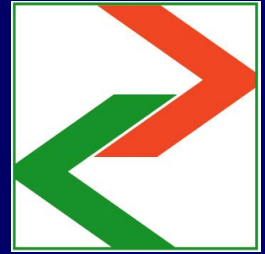


Arbeitsgemeinschaft Europäischer Grenzregionen (AGEG)
Asociación de Regiones Fronterizas Europeas (ARFE)
Association des régions frontalières européennes (ARFE)
Association of European Border Regions (AEBR)
Comunità di lavoro delle regioni europee di confine (AGEG)
Europæiske grænseregioners Arbejdsfællesskap (AGEG)
Werkgemeinschaft van Europese grensgebieden (WVEG)
Associação das Regiões Fronteiriças Europeias (ARFE)
Σύνδεσμος Ευρωπαϊκών Συνοριακών Περιφερειών (ΣΕΣΠ)
Stowarzyszenie Europejskich Regionów Granicznych (SERG)

EUREGIO II

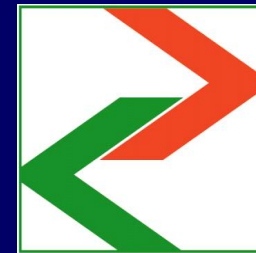
Project Partners Meeting
Workshop on the Handbook
Vienna, 22nd November 2010



The relevance of EU funding
programmes for cross-border
health projects

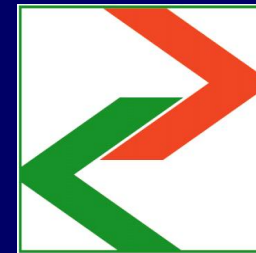
The Association of European
Border Regions (AEBR)





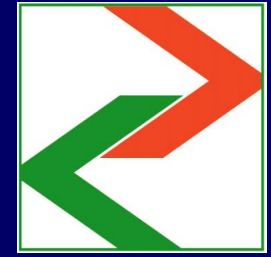
- CB health initiatives are not a priority for EU MSs
- EU need more politics
- The process of integration has to go deeper
- A new generation of European services very difficult to implement: EU external policy, Bologna process, a “Europe for Health”, a “Europe for Patients”





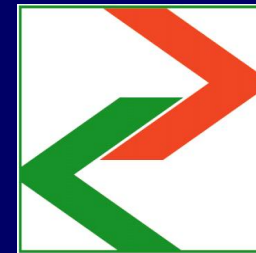
- CBC happens
- Difficult circulation of citizens, services, goods and knowledge
- Many EU MSs keep their national logic
- CBC grows in intensity all over Europe
- New tools like the EGTC, the Directive on Cross-Border Healthcare and Patients' Rights, etc.





- European task is being accomplished
- National ones do not
- Sub-national level hardly involved
- Decentralized health systems have a lot of advantages
- CBC could fill the gap between national systems at border areas
- CBC is not about competences, but about (European) tasks

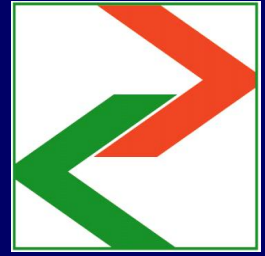




- Different systems collide/meet at the borders
- Perfect case for CBC
- Development of CBC for the last 50 years
- European Initiative Interreg
- Territorial Cooperation Objective
- From Euroregions to the EGTC.



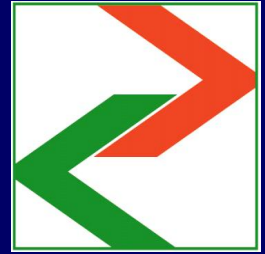
The new Member States in Central and Eastern Europe



- CBC was a real training process (TACIS and PHARE CBC)
- CB Health is not a “hot” topic
- Stronger challenges: peripheral, low populated, lagged behind, poor infrastructure, brain drain, etc.



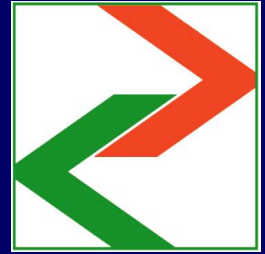
All border areas are able to overcome their situation



- Long-lasting process of cooperation at all levels
- CBC always adds value to any national or regional development strategy
- Resources can be mobilized at European, but also at national level, in a multi-annual basis
- Long lasting strategies
- A successful story



European institutions

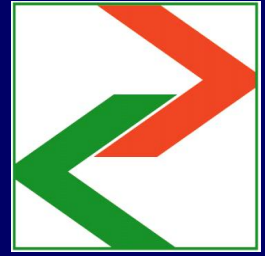


- DG Regio (Commission)
- REGI Committee (Parliament)
- Other DGs and Parliament Committee
- The Committee of the Regions
- The European Economic and Social Committee
- Understanding of the Cross-Border element
- The Directive
- The national level
- The Project EUREGIO I



Mobility of health professionals

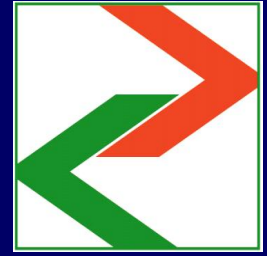
Mobility of providers



(...)



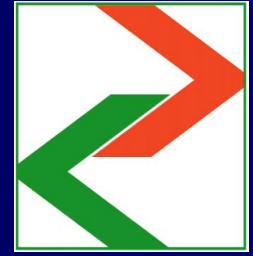
The role of E-health Telemedicine



- Using modern ICTs for the benefit of patients and healthcare professionals, providers and policy-makers
- Multi-level Governance in a European strategy "Health for All"
- Intensive networking
- Campaigns on alcohol and other abuses by youngsters, effects of demographic change, nutrition-related topics, etc.



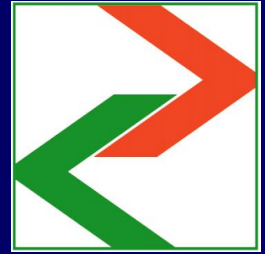
European Framework for Health Cooperation



- Internationalisation does not stop shortage of health systems.
- Reorganisation of national health systems.
- CB use of health services (patient mobility).
- Hospital treatment abroad still quite complicated.
- Quality of health cooperation.
- Clarity and legal certainty for patients.
- Effects of demographic change.
- Taking more into account patients' needs.
- Patients will spend more on their health than today.
- Growing antibiotic resistance (e.g. problems with MRSA).



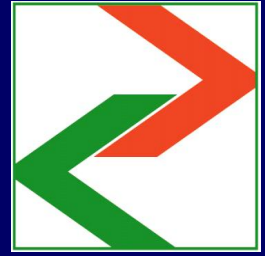
Added value of CBC in healthcare



- CB as laboratories for European integration
- Access, quality, information, transparency and healthcare costs
- Opportunities for service providers
- Individual and targeted cooperation
- Better use of health infrastructure
- Opportunities for certain economic sectors: life sciences, biotechnology and medical engineering; medical equipment and suppliers of medical services
- Additional jobs created in the growing health sector
- Improving attractiveness of the regional location
- CB catchment areas for more complex medical facilities, better services, availability of high-quality health services, improvement of emergency care, nursing services, etc.
- Education, research and investments also grows
- Uniform certification system



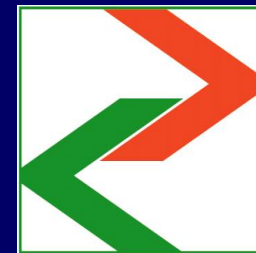
Opportunities opened by the Directive



- Cooperation between healthcare institutions is essential
- Citizens in border regions need understandable and precise information
- National contact points should be ready to answer specific CB questions
- Citizens in CB regions should have guaranteed minimal standards
- National contact points should be implemented in CB settings
- Border regions should be considered as pilot regions to get relevant data for future health policy
- Patients or their representatives should get a more explicit role in the implementation of the Directive



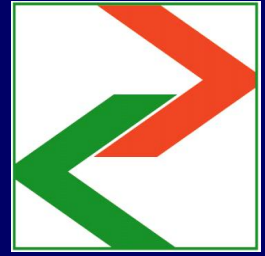
Specific actions in border and CB regions



- Joint CB supply and demand planning, funding models and management
- In-kind distribution of health services with mutual disclaimer planning
- Cooperation between hospitals with multilingual staff
- Network of hospitals
- Creation of CB rescue services
- CB training in theory and practice
- Staff with linguistic competences
- CB health insurance card
- Suspension of the territoriality principle in the health insurance systems
- Joint actions against antibiotic resistance.
- Border and CB regions as pilot regions to monitor Directive implementation



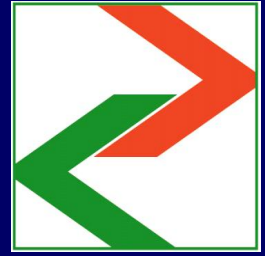
Role of the AEBR



- Mouthpiece and lobby of border and CB regions
- Active participation in the development of CB healthcare in Europe
- Partnership with the European Hospital and Healthcare Federation (HOPE), and patients' associations like EPECS (European Patients Empowerment for Customized Solutions)
- Organisation of European seminars on CB healthcare
- Partner in European networks, projects and pilot actions, etc.
- Platform for the exchange of best practices
- Task Force for the analysis of best available practise, project drafting, programme implementation and production of reliable arguments



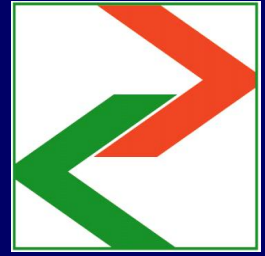
Financing CB Healthcare, I



- Interreg A and C. What's about B? + national/regional co-financing
- DG Sanco: future programmes:
- Implementation of national contact points included in the Directive. Why should they be located in the capital cities? Nobody said that.
- 7th (8th) Framework Programme
- National (or regional) Ministries
- Private investments

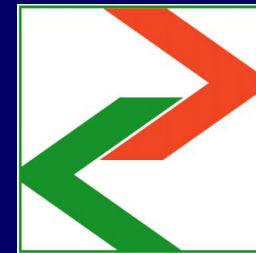


Financing CB Healthcare, II



- National own funding systems (and regulatory frameworks)
- Different and asymmetric systems meet at the border
- Local and regional authorities
- Structural Funds
- EUREGIO III
- Projections on current needs and gaps, solutions, and cost-benefit analyses
- (task for national contact-points, or their border “antennas”?)

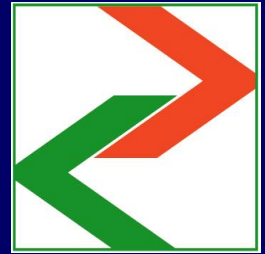




Overview of different activities in
cross-border health projects in Europe
(with short examples)

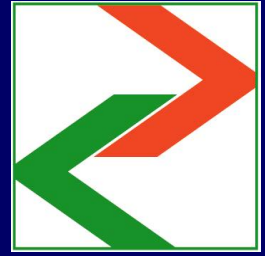


European wide initiatives



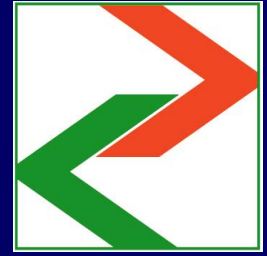
- European Health Insurance Card (EHIC)
- Directive
- Other policies

Comprehensive strategies



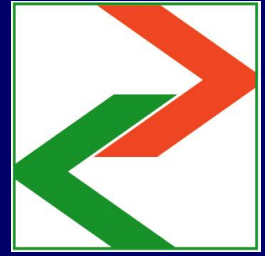
- Euregio Rhein-Waal (DE-NL)
- Euregio Meuse-Rhein (BE-DE-NL)
- EUREGIO (DE-NL)
- CAWT (IE-UK)
- Euregio Karelia (FI-RU)
- Öresund Committee (DK-SE)
- Upper Rhine (CH-DE-FR)
- CB Health Agreement based on the *Tratado de Bayona* (ES-FR)
- CB Health Agreement based on the *Tratado de Valencia* (ES-PT)
- Cross-border Programme Italy-Slovenia
- COSANTÉ, Cross-border health cooperation. Interreg IV-A Great Region (BE-DE-FR-LU)

Education and training



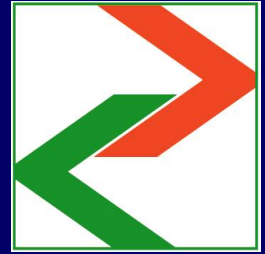
- First European University Hospital: Maastricht University Medical Centre (NL), *Universitätsklinikum Aachen* (DE), *Centre Hospitalier Universitaire de Liège* (BE)?
- Extremadura and Évora Medical Schools cooperation (ES-PT)
- Münster and Enschede (DE-NL)
- Euregio Meuse-Rhein (BE-DE-NL)

Joint use of resources



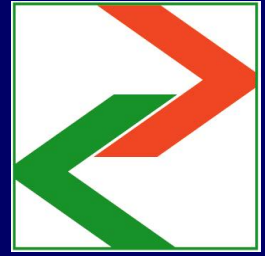
- The **Mouscron-Tourcoing-Roubaix-Wattrelos Partnership** (BE-FR). These hospitals began with haemodialysis and AIDS patients and now share plenty of resources for several hundred thousand Belgian and French citizens.
- The divided town of Valka (LT) and Valga (EE), share facilities
- The divided town of **Gorizia (IT) and Nova Gorica (SI)**
- **EurSafety Health-net** (DE-NL), EUREGIO, EMR, ERW, EMN, EDR
- The **Cross-Border Hospital in Puigcerdá** (Cerdanya, ES-FR)
- **Upper Rhine Health Cooperation** (CH-DE-FR)

Outpatient and inpatient treatment



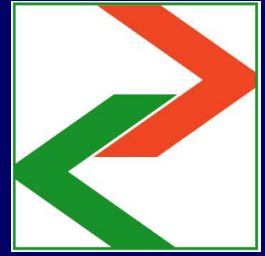
- **Cross Border Patient Mobility** (DE-NL), ESG (Euroregional Health Service), Enschede (NL), 2006-2008

Prevention and health promotion



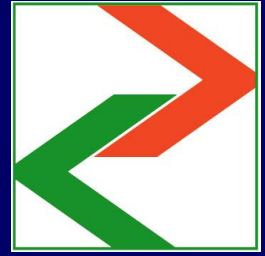
- **Healthy regions** (non cross-border, but interregional)
- **Study and actions to prevent and promote mental health.** Interreg IV-A Great Region (BE-DE-FR-LU)
- **NESCAV, Nutrition, environment and cardiovascular health.** Interreg IV-A Great Region (BE-DE-FR-LU)

Telemedicine (e-health)



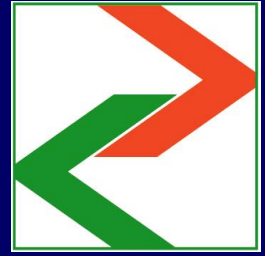
- E-health and Telemedicine in cross-border hospital cooperation and healthcare. Province of Limburg (NL), North Rhine-Westphalia (DE), Regio Basiliensis (CH), Lower Austria (AT). Within RFO "Change on Borders", 2006-2007
- Tele-radiological network ST. Vith-Prüm. Interreg IV-A Great Region (BE-DE-FR-LU)

Benchmarking



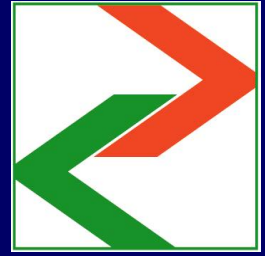
- **Knowledge transfer in life-science regions.** Upper Austria (AT), Bavaria (DE), Regio Basiliensis (CH), North Rhine-Westphalia (DE), Province of Limburg (NL)

Innovation



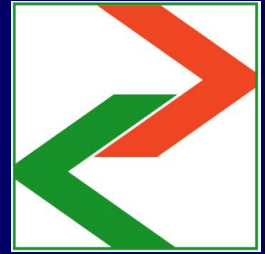
- SAARLORBIOTEC. Green and white biotechnology network. A tool for sustainable protection of pharmaceuticals and cosmetics. Interreg IV-A Great Region (BE-DE-FR-LU)
- CB Laser Centre, EUREGIO (DE-NL)
- Innovation and new business in life sciences, food & health. Euregio Rhein Waal (DE-NL)
- UniHealth sensor system: detection of allergens and biomarkers. Euregio Rhein Waal (DE-NL)
- Sensor network for agriculture, health and environmental management. Euregio Rhein Waal (DE-NL)

Research



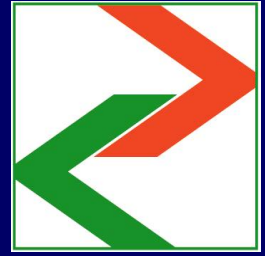
- CB Health (Forschung zur Genetik des gesunden Alterns, Patientensicherheit, Brustgesundheit, Osteoporose, Telemedizin). Denmark-Germany

Target groups



- Patients
- Health personnel
- General public
- Policy-makers

Key issues (in projects)

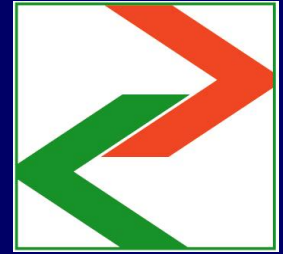


- Terms of reference (indicators)
- Legal problems
- Sustainability

impact evaluation

further funding

Thank you very much
for your attention



m.quillermo@aebr.eu

info@aebr.eu

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