

# Procedure file

Basic information		
INI - Own-initiative procedure	<a href="#">2021/2100(INI)</a>	Procedure completed
Cohesion policy as an instrument to reduce healthcare disparities and enhance cross-border health cooperation		
Subject		
4.10.10 Social protection, social security		
4.20.06 Health services, medical institutions		
4.70.02 Cohesion policy, Cohesion Fund (CF)		
4.70.05 Regional cooperation, cross-border cooperation		

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	 <a href="#">Regional Development</a>	 <a href="#">SOKOL Tomislav</a>	22/04/2021
		Shadow rapporteur	
		 <a href="#">PENKOVA Tsvetelina</a>	
		 <a href="#">MITUA Alin</a>	
		 <a href="#">ROPÉ Bronis</a>	
		 <a href="#">PANZA Alessandro</a>	
		 <a href="#">KRUK Elżbieta</a>	
		 <a href="#">PAPADIMOULIS Dimitrios</a>	
European Commission	Commission DG <a href="#">Health and Food Safety</a>	Commissioner KYRIAKIDES Stella	

Key events			
08/07/2021	Committee referral announced in Parliament		
25/01/2022	Vote in committee		
14/02/2022	Committee report tabled for plenary	<a href="#">A9-0026/2022</a>	Summary
07/03/2022	Debate in Parliament		

08/03/2022	Results of vote in Parliament		
08/03/2022	Decision by Parliament	<a href="#">T9-0058/2022</a>	Summary

### Technical information

Procedure reference	2021/2100(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 54
Other legal basis	Rules of Procedure EP 159
Stage reached in procedure	Procedure completed
Committee dossier	REGI/9/06446

### Documentation gateway

Committee draft report	<a href="#">PE697.616</a>	22/09/2021	EP	
Amendments tabled in committee	<a href="#">PE699.164</a>	29/10/2021	EP	
Committee report tabled for plenary, single reading	<a href="#">A9-0026/2022</a>	14/02/2022	EP	Summary
Text adopted by Parliament, single reading	<a href="#">T9-0058/2022</a>	08/03/2022	EP	Summary
Commission response to text adopted in plenary	<a href="#">SP(2022)254</a>	25/07/2022	EC	

## Cohesion policy as an instrument to reduce healthcare disparities and enhance cross-border health cooperation

The Committee on Regional Development adopted the own-initiative report by Tomislav SOKOL (EPP, HR) on cohesion policy as an instrument to reduce healthcare disparities and enhance cross-border health cooperation.

The outbreak of the COVID-19 pandemic highlighted the crucial importance of the health sector and exposed the healthcare disparities and inequalities between the Member States and within them, in particular in border, outermost, remote and rural regions, including in regions with low population density.

Cohesion policy, through the coronavirus response investment initiative (CRII) and the coronavirus response investment initiative plus (CRII+), was the first line of defence against the COVID-19 pandemic, thus proving that this policy can contribute significantly to reducing health inequalities through supporting advances in e-health, e-medicine and other forms of digitalisation.

### Reducing healthcare disparities through cohesion policy

Members pointed out that access to public services is crucial for the 150 million-strong population of internal cross-border areas and is frequently hampered by numerous legal and administrative barriers. The Commission and the Member States are called on to maximise their efforts to remove these barriers, especially when related to health services, transport, education, labour mobility and the environment.

The EU should develop a strategic and integrated approach when it comes to major diseases by bringing together diverse resources from several funds, including cohesion funds. They also believe that the recovery from the COVID-19 pandemic is an opportunity to build stronger and more resilient health systems by using the instruments of the cohesion policy. They support the Commission in creating a well-functioning European Health Union to unlock the huge potential of health cooperation.

The report highlighted that many NUTS level 2 regions with GDP per capita lower than 75 % of the EU-27 average and transition regions with GDP per capita between 75 % and 90 % of the EU-27 average, rural areas and areas with low population density do not uniformly match the standards of healthcare provision in comparison with the services available in more developed parts of the EU. Members called on the Commission and the Member States to cooperate in establishing minimal standards in both the health infrastructure and health services and to use EU funds to ensure equal access to minimum quality standards in all regions, and especially for pressing problems in the border areas.

The report called for better synergies and complementarities between cohesion policy programmes to be ensured, with the aim of reducing regional disparities, in particular in Horizon Europe which should generate new knowledge, and EU4Health, making the best possible use of this new knowledge for the benefit of citizens and health systems.

Members also stressed that in order to overcome the major obstacles that exist in terms of equality of access to healthcare in rural areas, wide use should be made of advanced technologies, such as e-health, robotic surgery and 3D printing as an integral part of the smart villages concept, with the goal of improving access to healthcare and increasing efficiency and quality.

## Cross-border cooperation on health

Members encouraged the use of NextGenerationEU funds and cohesion funds to radically upgrade the digital capabilities of healthcare systems. They called on the Commission and the Member States to use the cohesion policy instruments to promote the digitalisation of medication services in European hospitals, including traceability systems, in order to reduce medication errors, improve communication between care units and simplify bureaucracy.

Furthermore, the report called for enhanced focus on patients in the projects that will be financed through Interreg programmes in the new programming period and in projects focusing specifically on vulnerable and marginalised groups as well as on the gender-related health priorities of the EU gender equality strategy 2020-2025, including SRHR.

Lastly, Members highlighted that several Interreg projects have contributed to cross-border regions fight against COVID-19 throughout the EU, for example through the mobility of intensive care patients and healthcare professionals, as well as the provision of medical and personal protective equipment and PCR tests across borders, and through the exchange of information, or by offering legal advice.

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The European Parliament adopted 582 votes to 35, with 79 abstentions, a resolution on cohesion policy as an instrument to reduce healthcare disparities and enhance cross-border health cooperation.

The outbreak of the COVID-19 pandemic highlighted the crucial importance of the health sector and exposed the healthcare disparities and inequalities between the Member States and within them, in particular in border, outermost, remote and rural regions, including in regions with low population density.

A more structured approach at EU level, complemented by a stronger and more comprehensive legal framework and legally binding means of action, is needed to strengthen cooperation and coordination between Member States, to better protect citizens' health and to effectively address existing healthcare disparities.

### Reducing health disparities through cohesion policy

Members stressed that access to public services is crucial for the 150 million people living in internal cross-border areas and is often hampered by numerous legal and administrative barriers. The Commission and Member States are called upon to maximise their efforts to remove these barriers, particularly in the areas of health services, transport, education, labour mobility and the environment.

The EU should develop a strategic and integrated approach to major diseases by pooling resources from several funds, including cohesion funds. The Commission should also propose a new European action plan for mental health.

The lack of basic infrastructure, well-trained staff and quality services in NUTS 2 regions (with a population of between 800 000 and 3 million) with a GDP per capita of less than 75% of the EU-27 average, as well as in transition regions with a GDP per capita of between 75% and 90% of the EU-27 average, significantly hampers access to health care. Members called on the Commission and Member States to work together to establish minimum standards in both infrastructure and health services and to use EU funds to ensure equal access to minimum quality standards in all regions, and in particular for urgent problems in border areas.

Members considered that investments in healthcare innovation, healthcare systems and qualified and sufficient health personnel will reduce health inequalities. They recommended that when defining healthcare policies at regional, national and EU level, there should be tailored and adaptive approaches between health, social and economic policies, with the goal of improving dialogue, synergies and planned investments from the structural funds and other relevant EU programmes, such as Interreg.

The Commission is invited to:

- establish a European health advisory board, bringing together representatives of national, regional and local government authorities and other stakeholders, to promote better use of EU funds;
- make full use of its competence in the field of health policy and assist national and regional authorities in strengthening health systems, promoting upward convergence of health care standards with the aim of reducing health inequalities within and between Member States.

Members also recommended:

- using cohesion policy funds to set up specialised centres of excellence for specific diseases across the EU, which would also cover neighbouring countries and contribute to cross-border cooperation on health care;
- committing to long-term sustainable investment in the health workforce, given the serious economic, social and health impacts of the COVID-19 crisis;
- adopting ambitious cohesion measures to address the shortage of health professionals in border and rural areas and make extensive use of advanced technologies, such as eHealth, robotic surgery or 3D printing, as part of the 'smart villages' concept.

### Cross-border cooperation in health

Members encouraged the use of NextGenerationEU and cohesion funds to radically upgrade the digital capacity of health systems. They called on the Commission and Member States to use cohesion policy instruments to promote the digital transition of medication services in European hospitals.

Highlighting the importance of patient mobility and cross-border access to safe and high-quality healthcare in the EU, Parliament called for the promotion of specific intermediaries, such as zones of organised access to cross-border healthcare and European groupings of territorial cooperation (EGTC), health observatories and other networks to help coordinate cross-border cooperation in healthcare in collaboration with local, regional and national authorities.

Parliament recognised the importance of investing in cross-border cooperation programmes that address identified health needs in border

regions, such as cross-border governance in emergency situations, e.g. emergency services that cover regions on both sides of the border.

Lastly, underlining the important role of Interreg programmes, Members called for a greater focus on patients in projects to be funded by Interreg programmes in the new programming period and for projects to be specifically targeted at vulnerable and marginalised groups as well as the gender-related health priorities of the Gender Equality Strategy 2020-2025.