**Follow up to the European Parliament non-legislative resolution on
cohesion policy as an instrument to reduce healthcare disparities
and enhance cross-border health cooperation**

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**3. Date of adoption of the resolution:** 8 March 2022

**4. Competent Parliamentary Committee:** Committee on Regional Development (REGI)

**5. Brief analysis/assessment of the resolution and requests made in it:**

The European Parliament adopted by 582 votes to 35, with 79 abstentions, the own-initiative report 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. On reducing healthcare disparities through cohesion policy, the Commission is called on to maximise the efforts to remove legal and administrative barriers, especially when related to health services, transport, education, labour mobility and the environment. The Parliament also called on the Commission 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. On cross-border cooperation on health, the European Parliament encouraged the use of NextGenerationEU funds and cohesion funds to radically upgrade the digital capabilities of healthcare systems. The resolution further calls upon the Commission 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.

**6. Response to requests and overview of action taken, or intended to be taken, by the Commission:**

During the European Parliament plenary debate, the Commission comprehensively addressed the conclusions of the resolution. Commissioner Gabriel, on behalf of Commissioner Ferreira, recognised the problem of territorial disparities in healthcare across Europe, especially in less developed regions. In the 21-27 cohesion programmes, support for health services and infrastructure continues to be a key priority. Innovation is a driver for the development of the health sector. The Commission stated that health is a growth field, and cohesion policy provided early seed funding for BioNTech and will continue to invest in innovation in this sector. In order to tackle disparities in medical care and shortages in the workforce, the Commission underlined the need to promote synergies between cohesion policy and other European funding programmes and instruments, such as the Recovery and Resilience Facility, the EU4Health programme, the Horizon Europe programme, the digital Europe programme and the InvestEU programme. The Commission is already working to ensure that synergies between all these instruments are fully exploited.

On reducing healthcare disparities through cohesion policy **(paragraph 2)** The Commission recognises the problem of unequal access to healthcare services and territorial disparities in the quality of healthcare provision across the EU, especially in the less-developed regions. The 2021-2027 cohesion programmes will provide continuous investment in the capacity and efficiency of health systems - in facilities, personnel and supplies. The Commission is strongly committed to support border regions to address legal and administrative barriers which hinder the development of more integrated models of public services and, hence, a better use of resources between neighbouring regions. The initiative “b-solutions”, launched in 2018, aims precisely to provide legal assistance to formulate concrete solutions to identified obstacles. All the findings collected from the analysis of 90 different obstacles, have been compiled in a compendium[[1]](#footnote-1). The “b-solutions” initiative will continue at least until 2024.

**(Paragraph 4)** The Commission has been supporting Member States to address mental health for more than fifteen years: it is a prominent and recurrent theme in the best practice implementation supported via the Steering Group on Promotion and Prevention and the Commission’s health programmes, but also via the Research & Innovation funding programmes. In December 2021, the Commission launched the new ‘Healthier Together’ Initiative, to reduce the burden of non-communicable diseases. ‘Mental health and neurological disorders’ are one of five key strands addressed (the other four being cardiovascular diseases, chronic respiratory diseases, diabetes, as well as health determinants). Within that wider context, a plan for concrete action will be developed in co-creation with EU countries, health authorities, stakeholders, international organisations and Commission departments. This plan will build on an extensive mapping exercise of cross-policy financial, legal and action instruments. The initiative recognises the need for integrated approaches and the Commission will seek to further advance these, also via its support to Member States.Cohesion policy is a key lever for structural reforms and for addressing social and territorial inequalities. As such, it plays an important role in supporting healthcare systems across Europe. The cohesion policy funds are programmed and implemented under shared management. This means that Member States and their national and regional authorities are responsible for setting priorities on the basis of existing needs and for implementation of corresponding implementation measures. Consequently, Member States can decide to support investments related to mental health as part of national and regional cohesion programmes if this corresponds to the needs and priorities established in the national and regional context.

**(Paragraph 6)** In the 2021-2027 period, support for health services and infrastructures continues to be a key priority for cohesion policy. Importantly, funding to ensure equal access to health care and fostering resilience of health systems is conditional on the prior fulfilment of a dedicated pre-condition (thematic enabling condition) to ensure that there is a “strategic policy framework for health and long-term care” in each Member State based on mapping of existing infrastructure and services and identified needs. This is an obligatory requirement for the healthcare infrastructure investments under the European Regional Development Fund (ERDF). This will ensure high standards of the implemented measures for strengthening the resilience of Member States’ healthcare systems. The provision of healthcare services is, according to the Treaty, the responsibility of Member States. Though the Commission cannot recommend any minimum standards ensuring access to quality care, the European Semester calls on the Member States to improve their health systems according to country-specific challenges, including where relevant, reducing territorial inequalities in access to healthcare. The Commission has also provided funds under the third Health Programme to address the so called medical deserts (areas which experience problems in access to healthcare due to e.g. staff shortages or unavailability of services).

**(Paragraph 11)** Based on Article 12 of the Cross-border healthcare Directive, the Commission established the system of the European Reference Networks (ERNs) for rare and low prevalence complex diseases, including rare and paediatric cancers, and the Commission is committed to continue this support. As of 1 January 2022, the system of the ERNs was enlarged with new members and almost 1500 highly specialised healthcare units from all 27 Member States and Norway now participate in the system. This will help to improve equal and geographically balanced access to the available diagnosis and treatment. Strengthening and scaling up networking through European Reference Networks is included among the specific objectives of the EU4Health Programme adopted in 2021. New direct grants for ERNs are included in the 2022 Work Programme under the EU4Health Programme with the overall budget of EUR 26 million. ERNs are also supported via the Research & Innovation Programmes (e.g. CSA ERICA, EJP RD co-fund with Member States, ImmunAID or Solve-RD under Horizon 2020) and research projects on rare diseases contribute to have new approved therapies for rare diseases – but indeed not all these approved therapies do reach the patients in all the Member States. Thus the Commission could agree with the proposal to “analyse the feasibility of establishing a dedicated fund under the cohesion policy to guarantee equitable access to approved therapies for rare diseases”.As regards the ERNs, the Commission would be cautious about the proposal “to extend the ERN field of work to other fields such as severe burns and organ transplant programmes”. Indeed one ERN is already dedicated to complex transplantation in children (ERN TRANSPLANT-CHILD) while other ERNs are highly relevant for other transplant programmes (e.g. ERKNet for kidney transplants, ERN RARE-LIVER for liver transplants etc.). Thus it is suggested, before proposing any extension of the ERN field, to carefully analyse the results of the planned evaluation of the first 24 ERNs (including their recent extension) as well as the feasibility and relevance of the extension of the ERN field to specific medical areas.

**(Paragraph 13)** This echoes the Council Conclusions on “strengthening the European Health Union”, adopted in December 2021 under the Slovenian Presidency[[2]](#footnote-2), which invited the Commission to ‘explore the provision of an advisory service with a single point of access to assist Member States on request in optimizing the use of EU funds, mechanisms and instruments to support the planning, financing and implementation of changes in their healthcare systems’. The Commission is working in this direction. Such service can be provided by the InvestEU Advisory Hub, which will offer financial advice to national, regional and local government authorities upon request. This service replaces the European Investment Advisory Hub that was operational during the previous financial framework. Furthermore, the Commission’s Technical Support Instrument (TSI) provides technical support for designing and implementing reforms. TSI projects in 2022 will also develop and pilot a concept for an EU health resources hub for investments in health. These instruments can offer effective support to Member States to navigate the different EU funding instruments for health and assist them in preparing reforms and investment plans for resilient health systems. The Commission has already established an advisory expert group “the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases” (SGPP) to support countries in reaching the health targets of the Sustainable Development Goals. The Steering Group advises the Commission on developing and implementing activities in the field of public health. In practice, it fosters exchanges of relevant experience, policies and practices between the Member States on common public health challenges by using European funds such as the EU4Health Programme. Instead of creating a new advisory group, it would be more appropriate to capitalise on the already existing health-related advisory groups. Such contributions would only be occasional, thus there is no need to create a new structure consuming additional resources. Also, “involving national, regional and local government authorities and other stakeholders” would create a group too large to be functional. The listed aims of “promoting better use of European funds and working to develop effective and harmonised responses to common public health issues” will be tackled by the future Partnership on Transforming Health Care Systems under Horizon Europe, in which Research and Health ministries will be.

**(Paragraph 15)** A key issue in the 2021-2027 programmes will also be ensuring the synergies and knowledge transfer between the cohesion policy and other EU funding programmes and instruments such as the Recovery and Resilience Facility, the EU4Health Programme, Horizon Europe, the Digital Europe Programme and the InvestEU programme. The Commission promotes the dissemination of best practices and the support to capitalisation through regular communication and dissemination activities, with dedicated publications, events, projects, databases and web platforms. Stakeholders and Member States’ authorities are welcome to submit proposals for best practices via the EU best practice portal[[3]](#footnote-3) on health promotion, disease prevention and management of non-communicable diseases, including related to sexual and reproductive health in this context. The Joint Action on Health Equality Europe[[4]](#footnote-4), which ended in November 2021, provided opportunities to Member States to work on health inequalities building a bottom-up approach to address the variety of challenges on the ground. One of the lessons learned of the Joint Action is that “global and cross-sectoral governance as well as policy mechanisms should be implemented to address health inequalities and develop effective measures to remove those factors that favour structural inequalities of a society”. Furthermore, the Commission has provided EU4Health funds for the exchange of good practices in primary care, which plays a crucial role in providing services adapted to needs of patients, taking into account health inequalities. This action is on-going. Furthermore, the Commission will launch an action under 2021 work programme of the EU4Health programme to improve affordability of healthcare, challenge which is linked with inequalities in access to healthcare. Finally, the European Semester calls on Member States’ efforts to improve healthcare standards according to country-specific challenges.

**(Paragraph 17)** The healthcare priorities for the 2021-2027 Cohesion programmes emphasise support to the resilience of health systems by investing in strong primary care and community-based care to ensure effective and accessible service for all, with a special attention to vulnerable groups (e.g. financing health equipment and medicines, testing and treatment facilities, disease prevention), including in disadvantaged and rural areas. A strong focus is set on the promotion of the integration of care between the primary care structures, hospitals, specialised care and social care, including on long-term community care arrangements (e.g. services, medical devices, digital applications etc.) to improve prevention and intervention in case of future crises. The possibility to access quality healthcare close to home is an important element of patient-oriented and community-based models of care. Yet, health policies and delivery mechanisms stop at national borders, disregarding the existence of living basins and of natural, functional or cultural interconnected area across the border, where patients could find appropriate and closer care. Interreg programmes continues to support approaches based on cross-border population and facilitating access to care. However, many major obstacles of legal, administrative, financial nature still exist and prevent from developing fully integrated cross-border models of care, as pointed out by recent analysis[[5]](#footnote-5). It is acknowledged that integrated care is central to the transformation of health systems, but many health and care authorities face challenges with how to design and implement integrated care successfully. For this to happen, health and care authorities need adequate capacity and relevant know-how. The Commission is assisting national and regional authorities to start building such capacity and know-how, through specific projects funded by the Health Programme. Furthermore, the Commission is preparing together with Member States and stakeholders the new “Healthier together, EU Non-Communicable Diseases Initiative”. This initiative will promote an integrated and coordinated approach to prevention and care. Health system redesign to deliver person-centred and integrated care is considered a transversal aspect for improving the management of multi-morbidities as well as of individual non-communicable diseases.

***On cross-border cooperation on health – contribution of Interreg programmes and other opportunities* (Paragraph 36)** The Commission and the Member States have been working on the gradual roll-out of MyHealth@EU (also known as eHDSI), a European infrastructure to enable the exchange of health data between healthcare providers across the EU. Currently, 10 Member States are connected to MyHealth@EU and all Member States are expected to join by 2025. The infrastructure supports the cross-border electronic exchange of Patient Summaries and ePrescriptions and will be expanded to further support exchanges of laboratory results, medical images and hospital discharge letters. The proposal for a regulation on the European Health Data Space to be adopted by the Commission in 2022 will strengthen and improve the legal base for cooperation through this infrastructure. Well-trained healthcare staff in the various settings and professions, including training in digital skills with flexibility to re-deploy health workforce in new roles in cases of emergency, as well as eHealth and digital tools for effective information flows and service delivery are among the key measures promoted for the 2021-2027 Cohesion programmes supporting healthcare.

**(Paragraph 37)** As announced in the Pharmaceutical Strategy for Europe, the Commission will propose actions to strengthen the continuity and security of supply in the EU, notably in the context of the upcoming revision of the pharmaceutical legislation. The Commission is also supporting cooperation between the national competent authorities, based on mutual learning and best-practice exchange on pricing, payment and procurement policies, to improve the affordability and cost-effectiveness of medicines and health system’s sustainability. The Health Emergency preparedness and Response Authority (HERA) was established to strengthen Europe’s ability to provide medical countermeasures to rapidly respond to cross-border health emergencies. Internationally, HERA collaborates with global partners to address international supply chain bottlenecks, expanding global production of medical countermeasures and reinforcing global surveillance.

**(Paragraph 43)** For the preparation of 2021-2027 programmes, the Commission is strongly encouraging Interreg cross-border cooperation programmes under ERDF to develop a more strategic and integrated approach to cooperation activities, including through the identification of functional areas. For the first time, the Commission provided Member States with Border Orientation Papers analysing, by border area and by thematic sector, existing strengths and weaknesses, providing guidelines on the type of activities to support and searching for better complementarities and synergies of the expected investments. All programmes were encouraged to select the Interreg Specific Objective 1 for improved cooperation governance, in order to act on the framework and enabling conditions of cooperation (i.e. cross-border data collection, legal obstacles, institutional development of cross-border stakeholders and body, cross-border public services). Due account needs to be taken of the complementarity of investments in cross-border cooperation programmes with planned investments under other relevant tools, such as for instance for investments towards the digital transition of health systems under the Recovery and Resilience Facility.

**(Paragraph 46)** As part of the thematic enabling condition for ERDF investments in healthcare and long-term care, the Commission recommended that Member States consider the territorial specificities in the infrastructure mapping of health and long-term care needs, requested for investments under Cohesion Policy Objective 4 by the new 2021-2027 regulations for cohesion policy funds. Besides, in the report published in 2021 on border regions[[6]](#footnote-6), the Commission reaffirms its full support to the resilience of cross-border regions, notably through the development of strong cross-border public services, including via digitisation and interoperability. Focused activities for cross-border public service and for cross-border healthcare are identified and will be promoted.

**(Paragraph 51)** The Commission supports cooperation through the European Reference Networks on low prevalence complex and rare diseases. These are achieving considerable progress in the area of knowledge development in innovative treatments.Innovative and promising therapies do not always reach the patient, so patients in the EU still have different levels of access to medicines. Companies are not obliged to market a medicine in all EU countries; they may decide not to market their medicines in, or withdraw them from, one or more countries. This can be due to various factors, such as national pricing and reimbursement policies, size of the population, the organisation of health systems and national administrative procedures resulting in smaller and less wealthy markets in particular facing these problems. An increasing number of gene and cell therapies under development may offer curative treatments and would require a new business model to address the shift in cost from chronic to one-time treatment. The Commission will propose to revise the system of incentives and obligations in the pharmaceutical legislation taking into account the relationship with intellectual property rights, to support innovation, access and affordability of medicines across the EU.

**(Paragraph 53)** In the framework of the evaluation of patients’ rights in the cross-border healthcare Directive[[7]](#footnote-7), findings confirm that raising awareness on cross-border healthcare and improving information is a priority. The Commission’s planned proposal for a European Health Data Space will address the interoperability of health data systems.

**(Paragraph 54)** In the framework of the evaluation of patients’ rights in the cross-border healthcare Directive, the Commission supported a dedicated study, carried out by the Association of European Border Regions, to analyse the specificities of patients’ mobility in four border areas. Analysis and recommendations were made available[[8]](#footnote-8) and will be considered in further policy developments.

**(Paragraph 61)** Crisis preparedness, response plans and risk management capacity are highlighted as priorities for the health-related investments under the 2021-2027 Cohesion policy. Significant funds have already been deployed through the REACT-EU instrument as well. The Commission has launched a project under the 2021 work programme of the EU4Health Programme to develop, with the Organisation for Economic Co-operation and Development (OECD) and the European Health Systems Observatory, a resilience testing methodology to help Member States identify health system weaknesses and resilience gaps against future shocks, including outbreaks, climate change induced adverse events, natural disasters or structural challenges. The proposed regulation on serious cross-border threats to health[[9]](#footnote-9) - currently under negotiations by the co-legislators - provides for the establishment of a Union preparedness and response plan, in addition to national preparedness and response plans. It further provides for a strengthened Health Security Committee that can adopt opinions and guidance, including on specific response measures for the Member States for the prevention and control of serious cross-border threats to health. There are specific suggestions also for inter-regional cooperation and an assessment process where the European Centre for Disease Prevention and Control would assess the Member States’ implementation of national preparedness and response plans every 3 years and issue recommendations.

**(Paragraph 62)** Recognition of qualifications for academic purposes is sought mainly for admission to further studies and falls within the national competence of each Member State. The recognition procedure in the majority of national systems is directly made by higher education institutions. The Commission supports and complements national actions in education including in recognition. One of the cornerstones of the European Education Area is the concept of automatic mutual recognition of qualifications and study periods abroad. All Member States agreed on this goal in a Council recommendation[[10]](#footnote-10) adopted in November 2018. This political commitment of EU Member States means that a qualification obtained in one Member State should be automatically recognised, without further recognition process, for the purpose of further learning.The 1997 Convention on the Recognition of Qualifications concerning Higher Education in the European Region (Lisbon Recognition Convention)[[11]](#footnote-11) and its subsidiary texts, developed by the Council of Europe and UNESCO, provides a legal framework for the recognition of higher education and upper secondary qualifications that give access to higher education. The rules on recognition of higher education qualifications for both professional purposes and for further learning are set in the Lisbon Recognition Convention. The Convention aims to facilitate the recognition of qualifications granted in one signatory and in another signatory party. It states that requests for recognition should be assessed in a fair manner and within a reasonable time. The recognition can only be refused if the qualification is substantially different from that of the host country. The proof of the substantial difference is on its educational institution or other national competent authority.

1. <https://www.b-solutionsproject.com/library> [↑](#footnote-ref-1)
2. OJ C 512I, 20.12.2021, p. 2–11 [↑](#footnote-ref-2)
3. [pb-portal (europa.eu)](https://webgate.ec.europa.eu/dyna/bp-portal/) [↑](#footnote-ref-3)
4. [Joint Action on Health Equality Europe](https://jahee.iss.it/) [↑](#footnote-ref-4)
5. Policy Department for Structural and Cohesion Policies, *Cross-border cooperation in healthcare,* Directorate-General for Internal Policies of the Union, European Parliament, 2021. [https://ec.europa.eu/health/publications/cross-border-patient-mobility-selected-eu-regions\_en, published in 2022](https://ec.europa.eu/health/publications/cross-border-patient-mobility-selected-eu-regions_en%2C%20published%20in%20%092022). [↑](#footnote-ref-5)
6. [https://ec.europa.eu/regional\_policy/en/information/publications/reports/2021/eu-border-regions-living-labs- of-european-integration](https://ec.europa.eu/regional_policy/en/information/publications/reports/2021/eu-border-regions-living-labs-of-european-integration) [↑](#footnote-ref-6)
7. Directive 2011/24/EU [↑](#footnote-ref-7)
8. <https://ec.europa.eu/health/publications/cross-border-patient-mobility-selected-eu-regions_en> [↑](#footnote-ref-8)
9. COM/2020/727 final [↑](#footnote-ref-9)
10. EUR-Lex - 32018H1210(01) - EN - EUR-Lex (europa.eu) [↑](#footnote-ref-10)
11. CETS 165 - Convention on the Recognition of Qualifications concerning Higher Education in the European Region (coe.int) [↑](#footnote-ref-11)