

16th edition of the European Patients' Rights Day

The health mission within the National Recovery and Resilience Plans

Dear friends,

Thank you for the invitation to participate in the 16th European Patients' Rights Day.

The Covid-19 pandemic has, **on the one hand**, reminded us all of the **universal value of health**, its nature as a fundamental public good and the macro-economic relevance of public health services, **while on the other hand**, it has made certain **critical aspects** of a structural nature of the health system even more obvious, such as:

- Inadequate integration between hospital services;
- High waiting times for the provision of certain services;
- A lack of capacity to define synergetic strategies for responding to environmental, climatic and health risks.

We cannot get out of such an apocalypse today by going back to our old lives and putting behind us what we have experienced in the last two years. The **common good** certainly depends on the authorities, but no less on each one of us.

The NRRP must be an opportunity to rethink and evolve the health system towards a model that is completely different from the current one, in a **transparent and shared process**.

The Plan offers the opportunity to resolve some critical situations created by the health emergency linked to the ongoing pandemic, but at the same time also the possibility of making investments to make the quality leap that so many sectors of society, the economy and public administration need.

The percentage of funds dedicated to health, from the most populous EU Countries, is:

- **14.8% Germany**. Berlin allocated €3 billion to **hospital modernisation and upgrades**;
- **6.3% France**. Paris, €2.5 billion and will focus on the renovation of **health/ambulatory facilities** and the renewal of medical equipment;
- **Spain** did not foresee direct allocations, although in its *digitalisation package* (€3.2 billion, or **4.6%** of the available funds) it identified the health sector as one of the sectors to which resources should be allocated.

As regards **Italy**, which was one of the countries hardest hit by the pandemic, a specific mission, **number 6**, dedicated to health, has been included in the NRRP. This mission was allocated around **8.6%** of the total resources of €20.23 billion, of which:

The Italian Recovery and Resilience Plan has provided for massive investment in **community medicine**, with the aim of building structures throughout the country dedicated to intermediate care that does not necessarily require hospital treatment. This change of perspective aims to respond to the new needs linked to the most widespread pathologies: we are increasingly talking about **chronic diseases**.

In Italy in 2019, there were more than 10 million patients over the age of 15 with comorbidity (at least 3 chronic diseases in a list of 21 diseases). In these cases, hospitalisation is not

strictly necessary. However, other facilities are necessary to guarantee the care required by this type of patient. The situation of **older people** who live alone and therefore find it difficult to travel is particularly delicate in this respect.

In this sense, the NRP itself stresses the importance of reducing the **significant territorial disparities** in service delivery that currently exist. Another important element concerns the ability to rely on the most advanced technologies, as well as on high digital skills of health personnel. This would allow, among other things, greater use of **telemedicine**.

The [Decree](#) of the Ministry of Health of 20 January 2022 (which allocates the **first €8 billion in funds among** the regions) aims to develop **community-based** care and **innovation**, financing the implementation of:

- Community houses;
- Community hospitals;
- Technological and digital modernization in hospitals.

By replacing at least 3.100 major health equipment such as TACs, accelerators, cardiological and gynecological ecotomographs, angiographs and multifunctional systems for direct digital radiology for first-aid examinations.

This great opportunity can only be exploited in the best possible way if health care stakeholders, health and social care management, citizens and their associations, manage to work together on **shared objectives**.

The Plan is a tool that has been set up to improve people's living conditions, which is why they must be involved, above all, in **the implementation phase**, as specified in [EU Regulation](#) 2021/241 (Art. 18.4(q)) of February 2021.

The lack of involvement of civic associations, the lack of transparency and the absence of civic monitoring would be serious mistakes. The future of the next generations will be decided and citizens cannot be relegated to mere spectators. It is clear that a huge work, such as the one proposed can only succeed if it is coral.

Thank you for your attention