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

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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.