

Solutions for improving health care cooperation in border regions (EUREGIO II)

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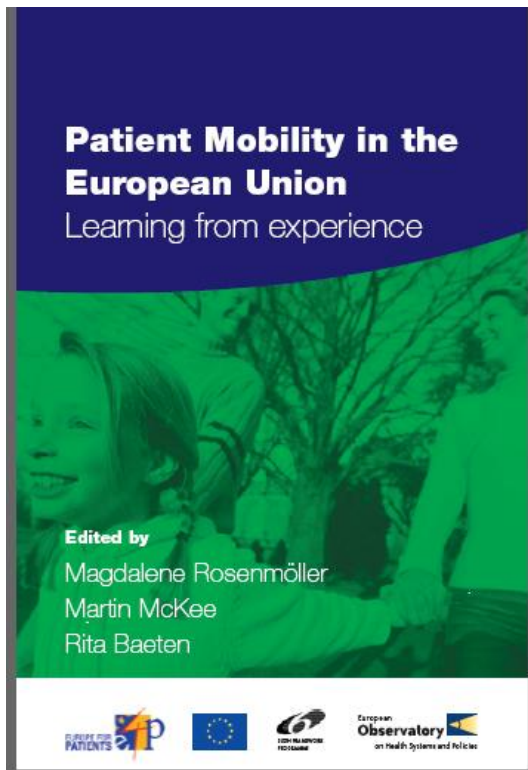
Topics

- Background EUREGIO projects
- EUREGIO
- EUREGIO II
- EUREGIO III
- Conclusions and open questions

Background

- Experiences with cross border activities exist.
- Projects consider cross border demand of services and cooperation of service providers.
- Border regions can be seen as laboratories for cross border activities and the opportunities and challenges of European integration
- EU funds support cross border projects.

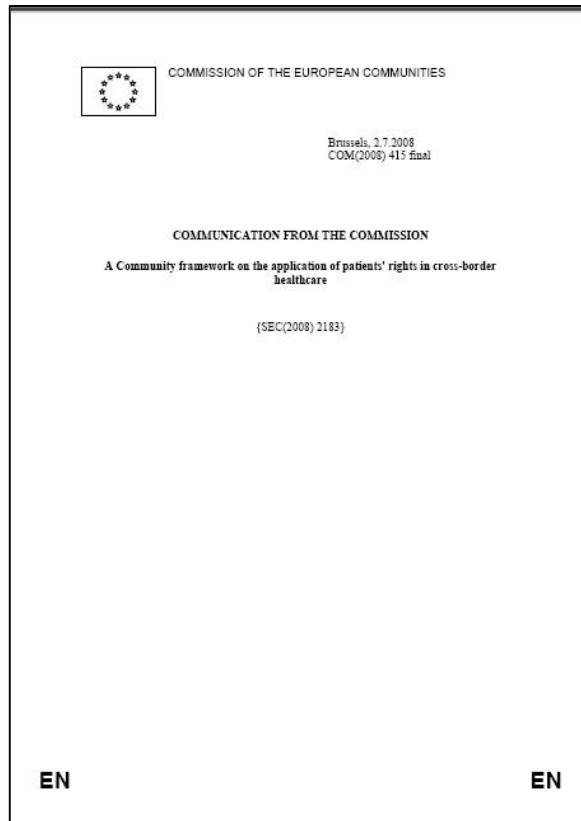
Background



Rita Baeten, Martin McKee, Magdalene Rosenmöller (2006): Conclusions (p. 179)

"[...] mobility of patients across Europe's borders is a somewhat marginal phenomenon as most patients prefer to be treated as near to home as possible [...]. [...] Nevertheless, [...] patient mobility can be an important phenomenon in certain areas and contexts, such as in tourist areas and border regions, and where providers have developed specific strategies to attract foreign patients. Furthermore, while the overall level of activity may be small, it can entail large expenditures for some economic units within health care systems [...]. In some settings, therefore, there is a need for enhanced mechanisms to support planning, implementation and monitoring of the process, with actions to ensure transparency and to reduce legal ambiguity."

Background



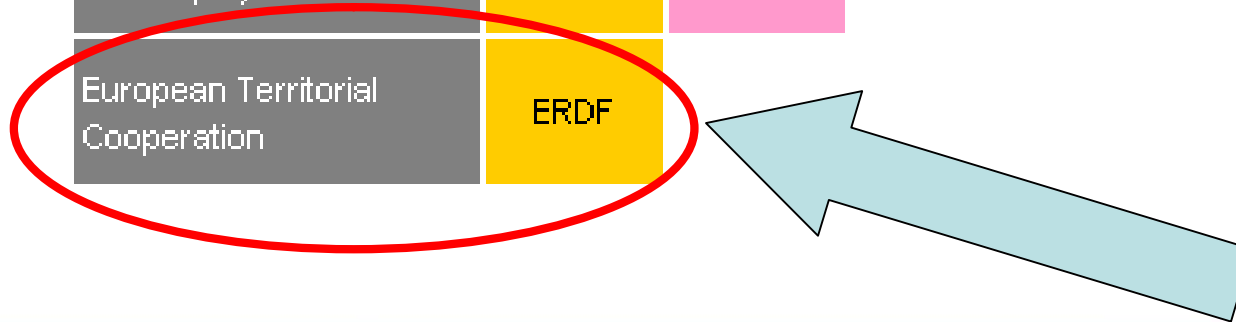
Commission of the European Communities (2008):

A Community framework on the application of patient's rights in cross-border healthcare

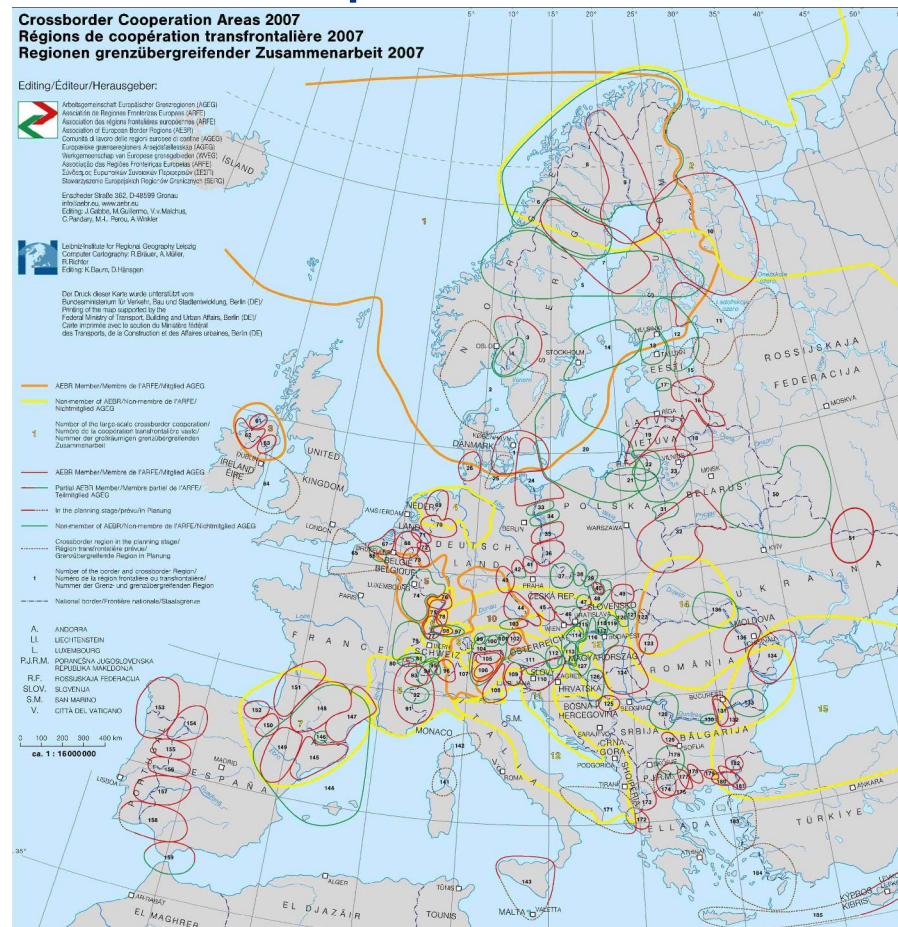
Background

Objectives, Structural Funds and instruments 2007-2013

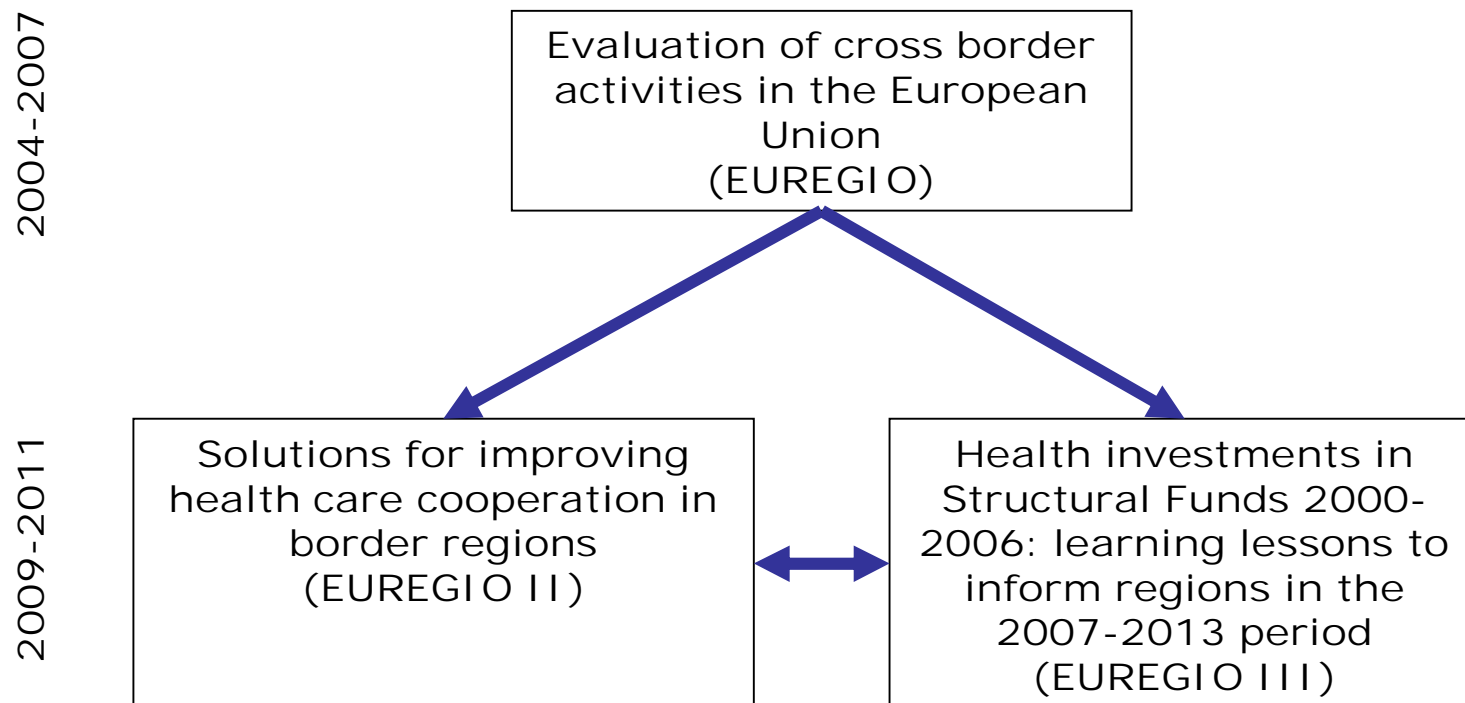
Objectives	Structural Funds and instruments		
Convergence	ERDF	ESF	Cohesion Fund
Regional Competitiveness and Employment	ERDF	ESF	
European Territorial Cooperation	ERDF		



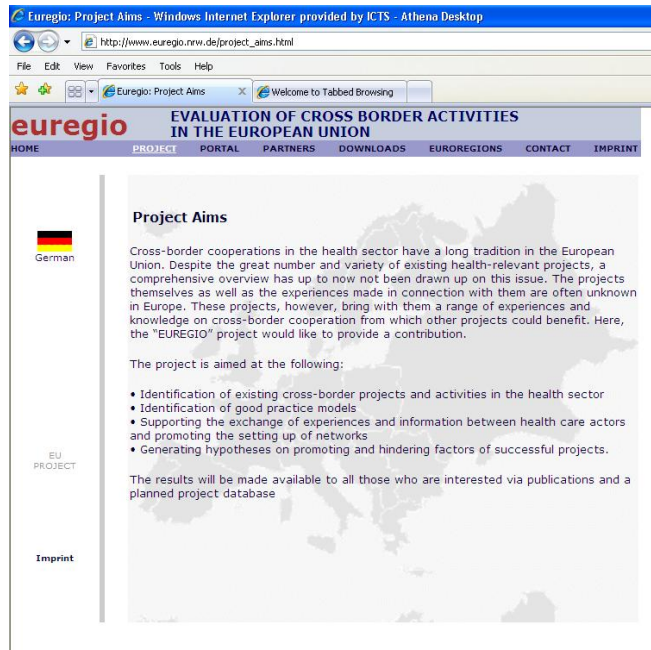
Crossborder Cooperation Areas 2007



EUREGIO I, II, III



Evaluation of cross border activities in the European Union (EUREGIO, 2004-2007)



"Cross-border cooperations in the health sector have a long tradition in the European Union. Despite the great number and variety of existing health-relevant projects, a comprehensive overview has up to now not been drawn up on this issue. The projects themselves as well as the experiences made in connection with them are often unknown in Europe. These projects, however, bring with them a range of experiences and knowledge on cross-border cooperation from which other projects could benefit. Here, the "EUREGIO" project would like to provide a contribution.

The project is aimed at the following:

- Identification of existing cross-border projects and activities in the health sector
- Identification of good practice models
- Supporting the exchange of experiences and information between health care actors and promoting the setting up of networks
- Generating hypotheses on promoting and hindering factors of successful projects.

The results will be made available to all those who are interested via publications and a planned project database."

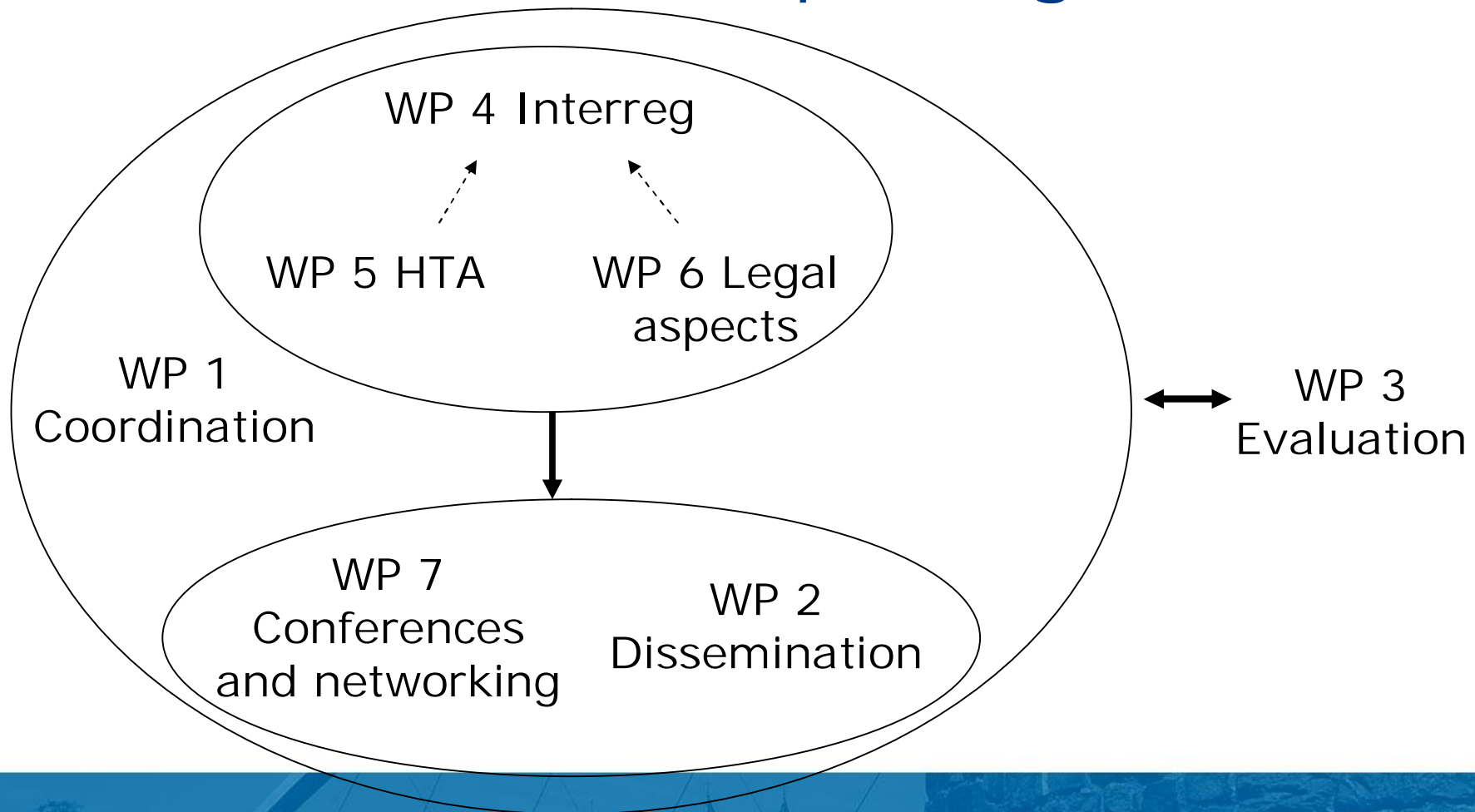
www.euregio.nrw.de;

Brand, Helmut/Holleder, Alfons/Wolf, Ulrike/Brand, Angela (2008): Cross-border health activities in the Euregios: Good practice for better health. Health Policy 86: 245-254

Solutions for improving health care cooperation in border regions (EUREGIO II, 2009-2011)

- Better utilisation of resources:
 - Handbook for the realisation of cross border projects and the utilisation of Interreg IVa funds
 - Test of Health Technology Assessment in small regions with multiple health systems
 - Legal expertises about data protection and tort rights

EUREGIO II work packages (WP)

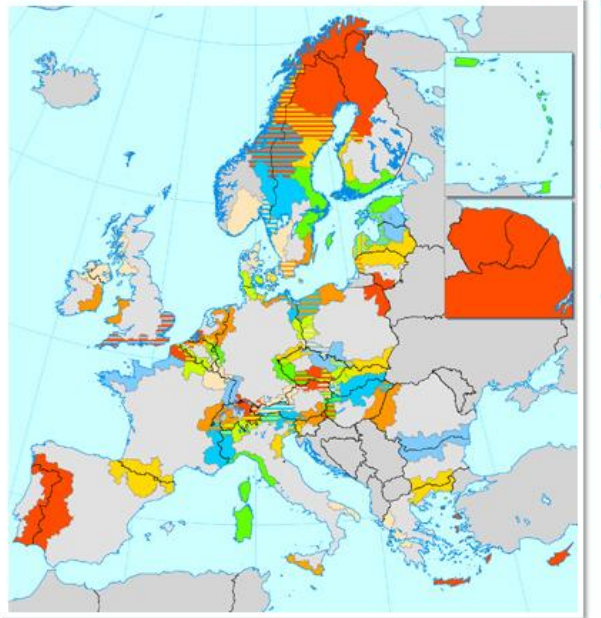


EUREGIO II group

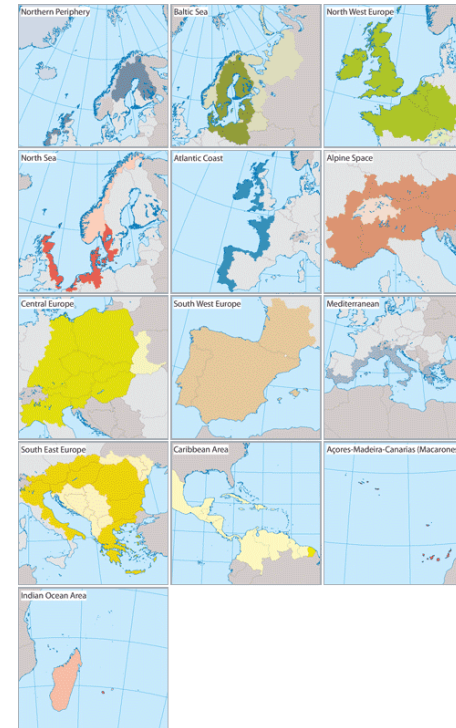
- Project leader:
 - Maastricht University, Department of International Health (The Netherlands)
- Co-Beneficiaries:
 - Gesundheitsamt Kreis Heinsberg (Heinsberg, Germany)
 - Euregio Rhein-Waal (ERW; Kleve, Germany)
 - Gesundheitsmanagement Burger-Wieland (Vienna, Austria)
 - European Hospital and Healthcare Federation (HOPE; Brussels, Belgium)
 - Association of European Border Regions (AEBR; Gronau, Germany)
 - Landesinstitut für Gesundheit und Arbeit NRW (LIGA.NRW; Düsseldorf/Bielefeld/Münster)
- Collaborating Partners:
 - Deutsches Institut für Medizinische Dokumentation und Information (DIMDI; Köln, Germany)
 - ECORYS Research Rotterdam (The Netherlands)
 - WHO Regional Office for Europe (Copenhagen, Denmark)
 - Regione del Veneto, International Health Social Affaire Office Venice (Venice, Italy)
 - Cooperation and Working Together (CAWT; Londonderry, Ireland)
 - Medical University Sofia, Faculty of Public Health (Sofia, Bulgaria)
 - Center for Health Policies and Services (Bucharest, Romania)

Cross border programmes

Cross-border programmes
under the European Territorial Cooperation Objective

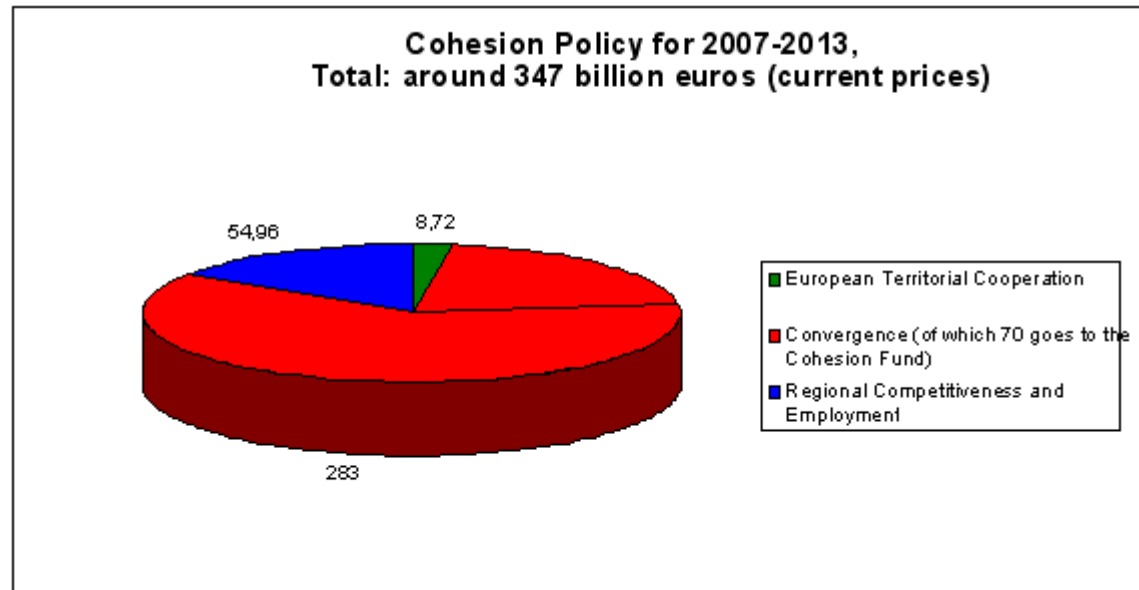


http://ec.europa.eu/regional_policy/atlas2007/eu/crossborder/index_en.htm



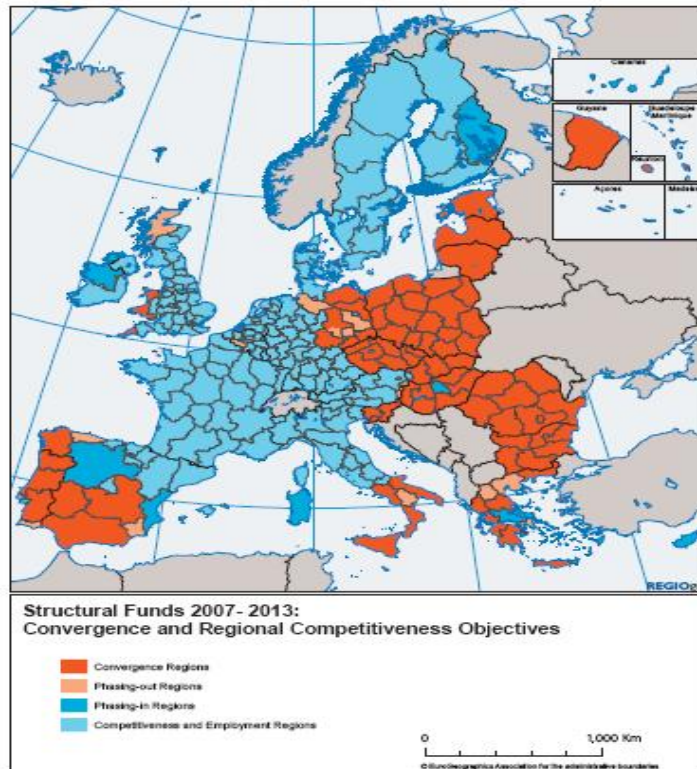
http://ec.europa.eu/regional_policy/atlas2007/transnational/index_en.htm

EU Cohesion Policy: The budget



http://ec.europa.eu/regional_policy/policy/fonds/2007-2013-by-objective_large_en.gif

Convergence and Regional Competitiveness Objectives



http://ec.europa.eu/regional_policy/atlas2007/index_en.htm

Areas of health investment within EU SF

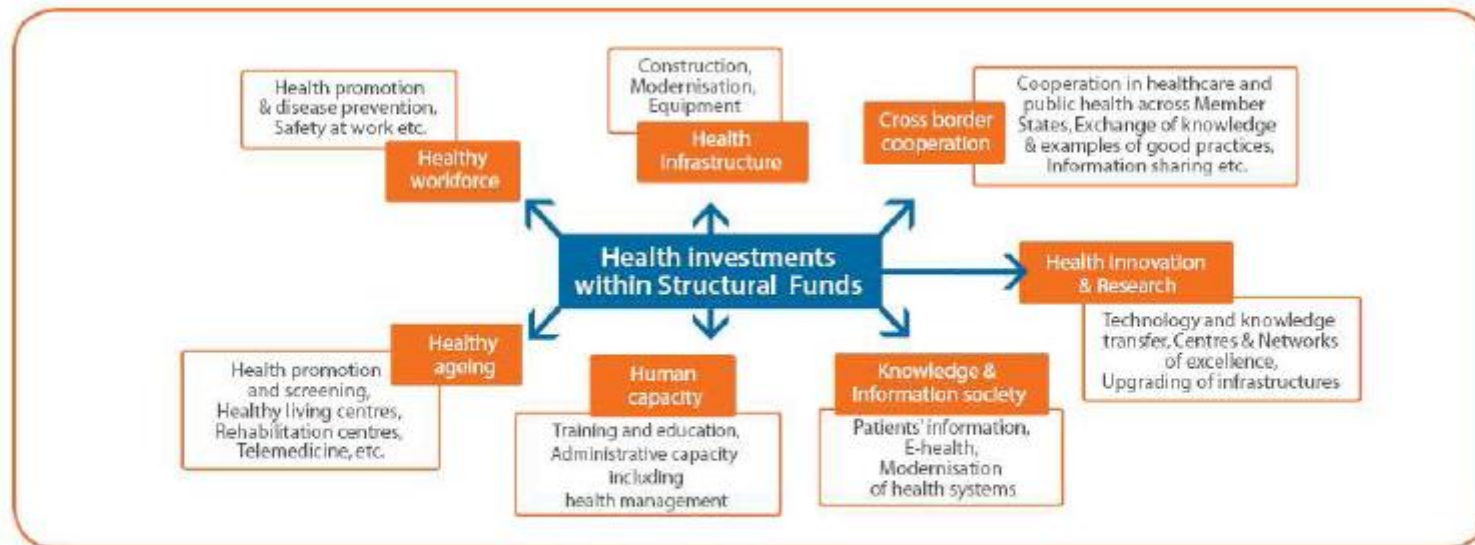


Figure 7 Areas of health investment within structural funds (Source:European Commission, DG SANCO. Factsheet: Funding health in your region. European Communities 2007)

Health investments in Structural Funds 2000-2006: learning lessons to inform regions in the 2007-2013 period (EUREGIO III, 2009-2011)

1. Review EUREGIO and agree best actions inclusion criteria
2. Learning lessons from health investments *in the 2000-2006 period (and 2007-2013 period when available)*
3. Clarifying regional support needs
4. Opportunities and barriers to knowledge exchange
5. Central access point and maximising uptake
6. Dissemination
7. Sustainable outcomes for the 2007-2013 period and beyond

EUREGIO III work packages (WP)

EIII work packages are interlinked and structured using the policy action cycle:

- *Assessment criteria* - WP4 (scientific background), WP5 (inventory of case materials), WP6 (inventory of stakeholders, expertise and resources), WP7 (Website and knowledge database), WP8 (training materials package).
- *Policy development* - WP9 (master classes) WP2 (dissemination) to inform stakeholders on the intermediate results of EIII.
- *Assurance* - WP10 (Reference Group) & WP2 (dissemination) deal with Assurance aspects as they enable discussion of emerging best actions evidence, its implications for health investments in the 2007-2013 period and for planning the 2014-2020 period.
- *Evaluation* - WP3 deals with internal and external evaluation aspects.

EUREGIO III group

- **Associate Partners** (HCN, European Centre for Health Assets & Architecture, Veneto Region, University of Maastricht, Liverpool University, EMK-Semmelweis University)
- **Reference Group** (National SF Managing Authorities for Hungary, Poland, Slovakia, Estonia, Bulgaria, Greece, Ruppiner-Kliniken/UMC representing Brandenburg, 5 other organisations representing former Objective 1 Regions)
- **Collaborating partners** (Assembly of European Regions, Regional Development Committee-European Parliament, EUROHEALTHNET, QeC-ERAN, EIB, EHMA, EUREGHA, European Association of Development Agencies)
- **Stakeholders** (EAHC, DG SANCO - C2 and C5, DG REGIO - D2 Thematic Development & Innovation, DG EMPLOY, DG ENTERPRISE)

Conclusions and open questions

- There are possibilities to link investments in health and health services with regional development strategies, not only, but also in border regions.
- Respective projects should be documented and experiences should be used for learning.
- It is important to support the utilisation of EU funds, but support for cross border activities must not be limited on this issue.
- New and old Member States can profit from an exchange of experiences and supportive tools and structures.
- Border regions can be seen as laboratories for European integration.

Conclusions and open questions

- Should the projects concentrate on the successful realisation of planned / existing projects?
- Is it necessary to attract interest for health related approaches (e.g. “health is wealth”)?
- Should the “Health in all policies”-Ansatz be promoted? Health Impact Assessment of EU Structural Funds activities?
- Importance to address health inequalities in end between regions?
- Relevance of economic questions like economic prosperity and employment in relation to public health issues?

Thank you!

This presentation arises from the project
“Solutions for improving health care cooperation in border regions” (EUREGIO II)
which has received funding from the European Union, in the framework of the Public
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