



## **CONFERENCE ON THE FUTURE OF A HEALTHY EUROPE** ***"Taking part in the decision-making process on health priorities"***

*Digital Conference*  
*20th & 21st April 2022 • from 14:30 to 16:00 CEST*

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### **SESSION 2**

#### **The health mission within the National Recovery and Resilience Plans**

**Introduction by the moderator Brian Maguire - EURACTIV**

Good afternoon and welcome back on the second session of the European celebrations of the XVI Edition of the XVI European Patients' Rights Day.

Yesterday, I recall briefly, we reflected on whether the need to build a stronger "European Health Union", as advocated by the President of the European Commission Ursula von der Leyen in the occasion of the 2020 State of the Union is a concrete perspective or just a slogan. Starting from the suggestions that emerged in the context of the Conference on the Future of Europe, indications were made regarding further urgent health priorities, including greater access to advanced therapies and greater attention to the topic of the manufacturing resilience, which should absolutely be considered. in the commitments that the European Institutions will publicly undertake on the subject between now and May 9th.

On the other hand, today's session offers us the opportunity to assess the "Mission of Health" provided by the National Recovery and Resilience Plans (NRRPs). We will be inevitably starting from Italy, the country that has received the greatest resources from the Next Generation EU, and to the French, as we stay in the French Presidency of the Council of the European Union, to then widen the view also to other realities.

In this case, the reflections starts from the alarm launched by the European Economic and Social Committee that, since the Resolution voted in February 2021<sup>1</sup>, openly calls for the involvement of civil society in the NRRPs. Given the still evolving framework, one cannot overlook the denunciation of the European Economic and Social Committee, which stresses how “in most Member States the NRRP consultation processes with the social partners and CSOs are far from satisfactory in relation to the justified demands of civil society and even in relation to the terms set out in the Recovery and Resilience Facility Regulation” implying therefore how involvement has been, at least in its initial phase, marginal and far from that structured and organic perspective desired by the European legislator. "One barrier for involvement identified was the apparent unwillingness of some national governments to include civil society in the drafting of their plan. Rather than the government seeking to involve civil society, consultations were often carried out at the initiative of and following appeals from the social partners and other civil society organizations”.

One year on, has anything changed? Not so much on health issues, if we consider the data emerged from the survey conducted by Active Citizenship Network in 18 European countries. Specifically, questioning 38 patient and advocacy associations, it resulted that in most cases there has been no involvement of civic and patient associations by institutions in the definition of public health priorities. The majority responded that they were not involved at all (35%) or were not informed of these processes (22%), while 35% responded positively. However, among those who responded positively, it should be noted that only 13% were involved from the outset in the consultation processes of social actors and civil society organizations, while 11% were involved to a very limited extent.

Nonetheless, regardless of any formal involvement by the authorities, more than half of the respondents (55%) confirmed that their association had provided civic recommendations to institutions in defining priorities in the public health sector.

If civic involvement in the priority-setting phase left much to be desired, even worse seems to be going on in the implementation phase of the NRRPs: a large majority of respondents (79%) stated that their organization was not formally involved by institutions in the implementation of the

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<sup>1</sup> <https://www.eesc.europa.eu/en/documents/resolution/involvement-organised-civil-society-national-recovery-and-resilience-plans-what-works-and-what-does-not>

National Recovery and Resilience Plan of the country, while only 10% confirmed their involvement through participation in debates, public consultations, and promotion of new health models.

In short, How much does the issue of health "weigh" in the various NRRPs? What state of progress are we in their implementation? What has been the level of involvement of citizens and patients' associations so far, as well as the engagement of all the relevant stakeholder, including providers and private sector, in the implementation process of the priorities that have been identified in the health sector? And to connect yesterday's discussion with today's, how to ensure that the priorities defined in the context of the Conference on the Future of Europe will be incorporated in the implementation of the National Recovery and Resilience Plans (NRRPs)? As is the custom of the European Day, we are ready to talk about it with qualified guests balancing the European point of view with national points of view in a multi-stakeholder perspective.