies** in nursing, psychotherapy, social work, early childhood education teaching and medicine degrees.

In addition to workforce shortage, experts identified the need to promote **training and continuous professional development (CPD) and educational programmes** for the existing health workforce, especially to improve their digital skills. Finally, it was noted that the health workforce should receive training **on inequalities**, how they impact everyone's life, and what can be done to address them through their daily work and in a multi-disciplinary way.

“Older generation of professionals, including teachers and health workforce, need to be better informed about the benefits of digital empowerment.”

Ega Moniz Institute, Portugal

Regulatory constraints at EU level to how RRF funds can be applied may affect however the extent to which the funds can be used for much needed strengthening of workforce capacities in health systems.

2.3.6 Ensuring digital inclusion

Due to the pandemic, the public administration experienced and was forced to 'go digital' and deliver more services, including in health and social care settings, remotely. While this acceleration in the process of 'digital transformation' had many benefits, it also had unintended consequences. On the one hand, digital services can ensure the provision of services while allowing the implementation of distancing measures. On the other hand, lack of skills and/or means, would reduce access to certain population groups.

Investments in the digital sectors constitute an important priority under the RRF (at least 20% of the total budget). This reflection was also very prevalent in our experts' assessments of their national RRFs. Almost all experts suggested at least one intervention in the digital (health) sector. However, while the digital transformation was considered an important (and inevitable) step for the improvement of health services, **nearly all experts pointed out the need to carefully address the digital divide that comes along with it.**

Poverty, lack of means and resources (tools or access to the internet), poor engagement with digital health in communities, and low skills and competences are some factors that can result in the digital transformation widening, rather than improving health equity.³⁶

“The pandemic has shown that there is a need to provide better tools and capacity to people for the use of new digital technologies. This concerns both professionals and citizens, and I think brings an important equity focus in not leaving people behind in the recovery.”

Spanish Ministry of Health

Experts observed that, among others, low digital skills and/or lack of means represent considerable barriers to the use of digital services. Some pointed out that without addressing the digital divide, fast-paced digitisation will increase inequalities in population health outcomes. It was recommended that future reforms under the national RRP should introduce **a gradual shift toward digitisation of public services, with careful assessment of the impact of the digital transition across the social gradient throughout the process.**

“We should develop digital participation for the marginalised and vulnerable groups. We need to teach how to use digital tools and services and provide the means to access them.”

THL, Finland

In response to the rapid digital transformation and to better equip citizens to deal with the transition, experts recommended that digital (health) literacy programmes should be developed and implemented, especially within the health and social systems. These should specifically target the most vulnerable groups with activities at community level.³⁷

2.3.7 Support for families and equal access to education for children

The COVID-19 crisis had a major impact on children's education, care and wellbeing. This was the result, in large part, of school closures, that forced many parents to find a balance between responsibilities for childcare and job obligations, often also resulting in a disproportionate burden on women.³⁸ Many children suffered from a lack of structure and support. These issues of childcare and support to families was brought up in more than half of the interviews.

The experts highlighted how school closures due to COVID-19 have brought significant disruptions to education in their countries, highlighting the need to help those in more disadvantaged situations. Children that could rely on the support of their parents and that had access to other resources, like computers, internet access and adequate space were able to keep up with educational programmes, while those lacking such resources struggled to keep up with schoolwork remotely.³⁹

“We need to address the educational gaps caused by the pandemic due to the lockdown and remote learning put in place. We need to identify those groups that have been affected the most and support them.”

RIVM, The Netherlands

As we are recovering from the crisis, it is important to address **educational gaps caused by lockdown measures and implement learning recovery programmes while boosting educational budgets**. Experts also suggested introducing free healthy school meals and increasing physical activity hours in schools. This is consistent with emerging evidence behind linking the pandemic, in-school nutritional support and physical activity, and rise in childhood obesity across Europe.⁴⁰ Some experts mentioned using RRF to finance training programmes for students and teachers that focus on **socio-emotional learning and addressing bullying prevention and discriminatory behaviour**.

2.3.8 Concluding remarks

The primary aim of the interviews with experts from EuroHealthNet member organisations was to determine if they consider that the RRF is being used in ways that strengthen public health, health promotion, disease prevention and the reduction of health inequalities. They were also

asked to identify examples of areas and initiatives that will, or they feel should be funded to achieve these objectives. The discussions above reflect that the experts recognise that the **RRF opportunities are not being seized to strengthen public health as an approach to recover from the current crises, to build resilience, and to mitigate future crises**. Plans had to be developed in a very short timeframe, limiting opportunities for consideration, discussion, and input to the exclusion, particularly, of actors at the sub-national level.

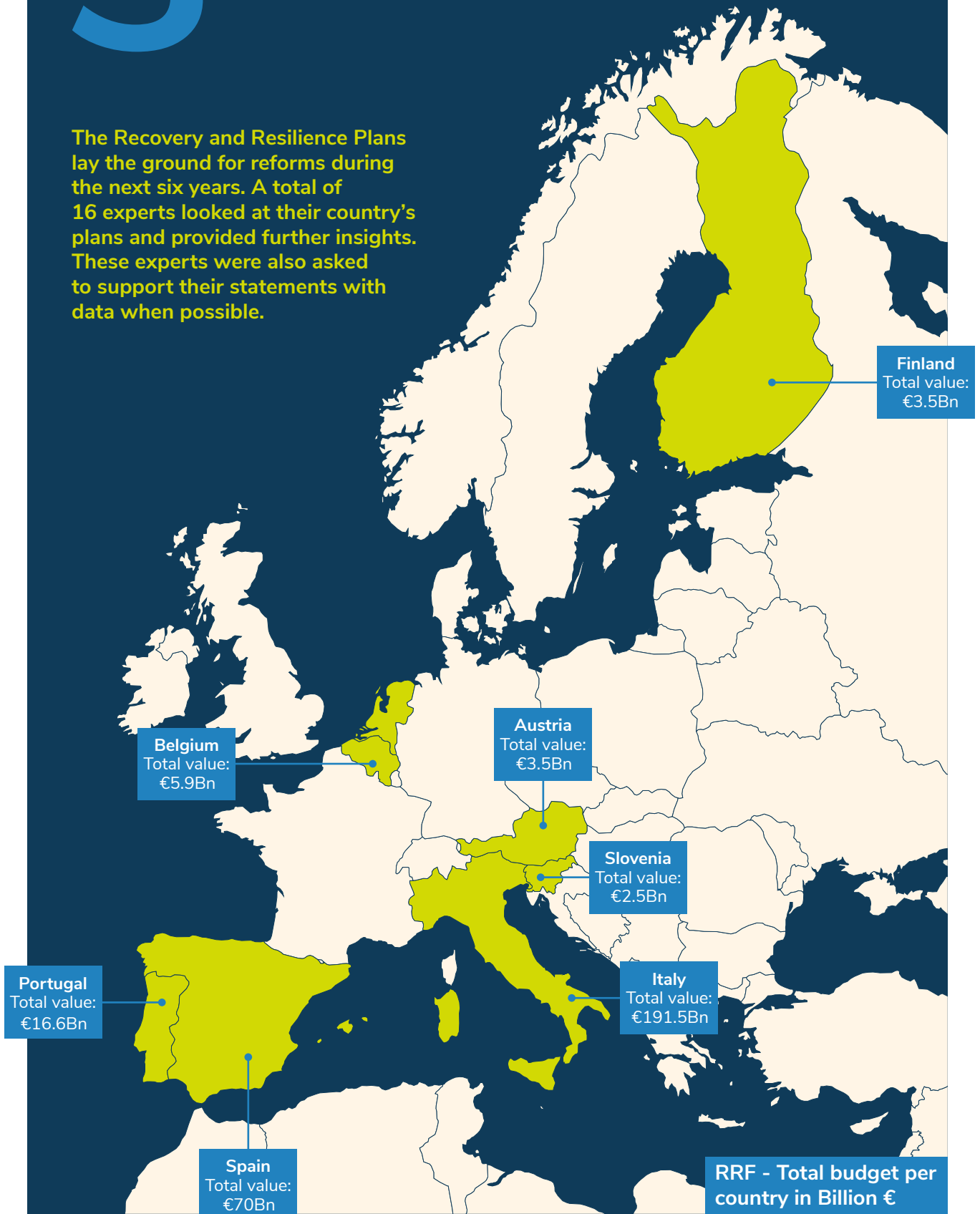
In addition, **RRF regulations did not steer Member States towards focusing on implications for equity or towards taking a 'proportionate universal' approach where appropriate**. Investments in health remain mainly oriented towards biomedical approaches, rather than in psychosocial measures and those that can contribute to preventing disease and empowering individuals. The experts nevertheless identified a range of inter-related areas where investments could, and in some cases are being made to strengthen public health and that would contribute to a reduction of health inequalities. These include **creating more enabling environments for healthy lifestyles, investing in primary and community care and in measures to promote mental health, strengthening the health and social care workforce and monitoring and surveillance systems, promoting digital inclusion, and supporting families and providing equal opportunities for education**.

Experts, particularly from the local and regional level, indicated that making these investments will require **better collaboration and coordination not only across sectors but also across administrative levels (local, regional, and national), especially regarding financial resources**. Sub-national and local level actors have a keen understanding of conditions in, and of what is needed to improve, health and wellbeing. They are therefore very **well-placed to invest resources in proportionately universal and targeted ways that promote health and equity, prevent disease and build resilience in their communities**.

3

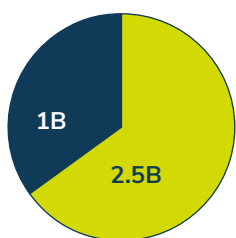
Deep dive into eight countries and their Recovery and Resilience Plans

The Recovery and Resilience Plans lay the ground for reforms during the next six years. A total of 16 experts looked at their country's plans and provided further insights. These experts were also asked to support their statements with data when possible.

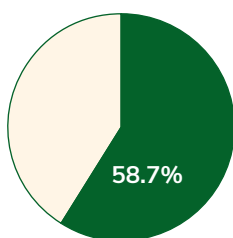


AUSTRIA

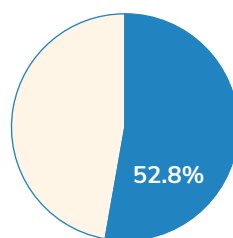
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



Total value: €3.5 Billion
 Total grants: €2.5 Billion
 Total loans: €1 Billion



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



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

* Investment areas might overlap

Split over four policy areas, the plan 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.

POLICY AREA 1: Sustainable construction

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

POLICY AREA 2: Digital construction

INVESTMENT	RRF (m/€)
Improved internet infrastructure, network access and connectivity (also addressing socio-economic 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 3: Knowledge-based development

INVESTMENT	RRF (m/€)
Research (digitalising universities)	212
Re-skilling and up-skilling of the workforce (incl. an 'education bonus' to incentivise training for the unemployed)	277
Improving access to education (incl. remedial educational packages to improve an individual's general competence and expansion of elementary education)	129.4

POLICY AREA 4: Fair construction

INVESTMENT	RRF (m/€)
Primary health care (incl. funding of primary care units, developing an Electronic Mother Child Passport Platform)	125
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

Key findings from interviews with experts from Austria: The Austrian Ministry of Social Affairs, Health, Care and Consumer Protection (MoH) and the Health Promotion Fund (Fonds Gesundes Österreich – FGÖ)

Experts from the Austrian Ministry of Social Affairs, Health, Care and Consumer Protection (MoH) and the Austrian Health Promotion Fund (Fonds Gesundes Österreich – FGÖ) of the Austrian National Public Health Institute were interviewed.

Overall, experts provided positive feedback on the RRP. The additional financial resources put at disposal under the Recovery Fund allowed the projects described below to be carried out, which would not have been possible otherwise. Experts were pleased that the Plan embeds public health and social prescription as part of the structural reforms and mid-term investments.

“Without the money from the RRF, I don’t know how it would have been possible to carry out most of these interventions.”

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

Both the Austrian MoH and FGÖ were involved in the development of four (new) projects that were part of the RRP:

[Led by FGÖ] Community nursing: The establishment of community nursing services aims to respond to unmet needs of the population, to improve wellbeing, to strengthen health literacy and thus to allow the elderly to remain in their own homes (vs care facilities) by strengthening their independence without the involvement of relatives. During the project period, 150 community nurses will be hired in pilot projects.

[Led by FGÖ] National roll-out of the "Early aid" for socially disadvantaged pregnant women, their children and families: The projects intend to foster promotion of health and social equal opportunities for all and discontinue the transfer of health inequalities from one generation to the other through early childhood interventions. It consists of the provision of direct support on social,

health and financial issues to families in need to help families to raise their children in healthy and safe environments.

Strengthening primary care: Primary care will be expanded through interventions aimed at facilitating the access to primary care, especially in rural areas. In addition to the nationwide roll-out of primary care centres and networks, actions include the expansion of the digital infrastructure and the increase in energy efficiency in practices. The project will strengthen the integration between the health and social sector professions. It will set out training programmes from intersectoral teams, to foster social innovation and equity.

Electronic Mother-Child Pass: The Mother-Child Pass (Mutter-Kind-Pass, MuKiPa) is a successful screening programme for the early detection of health risk factors, diseases and disorders during pregnancy and up to the 62nd month of the child's life. With the electronic mother-child pass, an electronic documentation and communication platform for the mother-child pass examinations and consultations will be developed. The MuKiPa is accessible to all, however special attention has been made to ensure outreach to disadvantaged groups.

Experts also stressed that the projects have been designed to tackle health inequalities. Awareness of the equity dimension grew during the pandemic and put the issue on the Austrian political agenda creating momentum for change. However, although Austria already carries out a number of interventions to address inequalities in the country, they are fragmented. With the RRP strengthening these aspects, **experts foresee and recommend the development of a national plan for health equity.**

“In our local municipalities there is a big need to support vulnerable groups, in particular elderly, children and young women. I hope there will be a sustainable development of these interventions also after the end of the Plans.”

FGÖ, Austria

The outcomes of the various projects will be important for potential follow-up after the Plan's implementation period is over. To assess the level of success of the RRP, all projects will be

evaluated when completed. To ensure independence, the evaluation will be carried out by organisations not directly involved in the projects.

3.1.1 Suggestions for investments and taking RRP's forward:

While complementing the inclusion of their recommended projects as part of a national approach to recovery and resilience building, our Austrian experts stressed the need to maintain involvement in the implementation phase in:

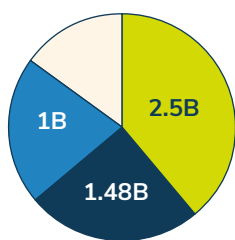
- Development of the Electronic Mother-Child Pass Platform including the interfaces to the Early Aids Networks
- Enrolment of primary care centre programmes
- National roll-out of the "Early aid" for socially disadvantaged pregnant women, their children and families
- Investing in the implementation of Community Nursing project

Furthermore, the experts suggested to:

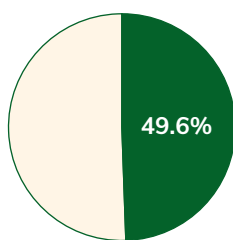
- Integrate mental health services in the primary care centres
- Enable multilingual versions of the Electronic Mother-Child passport to ensure all ethnic groups are reached
- Ensure that the Community Nursing project will continue after its end (2024)
- Introduce more innovative approaches toward climate change

BELGIUM

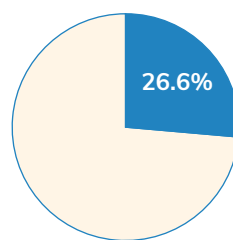
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



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 plan addresses: (1) climate, sustainability and innovation; (2) digital transformation; (3) mobility; (4) social and living together; (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.

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 4: Strengthening social cohesion and living together by ensuring effective and inclusive education systems and the inclusion of the most vulnerable groups

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 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

Key findings from interviews with experts from the Flanders Institute for Healthy Living (Gezond Leven – GL) and the Wallonian Agence pour une Vie de Qualité (AViQ)

The health and social systems of the Flanders and Wallonia regions differ substantially from one another. Thus, although some challenges are shared, the differences in contexts were apparent from experts' comments. The extent to which the experts interviewed were involved in the development of the Recovery and Resilience Plan also differed. While the expert from AViQ was directly involved in the process, the expert from Gezond Leven did not take part in consultations or working groups. For these reasons, insights from the two interviews are presented separately.

3.2.1 Flanders

Overall, experts from Gezond Leven observed that the RRP puts a stronger accent on social issues rather than health initiatives. The Plan is also too broad to foresee the impact of future interventions, and its efficacy will depend on how the actions will be further implemented. Actions described under the Plan were found to often address other determinants of health, such as air pollution, which in turn can help reduce health inequalities.

To further advance equity in health via the initiatives funded by RRP, the expert suggested dedicating more attention to engagement rather than educational initiatives, as educational activities tend to only reach those individuals that already have a degree of interest or knowledge on the topic, leaving behind the more disadvantaged individuals.⁴¹ **The expert suggested creating healthy living environments, addressing health determinants in an interdisciplinary and coherent manner by acting on physical activity and access to healthy nutrition, and reducing air pollution.**

As part of the national Recovery and Resilience Plan, the expert highlighted the importance of investing more in health promotion. Physical activity on prescription (that can be extended to other activities that can contribute to healthier lifestyle) could be one of such potential investible initiatives. It would allow for a more engaged approach, and 'coaching' people directly has been found to be effective, particularly amongst the more disadvantaged groups.⁴² The expert also

suggested the introduction of healthy free school meals for all. The universality of the action would avoid stigmatisation, while still giving the possibility to reach vulnerable groups while impacting positively on health, poverty and even academic results.

To improve the system overall, Gezond Leven suggested that RRP promotes a more holistic and integrated approach to health (eg, 'One Health') as well as the more systematic application of health impact assessments.

“While the spending is made at regional level, the money that would be saved by creating better health (in reducing healthcare costs), are saved at national level. This translates in a lack of the financial incentives which influences the ambition, or lack of ambition, in carrying out health promoting activities at regional level.”

Gezond Leven, Flanders

The expert recommended more collaboration between the national and regional level. The current division of competences⁴³ between the regional and national level in the public health sector can disincentivise the implementation of health promotion activities in Flanders, or at least reduce their ambition. This is mainly due to the redistribution of resources. When health promotion activities carried out in Flanders are successful and result in financial gains in savings in avoidable health care expenditures, the monies saved are then re-invested at federal level, not directly back in the system it originated in. This, in practice, acts as a barrier to engage in health promotion at regional level.

3.2.2 Wallonia

The expert from AViQ explained that the organisation's activities are usually well aligned with the outcomes of the European Semester, the yearly Country Specific Recommendations, and the Recovery Plan of 2021. This was possible also thanks to the trust that give to AViQ by federal government. Although competences in the field of health are in shared between different levels, AViQ often given the opportunity to take part to international processes (for example, AViQ's

international relations service often provides direct feedback to the work of the European Semester outputs).

The AViQ was invited by the cabinet of the Secretary of State for Recovery and Strategic Investments, to work on the Belgian Recovery Plan and subsequently to provide inputs to the Walloon RRP. AViQ has proposed actions related to digitisation as well as autonomous and inclusive living environments. AViQ was also involved in the deinstitutionalisation plan launched through the RRP.

The Walloon RRP is also complemented by the Get Up Wallonia programme, which included cross-sectoral interventions to promote health equity.⁴⁴ Overall, as for Flanders, the expert from AViQ also noted that the Plan focused more on the social sector than on the health sector. However, this is because the Belgian Plan opted for a holistic vision. Public health was well taken into consideration during the consultation process as part of integrated approaches to strengthen the social protection/health systems as a whole.

The expert expressed enthusiasm about the process and AViQ's involvement. Indeed, Wallonia has neglected health promotion over previous years, allocating little funds to this aspect of public health. **Thanks to the linkage to the European agenda, and the availability of large amounts of funding, AViQ will be able to carry out a number of interventions aimed at fostering health promotion and disease prevention in Wallonia, especially as part of the digital transition.**

Indeed, one of the main goals of the Walloon RRP is improving prevention and health promotion services through digitisation (including continuous improvement of the public service and effective monitoring and prevention programming).

In addition, a project is being developed that aims to set up person-centred integrated services at local level.⁴⁵ The project will develop a more integrated health system across the entire Walloon territory that will cover the entire population and communities. It will not only look at the aspects specific citizens and patients, but will also be designed to meet the needs of professionals from different levels and sectors. The estimated budgetary allocation is €21.225.000.

Moreover, a platform will be used to collect and share data. This project aims to set up a digital health ecosystem based on the life and health course of citizens in order to respond to various

challenges of accessibility to information and to health services. This is a large-scale monitoring project for the overall health status of Wallonia. The ultimate goal is to strengthen the accessibility, accountability and empowerment of patients in the management of their health data in order to make them a real player in their life and care journey. **Finally, the expert highlighted the lack of consistent integration of green policies with other sectors.**

Further activities include:

- upskilling actions for the improvement and facilitation of access to continuing education for professionals (eg. trainings for cooks, dietitians and nurses in retirement homes to ensure healthy diets to the elderly)
- inclusive and autonomous housing to offer basic monitoring and assistance to encourage the empowerment and independence of the beneficiaries.

“Every year, especially during summer, when the heat or ozone are too high, it is possible to observe, just a few days later, peaks in mortality rates. The environmental changes are having an important impact on people’s health, especially among the most vulnerable. This should be addressed.”

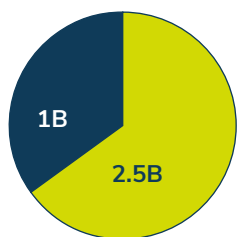
AViQ, Wallonia

3.2.3 Suggestions for investments and taking RRP forward

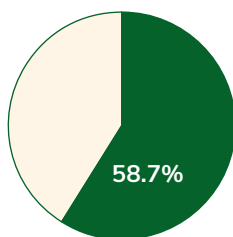
- Improve collaboration between the national and regional levels
- Foster the use of more holistic approaches (eg. ‘One Health’)
- Introduce health impact assessments
- Expand the prescription of physical activity to other lifestyle issues
- Introduce free healthy and sustainable school meals for all
- Provide digital support for the collection and management of data across services (public only) in respect of the GDPR rules
- Continue to provide nutrition training to nursing home staff (namely cooks, dietitians, and nurses)
- Deploy inclusive housing for vulnerable and disadvantaged people
- Improve integration of green policies in the social and health sectors

FINLAND

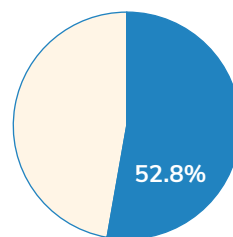
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



Total value: €3.5 Billion
 Total grants: €2.5 Billion
 Total loans: €1 Billion



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



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

* Investment areas might overlap

Finland's Recovery and Resilience Plan forms part of the Sustainable Growth Programme for Finland. The general objectives of the programme are: reduction of greenhouse gas emissions, productivity growth, raising the employment rate, 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 skill levels** 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.

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, 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 health care, 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 for more cost-effectiveness of health and social services	40
Promoting digital innovations in service design	100

Key findings from interviews with experts from the Finnish Institute for Health and Welfare (THL) and Finnish Federation for Social Affairs and Health (SOSTE)

Both THL and SOSTE were actively involved in the development of the Recovery Plan. However, due to the diverse natures of the institutions, the two organisations had different roles. While THL was involved as a technical and implementation actor, SOSTE had a more external role in the consultation process.

SOSTE also developed a shadow report that provides detailed suggestions for investments on a) ecological reconstruction and b) wellbeing investments in health, livelihoods, skills and inclusion.⁴⁶ THL is already in charge of several projects and is likely to see the scope of these activities widened. THL has also been asked to provide technical expertise social and health issues.

Overall, both experts stressed the importance in putting forward employment policies. In Finland, access to health services is normally linked to the job: when employed, the employer covers most of the costs for occupational health care; when unemployed, public health centres are responsible for health services and access is hampered by longer waiting lists.⁴⁷ In addition, the Finnish healthcare system is decentralised, and quality varies a lot across the country.

“Unemployed people do not have good access to health services. They have some health problems that are an obstacle for work, and these health problems won't be solved if they don't have access to social health services so we try to improve this access to (the) right services.”

Finnish Institute for Health and Welfare (THL)

Experts promoted the need to increase the employability of those groups that have more difficulties in accessing the labour market, such as disabled people or those who have health conditions which act as barriers to employment.⁴⁸ Job-activation policies were also suggested as a means of combatting health inequalities within the occupational healthcare system.

SOSTE noted the need to better finance the health workforce. More than half of Finland's municipalities have already reported problems in recruiting enough nurses and healthcare workers, especially for elderly care. This, however, was not reflected in the actual plans.

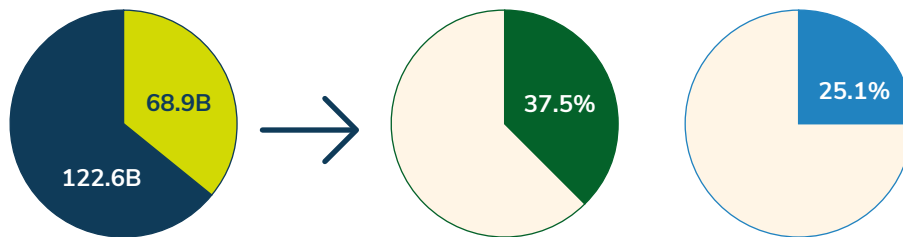
Digitalisation was a core focus of the Finnish expert from THL, highlighting the need for digital inclusion measures to be implemented alongside the recent shift towards digital services. A strength of digitalisation is that it promotes environmental sustainability due to less travel to and from services. A particular weakness is the potential for inequalities to be entrenched without adequate digital education for marginalised groups. The example of the programme for **teaching prisoners IT skills** was given as an example of a programme which could be replicated to promote **digital inclusion**.

“Nowadays, I think the problem is that almost everybody has access to internet, especially on their phones. And then we forget that there are some groups that have difficulties to have internet connection all the time and to use online applications.”

Finnish Institute for Health and Welfare (THL)

3.2.4 Suggestions for investments and taking RRP forward⁴⁹

- Introduce local programmes to foster inclusion and participation
- Foster labour market activation policies, in particular toward groups that have the highest barrier to access the labour market
- Foster digital inclusion and widely promote programmes to improve digital skills
- Provide services to assist people with low digital skills in using them
- Increase places for university students in nursing, psychotherapy, social work, early childhood education teaching and medicine degrees
- Introduce a vouchers system in dental and primary services
- Invest in adult vocational education in both upskilling and reskilling programmes
- Invest in food aid for vulnerable groups
- Foster the implementation of the child guarantee



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 Plan includes 16 components and is structured around 6 policy areas, focusing on three horizontal priorities: digitalisation and innovation, ecological transition and social inclusion. The policy areas are centred around: (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.

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 health care (to improve the national health system)	7
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)	1.17
Special interventions for territorial cohesion (investment for tackling education poverty, reform and infrastructural investment in Special Economic Zones)	1.98

Key findings from interviews with experts from the Istituto Superiore di Sanità (ISS) and Regional Healthcare and Social Affairs Agency of Puglia (AReSS)

Both experts have been **directly involved in the development of the Italian Recovery and Resilience Plan**. The ISS role has been to provide technical and scientific expertise to the Plan, while AReSS directly contributed to the Plan with project proposals and is currently in charge of the implementation of a number of related health and social projects in the Apulian region.

Overall, both experts consider the Plan a good opportunity to strengthen health, equity and wellbeing in Italy by allocating funds to long-standing structural challenges. Experts noted a positive narrative toward the need of strengthening local settings and dedicating more investments to public health. The need to put in place a national Plan had the positive effect to generate better coordination of the implementation of other national and European programmes within one national focal point. In addition, ISS stressed the importance of ensuring monitoring and research to accompany the implementation of the RRP in order to identify (and share) successful actions. ISS stressed that the Plan addresses crucial issues of the Italian health systems: proximity and health/social systems integration, strengthening primary health care, and digital infrastructures.

*“We need to take advantage of this historical moment
The Recovery is a great opportunity to give to our
communities the instruments to promote health and
wellbeing.”*

Istituto Superiore di Sanità

On the other hand, the expert from AReSS noted that only a limited part of the €20 Billion foreseen for the health sector seems to be allocated to public health. Most of the funding will indeed be used for hospital care, despite community care having had a critical role during the pandemic. **Prevention needs more investments. Currently, 5% of the total health budget is allocated to prevention. However, this is not mandatory, thus, in most cases, administrations never reach that 5%.** In addition, better reporting of expenditure for prevention is needed, as the concept of

prevention is often stretched. For example, health and safety in the workplace and monitoring or controls at intensive animal farming can be counted under prevention expenditure.

Among more specific actions to improve prevention policies, experts suggested the introduction of screening at primary care level supported by national funding. More attention to mental health is also recommended.

“The Plan would benefit from a solid human resources plan, still vague to date. The equity dimension, although present in the narrative, is not translated in very tangible actions.”

AReSS

Experts noted that digitisation is a crucial element of the Plan, however it is important that digitisation is put in place through person-centred approaches that take into account the different backgrounds and skills of the users.

“When it comes to the digital transformation of our health system, we cannot consider the population as a whole, but follow a person-centered approach. We need to invest more in research and good practices that could help us understand which kind of technologies are the best to support different population groups.”

Istituto Superiore di Sanità

Experts stressed that the deployment of telemedicine in local settings is also a key part of the RRP. However, AReSS noted that the sum allocated for this is still not enough to cover all the population groups that need frequent access to the healthcare system.

AReSS also highlighted the need for digitisation to go beyond care, and more resources should be allocated for the introduction of digital technologies in support of population health management (namely, Artificial Intelligence) and provide health systems with digital experts, such as data scientists. AReSS stressed that the RRP will be key for the deployment of digital

transformation provided that it is understood as a transformation of the organizational process around the user-experience. The introduction of new technology will make things more complicated if they require extensive investments in digital skills for users (but professionals and citizens). This ultimately may even worsen the social gap.

“Taking into account the user experience also means considering the social conditions of acceptance and use of new processes: there is the subtle path that can make us fall either towards a reduction of inequalities thanks to transformed processes or towards an exponential enlargement of the pre-existing ones.”

AReSS, Italy

AReSS suggested investments for organisational restructuring of the regional health system. This includes funding for the reorganisation of logistics (e.g. warehouses), the establishment of the first network of biobanks and an imposition of the systemic logic of regional biobanks and the administrative centralisation at the regional level for better administration.

From a green transition perspective, experts suggested a funding allocation to reduce urban heat areas and to address energy poverty. ISS also explained that a number of coordination activities between the health and environmental sectors are being put in place with the Plan and other satellite programmes. For example, ISS together with the government and Regions, will put in place a network coordinated with institutional environmental networks of centres at local level to monitor the environmental and climate change issues and their impact on the health of the population.

3.3.1 Suggestions for investments and taking RRP forward:

- Allocate more investments to public health and community care
- Establish a network of health centres to monitor the environmental impact on health
- Ensure the proper monitoring and evaluation of the outcomes of the national Recovery Plan
- Introduce screening programmes at primary care level

- Restructure the health systems (Apulia): administrative centralisation (“azienda zero”) to avoid duplication of services and reduce wasteful use of resources
- Support the establishment of a network of biobanks (centralised)
- Carry out a strong campaign of screening to properly assess who has been left behind during COVID-19
- Allocate investments to strengthen telemedicine services (digital)
- Provide the health sector with ‘digital staff’ such as data scientists
- Coordination between health and green sector

3.4 The Netherlands - Overview of the national Recovery and Resilience Plan

Key findings from interviews with experts from the National Institute for Public Health and the Environment (RIVM) and Dutch Association of Mental Health and Addiction Care (GGZ)

At the time of the interviews and the draft of this report, the Dutch RRP was not yet published due to the political context that characterised the Netherlands during the summer of 2021. Experts from National Institute for Public Health and the Environment (RIVM) and Dutch Association of Mental Health and Addiction Care (GGZ), however, have both been involved in the discussion over the various drafts of the Plan that were circulated in the Netherlands since early 2021. Thus, in contrast to the other countries interviewed, the Dutch experts commented on their participation in the process rather than the content of the Recovery Plan itself. In addition, GGZ also proposed a number of best practices to be further considered under the Dutch RRP.

Overall, experts agree that the national Recovery Plan offers a good opportunity to implement interventions aimed at achieving structural changes that have been on the agenda for many years. However, experts explained that the public debate revolved more around short-term issues, namely addressing the direct impact of the pandemic. At the same time, the pandemic exposed and exacerbated all kinds of social divides, and many (socially oriented) stakeholders are trying to seize the opportunity to foster actions toward key determinants of health. As part of the public debate, experts also observed increasing support for behavioural changes toward healthier lifestyles, for new ways of working and for a greener economy.

From a disease prevention perspective, three main topics will be funded under the Plan to address: alcohol abuse, smoking and overweight. However, several stakeholders, including the experts interviewed, highly recommend to also include mental health on the list.

On the issue of mental health, the GGZ expert added that the Plan should include the development of a multi-annual overarching strategy to better structure future interventions. Such a strategy

should not only involve the Ministry of Health but also those dealing with other social determinants of health (e.g. income and poverty).

“Dutch Healthcare laws differentiate between sources funding dedicated to of healthcare and depending on the target recipients, such that the system works differently for the elderly, young and adolescents. This translates in We have one of the most a very complex healthcare systems, which makes it difficult to find funding for prevention or lifestyle interventions.”

GGZ, the Netherlands

The need for structural changes was stressed by GGZ. The expert described clear barriers (especially for mental health interventions) to the implementation of promising practices and innovative approaches. This is due to gaps in the legal framework and the financing system as well as the complexity of the fragmented health and social care system.

Experts from GGZ recommended supporting investments to community-based approaches. As each region/area has their own public (mental) health needs, interventions should be tailored to the local needs and involve local stakeholders in evidence-based actions. GGZ further suggests the adoption of plans and strategies to address social causes of disadvantages in the areas of several life domains including life course, education, housing and work, with health as a primary focus. In addition to this, the RRP (or other funding opportunities) should foster successful local practices for scaling up at national level.

With regard to the digital transformation, experts acknowledge their benefits, however, they point out that there are certain groups that are not willing or not able to use digital technologies. It is important to pay attention to these groups such as lower educated people or elderly.

“We are technical advisers, and we don't work directly on policies. But if I would have more funding, I would try to address societal challenges in a more integrated way. We need to combine different policy domains to address all the challenges.”

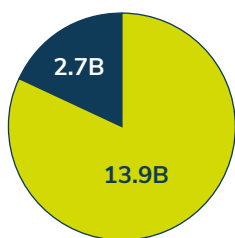
RIVM, the Netherlands

3.4.1 Suggestions for investments and taking RRP forward (when at place)

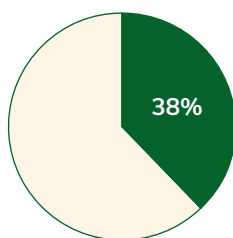
- Foster multi-sectoral approaches toward improving social determinants of health
- Support behavioural changes toward healthier lifestyles
- Support mental health programmes and initiatives as well as the development of an overarching strategy
- Ensure that digital transformation will not exclude more vulnerable groups
- Rethink approaches on local living environments and their impact on physical and mental health
- Stimulate sustainable mobility
- Incentivise healthy diets
- Foster early detection of mental and physical health problems

PORTUGAL

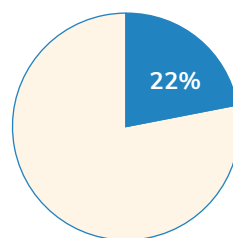
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



Total value: €16.6 Billion
 Total grants: €13.9 Billion
 Total loans: €2.7 Billion



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



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

* Investment areas might overlap

The plan is built on the pillars of resilience, climate, and digital transition, which are developed over 20 policy areas. These include: (1) **national health service**; (2) **housing**; (3) **social responses**; (4) **culture**; (5) investment and innovation; (6) **qualifications and skills**; (7) infrastructure; (8) forests; (9) water management; (10) sea; (11) decarbonisation of industry; (12) bioeconomy; (13) energy efficiency in buildings; (14) hydrogen and renewables; (15) sustainable mobility; (16) enterprises; (17) quality and sustainability of public finances; (18) economic justice and business environment; (19) digital public administration; (20) **digital school**. The information below represents a selection of measures extracted from the plan, which can promote health and wellbeing.

POLICY AREA 1: National health system

INVESTMENT	RRF (m/€)
Primary health care (improving access, quality and efficiency of care, enhancing early diagnosis)	466
Mental health reform (incl. creation of residential responses in the community, and better infrastructure)	88
Strengthening regional health services (implementing the Strategic Plan of the Regional Health System and the Regional Strategy for the Promotion of Mental Health)	89
National Integrated Care Network and National Palliative Care Network	205
Digital transition in the health system	300
Universal Active Life Support System (implementing a National Campaign and Technology Platform to promote physical activity)	10

POLICY AREA 2: Housing

INVESTMENT	RRF (m/€)
Housing Access Support Programme	1211
National Urgent and Temporary Housing Grant	176
Affordable public housing park to promote rent at affordable prices for families in need	775
Student accommodation at affordable costs	375

POLICY AREA 3: Social responses

INVESTMENT	RRF (m/€)
Implementing the New Generation of Equipment and Social Response programme	417
Accessibility 360 (improving physical accessibility for people with disabilities)	45
Platform+ Access (implementing new digital solutions for the inclusion of people with disabilities or disabilities)	3

POLICY AREA 6: Qualifications and skills

INVESTMENT	RRF (m/€)
Promoting decent work and working conditions	230
Life-long learning (promoting upskilling of the adult population, adjust the supply to the transformation of labour markets, and promote the importance of adult literacy)	225

POLICY AREA 20: Digital School

INVESTMENT	RRF (m/€)
Digital transition in education	500

Key findings from interviews with experts from the Egas Moniz Higher Education Cooperative and Instituto Nacional de Saúde Dr. Ricardo Jorge² (INSA)

Experts from Egas Moniz Higher Education Cooperative and Instituto Nacional de Saúde Dr. Ricardo Jorge (INSA) have not been involved in the development of the Portuguese RRP. Both experts were aware of the presence of consultations, however, these were not well advertised, there were no incentives to engage in them within the respective organisations, and the timeframe was too short to act in a meaningful way.

The Plan touches upon important issues in Portugal and is likely to have a positive impact in the country. However, structural issues will need to be better addressed during the implementation phase in order to achieve desired sustainability and improve resilience of the Portuguese health systems to tackle future challenges. Over the past years, INSA, as well as other health authorities and services at national, regional and local level have been discussing the restructuring of the health system in Portugal. At present the system is characterised by a predominant public provider, under the National Health Service, while, at the same time, a growing private health sector has been emerging. Also, parallel administrative structures and unbalanced allocation of funding, as is the case for primary care settings and public health services reduces the efficiency and impact of public services at the population level. With a centralised overall health system and different health and social security organisational structures present at regional/local level, similar services can fall under the responsibility of different authorities, leading to inefficiency in the health system, accentuated by insufficient budgets and staff. Even during the pandemic, this structural complexity may have tarnished the important role that public health services have had in the control of the pandemic crisis.

The experts agree that the RRP – which should also serve to tackle the structural issues described above – seems particularly focused on ‘curative’ services, buildings, and technologies, with less attention to investments in primary care, mental health and physical activity. Considering that the estimated cost of restructuring such sectors would not require large amount of investments, the

² The opinions expressed during the interview are personal to the expert and do not represent an official position of INSA

experts suggest that a stronger political will to do so is needed. **Experts highlighted that the Plan also lacks tangible actions regarding the reinforcement of the public health services.** Although it contains some initiatives in relation to health data, more specific actions should be considered, including periodic diagnosis of the health of the population or reinforcing public health services at regional and local level. Here, the reinforcement of regional public health departments with more specialised staff in public health, health promotion, prevention, vaccination, epidemiology, statistics would be needed. Neglecting the public health services for decades has resulted in a current health system that is less resilient against today and the future crises, such as those due to climate changes and related issues. **The RRP should also give more attention to health inequalities in its future implementation as it lacks concrete actions.** Improving the collection of data was recommended (adoption of indicators in national statistics) by the experts and other measures were also suggested independently, such as promoting healthy lifestyles by providing people with the necessary means (time and resources), especially in more vulnerable groups, and not only through education.

“Surely, following healthy lifestyles, namely physical exercise, is not always feasible if you have to spend lots of time of your day taking care of kids, travelling to/from work, etc.”

Egas Moniz Higher Education Cooperative

Although the interviews revolved more around the health sector, other issues emerged from the discussion. It was appreciated that the issue of housing appeared throughout the Plan. Indeed, this constitutes a major problem in Portugal. This is especially the case for lower socio-economic status groups, that are often forced to live in deprived areas with a consequential detrimental impact on their health.

Experts were in favour of the adoption of environmental policies, mindful of the importance of preserving the ocean ecosystem and reducing deforestation.

Experts recognised the benefits of digitisation of services for improving access to health services, provided that the Plan ensures that digital education programmes are adopted. This includes the

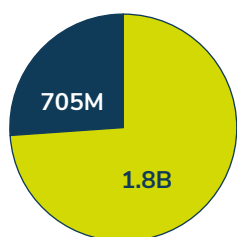
need to better inform the older generation of professionals, including teachers and health workforce, about the benefits of digital empowerment.

3.5.1 Suggestions for investments and taking RRP forward:

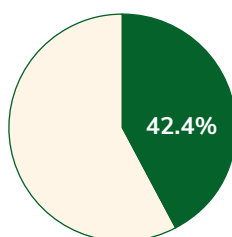
- Address structural imbalances, namely in the delivery of primary care and public health services
- Address inequalities in access to healthcare in rural areas
- Strengthen public health at local level
- Introduce periodic diagnosis of the health of the population
- Introduce monitoring indicators for health inequalities
- Reinforce public health services at regional level
- Strengthen actions toward the ageing populations and people with disabilities
- Improve housing availability and affordability
- Intervene for the preservation of ocean and forests
- Strengthen digital education and training, especially among the health workforce and teachers

SLOVENIA

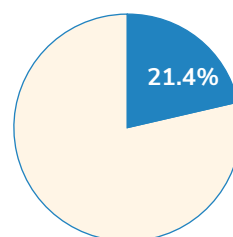
OVERVIEW OF THE NATIONAL RECOVERY AND RESILIENCE PLAN



Total value: €2.5 Billion
Total grants: €1.8 Billion
Total loans: €705 Million



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



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

* Investment areas might overlap

(1) **green transition**, focusing on renewable energy and energy efficiency, clean and safe environments, circular economy and sustainable mobility (2) **digital transformation** of the economy, public sector and public administration; (3) **smart, sustainable and inclusive growth**; (4) **health and welfare** including investments and reforms in long-term care and social housing. The information below represents a selection of measures extracted from the plan, which can promote health and wellbeing.

POLICY AREA 2: Digital transformation

INVESTMENT	RRF (m/€)
Digital transformation of public sector and public administration (to reduce the digital divide, and facilitate digitalisation of health sector)	260.17

POLICY AREA 4: Health and welfare

INVESTMENT	RRF (m/€)
Healthcare resilience and responsiveness (which is accessible, financially sustainable)	224.90
Accessible social security and long-term care	79
Affordable housing for vulnerable groups	60

POLICY AREA 3: Smart, sustainable and inclusive growth

INVESTMENT	RRF (m/€)
Labour market resilience and inclusivity (also increasing the employability of low-skilled and older workers through training provision and more targeted active labour market policies)	56.28
Strengthening competences, particularly digital (by strengthening the resilience of the education system)	264.36

Key findings from interviews with experts from the Slovenian Public Health Institute (NIJZ) and the Social Protection Institute of the Republic of Slovenia (IRSSV)

Experts provided positive feedback on the national Recovery and Resilience Plan, highlighting that the suggested investments will have a positive impact on various social determinants of health and therefore the wellbeing of population. However, both experts reported imbalances in the distribution of funding. Investments focus more on healthcare and technical/biomedical approaches rather than public health and social protection, even though these sectors have been crucial during the pandemic. Long-term care and primary care have also been put under pressure and need more attention.

“I think that the RRP will have a positive impact on health and wellbeing. On the other hand, I somehow see social security and long term care receiving less attention than healthcare.”

IRSSV, Slovenia

Moreover, experts noted that the Plan foresees many interventions that have been on the agenda for a very long time. Although those actions are much needed, this also shows a lack of innovation.

IRSSV welcomed the intention to integrate long-term and health care systems. The expert explained that this will require comprehensive actions toward several aspects, especially workforce training and infrastructures, and not only partial interventions. A communication campaign should be put in place over the issues of long-term care and ageing to raise awareness over its challenges and the reason why it needs to be reformed. It could help to make nursing and the caring professions more attractive.

Experts agree that more investments via RRP provisions are needed to go to community care, which is strictly linked to local settings and their financial resources. Actions should be put in place to tackle fragmentation, variation in accessibility and limitations due to the need of subsidiarisation in the provision of related services.

NIJZ described a well-developed primary care strategy which combines three types of interventions:

- Health promotion centres for adults and children at local level responsible for the implementation of health promotion and disease prevention initiatives on the territory
- Reference nurses active at local level (in Community Health Centers) responsible for the care of people suffering from chronic diseases
- Mental health centres for children and adults at local level

However, due to the pandemic, these settings are suffering from a lack of workforce (especially General Practitioners) and this needs to be addressed under the Plan.

NIJZ highlighted the need to support younger populations who risk going unnoticed in the Recovery phase. Indeed, although older people have been more affected by the direct impact of the pandemic (in terms of the risk of hospitalisation and death from the virus), younger people suffered more from the social consequences, with repercussions on their health.

“Our study⁵⁰ shows that the younger population have been highly impacted by confinement measures: drops in physical fitness, obesity, nutrition, mental health and more. And this was only after the first wave.”

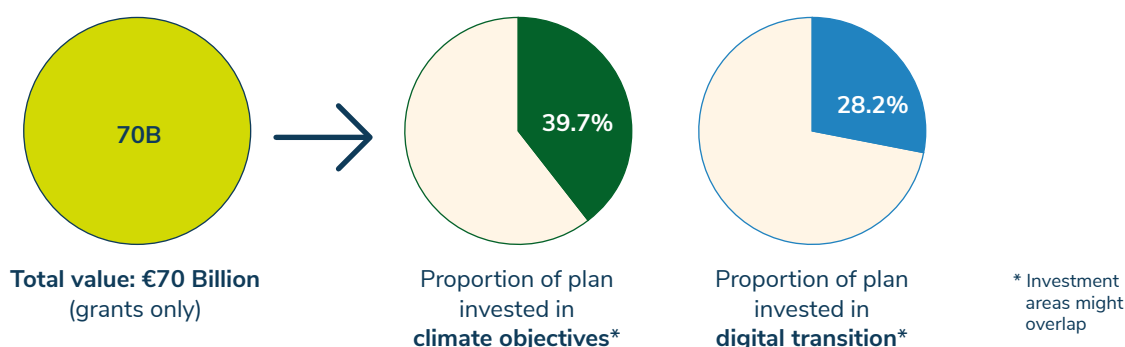
NIJZ

NIJZ noted that employability measures should be prioritised under the Plan. In particular, the expert referred to the need to introduce youth employment programmes and ‘workability’ programmes in relation to prolonged sick leave. Many people ended up being on sick leave for a very long time and afterwards some even swapped to another social protection subsidy, without going back in the labour market.

Finally, both experts underlined the need to improve eHealth services. Indeed, the deployment of the digital transformation of health systems in Slovenia has been difficult for several years, mainly due to lack of investments.

3.6.1 Suggestions for investments and taking RRP forward:

- Introduce 'workability' programmes in relation to sick leave
- Increase hours of physical activity in school
- Carry out targeted interventions for young people (namely on lifestyles and mental health)
- Invest in housing especially for young people and vulnerable groups
- Invest in digital staff for health sector
- Address issues of interoperability of digital systems
- Strengthen community care and integrated services



The Plan comprises four cross-cutting themes, which serve as a backbone for the main policy areas and components, and 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: (1) the **urban and rural agenda**, agricultural development and the fight against rural depopulation; (2) **resilient infrastructures and ecosystems**; (3) a **fair and inclusive energy transition**; (4) a **public administration** for the 21st century; (5) **modernisation and digitalisation** of industry and SMEs, entrepreneurship and business environments, recovery and transformation of the tourism and other strategic sectors; (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**; (9) promotion of the culture and sports industries and; (10) **modernisation of the tax system** for inclusive and sustainable growth. The information below represents a selection of measures extracted from the plan, which can promote health and wellbeing.

POLICY AREA 3: Fair and inclusive energy transition

INVESTMENT	RRF (m/€)
Renewable energies implementation and integration	3165
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 capacities (including technological and digital) to foster resilience and promote healthcare skills	1069

POLICY AREA 7: Education and knowledge, life-long learning, and capacity building Investment

INVESTMENT	RRF (m/€)
National plan for strengthening digital skills	3593
Strategic plan for vocational training (including reskilling and upskilling of the workforce, digital transformation, innovation and internationalisation)	2076
Modernisation and digitalisation of the education system, including early education (0-3 years)	1648

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)	2492
Public policies for resilient, digital and inclusive labour market (mechanisms of stability and flexibility in employment, modernisation of active employment and labour policies)	2363

Key findings from interviews with experts from the Spanish Ministry of Health and the Agència de Salut Pública de Barcelona (ASPB)

Both experts were involved in the development of the Spanish Recovery Plan, however to different degrees. The draft of the Plan was centralised at governmental level. While the expert from ASPB was consulted for expertise regarding its own region or specific elements of public health and health inequalities, the expert from the Ministry of Health role participated in giving feedback and reviewing the development of the initiatives in the public health sector, mostly regarding those related to health promotion. ASPB reported a relative lack of transparency and democracy in the decision-making process. Although they were consulted, as were many other local actors, there was no guarantee that the feedback would be taken into consideration. ASPB also reported an overall neglect of the equity dimension, as they have been mainly asked to provide expertise on digital health.

Overall, the RRP represents a good window of opportunity that can be helpful in reducing health and social inequalities. Experts highlighted that equity is referenced in different initiatives, but actions described in the Plan are still too generic to be able to assess their impact on inequalities, and their implementation will determine their equity perspective. During its implementation phase, it will be crucial that the equity perspective will be taken into account to ensure everyone will benefit from the recovery.

“How equity is integrated in the implementation of the different actions will be essential on how equity challenges are addressed”

Ministry of Health, Spain

The Ministry of Health highlighted that the RRP puts forward important initiatives that could help reducing inequalities, including initiatives in primary healthcare, the development of a (national) public health surveillance system and carrying out health promotion activities on the prevention of smoking and reduction of alcohol consumption, healthy settings at local level, as well as supporting mental health. For example, the Ministry of Health is currently working on including equity and social determinants of health in public health surveillance system.

ASPB pointed out the need for a clear allocation of resources to public health. The RRP should dedicate better attention to strengthening public health in Spain, which is currently underfinanced (less than 2% of the overall health budget). Although the Plan foresees the review of the Spanish public health system including surveillance, prevention, promotion, health protection, information systems and more, investment headlines refer more to technological modernisation, equipment renovation/digitalisation, increasing capacities to respond to health crises, and promotion of health care professionals' talent. ASPB suggested improving public health governance, leadership and public communication, and health information and surveillance systems.

“It is necessary to invest in public health in order to have a system able to face the challenges of the 21st century as the COVID-19 pandemic has shown”

ASPB

ASPB commented that several important social determinants of health are included in the Plan, however the equity component is not explicit. RRP should dive deeper on the matter to mitigate/reduce health and social inequalities in Spain. For example, under “Housing rehabilitation and urban renewal”, the Plan should address the shortage and high pricing of housing in Spain, being housing under market dominance, which is still suffering from the effects of the 2010 financial crisis. The RRP should consider dedicating investments for the construction of ‘social housing’ to be put at the disposal of those in need at a price which would be affordable to socially disadvantaged groups.

Under “Public policies for a dynamic, resilient and inclusive labour market”, the Plan should give particular attention to the high level of temporary contracts and informal jobs in Spain and all the associated problems, especially for the young population and women who often work in very precarious conditions. Cooperation between public and private sectors, especially involving trade unions, would be recommended to improve or better implement the existing legislation.

ASPB noted that the social protection systems should be reformed and better financed as they only manage to reach part of the population due to its high costs.

ASPB also noted that differences between the public and the private schools in Catalonia should be reduced as they lead to segregation of the pupils by income. **A large amount of funding will be directed toward digitisations of services and green transition.** Experts highlighted the need to ensure that the digital transformation also includes safeguards for groups in a situation of vulnerability to avoid exclusion, namely through digital skills programmes as well as face-to-face supplementary services. COVID-19 vaccination programmes showed the digital gap of the population, with the most socio-economically disadvantaged being those who are not able to follow the digital appointment to be vaccinated. Investments in the green transition and social resilience have an important link also with health promotion at local settings. Additional related topics mentioned during the interviews included addressing energy poverty, air quality and mobility.

3.7.1 Suggestions for investments and taking RRP forward:

- Strengthen primary health care with an equity focus
- Strengthen public health services, including supporting the development of public health surveillance systems which include a focus on equity and the social determinants of health
- Support health promotion initiatives the social determinants of health as well as on behavioural changes such as healthy and sustainable nutrition, physical activity, smoking prevention and alcohol consumption prevention
- Broaden the scope of public provision of healthcare to include dental care
- Promote and support mental health initiatives
- Invest in social housing, both in terms of infrastructure and pricing
- Improve labour market conditions, with specific attention to precarious conditions
- Take actions against tax fraud (vs income inequalities)
- Adopt more progressive taxation
- Pay stronger attention to gender inequalities with concrete action, particularly in the labour market
- Accompany the digital transformation with digital skills programmes as well as support for face-to-face services to ensure access
- Pay attention to energy poverty

- Boost and financially incentivise active transport (walking and cycling) and public transport
- Reform and invest in social protection systems and coverage
- Promote actions for climate change mitigation, including actions on air pollution, transport, industry and food systems

ANNEX 1 – Glossary

European Pillar of Social Rights

The European Pillar of Social Rights (the “Social Pillar”) is a (non-binding) commitment within 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. The progress in 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.

More info: https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

European Semester

The European Semester is the EU’s annual cycle of economic and social policy coordination. The process starts in November⁵¹ 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 health care. In 2019, the 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 to the implementation of a revamped EU structural reform service – the EU Resilience and Recovery Facility (RRF)

worth a total of 672.5 million euro. The aim of the EU RFF 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 transitions⁵² in view of the recovery from this crisis. More info: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester_en

Recovery and Resilience Facility

The Recovery and Resilience Facility is a large-scale financial tool to support reforms and investments. 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 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 fund, Member States presented specific Recovery and Resilience Plans together with their 2021 National Reform Programmes. The Recovery and Resilience Plans consist of a package of reforms and public investment projects to be implemented up to 2026.

More info: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en

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. 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

- Early leavers from education and training: % of population 18-24
- Individuals who have basic or above basic overall digital skills: % of population 16-74

Secondary indicators

- Adult participation in learning: % of population 25-64
- Tertiary education attainment: % of population 30-34

- Young people neither in employment nor in education and training (NEET): % of population 15-29
- Gender employment gap: Percentage points
- Income inequality: Quintile share ratio (S80/S20) Ratio
- Gender gap in part-time employment: Percentage points
- Gender pay gap in unadjusted form: % of average gross hourly earnings of men

Fair working conditions

Headline indicators

- Employment rate: % of population 20-64
- Unemployment rate: % of labour force 15-74
- Long term unemployment rate: % of labour force 15-74
- Real gross disposable income of households: Per capita increase (Index = 2008)

Secondary indicators

- Activity rate: % of population 15-64
- Youth unemployment rate: % of labour force 15-24
- Employment in current job by duration: % of employed 20-64 from 0-11 months
- Transition rates from temporary to permanent contracts: % (3-year average)
- In-work-at-risk-of-poverty rate: % population

Social protection and inclusion

Headline indicators

- At-risk-of-poverty or social exclusion rate (AROPE): % of population
- At-risk-of-poverty-rate (AROP): % of population

Secondary indicators

- Severe housing deprivation: % of owners with mortgage or loan
- Severe housing deprivation: % of renters at market price

- Severe material and social deprivation rate (SMSD): % of population
- Persons living in a household with a very low work intensity: % of population <65
- At-risk-of-poverty rate or exclusion of children: % of population 0-17
- At-risk-of-poverty-rate (AROP) for children: % of population 0-17
- Severe material and social deprivation rate (SMSD) for children: % of population 0-17
- Children living in a household with a very low work intensity: % of population 0-17
- Impact of social transfers (other than pensions) on poverty reduction: % reduction of AROP
- 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+
- General government expenditure by function: social protection: % of GDP
- General government expenditure by function: healthcare: % of GDP
- General government expenditure by function: education: % of GDP
- Aggregate replacement ratio for pensions: Ratio
- Out-of-pocket expenditure on healthcare: % of total health expenditure
- Healthy life years at age 65: Women Years
- Healthy life years at age 65: Men Years

More info

<https://ec.europa.eu/eurostat/web/european-pillar-of-social-rights/indicators/social-scoreboard-indicators>;
https://ec.europa.eu/commission/sites/beta-political/files/social-scoreboard-2018-country-reports_en.pdf

Annex 2 – Full list of issues emerged during the interviews

	AT	BE	FI	IT	NL	PT	SL	ES
Improve the equity dimension	•	•		•	•	•		•
Need for more investments in public health	•	•	•	•	•	•	•	•
Mental health	•		•	•	•			•
Primary care	•		•	•		•		•
HEALTH PROMOTION								
Introduce free school meals for all in education	•							
Reduce alcohol consumption								•
Increase physical activity in schools							•	
Introduce physical activity on prescription		•						
Reduce smoking behaviours		•						•
Support behavioural change toward healthier lifestyles								
Provide additional food aid			•					
Provide nutrition training to nursing homes staff		•						
STRUCTURAL / ORGANISATIONAL								
Monitoring and surveillance (health population)				•		•		•
Support integrated care models with digital infrastructures		•						
Addressing inequalities in access for peripheral areas						•		
Adoption of Health Impact Assessment		•						
Address structural imbalances in provision of primary care and public health services						•		
Holistic approach (one health, integrate green to health/social)		•			•			
Improve collaboration between national and regional levels (health system)		•						
Improve coordination of the implementation of EU funds				•				
Monitoring implementation of the Recovery Plan				•	•			
Reform of long-term care structure							•	
Reform social protection system								•
Introduce or improve health inequalities indicators						•		
Reinforcing public health at local/regional level								•
WORKFORCE (HEALTH)								
Increase digital staff within the health sector				•			•	
Strengthen community nursing	•							
Address staff shortages			•	•		•	•	
DIGITAL								
Accessibility of health data from private sector owned data sets						•		
Address interoperability							•	
Ensure help desks and services for low digitally literate groups		•	•					
Ensure provision of digital tools and means to all		•						
Improve digital infrastructures			•				•	
Strengthen eHealth and telemedicines			•				•	

	AT	BE	FI	IT	NL	PT	SL	ES
EDUCATION AND TRAINING								
Educational programmes/grants for social and medical workers			•					
Increase training programmes for social workforce							•	
Provide professionals with training on health inequalities								•
Improve digital skills (especially in vulnerable groups)	•		•		•	•		•
Adult learning and training for those in a weak labour market position			•					
Educational programmes for prisoners			•					
CHILDCARE AND SUPPORT TO FAMILIES								
Address educational gap caused by lockdown measures					•			
Prevention of bullying in schools			•					
Reduce discrimination in state schools								•
Foster the implementation of the child guarantee			•					
Introduction of the mother child passport	•							
EMPLOYMENT AND LABOUR MARKET POLICIES								
Address long-term unemployment							•	
Employment policies for people with disabilities			•					
Teleworking alongside face to face (to reduce inequalities)								•
Working conditions (reduce precarious work, informal work)								•
ENVIRONMENT								
Monitor environmental impact on health				•				
Nature preservation and ecological rebuilding			•			•		
Reduce urban heat islands				•				
Address energy poverty			•					•
OTHERS								
Foster social cohesion			•					
Introduction of biobanks				•				
Increase public housing and affordability						•	•	•
Set up inclusive housing for vulnerable people		•						
Address tax fraud								•
Improve communication with the public							•	•
Strengthen governance and leadership								•
Reduce national debt			•					
Dental care			•					•

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