REPORT

on cohesion policy as an instrument to reduce healthcare disparities and enhance cross-border health cooperation (2021/2100(INI))

Committee on Regional Development

Rapporteur: Tomislav Sokol
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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on cohesion policy as an instrument to reduce healthcare disparities and enhance cross-border health cooperation
(2021/2100(INI))

The European Parliament,

– having regard to Article 168 of the Treaty on the Functioning of the European Union (TFEU), which requires a high level of human health protection in the definition and implementation of all Union policies and activities and aims to encourage cooperation between Member States in order to improve the complementarity of their health services in cross-border areas,

– having regard to Article 174 TFEU on strengthening the economic, social and territorial cohesion of the Union,


– having regard to Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare (Cross-Border Healthcare Directive) and in particular Article 168 thereof2,


– having regard to the Commission study on cross-border cooperation entitled ‘Capitalising on existing initiatives for cooperation in cross-border regions’ published in March 20184,

– having regard to the opinion of the European Committee of the Regions of 14 October 2020 on the implementation and future perspectives for cross-border healthcare5,

– having regard to the Commission communication of 11 November 2020 entitled ‘Building a European Health Union: Reinforcing the EU’s resilience for cross-border health threats’ (COM/2020/0724),


2 OJ L 88, 4.4.2011, p. 45.
– having regard to its position adopted at first reading of 9 March 2021 on the proposal for a regulation of the European Parliament and of the Council on the establishment of a Programme for the Union’s action in the field of health – for the period 2021-2027 and repealing Regulation (EU) No 282/2014 (EU4Health Programme)⁶,

– having regard to Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union’s action in the field of health (EU4Health Programme) for the period 2021-2027, and repealing Regulation (EU) No 282/2014⁷,


– having regard to Regulation (EU) 2021/1059 of the European Parliament and of the Council of 24 June 2021 on specific provisions for the European territorial cooperation goal (Interreg) supported by the European Regional Development Fund and external financing instruments¹⁰,

– having regard to Regulation (EU) 2021/1060 of the European Parliament and of the Council of 24 June 2021 laying down common provisions on the European Regional Development Fund, the European Social Fund Plus, the Cohesion Fund, the Just Transition Fund and the European Maritime, Fisheries and Aquaculture Fund and financial rules for those and for the Asylum, Migration and Integration Fund, the Internal Security Fund and the Instrument for Financial Support for Border Management and Visa Policy¹¹,

– having regard to the 2021 study on cross-border cooperation in healthcare commissioned by the Committee on Regional Development¹²,

– having regard to the Commission guidance on European structural and investment funds 2014-2020,

– having regard to Rule 54 of its Rules of Procedure,

– having regard to the report of the Committee on Regional Development (A9-0026/2022),

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¹⁰ OJ L 231, 30.6.2021, p. 94.
A. whereas the lack of basic infrastructure, well-trained personnel and quality services in NUTS level 2 regions (regions with between 800 000 and 3 million inhabitants) 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, seriously hampers equal access to healthcare and is the main reason why high-quality health infrastructure and adequate and well-trained health personnel should be a priority for all national and regional governments;

B. whereas the outbreak of the COVID-19 pandemic highlighted the crucial importance of the health sector and put increased demands on healthcare systems and health workers, and thus exposed the weaknesses and shortcomings of healthcare systems as well as 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;

C. whereas 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, that, while a source of new opportunities, also require appropriate equipment to master each specific situation, as well as training for medical personnel to cater to each specific situation;

D. whereas the standard of healthcare provision in the EU is still a prerogative of the Member States and significant differences exist between regions, creating inequalities; whereas NUTS level 2 regions with GDP per capita lower than 75 % of the EU-27 average are not able to devote anything close to the amount of resources on healthcare per capita as their more developed counterparts;

E. whereas the EU instruments aimed at compensating for some of these problems are mostly limited to ‘soft’ law resulting in general shortcomings; whereas a more structured Union-level approach complemented by a stronger and more comprehensive legal framework and legally binding means of action is required in order to enhance cooperation and coordination between Member States, better protect peoples’ health and effectively address the existing healthcare disparities;

F. whereas the Commission supports cross-border cooperation in healthcare through numerous studies and initiatives, including through Interreg, financed under the structural funds;

G. whereas cross-border healthcare-related cooperation requires the support and involvement of a wide range of partners, social and medical institutions, health insurance entities and public authorities, that should address existing barriers to crossing the border in areas such as free movement, information, different taxation and social security systems as well as the recognition of qualifications for healthcare staff and barriers with which healthcare institutions are faced;

H. whereas the right to access quality healthcare, including preventive care, is part of the European Pillar of Social Rights and should be accessible to people in cross-border areas, which represent 40 % of the territory of the EU and are home to almost one third
of the EU population, and generally perform worse economically than other regions within the Member States, in particular cross-border areas with lower population density and fragile economies, such as rural, remote, outermost regions and islands;

I. whereas strengthening cohesion policy is necessary in order to reduce disparities between the standards of healthcare provision in the EU;

J. whereas health spending accounts for almost 10% of GDP in the EU, with people employed in health-related fields making up 15% of the EU workforce; whereas significant differences regarding the level of healthcare expenditure and the availability of doctors and healthcare professionals still persist among Member States and their regions;

K. whereas the serious depopulation of border regions, especially by young people and skilled workers, illustrates the lack of economic opportunities in these regions and makes them less attractive in terms of employment in health sector; whereas the shortage of human resources in equitable healthcare, whether as a result of limits on student numbers or lack of career prospects, is one of the key issues when it comes to the sustainability of European health systems;

L. whereas in the last two multiannual financial frameworks (MFFs), health investments from the European Regional Development Fund (ERDF) tended to be concentrated in the less-developed Member States and NUTS level 2 regions with GDP per capita lower than 75% of the EU-27 average, usually focusing on health service modernisation, while the European Social Fund (ESF) investments addressed access to healthcare and tended to be concentrated in the countries facing particular challenges in terms of access to affordable, sustainable and high-quality services;

M. whereas at the moment, the primary responsibility for healthcare lies with the Member States since they control the organisation and financing of healthcare services and medical practices;

N. whereas the priorities of NextGenerationEU include digitalisation and health system resilience;

O. whereas cross-border healthcare is one of the policy areas and fields of intervention most concerned by legal and non-legal obstacles due to major differences between national systems;

P. whereas a European Health Union should contribute to and foster closer cooperation, coordination and knowledge sharing on health between Member States and relevant stakeholders and increase the EU’s capacity to combat cross-border health threats;

**Reducing healthcare disparities through cohesion policy**

1. Underlines that the EU’s cohesion policy invests in health as a key asset for regional development, social convergence and regional competitiveness in order to reduce economic and social disparities;
2. Points 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; calls, therefore, on the Commission and the Member States to maximise their efforts to remove these barriers, especially when related to health services, transport, education, labour mobility and the environment;

3. Believes that 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; emphasises the need to replicate the model of Europe’s beating cancer plan to tackle other health problems such as mental health and cardiovascular diseases;

4. Underlines the rise in mental illnesses and disorders, especially since the beginning of the COVID-19 pandemic; calls on the Commission to propose a new European action plan for mental health as soon as possible based on the model of Europe’s beating cancer plan, using all instruments available, including cohesion policy, in the form of a comprehensive plan with measures and targets that leave no one behind;

5. Believes 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; supports the Commission in creating a well-functioning European Health Union to unlock the huge potential of health cooperation;

6. Highlights 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; stresses that further convergence and cooperation in this area are necessary between the Member States and the EU, particularly through the cohesion policy investments; calls, therefore, 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; calls on the Commission and Member States to pool their commitments and resources to achieve this goal;

7. Recalls the substantial contribution of cohesion policy to planned health sector investments in the last programming period (2014-2020) through the ESF and the ERDF, to the tune of around EUR 24 billion so far, aimed at improving access to services, as well as developing specialised health infrastructure and capacities in order to reduce health inequalities;

8. Believes that investments in healthcare innovation, healthcare systems and qualified and sufficient health personnel will reduce health inequalities and will continue to offer significant improvements to the daily lives of citizens which will lead to an increased life expectancy; stresses the importance of EU, national and regional authorities in providing for a more efficient involvement of a wide range of healthcare institutions; underlines, furthermore, the need for direct cooperation, actions and projects using cohesion policy instruments between and within the Member States and their regions to establish the procedures focused on reducing the bureaucratic burden for patients and
solving as many problems as possible among health insurance services in the cross-border regions;

9. Calls on the Member States to take due account of the positive contribution of the private health sector and to ensure that in programming of the next cohesion programmes, sufficient funds are available for private projects in health infrastructure and services;

10. Recommends 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, such as through the initial provision of medical equipment, exchanges of medical personnel and transfer of patients between hospital facilities which are able to cater for citizens’ unmet health and social needs;

11. Underlines that the European reference networks (ERN) could improve access to healthcare in the case of rare and complex diseases; calls on the Commission and the Member States to ensure ongoing support and better resources for the ERN and national centres of expertise for rare and complex diseases, and to extend the ERN field of work to other fields such as severe burns and organ transplant programmes; calls on the Commission to analyse the feasibility of establishing a dedicated fund under the cohesion policy to guarantee equitable access to approved therapies for rare diseases;

12. Calls on the Member States to take into account the specificities of the cross-border regions and the patient’s right to choose when defining healthcare policies, and to use the cohesion instruments to develop regional health infrastructure and procedures which allow patients to choose medical services in the region from either side of the border regardless of their state of residence;

13. Suggests that the Commission create a European health advisory board, involving national, regional and local government authorities and other stakeholders, with the aim of promoting better use of European funds and working to develop effective and harmonised responses to common public health issues;

14. Calls 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;

15. Calls on the Commission to make full use of its competence in health policy to support national and regional authorities in strengthening health systems, promoting upward convergence of healthcare standards with the aim of reducing health inequalities within and between Member States, and facilitating the exchange of best practices among Member States, especially with regard to sexual and reproductive health and rights (SRHR), including through using, where appropriate, the EU4Health programme and the European social fund plus (ESF+);

16. Stresses the importance of cohesion policy in tackling gender inequality in healthcare and promoting the gender-related health priorities of the EU gender equality strategy
2020-2025, including SRHR;

17. Calls on the Commission to promote the integration of healthcare and medical treatments through health and care strategies, so that the focus is on patients and so that duplication, gaps and lack of care are avoided, particularly in the care of chronically ill patients or the elderly, with lessons to be learned in particular from the experiences of cross-border programmes;

18. Points out that while evaluating the overall envelope of funded structural projects and benchmarks in the context of health, it is also necessary to review the subsequent health outcomes of individual projects in order to track their results and conduct ongoing analyses of their effectiveness and to draw the correct conclusions to improve the programming and implementation of these projects in the future, including with a view to further developing a guide of good practice, produced by the Commission;

19. Underlines the importance of continuing to build a comprehensive health infrastructure and to reduce the existing disparities to the greatest possible extent; recalls that cohesion policy can make a significant contribution to the building of health infrastructure in every part of the EU, especially in the 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, in order to create high-quality, fully-equipped and resilient healthcare systems throughout the entire EU that better protect peoples’ health; emphasises, moreover, the need to set up a working cross-border cooperation network between the Member States and their regions that could effectively respond to current and future health challenges;

20. Calls for the use of cohesion policy funds for the development of specialised centres of excellence for specific diseases across the EU, which would also cover its neighbouring countries and contribute to cross-border healthcare cooperation; reiterates, in this context, the need to use all existing EU instruments, such as EU4Health and Horizon Europe, in synergy, in order to support the development of a network of such centres equitably distributed across the entire territory of the EU;

21. Emphasises that people in border areas, rural areas and the outermost regions often encounter barriers to equal access to healthcare that limit their ability to obtain the care they need, especially in the form of basic health infrastructure, qualified and sufficient health personnel and access to vital medicines; stresses that in order for them to acquire sufficient access to health infrastructure and the appropriate healthcare they need, quality services should be available and obtainable in a timely manner; emphasises, furthermore, the specific situation regarding access to healthcare in border regions at EU external borders and peripheral regions where EU citizens already face numerous challenges;

22. Notes that transport costs are one of the reasons for the rising price of medicines and clinical equipment for hospitals and health centres in the outermost regions, remote regions and regions with low population density, which also have to cope with long delivery times, meaning regional health services need to have increased capacity to store large amounts of stock and avoid shortages; considers, therefore, that the EU should develop a response to these issues;
23. Stresses that equal access to healthcare will also increase the inclusion of people, including for those who have disabilities or are otherwise disadvantaged, and will increase the level of their social protection; notes that promoting accessibility to mental health services could also help to increase employment and eliminate poverty in less-developed regions;

24. Highlights the importance of mobilising European funds in order to invest more in disease prevention and the promotion of a healthy lifestyle and active ageing in order to prevent early pressure on health systems; stresses the importance of supporting campaigns to raise public awareness, in particular among young people, of the benefits of adopting a healthy lifestyle, and the importance of supporting the development of screening programmes for the early detection of serious diseases;

25. Believes 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; stresses the importance of using EU cohesion programmes to improve the deployment of digital solutions and to provide technical assistance to public administrations, insurance companies and other healthcare operators dealing with cross-border cooperation issues; highlights, therefore, the need to guarantee high-speed internet access in rural and remote areas, promote digital literacy among all age groups in those areas, and equip rural and remote health services with the resources needed to ensure effective online healthcare, such as e-medicine, and to store clinical data in a secure and harmonised manner; recommends developing a sustainable comparable cross-border database and mapping border and cross-border healthcare operators to make cross-border realities visible and to create new opportunities;

26. Underlines the merits of a European approach in tackling the COVID-19 pandemic, through joint acquisitions, stockpiles and other measures; calls for the continuation and development of this approach, using the instruments of the cohesion policy for other joint EU acquisitions of medical equipment and treatments such as cancer-preventing vaccines like human papillomavirus vaccines (HPV), hepatitis B vaccines and emergency equipment in order to improve affordability and access to treatments;

27. Calls for ambitious cohesion policy measures, in accordance with the legal provisions in force in the EU, in order to mitigate the significant lack of qualified and sufficient healthcare personnel in border and rural areas, in particular by helping healthcare personnel and their families to settle in these areas, by providing opportunities for continued vocational training and specialisation, and by ensuring good working conditions, with the aim of encouraging them to commence or resume practice in these areas;

28. Points out that sustainable long-term investment in healthcare personnel is more urgent than ever before given the severe economic, social and health impacts of the COVID-19 crisis; highlights the particular need for investment in sufficient healthcare personnel, education through the ESF+ and funding specialisations and sub-specialisations of the health personnel in the Member States and regions which are facing a brain drain; calls on the Member States that are confronted with a brain drain in the healthcare sector to
prioritise investments from the cohesion policy towards improving the working environment of medical personnel;

29. Calls for the use of cohesion policy funds to improve the working environment and attractiveness of healthcare sector to the health personnel in order to facilitate strategies to generate interest and ensure retention of the healthcare personnel in 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 and rural areas with low population density and less economic wealth, complementing national and regional policies aimed at providing adequate health workforce throughout the EU; calls for a greater role for local and regional authorities, especially those in cross-border regions, in setting up and implementing cohesion policy programmes and projects that have a significant impact on reducing health disparities;

30. Calls on the Member States to ensure genuine cooperation in the field of cross-border healthcare in order to ensure that patients’ rights are respected, as provided for in the Cross-Border Healthcare Directive, and to ensure that the availability and quality of services increases;

31. Points out that the COVID-19 crisis has shown the need to step up investments to reinforce healthcare systems’ preparedness, responsiveness and resilience, while ensuring cross-border cooperation across the EU and that therefore solidarity, sustainability and equity are key to overcoming this crisis and its devastating socioeconomic consequences;

32. Points out that the COVID-19 crisis has demonstrated the importance of public-private partnerships in patient treatment, drug and vaccine research, and vaccine distribution; believes that the cost-benefit ratio of using EU funds for healthcare research and development projects carried out through public-private partnerships should be noted;

33. Stresses the need for an online platform with relevant stakeholders to encourage exchanges of best practice and discussions on cross-border healthcare;

34. Believes that the COVID-19 pandemic represents a historic transformational moment for investments in health systems and future workforce capabilities; calls for the establishment of a strong and sufficiently-funded European Health Union to enhance cooperation and coordination between Member States, reinforce public healthcare systems, better protect peoples’ health and effectively address long-standing healthcare disparities;

Cross-border cooperation on health – contribution of Interreg programmes and other opportunities

35. Encourages the use of NextGenerationEU funds and cohesion funds to radically upgrade the digital capabilities of healthcare systems; emphasises the need for enhanced interoperability of IT systems, as this is the main pillar for facilitating the cross-border provision of e-health services and especially of telemedicine services;

36. Calls 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; calls for the implementation and development of the e-health digital service infrastructure (eHDSI), including a single European digital patient file, which would ensure that citizens have rapid access to adequate medical services everywhere in the EU;

37. Calls on the Commission to establish a European list of essential medicines and to ensure their availability and affordability through permanent stocks, joint price negotiations and joint procurement by using EU instruments, including those provided by the cohesion policy;

38. Highlights that many border regions already have both a history of and the structures for cooperation in health, which they should fully exploit in the spirit of European solidarity;

39. Highlights the importance of patient mobility and cross-border access to safe and high-quality healthcare in the EU; stresses that patients often cannot benefit from healthcare services in neighbouring countries due to diverging systems of cost reimbursement, while cross-border workers are faced with confusing taxation and social benefits because Member States follow different social security systems; strongly encourages, therefore, the promotion of specific intermediaries, such as zones of organised access to cross-border healthcare (ZOASTs), 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; stresses that cross-border healthcare improvements can benefit patients by enabling equitable access to health services and infrastructure in other Member States or their bordering regions, including diagnosis and clinical trials, based on the principle of ‘easiest, closest, best and fastest’ access; calls for more efficient transport possibilities of patients to the nearest cross-border facilities, while recognising that tackling all legal and administrative obstacles still represents a burden and needs to be addressed by a future European cross-border mechanism (ECBM) regulation;

40. Highlights the importance of the recent cohesion policy measures to tackle the COVID-19 pandemic, namely the coronavirus response investment initiative (CRII), the coronavirus response investment initiative plus (CRII+) and the recovery assistance for cohesion and the territories of Europe (REACT-EU); further emphasises that similar measures were taken on board in Regulation (EU) 2021/1060;

41. Strongly recommends improving and disseminating simplified information for cross-border patients and healthcare staff via a manual for patients or cross-border regional contact points;

42. Acknowledges the existence of the numerous successful health cross-border projects across Europe, and stresses that the experience gained from these should be used to build on the intelligent use of existing cohesion policy projects by further enhancing and facilitating cross-border cooperation in this area for the benefit of all people in the EU; underlines, furthermore, the importance of learning from and further capitalising on the success stories from some of the border regions;
43. Acknowledges the importance of investing in cross-border cooperation programmes that respond to the health-related needs and challenges identified in the border regions as a cross-border governance that is important in emergency situations, such as emergency services covering regions on both sides of the border; stresses the crucial role that investments in high-quality services have on building social resilience and helping people to cope with economic, health and social crises; calls on the Commission and the Member States to prioritise investments in the health sector of the border regions through an effective mix of investments in infrastructure, innovation, human capital, good governance and institutional capacity;

44. Stresses the importance of cross-border cooperation on health for all European regions and the need to find solutions for cross-border healthcare, in particular for border regions where citizens cross the border on a daily basis; points out that a high level of cooperation between border regions is required to provide the necessary services;

45. Calls 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;

46. Believes the financial resources available under the European territorial cooperation goal should be employed to create functional cross-border public health services, and should not be used solely as an instrument to create disconnected health facilities; stresses, furthermore, that projects under Interreg should have a clear cross-border functionality component; calls on the Commission and the Member States to foster the creation of comprehensive joint territorial planning for border areas in terms of healthcare services;

47. Recalls that Interreg programmes have become an important instrument to resolve problems typical to border areas, to promote cooperation between partners across borders and to develop the potential of European border territories;

48. Highlights that in the last Interreg V-A period, cross-border cooperation in the field of health aimed at, among other things, facilitating the cross-border mobility of health professionals and patients, increasing innovation and developing access to high-quality healthcare through the use of common equipment, shared services and joint facilities in cross-border areas, and included projects covering actions such as training (38 %), treatment and diagnosis (22 %) and equipment (17 %);

49. Calls for projects facilitating cross-border health contracts, whereby patients travel and are treated within the framework of contractual agreements and are free to choose their health professional, to be funded;

50. Points out that in order to have successful cross-border public healthcare services, the Commission and Member States should gather substantial data on the nature of legal and non-legal obstacles in each border region and support policy-specific analysis on how they can be overcome;

51. Calls on the Commission to ensure that the existing coordinating bodies will facilitate cross-border treatments based on advanced therapy medicinal products (ATMP) and
ensure that patients across the EU enjoy equitable access to innovative therapies; calls on the Member States to authorise access to these innovative treatments abroad in an effective and timely manner and to accelerate the reimbursement process for patients;

52. Believes that centres of excellence could stimulate and increase cross-border contracting to an even greater extent, and that, as a result, such centres could be of great importance and of benefit in improving the overall health conditions, thus increasing the life expectancy of EU citizens;

53. Calls on the Commission, the Member States and the regions to encourage better management of cross-border healthcare, as EU patients still face serious challenges and barriers to accessing healthcare in other Member States and only a minority of potential patients are aware of their right to seek cross-border healthcare; calls on the Commission and the Member States to better disseminate information and to consider an appropriate EU-wide campaign in order to inform the public on their rights and on ways to access cross-border healthcare; reiterates the importance of funding digitalisation and investment in public information, integration of information and data systems to facilitate access and use;

54. Calls on the Commission to carry out a comprehensive study on the cooperation framework between insurance systems in the EU, examining potential bottlenecks and shortcomings that patients looking for medical services in the territory of another Member State encounter, as well as administrative barriers that prevent citizens from benefiting from cross-border healthcare, and to highlight how the cohesion policy instruments could be used to solve these potential problems;

55. Stresses that the lack of a coordinated cross-border health insurance system discourages patients from looking for treatment across the border in case they cannot afford paying the cost of care in advance before their insurance reimburses them;

56. Believes that exchanging knowledge and scaling-up practices through Interreg will contribute to reinforcing preparedness and response facilities across borders, which have become a major factor during the crisis caused by the pandemic;

57. Believes that Interreg programmes can supply joint public health services and initiate other cross-border initiatives, as promoting such proximity is highly compatible with the objective of green sustainability;

58. Highlights 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; emphasises, therefore, the importance of small-scale and cross-border projects in bringing people together and in that way creating new potentials for sustainable local development and cross-border health cooperation; notes, however, that border closures within the EU during the pandemic affected the mobility of patients and healthcare personnel, while information about infection data, vaccinations or conditions for patients’ transfers was not sufficiently harmonised among Member States, and therefore slowed down common epidemiological response to the COVID-19, created confusion and hampered regional
cooperation between the most affected regions;

59. Strongly believes that tailor-made solutions and a local approach are required due to the existing diversity between cross-border regions and are a prerequisite for sustainable local development;

60. Calls on the Member States and on regional and local authorities to make use of the full extent of the flexibility offered by the cohesion policy programmes, defined in Regulation (EU) 2021/1060, and Interreg programmes, in order to address the current COVID-19 crisis;

61. Calls on the Commission and the Member States, in the light of the COVID-19 pandemic, to support, jointly through cohesion policy and the EU4Health programme, the development of response strategies, protocols and procedures at national and EU level to enable better cooperation in case of future public health emergencies;

62. Considers that cross-border health cooperation under the cohesion policy will not be fully possible without the mutual recognition of diplomas and qualifications in the field of medical services across all Member States; calls on the Commission to propose a framework which allows for the automatic recognition of the level of higher education diplomas at European level, building on the decision signed in 2015 by the Benelux states;

63. Calls on the Member States to make better use of bilateral agreements and to set up cooperation arrangements to remove barriers to cross-border healthcare;

64. Instructs its President to forward this resolution to the Council, the Commission and the national parliaments of the Member States.
EXPLANATORY STATEMENT

Cohesion policy is one of the EU’s key policies, contributing with its funds to strengthening the economic, social and territorial cohesion of the Union, promoting growth and employment in regions across the entire EU, but particularly in those which are lagging behind in their development. About one third of the EU budget is used for this purpose. This makes cohesion policy not only the EU’s most important investment policy, but also an expression of solidarity between the Union and its Member States.

Unequal access to healthcare and the dire effects thereof are in direct contradiction to solidarity. Access and equity, quality and performance, and efficiency are the core principles of European health systems. However, there are significant differences in the performance of these systems and the quality of their outcomes across the EU. The pressures and demands on health systems and the requirement to make out-of-pocket payments for certain kinds of care represent an unfortunate reality for millions of European citizens, which was also the case before COVID-19 landed on our shores.

Given that the proportion of the elderly within the population of less-developed regions and rural areas is higher and that healthcare services are less readily available, an issue of unequal access to healthcare exists, which can have significant socio-economic ramifications. The progressively deteriorating health of the population resulting from the lack of access to healthcare can generate significant economic losses, as fewer people are able to remain economically active. The integrated provision of healthcare services in these regions and areas is thus a fundamental and ubiquitous challenge.

Differences in the quality of health infrastructure and the availability of medical equipment directly affect the success of medical treatments in less advantaged regions. Differences between less-developed regions and their more developed counterparts in terms of important health indicators continue to exist, and all EU instruments aimed at compensating for this should be used to their maximum extent in order to provide meaningful solutions.

This own-initiative report therefore focuses on two objectives. The first is to look into the opportunities to maximise the impact of the cohesion policy funds with a view to reducing disparities in the quality of healthcare systems in the European Union, complementing the investments under the new EU4Health programme. The second is to analyse the existing experience in cross-border health cooperation projects supported by the Interreg programmes and to identify long-term recommendations for innovative solutions within the framework of territorial cooperation, with a view to transforming the border from a constraint into an opportunity, thereby improving access for EU citizens.

Cohesion policy investments in healthcare systems have been channelled through the multiannual financial framework (MFF) 2007-2013 and the MFF 2014–2020, with the European Regional Development Fund (ERDF) funding areas mostly under Codes 053 (Health Infrastructure) and 081 (ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)), as well as research and support to SMEs.
In conclusion, in the programming period 2021-2027, Member States and regions should aim to allocate improved resources to match their needs through structural funds to ensure, among other things, effective healthcare; investments in infrastructure, especially in less-developed and rural areas; health promotion and disease prevention; e-Health; and health-enabling services.
## INFORMATION ON ADOPTION IN COMMITTEE RESPONSIBLE

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<td><strong>Members present for the final vote</strong></td>
<td>Matteo Adinolfi, Mathilde Androuêt, Pascal Arimont, Adrian-Dragoș Benea, Isabel Benjumenea Benjumee, Tom Berendsen, Erik Bergkvist, Stéphane Bijoux, Vlad-Marius Botoș, Rosanna Conte, Andrea Cozzolino, Rosa D’Amato, Christian Doleschal, Raffaele Fitto, Chiara Gemma, Mircea-Gheorghe Hava, Krzysztof Hetman, Peter Jahr, Ondřej Knotek, Cristina Maestre Martín De Almagro, Nora Mebarek, Martina Michels, Alin Mituța, Andżelika Anna Moźdżanowska, Niklas Nienaß, Andrey Novakov, Alessandro Panza, Tsvetelina Penkova, Caroline Roose, Marcos Ros Sempere, André Rougé, Susana Solís Pérez, Irène Tolleret, Valdemar Tomaševski, Monika Vana</td>
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<td><strong>Substitutes present for the final vote</strong></td>
<td>Daniel Buda, Dimitrios Papadimoulis, Peter Pollák, Bronis Ropè, Tomislav Sokol</td>
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### FINAL VOTE BY ROLL CALL IN COMMITTEE RESPONSIBLE

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<td>Chiara Gemma</td>
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<td>Pascal Arimont, Isabel Benjumea Benjumea, Tom Berendsen, Daniel Buda, Christian Doleschal, Mircea-Gheorghe Hava, Krzysztof Hetman, Peter Jahr, Andrey Novakov, Peter Pollák, Tomislav Sokol</td>
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<td>S&amp;D</td>
<td>Adrian-Dragoș Benea, Erik Bergkvist, Andrea Cozzolino, Cristina Maestre Martín De Almagro, Nora Mebarek, Tsvetelina Penkova, Marcos Ros Sempere</td>
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<td>Martina Michels, Dimitrios Papadimoulis</td>
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<td>Verts/ALE</td>
<td>Rosa D'Amato, Niklas Nienaß, Caroline Roose, Bronis Ropė, Monika Vana</td>
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Key to symbols:
+ : in favour
- : against
0 : abstention